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## **Table of Contents**

**State/Territory Name: Idaho**

**State Plan Amendment (SPA) #: 14-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Seattle Regional Office  
701 Fifth Avenue, Suite 1600, MS/RX-200  
Seattle, WA 98104



**Division of Medicaid & Children's Health Operations**

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Richard Armstrong, Director  
Department of Health and Welfare  
Towers Building – Tenth Floor  
Post Office Box 83720  
Boise, Idaho 83720-0036

**JUN 26 2014**

**RE: Idaho State Plan Amendment (SPA) Transmittal Number 14-0009**

Dear Mr. Armstrong:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 14-0009. This SPA defines the Medicare Medicaid Coordinated Alternative Benefit Plan (MMCP ABP) that is available in 33 of 44 counties, and is targeted to serve elders and/or individuals who are dually eligible for Medicare and Medicaid operating under section 1937 authority of the Social Security Act (the Act). The approved SPA 14-0009 replaces Idaho's initial Medicare Medicaid Coordinated Benchmark Benefit Plan authorized under the 2005 Deficit Reduction (DRA) Act.

All requirements pertaining to ABPs must be met, including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and service delivery requirements. Amendments to Idaho's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State plan will be mirrored in the ABP. In addition, Idaho must be mindful of submission timeframes in order to achieve effective date consistency related to the provision of benefits to eligible individuals, and in order to claim Title XIX expenditures via the quarterly CMS-64.

The CMS would also like to take this opportunity to remind the state it must assure compliance with all Medicaid requirements, including those related to State Fair Hearings at 1902(a)(3) and 1902 (a) (4) of the Act and as written in 42 C.F.R. 431.10(c)(2).

This SPA, ID 14-0009 is approved effective January 1, 2014, as requested by the state.

If you have any additional questions or require any further assistance related to the approval of this SPA, please contact me, or have your staff contact Walter Neal at (206) 615-2330 or [Walter.Neal@cms.hhs.gov](mailto:Walter.Neal@cms.hhs.gov).

Sincerely,

  
Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

## Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Idaho

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.

ID-14-0009

Proposed Effective Date

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

Federal Statute/Regulation Citation

Section 2302 of the Affordable Care Act

Federal Budget Impact

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

Subject of Amendment

This amendment revises the Medicare/Medicaid Coordinated Plan to comply with the requirements of the Affordable Care Act to ensure that the essential health benefits and other standards are met.

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:

Signature of State Agency Official

Submitted By: Teresa Martin

Last Revision Date: Jun 25, 2014

Submit Date: Mar 28, 2014

DATE RECEIVED: 3/28/14	DATE APPROVED: 6/26/14
PLAN APPROVED-ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	SIGNATURE OF REGIONAL OFFICIAL: /S/
TYPED NAME Carol J.C. Peverly	TITLE: Associate Regional Administrator Division of Medicaid and Children's Health



# Alternative Benefit Plan

Attachment 3.1-C- M

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:

Medicare/Medicaid Coordinated Alternative Benefit Plan

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?	
+	SSI Beneficiaries	Voluntary	X
+	Disabled Adult Children	Voluntary	X
+	Parents and Other Caretaker Relatives	Voluntary	X
+	Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Voluntary	X
+	Individuals Receiving Mandatory State Supplements	Voluntary	X

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

No

**Targeting Criteria** (select all that apply):

☒ Income Standard.

Income Standard:

☒ Income standard is used to target households with income at or below the standard.

☐ Income standard is used to target households with income above the standard.

The income standard is as follows:

☐ A percentage:

☒ A specific amount

The standard is as follows:

☒ Statewide standard

☐ Standard varies by region

☐ Standard varies by living arrangement

☐ Other basis for income standard

Statewide standard



# Alternative Benefit Plan

	Household Size	Income Standard	
<b>+</b>	1	233	<b>X</b>
<b>+</b>	2	289	<b>X</b>
<b>+</b>	3	365	<b>X</b>
<b>+</b>	4	439	<b>X</b>
<b>+</b>	5	515	<b>X</b>
<b>+</b>	6	590	<b>X</b>
<b>+</b>	7	666	<b>X</b>
<b>+</b>	8	741	<b>X</b>
<b>+</b>	9	816	<b>X</b>
<b>+</b>	10	892	<b>X</b>

Additional incremental amount?  
☒ Yes   ☐ No

Increment amount \$

☐ Disease/Condition/Diagnosis/Disorder.

