Title: Revised Benchmark Benefits Instructions

Subtitle: Instructions for using state-specific information to accurately reflect Individual Market and Small Group Market EHB and state-required benefits on the Plans and Benefits Template.

Purpose: This document provides issuers with instructions for correcting the Benefits Package Worksheet of the Plans and Benefits Template using the included state-specific worksheets (e.g., AK, HI, PA).

Version: 1

Date: Thursday, May 15, 2014

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

Background

To help issuers, this document lists important state- and CMS-identified corrections to the benefit data auto-populated by the 2015 Add-In file on the Benefits Package Worksheet of the Plans and Benefits Template. Benefits that have incorrectly auto-populated benefit data for the Small Group Market are indicated in the "*Small Group Market Add-In Changes*" columns of the state-specific spreadsheets (e.g., AK, AL, etc.) in this document.

Issuers should use the step-by-step instructions below when entering the benefit coverage information for each set of plans offered in the Small Group Market in the Benefits Package Worksheet of the Plan and Benefits Template. These instructions explain how an issuer should complete the benefit coverage information for the benefits that auto-populated inaccurately.

1 Identify the benefits that have incorrectly auto-populated data in the Benefits Package Worksheet

Select the appropriate state-specific spreadsheet.

Review the "*Small Group Market Add-In Changes*" columns of the spreadsheet to identify the benefits indicated to have corrections in how the benefit data autopopulated. These benefits are also highlighted in yellow to facilitate identification.

Review the *"Benefit Information"* or *"General Information"* fields that have changed for these benefits, which are indicated in the *"Fields Changed"* column (e.g., EHB, State-Required Benefit), and compare them to the auto-populated data in the Benefits Package Worksheet of the Plans and Benefits Template.

Small Group Market Add-In Changes		*Benefit Information*			*General Information*						
Fields Changed	Is this a correction to the data populated by the Add-In file on the state Benefit Package?	Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation
	No	Primary Care Visit to Treat an Injury or Illness	Yes		Covered						
	No	Specialist Visit	Yes		Covered						
	No	Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered						
	No	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		Covered						
	No	Outpatient Surgery Physician/Surgical Services	Yes		Covered						
	No	Hospice Services	Yes		Covered						
EHB	Yes	Non-Emergency Care When Traveling Outside the U.S.									

2	**Select the appropriate scenario based on the corrections identified in the state-specific spreadsheet**		
	Select the appropriate scenario below (A, B, or C) for each benefit indicated to have a correction to the data populated by the Add-In File in the state-specific spreadsheet.		
	Scenario A	**The state-specific worksheet DOES identify a given benefit as an *EHB* and/or *State Required Benefit* and the benefit DOES NOT appear on the Plans and Benefits Template (*"Fields Changed"* = "Added Benefit"):**	
		Cover	**If you intend to cover the benefit,** add the benefit using the "Add Benefit" button on the menu bar under the Plans and Benefits ribbon, select "Covered" in the "*Is this Benefit Covered?*" field, and select "Additional EHB" as the "*EHB Variance Reason.*"
		Do Not Cover	**If you do <u>not</u> intend to cover the benefit and instead want to substitute with actuarially equivalent coverage of another benefit in the same EHB category,** add the benefit using the "Add Benefit" button on the menu bar under the Plans & Benefits ribbon, select "Not Covered" in the "*Is this Benefit Covered?*" field, and select "Substituted" as the "*EHB Variance Reason.*" *[* For the "new" benefit that is taking the place of this one, select "Additional EHB Benefit" as the "*EHB Variance Reason.*"*]* **If you do <u>not</u> intend to cover a pediatric dental benefit and there is a stand-alone dental plan available,** add the pediatric dental benefit using the "Add Benefit" button on the menu bar, select "Not Covered," and select "Dental Only Plan Available" as the "*EHB Variance Reason.*"
	Scenario B	**The state-specific spreadsheet DOES identify a given benefit as an *EHB* and/or *State Required Benefit* and the benefit DOES appear on the Plans & Benefits Template, but the *"Is this Benefit Covered?"* field is BLANK:**	
		Cover	**If you intend to cover the benefit,** add "Covered" in the "*Is this Benefit Covered?*" field and select "Additional EHB Benefit" as the "*EHB Variance Reason.*"
		Do Not Cover	**If you do <u>not</u> intend to cover the benefit and instead intend to substitute with actuarially equivalent coverage of another benefit in the same EHB category,** select "Not Covered" in the "*Is this Benefit Covered?*" field and select "Substituted" as the *EHB Variance Reason.* [For the "new" benefit that is taking the place of this one, select "Additional EHB Benefit" as the *"EHB Variance Reason."]* **If you do <u>not</u> intend to cover a pediatric dental benefit and there is a stand-alone dental plan available,** select "Not Covered" and select "Dental Only Plan Available" as the "*EHB Variance Reason.*"
	Scenario C	**The state-specific worksheet DOES NOT identify a given benefit as an *EHB* and/or *State Required Benefit* and the Plans & Benefits Template DOES populate the benefit as "Covered" in the *Is this Benefit Covered?* field:**	
		Cover	**If you intend to cover the benefit,** leave "Covered" in the "*Is this Benefit Covered?*" field and select "Above EHB" as the "*EHB Variance Reason.*"
		Do Not Cover	**If you do <u>not</u> intend to cover the benefit**, change "Covered" to "Not Covered" in the "*Is this Benefit Covered?*" field and select "Above EHB" as the "*EHB Variance Reason.*"

