

Chapter 1: Instructions for the Administrative Application Section

Overview

This section of the QHP Application collects administrative information about the insurance company and any holding company associated with an issuer submitting an application. This administrative information is used to support the operations of the Federally-facilitated Exchange (FFE), including tracking of issues, communications, and data submission. When possible, much of the information in this and other sections is pre-populated with data previously submitted to HIOS.

In this section, issuers supply information about their organization. Issuers must complete the Administrative template, which contains items related to the legal entity, organization web address, NAIC affiliation, proposed market types, and company contacts, such as chief executive office (CEO), chief financial officer (CFO), and customer service.

Purpose

This chapter guides you through completing the Administrative section of your QHP Application.

To complete this section, you need the following information:

1. HIOS Issuer ID
2. Issuer state
3. HIOS Product ID for proposed QHPs
4. NAIC company and group codes
5. Tax identification number (TIN) or Employer Identification Number (EIN), also known as Federal Employer Identification Number (FEIN)
6. Proposed exchange market coverage: Individual, Small Business Health Options Program (SHOP) or both
7. Current sales market: Individual, SHOP or both
8. Names, phone numbers, e-mail addresses, and URLs for company contacts, such as CEO, CFO, and customer service.

Application Instructions

The Administrative section of the QHP Application uses an Excel template to collect issuer administrative information. Figure 1-1 identifies some key items to note when completing the Administrative section.

Figure 1-1. Administrative Section Highlights

- To initiate the template and allow data entry, enable template macros using the **Options** button on the Security Warning toolbar, and select **Enable this content**.
- The Administrative template contains 12 sections.
- If you are a registered HIOS user, some fields in the template may be populated. The pre-populated fields are highlighted in yellow on the template.
- All fields with a header marked with an asterisk (*) are required.
- Values in the pre-populated fields (yellow) cannot be changed.
- All state values must be selected from the drop-down menu.
- The template requires you to select a *Current Sales Market*. If you are not currently selling products in either the Individual or SHOP markets, select **Both** in the *Current Sales Market* field.
- If you intend to offer both Individual and SHOP plans, you must determine which of the two will be your primary contact.

Template Instructions

All issuers must complete the Administrative template. **Upon completion, issuers must upload the Administrative template to the QHP Application system.** Follow the instructions below to complete the Administrative template. Figures 1-2 through 1-5 show samples of completed Administrative template sections.

Figure 1-2. Administrative Template (sections 1 through 4)

Administrative Data v2.8					
Instructions: The QHP Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information. Some of this information will be pre-populated based on the information you have previously entered in HIC. All fields marked with an asterisk (*) are required. Depending on the Proposed Exchange Market Coverage. On validation, missing or incorrect data is highlighted.					
Issuer ID:		12345		Proposed Exchange Market Coverage:	
Issuer State:		MD		SHOP (Small Group)	
				Current Sales Market:	
				Both	
1. Administrative Data					
Company Legal Name:		Issuer Legal Name:		Issuer Marketing Name:	
Maryland Insurance Company, DKD		MIC		Md Ins Co	
Associated Health Plan ID:		TIN:		NAIC Company Code:	
1234567890		52-2113333			
2. Company Address					
Address:		Address 2 (optional):		City:	
2222 Md Insurance Way		Suite 2		Hyattsville	
				MD	
				22102	
3. Issuer Address					
Address:		Address 2 (optional):		City:	
2222 Md Insurance Way		Suite 2A		Hyattsville	
				MD	
				22201	
4. Select Your Primary Contact:					
SHOP (Small Group)					

Figure 1-3. Administrative Template (sections 5 through 10)

D11					
A	B	C	D	E	
Administrative Data v2.8		Instructions: <i>The QHP Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information. Some of this information will be pre-populated based on the information you have previously entered in HIOS. All fields marked with an asterisk (*) are required. Depending on the Proposed Exchange Market Coverage selected, certain additional fields may be required. On validation, missing or incorrect data is highlighted.</i>			
Validate					
Finalize					
Issuer ID: 12345		Proposed Exchange Market Coverage: SHOP (Small Group)			
Issuer State: MD		Current Sales Market: Both			
5. Issuer Individual Market Contact					
First Name:		Last Name:		E-mail Address:	
Ralph		Thompson		rathompson@Ddins.org	
Phone Number:		Phone Extension:			
301-773-4520					
6. Issuer SHOP (Small Group) Contact					
First Name:		Last Name:		E-mail Address:	
Phone Number:		Phone Extension:			
7. CEO					
First Name: *		Last Name: *		E-mail Address: *	
Betsy		Randolph		barandolph@mdins.org	
Phone Number: *		Phone Extension: *			
307-773-4522					
8. CFO					
First Name: *		Last Name: *		E-mail Address: *	
Henry		Jones		hajones@mdins.org	
Phone Number: *		Phone Extension: *			
301-773-4521					
9. Customer Service - Individual Market					
Customer Service Phone:		Customer Service Phone Extension:		Customer Service Toll Free:	
800-559-2320				866-459-1345	
				Customer Service TTY:	
				MDINS.COM	
				Customer Service URL:	
10. Customer Service - SHOP (Small Group)					
Customer Service Phone:		Customer Service Phone Extension:		Customer Service Toll Free:	
				Customer Service TTY:	
				Customer Service URL:	

Figure 1-4. Administrative Template (section 11)