☒ Other.

Other Targeting Criteria (Describe):

Enrolled in Medicare Part A and Medicare Part B  
Individuals over the age of 21

Excluded from the MMCP are:

- Individuals under age 21
- Individuals obtaining eligibility for Medicare due to End Stage Renal Disease (ESRD)

## Geographic Area

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

Select a method of geographic variation:

- ☒ By county.
- ☐ By region.
- ☐ By city or town.
- ☐ Other geographic area.

Specify counties:

MMCP-ABP is available in 33 of 44 counties including the following: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome,





# Alternative Benefit Plan

Kootenai, Latah, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, and Washington

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

TN NO: 14-0009      ABP1      Approval Date: 6/26/14

Idaho      Effective Date: January 1, 2014



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- M

## Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act ABP2b

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- ☒ The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- ☒ The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
  - a) Enrollment is voluntary;
  - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
  - c) What the process is for disenrolling.
- ☒ The state/territory assures it will inform the individual of:
  - a) The benefits available under the Alternative Benefit Plan; and
  - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- ☒ Letter
- ☐ Email
- ☐ Other:

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

**An attachment is submitted.**

When did/will the state/territory inform the individuals?

The state informs participants of their benefit plan options at the time of enrollment and the Plan sends them a summary of benefits annually.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

Individuals can notify the Plan directly or through any Health and Welfare office or they can call the Department's information line at 211. Information is also available on line.

- ☒ The state/territory assures it will document in the exempt individual's eligibility file that the individual:
  - a) Was informed in accordance with this section prior to enrollment;
  - b) Was given ample time to arrive at an informed choice; and



# Alternative Benefit Plan

c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- ☐ In the eligibility system.
- ☐ In the hard copy of the case record.
- ☒ Other:

Describe:

Information is kept:  
- In the MMIS , and  
- By the Health Plan

What documentation will be maintained in the eligibility file? (Check all that apply.)

- ☐ Copy of correspondence sent to the individual.
- ☒ Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- ☐ Other:
- ☒ The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (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

TN NO: 14-0009      ABP2b      Approval Date: 6/26/14

Idaho      Effective Date: January 1, 2014





# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- M

## 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: Medicare/Medicaid Coordinated ABP

## 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.

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

Idaho offers benefits that are based on Idaho's Base Benchmark Small Group plan, Preferred Blue along with additional services that are appropriate for the Medicaid Participants choosing this plan.

## Selection of Base Benchmark 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. Yes

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

- The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
- The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid State plan.



# Alternative Benefit 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

TN NO: 14-0009      ABP3      Approval Date: 6/26/14  
Idaho      Effective Date: January 1, 2014



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- M

## 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

TN NO: 14-0009

ABP4

Approval Date: 6/26/14

Idaho

Effective Date: January 1, 2014



# Alternative Benefit Plan

Attachment 3.1-C-

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.

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

### 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:

Preferred Blue, Blue Cross of Idaho Health Services, Inc.

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:

Primary Care Visit to Treat an Injury or Illness

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Specialist Visit

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Selected services require PA.

Benefit Provided:

Other Practitioner Office Visit

Source:

Base Benchmark Small Group

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

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

Selected services require PA.

Remove

Benefit Provided:

Outpatient Facility Fee (e.g., ASC)

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Ambulatory Surgery Center (ASC);

Selected services require prior authorization.

Benefit Provided:

Outpatient Surgery Physician/ Surgical Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Selected services require prior authorization.

Benefit Provided:

Urgent Care Centers or Facilities

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None





# Alternative Benefit Plan

Scope Limit:

None

Remove

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

Benefit Provided:

Chiropractic Care

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Manual manipulation of the spine to correct subluxation

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

See "other 1937" benefits for additional services.

Benefit Provided:

Radiation Therapy

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Renal Dialysis

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

Benefit Provided:

Respiratory Therapy

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Enterostomal Therapy

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Home IV Therapy

Source:

Base Benchmark Small Group



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Hospice

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Medicaid covers hospice services beyond the \$10,000 lifetime limit covered by the Base Benchmark.

See "Other 1937 Benefits" for services provided in excess of the Base Benchmark.

