



Confirmations on the State EHB-benchmark Plan

OMB Control Number: 0938-1174
Expiration Date: 06/01/2021

Instructions: All fields on this template are required to be completed. Please make sure to answer all fields and confirm that the new EHB-benchmark Plan covers all 10 EHB categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care. Under Section D, please 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.

SECTION A

Points of Contact for the State's EHB- benchmark Plan Selection	Primary	Secondary
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SECTION B

EHB-Benchmark Plan Selection Options	State's Selections
State	Michigan
Under which option of 45 CFR 156.111(a), is the State selecting its new EHB-benchmark Plan?	§ 156.111(a)(3) - Select a set of benefits that would become the State's EHB-benchmark plan
For what plan year is the State selecting its new EHB-benchmark Plan to begin applying?	Plan Year 2022
If using §156.111(a)(1), which other State's EHB-benchmark Plan is the State using for its EHB-benchmark plan?	Not Applicable to State's Selection Option

SECTION C

EHB Category Criteria for a State EHB-benchmark Plan at 45 CFR 156.111	Does the State's EHB-benchmark Plan cover the category?	If the State's is using §156.111(a)(2), select the other State's EHB-benchmark Plan being used for the particular category
Ambulatory patient services	Yes	Not Applicable to State's Selection Option
Emergency services	Yes	Not Applicable to State's Selection Option
Hospitalization	Yes	Not Applicable to State's Selection Option
Maternity and newborn care	Yes	Not Applicable to State's Selection Option
Mental health and substance use disorder services, including behavioral health treatment	Yes	Not Applicable to State's Selection Option
Prescription drugs*	Yes	Not Applicable to State's Selection Option
If the State is using the option under §156.111(a)(3), did the State provide a complete and accurate formulary drug list under the Appendix D entitled "Rx Template" in this workbook?	Yes	Not Applicable to State's Selection Option
Rehabilitative and habilitative services and devices	Yes	Not Applicable to State's Selection Option
Laboratory services	Yes	Not Applicable to State's Selection Option
Preventative, wellness, and chronic disease management	Yes	Not Applicable to State's Selection Option
Pediatric services, including oral and vision care	Yes	Not Applicable to State's Selection Option

* Note: Due to the availability of drugs in the market, the exact drug count for a given State will be established in the EHB drug count tool, but for the purposes of the State's EHB- benchmark Plan, the display will be the same drug count as the 2017 EHB-benchmark plan.

SECTION D

Under Section D, please 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.

