

## Appendix D

### Health Benefit Exchange Authority Attestations



## **DC HBX Exchange 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. Please be sure to reference the specific attestation in your justification discussion. If the applicant is submitting the signed attestation document indicating Yes to all attestations, the justification section is not required.

1. Applicant attests that it will be bound by 2 CFR 376 and that no individual or entity that is a part of the Applicant's organization is excluded by the Department of Health and Human Services Office of the Inspector General or by the General Services Administration. This attestation includes any member of the board of directors, key management or executive staff or major stockholder of the applicant and its affiliated companies, subsidiaries or subcontractors.

- Yes
- No

2. The applicant attests that, based on its best information, knowledge and belief, none of its principals, nor any of its affiliates is presently debarred, suspended, proposed for debarment, or declared ineligible to participate in Federal programs by HHS or another Federal agency under 2 CFR 180.970 or any other applicable statute or regulation, and should such actions occur, it will inform HHS within 5 working days of learning of such action.

- Yes
- No

3. Applicant attests that it either offers no stand-alone dental plans, or 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.

- Yes
- No

4. The following attestation applies to applicants participating in the Exchanges and premium stabilization programs as defined in the Affordable Care Act and applicable regulations. Under the False Claims Act, 31 U.S.C. §§ 3729-3733, those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the government's damages plus civil penalties of \$5,500 to \$11,000 per false claim. 18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute. Applicant acknowledges the False Claims Act, 31 U.S.C., §§ 3729-3733.

- Yes
- No

5. The following applies to applicants participating in the Exchanges and premium stabilization programs as defined in the Affordable Care Act and applicable regulations. Applicant attests to provide and promptly update when applicable changes occur in its Tax Identification Number (TIN) and associated legal entity name as registered with the Internal Revenue Service, financial institution account information, and any other information needed by CMS in order for the applicant to receive invoices, demand letters, and payments under the APTC, CSR, user fees, reinsurance, risk adjustment, and risk corridors programs, as well as, any reconciliations of the aforementioned programs.

- Yes
- No

6. The following applies to applicants participating in the Exchanges and premium stabilization programs as defined in the Affordable Care Act and applicable regulations. Applicant attests that it will develop, operate and maintain viable systems, processes, procedures and communication protocols to accept payment-related information submitted by CMS.

- 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# State Partnership Exchange Issuer Program Attestation Response Form

## 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 (FEEs) 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**

## 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 FEEs 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.

**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**

---

**HIOS ID**

---

**Signature**

---

**Date**

---

**Printed Name**

---

**Title/Position**