

Stop Loss Medical Management/ Claims Management Questionnaire

Mutual of Omaha Insurance Company
United of Omaha Life Insurance Company



The attached questionnaire is made up of two parts. Part I focuses on the medical/case management function. Part II focuses on claims management programs. If you have not previously completed this questionnaire for us, please complete both Parts I and II. If you have completed a questionnaire for us previously, please complete Part II only.

Part I.

If you are a Third Party Administrator (TPA) who has medical/case management in house, please complete Part I of the questionnaire and return it to the address shown below.

If you use outside vendors for medical/case management, please have the individual vendors complete the appropriate questions on the questionnaire and return it to the address shown below.

If you use more than one medical/case management vendor, please have each vendor complete the questions that apply to the work they do for your company.

Part II.

We would like to understand the other programs that you have in place to manage claim costs. Please complete this section fully, attach additional information if necessary to fully describe the programs that you have in place and return it to the address shown below. If you would like to provide additional information regarding the programs you have in place, please include that information with the questionnaire.

Thank you for taking the time to complete this questionnaire. Your responses are necessary and valuable to us so that we can provide the highest quality service to you and your customers. Please return the completed questionnaire to Diane Hobza at Mutual of Omaha, H04/TPA Stop Loss, Mutual of Omaha Plaza, Omaha, NE 68175, fax (402) 351-1882 or e-mail diane.hobza@mutualofomaha.com.

Your Name _____

Your Phone Number _____

Your E-mail Address _____

TPA Name _____

Medical Management Vendor Name
(If Part I was completed by a vendor) _____

Part I.

Stop Loss Medical/Case Management Questionnaire

Medical Management Administration

1. Do you use a Physician Advisor? Yes No
If yes, check all the statements below that apply.
- | | |
|--|---|
| <input type="checkbox"/> Internal MD advisor retained by TPA | <input type="checkbox"/> External MD advisor contracted on case-by-case basis |
| <input type="checkbox"/> Have standard protocol for referral to MD advisor | <input type="checkbox"/> Have requirements for documentation by MD advisor |
| <input type="checkbox"/> Have requirements for eligibility of MD advisor | <input type="checkbox"/> Use outside vendor for independent medical opinion |
| <input type="checkbox"/> Other _____ | |
2. Who does case review for:
- | | | | |
|----------------------------------|-----------------------------|---------------------------------|--------------------------------|
| Medical Necessity | <input type="checkbox"/> MD | <input type="checkbox"/> RN/LPN | <input type="checkbox"/> Other |
| Price Negotiation | <input type="checkbox"/> MD | <input type="checkbox"/> RN/LPN | <input type="checkbox"/> Other |
| Experimental/Investigational | <input type="checkbox"/> MD | <input type="checkbox"/> RN/LPN | <input type="checkbox"/> Other |
| Level of Service Appropriateness | <input type="checkbox"/> MD | <input type="checkbox"/> RN/LPN | <input type="checkbox"/> Other |
- Do you use non-health care professionals? Yes No
- If yes, in what capacity? _____
- _____
3. Do case managers have access to network contracts? Yes No
- Do case managers have access to plan design? Yes No
- Do your plan documents include incentives to utilize case management? Yes No
4. Does the PPO also do the Medical Management? Yes No
5. Is the organization accredited with: AAHCC URAC NCQU JCAHO Other _____
- What is the accreditation time frame? _____
6. How does Medical Management support the underwriting/disclosure process (i.e. review of medical underwriting forms, provide clinical information etc.)? _____
- _____
- _____
- _____

Medical Management Process

1. How is UR/Medical Case Management handled? Internally Externally

2. Are UR/Medical Case Management services contracted for all groups? Yes No

Please list all contracted vendors. _____

3. If UR/Medical Case Management is handled internally, what guidelines are used? (Check all that apply)

Nationally recognized Internally generated Other _____

4. Type of Pre-certification/Prior authorization used. (Check all that apply)

Pre-certification for hospital based services Prior authorization for non-hospital based service
 Continued stay review Continuation of service review
 Ongoing (vs. Retrospective) Physician initiated (vs. UR/CM initiated)
 Provider initiated (vs. UR/CM initiated)

5. Do your plan documents include pre-certification incentives? Yes No

6. How is UR/Medical Case Management information coordinated with the TPA claims department? (Check all that apply)

System integration with the claims system Separate systems with manual information sharing
 Manual system Other

