Chapter 2: Instructions for the Program Attestation Application Section

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1. Overview

This section of the Qualified Health Plan (QHP) Application requires issuers to attest to their adherence to the regulations set forth in 45 CFR 155 and 156 as well as programmatic requirements necessary for the operational success of the Federally-facilitated Marketplace

(FFM). The attestations apply to all QHP issuers seeking to participate in the FFM, as well as downstream vendors and contractors of the QHP issuer or company.

2. Purpose

The Program Attestations section of the QHP Application collects issuer responses to questions regarding issuers' intent to comply with FFM requirements. This chapter guides issuers through the Program Attestations section of their QHP Application. These instructions apply to both QHP and stand-alone dental (SADP) issuers.

3. Data Requirements

To complete this section, you need the following information:

1. Your company compliance plan
2. Your company organizational chart
3. Completed compliance plan and organizational chart cover sheets
4. Completed Statement of Detailed Attestation Responses, if applicable.

4. Application Instructions

The Program Attestation section of the QHP Application is composed of two parts:

1. Attestations to be completed in the Issuer Module of the QHP Application System.
2. Supporting documents, including the Statement of Detailed Attestations, Compliance Plan, Organizational Chart and associated cover sheet, and justification, as applicable.

Figure 2-1 shows key items in these instructions for completing the Program Attestation section of the QHP Application.

Figure 2-1. Program Attestations Section Highlights

- Issuers must respond to all attestation groupings.
- Respond **Yes** for the entire grouping if you want to attest **Yes** to each individual attestation in a grouping.
  - An issuer does not need to submit the Statement of Detailed Attestation Responses document if it attests **Yes** to each attestation grouping.
- Respond **No** for the entire grouping if you want to respond **No** to one or more of the individual attestations in a grouping.
  - An issuer must submit a Statement of Detailed Attestation Responses if it selects **No** to any grouping.

(continued on next page)

Figure 2-2. Program Attestations Section Highlights

- If you respond **No** to the compliance plan attestation, include a justification with the Statement of Detailed Attestation Response. CMS will accept justifications for a **No** response to the compliance plan attestation—all other attestations are required.
- Save documents using the following naming convention: [Issuer ID] [Title of Document], for example, "12345_StatementofDetailedAttestationResponses.doc."
- Upload the completed Program Attestation documents using the **Other** upload option in the Benefits & Service Area Module of the QHP Application System.
- If you do not offer an SADP, select **Yes** to attest that you offer no SADPs.
- If you do not participate in the SHOP market, select **Yes** to attest that you offer no SHOP plans.

All issuers and their affiliates seeking to participate in the FFM, including SADP issuers, must complete the Program Attestations section of the application. To complete this section, use the QHP Application System to respond to the program attestations and, as applicable, upload supporting documentation.

4.1 HIOS User Interface Instructions

In this section of the QHP Application, issuers must attest to compliance with FFM standards, as well as programmatic requirements necessary for FFM operational success. Program attestations are categorized in the following groupings:

- General issuer questions
- Compliance plans and organizational charts
- Operations
- Benefit design
- Stand-alone dental, as needed
- Rates
- Enrollment
- Financial management
- Small Business Health Options Program (SHOP)
- Reporting requirements.

Attestation groupings contain one or more attestations related to a Marketplace requirement. Program Attestations are worded to generally apply to all issuers, including those offering

SADPs or SHOP products. Issuers must respond to all attestation groupings in the QHP Application System.

1. A **Yes** response to an attestation grouping indicates that the issuer attests **Yes** to all of the attestations in the grouping. Issuers that attest **Yes** to all attestation grouping do not need to submit the Statement of Detailed Attestation Responses document.

2. A **No** response to an attestation grouping indicates that the issuer attests **No** to one or more attestations in the grouping. Issuers that attest **No** must submit a single Statement of Detailed Attestation Responses document (available at http://cciio.cms.gov/programs/exchanges/qhp.html) to indicate their responses to each of the individual attestations in every attestation grouping.

In addition to the program attestations in this section of the QHP Application, applicants are required to complete any attestations resident in other sections, including Accreditation and Essential Community Providers (ECP)/Network Adequacy. Separate instructions for Accreditation, ECP/Network Adequacy attestations are located in Chapters 5, 6, and 7.

Issuers are also asked to upload their compliance plan and organizational chart to verify compliance with FFM requirements. Issuers must include the QHP Issuer Compliance Plan and Organizational Chart Cover Sheet with their compliance plan and organization chart upload. The cover sheet is available at http://cciio.cms.gov/programs/exchanges/qhp.html.

4.1.1 General Issuer Attestations

The following attestations are in the General Issuer Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations requires additional supporting documentation.

1. By the first resubmission period during the QHP certification process, applicant is in good standing and as such is licensed, by all applicable states, to offer the specific type of health insurance or health plans that the issuer is submitting to CMS for certification; is in compliance with all applicable state solvency requirements; and is in compliance with all other applicable state laws and regulations.

2. Applicant attests that it will not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, or sexual orientation, in accordance with 45 CFR §156.200(e).

3. Applicant attests that it will market its QHPs in accordance with all applicable state laws and regulations and will not employ discriminatory marketing practices, in accordance with 45 CFR 156.225.

4. Applicant attests that it will adhere to all non-renewal and decertification requirements, in accordance with 45 CFR 156.290.

5. Applicant attests that it will adhere to requirements related to the segregation of funds for abortion services consistent with 45 CFR 156.280 and all applicable guidance.

6. Applicant attests that it will adhere to provisions addressing payment of federally qualified health centers in 45 CFR 156.235(e).

7. Applicant attests that it will adhere to provisions addressing the acceptance of payments from certain third party entities in 45 CFR 156.1250.

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to all of the listed attestations.