3 Populate the "*General Information*" fields when completing the Plans and Benefits Template

Provide benefit coverage information for each set of plans in the Benefits Package Worksheet of the Plan and Benefits Template.

For benefits indicated to have corrections in how the benefit data auto-populated:
Complete the "*Is this Benefit Covered?*" and the *"EHB Variance Reason"* fields according to the scenario selected in Step 2.

For benefits NOT indicated to have any corrections:
Complete the *"General Information"* fields according to Chapter 10: *Instructions for the Plans and Benefits Application Section* in the QHP Template Instructions, Sections 4.10 and 4.11.

Benefit Information			*General Information*							
Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation	EHB Variance Reason
Primary Care Visit to Treat an Injury or Illness										
Specialist Visit										
Other Practitioner Office Visit (Nurse, Physician Assistant)										

Individual Market Add-In Changes		Benefit Information			General Information						
Fields Changed	Is this a correction to the data populated by the Add-In file on the state Benefit Package?	Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation
	No	Primary Care Visit to Treat an Injury or Illness	Yes		Covered						
	No	Specialist Visit	Yes		Covered						
	No	Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered						
	No	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Yes	Covered						
	No	Outpatient Surgery Physician/Surgical Services	Yes		Covered						
	No	Hospice Services	Yes		Covered						
EHB	Yes	Non-Emergency Care When Traveling Outside the U.S.									
	No	Routine Dental Services (Adult)									
	No	Infertility Treatment									
	No	Long-Term/Custodial Nursing Home Care									
	No	Private-Duty Nursing									
	No	Routine Eye Exam (Adult)									
	No	Urgent Care Centers or Facilities	Yes		Covered						
	No	Home Health Care Services	Yes		Covered						Quantitative limit units apply, see EHB benchmark
	No	Emergency Room Services	Yes		Covered						
	No	Emergency Transportation/Ambulance	Yes		Covered						
	No	Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Yes	Covered						
	No	Inpatient Physician and Surgical Services	Yes		Covered						
	No	Bariatric Surgery									
	No	Cosmetic Surgery									
	No	Skilled Nursing Facility	Yes		Covered	Yes	60	Days per Benefit Period			
	No	Prenatal and Postnatal Care	Yes		Covered						
	No	Delivery and All Inpatient Services for Maternity Care	Yes	Yes	Covered						
	No	Mental/Behavioral Health Outpatient Services	Yes		Covered	Yes	20	Visit(s) per Benefit Period			
	No	Mental/Behavioral Health Inpatient Services	Yes		Covered	Yes	30	Days per Benefit Period			
	No	Substance Abuse Disorder Outpatient Services	Yes		Covered						
	No	Substance Abuse Disorder Inpatient Services	Yes		Covered						
	No	Generic Drugs	Yes		Covered						
	No	Preferred Brand Drugs	Yes		Covered						
	No	Non-Preferred Brand Drugs	Yes		Covered						
	No	Specialty Drugs	Yes		Covered						
	No	Outpatient Rehabilitation Services	Yes		Covered	Yes	35	Visit(s) per Benefit Period			
	No	Habilitation Services									
	No	Chiropractic Care	Yes		Covered	Yes	26	Procedure(s) per Benefit Period			

