



State Annual Report on State-Required Benefits

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

OVERVIEW & INSTRUCTIONS

Overview

Under 45 CFR 156.111(d), a state must notify HHS of any state-required benefits that are in addition to the essential health benefits (EHB) identified under §155.170(a)(3) in accordance with §156.111(f), which specifies the types of information states are required to submit to HHS by the annual submission deadline in a form and manner specified by HHS. If the state does not notify HHS of its state-required benefits that are in addition to EHB described under §155.170(a)(3) in accordance with paragraph §156.111(f), HHS will determine which benefits are in addition to EHB for the applicable plan year in the state. We intend to post state submissions of their state-required benefits (Tab 3) on the CMS website prior to the end of the plan year during which the annual reporting takes place.

Contact Information Tab

Complete your state's primary and secondary contact information in this tab of the worksheet. Contact information (Tab 2) will not be posted on the CMS website.

State-Required Benefits Tab

Complete all fields for this tab (Columns A-M) for all state-required benefits. For purposes of determining EHB, state-required benefits (or mandates) are considered to include only requirements to cover specific care, treatment, or services. Provider mandates that require reimbursement of specific health care professionals who render a covered service within their scope of practice are not considered to be state-required benefits for purposes of EHB coverage. Similarly, state-required benefits are not considered to include dependent mandates, which require defining dependents in a specific manner or covering dependents under certain circumstances (e.g., newborn coverage, adopted children, domestic partners, and disabled children). Finally, state anti-discrimination requirements relating to service delivery method (e.g., telemedicine) are not considered to be state-required benefits.

DATA DICTIONARY

Column Letter	Header	Description/Example
A	Name of required benefit(s)	The short hand name of the benefit, for example "applied behavioral analysis (ABA) therapy." If there are multiple state-required benefits mandated in a single state action, list each distinct benefit in a separate row.
B	Precise benefit or set of benefits and precise coverage parameters, including any exclusions	All relevant language to describe the exact coverage required. For example: "Any individual market health benefit plan offered on or after January 1, 2022, shall provide coverage for behavioral health treatment of autism spectrum disorder at zero cost-sharing." If multiple state actions were taken to mandate the benefit, only include in this field the final and controlling language describing the coverage requirement.
C	Market applicability and, if applicable, product type applicability	Be as specific as possible. Examples include: individual and large group; individual and small group; individual market; individual market PPOs; individual market HMOs; small group; individual market HDHPs; grandfathered individual, etc.
D	Type of state action to require coverage of the benefit (any and all state action) and type of body taking the state action	The state authority requiring the benefit (e.g., statute, regulation, guidance, bulletin, etc.) and body (department of insurance, governor, legislature etc.) responsible for it. Be specific. Include any and all state action. This should be an exhaustive list. For example, if the state-required benefit was mandated broadly in statute, then published in an emergency regulation to implement the requirement and provide additional detailed requirements, and finalized in a permanent regulation, the state should list all three of these state actions (statute, emergency regulation, and permanent regulation) and the responsible parties (legislature, department of insurance).
E	URL for final text of state action, if available	Best active URL to use to access the state action and read it in full. If there were multiple state actions, list all relevant URLs and indicate to which state action they belong. If an active URL is not readily available, please indicate "N/A".
F	Year of enactment	Year the mandate was enacted (signed into law), published, issued as a final action, etc. If there were multiple state actions, list all relevant enactment dates and indicate to which state action they belong.

G	Year amended (any and all amendments)	Year mandate was amended (or for a regulation or bulletin, year mandate was changed or modified). Include any and all amendments, changes, or modifications. If there were multiple state actions, list all amendment years and indicate to which state action they belong. Note "N/A" if this doesn't apply.
H	Year applicable market must begin complying with required benefit	Year QHP issuers must begin complying with the state-required benefit. If there are multiple or staggered effective dates for the state-required benefit, list each one and concisely explain what QHP issuers are expected to comply with beginning on each date.
I	Year repealed, rescinded, or overturned	Year the state-required benefit was repealed, rescinded, or overturned. If the state-required benefit has never been repealed, rescinded, or overturned, indicate "N/A".
J	Citation	<p>Exact citation to the statute, law, and/or regulation (with a pincite to exact section). If guidance, bulletin, or other state action, include the specific name of the document, body that issued it, a pincite to the relevant portion of the state action, and where the state action can be located (such as the department of insurance website). Be as specific as possible.</p> <p>For example, a citation to a state statute should include (1) the state abbreviation (2) the title number (3) the abbreviation of the code used (4) the section number containing the statute and (5) the year of the code.</p> <p>If there are multiple state actions, list all relevant citations and indicate to which state action they belong.</p>
K	Is the state-required benefit in addition to EHB and subject to defrayal in accordance with §155.170?	Yes/No. To make this determination, states should refer to applicable implementing regulations (such as §155.170), preamble, and CMS guidance.
L	If not in addition to EHB and not subject to defrayal describe the basis for the state's determination	Concise explanation describing why the state-required benefit is not subject to defrayal. Cite to any applicable federal standards for determining whether a state-required benefit is not in addition to EHB and does not require defrayal. For example, a state could explain that a state-required benefit is not in addition to EHB and does not require defrayal because the state-required benefit was enacted on or before December 31, 2011. State should note "N/A" if this doesn't apply.
M	Date that this report was last updated by state (MM/DD/YY)	Date that the state last updated the report. If this is the first time the state is submitting a report to HHS, indicate "first time reporting". If the state submitted a report on May 1, 2021, did not submit a report in plan year 2022, and is submitting a report on May 1, 2023, the state should indicate in its plan year 2023 submission that the state last updated the report on "05/01/2021."

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 (Expires 06/01/2021)**. The time required to complete this information collection is estimated to average **30 hours or 1,800 minutes in the first year and 13 hours or 780 minutes annually in the second and third year** for states to report state mandates. 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******

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Valisha Jackson at Valisha.Jackson@cms.hhs.gov.



State Contact Information

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Points of Contact for the State-Required Benefits	Primary	Secondary
State		
Name		
Agency		
Phone Number		
Email		

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