		TPA Name
Organization of Company		
1	Headquarters Address	
2	Ownership (Public/Private)	
3	Year Founded	
4	Insurance	
a	Errors and omissions amount of coverage -	
	per occurance amount	
	aggregate amount	
5	List other companies with financial interest	
6	Reported revenues for most recent fiscal period?	
7	Provide information on recent or future selling or acquisitions	
Claim Office		
1	Location of claims office & account management office	
2	Total number of Employees	
3	Number of Covered Employee Lives	
4	Number of Self Funded Employer Accounts	
5	Percentage of Accounts in	
a	Less than 100 Covered Employees	
b	100-250 Covered Employee range	
c	251-500 Covered Employee range	
d	500 Plus Covered Employee range	
Claim Personnel		
1	Processor turnover average	
2	Average length of service of processors	
3	Claims processors also serve as customer service representatives?	
4	Number of claim processors	
5	Number of processors assigned per # of employee lives	
6	Employer & Brinson contact direct access to dedicated processor(s)	
7	Are processors compensated by number of claims processed?	
8	Target number of claims processed per day	
9	Highest dollar claim processor can release without approval	
10	Production and quality standards	
a	Financial Accuracy	
b	Procedural Accuracy	

		Performance Guaranty (Yes/No)	Dollar Amount at Risk
Performance Guarantees Available?			
1	Customer service	Performance Guaranty (Yes/No)	Dollar Amount at Risk
a	Abandonment rate		
b	Average hold time		
2	Claim adjudication accuracy	Performance Guarantee (Yes/No)	Dollar Amount at Risk
a	Financial accuracy		
b	Coding accuracy		
c	Payment incident		
d	Turnaround time		
3	Implementation		
4	ID Card Generation		
5	Account management		
Claims Payment System			
1	Name of system		

2	**Main frame or PC based**				
3	**Proprietary or leased system**				
4	**System changes made in-house**				
5	**Most recent system update**				
6	**Next anticipated system update**				
7	**Percent of medical claims autoadjudicated**				
8	**Data entry or scanning upon receipt**				
9	**Customer service & claim payment performed in same location**				
10	**Data entry or scanning in-house/off-site**				

Payment Processing Standards

1	**R&C database source**	
2	**How often R&C database updated**	
3	**R&C percentile level**	
4	**Level modified**	
5	**R&C cutback threshold**	
7	**Percentage of medical claims received electronically**	
8	**Percentage of claims paid through automatic adjudication**	

Customer Service

1	**Hours phone answered - CST**	
3	**Reporting Capabilities**	
a	Client specific reports	
b	Issue specific reports	
c	Frequency of reports	
4	**Dedicated Customer Service Unit**	
5	**Employer & Brinson contact have direct access to customer service representative**	

Reporting

		Report Provided		
1	**System Reports**	Yes/No	Frequency	Cost Included?
a	Check register			
b	Paid claims (by benefit type: Medical, Dental, Vision, etc.)			
c	Large Claimant(s) @ 25%			
d	Claims by type of service (in-patient, out-patient, etc.)			
e	Utilization by major diagnostic category			
f	Top providers by frequency & dollars			
g	Claim lag report			
h	Claims cost by age & sex			
j	Claims cost by claimant type (member, spouse)			
k	Eligibility listing verification (for open enrollment, etc.)			
l	Rx utilization			
m	Claim payment distribution report			
n	Raw claims data extract (Request Twice a Year)			