- **No**—if the issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.1.2 Compliance Plan Attestations

The following attestation is in the Compliance Plan Attestations grouping in the QHP Application System. If you do not comply with the attestation in this grouping, select **No** for the entire group. A **Yes** or **No** response to any of the attestations requires additional supporting documentation.

1. Applicant attests that it has a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. Any changes to the compliance plan will be submitted to HHS for review. If yes, upload a copy of the applicant's compliance plan. See the Instructions Manual for further information.

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations. If **Yes** is selected, provide supporting documentation.

- **No**—if the issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

See Section 4.3.2 for instructions on how to upload the compliance plan and supporting documentation, if applicable.

4.1.3 Organizational Chart Attestations

The following attestation is in the Organizational Chart Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **Yes** or **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that it is providing its organizational chart and that it will inform HHS of any significant changes to the organizational chart provided within 30 days of that change after the submission of this application. Applicant will upload a copy of the applicant's organizational chart.

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations. If **Yes** is selected, provide supporting documentation (without which you may not proceed with the application section).

- **No**—if the issuer does not agree to adhere to the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

See Section 4.3.3 for instructions on how to upload the organizational chart and supporting documentation, if applicable.

4.1.4 Operational Attestations

The following attestations are in the Operational Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that, in accordance with 45 CFR 156.330, it will notify HHS of a change in ownership if one or more of its FFM QHPs undergoes a change in ownership as recognized by the state in which the issuer offers the QHP. The applicant understands that in accordance with 156.330, the new owner must adhere to all applicable statutes and regulations.

2. Applicant attests that it will comply with all QHP requirements, including technical requirements related to the use of FFM plan management system, on an ongoing basis and comply with Marketplace systems, tools, processes, procedures, and requirements.

3. Applicant understands and acknowledges that the Marketplace website may display that applicant is accredited if that applicant is accredited on its commercial, Medicaid, or Marketplace product lines by one of the HHS-recognized accrediting entities. Applicant understands and acknowledges that the Marketplace website may display applicant as "Not yet accredited" if the applicant does not provide accreditation information that can be verified with a recognized accrediting entity, or does not have any products that the applicable accrediting entity considers to be accredited (e.g., an applicant will be displayed as "Not yet accredited" if the accreditation review is "scheduled" or "in process").

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations.

- **No**—if the issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.1.5 Benefit Design Attestations

The following attestations are in the Benefit Design Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that it will not employ marketing practices or benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs in QHPs in accordance with 45 CFR 156.225.

2. Applicant attests that, in complying with the benefit design standards, it will not design or implement a benefit design that discriminates based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions, in accordance with 45 CFR 156.200(b)(3) and 156.125(a).

3. Applicant attests that it will comply with all benefit design standards, federal regulations and laws, and state mandated benefits for all services including, but not limited to, preventive services, emergency services, and formulary drug list.

4. Applicant attests that it will abide by all applicable cost sharing limit requirements, including, but not limited to,

    a. the cost sharing requirement (expressed as a copayment amount or coinsurance rate) for emergency department services is the same regardless of provider network status, in accordance with 45 CFR 147.138(b)(3);

    b. the requirement that it will make available enrollee cost sharing under an individual's plan or coverage for a specific item or service, consistent with 45 CFR 156.220;

    c. the requirement that the plan's annual limitation on cost sharing must comply with the annual limitation on cost sharing requirements under 45 CFR 156.130 and may not exceed the annual limitation on cost sharing for the plan year that is established in the annual HHS notice of benefits and payment parameters; and

    d. the requirement that it will maintain appropriate systems to accurately calculate cost sharing amounts and ensure compliance with deductible (if applicable) and cost sharing limits required under 45 CFR 156.130.

5. Applicant attests that it will follow all Actuarial Value requirements, including 45 CFR 156.135 and 156.140, or 156.150 for stand-alone dental plans.

6. Applicant attests that it will offer through the Marketplace a minimum of one QHP at the silver coverage level and one QHP at the gold coverage level in accordance with 45 CFR 156.200(c), or a minimum of one plan at either a high or low coverage level for issuers of stand-alone dental plans.

7. Applicant attests that its catastrophic QHPs will only enroll (or re-enroll) individuals under the age of 30 prior to the first day of the plan year or individuals who receive a

certificate of exemption from the requirement to maintain minimum essential coverage by reason of hardship or inability to afford coverage, in accordance with 45 CFR 156.155.

8. Applicant attests that its QHPs provide coverage for each of the 10 statutory categories of Essential Health Benefits (EHB) in accordance with the applicable EHB benchmark plan and federal law:

    a. its QHPs provide benefits and limitation on coverage that are substantially equal to those covered by the EHB benchmark plan pursuant to 45 CFR 156.115(a)(1);

    b. it complies with the requirements of 45 CFR 146.136 with regard to mental health and substance use disorder services, including behavioral services;

    c. it provides coverage for preventive services described in 45 CFR 147.130;

    d. it complies with EHB requirements with respect to prescription drug coverage pursuant to 45 CFR 156.122;

    e. any benefits substituted in designing QHP plan benefits are actuarially equivalent to those offered by the EHB benchmark plan and are in the same EHB category pursuant to 45 CFR 156.115(b);

    f. its QHPs' benefits reflect an appropriate balance among the EHB categories, so that benefits are not unduly weighted toward any category pursuant to 45 CFR 156.110(e).

9. Applicant attest that it will offer QHPs that are meaningfully different in accordance with 45 CFR 156.298.

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations.

- **No**—if the issuer does <u>not</u> agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.1.6 Stand-Alone Dental Attestations

The following attestations are in the Stand-Alone Dental Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that all stand-alone dental plans that it offers will comply with all benefit design standards and federal regulations and laws for stand-alone dental plans in 45 CFR 155.1065 and 156.150, as applicable, including that:

a. the out-of-pocket maximum for its stand-alone dental plan complies with the regulatory standard in 45 CFR 156.150, including for the coverage of pediatric dental;

b. it offers the pediatric dental EHB;

c. it does not include annual and lifetime dollar limits on the pediatric dental EHB.

