

Table of Contents

State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 13-0019

This file contains the following documents in the order listed:

- 1.) Approval Letter**
- 2.) Summary Form**
- 3.) Approved SPA Pages**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #121720134003

JAN 27 2014

Dr. Linda Elam, Ph.D., MPH
Deputy Director/Medicaid and CHIP
Department of Health Care Finance
Judiciary Square
441 4th Street, NW, Suite 900S
Washington, D.C. 20001

**RE: District of Columbia State Plan Amendment (SPA)
Transmittal Number (TN) 13-0019**

Dear Dr. Elam:

Enclosed for your records is an approved copy of the District of Columbia's Alternative Benefit Plan (ABP) State Plan Amendment (SPA), TN 13-0019. This ABP SPA, which was submitted on 12/13/13, meets all federal statutory and regulatory requirements for establishing an ABP.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and (if applicable) managed care service delivery systems (waivers, contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the changes to the benefit in the approved State plan will be mirrored in the ABP.

This ABP SPA is approved effective January, 1, 2014.

If you have any questions concerning this state plan amendment, please contact me, or have your staff contact Sabrina Tillman-Boyd of my staff at (215) 861-4721 or Sabrina.Tillman-Boyd@cms.hhs.gov.

Sincerely,

Francis H. McCullough
Associate Regional Administrator

Enclosures

cc: Claudia Schlosberg, DHCF
M. Diane Fields, DHCF

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)**State/Territory**

name:

Dist. of Columbia**Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

DC-13-0019

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1302 of the Patient Protection and Affordable Care Act, P.L. 111-148; Social Security Act Section 1937.

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------------------|----------------------------|---------------|
| First Year | 2014 | \$ 0.00 |
| Second Year | 2015 | \$ 0.00 |

Subject of Amendment

Alternative Benefit Plan for newly-eligible adults

Governor's Office Review
 Governor's office reported no comment

 Comments of Governor's office received

Describe:

 No reply received within 45 days of submittal

 Other, as specified

Describe:

B20-199, Budget Support Act of 2013

Signature of State Agency Official

Submitted By:

Diane Fields

Last Revision

Date:

Jan 24, 2014

Submit Date:

Dec 16, 2013



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

| | Eligibility Group: | Enrollment is mandatory or voluntary? | |
|---|--------------------|---------------------------------------|---|
| + | Adult Group | Mandatory | X |

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20130724



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) ABP2a
(i)(VIII) of the Act

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

The benefits offered to the new adult group under this secretary-approved Alternative Benefit Plan (ABP) are identical to the Medicaid State Plan. This plan provides for benefits covering all ten essential health benefits in an amount and scope that is equal to or greater than those provided in the base-benchmark plan selected by the District.

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20130807



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

All benefits and applicable limitations are provided, as outlined by the District of Columbia's State Plan under Title XIX of the Social Security Act, Medical Assistance Program in Section 3 - Services: General Provisions.

Selection of Base Benchmark Plan



Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option. No

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

The District assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5. The District also assures the accuracy of all information in ABP 5 depicting amount, duration, and scope parameters of services authorized in the currently approved Medicaid state plan.

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20130801



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Cost-Sharing

ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

No

Other Information Related to Cost Sharing Requirements (optional):

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20130807



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

| | |
|-----------------------------|-------------|
| Benefits Description | ABPS |
|-----------------------------|-------------|

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

The state/territory is proposing "Secretary-Approved Coverage" as its section 1937 coverage option. Yes

Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

An attachment is submitted.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Blue Cross Blue Shield/Carefirst Blue Preferred Option 1

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

Secretary-Approved



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physicians' services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

See "Other information"

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Sterilizations not covered if patient is under 21 years of age. Induced abortions only covered if the life of the mother would be endangered if the fetus were carried to term, if the pregnancy resulted from rape or incest, or in the case where a woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy, as certified by a physician, that would place the woman in danger of death unless an abortion is performed.