D11							
A	B	C	D	E	F		
Administrative Data v2.8		Instructions: <i>The QHP Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information. Some of this information will be pre-populated based on the information you have previously entered in HIOS. All fields marked with an asterisk (*) are required. Depending on the Proposed Exchange Market Coverage selected, certain additional fields may be required. On validation, missing or incorrect data is highlighted.</i>					
Validate							
Finalize							
Issuer ID: 12345		Proposed Exchange Market Coverage: SHOP (Small Group)					
Issuer State: MD		Current Sales Market: Both					
11. Contacts							
Contact Type		First Name		Last Name		Phone Number	
Enrollment Contact						Extension	
Online Enrollment Center Contact (Primary)						E-mail Address	
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							

Figure 1-5. Administrative Template (section 12)

D11			
A	B	C	D
Administrative Data v2.8		Instructions: <i>The QHP Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information. Some of this information will be pre-populated based on the information you have previously entered in HIOS. All fields marked with an asterisk (*) are required. Depending on the Proposed Exchange Market Coverage selected, certain additional fields may be required. On validation, missing or incorrect data is highlighted.</i>	
Validate			
Finalize			
Issuer ID: 12345		Proposed Exchange Market Coverage: SHOP (Small Group)	
Issuer State: MD		Current Sales Market: Both	
12. Third Party Administrator(s):			
Do you have a TPA for the following processes:			
Enrollment*		Yes	
Claims Processing*		Yes	
Edge Server Host*		No	

Using the template downloaded from the QHP Application system, follow the instructions below to complete the Administrative template:

1. *Issuer ID* (required). Enter your issuer ID.
2. *Proposed Exchange Market* (required). Select your proposed exchange market (**Individual**, **SHOP**, or **Both**). Use the drop-down menu to select the correct proposed exchange market.
3. *Issuer State* (required). Select the state in which you propose to offer coverage using the drop-down menu.
4. *Current Sales Market* (required). Select the markets in which you currently sell products using the drop-down menu.
 - a. The system requires an entry in the *Current Sales Market* field.
 - b. If you are not currently selling products in either the Individual or SHOP markets, select **Both**.
5. *Administrative Data* (section 1). Enter administrative data:
 - a. *Company legal name* (required). Enter the company's legal name (this may be your parent or holding company).
 - b. *Issuer legal name* (required). Enter the issuer's legal name.
 - c. *Marketing name* (required). Enter any marketing name you use for the plans you offer.
 - d. *Associated Health Plan ID* (HPID). Enter your HPID, if applicable.
 - e. *TIN* (required). Enter your tax identification number.
 - f. *NAIC company code*. Enter your NAIC company code, if applicable.
 - g. *NAIC group code*. Enter your NAIC group code, if applicable.
6. *Company Address* (section 2). Enter company address information:
 - a. Enter the address, city, state, and ZIP information, as required.
 - b. Enter any additional address information in the Address 2 field, if applicable.
7. *Issuer Address* (section 3). Enter issuer address information:
 - a. Enter the address, city, state, and ZIP information, as required.
 - b. Enter any additional address information in the Address 2 field, if applicable.

8. *Primary Contact* (required) (section 4). Using the drop-down menu, select the market (**Individual** or **SHOP**) associated with the person who will be designated as the primary Exchange contact for your organization.
9. *Issuer Individual Market Contact* (section 5). If you chose **Individual** as your primary contact, enter the contact information for the Individual market contact:
 - a. Enter the first name, last name, e-mail address, and phone number of your Individual market contact.
 - b. Enter a phone extension for your Individual market contact, if applicable.
10. *Issuer Small Group Contact* (section 6). If you chose **SHOP** as your primary contact, enter the contact information for the SHOP (Small Group) market contact:
 - a. Enter the first name, last name, e-mail address, and phone number of your SHOP contact.
 - b. Enter a phone extension for your SHOP contact, if applicable.
11. *CEO* (section 7). Enter the contact information for your CEO contact:
 - a. Enter the first name, last name, e-mail address, and phone number of your CEO contact.
 - b. Enter a phone extension for your CEO contact, if applicable.
12. *CFO* (section 8). Enter the contact information for your CFO contact:
 - a. Enter the first name, last name, e-mail address, and phone number of your CFO contact.
 - b. Enter a phone extension for your CFO contact, if applicable.
13. *Customer Service Individual Market* (section 9). If you chose **Individual** as your proposed exchange market, enter your customer service contact:
 - a. Enter the proposed Individual market coverage customer service phone, toll free number, TTYL, and customer service URL.
 - b. Enter a phone extension for your Individual market customer service contact, if applicable.
14. *Customer Service SHOP* (small group) (section 10). If you chose **SHOP** as your proposed exchange market, enter your customer service contact:
 - a. Enter the proposed SHOP market coverage customer service phone, toll free number, TTYL, and customer service URL.

- b. Enter a phone extension for your SHOP customer service contact, if applicable.
15. *Contacts* (section 11). Enter other contacts, as applicable:
- a. Contact information is optional, but very useful.
 - b. Enter the first name, last name, phone number, and e-mail address of each applicable contact.
 - c. Enter a phone extension for each contact, if applicable.
 - d. The pharmacy benefit manager and reinsurance contacts do not apply to dental plans.
16. *Third Party Administrator* (required) (section 12). Identify whether you have third-party administrators by selecting **Yes** or **No**, as applicable. Use the drop-down menu to select the correct response:
- a. Enrollment
 - b. Claims Processing
 - c. Edge Server Host.
17. Click the **Validate** button in the template. The template will identify any data issues that require attention. Resolve any identified errors and click **Validate** again. Repeat until all errors are resolved.
18. Click the **Finalize** button in the template to create template document to be uploaded.
19. Save the file using your default drive or store the file where you will be able to find it to upload to the QHP application.
20. Upload the template to the appropriate section of the QHP application. Upload the saved file in the Issuer module of the QHP Application system.