Eligibility Issues

1	**Full dependent records**	
a	Last name (if different)	
b	Social Security Number	
c	Relationship	
2	**Incapacitated children**	
a	How often verified	
3	**Coordination of benefits**	
a	How often verified	
b	How verified	

c	How are claims handled if information not provided	
Eligibility Exchange		
1	**Data transfer from employer**	
a	Tape	
b	Diskette	
c	Paper	
d	On-line	
e	Internet	
2	**How is data transferred to outside vendors (Tape, Email, etc.)**	
a	Rx vendors	
b	UR vendors	
c	Vision vendors	
d	Mental health vendors	
3	**How often is data transferred to outside vendors**	
a	Rx vendors	
b	UR vendors	
c	Vision vendors	
d	Mental health vendors/EAP	
4	**Electronic interface availability**	
a	Update eligibility	
b	Claim and Check payment status	
c	Billing information	
d	Reporting capabilities	
5	**Cost of electronic interface**	
a	Cost included in Administration fees	
b	Outline of separate cost	
c	Usage limitation	
d	Software fees	
e	Training and training manual costs	
Audits		
1	**Percent of claims subject to internal audit**	
2	**Criteria utilized for internal audit**	
3	**At what level do you automatically pend for hospital bill audit**	
4	**Cost for Client to perform a third party audit**	
Banking		
1	**Is certain banking institution required**	
a	Name of institution	
2	**Checks issued on employer or carrier stock**	
3	**Check printing outsourced, if yes, name of provider & location**	
4	**Frequency of funding**	
5	**Frequency of check release**	
6	**Bulk pay to providers**	
7	**Funding can be approved by client prior to check release**	
8	**Length of time before check is purged**	
9	**Admin. fee paid by invoice or through bank account**	
Transition Issues - If You Are the New TPA		
1	**Accept accumulator information**	
a	Deductible	
b	Out-of-pocket maximum	
c	Annual maximums	

d	Lifetime maximums			
2	**Method of transfer**			
a	Tape, Diskette/Flash Drive, or Paper			
3	**New enrollment forms required?**			
Termination Issues - If You Are the New TPA				
1	**Run-in claims administration**			
a	Maximum length of time			
b	Claims costs			
c	Report costs (accumulators, raw data extract)			
d	How are Stop loss claims, subrogation, pre-cert, large case mgt., pended claims handled			
Termination Issues - If You Are the Old TPA				
1	**Provide accumulation reports for:**			
a	Deductible			
b	Out-of-pocket maximum			
c	Annual maximums			
d	Lifetime maximums			
2	**Method of transfer**			
a	Tape			
b	Diskette/Flash Drive			
c	Paper			
3	**Claim run-out issues**			
a	Cost			
b	Length process run-out			
Subrogation / Right of Recovery				
1	**Subrogation or right of recovery**			
2	**In-house or outsourced recovery**			
3	**Charge for successful recovery**			
4	**Charge for unsuccessful recovery**			
5	**How are recoveries paid/credited to employer**			
Billing Procedures (Administrative Fees)				
1	**Standard grace period?**			
Other				
1	**Outside stop loss vendors - interface fees?**			
2	**Charge for documentation to outside stop loss vendor**			
3	**Charge for access and files to outside stop loss vendor**			
4	**Preferred PBM?**			
5	**PBM interface fee if not with preferred PBM?**			
6	**Provide 1099s for payees**			
7	**Assume responsibility for 1099 penalties and fees due to incorrect TIN?**			
8	**Will interface with Selected Vendor for PBM services - fees?**			
9	**Will interface with EAP for MN/SA services - fees?**			
10	**Will allow PBM Carveout / International Pharmacy piece?**			
11	**Will allow custom direct contracts between the County and local facilities?**			
Preferred UR/Demand Management				
1	**Name of company**			
2	**Medical Officer on Staff? Physician or RN?**			
3	**Services included in fees**	Included		Add'l Charge (if any)
a	Precertification review			

b	Concurrent review		
c	Discharge planning		
d	Second surgical opinion		
e	Large case management		
f	Formal prenatal care program		
g	Nurse advise line		
h	Quarterly newsletters		
I	Wellness programs		
Miscellaneous			
1	**Advise if interface fee to integrate services w/ Cobra administrator for COBRA/HIPAA**		
2	**Preferred COBRA/HIPAA administrator?**		
3	**Do you process 125/Flex reimbursement accounts in house?**		
4	**Do you process HRA account reimbursements in house?**		