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Emergency Room Services</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Small Group</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Selected Public Employee/Commercial Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Emergency Transportation/Ambulance</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Retroactive Authorization</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Small Group</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Selected Public Employee/Commercial Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Add</div>		



# Alternative Benefit Plan

☒ Essential Health Benefit 3: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services (e.g., Hospital Stay)

Source:

Base Benchmark Small Group

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Once an individual exhausts the Medicare Part A lifetime limit of reserve days for inpatient hospital care, the services will be covered by Medicaid. The medical necessity of a continued stay is reviewed by the Department on the first day of Medicaid responsibility.

Selected services require a PA.

Benefit Provided:

Inpatient Physician and Surgical Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Selected services require prior authorization.

Benefit Provided:

Radiation Therapy: Inpatient

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

None

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

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Prenatal and Postnatal care</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Small Group</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Selected Public Employee/Commercial Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Delivery and All Inpatient Services-Maternity Care</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Freestanding Birth Centers are not recognized providers by Idaho Medicaid and are not licensed in the State.</div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Small Group</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Selected Public Employee/Commercial Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Add</div>		



# Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Substance Abuse Disorder Outpatient Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

MH/BH Inpatient Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Mental Health/Behavioral Health Inpatient Services.

Once an individual exhausts the Medicare Part A 190 days lifetime limit for inpatient mental health care in a psychiatric hospital, the services will be covered by Medicaid. The medical necessity of a continued stay is reviewed by the Department on the first day of Medicaid responsibility.

The MH/BH inpatient authorization requirements were created to ensure that payments are consistent with efficiency, economy, and quality of care and that utilization management requirements for inpatient mental health services found in 42 CFR 456.170-181 are met.

Services are not provided in an IMD.



# Alternative Benefit Plan

Benefit Provided:

MH/BH Outpatient Services

Source:

Secretary-Approved Other

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The MMCP-ABP covers Mental/Behavioral Outpatient Services in the same way the Base Benchmark covers these services with the exception of Residential Treatment. There is no certified Psychiatric Residential Treatment Facility located in the State of Idaho and Individuals under the age of 21 are not eligible for enrollment in the MMCP-ABP.

Services covered include Group therapy, Family and individual therapy, ECT therapy, IOP, PHP, and medication management.

PHP requires prior authorization - Other MH/BH services do not.

Program Description:

Physician Services; 1905(a)(5)(A) of the Act

Medical Care furnished by licensed practitioners; 1905(a)(6) of the Act

Certified Pediatric or Family Nurse Practitioners' Services; Section 1905(a)(21) of the Act

Benefit Provided:

Substance Abuse Disorder Inpatient Services

Source:

Secretary-Approved Other

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The MMCP-ABP covers Substance Abuse Disorder Inpatient Services with services that are the same as the Base Benchmark with the exception of Residential Treatment services. There is no certified Psychiatric Residential Treatment Facility located in the State of Idaho.

The substance use inpatient authorization requirements were created to ensure that payments are consistent with efficiency, economy, and quality of care and that utilization management requirements for inpatient



# Alternative Benefit Plan

mental health services found in 42 CFR 456.170-181 are met.

Once an individual exhausts the Medicare Part A lifetime limit of reserve days for inpatient hospital care, the services will be covered by Medicaid. The medical necessity of a continued stay is reviewed by the Department on the first day of Medicaid responsibility.

The mental health and substance use inpatient authorization requirements were created to ensure that payments are consistent with efficiency, economy, and quality of care and that utilization management requirements for inpatient mental health services found in 42 CFR 456.170-181 are met.

Services are not provided in an IMD.

Remove

Benefit Provided:

Community-Based Rehabilitation Services

Source:

Secretary-Approved Other

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Program Description: Community-based rehabilitation services (CBRS); 1905(a)(13)(C) of the Act

- CBRS services consist of evidence-based practices that are restorative interventions or interventions that reduce disability and that are provided to participants with serious, disabling mental illness, emotional disturbance or substance use disorders for the purpose of increasing community tenure, elevating psychosocial functioning, minimizing psychiatric symptomatology or eliminating or reducing alcohol and drug use and implementing structure and support to achieve and sustain recovery, and ensuring a satisfactory quality of life. Services include treatment planning, and the provision and coordination of treatments and services delivered by multidisciplinary teams under the supervision of a licensed behavioral health professional staff, physician or nurse.
- Interventions for psychiatric symptomatology will use an active, assertive outreach approach and including use of a comprehensive assessment and the development of a community support treatment plan, ongoing monitoring and support, medication management, skill restoration, crisis resolution and accessing needed community resources and supports.
- Interventions for substance use disorders, will include substance use disorder treatment planning, psycho-education and supportive counseling which are provided to achieve rehabilitation and sustain recovery and restoration of skills needed to access needed community resources and supports. These services are provided in conjunction with any professional or therapeutic behavioral health services identified as necessary for the member.
- Services may be provided by one of the following contracted professionals when provided within the scope of their practice:
  - 1) Licensed physician,



