

INSURER ATTESTATION

Attestation of the Accuracy and Completeness of Reported Data

Instructions: Please enter all requested information in the blank spaces provided below and have an authorized signatory sign the attestation. Insurers should submit one “Attestation of the Accuracy and Completeness of Reported Data” per performance period. Scanned copies of the signed attestations should be emailed to Elisabeth.Scheneman@Delaware.gov and DHCC@Delaware.gov.

Insurer: _____

Performance Period Being Reported: _____

Pursuant to Delaware’s establishment, monitoring and implementation of annual Health Care Spending and Quality Benchmarks under Governor Carney’s Executive Order 25 and State-defined reporting guidelines, certain health insurers operating in the state of Delaware must annually submit certain data requested to calculate insurer and provider performance relative to Delaware’s health care spending and quality benchmarks.

I hereby attest that the information submitted in the reports herein is current, complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under any applicable state laws. Failure to sign this Attestation of the Accuracy and Completeness of Reported Data will result in DHCC non acceptance of the attached reports.

Signature

Date

Printed Name

Title