

Department of Health & Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201



STATE INSTRUCTIONS FOR EHB-BENCHMARK PLAN TEMPLATES COMPLETION AND SUBMISSION FOR PLAN YEAR 2021

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Introduction

For plan year (PY) 2021, 50 States and the District of Columbia (DC) can choose from three options when selecting a new essential health benefits (EHB)-benchmark plan under 45 CFR 156.111(a). Option 1 is selecting the EHB-benchmark plan that another State used for the 2017 plan year under §156.100 and §156.110. Option 2 is replacing one or more categories of EHBs from another State's 2017 EHB-benchmark plan. Option 3 is otherwise selecting a set of benefits that would become the State's EHB-benchmark plan. New EHB-benchmark plans will remain in effect until the State opts to change its EHB-benchmark plan and/or the regulation changes. States that choose not to change their PY 2021 EHB-benchmark plan do not need to take any action. In this case, the EHB-benchmark plan from PY 2017 or 2020 will continue to serve as the State's EHB-benchmark plan.

The final 2017-2019 and PY 2020 EHB-benchmark plans for the 50 States and DC are located on the [CMS website](#).

Organization

These instructions provide an overview of the EHB documentation requirements, how to complete and submit templates based on the State's selected option, and how to notify the Center for Medicare & Medicaid Services (CMS) on the State's EHB substitution policy:

- Option 1: Completing and Submitting Templates
 - Template and Document Instructions for Option 1
 - How to Submit Option 1 Templates
- Option 2: Completing and Submitting Templates
 - Template and Document Instructions for Option 2
 - How to Submit Option 2 Templates
- Option 3: Completing and Submitting Templates
 - Template and Document Instructions for Option 3
 - How to Submit Option 3 Template
- EHB Substitution: For PY 2021, States can substitute benefits across EHB categories, if the State opts-in to permit this substitution.

Document Requirements

States electing to update their PY 2021 EHB-benchmark plan must submit the following:

1. EHB State Confirmations,
2. Actuarial Certification and Report,
3. EHB-benchmark Plan Document, and
4. EHB-benchmark Summary Chart.

Only States choosing Option 3 must submit the Formulary Drug List Template. Please refer to Figure 1 below for information about State documentation requirements when selecting an EHB-benchmark plan.



Figure 1. EHB Documentation Requirements by 2021 EHB-benchmark Plan Options

As specified by HHS, States are expected to submit a complete and accurate information that reflects the State's EHB-benchmark plan and aligns with the documentation made available on the State's EHB benchmark plan.

The chart below provides an overview of the documents that a State must submit when selecting an EHB-benchmark plan.				
State Documentation Requirements	Option 1: Select another State's EHB-benchmark plan	Option 2: Replace category or categories of benefits from another State's EHB-benchmark plan	Option 3: Otherwise define the State's EHB-benchmark plan	Does this document require use of a specific template?
	Required?	Required?	Required?	Required?
<u>Confirmations:</u> Complies with §156.111(a), (b), and (c)	Yes	Yes	Yes	Yes
<u>Actuarial certification and report:</u> 1) Equal to, or greater than to the scope of benefits provided under a typical employer plan 2) Does not exceed the generosity of the most generous among the plans listed	Yes	Yes	Yes	For the certification, yes; For the report, no
	Yes	Yes	Yes	For the certification, yes; For the report, no

The chart below provides an overview of the documents that a State must submit when selecting an EHB-benchmark plan.

State Documentation Requirements	Option 2: Replace category or			
	Required?	Required?	Required?	Required?
<u>Benefits and limits/State's EHB-benchmark plan document:</u> 1) Describes benefits and limits in accordance with §156.111(e)(3) 2) Provides formulary drug list for the State's EHB-benchmark plan	Yes	Yes	Yes	No
	No	No	Yes	Yes
<u>EHB Summary Chart:</u> Provides a summary of the State's EHB-benchmark plan	Yes	Yes	Yes	Yes

Access to EHB Templates: States can download draft EHB templates under the “EHB Templates and Instructions” subtab within the PM Community. The final templates will be similar to the draft EHB templates and posted within the PM Community once finalized.

Benefit Substitution: States allowing substitution between EHB categories can notify CMS by selecting “EHB Substitution” and clicking “Opt-in” after logging into the [PM Community](#) by May 6, 2019.

