

## Accreditation

1. Applicant attests that, if in their first year of participation on the Exchange, the application either includes accreditation details or Applicant has scheduled a review for accreditation and has provided the accrediting entity and the anticipated review date.
2. Applicant attests that, if in their second or third year of participation on the Exchange, its application includes:
  - a. Accreditation by a HHS-recognized accrediting entity on the policies and procedures that are applicable to its Exchange products; or
  - b. Commercial or Medicaid accreditation granted by a HHS-recognized accrediting entity for the same state in which the issuer is offering Exchange coverage and the administrative policies and procedures underlying that accreditation are the same or similar to the administrative policies and procedures used in connection with the QHP.
3. Applicant attests that their application includes accreditation in compliance with the timeline established in 45 C.F.R. 155.1045(b).
4. Applicant understands and acknowledges that the Exchange Internet web site may display that Applicant is accredited if Applicant is accredited on its commercial, Medicaid, or Exchange product lines by one of the HHS-recognized accrediting entities. Applicant understands and acknowledges that the Exchange Internet web site may display Applicant as “Not yet accredited” if 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., Applicant will be displayed as “Not yet accredited” if the accreditation review is “scheduled” or “in process”).

## Network Adequacy

5. Applicant attests that each provider network associated with a QHP maintains sufficient numbers and types of providers, including providers that specialize in mental health and substance use disorder services, to assure that all services will be accessible to enrollees without unreasonable delay, in accordance with 45 C.F.R. 156.230(a)(2).
6. Applicant attests that it has a contract through the benefit year with, or will offer contracts in good faith prior to the benefit year to:
  - a. All available Indian health providers in the service area, using the model QHP Addendum for Indian health providers developed by CMS; and
  - b. At least one ECP in each ECP category (includes Federally Qualified Health Centers, Ryan White Providers, Family Planning Providers, Indian Health

Providers, Hospitals, and Other ECP Providers) in each county in the service area, where an ECP in that category is available.

7. Applicant has attached the list of offers that Applicant has extended or will extend to all available Indian health providers and at least one ECP in each ECP category in each county in the service area. It includes the name and address of the provider, the date of the offer, and the status of the offer.

### **Patient Safety Standards**

8. Applicant attests if it contracts with a hospital with greater than 50 beds, it has verified that the hospital, as defined in § 1861(e) of the Social Security Act (SSA), is Medicare-certified or has been issued a Medicaid-only CMS Certification Number (CCN) and is subject to the Medicare Hospital Condition of Participation requirements for:
  - a. A quality assessment and performance improvement program as specified in 42 C.F.R. 482.21; and
  - b. Discharge planning as specified in 42 C.F.R. 482.43.
9. Applicant attests that, consistent with 45 C.F.R. 156.1110, it has collected and is maintaining the required documentation from its network hospitals.

### **Signature**

Issuer ID: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title of Issuer Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_