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

ATTESTATION FORM B (2019 or 2018 restatements): Estimate of Allowed Costs for Essential Health Benefits

Issuers that estimate total allowed essential health benefits must submit this form, instead of Attestation Form A. Attestation must be provided for each plan for which the issuer uses the plan-specific percentage estimate of non-essential health benefit claims submitted on the Unified Rate Review Template or other reasonable method for the corresponding benefit year to calculate claims amounts attributable to essential health benefits. An issuer using this procedure is required to do so for all plan variations for which the criteria below are met, and must list each plan on this attestation.

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:[3] _____

Qualified Health Plan ID(s)[4]

(List all QHPs for which the issuer has estimated the percentage of essential health benefits for the purpose of calculating cost-sharing reductions provided.)

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 also certify that to the best of my knowledge, information, and belief, that the non-essential health benefit percentage estimate of total allowed costs for essential health benefits for (insert issuer name) is less than 2 percent, as required by CMS for an issuer to be able to calculate claims amounts attributed to essential health benefits for the purpose of cost-sharing reduction reconciliation using the plan-specific percentage estimate of non-essential health benefit claims submitted on the Uthe Unified Rate Review Template for the corresponding benefit year, or other reasonable method (insert explanation) I understand that 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*

[3] *The five-digit Health Insurance Oversight System (HIOS)-generated issuer ID number.*

[4] *The 16-digit HIOS-generated qualified health plan identification number.*