Individual Market Add-In Changes		Benefit Information			General Information						
Fields Changed	Is this a correction to the data populated by the Add-In file on the state Benefit Package?	Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation
	No	Durable Medical Equipment	Yes		Covered						
	No	Hearing Aids									
	No	Imaging (CT/PET Scans, MRIs)	Yes		Covered						
	No	Preventive Care/Screening/Immunization	Yes	Yes	Covered						Preventive colonoscopy (age 50+) 1 every 10 years. High risk colonoscopy 1 every 2 years.
	No	Routine Foot Care	Yes		Covered						
	No	Acupuncture									
	No	Weight Loss Programs									
	No	Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year			
	No	Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year			
	No	Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months			
	No	Rehabilitative Speech Therapy									
	No	Rehabilitative Occupational and Rehabilitative Physical Therapy									
	No	Well Baby Visits and Care									
	No	Laboratory Outpatient and Professional Services	Yes		Covered						
	No	X-rays and Diagnostic Imaging	Yes		Covered						
	No	Basic Dental Care – Child	Yes		Covered						
	No	Orthodontia – Child	Yes		Covered						
	No	Major Dental Care – Child	Yes		Covered						
	No	Basic Dental Care – Adult									
	No	Orthodontia – Adult									
	No	Major Dental Care – Adult									
	No	Abortion for Which Public Funding is Prohibited									
	No	Transplant	Yes		Covered						
	No	Accidental Dental	Yes		Covered						
	No	Dialysis									
	No	Allergy Testing									
	No	Chemotherapy	Yes		Covered						
	No	Radiation									
EHB	Yes	Diabetes Education	Yes		Covered						
	No	Prosthetic Devices									
	No	Infusion Therapy									

Individual Market Add-In Changes		Benefit Information			General Information						
Fields Changed	Is this a correction to the data populated by the Add-In file on the state Benefit Package?	Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation
	No	Treatment for Temporomandibular Joint Disorders	Yes	Yes	Covered						One splint in a six month period unless a more frequent replacement is determined to be medically necessary.
	No	Nutritional Counseling									
	No	Reconstructive Surgery	Yes	Yes	Covered						
EHB	Yes	Diabetes Care Management	Yes	Yes	Covered						
EHB	Yes	Off Label Prescription Drugs	Yes	Yes	Covered						
EHB	Yes	Dental Anesthesia	Yes	Yes	Covered						
EHB	Yes	Congenital Anomaly, including Cleft Lip/Palate	Yes	Yes	Covered						
EHB	Yes	Bone Marrow Transplant	Yes	Yes	Covered						
EHB	Yes	Nutrition/Formulas	Yes	Yes	Covered						
EHB	Yes	Osteoporosis	Yes	Yes	Covered						

