

State Partnership Exchange Issuer Program Attestation Response Form

Contents

Attestations Required of Both Medical QHP and SADP Issuers	1
Attestations Required of Medical QHP Issuers Only	2
Attestations Required of SADP Issuers Only	2
Optional Program Attestations	3
Justification for the Optional Program Attestation.....	3

Attestations Required of Both Medical QHP and SADP Issuers

Instructions: The following attestations apply to all qualified health plans (QHPs) and stand-alone dental plans (SADPs) that an issuer is submitting for certification for the next plan year. All issuers who wish to offer either certified QHPs or SADPs on the Federally-facilitated Exchanges (FFE) are required to respond “Yes” to the following attestations.

1. Applicant agrees to adhere to all of the certification standards and operational requirements applicable to applicant in 45 *Code of Federal Regulation* (CFR) Parts 153, 155, and 156.

Yes

No

Network Adequacy/Essential Community Provider Attestations

1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan’s service area to participate in the plan’s provider network; (2) 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) offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan’s service area to participate in the plan’s provider network; and (2) offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan’s service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer’s integrated delivery system per ECP category in each county in the plan’s service area (not applicable to SADP applicants). Upload an ECP supplemental response justification if you respond No to this question.

Yes

No

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2. Does the applicant use a provider network? Upload an ECP/NA template if you respond “Yes” to this question.

Yes

No

Attestations Required of Medical QHP Issuers Only

Instructions: The following attestations apply to all medical QHPs (not SADPs) that an issuer is submitting for certification for the next plan year. Applicants applying to offer medical QHPs on the FFEs are required to respond “Yes” to the following attestations with regard to those medical QHPs. All applicants not applying to offer medical QHPs should select “NA” (not applicable).

1. Applicant agrees to adhere to all applicable requirements in 45 CFR Parts 146,147,155, and 156, including those related to the segregation of funds for abortion services.

Yes

No

NA

Attestations Required of SADP Issuers Only

Instructions: The following attestations apply to all SADPs that an issuer is submitting for certification for the next plan year. Only applicants who wish to offer certified SADPs are required to respond “Yes” to the following attestations. All applicants not offering certified SADPs should select “NA” (not applicable).

1. Applicant agrees to adhere to all of the certification standards and operational requirements applicable to applicant in 45 CFR Parts 155 and 156.

Yes

No

NA

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Optional Program Attestations

Instructions: The following attestation is optional. CMS strongly encourages all applicants, including those submitting only medical QHPs, only SADPs, or both to respond “Yes” and upload a compliance plan and the compliance plan cover sheet in the Issuer Module. Applicants may also respond “No” and submit a justification below.

1. Applicant is submitting 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. The applicant agrees to submit in advance any changes to the compliance plan to the Department of Health and Human Services for review. Applicant will upload a copy of the applicant’s compliance plan.

If “**Yes**,” upload a copy of the applicant’s compliance plan. See the Instructions Manual for further information.

Yes

No

Signature

Date

Printed Name

Title/Position

Justification for the Optional Program Attestation

Provide a justification if you responded “**No**” to the Optional Program Attestation.