Administrative Data

The QHP Application requires submission of cert
Some of this information will be pre-populated ba
All fields marked with an asterik (*) are required.
On validation, missing or incorrect data is highlig
To validate the template, use the Validate button

Issuer ID:*	
Issuer State:*	

1. Administrative Data

Company Legal Name:*	Issuer Legal Name:*

Associated Health Plan ID:	TIN:*

2. Company Address

Address:*	Address 2 (optional):

3a. Issuer Address

Address:*	Address 2 (optional):

3b. Issuer Billing Address

Address:*	Address 2 (optional):

4. Select Your Primary Contact:*

5. Issuer Individual Market Contact

First Name:	Last Name:

6. Issuer SHOP (Small Group) Contact

First Name:	Last Name:

7. CEO

First Name:*	Last Name:*

8. CFO

First Name:*	Last Name:*

9. Customer Service - Individual Market

Customer Service Phone:	Customer Service Phone Extension:

10. Customer Service - SHOP (Small Group)

Customer Service Phone:	Customer Service Phone Extension:

11. Contacts

Contact Type	First Name
Enrollment Contact	
Online Enrollment Center Contact (Primary)	
Online Enrollment Center Contact (Backup)	
System Contact	
Appeals/Grievances Contact	
Customer Service Operations Contact	
User Access Contact	
Backup User Access Contact	
Marketing Contact	
Medical Director	
Chief Dental Director	
Pharmacy Benefit Manager	
Government Relations Contact	
HIPAA Security Officer	
Complaints Tracking Contact	
Quality Contact	
Compliance Officer	
Payment Contact	
APTC/CSR Contact	
Financial Reporting Contact	
Financial Transfers Contact	
Risk Corridors Contact	
Risk Adjustment Contact	
Reinsurance Contact	

12. Third Party Administrator(s):

Do you have a TPA for the following processes:	
Enrollment*	
Claims Processing*	
Edge Server Host*	

ain administrative data that will be utilized for operational purposes. This information include
sed on the information you have previously entered in HIOS.
Depending on the Proposed Exchange Market Coverage selected, certain additional fields n
hted.
or press Ctrl + Shift + V. To finalize the template, press the finalize button or press Ctrl + Sh

Proposed Exchange Market Coverage:*	
Current Sales Market:*	

Issuer Marketing Name:*

NAIC Company Code:	NAIC Group Code:

City:*	State:*

City:*	State:*

City:*	State:*

E-mail Address:	Phone Number:

E-mail Address:	Phone Number:

E-mail Address:*	Phone Number:*

E-mail Address:*	Phone Number:*

Customer Service Toll Free:	Customer Service TTY:

Customer Service Toll Free:	Customer Service TTY:

Last Name	Phone Number

s identifying information and contact information.

ıay be required.

ift + F.

Zip Code:*

Zip Code:*

Zip Code:*

Phone Extension:

Phone Extension:

Phone Extension:

Phone Extension:

Customer Service URL:

Customer Service URL:

Extension	E-mail Address