

State Certification of Annual Report on State-Required Benefits

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 identify which benefits are in addition to EHB for the applicable plan year in the State.

To satisfy the requirement at §156.111(f)(5), a state must submit a document to HHS by the annual submission deadline in a form and manner specified by HHS that is signed by a state official with authority to make the submission on behalf of the state certifying the accuracy of the submission.

This *State Certification of Annual Report on State-Required Benefits* must be submitted as an attachment to the state's submission of the *State Annual Report on State-Required Benefits* that states are required to use to report the remainder of the types of information states are required to submit to HHS to comply with §156.111(f).

By signing below, you are attesting you are the state official with authority to make the submission required under §156.111(d) and (f) on behalf of the state and that you certify the accuracy of the state's submission in the *State Annual Report on State-Required Benefits*.

State

Printed Name of State Official

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.

Printed Title of State Official

Signature of State Official

Date

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