2021 Deadline: States selecting an EHB-benchmark plan for PY 2021 and/or opting in to allow substitution between EHB categories must submit documentation to CMS by May 6, 2019. Any questions or issues related to the EHB-benchmark plan documents and/or substitution must be resolved prior to the



May 6, 2019 submission deadline. CMS will post PY 2021 EHB-benchmark related documents on the [CMS website](#).

TIPS FOR COMPLETING EHB REQUIREMENTS

- States not making changes to their EHB-benchmark plan do not need to take any action.
- States allowing substitutions between categories must notify CMS by May 6, 2019.
- States that choose to select a new EHB-benchmark plan for PY 2021 must submit all required documentation by May 6, 2019.
- Any questions or issues that States have about the EHB-benchmark plan documents need to be resolved prior to the May 6, 2019 submission deadline.
- The Formulary Drug List Template is only required for States selecting Option 3.
- If States have questions on how to complete the templates, log-in to the [PM Community](#), click on the “EHB Cases” tab to submit a question, and click on “New” in the upper right corner of the screen to create a new “Case.”
- States can view each State’s summary of EHB-benchmark plan benefits, limits and prescription drug coverage on the [CMS website](#).
- States can inform CMS if they allow substitution between EHB categories by selecting “EHB



Option 1: Completing and Submitting Templates

Option 1: (45 CFR 156.111(a)(1)): Selecting the EHB-benchmark plan that another State used for the 2017 plan year under §156.100 and §156.110.

Template and Document Instructions for Option 1

- **EHB State Confirmations:** Fill out all fields except for C17-27 (which only apply to States choosing Option 2).
 - All boxes that are highlighted with a red border are required fields. After completing a required field, the color of the border will change from red to green.
 - Fill each field (Name, Agency, Phone Number, and Email) under Section A, “Points of Contact for the State’s EHB-benchmark Plan Selection.”
 - In Section B, indicate your State and which EHB-benchmark plan option your State is selecting. For States selecting Option 1, please indicate the State in which you are selecting as the EHB-benchmark plan.
 - In Section C, confirm that your selected EHB-benchmark plan for 2021 covers all 10 EHB categories and complies with applicable EHB-related requirements.
 - In Section D, fill the remaining fields that confirms that your EHB-benchmark plan will not have benefits unduly weighted towards any of the categories of benefits at §156.110(a), provide benefits for diverse segments of the population, and not include discriminatory benefit designs that contravene the non-discrimination standards defined in §156.125. Complete the “Explanation” column with sentences describing how the State is complying with the specific requirement; single word responses such as Yes, No, or N/A are not sufficient responses.
- **Actuarial Certification and Report:** Complete the Actuarial Certification Template and submit the Actuarial Certification Template and associated Actuarial Report.¹
 - In accordance with §156.111(e)(2), the actuary must be a member of the American Academy of Actuaries and affirm, in accordance with generally accepted actuarial principles and methodologies that the State’s EHB-benchmark plan is equal to, or greater than to the scope of benefits provided under a typical employer plan and does not exceed the generosity of the most generous among the plans listed at §156.111 (b)(2)(ii)(A) and (B). This includes describing the data used, as well as assumptions, factors, or exceptions applied in the analysis.
 - The Actuarial Certification Templates should be uploaded in a format that prevents further editing after submission. For example, States can scan copies of the Actuarial Report or convert documents into a locked PDF format to upload.
 - CMS provided guidance on an acceptable methodology for comparing benefits of a State’s EHB-benchmark plan, which is available on [the CMS website](#).
- **EHB-Benchmark Plan Document:** Submit a plan document for the EHB-benchmark plan. This is a comprehensive document that at a minimum reflects the benefits and limitations, including medical management requirements, and a schedule of benefits.

¹ [Example of an Acceptable Methodology for Comparing Benefits of a State’s EHB-benchmark Plan Selection in Accordance with 45 CFR 156.111\(b\)\(2\)\(i\) and \(ii\)](#)