2. Applicant attests that any stand-alone dental plans it offers are limited scope dental plans.

3. Applicant attests that any stand-alone dental plans it offers will adhere to the standards set forth by HHS for the administration of advance payments of the premium tax credit, including 45 CFR 155.340(e) and (f).

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if issuer agrees to adhere to the listed attestations or does not offer stand-alone dental plans.

- **No**—if issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.1.7 Rate Attestations

The following attestation is in the Rate Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that it will comply with all rate requirements as applicable, including that it will:

   a. charge the same rates for each qualified health plan, or stand-alone dental plan, of the issuer without regard to whether the plan is offered through a Marketplace or whether the plan is offered directly from the issuer or through an agent;

   b. set rates for an entire benefit year, or for the SHOP plan year and submit the rate and benefit information to the Marketplace as required in 45 CFR 156.210;

   c. submit to the Marketplace a justification for a rate increase prior to the implementation of an increase;

   d. prominently post rate increase justifications on its website pursuant to 45 CFR 155.1020;

   e. adhere to all rating area variation requirements pursuant to 45 CFR 156.255 for QHPs;

f. comply with federal rating requirements or the state's Affordable Care Act compliant rating requirements, as applicable.

2. Pursuant to 45 CFR 156.210, applicant attests that they will use CMS provided tools to ensure the accuracy of the data submitted to the Marketplace.

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations.
- **No**—if the issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.1.8 Enrollment Attestations

The following attestations are in the Enrollment Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that it will meet the individual market requirement to:

   a. enroll a qualified individual during the initial and subsequent annual open enrollment periods and abide by the effective dates of coverage pursuant to 45 CFR 156.260;

   b. make available, at a minimum, special enrollment periods (SEPs) established by the Marketplace and abide by the effective dates of coverage determined by the Marketplace pursuant to 45 CFR 156.260.

2. Applicant attests that it will process enrollment changes, to include terminations, made by enrollees.

3. Applicant attests that it will only terminate coverage as permitted by the Marketplace and applicable state or federal law including pursuant to 45 CFR 156.270:

   a. the applicant will abide by the termination of coverage effective dates requirements;

   b. the applicant will maintain termination records in accordance with Marketplace standards;

   c. If terminating an enrollee's coverage for any reason, the applicant will provide the enrollee with a notice of termination of coverage consistent with the effective date required by applicable regulations. Notice must include an explanation of the reason for the termination. When applicable, the applicant will include in the notice an explanation of the enrollee's right to appeal;

   d. the applicant will establish a standard policy for the termination of coverage of enrollees due to non-payment of premium, fraud, and free-look.

4. Applicant attests that it will provide enrollees with required documentation including: an enrollment information package, effective dates of coverage, summary of benefits and coverage, evidence of coverage, provider directories, enrollment/disenrollment notices, coverage denials, ID cards, and any notices as required by state or federal law.

5. Applicant attests that it will adhere to enrollment information collection and transmission requirements and will:

    a. accept enrollment information in an electronic format from the Marketplace that is consistent with requirements;

    b. reconcile enrollment files with the Marketplace no less than once a month;

    c. acknowledge receipt of enrollment information in accordance with Marketplace standards and;

    d. timely, accurately and thoroughly process enrollment transactions and submit to the marketplace required electronic 834 transactions including, but not limited to, confirmations, cancellations, terminations and other transactions as applicable.

6. Applicant attests that if applicant uses the Application Programming Interface (API) provided by the Marketplace, the applicant will:

    a. direct individuals to the Marketplace in order to receive a determination of eligibility;

    b. enroll an individual only after receiving confirmation from the Marketplace that the individual has been determined eligible for enrollment in a QHP, in accordance with the standards set forth in 156.265(b) and 156.1230.

7. Applicant attests that it will follow the premium payment process requirements established by the Marketplace in accordance with §156.265(d), and 156.1240 and applicable guidance.

8. Pursuant to 45 CFR 156.270, Applicant attests that it will:

    a. provide a non-payment grace period of three consecutive months if an enrollee receiving advance payments of the premium tax credit has previously paid-in-full at least one month's premium. If an enrollee exhausts the grace period without submitting full payment of all outstanding premium due, the applicant will terminate the enrollee's coverage effective at the end of the first month of the grace period.

9. Applicant attests that it will provide the enrollee with notice of payment delinquency if an enrollee is delinquent on premium payment.

10. Applicant attests that it will develop, operate and maintain viable systems, processes, procedures, and communication protocols for:

    a. the timely, accurate and valid enrollment and termination of enrollees' coverage within the Marketplace;

    b. the prompt resolution of urgent issues affecting enrollees, such as changes in enrollment and discrepancies identified during reconciliation.

11. Applicant attests that it will accept the total premium breakdown as determined by the Marketplace and as specified in either the electronic enrollment transmission or reconciliation files. This includes:

    a. the total premium amount which is based on rate attestations submitted by the applicant;

    b. the APTC amount;

    c. any other payment amounts as depicted on the enrollment transmission.

12. Applicant attests that it will accept the advance CSR amount as determined by the Marketplace and as specified in either the electronic enrollment transmission or reconciliation files.

13. Applicant attests that it will approve of the use of the following information for display on the FFM website for consumer education purposes: information on rates and premiums, information on benefits, the provider network URL(s) provided in this application, the URL(s) for the summary of benefits and coverage provided in this application, the URL(s) for payment provided by this application, and information on whether the issuer is a Medicaid managed care organization.

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations.

- **No**—if the issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.1.9 Financial Management Attestations

The following attestations are in the Financial Management Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that it will adhere to the standards set forth by HHS for the administration of advance payments of the premium tax credit and cost sharing

reductions, including the provisions at 45 CFR 156.410, 156.425, 156.430, 156.440, 156.460, and 156.470.