# Alternative Benefit Plan

- 2) Advanced Practice Professional Nurse,
- 3) Physician Assistant
- 4) Licensed Social Worker
- 5) Licensed Counselor
- 6) Licensed Marriage and Family Therapist
- 7) Providers who hold at least a Bachelor degree, are Licensed or certified in their field (i.e. Adult or Children's Certificate in Psychosocial Rehabilitation), and who meet requirements of Idaho Department of Health and Welfare or its Contractor
- 8) Licensed Psychologist, Psychologist Extender-(Registered with the Idaho Bureau of Occupational Licensing)
- 9) Registered Nurse

Remove

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.): Authorization: Provider Qualifications:

☒ Limit on days supply

Yes

State licensed

☐ Limit on number of prescriptions

☒ Limit on brand drugs

☒ Other coverage limits

☒ Preferred drug list

Coverage that exceeds the minimum requirements or other:

The MMCP-ABP covers at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class. In addition to the drugs covered by Medicare, some prescription drugs are covered for individuals under their Idaho Medicaid benefits.

See "Other 1937 Benefits" for services provided in excess of the Base Benchmark.





# Alternative Benefit Plan

☒ Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All ☐

Benefit Provided:

Home Health Care Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Outpatient Rehabilitation Services: PT, OT, SLP

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

PT, OT, ST rehabilitation services are for the purpose of restoring certain functional losses due to disease, illness or injury.

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

Up to 20 visits per year of any combination of OT, PT, or SLP rehabilitation and habilitation per year.

All services require PA.

See "other 1937" benefits for additional services.

Benefit Provided:

Durable Medical Equipment

Source:

Base Benchmark Small Group

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

Items which can withstand repeated use, are primarily used to serve a therapeutic purpose, are generally not useful to a person in the absence of Accidental Injury, Disease or Illness, and are appropriate for use in the Participant's home.

Remove

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

Benefit Provided:

Skilled Nursing Facility

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Skilled Nursing Facility services for rehabilitation.

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

See "Other 1937 Benefits" for services in excess of the Base Benchmark limit of 30 days per year.

Benefit Provided:

Outpatient Habilitation: OT, PT, SLP Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

PT, OT, SLP services related to developing skills and functional abilities necessary for daily living and skills related to communication of persons who have never acquired them.

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

Up to 20 visits per year of any combination of OT, PT, or SLP rehabilitation and habilitation per year.

All services require PA.

See "other 1937" benefits for additional services.

Add



# Alternative Benefit Plan

<input type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Diagnostic Test (X-ray &amp; Lab Work)</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Small Group</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Selected Public Employee/Commercial Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Benefit Provided:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Imaging (CT/PET Scans, MRIs)Includes Nuclear Care</div><p>Authorization:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Prior Authorization</div><p>Amount Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Scope Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div></div><div style="width: 45%;"><p>Source:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Base Benchmark Small Group</div><p>Provider Qualifications:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Selected Public Employee/Commercial Plan</div><p>Duration Limit:</p><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div></div><div style="width: 10%; text-align: center; margin-top: 20px;"><div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Remove</div></div></div>		
<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;">Add</div>		



# 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:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The MMCP- ABP will 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 Care/Screening/Immunization

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The MMCP-ABP includes an annual wellness visit to develop or update a personalized prevention plan based on current health and risk factors.

Benefit Provided:

Diabetes Education

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

Benefit Provided:

Tobacco Cessation Counseling

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Covered in accordance with USPSTF recommendations.

