



Maryland Health Benefit Exchange dba Maryland Health Connection

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



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 2019 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.

replace with
LOGO

[Company Name]

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 1-2. If additional space is needed to respond to the questions, please add pages as necessary.

Please provide the following information:

Section 1	
Carrier/Issuer's Legal Name:	_____
NAIC Number:	_____
Date Maryland Licensure Received:	_____
Expiration Date of Maryland License:	_____
Federal Employer Identification Number:	_____
HIOS Issuer Identification Number:	_____
Are you an accredited Issuer, if so, through which entity:	_____
What is your accreditation rating:	_____
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

Plan Name(s):	Sample Plan 1
Tier(s):	Bronze
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 *Submitter Signature*

Date *Title*

State Agency Official completes section 3

Section 3

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: _____

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 attests 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.

Network Adequacy Attestation

___ I hereby affirm and attest that the issuer satisfies all applicable Network Adequacy requirements promulgated in COMAR 31.10.44, and will complete all requirements under the transition to full implementation of the rule.

Provider Directory Attestation

___ I hereby affirm and attest that the issuer will 1) submit provider directory data to MHBE every fourteen days in the form and manner established by MHBE, 2) ensure that the submitted data is accurate, complete, and current under 45 CFR 156.230(b), and 3) comply with 45 CFR 156.230(b) to make available on the issuer's website, in a manner determined by the issuer, provider directory information that is accessible without requiring the public to first login.

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)