Benefit Provided:

Optometrists' services, OLP

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

No limitations

Scope Limit:

Eyeglasses limited to one per 24 month period, unless enrollee loses their eyeglasses or their prescription changes by more than one half diopter, or is under 21 years of age. Contact lenses require prior authorization from state agency.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Home health services

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

See "Other information"



Alternative Benefit Plan

Scope Limit:

No limitations

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Cannot exceed 4 hours per day or 36 visits per year (including any therapy provided as part of service) without prior authorization from state agency.

Benefit Provided:

Family planning services and supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

See "Other information"

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Must be medically-justified. Prior authorization from state agency required for: surgery for cosmetic purposes, including cosmetic dental and oral surgery (except emergency repair of accidental injury); gastric bypass surgery (also requires written justification); organ transplants; and assistant surgeon services. MH/SUD services are also provided in this benefit category.

Benefit Provided:

Hospice services

Source:

State Plan 1905(a)



Alternative Benefit Plan

| | | |
|---|--|---------------|
| Authorization: Concurrent Authorization | Provider Qualifications: Medicaid State Plan | Remove |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Benefit Provided: Treatment at federally qualified health centers | Source: State Plan 1905(a) | Remove |
| Authorization: None | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Benefit Provided: Clinic services (including day treatment) | Source: State Plan 1905(a) | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Prior authorization is required only for the following: Assistant surgeon services, organ transplants, gastric bypass, and surgical procedures for cosmetic purposes (except emergency repair of accidental injury). Gastric bypass also requires both prior authorization and written justification. | | |
| Add | | |



Alternative Benefit Plan

| | | |
|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services | | Collapse All <input type="checkbox"/> |
| Benefit Provided: Outpatient hospital - Emergency room services | Source: State Plan 1905(a) | Remove |
| Authorization: None | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: See "Other information" | Duration Limit: No limitations | |
| Scope Limit: See "Other information" | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: There is no prior authorization for emergency room services, but for UR purposes the services must be authenticated by a licensed physician in order to receive reimbursement. Limit of one emergency room encounter per day. Sterilizations not covered if patient is under 21 years of age. Induced abortions only covered if the life of the mother would be endangered if the fetus were carried to term, if the pregnancy resulted from rape or incest, or in the case where a woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy, as certified by a physician, that would place the woman in danger of death unless an abortion is performed. | | |
| Benefit Provided: Other medical care - Emergency transportation | Source: State Plan 1905(a) | Remove |
| Authorization: None | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| | | Add |



Alternative Benefit Plan

| | | |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization | | Collapse All <input type="checkbox"/> |
| Benefit Provided: Inpatient hospital services | Source: State Plan 1905(a) | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: See "Other information" | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Must be medically-justified. Inpatient psychiatric services and psychiatric rehabilitation for ages 21-64 included under this category. Prior authorization from state agency required only for: surgery for cosmetic purposes, including cosmetic dental and oral surgery (except emergency repair of accidental injury); gastric bypass surgery (also requires written justification); organ transplants; assistant surgeon services, and hospital days in excess of one day prior to surgery. These services are not furnished as part of an IMD. | | |
| Add | | |



Alternative Benefit Plan

| | | |
|---|---------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care | | Collapse All <input type="checkbox"/> |
| Benefit Provided: | | |
| Maternity-related services - Outpatient hospital | Source: | Remove |
| | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| No limitations | No limitations | |
| Scope Limit: | | |
| No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Includes postpartum services through the 60th day after pregnancy ends, plus the remainder of that month. Benefit include all physician services. | | |
| <hr/> | | |
| Benefit Provided: | | |
| Nurse midwife services | Source: | Remove |
| | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| No limitations | No limitations | |
| Scope Limit: | | |
| No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| | | |
| <hr/> | | |
| Benefit Provided: | | |
| Maternity-related services - Inpatient hospital | Source: | |
| | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| No limitations | No limitations | |
| Scope Limit: | | |
| No limitations | | |



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Includes postpartum services through the 60th day after pregnancy ends, plus the remainder of that month.

