Tracking for Changes to the PRA Template	Which Template
• Updated: each Excel Template worksheet was broken up into seprarate workbooks	All
• Updated: all Templates to Align with the Policy in the Final Rule	All
• Removed: "no" for "orthodontia-child under summary of benefits	EHB Chart
• Removed: column "C" from States' EHB Confirmation	State Confirmations
• Added: "Alternate" to the contact list under "States' EHB Confirmation	States' EHB Confirmation
• Changed: Row "A10" is lighter so State can complete the information under "States' EHB Confirmation.	States' EHB Confirmation
• Significantly changed: reflect the policy in the final rule, added footnotes, add space for responses	Actuarial Cert
• Changed: reflect the policy final rule for actuarial certification and associated Yes/No	EHB Document Chart
• Updated: cell A12 to reference §156.111(a)(1) instead of Option 1	State Confirmations
• Updated: cells A29, A30, A31 and A32 were adjusted to reflect policy finalized the final 2019 Payment Notice	State Confirmations
• Changed: Drop-down options and updated associated call information for A11, A30, A31, A32, A 34, A38 and A39 to align with final policy	State Confirmations

OMB Control Number: 0938-1174

Expiration Date: XX/XX/2021

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. The time required to complete this information collection is estimated to average 47 hours or 2,820 minutes per response for States and .5 hours or 30 minutes per response for Stand Alone Dental Plans. This time includes preparing, reviewing and submitting required documents. 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.

#	Commenter	Category of Commenter	Overview of Comments	Response
131	Endocrine Society	Providers/provider groups/provider associations	While it is unclear how many states would set their benchmarks with less comprehensive EHBs, CMS estimates that 10 states would choose to change their EHB-benchmarks in each year and has acknowledged it is more likely that the changes the states will make will reduce benefits and premiums, rather than expanding them. For patients with endocrine disorders, care could become unaffordable. We urge CMS not to finalize this policy as proposed and retain the current policy that governs how states define and select their benchmark plans.	10 States is estimated per a year based on prior experience.
213	American Academy of Actuaries	Other	The proposed information collection (CMS-10448) includes an actuarial certification that appears to note the required regulatory and statutory requirements. We appreciate that actuaries would not be required to certify EHB balance or diverse population segment requirements given the current lack of definition around these concepts. The PDF version of the actuarial certification required form may not provide sufficient space for appropriate responses, especially on the second page of the certificate where short responses are requested. This may lead actuaries to reply "Please see the accompanying report for the methods used" to maintain a readable response.	Added space to the pdf file for responses.
213	American Academy of Actuaries	Other	Further, the second and fourth response boxes on page two of the PDF form appear to be linked, requiring the same response for both. While the methodologies used to determine compliance with each requirement are likely to be similar, they may not be identical and the certifying actuary should be able to document the methodologies of each.	Clarified in a footnote that the Question 4 and 8 do not need to use the same methodology
313	National Association of Dental Plans	Health insurance issuers	In PRA 10448 related to this NBPP, CMS provides a draft form for State submission of EHB-benchmark changes. Several benefit categories are prefilled in the column labeled "EHB" with "No" (e.g. Routine Dental Services (Adult)). This column includes "No" for "Orthodontia – Child," which we believe may be an error or an area for clarification. Medically-necessary orthodontia, when included in a State's benchmark plan, is considered an EHB and is provided by many SADPs on the public Marketplaces. Non-medically-necessary orthodontia or cosmetic orthodontia is not considered an EHB for children or adults and may be a better category for this row.	Removed the "no" for "Orthodontia – Child,"
14	American Speech-Language-Hearing Association	Advocacy Group	CMS maintains that these proposed options will afford additional flexibility to states in adopting their own EHB benchmark plan; however, this approach appears burdensome and could actually deter states from even selecting a benchmark. For the 2017 benchmark selection process, only 29 states selected an EHB benchmark plan. Under the 2019 NBPP proposed rule, states would be given the option to modify their EHB benchmark annually, and CMS estimates that 10 states would choose to change their EHB benchmark in any given year. States would have the burden of submitting (a) an actuarial certification and report of the methods and assumptions used when selecting proposed options, (b) its new EHB benchmark plan documents accurately reflecting benefits and limitations, including a schedule of benefits, and (c) documentation operationalizing the state's EHB benchmark plan. The purported additional flexibility provided to states does not justify or outweigh the potential loss of coverage for consumers or the added administrative and financial burdens on states.	The burden estimate reflects the increased level of effort on behalf of States to select a new benchmark plan.