2. Applicant attests that it will submit to HHS the applicable plan variations that adhere to the standards set forth by HHS at 45 CFR 156.420.

3. Applicant attests that it will pay all user fees in accordance with 45 CFR 156.200(b) (6).

4. Applicant attests that it will reduce premiums on behalf of eligible individuals if the Marketplace notifies the QHP Issuer that it will receive an APTC on behalf of that individual pursuant to 45 CFR 156.460.

5. Applicant attests that it will adhere to the data standards and reporting requirements for the CSR reconciliation process, pursuant to 45 CFR 156.430(c) for QHPs.

6. The following applies to applicants participating in the risk adjustment program inside and/or outside of the Marketplace. Applicant attests that it will:

    a. adhere to the risk adjustment standards and requirements set forth by HHS in the annual HHS notice of benefit and payment parameters (45 CFR 153 Subparts G and H);

    b. remit charges to HHS under the circumstances described in 45 CFR 153.610.

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations**.**
- **No**—if the issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.1.10 SHOP Attestations

The following attestation is in the SHOP Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that it will adhere to the SHOP issuer requirements set by HHS in 45 CFR 156.285 and 156.200.[1]

Applicant attests that it either offers no SHOP plans, or attests to all of the above.

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations or does not offer SHOP plans.

[1] Attestation language "and 156.200" is new for PY17.

- **No**—if the issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.1.11 Reporting Requirements Attestations

The following attestations are in the Reporting Requirements Attestations grouping in the QHP Application System. If you do not comply with one or more of the attestations in the grouping, select **No** for the entire group. A **No** response to any of the attestations below requires additional supporting documentation.

1. Applicant attests that it will provide to the Marketplace the following information in a time and manner identified by HHS, as applicable: claims payment policies and practices; periodic financial disclosures; data on enrollment; data on disenrollment; data on the number of claims that are denied; data on rating practices; information on cost sharing and payments with respect to any out-of-network coverage; and information on enrollee rights under title I of the Affordable Care Act.

2. Applicant attests that it will report required data on prescription drug distribution and costs consistent with 45 CFR 156.295 and all applicable guidance, in a time and manner identified by HHS.

3. Applicant attests that it will comply with the specific quality disclosure, reporting, and implementation requirements at 45 CFR 156.200(b)(5) and 45 CFR 156 Subpart L.

4. Applicant attests that with regard to the policies and procedures applicable to the qualified health plan(s) for which it seeks certification, Applicant is in compliance with the timeline established for accreditation under 45 CFR 155.1045(b).

Choose from the following to attest to all of the attestations in this section:

- **Yes**—if the issuer agrees to adhere to the listed attestations

- **No**—if the issuer does not agree to adhere to one or more of the listed attestations. If **No** is selected, complete and submit the Statement of Detailed Attestation Responses document.

4.2 Template Instructions

There is no template for the Program Attestations section.

4.3 Supporting Documentation and Justification Instructions

Supporting documentation and justification documents are located along with the QHP Application instructions at http://cciio.cms.gov/programs/exchanges/qhp.html. Please refer to the following list for specific supporting documentation and justification for this specific chapter:

- Statement of Detailed Attestations (Section 4.3.1)

- Compliance Plan (Section 4.3.2)

- Organizational Chart (Section 4.3.3).

For additional information regarding supporting documents, please consult Chapter 16. Upload your supporting documents, if applicable, in the QHP Application System.

4.3.1 Statement of Detailed Attestations

Issuers that provide a **No** response to one or more groupings of attestations must complete a single Statement of Detailed Attestation Responses document. An issuer that attests **Yes** to each attestation grouping does not need to submit the Statement of Detailed Attestation Responses document.

Complete only one Statement of Detailed Attestation Responses document to address how you responded to each of the individual attestations in each grouping. If you provided a **No** response to the compliance plan attestation, CMS accepts a justification in the Statement of Detailed Attestation Responses. Upload the Statement of Detailed Attestations supporting documentation, if applicable:

1. Go to http://cciio.cms.gov/programs/exchanges/qhp.html to download a blank copy of the Statement of Detailed Attestations Responses.

2. Complete each of the attestations to indicate which individual attestations you are not attesting.

3. If you select **No** for the compliance plan attestation, provide a justification for why you are not attesting or do not comply.

4. Once all attestation responses have been addressed in the Statement of Detailed Attestation Responses and the document is complete, save the document using the title of the document (such as Statement of Detailed Attestation Responses) and associated issuer ID (to the extent possible). The file name—including its full path—cannot exceed 255 characters when uploaded into the Benefits & Service Area Module of the QHP Application System. A signature is not required for FFM attestation forms because the document is submitted through the QHP Application System.

5. Upload the document into the Benefits & Service Area Module. Select **Other** as the document type. In the description field, enter the associated issuer ID.

6. Confirm that your documentation is uploaded by verifying the status is "complete."

4.3.2 Compliance Plan

Upload the compliance plan supporting documentation, if applicable:

1. Go to http://cciio.cms.gov/programs/exchanges/qhp.html to download a blank copy of the compliance plan and organizational chart cover sheet (see Section 5.2 for a sample of a completed cover sheet).

2. Complete the compliance plan and organizational chart cover sheet. Respond to the evaluation question and state the page number in the compliance plan where language

supporting the response can be found. Provide any organizational chart information requested on the same cover sheet.

Additional guidance: CMS expects issuers to acknowledge that their compliance plans are applicable to Marketplace products and operations, and to provide examples of specific plans or processes to comply with Marketplace requirements (see *Compliance Plan Contents* in the Compliance Plan and Organizational Chart Cover Sheet). For example, issuers may have a Marketplace module as a part of employees' compliance training, or they may develop audit plans to evaluate compliance risks in the Marketplace line of business.

