2027 Plan Year New Mexico Issuer Attestation

Please direct all questions regarding plan attestations to Brittany ODell at Brittany.Odell@osi.nm.gov.

Instructions: The following attestations apply to all Qualified Health Plans (QHPs), Small Group plans, and Stand-Alone Dental Plans (SADPs) that an issuer is submitting for certification for the next plan year. All issuers who wish to offer a plan are required to respond "Yes" to the following attestations.

1. Certification and operational requirements

Applicant attests compliance with all state and federal certification standards and operational requirements.

Yes ☐ No ☐

2. Network Adequacy/Essential Community Provider Attestations

a) Applicant attests compliance with all state and federal percentage threshold requirements of the General ECP Standard or the Alternate ECP Standards.

Yes ☐ No ☐

b) Applicant attests compliance with all state and federal ECP category per county requirements of the General ECP Standard or the Alternate ECP Standard.

Yes ☐ No ☐

c) Applicant attests compliance with all state and federal Indian health care provider requirements of the General ECP Standard or the Alternate ECP Standard.

Yes ☐ No ☐

d) Applicant attests compliance with all state and federal Network Adequacy requirements including: maintaining a network that is sufficient in number and types of providers to assure that all services will be accessible without unreasonable delay in accordance with published guidance available online at: https://www.osi.state.nm.us/pages/bureaus/mcb/resources/network-adequacy, and by satisfying all the time and distance requirements set forth within the Federal Letter to Issuers.

Yes ☐ No ☐

e) Applicant attests compliance with the requirements specified in Sections 59A-2-8, 59A-4-3, 59A-57-4(B)(3) NMSA 1978 and 13.10.22.8 NMAC (QHP and Small Group plans only).

Yes ☐ No ☐

f) Applicant attests compliance with the Network Adequacy requirements specified in 13.10.35.14 NMAC (SADPs only).

Yes ☐ No ☐

g) Does the applicant use a provider network (and is therefore required to submit an ECP/Network Adequacy Template)? Answer "Yes" if you use a provider network and are therefore required to submit an ECP/NA Template. Answer "No" if you do not use a provider network and may not be required to complete and upload an ECP/NA template.

Yes ☐ No ☐

3. Non-Discriminatory Benefit Design - 59A-16-12.1 NMSA, 59A-16-13.2 NMSA, 59A-23E-11 NMSA, 13.10.22 NMAC, Bulletin 2018-013 and 45 CFR § 156.200(e).

A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not establish rules for eligibility or continued eligibility of any individual to enroll or continue to participate in a health plan, or eligibility or continued eligibility for benefits, based on any of the following factors in relation to the individual or a dependent of the individual:

a) health status;
b) medical condition, including both physical and mental illnesses;
c) claims experience;
d) receipt of health care;
e) medical history;
f) genetic information;
g) evidence of insurability, including conditions arising out of acts of domestic violence;
h) disability;
i) sex or gender;
j) national origin;
k) sexual orientation; or
l) any other health status-related factor that the superintendent specifies in rules of the office of superintendent of insurance.

Applicant attests compliance with non-discriminatory benefit design requirements.

Yes ☐ No ☐

4. Compliance Plan

Applicant is submitting a compliance plan that adheres to all applicable laws, regulations, and guidance; that the compliance plan is ready for implementation; and that the applicant agrees to reasonably adhere to the compliance plan provided. The applicant agrees to submit in advance any changes to the compliance plan to the Office of Superintendent of Issuance for review. Applicant will upload a copy of the compliance plan.

If “Yes,” upload a copy of the applicant’s compliance plan.

Yes ☐ No ☐

5. Plan Design

Applicant affirms and attests that all plans, and SADPs as applicable, conform to all state and federal plan design standards – Essential Health Benefits Package and the benefit mandates of the New Mexico Insurance Code (NMSA Chapter 59A).

Yes ☐ No ☐

6. Service Area

An issuer must identify the service area associated with each proposed plan in the Evidence of Coverage and specify if covered services are available outside of the service area. An issuer must offer at least one state-wide plan in the individual or small group market, or both, as applicable. If a plan has less than a state-wide service area, the issuer must ensure that the service area of a plan has been established without regard to racial, ethnic, language, or health status-related factors as specified under section 2705(a) of the ACA, or other factors that exclude specific high utilizing, high cost or medically underserved populations.

The applicant attests compliance with the state and federal service area requirements.

Yes ☐ No ☐

Attestations Required of Medical QHP Issuers only

7. Mental Health and Substance Use Disorder (MH/SUD)

a) Applicant attests compliance with all state and federal aggregate lifetime and annual dollar limit requirements.

Yes ☐ No ☐

b) Applicant attests compliance with all state and federal financial/quantitative treatment limitation requirements.

Yes ☐ No ☐

c) Applicant attests compliance with all state and federal non-quantitative treatment limitation requirements.

Yes ☐ No ☐

d) Applicant attests compliance with all state and federal medical necessity requirements.

Yes ☐ No ☐

e) Applicant attests compliance with all state and federal mental health network adequacy requirements.

Yes ☐ No ☐

f) Applicant attests compliance with all state and federal utilization review requirements.

Yes ☐ No ☐

8. Abortion Services

Applicant attests compliance with all applicable requirements in 45 CFR Parts 146,147,155, and 156, including those related to the segregation of funds for abortion services.

Yes ☐ No ☐ NA ☐

9. Prescription Drugs

Applicant attests that each formulary complies with all state and federal requirements regarding non-discrimination in plan prescription benefit design and MH/SUD requirements.

Yes ☐ No ☐

10. Wellness and Value-Added Services

Applicant attests that wellness and value-added services are described in the Actuarial Memorandum and that the cost for such services, if any, is not included in the rates.

Yes ☐ No ☐

Attestations Required of SADP Issuers only

11. Certification and operational requirements.

Applicant attests compliance with all state and federal certification standards and operational requirements.

Yes ☐ No ☐

HIOS ID Date

Printed Name and Title Signature