- For Option 1, the State may submit the plan document from the other State's EHB-benchmark plan used for the 2017-2020 plan year to fulfill this requirement.
- The State is required to obtain and submit the selected State's benchmark plan document to CMS. The State can locate the selected State's benchmark plan document on the [CMS website](#) under the State's 2017-2020 EHB Benchmark Plan Information link.
- **EHB-Benchmark Summary Chart:** As applicable, fill out this template completely. The State can develop this document using information from the EHB summary chart that is currently publicly available on the [CMS website](#).
 - All boxes that are highlighted with a red border are required fields. After completing a required field, the color of the border will change from red to green.
 - Columns B-D must be filled out, whereas the other columns may be left blank if not applicable to the State's EHB-benchmark plan.
 - If there is a quantitative limit on a benefit, complete the Limit Quantity (Column E) and Limit Unit (Column F) fields. Describe exclusions for each benefit (Column G) if applicable. Add an explanation (Column H) to provide more details on each benefit if applicable.
 - To ensure that the Benefits and Limits Summary Template corresponds with the EHB-benchmark plan document, indicate the page number in which the benefit is covered under Column H if answering "Covered" under Column C.
 - *Note:* States can view each State's summary of EHB-benchmark plan benefits, limits, and prescription drug coverage on the [CMS website](#). CMS defers to the selecting State's implementation of the benefits and limits consistent with otherwise applicable law, even when such interpretation differs from the originating State's interpretation.
- **Not required for Option 1, do not submit: Formulary Drug List Template.**

How to Submit Option 1 Templates

1. Log-in to the [PM Community](#).
2. Click "Submit EHB Templates" and click "New."
3. Select the Option for your PY 2021 EHB-benchmark plan.
4. Click "Save & Next" to navigate to a page to upload your documents (after you fill out the templates as outlined in the previous section).
5. After uploading the documents related to the chosen Option and clicking "Done" after each file upload, click "Save" and navigate to a detail page.
 - a. *Note:* Prior to clicking "Submit for Approval," if the State uploaded an incorrect document then click "View All" under the Files section. Select the dropdown arrow button and click "Upload New Version." The new file will replace the previous version.
 - b. *Note:* To submit more than one plan document, click "Add Files" and upload any additional documents before submitting the template.
6. When ready to submit for CMS review, click "Submit for Approval." You are prompted to a screen titled "Submit for Approval" including a "Comments" box. The "Comments" box is optional.
7. Click "Submit" to submit the templates for CMS review.
8. You will receive a confirmation email upon submission of all required documents.



9. When CMS approves the EHB-benchmark plan, you will receive an email notification from CMS when EHB-benchmark plan is approved.

Option 2: Completing and Submitting Templates

Option 2: (45 CFR 156.111(a)(2)): Replacing one or more categories of EHBs from another State's 2017 EHB-benchmark plan.

Template and Document Instructions for Option 2

- **EHB State Confirmations:** Fill out all fields.
 - All boxes that are highlighted with a red border are required fields. After completing a required field, the color of the border will change from red to green.
 - Fill each field (Name, Agency, Phone Number, and Email) under "Points of Contact for the State's EHB-benchmark Plan Selection."
 - In Section B, indicate your State and which EHB-benchmark plan option your State is selecting. For States selecting Option 2, please indicate the State you are selecting for each category you are replacing.
 - In Section C, confirm that your selected EHB-benchmark plan for 2021 covers all 10 EHB categories and complies with applicable EHB-related requirements.
 - In Section D, fill the remaining fields that confirms that your EHB-benchmark plan will not have benefits unduly weighted towards any of the categories of benefits at §156.110(a), provide benefits for diverse segments of the population, and not include discriminatory benefit designs that contravene the non-discrimination standards defined in §156.125. Complete the "Explanation" column with sentences describing how the State is complying with the specific requirement; single word responses such as Yes, No, or N/A are not sufficient responses.
- **Actuarial Certification and Report:** Complete the Actuarial Certification Template and submit the Actuarial Certification Template and associated Actuarial Report.²
 - In accordance with §156.111(e)(2), the actuary must be a member of the American Academy of Actuaries and affirm, in accordance with generally accepted actuarial principles and methodologies that the State's EHB-benchmark plan is equal to, or greater than to the scope of benefits provided under a typical employer plan and does not exceed the generosity of the most generous among the plans listed at §156.111 (b)(2)(ii)(A) and (B). This includes describing the data used, as well as assumptions, factors, or exceptions applied in the analysis.
 - The Actuarial Certification Templates should be uploaded in a format that prevents further editing after submission. For example, States can scan copies of the Actuarial Report or convert documents into a locked PDF format to upload.
 - CMS provided guidance on an acceptable methodology for comparing benefits of a State's EHB-benchmark plan, which is available on [the CMS website](#).

