



## Administrator Questionnaire

State of North Carolina  
Department of Insurance

### Instructions

1. The questionnaire is to be completed by an officer of the Administrator.
2. Please respond to each item. If an item does not apply, please so indicate by answering "N/A."
3. Attach additional sheets if necessary.
4. All questions pertain to solicitation and operations involving North Carolina residents unless otherwise stated.

Administrator

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Location (Physical Address)

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Mailing Address

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North Carolina Location/Physical Address

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Contact Person and Title

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Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Prepared by

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Title

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Date Prepared

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**Section I. General Information.**

1. Indicate the Administrator's legal structure.

- Corporation
- Partnership
- Sole Proprietor
- Joint Venture
- Other \_\_\_\_\_

2.

a. List any affiliated companies and indicate their relationship with the Administrator (Parent, Subsidiary, etc.).

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b. Is the applicant licensed or admitted as an insurer, HMO, or other risk bearing entity in any other jurisdiction?

Yes  No

If yes, give type of license and the state(s) in which the applicant is so licensed or admitted.

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3. List all DBAs used by the Administrator in North Carolina. Identify any DBAs which have not been provided to the Department previously.

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4. Administrator's Federal Tax Identification Number: \_\_\_\_\_
5. Is the Administrator currently providing services in regards to North Carolina residents? \_\_\_\_\_
6. Does the Administrator have a corporate seal? \_\_\_\_\_

## **Section II. Financial Compliance Information.**

1. Indicate the Administrator's fiscal year-end.  

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2. Indicate the independent Certified Public Accountant or accounting firm which prepares financial statements for the Administrator.  

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3. Is the Administrator a publicly held company? \_\_\_\_\_  
Is the Administrator a subsidiary of a publicly held company? \_\_\_\_\_  
Or an affiliate of a publicly held company? \_\_\_\_\_

## **Section III. Services Provided by the Administrator.**

1. Specify services provided by the Administrator.  

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2. Does the Administrator provide services for fully-insured plans, self-funded plans, or both?  

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3. Does the Administrator provide services for Multiple Employer Welfare Arrangements (MEWA) or Multiple Employer Trusts (MET)?

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4. Specify those MEWAs or METs for which services are provided by the Administrator.

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5. Identify the participating employer groups of each MEWA or MET.

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6. Does the Administrator provide services for Professional Employer Organization (PEO)?

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Specify those PEOs for which services are provided by the Administrator.

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7. Is the entity a Pharmacy Benefit Manager (PBM)? \_\_\_\_\_

If so, confirm compliance with NCGS 58-56A-5 with regard to the Maximum Allowable Cost Price.

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8. Does the Administrator contract directly or indirectly with medical providers for the provision of health care services?

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9. Provide a list of each insurance company, by its legal name and its Federal Employer Identification Number (FEIN), for which services are provided for residents of North Carolina by the Administrator.

This list must contain a certified statement from an officer of the TPA that there is a signed written agreement with each of the insurers, as required by NCGS 58-56-6(a).

Note: The NCDOI no longer requires a copy of the administrative agreement unless specifically requested. Also note pursuant to 11 NCAC 21.0104, no TPA shall enter into an agreement to administer insurance for residents of North Carolina with an insurance company or health maintenance organization unless the company or HMO is licensed to operate in North Carolina. If a copy of an administrative agreement is requested, it must be provided electronically to our office within 10 business days of our request.

10. Provide the name and address of each self-funded group, in North Carolina, for which services are provided by the Administrator. Note that North Carolina General Statute 58-56-51(b) provides that this information will be kept confidential.

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11. Name of insurance company which provides Errors & Omissions coverage for the Administrator.

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12. Registered or licensed as an Administrator in the following states:

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13. What is the anticipated processing time for claims adjudicated by the Administrator?

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14. Provide statistics for the Administrator's activities in the following areas for the preceding year:

Category	Amount / Number
Employer contributions in self-funded plans	
Employee contributions in self-funded plans	
Insurance premiums or charges (excluding administrative fees) collected on fully-insured plans	
Claims paid on self-funded plans	
Claims paid on fully-insured plans	
Number of covered persons (excluding dependents) – self-funded plans	
Number of covered persons (including dependents) – self-funded plans	
Number of insureds (excluding dependents) – fully-insured plans	
Number of insureds (including dependents) – fully-insured plans	