JOINT ATTESTATION TEMPLATE REGARDING ’S AND ’S PLAN YEAR 2027 REIMBURSEMENT RATE

and (together, the “Parties”) agree to aggregate reimbursement rates (as a percentage of Medicare) for ’s Colorado Option Standardized plans in the market for in effect as of (the “Negotiated Reimbursement Rates”) that reflects the reduction specified below that the Commissioner of the Colorado Division of Insurance is able to set pursuant to § 10-16-1306(5) or (7), C.R.S.

Instructions: Please complete the attestation below with the agreed-upon negotiated rate for Plan Year 2027. Pediatric hospitals that require this calculation are defined as “a hospital that is part of a pediatric specialty hospital system where over ninety percent of the hospital system’s population served is under eighteen years of age and has a level one pediatric trauma center” For pediatric hospitals, the negotiated rate should be repriced to a percentage of Medicare using the following calculation per § 10-16-1306(4)(a), C.R.S. The Medicare Reimbursement Rate shall be calculated using the Medicaid fee schedule (Inpatient, Outpatient, all others) effective as of October 2025 multiplied by 1.52. For example, if the Medicaid allowed amount is $100, the Medicare allowed amount would be $152, so the negotiated rate, as the equivalent rate, would be the carrier’s allowed amount divided by 1.52.

Date of Filing:

- ☐ March 1 (Maximum Allowable Reduction(s) pursuant to Colorado Insurance Regulation 4-2-92 Section 4.V. Only)
- ☐ Post-March 1

Amount of Reduction:

- ☐ 20% reduction from Plan Year 2026 Negotiated Reimbursement Rate
- ☐ Reduction to Plan Year 2027 Reimbursement Rate Floor
- ☐ Other: _____% Reduction

Plan Year 2027 Negotiated Reimbursement Rate: % of Medicare
Plan Year 2026 Negotiated Reimbursement Rate: % of Medicare

Notes (as needed)

The Parties have caused this Joint Agreement to be executed by the signatures of the following authorized Officers to bind the Parties.

Signature: _____

Name: _____

Title: _____

Date: _____

Signature: _____

Name: _____

Title: _____

Date: _____