² [Example of an Acceptable Methodology for Comparing Benefits of a State's EHB-benchmark Plan Selection in Accordance with 45 CFR 156.111\(b\)\(2\)\(i\) and \(ii\)](#)

- **EHB-Benchmark Plan Document:** Submit a plan document for the EHB-benchmark plan. This is a comprehensive document that at a minimum reflects the benefits and limitations, including medical management requirements, and a schedule of benefits.
 - For Option 2, the State can create a combined plan document by pulling parts of the plan documents from the other State's or States' benchmark plan documents. States may need to make conforming edits in the other States' plan documents to align language and terminology when pulling language from other States' plan documents.
 - The State is required to obtain and submit the selected State's or States' benchmark plan documents. The State can locate each selected State's benchmark plan document on the [CMS website](#) under the State's 2017-2020 EHB Benchmark Plan Information link to create the combined plan document.
- **EHB-Benchmark Summary Chart:** As applicable, fill out this template completely. The State can develop this document using information from the EHB summary chart currently publicly available on the [CMS website](#).
 - All boxes that are highlighted with a red border are required fields. After completing a required field, the color of the border will change from red to green.
 - Columns B-D must be filled out, whereas the other columns may be left blank if not applicable to the State's EHB-benchmark plan.
 - If there is a quantitative limit on a benefit, complete the Limit Quantity (Column E) and Limit Unit (Column F) fields. Describe exclusions for each benefit (Column G) if applicable. Add an explanation (Column H) to provide more details on each benefit if applicable.
 - To ensure that the Benefits and Limits Summary Template corresponds with the EHB-benchmark plan document, indicate the page number in which the benefit is covered under Column H if answering "Covered" under Column C.
 - *Note:* States can view each State's summary of EHB-benchmark plan benefits, limits, and prescription drug coverage on the [CMS website](#). CMS defers to the selecting State's implementation of the benefits and limits consistent with otherwise applicable law, even when such interpretation differs from the originating State's interpretation.
- **Not required for Option 2, do not submit: Formulary Drug List Template.**

How to Submit Option 2 Templates

1. Log-in to the [PM Community](#).
2. Click "Submit EHB Templates" and click "New."
3. Select the Option for the PY 2021 EHB-benchmark plan.
4. Click "Save & Next" to navigate to a page to upload your documents (after you fill out the templates as outlined in the previous section).
5. After uploading the documents related to your Option and clicking "Done" after each file upload, click "Save" and navigate to the detail page.
 - a. *Note:* Prior to clicking "Submit for Approval," if the State uploaded an incorrect document then click "View All." Select the dropdown option button and click "Upload New Version." The new file will replace the previous version.
 - b. *Note:* To submit more than one plan document, click "Add Files" and upload any additional documents before submitting the template.



6. When ready to submit for CMS review, click “Submit for Approval.” You are prompted to a screen titled “Submit for Approval” including a “Comments” box. The “Comments” box is optional.
7. Click “Submit” to submit the templates for CMS review.
8. You will receive a confirmation email upon submission of all required documents.
9. When CMS approves the EHB-benchmark plan, you will receive an email notification.

Option 3: Completing and Submitting Templates

Option 3: (45 CFR 156.111(a)(3)): Otherwise selecting a set of benefits that would become the State’s EHB-benchmark plan.

Template and Document Instructions for Option 3

- **EHB State Confirmation:** Fill out all fields except for C17-27 (which only apply to States choosing Option 2).
 - All boxes that are highlighted with a red border are required fields. After completing a required field, the color of the border will change from red to green.
 - Fill each field (Name, Agency, Phone Number, and Email) under “Points of Contact for the State’s EHB-benchmark Plan Selection.”
 - In Section B, indicate your State and which EHB-benchmark plan option your State is selecting.
 - In Section C, confirm that your selected EHB-benchmark plan for 2021 covers all 10 EHB categories and complies with applicable EHB-related requirements.
 - In Section D, fill the remaining fields that confirms that your EHB-benchmark plan will not have benefits unduly weighted towards any of the categories of benefits at §156.110(a), provide benefits for diverse segments of the population, and not include discriminatory benefit designs that contravene the non-discrimination standards defined in §156.125. Complete the “Explanation” column with sentences describing how the State is complying with the specific requirement; single word responses such as Yes, No, or N/A are not sufficient responses.
- **Actuarial Certification and Report:** Complete the Actuarial Certification Template and submit the Actuarial Certification Template and associated Actuarial Report.³
 - In accordance with §156.111(e)(2), the actuary must be a member of the American Academy of Actuaries and affirm, in accordance with generally accepted actuarial principles and methodologies that the State’s EHB-benchmark plan is equal to, or greater than to the scope of benefits provided under a typical employer plan and does not exceed the generosity of the most generous among the plans listed at §156.111 (b)(2)(ii)(A) and (B). This includes describing the data used, as well as assumptions, factors, or exceptions applied in the analysis.
 - CMS provided guidance on an acceptable methodology for comparing benefits of a State’s EHB-benchmark plan, which is available on [the CMS website](#).