Remove

Add



Alternative Benefit Plan

Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment Collapse All

Benefit Provided:

M.A.T. for substance abuse - Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Provided through Addiction Prevention and Recovery Administration (APRA). Medication used for M.A.T. follows the limits set forth for prescription drugs in EHB 6. Limit of 365 per year.

Benefit Provided:

Adult substance abuse services - Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Does not cover: inmates; services provided in nursing facilities, ICFs/ID, and IMDs; room, board, and transportation; human subject/clinical trial-related services; education, vocational, and job training, services covered elsewhere in State Plan.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Provided through Addiction Prevention and Recovery Administration (APRA).

Benefit Provided:

Mental health services - Rehabilitation

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations



Alternative Benefit Plan

Scope Limit:

Does not cover: room and board costs, inpatient services, transportation, vocational services, school services, services rendered by family, socialization services, screening and prevention (beyond EPSDT), services not medically-necessary.

Remove

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The District of Columbia's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Must be part of a plan of treatment and provided in a hospital, skilled care facility, intermediate care facility, or home health agency. Covers both rehabilitative and habilitative services.

Benefit Provided:

Occupational therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Must be part of a plan of treatment and provided in a hospital, skilled care facility, intermediate care facility, or home health agency. Covers both rehabilitative and habilitative services.

Benefit Provided:

Home health - DME/POS

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Durable Medical Equipment and Prosthetic Devices are limited to items found on the DME/POS billing manual, updated annually. Utilization limitations are used to address high-cost, high-volume, and high-risk items and services.



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Remove

Benefit Provided:

Personal care services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other information"

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Requires certification by a physician every 6 months, or after an interruption of services, including hospital admission. No more than 8 hours per day, unless authorized.

Benefit Provided:

Speech therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Covers both rehabilitative and habilitative services.

Add



Alternative Benefit Plan

| | | |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services | | Collapse All <input type="checkbox"/> |
| Benefit Provided: Laboratory tests and x-rays | Source: State Plan 1905(a) | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Services primarily for, or in connection with, cosmetic purposes require prior authorization from State Agency. Laboratory tests and x-ray service primarily for, or in connection with, dental or oral surgery limited to those required for emergency repair of accidental injury to the jaw and related structures. | | |
| | | Add |



Alternative Benefit Plan

Essential Health Benefit 9: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:

Preventive services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Other

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

| | | |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care | | Collapse All <input type="checkbox"/> |
| Benefit Provided: Medicaid State Plan EPSDT Benefits | Source: State Plan 1905(a) | <input type="button" value="Remove"/> |
| Authorization: None | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| This benefit includes coverage of inpatient psychiatric care for individuals under 21 years of age | | |
| | | <input type="button" value="Add"/> |



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

| | | |
|--|---------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication | | Collapse All <input type="checkbox"/> |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Primary care visit to treat an illness"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 1: Ambulatory patient services, physicians' services"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Specialist visit"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 1: Ambulatory patient services, physicians' services, clinic services, and treatment at federally qualified health centers"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient facility fee"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services, clinic services, physicians' services, and treatment at federally qualified health centers"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Urgent care centers or facilities"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 2: Emergency services, emergency room services, and under EHB 1: Ambulatory patient services, clinic services, physicians' services, and treatment at federally qualified health centers"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient physician and surgical services"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 3: Hospitalization, inpatient hospital services"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal and postnatal care"/> | Source: Base Benchmark | |