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>			
<table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top; border: none;"><p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p><p>Authorization: <input type="text" value="Prior Authorization"/></p><p>Amount Limit: <input type="text" value="None"/></p><p>Scope Limit: <input type="text" value="None"/></p><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="This plan is targeted for adults who are on Medicare. No children have been enrolled."/></p></td><td style="width: 50%; vertical-align: top; border: none;"><p>Source: <input type="text" value="Secretary-Approved Other"/></p><p>Provider Qualifications: <input type="text" value="Other"/></p><p>Duration Limit: <input type="text" value="None"/></p></td><td style="width: 10%; text-align: center; vertical-align: top; border: none;"><div style="border: 1px solid black; background-color: #cccccc; padding: 5px; margin-top: 10px;">Remove</div></td></tr></table>			<p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p> <p>Authorization: <input type="text" value="Prior Authorization"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="This plan is targeted for adults who are on Medicare. No children have been enrolled."/></p>	<p>Source: <input type="text" value="Secretary-Approved Other"/></p> <p>Provider Qualifications: <input type="text" value="Other"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px; margin-top: 10px;">Remove</div>
<p>Benefit Provided: Medicaid State Plan EPSDT Benefits</p> <p>Authorization: <input type="text" value="Prior Authorization"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="This plan is targeted for adults who are on Medicare. No children have been enrolled."/></p>	<p>Source: <input type="text" value="Secretary-Approved Other"/></p> <p>Provider Qualifications: <input type="text" value="Other"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px; margin-top: 10px;">Remove</div>			
		<div style="border: 1px solid black; background-color: #cccccc; padding: 5px;">Add</div>			



# 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"/>
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><span>Base Benchmark Benefit that was Substituted:</span><span>Source:</span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Residential Treatment</div> <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> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"><p>The Department substitutes PsychoSocial Rehabilitation Services for Residential Treatment (part of the EHB Mental/Behavioral Health Outpatient services and also Substance Abuse Inpatient services): there are no Psychiatric Residential Treatment Facilities licensed or certified in the State of Idaho.</p><p>This is an IMD.</p></div>	<div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 10px;">Remove</div> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 10px;">Add</div>	





# Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Non-Emergency Care When Traveling Outside the U.S.</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px;">Non-covered in accordance with federal statute.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 20px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Orthodontia: Child</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px;">The Base Benchmark Plan only provides coverage of these services for children. Children under the age of 21 are excluded from the MMCP.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 20px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Eyeglasses for Children</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px;">The Base Benchmark Plan only provides coverage of these services for children. Children under the age of 21 are excluded from the MMCP.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 20px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Dental Check-Ups for Children</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px;">The Base Benchmark Plan only provides coverage of these services for children. Children under the age of 21 are excluded from the MMCP.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 20px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Basic Dental Care: Child</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px;">The Base Benchmark Plan only provides coverage of these services for children. Children under the age of 21 are excluded from the MMCP.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 20px;"><div style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">Remove</div></div>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">Major Dental Care: Child</div>	<p>Source: Base Benchmark</p>	



# Alternative Benefit Plan

<p>Explain why the state/territory chose not to include this benefit:</p> <p>The Base Benchmark Plan only provides coverage of these services for children. Children under the age of 21 are excluded from the MMCP.</p> <p>Remove</p>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <p>Medicaid State Plan EPSDT Benefits</p>	<p>Source: Base Benchmark</p> <p>Remove</p>
<p>Explain why the state/territory chose not to include this benefit:</p> <p>The Base Benchmark Plan only provides coverage of these services for children. Children under the age of 21 are excluded from the MMCP.</p>	
<p>Add</p>	



# Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All ☐

Other 1937 Benefit Provided:

Nursing Facility: Custodial Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Program Description: Nursing facility services; 1905(a)(4)(A) of the Act.

Other services covered by the Department, but not covered by the Base Benchmark: Nursing Facility: Custodial Care

Long-term custodial care is covered when provided in a licensed skilled nursing facility certified by Medicare.

Once a participant reaches the Medicare Part A first 100 days of post hospitalization limit for skilled nursing facility services, the services will be covered by Medicaid.

This service is not covered by the Base Benchmark. The Department requires that the nursing facility services include at least the items and services specified in 42 CFR 483.10 (c)(8)(i).

Other 1937 Benefit Provided:

Hospice

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Program Description: Hospice Care; 1905(a)(18) of the Act.

Services in excess of the Base Benchmark: The Department will cover hospice services beyond the Base Benchmark limit of \$10,000 per life time.

