

**STATE OF KANSAS
QUALIFIED HEALTH PLAN (QHP)
SUBMISSION ATTESTATION FORM**

I, _____, attest that, to the best of my knowledge and belief, and
by or at the direction of _____,
of _____ (COMPANY),
the following information provided in this attestation is true, complete, and accurate. I further understand
that the Kansas Insurance Department may request additional information to substantiate this information.

FEDERAL GUIDANCE (1-3-2013) APPENDIX A, (2-20-2015) 2017 FINAL ISSUERS LETTER

1. **ESSENTIAL HEALTH BENEFITS:** COMPANY attests its submitted QHPs provide coverage for each of the ten statutory categories of essential health benefits (EHB) in accordance with the Kansas EHB-benchmark plan and federal law.
2. **EHB-SUBSTITUTED BENEFIT:** COMPANY attests it has not substituted benefits as described in 45 CFR 156.115(b).
3. **FORMULARY:** COMPANY attests its formulary covers the greater of one drug in every USP category and class, or at least the same number of drugs in each category and class as the EHB-benchmark plan.
4. **LICENSURE AND SOLVENCY:** COMPANY attests that it holds a certificate of authority in good standing with authority to offer for sale health plans in Kansas.
5. **NETWORK ADEQUACY:** COMPANY attests it will maintain a network that is sufficient in number and types of providers, including specialists in mental health and substance use disorder services, to assure that all services will be accessible without unreasonable delay in accordance with 45 C.F.R. §156.230(a)(2), and will provide both a link to a publicly available website containing the provider directory as well as a list of providers in compliance with applicable federal regulations.

It is further attested:

The COMPANY is accredited by:

- NCQA
- URAC
- AAAHC

for the following existing line(s) of

- Commercial
- Medicaid
- Exchange

6. ESSENTIAL COMMUNITY PROVIDERS: COMPANY attests that it meets the following requirement for inclusion of Essential Community Providers (ECP):
 - Achieves 30% ECP participation in network in service area, agrees to offer contracts to at least one ECP of each type available by county, and agrees to offer contracts to all available Indian providers.
 - If the above standard has not been met, has submitted a satisfactory narrative justification in the ECP Supplemental Response Form included with this filing.
7. MARKETING STANDARDS: COMPANY attests that it will comply with state marketing standards adopted by K.A.R. 40-9-100 and will provide marketing materials to the Kansas Insurance Department on request.
8. ACCREDITATION: COMPANY attests that it meets or will meet the timeline for accreditation established by 45 CFR 155.1045 and authorizes release of its accreditation data.
9. SERVICE AREA: COMPANY attests that its service areas are composed of no less than whole counties.
10. UNIQUE PLAN DESIGN: COMPANY attests its plans do not employ unique plan designs in calculation of actuarial value as described in 45 CFR 156.135(b).
11. NON-DISCRIMINATION IN BENEFIT DESIGN: COMPANY attests that it does not employ marketing practices or benefit designs that will discourage the enrollment of individuals with significant health needs as required in 45 CFR 156.225.
12. NON-DISCRIMINATION: COMPANY attests it does not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status as required in 45 CFR 156.200(e).
13. PATIENT SAFETY STANDARDS: COMPANY attests that it has verified that all contracted hospitals of greater than 50 beds utilize a patient safety evaluation system as defined in 42 CFR 3.20 and has implemented a comprehensive person-centered discharge program to improve care coordination and health care quality for each patient as required in 45 CFR 156.1110.
14. QUALITY RATING SYSTEM AND QHP ENROLLEE EXPERIENCE SURVEY: COMPANY attests that it will comply with the Quality Rating System (QRS) and QHP Enrollee Experience Survey reporting and implementation requirements pursuant to 45 CFR 156.1120 and 45 CFR 156.1125.

KANSAS PROVIDER MANDATES

15. SERVICES BY OPTOMETRIST, DENTIST OR PODIATRIST: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2,100.
16. SCOPE OF PRACTICE UNDER KANSAS HEALING ARTS ACT: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2,101.
17. SERVICES BY LICENSED PSYCHOLOGIST: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2,104.
18. SERVICES BY LICENSED SPECIALIST SOCIAL WORKER: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2,114.
19. SERVICES BY ADVANCED PRACTICE REGISTERED NURSES: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2250.

I understand that knowingly providing false information in a matter within the jurisdiction of the Kansas Insurance Department may result in penalties under K.S.A. 21-5824 and/or K.S.A. 21-5903. Attester's typed name below and submission will constitute signature.

Attester's Name (first, middle, last)

Attester's Title

Date

2017_QHP_Med_Attest v1.0, Jan. 14, 2016