EHB-Benchmark Plan Requirements	State's Confirmations	Explanation
Does the State's EHB-benchmark Plan definition meet the requirements of §156.111(b)(1) with regard to scope of benefits?	Yes	The proposed 2022 Benchmark Plan is the 2017 Benchmark Plan (i.e., the Priority Health (HMO) Plan, as supplemented) with two new benefits. Thus, by default the proposed plan meets this requirement.
Is the State's EHB-benchmark Plan equal to, or greater than, to the extent any supplementation is required to provide coverage within each EHB category at §156.110(a), the scope of benefits provided under a typical employer plan as defined and established at §156.111(b)(2)(i)?	Yes	The proposed 2022 Benchmark Plan is the 2017 Benchmark Plan with two new benefits. The actuary has provided that the scope of the benefits of the 2022 Benchmark Plan would be equal to that of the typical employer plan, selected as the BCBSM Simply Blue Plan pursuant to 45 CFR 156.111(b)(2)(i)(B), because the two new benefits are covered under that typical employer plan.
Has an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, affirmed that the State's new EHB-benchmark plan provides a scope of benefits that is equal to, or greater than, to the extent any supplementation is required to provide coverage within each EHB category at §156.110(a), to the scope of benefits provided under a typical employer plan as defined at §156.111(b)(2)(i) and in accordance with §156.111(e)(2)?	Yes	See the actuarial certification and report provided.
Does the State's EHB-benchmark Plan not exceed the generosity of the most generous the plans listed at §156.111(b)(2)(ii) ?	Yes	The proposed 2022 Benchmark Plan is the 2017 Benchmark Plan with two new benefits. The actuary relied on a prior study determining the relative richness of the 10 plans, including the small group plans, originally under consideration for the State's Benchmark Plan. The actuary provided that the nominal cost, if any, associated with adding the two new benefits to the 2017 Benchmark Plan would not render the proposed 2022 Benchmark Plan more generous than the most generous of the plans listed at 45 CFR 156.111(b)(2)(ii) based on the relative richness of the plans in the study.
Has an actuary, who is a member of the American Academy of Actuaries, in accordance with generally accepted actuarial principles and methodologies, affirmed that the new EHB-benchmark plan does not exceed the generosity of the most generous the plans listed at §156.111(b)(2)(ii) and in accordance with §156.111(e)(2)?	Yes	See the actuarial certification and report provided.
Is the State's EHB-benchmark Plan unduly weighting benefits towards any of the categories of benefits (§156.111(b)(2)(iii))?	No	The proposed 2022 Benchmark Plan is the 2017 Benchmark Plan with two new benefits. Thus, by default the proposed plan meets this requirement.
Does the State's EHB-benchmark Plan provide benefits for diverse segments of the population in accordance with §156.111(b)(2)(iv)?	Yes	The proposed 2022 Benchmark Plan is the 2017 Benchmark Plan with two new benefits. Thus, by default the proposed plan meets this requirement.
Did the State provide reasonable public notice and an opportunity for public comment on the State's selection of its EHB-benchmark Plan that includes posting a notice on its opportunity for public comment with associated information on a relevant State Web site in accordance with §156.111(c)? Please provide the public notice dates and applicable website address in the "Explanation" column.	Yes	DIFS is posting public notice and comment from March 30, 2020, to April 24, 2020. The applicable website address is: https://www.michigan.gov/difs/0,5269,7-303-13047_13049_61590-3581_98--,00.html
Are non-EHB benefits excluded from the EHB-benchmark Plan in accordance with §156.115(d)? (Non-EHB benefits include adult vision, adult dental, long-term care, cosmetic orthodontia)	Yes	The proposed 2022 Benchmark Plan is the 2017 Benchmark Plan with two new benefits. The two new benefits do not include non-EHB benefits listed at 45 CFR 156.111(d). See plan document and summary benefits chart.

Has the State converted any benefits in its EHB-benchmark Plan restricted by annual or lifetime dollar limits as defined by §147.126 to non-dollar limit benefits?	No	The proposed 2022 Benchmark Plan is the 2017 Benchmark Plan with two new benefits. The two new benefits do not have annual or lifetime limits (dollar or non-dollar).
Does the EHB-benchmark Plan include benefits mandated by State action taking place after 2011, other than for purposes of compliance with Federal requirements, for which payment is required under §155.170?	No	The proposed 2022 Benchmark Plan does not include benefits mandated by State action taking place after 2011, other than for purposes of compliance with Federal requirements, for which payment is required under 45 CFR 155.170.
Are the EHB-benchmark Plan's benefits designed such that they do not discriminate based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions as prohibited by §156.125 and in accordance with §156.111(b)(2)(v)?	Yes	The proposed 2022 Benchmark Plan is the 2017 Benchmark Plan with two new benefits. DIFS does not believe the 2017 Benchmark Plan itself or combined with the two new benefits includes a discriminatory benefit design that contravenes the non-discrimination standards under 45 CFR 156.125. Thus, the proposed plan meets this requirement.
Is there any additional information CMS should know?	Yes	Certain confirmations provided above assume that the Priority Health (HMO) Plan, as supplemented, selected for the 2017 Benchmark Plan, and by extension, the proposed 2022 Benchmark Plan, are subject to modification to the extent necessary for issuers to conform plans pursuant to applicable law. Also, as a result, DIFS believes that it is not necessary for DIFS to engage in amending specific language used in the Priority Health (HMO) Plan for the purposes of submitting its proposal for the 2022 Benchmark Plan. However, language in DIFS' Executive Report, submitted to CMS, provides a disclaimer to this effect.

PRA Disclosure Statement

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****CMS Disclosure****

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