Alternative Benefit Plan

| | | |
|--|----------------|---------------------------------------|
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | <input type="button" value="Remove"/> |
| Duplicate benefit covered under EHB 4: Maternity and newborn care, maternity-related services - outpatient hospital | | |
| Base Benchmark Benefit that was Substituted: | Source: | <input type="button" value="Remove"/> |
| All inpatient services for maternal care | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | <input type="button" value="Remove"/> |
| Duplicate benefit covered under EHB 4: Maternity and newborn care, maternity-related services - inpatient hospital | | |
| Base Benchmark Benefit that was Substituted: | Source: | <input type="button" value="Remove"/> |
| Mental/behavioral health outpatient services | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | <input type="button" value="Remove"/> |
| Duplicate benefit covered under EHB 5: Mental health services and addiction treatment; mental health services - rehabilitation and under EHB 1: Ambulatory patient services, outpatient hospital services | | |
| Base Benchmark Benefit that was Substituted: | Source: | <input type="button" value="Remove"/> |
| Mental/behavioral health inpatient services | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | <input type="button" value="Remove"/> |
| Duplicate benefit covered under EHB 5: Mental health services and addiction treatment; mental health services - rehabilitation, and under EHB 3: Hospitalization, inpatient hospital services | | |
| Base Benchmark Benefit that was Substituted: | Source: | <input type="button" value="Remove"/> |
| Substance abuse disorder outpatient services | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | <input type="button" value="Remove"/> |
| Duplicate benefit covered under EHB 5: Mental health services and addiction treatment; M.A.T. for substance abuse - rehabilitation and Adult Substance Abuse Services - rehabilitation, and EHB 1: Ambulatory patient services, outpatient hospital services | | |
| Base Benchmark Benefit that was Substituted: | Source: | <input type="button" value="Remove"/> |
| Substance abuse disorder inpatient services | Base Benchmark | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | | <input type="button" value="Remove"/> |
| Duplicate benefit covered under EHB 5: Mental health services and addiction treatment, M.A.T. for substance abuse - Rehabilitation and Adult Substance Abuse Services - Rehabilitation, and EHB 3: Hospitalization: Inpatient hospital services | | |



Alternative Benefit Plan

| | | |
|--|----------------------------------|---------------|
| Base Benchmark Benefit that was Substituted: Outpatient rehabilitation services | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 7: Rehabilitative and habilitative services and devices, physical therapy, and occupational therapy | | |
| Base Benchmark Benefit that was Substituted: Habilitation services | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 7: Rehabilitative and habilitative services and devices, physical therapy, and occupational therapy | | |
| Base Benchmark Benefit that was Substituted: Diagnostic test | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 8: Laboratory services, laboratory tests and x-rays | | |
| Base Benchmark Benefit that was Substituted: Imaging (CT/PET scans, MRIs) | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 8: Laboratory services, laboratory tests and x-rays | | |
| Base Benchmark Benefit that was Substituted: Weight loss programs | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 9: Preventive and wellness services and chronic disease management, preventive services | | |
| Base Benchmark Benefit that was Substituted: Preventive care/screening/immunization | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 9: Preventive and wellness services and chronic disease management, preventive services | | |



Alternative Benefit Plan

| | | |
|--|-----------------------------------|---------------------------------------|
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Routine eye exam/glasses for children"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input "ambulatory="" "pediatric="" and="" care"="" ehbs."="" epsdt,"="" including="" oral="" patient="" services"="" services,="" type="text" under="" value="Duplicate benefit covered under " vision=""/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Dental check-up for children"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplicate service covered under EHB 10: Pediatric services including oral and vision care, EPSDT benefits"/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Postpartum home visits"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplicate service covered under EHB 4: Maternity and newborn care, maternity-related services - outpatient hospital"/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Dialysis"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services"/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Allergy injections"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplicate benefit covered under EHB 6: Prescription drugs, prescription drugs"/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Radiation therapy"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services"/></p> | | |



Alternative Benefit Plan

| | | |
|--|----------------------------------|---------------|
| Base Benchmark Benefit that was Substituted: Chemotherapy | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services | | |
| Base Benchmark Benefit that was Substituted: Blood, blood products, and administration | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services | | |
| Base Benchmark Benefit that was Substituted: Detoxification | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 5: Mental health services and addiction treatment, M.A.T. for substance abuse - Rehabilitation, and under Adult Substance Abuse Services - Rehabilitation | | |
| Base Benchmark Benefit that was Substituted: Routine gynecological exam | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services | | |
| Base Benchmark Benefit that was Substituted: Medical nutrition therapy | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 1: Ambulatory patient services, outpatient hospital services | | |
| Base Benchmark Benefit that was Substituted: Professional nutrition counseling | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplicate benefit covered under EHB 9: Preventive and wellness services and chronic disease management, preventive services | | |



