

## **Participation Agreement**

For Issuers Offering Qualified Dental Plans in the Washington Health Benefit Exchange for Plan Year 2025

Issuers intending to offer Qualified Dental Plans in 2025 on *Washington Healthplanfinder*, online marketplace for individuals and families to find, compare and enroll in Qualified Health Plans, Qualified Dental Plans and Washington Apple Health (Medicaid), are required to sign and submit a Participation Agreement to the Washington Health Benefit Exchange (Exchange) by August 2, 2024, as detailed in the 2025 QDP Guidance for Participation.

The Participation Agreement consists of four categories of materials that must be provided to the Exchange:

1. Attestations (Completed by signing and returning this form to the Exchange. A separate completed and signed State-based Exchange Issuer Attestations Form, required by CMS, must also be submitted to the Office of the Insurance Commissioner.)
2. Electronic Data Interchange Trading Partner Agreement (must be completed, signed, and returned to the Exchange)
3. Marketing brochures (minimum of two brochures per plan (one English and one Spanish languages), to be submitted in final form no later than September 3, 2024)
4. Issuers of Qualified Dental Plans offered through the Exchange will provide enrollment, payment, and disenrollment data in a manner and frequency specified by the Exchange as necessary to support Exchange operations including but not limited to:
  - a. Eligibility, enrollment, or disenrollment processes.
  - b. Reports or provision of information required by the U.S. Department of Health and Human Services, Internal Revenue Service, or the Washington State Legislature.
  - c. Estimation or collection of assessments or fees specified in RCW 43.71.080.

All of the above materials must be provided to the Exchange no later than the dates specified above for an issuer to have the opportunity to participate in *Washington Healthplanfinder*. A new Participation Agreement will be required annually as part of the recertification process.

### **Attestations**

By signing this Participation Agreement, you, the Issuer, acknowledge that the Guidance for Participation is incorporated and attest that you will follow the terms for participation in *Washington Healthplanfinder* as described in the Guidance for Participation, including guidance documents published by the Exchange and incorporated by reference therein.

By signing this Participation Agreement, you, the Issuer, acknowledge that your participation in and plans offered through *Washington Healthplanfinder* are subject to federal and state law, and you agree to comply with applicable law which includes accepting payments on behalf of individuals (1) as required under 45 CFR § 156.1240, (2) in accordance with the sponsorship policy established under RCW 43.71.030 and the Exchange Premium Sponsorship Program, and (3) as provided pursuant to RCW 43.71.110 and in accordance with the Exchange State Premium Assistance Policy.

Issuer Name: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)

Signature of Issuer's Authorized Representative: [Click or tap here to enter text.](#)