UNM Hospitals
Dental Claims Administion RFP
Effective Date: August 1, 2017

#	Question			
1	Describe any pre-authorization requirements and the process to obtain.			
2	Briefly explain how and when you assume responsibility for orthodontic treatment that is in process on the effective date.			
3	For the following services, do you allow an extension of benefits when an employee initiates treatment while covered and completes it after termination of coverage?			
	• For Major Restoration?	Yes		No
	> If yes, …	# of Months___		Until work is completed
	• For Orthodontia?	Yes		No
	> If yes, …	# of Months___		Until work is completed
	If you do allow an extension of benefits for these services, do your fully insured plans automatically include the extension, or is available only as an option, at extra cost?	Automatically included		Available as option at extra cost
4	With regard to network directories, please respond to the following items.			
	• Are your directories available on the internet or a website?	Yes		No
	• How are members, and plan sponsors notified of changes in your network?			
5	Do you own your provider network, or do you subcontract?	Own		Subcontract
	• If you subcontract, please identify network.			
6	What was your provider retention rate for the following years?:			
	2016			
	2015			
7	Are you willing to add providers specifically requested by the client?	Yes		No

8	How many providers were added to your network in 2016?				
	• How many terminated?				
	• How many chose to terminate participation?				
9	How do you monitor provider compliance with policies and protocols?				
10	What is the standard percentile used as a basis to determine R&C?				
	How often are Dental R&C allowances revised?				
11	How often are network provider allowances revised?				
12	Do you have differing network provider arrangements (e.g., "Preferred" vs. "Participating")?		Yes		No
	• If yes, describe.				
	• If you do have different network provider arrangements, please answer the following:				
	Are network discounts available <u>WITH</u> plan design differentials?				
	"Preferred" Provider		Yes		No
	"Participating" Provider		Yes		No
	Are network discounts available with <u>NO</u> plan design differentials?				
	"Preferred" Provider		Yes		No
	"Participating" Provider		Yes		No
13	How are "Preferred" dentists paid? (check all that apply)		Discounted fee for service		
			Fee schedule		
			Other (describe)		
14	How are "Participating" dentists paid? (check all that apply)		Discounted fee for service		
			Fee schedule		
			Other (describe)		
15	Do the network dentists have a contractual agreement not to "balance bill" the patient?		Yes		No
16	If a network dentist refers a patient outside the network, are benefits for the non-participating dentist paid at the In Network level?		Yes		No
17	Do you offer a DHMO?		Yes		No
	If yes, are members required to select a primary dentist?		Yes		No
	Can each family member select a different dentist?		Yes		No
	Can members change dentists during the year?		Yes		No
18	Briefly describe your national network, including major locations, number of providers, and any upcoming plans for expansion of the network.				

19	Please briefly describe how claims incurred outside of the U.S. are processed.				
	· Is any type of pre-authorization required for non-emergency services occurring outside of the U.S.?		Yes		No

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GENERAL QUESTIONS				
1	How long has your company been insuring and administering dental claims?			
2	Do you carry an Errors & Omissions policy?	Yes		No
	What is the coverage amount?			
3	Do you carry a comprehensive general liability policy?	Yes		No
	· What is the coverage amount?			
4	Does your company carry a fidelity bond?	Yes		No
	· What is the coverage amount?			
5	Are you able to provide data that benchmarks the client's experience against the following :			
	· Your book of business	Yes		No
	· National norms	Yes		No
	· Similar sized clients	Yes		No
6	Provide a list of all standard reports available to Fully Insured and Self Funded Plans:			

SELF FUNDED REPORTS (List below. Add lines if needed):	Frequency	Indicate any cost for report	Indicate any limitation on availability due to size of client

7	What is the lag time on when reports are provided?				
8	Are your reports based on claim INCURRED date, or claim PAID date?		Incurred		Paid
9	What is the normal lead-time required to implement a group?				
10	Which of the following tasks can members and plan sponsor representatives perform online? (check all that apply)		Members		Plan Sponsors
	Ø Enrollment (New Hires and Open Enrollment)				
	Ø Changes in Status				
	Ø Billing (Plan Administrators only)		N/A		
	Ø Claim inquiry				
	Ø Physician / provider cost and quality comparison				
	Ø ID card request				
	Ø Terminations				
11	Do you offer online eligibility maintenance for *all* clients?		Yes		No
	· If so, is there a charge?		Yes		No
	· Is there a charge for hard copy maintenance?		Yes		No
12	Provide the location and office hours of your Claim and Member Service center(s).				
	Do you provide a toll-free telephone number?		Yes		No
	What are the hours of operation?				
13	Indicate all foreign languages offered by your Member Services center(s)				
14	On average, how many clients do you service from each of your Claims and/or Member Service site(s)?				
15	Does the same person handle both claims processing and customer service functions?		Yes		No
16	How many trained claim examiners do you employ?				
	What is their average length of experience?				

