Appendix D

Health Benefit Exchange Authority Attestations

DC Health Benefit Exchange Authority

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 $5,000 to $10,000 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.

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State Based Exchange Issuer Program Attestation Response Form: Plan Year 2025

Contents

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 (FFEs) 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

(Optional, select 'NA' if SBE requirements differ from the below)

1. Has the applicant met the percentage threshold requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)?

   To meet the percentage threshold requirement of the General ECP Standard, the applicant has satisfied the following requirement: contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network.* To meet the percentage threshold requirement of the Alternate ECP Standard, the applicant has satisfied the following requirement: contracted with at least 35 percent of available ECPs in each plan's service area to participate in the plan's provider network with providers located within health professional shortage areas (HPSAs) or ZIP Codes in which 30 percent or more of the population falls below 200 percent of the federal poverty level.*

   * For plans that use tiered networks, ECPs must be contracted within the network tier that results in the lowest cost-sharing obligation to count toward the issuer's satisfaction of each element of the ECP standard. For example, a QHP issuer cannot use the number of ECPs contracted with their PPO network to certify their HMO network if using the PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only preferred providers would be counted toward ECP standards.

   All issuers are strongly encouraged to run the applicable ECP Tool (i.e., the ECP medical QHP Tool or the ECP SADP tool). The ECP Tool results will identify any deficiencies.

Issuers must visit the PM Community to retrieve a partially pre-populated ECP justification form that you must complete and submit via the PM Community by the required deadline. Note: Issuers that initially respond **No** to this attestation question but take corrective action and now meet the ECP requirements listed above must resubmit the ECP attestation to reflect that they now meet the ECP requirements.

◯ **Yes** ◯ **No** ◯ **NA**

2. Has the applicant met the ECP category per county requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)?

   To meet the ECP category per county requirement of the General ECP Standard, the applicant has satisfied the following requirement: offered contracts in good faith to at least one ECP in each ECP category in each county in the service area to participate in the plan's provider network for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).*

   To meet the ECP category per county requirement of the Alternate ECP Standard, the applicant has satisfied the following requirement: 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 to participate in the plan's provider network, 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 in each ECP category in each county in the plan's service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants).*

   * For plans that use tiered networks, ECPs must be contracted within the network tier that results in the lowest cost-sharing obligation to count toward the issuer's satisfaction of each element of the ECP standard. For example, a QHP issuer cannot use the number of ECPs contracted with their PPO network to certify their HMO network if using the PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only preferred providers would be counted toward ECP standards.

   All issuers are strongly encouraged to run the applicable ECP Tool (i.e., the ECP medical QHP Tool or the ECP SADP tool). The ECP Tool results will identify any deficiencies. Issuers must visit the PM Community to retrieve a partially pre-populated ECP justification form that you must complete and submit via the PM Community by the required deadline. Note: Issuers that initially respond **No** to this attestation question but take corrective action and now meet the ECP requirements listed above must resubmit the ECP attestation to reflect that they now meet the ECP requirements.

   ◯ **Yes** ◯ **No** ◯ **NA**

3. Has the applicant met the Indian health care provider requirement of the General ECP Standard or the Alternate ECP Standard under 45 CFR 156.235 (as described in the annual Letter to Issuers)?

   To meet the Indian health care provider requirement of the General ECP Standard, the applicant has satisfied the following requirement: offered contracts in good faith to all available Indian health care providers in the plan's service area to participate in the plan's provider network for the respective QHP certification plan year.*

   Issuers that qualify to submit under the Alternate ECP Standard are exempt from the Indian health care provider ECP requirement.

   * For plans that use tiered networks, ECPs must be contracted within the network tier that results in the lowest cost-sharing obligation to count toward the issuer's satisfaction of each element of the ECP standard. For example, a QHP issuer cannot use the number of ECPs contracted with their PPO network to certify their HMO network if using the PPO network providers would result in higher cost-sharing obligations for HMO plan enrollees. For plans with two network tiers (for example, participating providers and preferred providers), such as many PPOs, where cost sharing is lower for preferred providers, only preferred providers would be counted toward ECP standards.

   All issuers are strongly encouraged to run the applicable ECP Tool (i.e., the ECP medical QHP Tool or the ECP SADP tool). The ECP Tool results will identify any deficiencies. Issuers must visit the PM Community to retrieve a partially pre-populated ECP justification form that you must complete and submit via the PM Community by the required deadline. Note: Issuers that initially respond **No** to this attestation question but take corrective action and now meet the ECP requirements listed above must resubmit the ECP attestation to reflect that they now meet the ECP requirements.

   ◯ **Yes** ◯ **No** ◯ **NA**

4. Has the applicant met all the Network Adequacy 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) by satisfying all of the time and distance requirements set forth within the Letter to Issuers?

   To meet the time and distance requirements of the Network Adequacy standard, the applicant has met the time and distance standards within each plan's service area with respect to providers participating in the plan's provider network, as set forth in the annual Letter to Issuers for the respective QHP certification plan year.*

   * To count toward meeting network adequacy standards, providers must be appropriately licensed, accredited, or certified to practice in their state, as applicable, and must have in-person services available.

   ◯ **Yes** ◯ **No** ◯ **NA**

5. Does the applicant use a provider network (and is therefore required to submit an ECP/Network Adequacy Template)? Answer **Yes** if you use a provider network and are therefore required to submit an ECP/NA Template. Answer **No** if you do not use a provider network and may not be required to complete and upload an ECP/NA template.

   ◯ **Yes** ◯ **No** ◯ **NA**

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.

   ◯ **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**