Other 1937 Benefit Provided:

Dental Services: Adults

Source:

Section 1937 Coverage Option Benchmark Benefit Package



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Program Description: Dental services; 1905(a)(10) of the Act

Other services covered by the MMCP, but not covered by the Base Benchmark: Adult Dental Services

Pregnant women receive all medically necessary dental services, including the following preventative and restorative services:

~ Preventive dental services:

- Oral exam every 12 months
- Cleaning every six months
- Fluoride treatment every 12 months
- Dental X-rays every 12 months (Full mouth or Panoramic every 36 months)

~ Restorative Dental Services:

- Medically necessary exams
- Fillings are covered once in a 24-month period per tooth/surface
- Simple and surgical extractions
- Endodontic services include therapeutic pulpotomy and pulpa debridement.
- Periodontic services include scaling and root planning full mouth debridement
- Periodontal maintenance is covered up to 2 visits every 12 months.

~ Dentures:

- Dentures are covered once every 5 years

Limitations may be exceeded if medically necessary.

Non-pregnant adults:

- ~ The Department will cover emergency and palliative dental care.

Exclusions - The following non-medically necessary cosmetic services are excluded from payment under the Enhanced Benchmark Benefit Package covered under the State Plan:

- ~ Drugs supplied to dental patients for self-administration other than those allowed by applicable Department rules.
- ~ Non-medically necessary cosmetic services are excluded from payment.

The Contractor may require prior approval for specific elective dental procedures.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Other

# Alternative Benefit Plan

Amount Limit:

16 Hours per week

Duration Limit:

None

Scope Limit:

Medically oriented care services related to a participant's physical or functional requirements provided in the participant's home or personal residence.

Other:

Program Description: Personal Care Services; 1905(a)(24) of the Act.

Other services covered by the Department, but not covered by the Base Benchmark: Personal Care Services

PCS include medically-oriented tasks related to a participant's physical or functional requirements, as opposed to housekeeping or skilled nursing care, provided in the participant's home or personal residence. The provider must deliver at least one (1) of the following services for a participant needing that service (as identified by the Department Nurse Reviewer):

- a. Basic personal care and grooming to include bathing, care of the hair, assistance with clothing, and basic skin care;
- b. Assistance with bladder or bowel requirements that may include helping the participant to and from the bathroom or assisting the participant with bedpan routines;
- c. Assistance with food, nutrition, and diet activities including preparation of meals if incidental to medical need;
- d. The continuation of active treatment training programs in the home setting to increase or maintain participant independence for the participant with developmental disabilities;
- e. Assisting the participant with physician-ordered medications that are ordinarily self-administered, when the provider has completed an Idaho State Board of Nursing approved training program and in accordance with Idaho state statute and regulations governing assistance with medications.;
- f. Non-nasogastric gastrostomy tube feedings if authorized by RMS prior to implementation and if the following requirements are met:
  - i. The task is not complex and can be safely performed in the given participant care situation;
  - ii. A Licensed Professional Nurse (RN) has assessed the participant's nursing care needs and has developed a written standardized procedure for gastrostomy tube feedings, individualized for the participant's characteristics and needs;
  - iii. Individuals to whom the procedure can be delegated are identified by name. The RN must provide proper instruction in the performance of the procedure, supervise a return demonstration of safe performance of the procedure, state in writing the strengths and weaknesses of the individual performing the procedure, and evaluate the performance of the procedure at least monthly;
  - iv. Any change in the participant's status or problem related to the procedure must be reported immediately to the RN.

PCS may also include non-medical tasks. In addition to performing at least one (1) of the services listed above, the provider may also perform the following services, if no natural supports are available:

- a. Incidental housekeeping services essential to the participant's comfort and health, including changing bed linens, rearranging furniture to enable the participant to move around more easily, laundry, and room cleaning incidental to the participant's treatment. Cleaning and laundry for any other occupant of the participant's residence are excluded.
- b. Accompanying the participant to clinics, physicians' office visits or other trips that are reasonable for the purpose of medical diagnosis or treatment.
- c. Shopping for groceries or other household items specifically required for the health and maintenance of the participant.



# Alternative Benefit Plan

Services are furnished to a participant who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for people with intellectual disabilities, or institution for mental disease.

Remove

Services are authorized for the individual by a physician in accordance with a plan of treatment.

