

CERTIFICATIONS

_____ (company name) _____, through the undersigned authorized representative, hereby certifies that:

1. Forms

- The below-referenced policy form submission, required to be in compliance with the requirements of the Patient Protection and Affordable Care Act, P.L. 111-148, 124 Stat. 119, and the Health Care and Education Reconciliation Act of 2010, P.L. 111-152, 124 Stat. 1051, together and as modified referred to as the ACA, have been drafted or modified to be in compliance with the ACA and the regulations promulgated thereunder.
- All variable and/or customized benefit changes not appearing in the submitted Policy Form identified below which may be issued by amendatory rider or otherwise will not reduce or eliminate any federal or state mandates or mandatory provisions.
- The company is aware that accident and health forms may be disapproved, or otherwise give rise to remedies or sanctions, if they fail to comply with applicable law or regulations. *See, e.g.,* 40 P.S. §3801.304(b); 40 P.S. §1171.5(a)(5)(prohibiting knowingly filing a false statement of material fact with a supervisory or public official).

2. Mental Health and Substance Use Disorder Coverage Parity

- The submitted forms are drafted to be in compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), as amended by the ACA, including the financial requirements (FR), quantitative treatment limitations (QTLs), and non-quantitative treatment limitations (NQTLs) on Mental Health or Substance Use Disorder Coverage (MH/SUD).
- The submitted forms are drafted so that each FR, QTL, and NQTL applicable to MH/SUD benefits, as written and as to be applied, is in parity with medical/surgical benefits in the same classification, and that such parity is demonstrated by a documented and comprehensive analysis showing that:
 - Each FR or QTL applied to MH/SUD benefits in any classification is not more restrictive than the predominant FR or QTL of that type applied to substantially all medical/surgical benefits in the same classification. An FR or QTL is considered to apply to “substantially all” medical/surgical benefits in a classification if it applies to at least two-thirds of the benefits in the classification. If the FR or QTL applies to substantially all medical/surgical benefits in a classification, the predominant level of the FR or QTL is the level that applies to more than one-half of the medical/surgical benefits in the classification subject to the FR or QTL.
 - As to each NQTL applied to MH/SUD benefits in any classification, under the terms of the policy as written and to be in operation, any processes, strategies, evidentiary standards, or other factors used in applying the NQTL to MH/SUD benefits in the classification are comparable to, and are intended to be applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the NQTL to medical/surgical benefits in the classification.

3. Opioid Crisis Response

- Consistent with the agreement announced in the fall of 2018 (<https://www.media.pa.gov/Pages/Insurance-Details.aspx?newsid=344>), [the policy form/rate]:
 - Requires pre-authorization for all long acting opioid prescriptions and for short acting opioid prescriptions beyond five days' (adults) and three days' (children) worth of the drug (with possible exceptions for active cancer, sickle cell crisis, and palliative care and hospice patients).
 - Requires pre-authorization for greater than 90 morphine milligram equivalents (MME) worth of the drug per day (with possible exceptions for active cancer, sickle cell crisis, and palliative care and hospice patients).
- Covers at least one of each type of Medication Assisted Treatment (MAT) for opioid addiction without pre-authorization, including coverage of: at least one Buprenorphine/naloxone combination product; injectable and oral Naltrexone; and methadone as MAT, without prior authorization.
 - Covers at least one form of nasal naloxone without prior authorization or quantity limits.
 - Covers MAT as applicable as a pharmacy benefit on the policy's lowest-patient-cost tier.

I, _____ (authorized representative's name) _____, hereby warrant that I have full, complete and final authority to certify the representations of the Company as set forth herein, that the certifications and representations set forth in this Certification Form are true, correct, and complete.

Policy Form # _____

Date

Name and Title of Authorized Representative of the Company

Signature of Authorized Representative of the Company