



Third Party Administrator Questionnaire

Administrative Offices: Lombard, Illinois | Richardson, Texas

1. Name of the Entity:			
2. Address of the Entity:		Address:	
		City:	State: Zip:
3. Primary Contact Information			
Name:		Title:	
Address:		City:	State: Zip:
Email:		Phone:	Fax:
Secondary Contact Information			
Name:		Title:	
Address:		City:	State: Zip:
Email:		Phone:	Fax:
4. Tax ID Number of the Entity:	5. State of domicile of Entity:	6. Formal structure of the Entity (i.e., S-Corp, C-Corp, Partnership, etc.):	7. State of incorporation:
8. Is Entity owned in whole or in part by another business entity or is Entity a stand alone company?			
9. What percentage of Entity business is administrative support? (i.e. are Entity TPA capabilities a primary or secondary business of corporation)			%
10. In what states does Entity administer business?			
11. Is Entity licensed as a TPA in each state that it administers business? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain:			
12. Has Entity TPA license been revoked or put in probationary status, in any state, in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and state current status:			
13. Does Entity post a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe type, amount and issuer:			
14. Who are your general liability, excess liability and E&O carriers? (Please provide certificates of insurance)			
15. What insurance carriers does Entity perform administrative services for?			
16. What is the Entity target market for administrative services?			
17. How many employers and members does Entity administer?			
18. What lines of coverage does Entity administer?			
19. How long has Entity supported Life, Disability and Dental lines of coverage? Life_____ Disability_____ Dental_____			
20. How much premium does Entity handle on a monthly, quarterly, or annual basis for all TPA-related duties and functions for groups Entity administers specific to Life, Disability and Dental lines of coverage?			



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21. What TPA functions does Entity perform? (Check all that apply)

<input type="checkbox"/> Membership Changes / Additions	<input type="checkbox"/> Reinstatements	<input type="checkbox"/> Eligibility Determinations
<input type="checkbox"/> Premium Collection	<input type="checkbox"/> Renewals	<input type="checkbox"/> Field Underwriting
<input type="checkbox"/> Term for Non-Payment of Premium	<input type="checkbox"/> Claims Receipt	<input type="checkbox"/> Producer Contracting
<input type="checkbox"/> Delinquency Notices	<input type="checkbox"/> Notification of Approval/Denial	<input type="checkbox"/> Other
<input type="checkbox"/> Eligibility Determinations	<input type="checkbox"/> Delivery of Certificates	
<input type="checkbox"/> Commission Payments	<input type="checkbox"/> Privacy Notices / Record Keeping	
<input type="checkbox"/> Prep and Mailing of Schedule A		

22. State the functions you will perform on behalf of Blue Cross and Blue Shield of Montana:

<input type="checkbox"/> Membership Changes / Additions	<input type="checkbox"/> Commission Payments	<input type="checkbox"/> Notification of Approval/Denial*
<input type="checkbox"/> Premium Collections	<input type="checkbox"/> Prep & Mailing of Schedule A Info*	<input type="checkbox"/> Delivery of Certificates
<input type="checkbox"/> Term for Non-Payment of Premium*	<input type="checkbox"/> Reinstatements*	<input type="checkbox"/> Privacy Notices / Recordkeeping*
<input type="checkbox"/> Delinquency Notices	<input type="checkbox"/> Renewals	<input type="checkbox"/> Other_____
<input type="checkbox"/> Eligibility Determinations	<input type="checkbox"/> Claims Receipt	

**For all asterisked items, please provide copies of notices, policies and procedures and any other documents.*

23. Describe the process for identifying and communicating with delinquent groups.

24. Does Entity charge the certificate holder or group any fees for Entity-related duties and functions?
 Yes No If so, please explain:

25. Describe the process for remitting full file data and eligibility feeds with specificity as to how Entity manages and accounts for employee additions and deletions (i.e. electronic or manual process).

26. How does Entity provide census information, i.e. format and frequency?

27. Will Entity send feeds: weekly for dental monthly for life and disability

28. Describe your data security transmission process:

29. Is Entity able to send 834 file feeds and is the format currently Anxy 5010 compliant?
 Yes No
 If Entity is not Anxy 5010 compliant, what is the target date for meeting this regulatory requirement?

30. Does Entity have a formal training process for new employees relative to the TPA duties the Entity will be performing on behalf of Blue Cross Blue Shield of Montana Company?
 Yes No If so, please describe.

31. Do written desk procedures exist for all TPA duties the Entity will be performing on behalf of Blue Cross and Blue Shield of Montana, for example, billing, membership administration, premium remittance and commissions?
 Yes No If so, please describe.

32. Describe Entity's policies and procedures for: Privacy Notifications, Disaster Recovery, Security of Customer Information, Record Retention (attach additional sheet if necessary).



33.	If Entity takes receipt of premium, would you maintain a fiduciary account on behalf of Blue Cross Blue Shield of Montana? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please name the financial institution(s) where the account(s) would be maintained.
34.	Are other funds co-mingled or placed in the fiduciary account?
35.	Describe how Entity reconciles monthly premium including, if applicable, how monies are withheld and accounted for if premium is remitted net of fees?