# Registered Third-Party Administrator in Idaho

This page contains important reference material for your new license.

#### IMPORTANT DATES

Registered TPA's must file the following reports by the corresponding due dates and/or deadlines:

- March 15: Immunization Assessment
- May 1: Health Plan Survey
- November 1 December 31: TPA Renewal of License or Registration (every 2-years, see below)

## **TPA FORMS**

TPA forms can be found on our website:

TPA,PBM &Other Entities: Forms for TPAs

Forms & Links: Resources by License Type-TPA

# DEPARTMENT CONTACT INFORMATION FOR TPAS

Examinations Section – TPA doi.tpa@doi.idaho.gov Phone: (208)334-4250 Fax: (208) 334-4398

#### RENEWAL

Third Party Administrators must be renewed every 2 years (24 months).

Renewals for TPA's opens November 2nd and ends December 31st.

Registered TPA renewals are only processed by paper. There is no fee for Registered TPA renewal.

All paper renewals and checks should be mailed to:

Idaho Department of Insurance 700 W State Street, Fl 3 PO Box 83720 Boise ID 83720-0043

# WRITTEN AGREEMENTS

No administrator shall act as such without a written agreement between the administrator and the insurer. (§41-902)

# **VOLUNTARY SURRENDER**

Administrators who wish to voluntary surrender their Idaho TPA Registration must notify the Department and complete a Voluntary Surrender of Idaho TPA License Form

### NAME CHANGE

Name changes must be submitted to the Department via the Business Entity Name Change form.

## **CONTROL CHANGE**

Administrators should notify the Department immediately of any material changes in ownership, or control on the appropriate form.

<u>Change of Officers</u> <u>Change of Ownership</u>

# **CONTACT CHANGE**

Updates to the following information are required with in 30 days of the change via <u>NIPR's</u> <u>Contact Change Application</u>:

- Business Address
- Mailing Address
- Phone Number
- Email Address.

Note: Address changes involving a state change will need to use the <u>State to State Address Change Form.</u>



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