

Administrative Data Template

The QHP Application requires submission of certain administrative data that will be utilized for operational purposes.

Some of this information will be pre-populated based on the information you have previously entered in HIO.

All fields marked with an asterik (*) are required. Depending on the Proposed Exchange Market Coverage selection, certain fields may be required.

On validation, missing or incorrect data is highlighted.

To validate the template, use the Validate button or press Ctrl + Shift + V. To finalize the template, press the Save 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):

3. Issuer Address

Address:*	Address 2 (optional):

4. Select Your Primary Contact:*

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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*	

urposes. This information includes identifying information and contact information.

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ected, certain additional fields may be required.

finalize button or press Ctrl + Shift + F.

Proposed Exchange Market Coverage:*	
Current Sales Market:*	

Issuer Marketing Name:*

NAIC Company Code:	NAIC Group Code:

City:*	State:*

City:*	State:*

E-mail Address:	Phone Number:

E-mail Address:	Phone Number:

E-mail Address:*	Phone Number:*

|

Zip Code:*

Zip Code:*

Phone Extension:

Phone Extension:

Phone Extension:

