

IPA GUIDE ATTESTATIONS

Name of IPA Guide: _____

Count (ies) Served: _____

I attest that I will abide by the following and attest by my initials that the statements listed below are true and accurate.

____ I will adhere to all Federal and State privacy and confidentiality laws, rules and regulations pertaining to the identity and privacy of all consumers assisted by me with enrollment into the Federally Facilitated Marketplace. Personally Identifiable Information (PII) will be handled in a manner consistent with 45 CFR §155.260(a).

____ I agree to complete a Consumer Consent Form prior to assisting a consumer.

____ I will upload the completed consumer consent forms at least weekly to the Arkansas Insurance Department Guide Management System (GMS) and shred the original physical consent form unless it is required to be maintained by my Qualified Assister Organization. Alternatively, I may mail signed Consumer Consent Form(s) to the Arkansas Insurance Department (AID), Attn: Regulatory Health Link Division, at 1200 West Third Street, Little Rock, AR 72201, no less frequently than once a week.

____ I agree that I will not maintain any physical or electronic Personally Identifiable Information (PII) from consumers unless it is required to be maintained by my Qualified Assister Organization.

____ I agree that I will follow all transmission standards as are required by the Arkansas Insurance Department and as outlined in the attachment to this attestation.

____ I will not receive any direct or indirect payments from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any qualified individuals or qualified employees in a Qualified Health Plan (QHP) as explicitly prohibited by Federal law. I am not a health insurance issuer or issuer of stop loss insurance nor a subsidiary of either.

____ I do not lobby on behalf of the insurance industry.

____ I agree to meet standards, including referral as necessary, ensuring access by persons with disabilities as appropriate at no cost to the consumer.

____ I agree to provide consumers with information and assistance, including referral, so they may receive information in a culturally and linguistically appropriate manner.

____ I agree to participate in any on-going training required by the Regulatory Health Link Division (RHLD).

____ I will not provide financial incentives to potential health coverage consumers, such as rebates or giveaways.

____ I agree to abide by all conflict of interest standards outlined in CFR 155.215 (d) and (e).

____ I agree to put consumer safety first in carrying out my duties as an IPA Guide.

For respondents who are insurance brokers or producers (in addition to the above):

____ Disclosure of the fact that you are a licensed broker or a licensed producer and an explanation of how you will meet the terms of Federal regulations regarding In-Person Assister (IPA) Guide participation, including how you will prevent a conflict of interest as outlined in 45 CFR 155.215.

Print Name: _____

Signature: _____ Date: ___/___/___