Alternative Benefit Plan

| | | |
|--|---------------------------|---------------------------------------|
| Base Benchmark Benefit that was Substituted: <input type="text" value="Hair prosthesis"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Provides hair prosthesis when hair loss resulted from chemotherapy or radiation treatment for cancer. Substituted with EHB 7: Rehabilitative and habilitative services, personal care services"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Home health care services"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 1: Ambulatory patient services, home health services"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Family planning services"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit: covered under EHB 1: Ambulatory patient services, family planning services and supplies"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Prescription drugs"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 6: Prescription drugs, prescription drugs"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency transportation/ambulance"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 2: Emergency services, Other medical care - Emergency transportation"/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Speech therapy"/> | Source: Base Benchmark | <input type="button" value="Remove"/> |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplicate benefit covered under EHB 7: Rehabilitative and habilitative services, speech therapy"/> | | |



Alternative Benefit Plan

| | |
|---|----------------|
| Base Benchmark Benefit that was Substituted: | Source: |
| <input type="text" value="Hospice services"/> | Base Benchmark |
| <input type="button" value="Remove"/> | |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: | |
| <input type="text" value="Duplicate benefit covered under EHB 1: Ambulatory patient services, hospice services"/> | |
| <input type="button" value="Add"/> | |



Alternative Benefit Plan

| | | |
|---|---------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered | | Collapse All <input type="checkbox"/> |
| Base Benchmark Benefit not Included in the Alternative Benefit Plan: | Source: Base Benchmark | <input type="button" value="Remove"/> |
| <input type="text" value="Adult routine eye exam"/> | | |
| Explain why the state/territory chose not to include this benefit: | | |
| <input type="text" value="This benefit is not covered since it is an excepted benefit for adults and not considered to be an EHB"/> | | |
| Base Benchmark Benefit not Included in the Alternative Benefit Plan: | Source: Base Benchmark | <input type="button" value="Remove"/> |
| <input type="text" value="Adult routine dental services"/> | | |
| Explain why the state/territory chose not to include this benefit: | | |
| <input type="text" value="This benefit is not covered since it is an excepted benefit for adults and not considered to be an EHB"/> | | |
| | | <input type="button" value="Add"/> |



Alternative Benefit Plan

| | | |
|--|---|---------------------------------------|
| <input checked="" type="checkbox"/> Other 1937 Covered Benefits that are not Essential Health Benefits | | Collapse All <input type="checkbox"/> |
| <hr/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Tuberculosis-related services"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other: <input type="text" value="No authorization required ('none' not available in drop-down menu)"/> | | |
| <hr/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Non-emergency transportation"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other: <input type="text" value="Authorization required for ambulatory transportation based on medical necessity when it is not one of the following: wheelchair van, taxi, stretcher car, bus passes, other public transportation including METRO rail and bus system."/> | | |
| <hr/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Nursing facility services"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |



Alternative Benefit Plan

| | | | |
|--|--|---------------------------------------|--|
| Other: | | | |
| No authorization required ("none" not available in drop-down menu) | | <input type="button" value="Remove"/> | |
| Other 1937 Benefit Provided: | Source: | | |
| Intermediate care facility/IID | Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> | |
| Authorization: | Provider Qualifications: | | |
| Other | Medicaid State Plan | | |
| Amount Limit: | Duration Limit: | | |
| No limitations | No limitations | | |
| Scope Limit: | | | |
| No limitations | | | |
| Other: | | | |
| No authorization required ("none" not available in drop-down menu) | | | |
| Other 1937 Benefit Provided: | Source: | | |
| Podiatrists services (OLP) | Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> | |
| Authorization: | Provider Qualifications: | | |
| Other | Medicaid State Plan | | |
| Amount Limit: | Duration Limit: | | |
| No limitations | No limitations | | |
| Scope Limit: | | | |
| Treatment of flat foot, routine foot care, and supportive devices for feet generally not covered unless presenting in the presence of a systemic condition that may require specialized foot care. | | | |
| Other: | | | |
| No authorization required ("none" not available in drop-down menu) | | | |
| Other 1937 Benefit Provided: | Source: | | |
| Private duty nursing services | Section 1937 Coverage Option Benchmark Benefit Package | | |
| Authorization: | Provider Qualifications: | | |
| Prior Authorization | Medicaid State Plan | | |
| Amount Limit: | Duration Limit: | | |
| No limitations | No limitations | | |