3. Once the cover sheet is completed, merge the compliance plan and cover sheet into a single PDF file. Save the document using the following naming convention: [Issuer ID] [Title of Document]. For example: "12345_CompliancePlanandCoverSheet.PDF."

4. Upload the file under Submit Supplementary Documentation. If you want to add the cover sheet PDF into an existing compliance plan PDF file, use the **Document/Insert Pages** function in Adobe Acrobat.

4.3.3 Organizational Chart

Upload the organizational chart supporting documentation, if applicable:

1. Save the organizational chart using the following naming convention: [Issuer ID] [Title of Document]. For example: "12345_OrganizationalChart.doc."

2. Upload your company's organizational chart under Submit Supplementary Documentation.

3. Confirm that your documentation appears in Uploaded Supplementary Documentation, if applicable.

5. Sample Supporting Documentation

The sections below provide samples of the specific supporting documents as described in Sections 4.3.1 and 4.3.3.

5.1 Sample Statement of Detailed Attestation Responses

Figure 2-3 shows a sample completed Statement of Detailed Attestation Responses. This statement is also available at http://cciio.cms.gov/programs/exchanges/qhp.html.

Figure 2-3. Sample Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

Instructions: Please review and respond **Yes** or **No** to each of the attestations below and sign the Statement of Detailed Attestation Responses document. CMS may accept a **No** response to the compliance plan attestation if a justification is included with this submission. All other attestations are required.

Program Attestations

General Issuer Attestations

1.) By the first resubmission period during the QHP certification process, applicant is in good standing and as such is licensed, by all applicable states, to offer the specific type of health insurance or health plans that the issuer is submitting to CMS for certification; is in compliance with all applicable state solvency requirements; and is in compliance with all other applicable state laws and regulations.

◉ Yes ○ No

2.) Applicant attests that it will not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation in accordance with 45 CFR §156.200(e).

◉ Yes ○ No

3.) Applicant attests that it will market its QHPs in accordance with all applicable state laws and regulations and will not employ discriminatory marketing practices in accordance with 45 CFR 156.225.

◉ Yes ○ No

4.) Applicant attests that it will adhere to all non-renewal and decertification requirements, in accordance with 45 CFR 156.290.

◉ Yes ○ No

5.) Applicant attests that it will adhere to requirements related to the segregation of funds for abortion services consistent with 45 CFR 156.280 and all applicable guidance.

◉ Yes ○ No

6.) Applicant attests that it will adhere to provisions addressing payment of federally-qualified health centers in 45 CFR 156.235(e).

◉ Yes ○ No

7.) Applicant attests that it will adhere to provisions addressing the acceptance of payments from certain third-party entities in 45 CFR 156.1250.

◉ Yes ○ No

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Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

Compliance Plan Attestations

1.) Applicant attests that it has a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. Any changes to the compliance plan will be submitted to HHS for review. If yes, upload a copy of the applicant's compliance plan. See the Instructions Manual for further information.

◉ Yes ○ No

If **Yes**, applicant should upload a copy of the applicant's compliance plan in the QHP Application Issuer Module.

Organizational Chart Attestations

1.) Applicant attests that it is providing its organizational chart and that it will inform HHS of any significant changes to the organizational chart provided within 30 days of that change after the submission of this application. Applicant will upload a copy of the applicant's organizational chart.

◉ Yes ○ No

If **Yes**, applicant should upload a copy of the applicant's organizational chart in the QHP Application Issuer Module.

Operational Attestations

1.) Applicant attests that, in accordance with 45 CFR 156.330, it will notify HHS of a change in ownership if one or more of its FFM QHPs undergoes a change in ownership as recognized by the state in which the issuer offers the QHP. The applicant understands that in accordance with 156.330, the new owner must adhere to all applicable statutes and regulations.

◉ Yes ○ No

2.) Applicant attests that it will comply with all QHP requirements, including technical requirements related to the use of FFM plan management system, on an ongoing basis and comply with Marketplace systems, tools, processes, procedures, and requirements.

◉ Yes ○ No

3.) Applicant understands and acknowledges that the Marketplace website may display that applicant is accredited if that applicant is accredited on its commercial, Medicaid, or Marketplace product lines by one of the HHS-recognized accrediting entities. Applicant understands and acknowledges that the Marketplace website may display applicant as "Not yet accredited" if the applicant does not provide accreditation information that can be verified with a recognized accrediting entity, or does not have any products that the applicable accrediting entity considers to be accredited (e.g., an applicant will be displayed as "Not yet accredited" if the

accreditation review is "scheduled" or "in process").

◉ Yes ○ No

Benefit Design Attestations

1.) Applicant attests that it will not employ marketing practices or benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs in QHPs in accordance with 45 CFR 156.225.

◉ Yes ○ No

2.) Applicant attests that, in complying with the benefit design standards, it will not design or implement a benefit design that discriminates based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions, in accordance with 45 CFR 156.200(b)(3) and 156.125(a).

◉ Yes ○ No

3.) Applicant attests that it will comply with all benefit design standards, federal regulations and laws, and state mandated benefits for all services including, but not limited to: preventive services, emergency services, and formulary drug list.

◉ Yes ○ No

4.) Applicant attests that it will abide by all applicable cost-sharing limit requirements, including, but not limited to:

a.) the cost-sharing requirement (expressed as a copayment amount or coinsurance rate) for emergency department services is the same regardless of provider network status, in accordance with 45 CFR 147.138(b)(3);

b.) the requirement that it will make available enrollee cost sharing under an individual's plan or coverage for a specific item or service, consistent with 45 CFR 156.220;

c.) the requirement that the plan's annual limitation on cost sharing must comply with the annual limitation on cost sharing requirements under 45 CFR 156.130 and may not exceed the annual limitation on cost sharing for the plan year that is established in the annual HHS notice of benefits and payment parameters; and

d.) the requirement that it will maintain appropriate systems to accurately calculate cost sharing amounts and ensure compliance with deductible (if applicable) and cost sharing limits required under 45 CFR 156.130.

