



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	Oregon
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 2022 proposed EHB benchmark is the 2017 benchmark plan with a few additional benefits. As such, by default the states proposed plan meets the requirements.
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 2022 proposed EHB benchmark is the 2017 benchmark plan with a few additional benefits. Given that the 2017 benchmark plan met the requirement that it is equal to or greater than the scope of benefits under a typical employer plan, the proposed plan would meet those requirements.
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	Please see the actuarial certification and actuarial 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 2022 proposed EHB benchmark is the 2017 benchmark plan with a few additional benefits. The value associated with the additional benefits falls within the generosity parameters. Please see the actuarial report provided.
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	Please see the actuarial certification and actuarial 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 2022 proposed EHB benchmark is the 2017 benchmark plan with a few additional benefits. As such, by default the states proposed plan meets these requirements.
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 2022 proposed EHB benchmark is the 2017 benchmark plan with a few additional benefits. As such, by default the states proposed plan meets these requirements.
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	Oregon DFR held a public comment period from April 23, 2020 to May 6, 2020. Information on the proposal was posted to the OR DFR website main page and notice of the public comment was delivered via GovDelivery. More information can be found: https://dfr.oregon.gov/help/committees-workgroups/Pages/EHB-rulemaking-committee.aspx
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	Yes, non-EHB benefits are excluded from the EHB-benchmark plan in accordance with 156.115(d).
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 2022 proposed EHB benchmark is the 2017 benchmark plan with a few additional benefits. The additional benefits added to the 2017 benchmark plan do not contain annual or lifetime limits (either dollar or nondollar).
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 EBH-benchmark Plan does not include benefits mandated by State action after 2011, other than for purposes of compliance with Federal requirements, for which payment is required under 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	Pursuant to 45 CFR 155.170, Oregon has not identified any additional EHB requirements and does not believe the plan design to be discriminatory.

Is there any additional information CMS should know?

No

No additional information.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1174 (Expires 06/01/2021)**. The time required to complete this information collection is estimated to average **47 hours or 2,820 minutes per response for States. For Form 1, the estimate is 4 hours. For Form 2, the estimate is 19 hours. For Form 3, the estimate is 12 hours. For Form 4, the estimate is 12 hours.** If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

******CMS Disclosure******

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