

**2025 STATE OF KANSAS
STAND ALONE DENTAL PLAN (SADP)
QUALIFIED HEALTH PLAN (QHP)
SUBMISSION ATTESTATION FORM**

I, _____, attest that, to the best of my knowledge and belief, and
by or at the direction of _____,
of _____ (COMPANY),
the following information provided in this attestation is true, complete, and accurate. I further understand
that the Kansas Insurance Department may request additional information to substantiate this information.

2025 FINAL ISSUERS LETTER

1. PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT: COMPANY attests that its submitted SADPs provide coverage for the pediatric dental essential health benefit in accordance with the Kansas benchmark plan and federal law.
2. LICENSURE AND SOLVENCY: COMPANY attests that it holds a certificate of authority in good standing with authority to offer for sale health plans in Kansas.
3. NETWORK ADEQUACY: COMPANY attests it will maintain a network that is sufficient in number and types of providers, including specialists in mental health and substance use disorder services, to assure that all services will be accessible without unreasonable delay in accordance with 45 C.F.R. §156.230(a)(2) & K.S.A. 40-4607 and will provide both a link to a publicly available website containing the provider directory as well as a list of providers in compliance with applicable federal regulations. In addition, the contracted Network Providers are in compliance with the appointment wait time standards as set forth in the 2025 Payment Notice.
4. ESSENTIAL COMMUNITY PROVIDERS: COMPANY attests that it meets the following requirement for inclusion of Essential Community Providers (ECP):
 - Achieves 35% ECP participation in network in service area, agrees to offer contracts to at least one ECP of each type available by county, and agrees to offer contracts to all available Indian providers.
 - If the above standard has not been met, has submitted a satisfactory narrative justification in the ECP Supplemental Response Form included with this filing.
5. MARKETING STANDARDS: COMPANY attests that it will comply with state marketing standards adopted by K.A.R. 40-9-100 and will provide marketing materials to the Kansas Insurance Department on request. Furthermore, the company ensures accuracy and consistency across the plan or plan variation marketing name, Plans and Benefits Template, Healthcare.gov plan selection information, and other SADP certification materials.

6. SERVICE AREA: COMPANY attests that its service areas are composed of no less than whole counties.
7. NON-DISCRIMINATION IN BENEFIT DESIGN: COMPANY attests that it does not employ marketing practices or benefit designs that will discourage the enrollment of individuals with significant health needs as required in 45 CFR 156.225.
8. NON-DISCRIMINATION: COMPANY attests it does not, with respect to its SADP, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status as required in 45 CFR 156.200(e).
9. TRANSPARENCY IN COVERAGE REPORTING: COMPANY attests that the data collection elements that SADP QHP issuers reported for the 2024 plan year will remain part of this collection; and the issuer will respond to the additional items assessing in and out of network claims outcomes at the issuer level and reasons for claims denials at the plan level.
10. LINE OF AUTHORITY CHECK: COMPANY attests that its delegated and downstream entities, including affiliated agents and brokers, comply with applicable laws and that a valid NPN and an active licensure status in a health-related line of authority are present for each entity.

KANSAS PROVIDER MANDATES

11. SERVICES BY OPTOMETRIST, DENTIST OR PODIATRIST: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2,100.
12. SCOPE OF PRACTICE UNDER KANSAS HEALING ARTS ACT: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2,101.
13. SERVICES BY LICENSED PSYCHOLOGIST: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2,104.
14. SERVICES BY LICENSED SPECIALIST SOCIAL WORKER: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2,114.
15. SERVICES BY ADVANCED PRACTICE REGISTERED NURSES: COMPANY attests that its QHP submissions are in compliance with K.S.A. 40-2250.

I understand that knowingly providing false information in a matter within the jurisdiction of the Kansas Insurance Department may result in penalties under K.S.A. 21-5824 and/or K.S.A. 21-5903. Attester's typed name below and submission will constitute signature.

Attester's Name (first, middle, last)

Attester's Title

Date