

Your Health Idaho Supplementary QHP Carrier Attestations

General

1. Applicant attests that it will adhere to all requirements contained in 45 C.F.R. 156, and all applicable federal and Idaho law.
2. Applicant attests that, in accordance with 45 C.F.R 156.200(e), it will not discriminate on the basis of health status, race, color, national origin, disability, age, sex, gender identity or sexual orientation.
3. Applicant attests that it will market its QHPs in accordance with all applicable Idaho laws and regulations and will not employ discriminatory marketing practices in accordance with 45 C.F.R. 156.225.
4. Applicant attests that it will adhere to all non-renewal and decertification requirements in accordance with 45 C.F.R. 156.290.
5. Applicant attests that it will pay all user fees in accordance with 45 C.F.R. 156.200(b)(6).

Operational

6. Applicant attests that it is providing 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 logged and submitted to the Exchange for review as part of recertification.
7. Applicant attests that it is providing its organizational chart and that any significant changes will be logged and submitted to the Exchange for review as part of recertification.
8. Applicant attests that it will comply with all QHP requirements, including technical requirements related to the use of the Exchange Plan Management system, on an ongoing basis and comply with Exchange systems, tools, processes, procedures, and requirements.
9. Applicant attests that it has in place an effective internal claims, grievance, and appeals process that complies with 45 C.F.R. 147.136 as applicable, and agrees to act in accordance with all requirements for the external review process.

Accreditation

10. 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.
11. Applicant attests that, if in their second or third year of participation on the Exchange, its application includes:

Your Health Idaho Supplementary QHP Carrier Attestations

- 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.
12. Applicant attests that their application includes accreditation in compliance with the timeline established in 45 C.F.R. 155.1045(b).
13. Applicant understands and acknowledges that the Exchange website 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 website 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

14. 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).
15. 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.
16. 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.

Your Health Idaho Supplementary QHP Carrier Attestations

Patient Safety Standards

17. 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.
18. Applicant attests that, consistent with 45 C.F.R. 156.1110, it has collected and is maintaining the required documentation from its network hospitals.

Rating

19. Applicant attests that it will comply with all federal and Idaho rating 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 Exchange 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 Exchange as required in 45 C.F.R. 156.210(a);
 - c. submit to the Exchange a justification for a rate increase prior to the implementation of an increase, and prominently post the justification on the Applicant's website, per 45 C.F.R. 156.210(c);

Enrollment

20. Applicant attests that it will meet the individual market requirement to make available to qualified individuals, at a minimum, the annual open enrollment periods and special enrollment periods (SEPs) established by the Exchange and abide by the effective dates of coverage determined by the Exchange.
21. Applicant attests that it will enable enrollees to make enrollment changes during open and SEPs for which they are eligible.
22. 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 Idaho or federal law.
23. Applicant attests that it will approve of the use of the following information for display on the Exchange website for consumer education purposes: rates and

Your Health Idaho Supplementary QHP Carrier Attestations

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, information on accreditation status, quality information, survey data, and CAHPS data.

Signature

Exceptions (explain below): _____

Issuer ID: _____

Printed Name: _____

Title of Issuer Representative: _____

Signature: _____

Date: _____

Justification of Exceptions to Attestations

In this section, please explain any exceptions to the attestations in this document: