State Partnership 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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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 submit a copy of the applicant's compliance plan.

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 submit a copy of the applicant's organizational chart.

   ◯ Yes ◯ No

   If **Yes**, applicant should submit a copy of the applicant's organizational chart.

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

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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

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

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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

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

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

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

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

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

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

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

Accreditation Attestations

1. The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Marketplace (FFM) (if applicable).

◯ Yes ◯ No

Essential Community Provider Attestations

1. Is the applicant required to upload a supplemental Essential Community Provider (ECP) response due to failing to satisfy one or more of the three ECP requirements, as indicated in the Instructions, for any of its plans?

   If yes, the applicant must upload a supplemental ECP response. See the Instructions for more information.

   Please note that by answering "no," the applicant attests that it: 1) meets the 30 percent ECP standard (as indicated in the Instructions); and 2) if the applicant does not qualify for the alternate ECP standard under 45 CFR 156.235(b), agrees that it has offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QHP certification plan year; and 3) if the applicant does not qualify for the alternate ECP standard under 45 CFR 156.235(b) and is not a stand-alone dental plan issuer, agrees that it has offered contracts in good faith to at least one ECP in each ECP category per county in the service area for the respective QHP certification plan year, where an ECP in that category is available.

◯ Yes ◯ No

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Network Adequacy Attestations

1. Does the applicant attest to meeting all requirements established under 45 CFR 156.230, including maintaining a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay in accordance with 45 CFR 156.230(a)(2)? This includes providers that specialize in mental health and substance abuse services for all plans except stand-alone dental plans.

   ◯ Yes ◯ No

2. Is the applicant required to submit a Network Adequacy Template?

   ◯ Yes ◯ No

Signature	Date
Printed Name	Title/Position

Attestation Justification

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