7. What triggers are used to identify a potential Case Management situation? (Check all that apply)

Trigger diagnosis Over 50% of specific deductible Frequent hospitalizations Other

8. When is the Stop Loss Carrier notified of a potential large case?

At the time of benefit verification (prior to services being rendered) % in this category _____
 Pre-claim (service has been rendered, claim not submitted yet) % in this category _____
 Claim submitted, not paid % in this category _____
 Post claim/retrospective % in this category _____

9. Is there a referral process for Case Management services/mechanism for referral:

From UR to LCM? Yes No
If yes, is it On-line Manual

From Claims to LCM? Yes No
If yes, is it On-line Manual

From Claims to Stop Loss Carrier? Yes No

From UR/LCM to Stop Loss Carrier? Yes No

Medical Management Data Collection and Reporting

1. What are the criteria/guidelines used to collect data and develop reports for clients, including notice criteria for stop loss carriers?

2. How is Medical Management data reported and what is the frequency of reports?

3. How are Medical Management savings reported? (Check all that apply)

- Actual days saved (difference between days certified and actual days stayed)
- Alternative setting of care
- Admissions avoided
- Lesser level of care
- Procedures defined as medically necessary
- Procedures avoided
- Local PPO/other network saving

Part II. Stop Loss Medical/Case Management Questionnaire

Networks

1. Do you directly contract with your PPO network, or is access outsourced? Direct contract Outsourced
2. Do your plan documents include incentives to utilize the PPO network? Yes No
3. Do your plan documents and/or PPO contracts include language that restricts the application of usual/reasonable and customary limits for PPO charges? Yes No
4. Do your plan documents and/or PPO contracts include language that limits the ability to perform hospital bill audits? Yes No
5. What networks are offered in addition to the PPO network?

Transplant network

Yes No

If yes, what network is used? _____

If yes, do your plan documents include incentives to utilize the transplant network? Yes No

If yes, what are those incentives? _____

Please provide any information that you have available regarding average discounts achieved. _____

Dialysis network/vendor

Yes No

If yes, what network is used? _____

If yes, do your plan documents include incentives to utilize the dialysis network? Yes No

If yes, what are those incentives? _____

Please provide any information that you have available regarding average discounts achieved. _____

Cancer Care network

Yes

No

If yes, what network is used? _____

If yes, do your plan documents include incentives to utilize the cancer care network?

Yes

No

If yes, what are those incentives? _____

Please provide any information that you have available regarding average discounts achieved. _____

Additional Claims Management Programs

What kinds of additional programs are in place to manage medical costs?

Maternity management program

Yes

No

If yes, is it outsourced or internal?

If it is outsourced, who is the vendor managing the program? _____

If yes, do your plan documents include incentives to utilize the maternity management program?

Yes

No

If yes, what are those incentives? _____

Catastrophic Case Management (in addition to regular case management)

Yes

No

If yes, for what medical conditions? _____

If yes, is it outsourced or internal?

If it is outsourced, who is the vendor managing the program? _____

If yes, do your plan documents include incentives to utilize the catastrophic case management program?

Yes

No

If yes, what are those incentives? _____

Disease Management

Yes

No

If yes, for what medical conditions? _____

If yes, is it outsourced or internal?

If it is outsourced, who is the vendor managing the program? _____

If yes, do your plan documents include incentives to utilize the disease management program?

Yes

No

If yes, what are those incentives? _____

Predictive Modeling

Yes

No

Who is the vendor providing the predictive modeling tool? _____

What programs/processes do you have in place to utilize the information provided by the tool? _____

If yes, do your plan documents include incentives to utilize the programs/processes put in place?

Yes

No

If yes, what are those incentives? _____

Pre-Payment Hospital Bill Audit

Yes

No

If yes, what are the criteria for referring for a pre-payment hospital bill audit? _____

If yes, is it outsourced or internal?

If it is outsourced, who is the vendor managing the program and what is the associated fee?

Bill Negotiation

Yes

No

If yes, what are the criteria for referring a bill for negotiation? _____

If yes, is it outsourced or internal?

If it is outsourced, who is the vendor managing the program and what is the associated fee?

Plan Language

Please share with us any language included in your standard plan documents that is intended to help control claim costs. The language may be attached to this questionnaire.

Other – Please describe any other programs you have in place to manage the cost of medical claims that you would like us to consider. You may attach additional information regarding these programs.