³ [Example of an Acceptable Methodology for Comparing Benefits of a State’s EHB-benchmark Plan Selection in Accordance with 45 CFR 156.111\(b\)\(2\)\(i\) and \(ii\)](#)

- **EHB-Benchmark Plan Document:** Submit a plan document for the EHB-benchmark plan. This is a comprehensive document that at a minimum reflects the benefits and limitations, including medical management requirements, and a schedule of benefits.
 - A State choosing Option 3 may need to develop a plan document for this purpose.
- **Formulary Drug List Template:** Fill out this template as a list of RxNorm Concept Unique Identifiers (RXCUIs).
 - State selecting Option 3 must submit the template provided by CMS for the formulary drug list as a list of RXCUIs. A complete list of RXCUIs includes all prescription drugs that are covered by the State's new EHB-benchmark plan, regardless of tier placement and medical utilization management.
 - RXCUIs group chemically identical drugs into code numbers by ingredient, strength, dose form and brand name. For example: RXCUI 860975 = Metformin 500 MG Oral Tablet; RXCUI 860977 = Metformin 500 MG Oral Tablet [Glucophage]; RXCUI 860981 = Metformin 750 MG Oral Tablet.
 - In Column A (starting on row 7), enter only RXCUIs numerical values.
 - If the State creates its own benchmark plan, the State should use the most recent RxNorm information. Note: The State can add rows to this chart if needed.
- **EHB-Benchmark Summary Chart:** As applicable, fill out this template completely based on the newly created plan document.
 - All boxes that are highlighted with a red border are required fields. After completing a required field, the color of the border will change from red to green.
 - Columns B-D must be filled out, whereas the other columns may be left blank if not applicable to the State's EHB-benchmark plan.
 - If there is a quantitative limit on a benefit, complete the Limit Quantity (Column E) and Limit Unit (Column F) fields. Describe exclusions for each benefit (Column G) if applicable. Add an explanation (Column H) to provide more details on each benefit if applicable.
 - To ensure that the Benefits and Limits Summary Template corresponds with the EHB-benchmark plan document, indicate the page number in which the benefit is covered under Column H if answering "Covered" under Column C.
 - Note: States can view each State's summary of EHB-benchmark plan benefits, limits, and prescription drug coverage on the [CMS website](#).

How to Submit Option 3 Templates

1. Log-in to the [PM Community](#).
2. Click "Submit EHB Templates" and click "New."
3. Select the Option for your PY 2021 EHB-benchmark plan.
4. Click "Save & Next" that navigates to a page to upload your documents (after you fill out the templates as outlined in the previous section).
5. After uploading the documents related to your Option and clicking "Done" after each file upload, click "Save" and navigate to a detail page.
 - a. Note: Prior to clicking "Submit for Approval," if the State uploaded an incorrect document then click "View All." Select the dropdown option button and click "Upload New Version." The new file will replace the previous version.



- b. *Note:* To submit more than one plan document, click “Add Files” and upload any additional documents before submitting the template.
6. When ready to submit for CMS review, click “Submit for Approval.” You are prompted to a screen titled “Submit for Approval” including a “Comments” box. The “Comments” box is optional.
7. Click “Submit” to submit the templates for CMS review.
8. You will receive a confirmation email upon submission of all required documents.
9. When CMS approves the EHB-benchmark plan, you will receive an email notification from CMS.

EHB Substitution

Under §156.115(b), HHS allows issuers offering EHB to substitute benefits for those provided in the EHB-benchmark plan if the issuer substitutes a benefit that is actuarially equivalent to the benefit that is being replaced and is not a prescription drug benefit. An issuer may substitute a benefit within the same EHB category and for plan years on or after January 1, 2020, issuers can substitute benefits between EHB categories if the State has notified HHS that substitution between EHB categories is permitted in the State.

If your State allows substitution between EHB categories, you can notify CMS by selecting “EHB Substitution” and clicking “Opt-in” within the [PM Community](#).

1. Log-in to the [PM Community](#).
2. Click “EHB Substitution.”
3. Click the “Opt-In” button located on the right-hand side of the screen.
4. You are prompted to a screen with the EHB substitution question. Select “yes” or “no.”
5. If you select “yes,” indicate the plan year your State allows substitution between EHB categories.
6. Click “Complete” to submit your response.
7. You will receive an email confirmation.