



QHP/SADP Carrier Attestation Form

Instructions

For each attestation below, carrier will check “**yes,**” or “**no.**” Please explain each “no” answer.

If desired, documents may be uploaded in lieu of a written explanation. Include the document title in the explanation text field. Clearly label each document to indicate the corresponding question.

Carrier must respond to all attestations. Unless otherwise indicated, returning carrier applicants should respond for plan years 2026 and 2027. New carrier applicants should respond for plan year 2027.

Carrier Agrees to Work Collaboratively with the Marketplace in Key Areas

- Carrier will perform the following functions related to the Oregon Health Insurance Marketplace and the Centers for Medicare and Medicaid Services:
 - Consumer dispute resolution
 - Plan data submission and display
 - System integration with the Federally Facilitated Marketplace (FFM) for plan year 2026 (returning carrier applicants only)
 - System integration with the Oregon Health Insurance Marketplace State Based Marketplace (SBM) for plan year 2027
 - Member communications regarding exchange issues and instructions

Yes No

If you checked “**no,**” explain below (1,000 character limit):

Federal Minimum Certification Requirements

As a condition of participation in the exchange, health insurance carriers must agree to comply with the federal minimum certification requirements. These requirements are taken from the Patient Protection and Affordable Care Act (ACA) and the related federal regulations promulgated by the United States Department of Health and Human Services (HHS) in 45 CFR, Parts 155 and 156. This section highlights some of the major requirements. ***It is not intended to be a complete list of federal certification requirements.***

Licensure and Solvency

2. Carrier will be licensed and in good standing to offer health or dental insurance coverage or both in Oregon.
 Yes No

If you checked **“no,”** explain below (1,000 character limit):

Marketing

3. Carrier and its officials, employees, agents, and representatives will (a) comply with any applicable state laws and regulations regarding marketing by health insurance carriers; and (b) not employ marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in Qualified Health Plans (QHPs) or Stand Alone Dental Plans (SADPs).
 Yes No

If you checked **“no,”** explain below (1,000 character limit):

Accreditation

4. Carrier will receive exchange accreditation by URAC, the National Committee for Quality Assurance, or the Accreditation Association for Ambulatory Health Care, Inc. by July 15, 2026. Carrier will provide the Oregon Health Insurance Marketplace with its initial and subsequent accreditation certificates. **This requirement applies to returning and new carrier applicants.**
Dental carriers, select NA.
 Yes No NA

If you checked **“no,”** explain below (1,000 character limit):

5. Carrier will undertake its best efforts and do everything necessary to receive health equity accreditation by the National Committee for Quality Assurance by December 31, 2026. Carrier will maintain health equity accreditation throughout its relationship with the Oregon Health Insurance Marketplace and provide the Oregon Health Insurance Marketplace with its initial and subsequent accreditation certificates. **This requirement applies to returning and new carrier applicants.**

Dental carriers, select NA.

Yes No NA

If you checked “no,” explain below (1,000 character limit):

Quality Improvement Strategies, Quality Reporting, and Enrollee Satisfaction

6. Carrier will implement and report on a quality improvement strategy or strategies consistent with the standards of 45 CFR §156.1130, participate in the quality rating system as required by 45 CFR §156.1120, and implement appropriate enrollee satisfaction surveys as outlined in 45 CFR §156.1125. **Dental carriers, select NA.**

Yes No NA

If you checked “no,” explain below (1,000 character limit):

Fees and Assessments

7. Carrier will pay administrative charges to the Oregon Health Insurance Marketplace under Oregon Administrative Rules Chapter 945, Division 30.

Yes No

If you checked “no,” explain below (1,000 character limit):

Plan Offerings

8. Carrier will offer through the Oregon Health Insurance Marketplace at least one standardized QHP in the **Bronze, Silver, and Gold** coverage levels. **Dental carriers, select NA.**

Yes No NA

If you checked **“no,”** explain below (1,000 character limit):

9. **Child-only plans.** Carrier will include rates for ages 0-20 on all plans to accommodate the ACA’s child-only plan requirement.

Yes No

If you checked **“no,”** explain below (1,000 character limit):

Cost-Sharing Reductions

10. The ACA (§1402) requires carriers to reduce the cost-sharing levels in Silver-level QHPs sold to individuals with household incomes less than 250 percent of the federal poverty level. Carrier will offer cost-sharing reductions plans as required by 45 CFR §156.420. **Dental carriers, select NA.**

Yes No NA

If you checked **“no,”** explain below (1,000 character limit):

Enrollment Management

The carrier will:

11. Enroll a qualified individual who is determined to be eligible by the FFM (plan year 2026) or the Oregon Health Insurance Marketplace SBM (plan year 2027) for the plan for which the qualified individual has applied during the annual open enrollment periods described in 45 CFR §155.410(b) and (f), and abide by the effective dates of coverage established by the Oregon Health Insurance Marketplace, the FFM, and state and federal law.

Yes No

If you checked **“no,”** explain below (1,000 character limit):

12. Enroll a qualified individual who is determined to be eligible by the FFM (plan year 2026) or the Oregon Health Insurance Marketplace SBM (plan year 2027) for the plan for which the qualified individual has applied during a special enrollment period described in 45 CFR §155.420(d) and abide by the effective dates of coverage established by the Oregon Health Insurance Marketplace, the FFM, and state and federal law.

Yes No

If you checked **“no,”** explain below (1,000 character limit):

Risk Adjustment

13. Carrier will comply with the requirements of the federal risk adjustment program. **Dental carriers, select NA.**

Yes No NA

If you checked **“no,”** explain below (1,000 character limit):

Small Employer Product Line Standards

Enrollment Timeline and Process

Carrier offering a small employer plan through the exchange will:

14. Provide new enrollees with an enrollment packet. **Carriers not offering SHOP, select NA**

Yes No NA

If you checked **“no,”** explain below (1,000 character limit):

15. Report on SHOP enrollment as requested. **Carriers not offering SHOP, select NA**

Yes No NA

If you checked **“no,”** explain below (1,000 character limit):

16. Enroll all qualified employees consistent with the plan year of the applicable employer. **Carriers not offering SHOP, select NA**

Yes No NA

If you checked **“no,”** explain below (1,000 character limit):

Network Adequacy

Carrier will ensure that the provider network of each of its plans is available to all enrollees and meets the following standards:

17. Includes essential community providers in accordance with 45 CFR §156.235.

Yes No

If you checked “no,” explain below (1,000 character limit):

18. Maintains a network that is sufficient in number and types of providers to ensure that all services will be accessible without unreasonable delay.

Yes No

If you checked “no,” explain below (1,000 character limit):

19. Is consistent with the network adequacy provisions of 45 CFR §156.230, ORS 743.B.505 and OAR 836-053-0300 to 836-053-0350.

Yes No

If you checked “no,” explain below (1,000 character limit):

Submission Information

Carrier must submit the attestation and questionnaire responses via email to katie.m.button@oha.oregon.gov no later than 5 p.m. PST on 02/24/2025. Please make sure the email subject line reads: **[CARRIER NAME] RFA Submission**. The attestation must be complete and include complete responses. ***Fax, regular mail, and physical deliveries will NOT be accepted.*** You will receive an email confirming your submission.

By submitting this attestation, I certify that the information contained herein is true and correct to the best of my knowledge.

Name and title of the person submitting this attestation: _____

For: _____ Date: _____

(Company name)