



Maryland Health Benefit Exchange dba Maryland Health Connection

**Application for Participation in the Individual and Small
Business Health Options Program (SHOP) Marketplace**



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Issuer must include logo with dimensions 140x50; and all Administrative questions must be answered.	
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Issuer must specify which markets plans will be offered in, and attach an Excel spreadsheet with all the required plan information. The Issuer legal name should be inserted and the subsequent boxes and signatures must be completed.	
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Issuer must affirm each attestation and complete the identification section and sign and date this page.	
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For issuers that offer health benefits only, this standard will be met if the issuer is accredited by the National Committee for Quality Assurance (NCQA) or the Utilization Review Accreditation Commission (URAC). MHBE will consider an issuer accredited if it has an accreditation status deemed acceptable under the federal accreditation standard described in Centers for Medicare & Medicaid Services Letter to Issuers. For issuers that offer dental benefits only, this standard will be met if the issuer holds a current and valid MIA Certificate of Authority.	
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This section is not for the issuer to complete, this section will be completed by an official at MHBE.	
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Using the template provided by MHBE for each of the issuer’s networks, provide details about standards for network composition and the inclusion of Essential Community Providers. The template is embedded as a separate document.	

General Information

The Plan Certification process will take place during the current calendar year for plans that will be effective beginning in the following calendar year. Applications for certification must be submitted annually.

For the 2018 plan year, issuers who have been previously certified by the Maryland Health Benefit Exchange (MHBE) will continue their certification under the terms of the First Restatement and Amendment of the Carrier Business Agreement effectuating January 1, 2016.

The secure System for Electronic Rate and Form Filing (SERFF) will be used for most of the necessary issuer submissions.

Issuers can expect that MHBE will complete the review of an application and provide a response within 45 calendar days of receipt of the application. During the review period, MHBE may follow-up with the issuer regarding any incomplete application items. After the 45 day period, all issuers will receive a Carrier Certification Approval or Denial Notice from MHBE.

In such cases where an issuer is denied from participating in the Marketplace, MHBE will provide reasons for the denial and appeal rights to the issuer.

Submission deadlines can be found in the Final Issuer Letter.

Please be sure to complete all sections of the application.

Carrier Application/Certification Form

Instructions: This form is required for all Qualified Health Plan (QHP) and Stand-Alone Dental Plan (SADP) applications. The QHP/SADP applicant is required to complete sections 1-6. If additional space is needed to respond to the questions, please add pages as necessary.

Please provide the following information:

Section 1

Administrative Information:

Carrier/Issuer's Legal Name:	_____
NAIC Number:	_____
Date Maryland Licensure Received:	_____
Expiration Date of Maryland License:	_____
Federal Employer Identification Number:	_____
HIOS Issuer Identification Number:	_____
Address:	_____
	<i>Street Address</i>

	<i>City</i> _____ <i>State</i> _____ <i>ZIP Code</i> _____
Submitter's Contact Name:	_____
Submitter's Contact Phone:	() _____
Submitter's Contact Email:	_____
Do you have a TPA for processing enrollment:	_____
Do you have a TPA for processing claims:	_____
Carrier/Issuer's address for consumer's payment submissions:	_____
Carrier/Issuer's payment guideline language for consumers:	_____

Section 2

Proposed Products

Please indicate if the submitter will offer plans on the:

- Individual Exchange SHOP

Example:

Plan Name(s):	Sample Plan 1
Tier(s):	Silver
Product(s):	Health
Product Type(s):	PPO
Individual Market/SHOP:	Individual
Rating Area(s):	Entire State rating region 1-4

In lieu of completing this portion an Excel (.xls) spreadsheet with the above plan information may be provided.

I hereby certify to the Maryland Health Benefit Exchange (MHBE) that the above organization (doing business as (d/b/a) _____ is:

- Licensed in the State of Maryland as a risk bearing entity, or
 Authorized to operate as a risk bearing entity in the state of Maryland

Applicant Issuer *Date*

Submitter Signature *Title*

Section 3

MHBE Issuer’s Attestations: Statement of Attestation Responses

Instructions: Please review and affirm each of the attestations below and complete and sign and date the Statement of Detailed Attestation Responses document.

Attestations:

Carrier Business Agreement Attestation

I hereby affirm and attest that there is an active and binding Carrier Business Agreement in place with the Maryland Health Benefit Exchange ensuring compliance with MHBE policies and State and Federal regulations.

Non-Exchange Entity Agreement Attestation

I hereby affirm and attest that there is an active and binding Non-Exchange Entity Agreement in place with the Maryland Health Benefit Exchange that assures compliance with the ACA privacy and security rules.

List of Subcontractors Attestation

I hereby affirm and attest that a list containing any material subcontractor (relevant to Exchange specific functions and the administrator of service to Exchange population) is current and filed with MHBE.

Marketing and Benefit Design of QHPs

I hereby affirm and attest that in accordance with 45 CFR §156.225, the issuer 1) complies with any applicable laws and regulations regarding marketing by health insurance issuers; and, 2) does not employ marketing practices or benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs in QHPs.

Final Attestation

I hereby affirm and attest that in order to offer Quality Health Plans they must meet all the requirements and standards detailed in the Annual Issuer Letter.

Organization Name: _____
Attestation Contact Name: _____
Contact Phone Number: () _____
Contact Email: _____

Signature *Date*

(Please upload this completed form to the SERFF binder)

Section 4

Accreditation:

**Are you an accredited Issuer, if so,
through which entity:** _____

What is your accreditation rating: _____

State Agency Official completes section 5

Section 5

State official reviewing the QHP or SADP certification request:

Reviewer's Name: _____

State Oversight/Compliance Officer: _____

Agency Name: _____

Address: _____

Street Address _____

City _____ *State* _____ *ZIP Code* _____

Phone: () _____

Email: _____

Section 6

MHBE Network Access Plan Template

Instructions: As part of qualified plan certification for plans to be offered on Maryland Health Connection, carriers will be required to provide information to ensure network adequacy and the inclusion of Essential Community Providers. Please provide an Access Plan that addresses each of the eight required elements below:

- Standards for network composition
- Referral Policy
- On-Going Monitoring
- Needs of Special Populations
- Health Needs Assessment
- Communication with Members
- Coordination Activities
- Continuity of Care

Please complete the Access Plan as follows:

- If the issuer’s Access Plan addresses an element, please mark “yes” in the “Included in Access Plan” column. Then in the “Page number for supporting documentation” column, provide a reference to the applicable page number in the issuer’s access plan that addresses the specific element.
- If the issuer has multiple networks, please reference the pages that are applicable to each network, or indicate whether the particular page is applicable to multiple networks. For example, an issuer with two networks A and B might complete an element as follows:

Evaluation criteria	Issuer response	Page number for supporting documentation
Does the issuer have a documented process for making referrals inside and outside the network?	✓ Yes <input type="checkbox"/> No	See p. 10 for Networks A and B
Does the process allow members to access services outside the network when necessary?	✓ Yes <input type="checkbox"/> No	See p. 20 for Network A and p. 35 for Network B