◉ Yes ○ No

Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

5.) Applicant attests that it will follow all Actuarial Value requirements, including 45 CFR 156.135 and 156.140, or 156.150 for stand-alone dental plans.

◉ Yes ○ No

6.) Applicant attests that it will offer through the Marketplace a minimum of one QHP at the silver coverage level and one QHP at the gold coverage level in accordance with 45 CFR 156.200(c), or a minimum of one plan at either a high or low coverage level for issuers of stand-alone dental plans.

◉ Yes ○ No

7.) Applicant attests that its catastrophic QHPs will only enroll (or re-enroll) individuals under the age of 30 prior to the first day of the plan year or individuals who receive a certificate of exemption from the requirement to maintain minimum essential coverage by reason of hardship or inability to afford coverage, in accordance with 45 CFR 156.155.

◉ Yes ○ No

8.) Applicant attests that its QHPs provide coverage for each of the 10 statutory categories of Essential Health Benefits (EHB) in accordance with the applicable EHB benchmark plan and federal law:

a.) its QHPs provide benefits and limitation on coverage that are substantially equal to those covered by the EHB-benchmark plan pursuant to 45 CFR 156.115(a)(1);

b.) it complies with the requirements of 45 CFR 146.136 with regard to mental health and substance use disorder services, including behavioral services;

c.) it provides coverage for preventive services described in 45 CFR 147.130;

d.) it complies with EHB requirements with respect to prescription drug coverage pursuant to 45 CFR 156.122;

e.) any benefits substituted in designing QHP plan benefits are actuarially equivalent to those offered by the EHB benchmark plan and are in the same EHB category pursuant to 45 CFR 156.115(b);

f.) its QHPs' benefits reflect an appropriate balance among the EHB categories, so that benefits are not unduly weighted toward any category pursuant to 45 CFR 156.110(e).

◉ Yes ○ No

9.) Applicant attests that it will offer QHPs that are meaningfully different in accordance with 45 CFR 156.298.

◉ Yes ○ No

Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

Stand-Alone Dental Attestations

1.) Applicant attests that all stand-alone dental plans that it offers will comply with all benefit design standards and federal regulations and laws for stand-alone dental plans in 45 CFR 155.1065 and 156.150, as applicable, including that:

a.) the out-of-pocket maximum for its stand-alone dental plan complies with the regulatory standard in 45 CFR 156.150, including for the coverage of pediatric dental;

b.) it offers the pediatric dental EHB;

c.) it does not include annual and lifetime dollar limits on the pediatric dental EHB.

◉ Yes ○ No

2.) Applicant attests that any stand-alone dental plans it offers are limited scope dental plans.

◉ Yes ○ No

3.) Applicant attests that any stand-alone dental plans it offers will adhere to the standards set forth by HHS for the administration of advance payments of the premium tax credit, including 45 CFR 155.340(e) and (f).

◉ Yes ○ No

Rate Attestations

1.) Applicant attests that it will comply with all rate requirements as applicable, including that it will:

a.) charge the same rates for each qualified health plan, or stand-alone dental plan, of the issuer without regard to whether the plan is offered through an Marketplace or whether the plan is offered directly from the issuer or through an agent;

b.) set rates for an entire benefit year, or for the SHOP plan year and submit the rate and benefit information to the Marketplace as required in 45 CFR 156.210;

c.) submit to the Marketplace a justification for a rate increase prior to the implementation of an increase;

d.) prominently post rate increase justifications on its Web site pursuant to 45 CFR 155.1020;

e.) adhere to all rating area variation requirements pursuant to 45 CFR 156.255 for QHPs;

f.) comply with federal rating requirements or the state's Affordable Care Act compliant rating requirements, as applicable.

◉ Yes ○ No

Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

2.) Pursuant to 45 CFR 156.210, applicant attests that it will use CMS provided tools to ensure the accuracy of the data submitted to the Marketplace.

(●) Yes ( ) No

Enrollment Attestations

1.) Applicant attests that it will meet the individual market requirement to:

a.) enroll a qualified individual during the initial and subsequent annual open enrollment periods and abide by the effective dates of coverage pursuant to 45 CFR 156.260;

b.) make available, at a minimum, special enrollment periods (SEPs) established by the Marketplace and abide by the effective dates of coverage determined by the Marketplace pursuant to 45 CFR 156.260.

(●) Yes ( ) No

2.) Applicant attests that it will process enrollment changes, to include terminations, made by enrollees.

(●) Yes ( ) No

3.) Applicant attests that it will only terminate coverage as permitted by the Marketplace and applicable State or Federal law including pursuant to 45 CFR 156.270:

a.) the applicant will abide by the termination of coverage effective dates requirements;

b.) the applicant will maintain termination records in accordance with Marketplace standards;

c.) If terminating an enrollee's coverage for any reason, the applicant will provide the enrollee with a notice of termination of coverage consistent with the effective date required by applicable regulations. Notice must include an explanation of the reason for the termination. When applicable, the applicant will include in the notice an explanation of the enrollee's right to appeal;

d.) the applicant will establish a standard policy for the termination of coverage of enrollees due to non-payment of premium, fraud, and free-look.

(●) Yes ( ) No

4.) Applicant attests that it will provide enrollees with required documentation including: an enrollment information package, effective dates of coverage, summary of benefits and coverage, evidence of coverage, provider directories, enrollment/disenrollment notices, coverage denials, ID cards, and any notices as required by State or Federal law.

