Delaware Marketplace QHP Attestations & Compliance Form – Stand Alone Dental Issuers

Stand Alone Dental Plan (SADP) Issuers are required to complete and submit the following Attestations sheet indicating compliance with Delaware rules, regulations and state-specific QHP Certification Standard for Plan Year 2020.

I, _____, _____ of
(Name) *(Title)*
_____, attest that the plan submission (_____)
(Company / NAIC Co-Code) *(HIOS Plan ID Number)*

is in compliance with all of the laws, regulations, rules, guidance, and standards outlined below.

Check (√) "Y", "N", or "NA" for each of the items below to indicate that the plan complies with each item. If supporting documentation is included, please indicate the appropriate the page number.

Y	N	N/A	
			1. Compliance with State Rules & Regulations
			a. Plan complies with Delaware Insurance Law - Chapters 33 and 36, Regulation 1304 - Individual Health Forms
			b. Plan complies with Delaware Insurance Law - Chapter 35, Forms & Rates Bulletin 17 - Group & Blanket Health
			2. Network Adequacy
			a. Plan complies with requirement that Issuers must establish mechanisms to ensure compliance by providers, monitor providers regularly to determine compliance and take corrective action if there is a failure to comply with Network Standards including oversight process regarding timely access to care and services.
			b. Plan, as a condition of participation in the Exchange, shall (1) offer to each Federally Qualified Health Center (as defined in Section 1905(l)(2)(B) of the Social Security Act (42 USC 1369d(l)(2)(B)) providing services in geographic areas served by the plan, the opportunity to contract with such plan to provide to the plan's enrollees all pediatric dental services that are covered by the plan that the center offers to provide and (2) reimburse such centers the relevant state-approved Medicaid/CHIP fee for service (FFS) rate as outlined in schedule (http://www.dmap.state.de.us/downloads/hcpcs/fee.schedule.2014.pdf) for the items and services that the FQHC provides to the QHP enrollee, regardless of whether or not the QHP Issuer and the FQHC have previously contracted at a lower rate for the same items and services.

			c. Issuer has and will maintain a provider network that is sufficient in number and types of providers, including providers to assure that all services will be accessible to enrollees without unreasonable delay.
			d. Issuer will comply with SSA 1902(a)(30)(A), and assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.
			3. Rating Areas Attestation
			Plan rates do not vary by geographical rating area, as the state of Delaware permits only one rating area.
			4. Service Area Attestation
			Plan complies with requirement that the entire geographic area of the State is in the service area of an Exchange, or multiple Exchanges consistent with § 155.140(b). The State of Delaware will require Qualified Health Plan(s) offered by an Issuer to be available in all three counties.
			5. DHIN Quality Improvement Standards
			Plan Issuer will participate in state quality improvement workgroups intended to standardize QHP quality improvement strategies, activities, metrics and operations, including payment structures to improve health outcomes, medical home models and technology and data analytics to improve health outcomes, medical home models and technology and data analytics to support coordination and improved quality and outcomes.
			6. Marketing and Benefit Design
			Plan marketing and benefit design complies with and will continue to comply with state laws and regulations regarding marketing by health insurance Issuers, including Delaware Insurance Code Title 18§23 Unfair Methods of Competition and Unfair or Deceptive Acts and the requirements defined in 18 Del Admin Code § 1302 Accident and Sickness Insurance Advertisements.
			7. Dental Compliance with Title 18, Chapter 38 (if applicable)
			Plan complies with Delaware Title 18, Chapter 38 (Dental Plan Organization Act) if plan is offering dental coverage, including embedded dental or stand-alone dental coverage.
			8. Marketing Regulations and Transparency
			Plan complies with state and federal marketing and transparency regulations, including the Unfair or Deceptive Acts and Unfair Methods of Competition Act (Delaware Insurance Code Title 18§23; 18 Del Admin Code§ 1302) as well as federal regulations including, but not limited to, 45 CFR **§**156.220 which requires the publication of cost-sharing data on Issuer Internet web site.
			9. Market Reform Rules
			Plan complies with all Federal Market Reform rules including, but not limited to PHS 2701; PHS 2702; PHS 2703; PPACA §1302(e); PPACA §1312(c); PPACA §1402; 43 CFR §156; 42 CFR §147. (Note: There are no Delaware-specific market reform rules).
			10. Compliance with Essential Health Benefits
			Plan pediatric dental benefits offered are substantially equal to benefits offered in the Delaware dental supplemental benchmark plan (CHIP).
			11. Continuity of Care
			a. Plan Issuer has a transition plan for continuity of care for those individuals who become eligible or lose eligibility for public health programs. Plan Issuer is responsible for executing the Transition plan.
			b. Plan Issuer agrees to comply with withdrawal and transition plan requirements as stated in Del.c. 18 subsection §3608 for Individual plans.

			c. Plan Issuer agrees to comply with withdrawal and transition plan requirements as stated in Del.c. 18 subsection §7207 for Small Group plans.
			d. Plan Issuer has submitted a withdrawal and transition plan to the Department of Insurance for review/approval.
			12. Broker/Producer Compensation
			Plan Issuer agrees to ensure that commissions paid to brokers/producers for QHPs sold through the Individual Marketplace and FF-SHOP are the same as those paid in the outside market.
			13. Required Use of CMS Review Tools and Data Integrity Tool
			The Delaware Department of Insurance requires that Issuers attest that CMS QHP Review Tools and CMS Data Integrity Tool have been run, as appropriate, against the Issuer's data, and that errors identified by the tools have been resolved prior to submission of data templates. DE DOI requires that Issuer submit the attestation as part of its initial SERFF Plan Management Binder submission to the State. The DOI will not review the Issuer's data template submissions review until such time as attestations are received noting satisfactory results.
			14. Alignment of Data Template information with Form filing documentation, including Summary of Benefits and Coverage (SBCs)
			Any changes in the issuer network made after submission of the filing must be reported to the Department immediately, and issuers shall make appropriate updates **to all applicable state and federal templates and supporting documentation, such as Summary of Benefits and Coverage (SBCs), at the time they report a network change. The Department will only process changes that are received through SERFF and after such time as issuer has update all applicable documents to reflect a change to a network.**

_____ _____

Printed Name/Title *Signature/Date*