



Utilization Review Vendor Questionnaire

TPA Name: _____

Address/Tel. # _____

Utilization Review Firm

Utilization Review Model Free Standing TPA Owned Leased Licensed

Name and Address (if different from above)

Medical Contact _____ Title _____

Telephone # _____ Fax # _____

Does the TPA/UR firm currently have cases with HCC Life Insurance Company? Yes No

If "No", list prospective case: _____

How many employee lives does the TPA/UR firm service? _____

Number of U.R. Nurses on staff? _____

Do you have a full-time Medical Director or advisor? _____

Is there a Medical Director or are Physicians Consultants available to the non-physicians reviewers?
Yes No

Are you URAC accredited? Yes No

If "No", what accreditation does your firm have? _____

What services does the UR Firm offer?

Precertification Yes No Concurrent Review Yes No

Discharge Planning Yes



Are these services offered as one package or separately? Yes No

Do you screen for "high risk" pregnancy Yes No

Do you certify for psych/substance abuse? Yes No

UR Level? OR Yes No

Case Management Level? Yes No

Do you offer Retrospective review? Yes No

Do you offer Prospective review? Yes No

Is LCM service provided in-house/subcontracted? _____

Name/Address of outside vendor, if applicable? _____

Does the system used for precert interact with the TPA claims system? Yes No

Who takes the initial intake call for precert/cert? UR Nurse _____ Other _____

Are potentially catastrophic cases identified via the system? _____

If not, please explain process? _____

Will your firm program HCC Life Insurance Company's Trigger
Diagnosis List: into your system? Yes No

Is the TPA/UR firm willing to notify and disclose information to HCC Life Insurance Company's Risk
Management within two business days of identifying catastrophic cases? Yes No

How will the vendor / TPA refer cases to HCC Life Insurance Company's Risk Management?

As cases are identified? Yes No On a weekly report? Yes No

Is the vendor willing to submit sample reports for review? Or will the vendor use the HCC Life Insurance
Company referral form?

Completed by _____

Date _____