(●) Yes ( ) No

Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

5.) Applicant attests that it will adhere to enrollment information collection and transmission requirements and will:

a.) accept enrollment information in an electronic format from the Marketplace that is consistent with requirements;

b.) reconcile enrollment files with the Marketplace no less than once a month;

c.) acknowledge receipt of enrollment information in accordance with Marketplace standards and;

d.) timely, accurately and thoroughly process enrollment transactions and submit to the marketplace required electronic 834 transactions including, but not limited to, confirmations, cancellations, terminations and other transactions as applicable.

◉ Yes ○ No

6.) Applicant attests that if applicant uses the Application Programming Interface (API) provided by the Marketplace, the applicant will:

a.) direct individuals to the Marketplace in order to receive a determination of eligibility;

b.) enroll an individual only after receiving confirmation from the Marketplace that the individual has been determined eligible for enrollment in a QHP, in accordance with the standards set forth in 156.265(b) and 156.1230.

◉ Yes ○ No

7.) Applicant attests that it will follow the premium payment process requirements established by the Marketplace in accordance with §156.265(d), and 156.1240 and applicable guidance.

◉ Yes ○ No

8.) Pursuant to 45 CFR 156.270, Applicant attests that it will provide a non-payment grace period of three consecutive months if an enrollee receiving advance payments of the premium tax credit has previously paid-in-full at least one month's premium. If an enrollee exhausts the grace period without submitting full payment of all outstanding premium due, the applicant will terminate the enrollee's coverage effective at the end of the first month of the grace period.

◉ Yes ○ No

9.) Applicant attests that it will provide the enrollee with notice of payment delinquency if an enrollee is delinquent on premium payment.

◉ Yes ○ No

Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

10.) Applicant attests that it will develop, operate and maintain viable systems, processes, procedures, and communication protocols for:

a.) the timely, accurate and valid enrollment and termination of enrollees' coverage within the Marketplace;

b.) the prompt resolution of urgent issues affecting enrollees, such as changes in enrollment and discrepancies identified during reconciliation.

(●) Yes ( ) No

11.) Applicant attests that it will accept the total premium breakdown as determined by the Marketplace and as specified in either the electronic enrollment transmission or reconciliation files. This includes:

a.) the total premium amount which is based on rate attestations submitted by the applicant;

b.) the APTC amount;

c.) any other payment amounts as depicted on the enrollment transmission.

(●) Yes ( ) No

12.) Applicant attests that it will accept the advance CSR amount as determined by the Marketplace and as specified in either the electronic enrollment transmission or reconciliation files.

(●) Yes ( ) No

13.) Applicant attests that it will approve of the use of the following information for display on the FFM web site for consumer education purposes: information on rates and premiums, information on benefits, the provider network URL(s) provided in this application, the URL(s) for the summary of benefits and coverage provided in this application, the URL(s) for payment provided by this application, and information on whether the issuer is a Medicaid managed care organization.

(●) Yes ( ) No

Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

Financial Management Attestations

1.) Applicant attests that it will adhere to the standards set forth by HHS for the administration of advance payments of the premium tax credit and cost sharing reductions, including the provisions at 45 CFR 156.410, 156.425, 156.430, 156.440, 156.460, and 156.470.

◉ Yes ○ No

2.) Applicant attests that it will submit to HHS the applicable plan variations that adhere to the standards set forth by HHS at 45 CFR 156.420.

◉ Yes ○ No

3.) Applicant attests that it will pay all user fees in accordance with 45 CFR 156.200(b) (6).

◉ Yes ○ No

4.) Applicant attests that it will reduce premiums on behalf of eligible individuals if the Marketplace notifies the QHP Issuer that it will receive an APTC on behalf of that individual pursuant to 45 CFR 156.460.

◉ Yes ○ No

5.) Applicant attests that it will adhere to the data standards and reporting requirements for the CSR reconciliation process, pursuant to 45 CFR 156.430(c) for QHPs.

◉ Yes ○ No

6.) The following applies to applicants participating in the risk adjustment program inside and/or outside of the Marketplace. Applicant attests that it will:

a.) adhere to the risk adjustment standards and requirements set forth by HHS in the annual HHS notice of benefit and payment parameters (45 CFR 153 Subparts G and H);

b.) remit charges to HHS under the circumstances described in 45 CFR 153.610.

◉ Yes ○ No

SHOP Attestations

1.) Applicant attests that it will adhere to the SHOP issuer requirements set by HHS in 45 CFR 156.285 and 156.200,[1] or that it offers no SHOP plans.

◉ Yes ○ No

[1] Attestation language "and 156.200" is new for PY17.

Federally-facilitated Marketplace Issuer Attestations: Statement of Detailed Attestation Responses

Reporting Requirements Attestations

1.) Applicant attests that it will provide to the Marketplace the following information in a time and manner identified by HHS, as applicable: claims payment policies and practices; periodic financial disclosures; data on enrollment; data on disenrollment; data on the number of claims that are denied; data on rating practices; information on cost-sharing and payments with respect to any out-of-network coverage; and information on enrollee rights under title I of the Affordable Care Act.

◉ Yes ○ No

2.) Applicant attests that it will report required data on prescription drug distribution and costs consistent with 45 CFR 156.295 and all applicable guidance, in a time and manner identified by HHS.

◉ Yes ○ No

3.) Applicant attests that it will comply with the specific quality disclosure, reporting, and implementation requirements at 45 CFR 156.200(b)(5) and 45 CFR 156 Subpart L.

◉ Yes ○ No

4.) Applicant attests that with regard to the policies and procedures applicable to the qualified health plan(s) for which it seeks certification, Applicant is in compliance with the timeline established for accreditation under 45 CFR 155.1045(b).

◉ Yes ○ No

Federally-facilitated Marketplace Issuer Attestations:
Statement of Detailed Attestation Responses

Attestation Justification

Provide a justification for any attestation for which you indicated **No**. Be sure to reference the specific attestation in your justification.

