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TO: Our TPA Partners

RE: UR / LCM Vendor evaluations

Bardon Insurance Group believes that quality utilization review, large case management and related services to be very important in ensuring that members of self funded health plans receive appropriate cost effective health care. It is for this reason that we take the abilities of the requested vendor into account when we underwrite the stop loss coverage. Unless we have detailed information about a particular vendor, we use certain assumptions that may or may not reflect the capabilities of the requested vendor. It is our desire to evaluate the vendors that you as the third party administrator tend to use most.

In order to perform the evaluation, we need the following information:

- A completed vendor questionnaire
- Examples of the vendor's standard reporting

The completed questionnaire, reporting package and any other information that the company may wish to provide may be faxed, mailed or e-mailed to my attention.

Should the firm need a confidentiality agreement to provide this information we would be happy to execute one with them.

If you or the firm have any questions, please do not hesitate to contact me. Thank you for your assistance.

Sincerely,

Byrd Preston III, HIA, RHU, FLMI
Director of Underwriting
Bardon Insurance Group



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Utilization Review / Large Case Management Vendor Questionnaire

Name of Firm:

1. How long has your firm been in operation as a utilization review / large case management vendor?

2. How many total members (not just employee lives) does the firm currently have under management? _____
3. Which clinical review criteria / guidelines do you use?

4. Is the firm URAC accredited? __Yes __No If so, which accreditations are held?

5. In regards to employer groups that are self funded, the contract of service exists between your firm and with:
 - o the employer / plan sponsor
 - o the third party administrator
 - o other: _____
6. Based on total member lives (not just employees) please give the following statistics as of the end of the most recent 12 month reporting period:

	For the 12 months ending:
Bed Days per Thousand	
Admits per Thousand	
Average Length of Stay	
Percentage of requested admissions certified	
Percentage of requested admissions that were non-certified	

7. Do you have online reporting capabilities that are accessible by the stop loss carrier?
 - o Yes
 - o No

I certify that that the information contained herein and attached as part of the evaluation package is accurate and complete to the best of my knowledge and belief.

Signature:

Date:

Title: