Exhibit A – Documents Required

# Section 1 – CMS QHP Application Templates by Market

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| --- | --- | --- | --- | --- |
| **Template Name** | **Health Plans Offered** | | | **Pediatric EHB Stand Alone Dental Market** |
| **Inside Exchange Market Only** | **Both Inside Exchange and Outside Market** | **Outside Market Only** |
| Accreditation Template |  |  |  |  |
| Business Rule Template | X | X | X | X |
| Essential Community Provider (ECP)/Network Adequacy Template | X | X |  | X |
| Network ID Template | X | X | X | X |
| Plan and Benefit Template | X | X | X | X |
| Plan Crosswalk Template |  |  |  |  |
| Prescription Drug Template | X | X | X |  |
| Rate Data Template | X | X | X | X |
| Service Area Template | X | X | X | X |
| Transparency in Coverage Template |  |  |  |  |
| Snapshot | X | X | X | X |

# Section 2 – Other Supporting Documents

Note: “X” indicates that the document is always required. “U” indicates that the document is required, if the carrier is submitting a plan that is classified as a unique plan design.

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| --- | --- | --- | --- | --- |
| **Template Name** | **Health Plans Offered** | | | **Pediatric EHB Stand Alone Dental Market** |
| **Inside Exchange Market Only** | **Both Inside Exchange and Outside Market** | **Outside Market Only** |
| SBE Attestation | X | X |  |  |
| Data Integrity Results | X | X | X |  |
| Category & Class Drug Count Tool Results | X | X | X |  |
| Non-Discrimination Clinical Appropriateness Tool Results | X | X | X |  |
| Adverse Tiering Tool Results | X | X | X |  |
| Cost Sharing Tool Results | X | X | X |  |
| Formulary - Category & Class Drug Count Review Tool Supporting Documentation and Justification form | X | X | X |  |
| Formulary - Non-Discrimination Clinical Appropriateness Tool Supporting Documentation and Justification | X | X | X |  |
| Checklist - Binder - PY 2025 Individual and Small Group - Unique Plan Design Benefit Crosswalk | U | U | U |  |
| Unique Plan Design - Supporting Documentation and Justification | U | U | U |  |