PCS are furnished in the participants place of residence which may include:

- Personal Residence.
- Certified Family Home. A home certified by the Department to provide care to one (1) or two (2) adults, who are unable to reside on their own and require help with activities of daily living, protection and security, and need encouragement toward independence.
- Residential Care or Assisted Living Facility. A facility or residence, however named, operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three (3) or more adults not related to the owner.

Personal assistance agency. An entity that recruits, hires, fires, trains, supervises, schedules, oversees quality of work, takes responsibility for services provided, provides payroll and benefits for personal assistants working for them, is the employer of record and in fact.

Provider Qualifications: Personal care services are provided by Licensed Professional Nurse (RN), Licensed Practical Nurse (LPN), Certified Nursing Assistant (CNA) (person listed on the CNA Registry who performs selected nursing services under the supervision of a registered professional nurse person who has successfully completed a training program and holds a Certificate of Training meeting Federal eligibility requirements for listing on the Registry) or personal assistant (must be at least age eighteen (18) years of age and receive training to ensure the quality of services). Services may be provided by any qualified individual who is qualified to provide such services and who is not a member of the individual's family (legally responsible relative).

Freedom of Choice: The provision of personal care services will not restrict an individual's free choice of providers-section 1902(a) (23) of the Act. Eligible recipients (or a parent, legal guardian or the state in loco parentis) will have free choice of providers, the setting in which to reside, and a different personal care assistant, CNA, LPN, or RN if desired under the plan.

Personal care service providers will receive training in the following areas:

- Participant confidentiality - Knowledge of the limitations regarding participant information and adheres to Health Insurance Portability and Accountability Act (HIPAA) and agency confidentiality guidelines.
- Universal precautions - Identifies how infection is spread, proper hand washing techniques, and current accepted practice of infection control; know current accepted practice of handling and disposing of bodily fluids.
- Documentation - Knowledge of basic Guidelines and fundamentals of documentation.
- Reporting - Knowledge of mandatory and incident reporting as well as role in reporting condition change.
- Care plan implementation - Knowledge of utilization of care plan when delivering participant services.

Based on the participant's Department-assessed needs the personal care service provider may receive training on basic personal care and grooming, toileting, transfers, mobility, assistance with food preparation, nutrition, and diet; assistance with medications, and RN delegated tasks.

Providers who are expected to carry out training programs for developmentally disabled participants must be supervised at least every ninety (90) days by a Qualified intellectual disability professional (QIDP) as defined in 42 CFR 483.430(a).

Other 1937 Benefit Provided:

Outpatient Rehab: OT, PT, and SLP

Source:

Section 1937 Coverage Option Benchmark Benefit Package



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Remove

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services for developing skills and functional abilities necessary for daily living and skills related to communication of persons who have never acquired them

Other:

Program Description: Physical therapy and related services; 1905(a)(11) of the Act.

Services in excess of the Base Benchmark: Rehabilitation and Habilitation Services

MMCP-ABP covers Physical Therapy, Occupational Therapy, and Speech Language Pathology services in excess of the Base Benchmark aggregate 20 visit limit when medically necessary.

Other 1937 Benefit Provided:

ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Program Description: Services in an intermediate care facility for the individual with intellectual disability; 1905(a)(15) of the Act.

The Department will comply with all requirements at 42 CFR 440.150.

Other services covered by the Department, but not covered by the Base Benchmark: ICF/IID - Intermediate Care Facility for the Individual with an Intellectual Disability

Other 1937 Benefit Provided:

Prescription Drugs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

None

Remove

Other:

Program Description: Prescription Drugs: 1905(a)(12) of the Act.

Prescription Drugs: In excess of Base Benchmark

Under this plan, the Medicare Advantage Plan becomes responsible for the Medicare excluded drugs and is expected to provide this coverage through the same network of providers as the Medicare Part D drugs.

The Medicare/Medicaid Coordinated Benchmark Benefit Package includes the following Medicare excluded or otherwise restricted drugs or classes of drugs.

Lipase inhibitors subject to Prior Authorization.

Prescription Cough & Cold symptomatic relief.

Legend Therapeutic Vitamins which may include:

- Injectable Vitamin B12;
- Vitamin K and analogues;
- Legend folic acid;
- Oral legend drugs containing folic acid in combination with Vitamin B12 and/or, without additional ingredients; and
- Legend Vitamin D and analogues.

