



DRAFT MCC CERTIFICATION APPLICATION

SECTION A

FOR APPLICANTS: This application is for employers, plan sponsors, carriers, third party administrators, consultants, and brokers who are looking to have the Connector determine if certain health benefit plans meet MCC standards. The Connector expects that employers, plan sponsors, carriers, third party administrators, consultants, and brokers will self-assess and determine whether their plans meet the MCC standards set forth in the MCC Regulation, 956 CMR 5.00. If you determine that your plan meets MCC standards set forth in the Regulation, you do not need to seek any form of approval or certification from the Connector. The majority of health benefit plans will fall into this self-assessment category. This application is designed to provide plans an alternative way to comply with MCC standards in instances in which a plan does not meet every element of the Regulation but is able to demonstrate that the plan's overall value is at least equal to a Connector's Bronze-level plan and that the plan provides sufficiently robust and comprehensive coverage so as to be deemed compliant with MCC, in the Connector's discretion.

FOR INDIVIDUALS: Do not fill out this form if you are an individual taxpayer.

I. Applicant's Contact Information: (Print Clearly)

First Name	Middle Name	Last Name	
Street Address	City	State	Zip
Email Address	Telephone Number		
Affiliation Name			

II. Is the health benefit plan for which you are requesting MCC Certification subject to a Collective Bargaining Agreement?

- Yes No



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SECTION B Health Benefit Plan Information

1. What is the name of your health benefit plan(s)?

2. Are you requesting a review for calendar year 2009 and beyond or 2010 and beyond?

- 2009 and beyond 2010 and beyond

3. You must include the plan's schedule of benefits. Have you included the plan's schedule of benefits?

- Yes No

4. In order to be considered for MCC Certification, your plan must provide some level of coverage for all core services (i.e., physician services, inpatient acute care services, day surgery, and diagnostic procedures and tests).

5. In order to be considered for MCC Certification, your plan must provide some level of coverage for each of the broad range of medical benefits listed in 956 CMR 5.03(2)(a) for the applicable calendar year commencing January 1, 2009, or on or after January 1, 2010.

Effective January 1, 2009, "a broad range of medical benefits" shall include, at a minimum, coverage for:

- a. Preventive and Primary care
- b. Emergency services
- c. Hospitalization
- d. Ambulatory patient services
- e. Prescription drugs
- f. Mental health and substance abuse services

Effective January 1, 2010, "a broad range of medical benefits" shall include, at a minimum, coverage for:

- a. Ambulatory patient services, including outpatient, day surgery and related anesthesia
- b. Diagnostic imaging and screening procedures, including x-rays
- c. Emergency services
- d. Hospitalization (including at a minimum, inpatient acute care services which are generally provided by an acute care hospital for covered benefits in accordance with the member's subscriber certificate or plan description)
- e. Maternity and newborn care
- f. Medical/surgical care, including preventive and primary care
- g. Mental health and substance abuse services
- h. Prescription drugs
- i. Radiation therapy and chemotherapy

6. Are you providing an actuarial attestation/certification that your health benefit plan meets or exceeds a Bronze-level plan offered through the Connector?

- Yes No

You are not required to provide an actuarial attestation unless asked by the Connector. If you have any questions concerning an actuarial attestation, please see the Connector's Administrative Bulletin 01-08, Guidance Regarding MCC Certification.

7. If you are providing an actuarial attestation/certification, please provide the contact information for the individual who is attesting or certifying that the actuarial value of your plan meets or exceeds a Connector Bronze-level plan.

Full Name

Name of Firm (if Applicable)

Email Address

Telephone Number



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SECTION C Applicant's Attestation

SIGN HERE

Under penalties of perjury, I declare that to the best of my knowledge and belief this Application and enclosures are true, correct and complete. I attest that I am authorized to submit this Application and the information contained herein or attached to this Application as/on behalf of the Applicant listed in Section A of this Application for the purpose of this MCC Certification request. I understand that if the Connector determines that any claims made in this MCC Certification Application are false, the Connector may revoke any MCC Certification the Applicant may receive with regard to this Application.

Your Signature

Date

Print Name (First, Last)

Please send your application materials to:

MCC.Certification@state.ma.us
or
Commonwealth Connector-MCC Review Unit
PO Box 960484, Boston, MA 02196