



**Issuer and Plan Compliance Attestation
Forms
Individual and Small Group Markets**

Health Insurance Issuer name: _____

Health Insurance Plan name: _____

SERFF form tracking number: _____

I, _____, am a duly authorized officer of the above-identified Health Insurance Issuer ("Issuer") of an individual health insurance plan, or of a small group health insurance plan. I do hereby attest that I am knowledgeable as to the current federal and state laws and regulations applicable to the above-identified Health Insurance Plan ("Plan"). To the best of my knowledge and belief, I hereby attest that the Plan is in compliance with such federal and state laws and regulations.

Furthermore, I hereby attest and swear under oath that:

Form Attestations

1. The filing complies with federal and state laws and regulations, and does not contain inconsistent, ambiguous, unfair, inequitable, or misleading clauses, or exceptions of conditions that unreasonably affect the risk purported to be assumed.
2. The Issuer's highest enrollment product line across both the individual and small group markets, and each of the Issuer's product lines offered on the Rhode Island Health Benefits Exchange, is accredited by an accrediting agency approved by federal regulations. Evidence of compliance is attached as Exhibit A (e.g. a copy of the agency's accreditation determination). If the foregoing cannot be attested to, an attachment to this Attestation describes the status of the Issuer's accreditation application, and the date no later than January 1, 2015 when accreditation is anticipated to be awarded. The term "product line" means the benefit design category of a set of health benefit plans, including but not limited to a Point of Service product line, a Preferred Provider Organization product line, and a Health Maintenance Organization plan product line.
3. The Issuer is in compliance with federal laws and regulations relating to network adequacy and provider directories.
4. The Issuer is in compliance with Rhode Island Department of Health network adequacy standards, as set forth in the letter from Director Michael Fine, MD to Commissioner Koller and Director Ferguson dated January 11, 2013. Evidence of compliance is attached as Exhibit B (e.g. a general statement of the

manner in which the Issuer has achieved compliance with DOH network adequacy standards, as set forth the Director Fine's letter).

- 5. The Issuer is in compliance with federal and state laws and regulations relating to utilization review, grievances, internal appeals, and external appeals.
- 6. The Issuer is in compliance with federal laws and regulations relating to consumer disclosure and the required summary of benefits and coverage. Evidence of compliance is attached as Exhibit C (e.g. a statement identifying the applicable consumer disclosure requirements, a general statement of compliance with such requirements, and a mechanism to review the required summary of benefits and coverage for the Plan).
- 7. The Issuer is in compliance with federal requirements concerning non-discrimination of plan offerings in all locations of the state.
- 8. The Issuer is in compliance with federal requirements prohibiting discrimination with respect to health care providers, as provided for in 42 U.S.C. § 300gg-5.
- 9. Issuer is in compliance with federal requirements relating to non-discrimination, as provided for in 45 C.F.R. § 156.200(e).
- 10. Issuer is in compliance with federal and state standards relating to an issuer’s obligations to subscribers and insureds with respect to termination of enrollment, notice of termination, nonpayment of premium, notice of nonpayment of premium, and grace periods for nonpayment of premium.

The Issuer, and the Officer attesting on behalf of the Issuer, hereby acknowledge that: (i) the Office of the Health Insurance Commissioner has relied on this Attestation in reviewing this filing, and (ii) should it be determined that an approved filing is materially false, misleading, or incorrect in any manner, appropriate corrective and disciplinary action, as authorized by the Commissioner, may be taken against the Issuer and the Officer completing this Certification, including but not limited to perjury proceedings. R.I. Gen. Laws § 42-14-11(c).

Subscribed and sworn to under oath this ____ day of _____, _____.

Signature of Officer attesting on behalf of the Issuer: _____

Date of Signature: _____

Printed Name: _____

Title: _____

Mailing Address: _____

Direct Telephone Number: _____

Email Address: _____

Notary Public