



Department of Health and Human Services
Centers for Medicare & Medicaid Services

ATTESTATION FORM A (2019 or 2018 restatements): Allowed Costs for Essential Health Benefits

Issuers must attest that cost-sharing reduction amounts provided to enrollees and submitted for reimbursement represent only cost sharing for essential health benefits for which Federal reimbursement is permitted, (in the case of fee-for-service providers, these amounts must have been passed through by the issuer to such providers, pursuant to 45 CFR 156.430(c)(5).)¹ NOTE: Issuers that are estimating essential health benefits must use Attestation Form B.

Instructions: Issuer must upload a signed copy of this form to an EFT folder by May 29, 2020. Signatures may simply be typed in the form. Please submit a separate attestation for each benefit year advance cost-sharing reduction payments were received.

Benefit year: _____

HIOS Issuer ID:² _____

I certify in my capacity as actuary (or authorized delegate of actuary) of [(Issuer Name)] as indicated below:

- I have reviewed the information on cost-sharing reduction amounts provided as calculated under the Standard Methodology and submitted to the Centers for Medicare & Medicaid Services (CMS). I further certify that to the best of my knowledge, information, and belief, the information provided is accurate and that cost-sharing reduction amounts represent only cost-sharing reductions paid for essential health benefits for which Federal reimbursement is permitted, as described in Section 1303 of the Patient Protection and Affordable Care Act, (in the case of fee-for-service providers, these amounts must have been passed through by the issuer to such providers, pursuant to 45 CFR 156.430(c)(5)). I understand the information included in this submission is the basis for calculating cost-sharing reduction amounts provided by my organization to eligible enrollees.

Name of the Person Completing this Form: _____

Title: _____

Organization: _____

Telephone: _____ ext: _____

Email Address: _____

Signature: _____ (type)

Date Signed: _____ example: MM/DD/YYYY

¹ See 45 CFR 156.430(c)(5) Reimbursement of providers. In the case of a benefit for which the QHP issuer compensates an applicable provider in whole or in part on a fee-for-service basis, allowed costs associated with the benefit may be included in the calculation of the amount that an enrollee(s) would have paid under the standard plan without cost-sharing reductions only to the extent the amount was either payable by the enrollee(s) as cost sharing under the plan variation or was reimbursed to the provider by the QHP issuer.

² The five-digit Health Insurance Oversight System (HIOS)-generated issuer ID number.