

**Wisconsin Healthcare
Stability Plan (WIHSP)
CERTIFICATION OF BENEFIT YEAR
2019 DATA**

Ref: Section 601.83, Wis. Stat.



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873
(608) 266-0107 • (800) 562-5558
oci.wi.gov

Due by MAY 15.

Name of Company

ATTESTATION

I hereby certify as an officer of the above company, I have authority to bind and obligate the company by filing this certification. I further certify to the best of my knowledge, information, and belief, the company complied with the requirements set forth in s. 601.83, Wis. Stat. for the applicable benefit year. I also certify the following:

1. The company attests to the accuracy of the information submitted to the commissioner for the WIHSP payment and submitted only eligible reinsurance claims that exceeded the attachment point. The company further attests it has masked enrollee identifications and complied with data submission deadlines.
2. The company attests it complied with External Data Gathering Environment (EDGE) Server Data specifications and requirements. The company attests it used the EDGE data that was submitted to Centers for Medicare and Medicaid Services (CMS) on or about April 30 in the company's Annual Report to the commissioner.
3. The company attests to and attaches the Attestation and Discrepancy Reporting Summary confirmation page, derived following submission of its EDGE server data to CMS. If the company disputes any data with CMS for eligible reinsurance claims submitted to OCI, the company shall also attach documentation of the disputed data and identify the claims in dispute with the unique identifier submitted to the commissioner.
4. The company attests it complied with all EDGE requirements in determining eligible reinsurance claims, including internal data verification processes established for EDGE data.
5. The company attests it understands a reinsurance payment will not be received in the event the WIHSP authorizing statute is amended so that no reinsurance payment is due to eligible health carriers.
6. The company, in accordance with s. 601.83 (5) (h), Wis. Stat., attests it shall not bring a lawsuit against the commissioner, a state agency, or employee over any delay or reduction in reinsurance payments.

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| Signature | Date |
| Name (Print) | Title |
| Email | Direct Phone |