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GROUP RISK ASSESSMENT CHECKLIST

Thank you for your interest in Coastal's TPA. In order for Coastal to provide the most accurate and competitive proposal, please provide us with the following information:

Group Information

- Location(s)
- Type of industry (or SIC code)
- Plan effective dates
- If the group has multiple locations, please provide the zip codes for each location and approximate number of employees at each location

Employee Census

- Include zip codes, employee age or date of birth, gender, and dependent coverage status and classification (provide detail by plan if more than one plan is offered)
- Identify any retirees, COBRA participants, part time, leave of absence, disabled or seasonal employees
- If retirees are covered, please indicate whether Medicare is primary or secondary, and include retiree eligibility requirements

Rate History

- Monthly Paid Claims and Enrollment (if currently self funded)
- Aggregate Reports covering the 2 year period prior to the requested effective date
- Rate History covering a 3 year period if available

Details on Any Claims that Have Exceeded 25% of the Specific Deductible or \$30,000 – whichever is less, for at least the 2 year period prior to the requested effective date. Details should include, for each claimant:

- The total paid
- Diagnosis
- Prognosis
- Current health status (or confirm they are no longer covered under Plan)

A Copy of the Current Benefit Plan Description

- Current and/or proposed PPO network
- Other managed care protocols
- Any recent plan changes that would impact the rates schedule
- Benefits summary (current and proposed)

Current

- Contract terms
- Current rates
- Renewal offer, if applicable and available
- Competitive rate offers already received

Please feel free to call us at (800) 564-7475 with any questions regarding the above information requested.