[Insert explanation here if you responded No to compliance plan attestation]

5.2 Sample Compliance Plan and Organizational Chart Cover Sheet

Figure 2-4 shows a sample completed compliance plan and organizational chart cover sheet. This cover sheet is also available at http://cciio.cms.gov/programs/exchanges/qhp.html.

Any changes to the issuer's compliance plan and organizational chart in its QHP submission should be submitted to the issuer's account manager within 30 days.

Figure 2-4. Sample QHP Issuer Compliance Plan and Organizational Chart Cover Sheet

QHP Issuer Compliance Plan and Organizational Chart
COVER SHEET TEMPLATE

Issuers will be asked to submit a Compliance Plan as part of the application process for certification of qualified health plan(s). Compliance Plans will be reviewed for completeness and adequacy based on the criteria listed below. Issuers should respond to the evaluation question and, where applicable, state the page number where language supporting the response can be found. This initial evaluation and review cover sheet will be used to evaluate the adequacy of the Compliance Plan and will assist in the ongoing monitoring of issuer compliance.

Certification of a health plan does not prevent CMS from identifying or addressing weaknesses in the Compliance Plan submitted by an issuer as part of its application at a later date.

Evaluation Criteria	Yes	No	Page Number
Attestations			
Applicant attested that it has a Compliance Plan that adheres to all applicable laws, regulations, and guidance, that the Compliance Plan is ready for implementation and that the applicant agrees to adhere to the Compliance Plan submitted with its application.	◉	○	
Applicant attested that it will inform CMS of any significant changes to the organizational chart submitted with its application.	◉	○	
Applicant attested that it will notify and obtain CMS approval prior to making any change in ownership that involve the entity(ies).	◉	○	
Compliance Plan and Organizational Chart Submissions			
Applicant uploaded a copy of its Compliance Plan.	◉	○	
Applicant uploaded a copy of the Organizational Chart.	◉	○	

Evaluation Criteria	Yes	No	Page Number
Compliance Plan Contents			
1. Does the Compliance Plan include written policies, procedures, and standards of conduct?	◉	○	1-8
Are the following elements included in the written policies, procedures and standards of conduct:			
• A statement that articulates the issuer's commitment to comply with all applicable Federal and State rules, regulations and standards.	◉	○	1
• A description of compliance expectations for employee standards of conduct.	◉	○	2-3
• Implementation of the operation of a compliance program.	◉	○	4
• Guidance for employees, contractors, subcontractors, or other applicable entities on dealing with potential compliance issues.	◉	○	5
• An explanation as to how compliance issues should be communicated to appropriate compliance personnel.	◉	○	6-10
• Description of how potential or suspected compliance issues are investigated and resolved.	◉	○	7
• A policy of non-intimidation and non-retaliation for good faith participation in the Compliance Plan, including, but not limited to: reporting potential issues, investigating issues, conducting self-evaluations, audits and remedial actions, and reporting to appropriate officials.	◉	○	8
• A general statement indicating compliance with Marketplace requirements.	◉	○	8
• A description of specific plans or processes to comply with specific Marketplace requirements.	◉	○	8
2. Does the Compliance Plan designate a Compliance Officer and a compliance committee?	◉	○	9
• Does the submitted Organizational Chart document that the Compliance Officer reports directly to the Board of Directors (or other senior governing body)?	◉	○	9

Evaluation Criteria	Yes	No	Page Number
3. Does the Compliance Plan include a compliance training and education component?	◉	○	10-12
Are the following elements included as part of the training and education component:			
• A description of training program contents or agendas. (These descriptions may include items such as reviewing the organization's compliance policies and procedures, reviewing disciplinary guidelines for non compliant behavior, reviewing procedures for how to ask compliance questions or report potential noncompliance, an overview of HIPAA and the importance of maintaining the confidentiality of Personal Health Information, and an overview of the monitoring and auditing work plan of the organization.)	◉	○	10
• Clarification about which employees or entities will receive the training.	◉	○	11
• Information about the frequency with which such training is held.	◉	○	12
4. Does the compliance plan address the establishment or development of effective lines of communication within the issuer's organization.	◉	○	13-18
Effective lines of communication may include, but are not limited to, measures such as:			
• Ensuring confidentiality between the compliance officer, members of the compliance committee, employees, managers and governing body, and related entities.	◉	○	13-14
• Adequate Compliance Officer availability and accessibility.	◉	○	15
• Providing a channel for compliance issues to be reported, such as a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.	◉	○	16

Evaluation Criteria	Yes	No	Page Number
5. Does the Compliance Plan contain well publicized disciplinary standards?	◉	○	19-25
Disciplinary standards may include, but are not limited to, policies such as:			
• The articulation of expectations for reporting compliance issues and providing assistance in their resolution.	◉	○	19-21
• The identification of non-compliant or unethical behavior.	◉	○	22-23
• The provision for the timely, consistent, and effective enforcement of the defined standards when noncompliance or unethical behavior occurs.	◉	○	24-25
6. Does the Compliance Plan include a system for routine monitoring and the identification of compliance risks?	◉	○	26-27
Routine monitoring to identify compliance risks may include the following:			
• Is there a provision that addresses internal monitoring and/or audits?	◉	○	26
• Is there a provision for external audits to evaluate the organization and the overall effectiveness of the compliance program?	◉	○	27
7. Does the Compliance Plan include procedures and a system for prompt responses to compliance issues?	◉	○	30-40
Evidence of procedures and/or a system to promptly respond to compliance issues may be identified by the following provisions:			
• Self-evaluations and audits.	◉	○	30-32
• Conducting timely and reasonable inquiries into any evidence of misconduct.	◉	○	33-34
• Implementing appropriate corrective actions, in response to the potential or actual violation that occur.	◉	○	35-36
• Procedures to voluntarily self-report potential fraud, misconduct, or other types of non-compliance.	◉	○	37-40