



**ATTACHMENT I**

**2016 PARTICIPATION PROPOSAL  
BASIC HEALTH INSURANCE PLANS**

All Applicants must submit the following information to the e-mail address set forth in Part 3 of the Invitation. Answers should be completed within this Participation Proposal Form, unless otherwise directed. Completion of this Participation Proposal does not bind the Applicant to participate in the Basic Health Program (BHP). Per Section 3.1(D)(3)(a), Applicant will have ten (10) business days following the determination of its capitation rate to notify the DOH of its final determination to participate in BHP.

**1. Participation.**

Indicate below whether Applicant is also participating in the Individual Marketplace, Small Business Marketplace or both, and the type of Applicant. If the Applicant is applying as both a Health Insurer Applicant and a BHP Applicant, two separate participation proposals must be sent to DOH.

<u>PARTICIPANT TYPE</u>	<u>EXCHANGE</u>
<input type="checkbox"/> Health Insurer Applicant	<input type="checkbox"/> Individual
<input type="checkbox"/> CO-OP	<input type="checkbox"/> SHOP

**2. Organization**

a) Identify below the legal entity that will be responsible for offering products in each Exchange and its current license or certification. If Applicant anticipates licensure prior to November 15, 2015, identify what type of licensure is anticipated.

b) Identify whether the same legal entity currently contracts with the State Department of Health for the Child Health Plus and/or Medicaid Program, and if so, identify the program(s).

c) Identify any entities that will be involved in the administration of the BHP Plan and briefly describe the roles of such entities. Include in this section any entity the Applicant is using to satisfy coverage of the BHP benefits (e.g., adult vision), and any entity the Applicant is using to accept and transmit enrollment information.

### 3. Summary of Products Offered

Identify whether BHP Applicant will be offering the BHP Standard Plan, or both the BHP Standard Plan and the BHP Standard Plus Adult Vision/Dental.

☐ BHP Standard Plan      ☐ Both BHP Standard Plan and BHP Standard Plus Adult Vision/Dental

### 4. Identification of Service Area

A. Service Area. Identify whether BHP Applicant will be using its Commercial Service Area or its Medicaid Service Area.

☐ Commercial Service Area      ☐ Medicaid Service Area

B. Identification of Counties: Provide the following information on *Addendum 1* - For the Standard and Standard Plus Adult Vision/Dental Product offered, provide the Name of the Applicant and place an x in each box indicating each product you will offer in each county.

### 5. URL links

Provide URL links for the following areas:

- Plan Brochures/QHP Descriptions (if applicable)
- Summary(ies) of Benefits
- Provider Directory
- Pharmacy Formulary
- Treatment Cost Calculator

## 6. Plan Contacts

Provide a contact who will be responsible for each of the areas identified below. Include their name, title, telephone number and email address:

- Product/form submissions
- Network adequacy
- Provider Directories
- Quality submissions
- Customer Service/Call Center Issues
- Pharmacy submissions
- Enrollment Transactions
- Billing issues
- Encounter submissions

## ATTESTATION TO PARTICIPATION PROPOSAL

The following must be signed and executed by an individual with the capacity and legal authority to bind the Applicant to the authenticity of the information provided.

I, \_\_\_\_\_, hereby attest that I have been duly authorized to execute this Participation Proposal on behalf of Applicant, and to the best of my knowledge, the information and data provided by Applicant in response to the Invitation and Requirements for Participation in the NY State of Health, the Official health Plan Marketplace (the "Invitation") Basic Health Program is accurate, true, and complete. I understand that the NY State of Health will rely on my statements above in reviewing the Participation Proposal and the related information and data submitted in response to the Invitation. In completing the certification process set forth in the Invitation, Applicant shall at all times strictly adhere to all applicable federal and state laws, regulations, and instruction as they currently exist and may hereafter be amended or enacted.

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Print Name

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Print Title

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Signature

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Date