TPA Customer Service Guide

**Every self-insured employer** should confirm their third party administrator (TPA) has a Customer Service Guide which includes the self-insured employer’s specific claims handling instructions. The Customer Service Guide should be designed to provide the adjusters, supervisor(s) and claims manager with information that is particular to the employer.

**A Customer Service Guide** differs from the TPA’s Best Practice guidelines, as it customizes the preferences of the self-insured employer into the claims handling. The Customer Service Guide should include details of how to make the interface between the self-insured employer and the TPA efficient.

**Typically, the Customer Service Guide** will include directions for the TPA’s personnel on:

* The self-insured employer’s name, and the name of all subsidiaries that will be a part of the insurance program
* The type of insurance program the self-insured employer has (high deductible, full self-insurance, etc.)
* If it is a deductible program, the dollar amount of the deductible, and who to report the claim to if it appears the deductible amount make be exceeded
* A list of all the self-insured employer’s locations covered by the claims handling contract
* The primary contact and secondary contacts at the self-insured employer, their phone numbers and addresses
* The identification of the light duty return to work coordinator the TPA adjusters are to contact whenever light duty work restrictions are provided
* Who to report to and who to copy with claim reports
* The philosophy of the self-insured employer toward how claims should be handled
* Pet peeves – issues the self-insured employer has experienced with the TPA (or with a prior TPA) that need to be given special attention
* The identification of the self-insured employer’s nurse triage provider and contact information
* Instructions on coordination between the nurse triage provider and the TPA adjuster
* The self-insured employer’s preferences for nurse case management (if not provided by the TPA)
* Instructions on coordination between the nurse case manager and the TPA adjuster
* The self-insured employer’s preferences for defense counsel in each locale where the employer has a facility
* The self-insured employer’s preferences for other vendors (surveillance companies, medical records companies, etc.)
* The self-insured employer’s requirements for the TPA first report on the claim, and the employer’s requirements for subsequent status reports
* The frequency of telephonic claim reviews
* The frequency of in-person reviews (if any)
* If the TPA does not have a claims office in the states requiring in-state adjusters (California, Oregon, Nevada, Idaho) information on who the in-state adjusters will be should be precisely stated
* The financial controls of the claim handling instructions should also be incorporated into the Customer Service Guide, including:
  + The check issuance procedure, the verification of checks issued, and the accounting for the checks issued
  + The void check procedure
  + The internal controls to prevent duplicate check issuance
  + The matching of Explanation of Benefits on medical bills to the checks
  + The signature process for checks over the pre-determined threshold ($1,000 or $5,000 or $10,000)
  + The level (if any) at which the self-insured employer wants to issue checks or to co-sign checks
* The claim controls of the claim handling instructions should also be incorporated into the Customer Service Guide, including:
  + Three point contact on all claims within 24 hours (or lesser time can be stated and agreed)
  + Recorded statements on all musculoskeletal injuries and all claims with the potential for subrogation
  + The frequency of Action Plans to move the claim forward
  + On site investigations when subrogation is a possibility
  + When nurse case managers will be used, with a subsection on what are the duties and responsibilities of the nurse case manager versus what should be completed by the adjuster
  + When surveillance will be used
  + When and how frequently Insurance Service Office inquires will be filed
  + When prior work comp claim files will be obtained from the state’s work comp board or industrial commission
  + When the claim should be referred to the Special Investigations Unit
  + The use of Fraud Letters in the states that mandate their use
  + The proper use of IMEs and Peer Reviews
* Reserve authority for initial reserves and the process for obtaining additional reserve authority
* The employer’s expectations on how subrogation will be pursued

**While this is not a complete list** of everything that the TPA should have in the Customer Service Guide for a self-insured employer’s claims, it is a checklist of the minimal information that should be included in the Customer Service Guide.