

CLAIM ADMINISTRATION QUESTIONNAIRE

☐ Self-Administered ☐ Third-Party Administrator

Company Name:

Street Address:

Mailing Address:

City: State: Zip:

Number of years administering claims:

State jurisdiction(s) in which claims are handled:

Indicate any other name your organization has gone by:

CLAIM HANDLING

Which of the following medical management programs are in place?

- | | |
|---|---|
| <input type="checkbox"/> Medical Bill Review | <input type="checkbox"/> Panel Physician List |
| <input type="checkbox"/> Fee Schedule Reduction | <input type="checkbox"/> PPO Network Member |
| <input type="checkbox"/> Other (describe): <input type="text"/> | |

What approach is taken to move claims toward conclusion/settlement?

RESERVING PRACTICES

Who will set reserves:

Please indicate what reserving method is used:

- ☐ 12 Month Projection ☐ Block
☐ Ultimate Value
☐ Other (describe):

How frequently are reserves reviewed and payments reconciled?

CLAIMS OPERATING SYSTEM

Indicate which of the following features are provided by system:

- ☐ Claim activity notepad ☐ Reserve history
☐ Payment history ☐ Accident information
☐ Ad Hoc report writing capability
☐ Other (describe):

Does your system have on-line, Internet, FTP, and/or datalink capability?

Would you be interested in establishing a datalink with MEC?

Identify any outside vendors that are used to store your loss data.

REPORTING OF CLAIMS

Explain what procedures are in place to identify any reportable claim(s):

Who will have the responsibility for reporting losses to the insurance carrier.

Is there an opportunity or desire to report loss information electronically?

OUTSIDE SERVICES USED

Identify any outside vendors you will be using for the following services:

Legal Counsel:

Medical Case Management:

Vocational Rehabilitation:

Surveillance:

Loss Control:

Other:

Who is responsible for choosing and monitoring these vendors?

TPAs ONLY

Do your clients have any input into establishing reserves?

How is loss information from claims inherited (tail) handled?

How often do you meet with your clients?

Marketing Contact Name

Email

Completed By:

Title:

Date:

Phone:

Email:

- ☐ Attach an organizational chart of your claims department and complete the staff experience/authority summary on next page.
- ☐ Attach a copy of your claim guidelines or list what procedures are followed when a lost time claim is received.

Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

STAFF EXPERIENCE / AUTHORITY SUMMARY

Company Name:

Date Completed:

| NAME | | TOTAL YRS CLAIMS EXPERIENCE | TENURE WITH CURRENT COMPANY | NO. LOST TIME CASES (ALL ACCOUNTS) | NO. MEDICAL ONLY CASES (ALL ACCOUNTS) | HANDLES MULTI-LINE CLAIMS | AUTHORITY LEVEL | |
|--------------------|----------------------|-----------------------------------|-----------------------------------|--|---|---------------------------------|--------------------|----------------------|
| BRANCH / CLAIM MGR | <input type="text"/> | | | | | | Reserves: | <input type="text"/> |
| EMAIL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Settlement: | <input type="text"/> |
| PHONE | <input type="text"/> | | | | | | Payment: | <input type="text"/> |
| SUPERVISOR | <input type="text"/> | | | | | | Reserves: | <input type="text"/> |
| EMAIL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Settlement: | <input type="text"/> |
| PHONE | <input type="text"/> | | | | | | Payment: | <input type="text"/> |
| ADJUSTER | <input type="text"/> | | | | | | Reserves: | <input type="text"/> |
| EMAIL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Settlement: | <input type="text"/> |
| PHONE | <input type="text"/> | | | | | | Payment: | <input type="text"/> |
| ADJUSTER | <input type="text"/> | | | | | | Reserves: | <input type="text"/> |
| EMAIL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Settlement: | <input type="text"/> |
| PHONE | <input type="text"/> | | | | | | Payment: | <input type="text"/> |
| ADJUSTER | <input type="text"/> | | | | | | Reserves: | <input type="text"/> |
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| PHONE | <input type="text"/> | | | | | | Payment: | <input type="text"/> |
| ADJUSTER | <input type="text"/> | | | | | | Reserves: | <input type="text"/> |
| EMAIL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Settlement: | <input type="text"/> |
| PHONE | <input type="text"/> | | | | | | Payment: | <input type="text"/> |