	What is the volume of claims paid per day per examiner?				
17	What is your average annual employee turnover?				
18	Show the number of employer groups you service in each of the size categories below:				
	· Under 100 EE's				
	· 100 – 1,000 EE's				
	· 1,000 – 5,000 EE's				
	· 5,000 – 10,000 EE's				
	· 10,000 + EE's				
19	Describe your security, backup and disaster recovery procedures.				
20	What claims adjudication system do you use? (If proprietary, describe the staffing and client response capabilities of your IT staff.)				
	Is your system leased/owned?	Own			Lease
	When was the system last updated?				
	Concisely identify and comment on any major claim / eligibility / reporting system changes or upgrades planned in the next 12 to 24 months, along with the intended outcome.				
21	Can you provide electronic data interface with a client's Disease Management vendor(s) to supply relevant data?	Yes			No
	If yes, is there an additional cost?	Yes			No
22	For services covered but not eligible for reimbursement because member deductible is not satisfied, are network discounts applied to all portions of the claim being paid by the member?	Yes			No
23	Provide a brief list of services that are not covered but for which discounts are available to members, if any, along with the average discount percentage for each category listed.				
24	What was your average turnaround time for paid claims for the last two years?				
	2016				
	2015				
25	Indicate your claims error rate for the last two years:				
	2016				

	2015			
26	Do you coordinate benefits?	Yes		No
	▪ If yes, do you outsource this service?	Yes		No
	▪ Does your claim system readily identify potential COB opportunities prior to claim payment?	Yes		No
	▪ Do you (1) pend and pursue or, (2) pay and pursue these types of claims?	Pend and Pursue		Pay and Pursue
27	Confirm that if you fail to meet timely payment requirements for in-network providers, neither the members nor the Plan will be liable.	Confirmed		Not confirmed
28	Confirm you utilize a claims quality assurance or review process.	Confirmed		Not confirmed
	▪ Do you have reviews conducted by an outside agency?	Yes		No
29	Does your claim adjudication system have edits for identification of fraudulent claims?	Yes		No
30	Audits:			
	▪ What is the frequency of your internal audits?			
	▪ What is the frequency of your external audits?			
SELF FUNDED TPA QUESTIONS				
1.	Do you as the claims administrator agree that the claims and accompanying eligibility data produced in connection with all the claim payment activities on behalf of the client is and will be the property of the client? And, that the client retains the right to request the full and complete data in electronic format with proper notice and at no additional cost.	Agree		Disagree
2	You must provide access to all files on request (e.g., a claims audit) and not to assess any fee for such access.	Agree		Disagree
3	At termination, after the runout, how will you handle the following:			
	▪ Claims in house, but not processed?			
	▪ Claims submitted after the runout period?			
	Confirm that you provide final reports consistent with your standard reporting to the client.	Agree		Disagree
4	Do ASO fees paid while the contract is active cover the cost of run-out administration, or are additional fees due during run-out administration?	Covered by fee paid when contract is active.		Additional fees are due during run-out administration.

#	Question			
5	If additional fees are due during run-out administration, precisely identify how run out fees will be calculated, and for what time period fees will be charged.			
6	How long after contract termination will you perform claim run-out administration?			
7	Will you administer run-out longer than your standard time, if requested by the client?	Yes		No
8	Describe in detail the banking process.			
9	Do you maintain separate bank accounts for each client?	Yes		No
10	Do you maintain a record for all checks issued, but not cashed?	Yes		No
	How often will you provide this record to the client (monthly, quarterly, annually)?			
	Who is responsible for follow-up of uncashed checks?			
11	If you are responsible for reconciliation of the Plan's bank account, do you complete the final reconciliation in the event of termination, including finalizing any uncashed/unclaimed checks?	Yes		No
	If yes, please describe your process for finalizing uncashed / unclaimed checks.			
12	Are you willing to agree that you are a fiduciary under ERISA with respect to the services provided under the Agreement?	Yes		No
	· What type of limitations would be imposed on the employer's decision-making process through such an arrangement?			
	· Is there an additional fee for Fiduciary services?	Yes		No
	· If you are unwilling to serve as fiduciary, please describe why you would be unwilling to make this representation.			