Small Group Market Add-In Changes		Benefit Information			General Information						
Fields Changed	Is this a correction to the data populated by the Add-In file on the state Benefit Package?	Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation
	No	Primary Care Visit to Treat an Injury or Illness	Yes		Covered						
	No	Specialist Visit	Yes		Covered						
	No	Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes		Covered						
	No	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Yes	Covered						
	No	Outpatient Surgery Physician/Surgical Services	Yes		Covered						
	No	Hospice Services	Yes		Covered						
EHB	Yes	Non-Emergency Care When Traveling Outside the U.S.									
	No	Routine Dental Services (Adult)									
	No	Infertility Treatment									
	No	Long-Term/Custodial Nursing Home Care									
	No	Private-Duty Nursing									
	No	Routine Eye Exam (Adult)									
	No	Urgent Care Centers or Facilities	Yes		Covered						
	No	Home Health Care Services	Yes	Yes	Covered						Quantitative limit units apply, see EHB benchmark
	No	Emergency Room Services	Yes		Covered						
	No	Emergency Transportation/Ambulance	Yes		Covered						
	No	Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Yes	Covered						
	No	Inpatient Physician and Surgical Services	Yes		Covered						
	No	Bariatric Surgery									
	No	Cosmetic Surgery									
	No	Skilled Nursing Facility	Yes		Covered	Yes	60	Days per Benefit Period			
	No	Prenatal and Postnatal Care	Yes		Covered						
	No	Delivery and All Inpatient Services for Maternity Care	Yes	Yes	Covered						
	No	Mental/Behavioral Health Outpatient Services	Yes	Yes	Covered	Yes	20	Visit(s) per Benefit Period			
	No	Mental/Behavioral Health Inpatient Services	Yes	Yes	Covered	Yes	30	Days per Benefit Period			
	No	Substance Abuse Disorder Outpatient Services	Yes		Covered						
	No	Substance Abuse Disorder Inpatient Services	Yes		Covered						
	No	Generic Drugs	Yes		Covered						
	No	Preferred Brand Drugs	Yes		Covered						
	No	Non-Preferred Brand Drugs	Yes		Covered						
	No	Specialty Drugs	Yes		Covered						
	No	Outpatient Rehabilitation Services	Yes		Covered	Yes	35	Visit(s) per Benefit Period			
	No	Habilitation Services									
	No	Chiropractic Care	Yes		Covered	Yes	26	Procedure(s) per Benefit Period			

Small Group Market Add-In Changes		Benefit Information			General Information						
Fields Changed	Is this a correction to the data populated by the Add-In file on the state Benefit Package?	Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation
	No	Durable Medical Equipment	Yes		Covered						
	No	Hearing Aids									
	No	Imaging (CT/PET Scans, MRIs)	Yes		Covered						
	No	Preventive Care/Screening/Immunization	Yes	Yes	Covered						Preventive colonoscopy (age 50+) 1 every 10 years. High risk colonoscopy 1 every 2 years.
	No	Routine Foot Care	Yes		Covered						
	No	Acupuncture									
	No	Weight Loss Programs									
	No	Routine Eye Exam for Children	Yes		Covered	Yes	1	Visit(s) per Year			
	No	Eye Glasses for Children	Yes		Covered	Yes	1	Item(s) per Year			
	No	Dental Check-Up for Children	Yes		Covered	Yes	1	Visit(s) per 6 Months			
	No	Rehabilitative Speech Therapy									
	No	Rehabilitative Occupational and Rehabilitative Physical Therapy									
	No	Well Baby Visits and Care									
	No	Laboratory Outpatient and Professional Services	Yes		Covered						
	No	X-rays and Diagnostic Imaging	Yes		Covered						
	No	Basic Dental Care – Child	Yes		Covered						
	No	Orthodontia – Child	Yes		Covered						
	No	Major Dental Care – Child	Yes		Covered						
	No	Basic Dental Care – Adult									
	No	Orthodontia – Adult									
	No	Major Dental Care – Adult									
	No	Abortion for Which Public Funding is Prohibited									
	No	Transplant	Yes		Covered						
	No	Accidental Dental	Yes		Covered						
	No	Dialysis									
	No	Allergy Testing									
	No	Chemotherapy	Yes		Covered						
	No	Radiation									
EHB	Yes	Diabetes Education	Yes		Covered						
	No	Prosthetic Devices									
	No	Infusion Therapy									

Small Group Market Add-In Changes		Benefit Information			General Information						
Fields Changed	Is this a correction to the data populated by the Add-In file on the state Benefit Package?	Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Benefit Explanation
	No	Treatment for Temporomandibular Joint Disorders	Yes	Yes	Covered						One splint in a six month period unless a more frequent replacement is determined to be medically necessary.
	No	Nutritional Counseling									
	No	Reconstructive Surgery	Yes	Yes	Covered						
EHB	Yes	Diabetes Care Management	Yes	Yes	Covered						
EHB	Yes	Off Label Prescription Drugs	Yes	Yes	Covered						
EHB	Yes	Dental Anesthesia	Yes	Yes	Covered						
EHB	Yes	Congenital Anomaly, including Cleft Lip/Palate	Yes	Yes	Covered						
EHB	Yes	Bone Marrow Transplant	Yes	Yes	Covered						
EHB	Yes	Nutrition/Formulas	Yes	Yes	Covered						
EHB	Yes	Osteoporosis	Yes	Yes	Covered						