Alternative Benefit Plan

| | | |
|---|--|---------------------------------------|
| Scope Limit: <input type="text" value="No limitations"/> | | <input type="button" value="Remove"/> |
| Other: <input type="text" value="Only available for beneficiaries who require more individual and continuous care than is routinely provided by a visiting nurse association or routinely provided by a skilled nursing facility or hospital."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Routine eye exam for adults"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other: <input available="" drop-down="" in="" menu)"="" none"="" not="" type="text" value="No authorization required ("/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Freestanding birth center"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other: <input available="" drop-down="" in="" menu)"="" none"="" not="" type="text" value="No authorization required ("/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Dental services for 21 and older"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |



Alternative Benefit Plan

| | | |
|---|--|---------------|
| Amount Limit: No limitations | Duration Limit: No limitations | Remove |
| Scope Limit: No limitations | | |
| Other: No authorization required ("none" not available in drop-down menu) | | |
| Other 1937 Benefit Provided: Extended services for women 60 days post-partum | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other: Pregnancy-related and post-partum services for 60 days after the pregnancy ends are provided without limitation | | |
| Other 1937 Benefit Provided: Nurse practitioner services - Outpatient | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other: No authorization required ("none" not available in drop-down menu). The services of the nurse practitioner are subsumed under the broad category, Advanced Practice Registered Nursing, which includes, but is not limited to, nurse midwife, nurse anesthetist, nurse practitioner and clinical nurse specialist. | | |
| Add | | |



Alternative Benefit Plan

| | |
|---|---------------------------------------|
| <input type="checkbox"/> Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.) | Collapse All <input type="checkbox"/> |
|---|---------------------------------------|

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20130808



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Benefits Assurances

ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

Yes

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

Through an Alternative Benefit Plan.

Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

ABP benefits include the full complement of EPSDT benefits.

Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



Alternative Benefit Plan

- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V 20130807



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).

Fee-for-service.

Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

Because the Alternative Benefit Plan will not differ in any substantial way from the current MCO benefit package and will continue to be offered to Medicaid MCO enrollees, there will be no Alternative Benefit Plan-specific outreach.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:



Alternative Benefit Plan

Describe program below:

This is the secretary-approved MCO program for Medicaid enrollees

Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):

All individuals who are determined eligible for Medicaid are first enrolled in fee-for-service. Individuals who must be enrolled in managed care under the State Plan or who are not exempt from mandatory enrollment in the ABP are given 30 days to choose a Medicaid managed care plan. If no election is made after 30 days, the individual is auto-assigned to a plan. Individuals who are exempt from mandatory enrollment in managed care (or the ABP) may elect to continue in fee-for-service. Coverage of HIV/AIDS drugs, most long-term care services, and most mental health and substance abuse services are provided through an MCO carve-out; beneficiaries who are enrolled in a Medicaid managed care plan who need access to these services receive them through the fee-for-service delivery structure.

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20130718



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

| Employer Sponsored Insurance and Payment of Premiums | ABP9 |
|--|-----------------------------|
| The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package. | <input type="checkbox"/> No |
| The state/territory otherwise provides for payment of premiums. | <input type="checkbox"/> No |
| Other Information Regarding Employer Sponsored Insurance or Payment of Premiums: <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

General Assurances

ABP10

Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Yes

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20130807



Alternative Benefit Plan

Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

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 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20130807