**Instructions for the Submission of the TPA Report**

The Third Party Administrator Report consists of two Excel spreadsheets. A downloadable template of the report can be located on the Kentucky Department of Insurance’s website [**http://insurance.ky.gov/doc\_search.aspx**](http://insurance.ky.gov/doc_search.aspx) and typing “TPA Report” into the Search Text dialog box. The completed reports must be sent electronically in a Microsoft Excel spreadsheet. This can either be email to [Voin.Barker@ky.gov](mailto:Voin.Barker@ky.gov), or it can be copied to a CD and mailed to the Kentucky Department of Insurance, Attn: Voin Barker II, Frankfort, KY 40601. Please submit the annual reports prior to April 1st.

The report must include both:

1. Sheet One labeled - TPA Identification Information- This sheet collects general information on the TPA. Please see below for valid values.

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| --- | --- | --- | --- |
|  | **Column A** |  | **Column B** |
| **Row/ Column** | **Field Description** | **Row/ Column** | **Valid Values** |
| 1/A | Name of TPA | 1/B | Alpha-numeric |
| 2/A | Reporting Year | 2/B | Must be Numeric, |
| 3/A | First Line of mailing address | 3/B | Alpha-numeric |
| 4/A | Second Line of mailing address | 4/B | Alpha-numeric |
| 5/A | City | 5/B | Alpha-numeric |
| 6/A | State | 6/B | Must be 2 digits alphabetic |
| 7/A | Zip Code | 7/B | Must be 5 or 9 digits numeric (do not include dashes, etc.) |
| 8/A | State of Domicile | 8/B | Must be 2 digits alphabetic |
| 9/A | Contact Name | 9/B | Alpha-numeric |
| 10/A | Contact Phone | 10/B | Must be Numeric (do not include dashes, etc.) |
| 11/A | Contact E-mail | 11/B | Alpha-numeric |
| 12/A | Does this TPA administer a Group health plan that provides hospital or surgical benefits (Do not include workers compensation plans) | 12/B | Must be expressed using a Y=Yes or N=No |

1. Sheet Two labeled - Contracted Employers- This sheet collects information pertaining to each employer contracted with the reporting TPA. The department is looking for a snapshot of covered employees. Please see below for valid values.

|  |  |  |
| --- | --- | --- |
| **Row/ Column** | **Field Description** | **Valid Values** |
| **2-11/B** | **Name of Contracted Employer** | Alpha-numeric |
| **2-11/C** | **Plan type (Employer, Union, Governmental, or Church)** | Must be expressed using the examples given: Employer, Union, Governmental, or Church |
| **2-11/D** | **First Line of Employer's mailing address** | Alpha-numeric |
| **2-11/E** | **Second Line of Employer's mailing address** | Alpha-numeric |
| **2-11/F** | **City** | Alpha-numeric |
| **2-11/G** | **State** | Must be 2 digits alphabetic |
| **2-11/H** | **Zip Code** | Must be 5 or 9 digits numeric (do not include dashes, etc.) |
| **2-11/I** | **Total Number of Employees** (Including Part-time employees) | Must be Numeric. |
| **2-11/J** | **Total Number of Eligible Employees** | Must be Numeric. |
| **2-11/K** | **Total Number of Enrolled Employees** | Must be Numeric. |
| **2-11/L** | **Total Covered Lives** (Enrollees & Dependents) | Must be Numeric. Total covered lives includes enrollees and dependents |