

OKLAHOMA SHARED SAVINGS INCENTIVE PROGRAM

CERTIFIED COMPLIANCE FILING ATTESTATION

Note: If your company has created a Shared Savings Incentive Program pursuant to 36 § 6060.40 et. seq. which you plan to offer to enrollees within a policy or certificate of insurance offered by your company, then you must complete the following form with respect to that Program and submit with the applicable filing. The form must be complete and accompanied by an officer's signature.

COMPANY NAME: _____ COMPANY NAIC CO. CODE: _____

POLICY NAME: _____ FORM #: _____

<p>The program shall be established as part of the policy or certificate. 36 § 6060.42(C)(1)</p> <p>a) If the program will be incorporated directly into the policy form, identify the section and page number.</p> <p>b) If the program will be added as an optional endorsement or rider, identify the name and form number of the endorsement or rider.</p>	<p>Section _____ Pg. _____</p> <p>Form Name _____ No. _____</p>
<p>Pursuant to 36 § 6060.42(C), the program description should include the following:</p> <p>a) A list of comparable health care services (or bundle of services) and health care providers and the shared savings incentive amount applicable for each. 36 § 6060.42(C)(4);</p> <p>b) The procedures to enroll or participate in the program. 36 § 6060.42(C)(3);</p> <p>c) A description of the methods available for enrollees to receive the incentive along with the frequency (at least quarterly) at which the incentive will be provided to the enrollee. 36 § 6060.42(B) and (C)(5); and</p> <p>d) A termination provision that ensures enrollees and the Insurance Department are provided at least 30 days' notice before such program is terminated. 36 § 6060.42(C)(1).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Confirm that enrollees are notified annually, or at the time of renewal, of the availability of the shared savings incentive program and the procedures to participate in the program. 36 § 6060.42(C)(3)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Provide the URL for the website where the list of comparable health care services and health care providers will be listed, with the shared savings incentive amount for each. Screenshots of that information should be provided in SERFF and attached separately to the supporting documentation tab. 36 § 6060.42(C)(4)</p>	<p>URL: _____</p>
<p>Confirmation that the incentives are calculated in accordance with the provisions of the statute. Support showing the calculations of the incentives for each comparable health care service should be attached separately to the supporting documentation tab in SERFF. 36 § 6060.42(B) and (C)(4)</p> <p>-OR-</p> <p>If using a different methodology than listed in the statute, please submit that in the supporting documentation tab for approval by the Department.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Confirmation that an annual report on the program will be submitted to the Insurance Department in accordance with the provisions of 36 § 6060.42(C)(6).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>By signing, I am attesting to the accuracy of the above information and full compliance with 36 § 6060.40 et seq.</p> <p>Officer's Name & Title: _____</p> <p>Officer's Signature: _____</p>	