Nonlegend Products which may include:

- Other non-legend drug products approved for coverage by the Director of the Department of Health and Welfare based on the determination of the Pharmacy and Therapeutics Committee that the non-legend product is therapeutically interchangeable with legend drugs in the same pharmacological class based on evidence comparison of efficacy, effectiveness, and safety and determined by the Department to be a cost-effective alternative.

Additional Covered Drug Products. Additional drug products will be covered as follows:

- Legend prenatal vitamins for pregnant or lactating women;
- Legend folic acid;
- Oral legend drugs containing folic acid in combination with Vitamin B12 and/or iron salts, without additional ingredients; and
- Legend Vitamin D and analogues.

Prescriptions for non-legend products will be covered as follows:

- Permethrin.

Other 1937 Benefit Provided:

Home Health Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan





# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

Other:

Program Description: Home Health Care Services;  
- 1905(a)(7) of the Act.

Services covered in excess of the Base Benchmark: The Base Benchmark covers up to \$5,000 per year or about 50 visits for Home Health Services. The MMCP-ABP contractor covers medically necessary services in accordance with Medicare criteria.

Coverage includes:

- Part-time or intermittent skilled nursing,
- Home health aide services,
- Physical, therapy,
- Occupational therapy,
- Speech therapy
- Medical and social services and
- Medical equipment and supplies.

Other 1937 Benefit Provided:

Nursing Facility: Rehabilitation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Program Description: Nursing facility services; 1905(a)(4)(A) of the Act.

Services in excess of the Base Benchmark: Skilled Nursing Facility (SNF)

The Base Benchmark covers SNF for rehabilitation and limits care to 30 days per year.

The contractor will cover rehabilitative skilled nursing facility services in excess of the 30 days per year covered by the Base Benchmark up to the 90 days covered by Medicare if the participant is showing progress toward rehabilitation goals.

The Department will cover:

- SNF services after a Medicare Part A first 100 days of post hospitalization limit.
- Medically necessary SNF services when there has been no hospitalization prior to admission to the skilled nursing facility.



# Alternative Benefit Plan

Other 1937 Benefit Provided:

Podiatrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services to diagnose and treat medical conditions affecting the foot, ankle and related structures.

Other:

Program Description: Medical Care furnished by licensed practitioners; 1905(a)(6) of the Act.

Other services covered by the Department, but not covered by the Base Benchmark: Podiatrist Services

Routine foot care is not covered.

Other 1937 Benefit Provided:

Diabetes Education

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Program Description: Other diagnostic, screening, preventive, and rehabilitative services; 1905(a)(13) of the Act.

Services in excess of the Base Benchmark: Diabetes Education

The Base Benchmark covers up to \$500 (approximately 5 hours) per year for diabetes education. The MMCP-ABP covers services up to the Medicare allowed of 10 hours per year.

Other 1937 Benefit Provided:

Bariatric Surgery

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

None

Remove

Other:

Program Description: Physician Services; 1905(a)(5)(B) of the Act.

Other services covered by the Department, but not covered by the Base Benchmark: Bariatric Surgery

Covered when covered by Medicare - some bariatric surgical procedures, like gastric bypass surgery and laparoscopic banding surgery, are covered when performed by a Medicare provider and when conditions related to morbid obesity are met.

Other 1937 Benefit Provided:

Outpatient Habilitation: OT, PT, and SLP Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

20 visits/year

Duration Limit:

None

Scope Limit:

None

Other:

Program Description: physical therapy and related services; 1905(a)(11) of the Act.

Services in excess of the Base Benchmark: Habilitation Services;

MMCP covers Physical Therapy, Occupational Therapy, and Speech Language Pathology services in excess of the Base Benchmark aggregate 20 visit limit when prior authorized based on medical necessity.

Other 1937 Benefit Provided:

Chiropractic Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Program Description: Medical care furnished by licensed practitioners; 1905(a)(6) of the Act

Chiropractic services include manual manipulation of the spine to treat a subluxation condition.



# Alternative Benefit Plan

The MMCP covers services in excess of the Base Benchmark. All medically necessary chiropractic services are covered. Claims may be reviewed for medical necessity.

Remove

Other 1937 Benefit Provided:

Audiology

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Covered services include diagnostic hearing and balance evaluations performed by a qualified provider to obtain a differential diagnosis and to determine if the participant needs medical treatment.

Add



# Alternative Benefit Plan

☐

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 ☐

## 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

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## 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.

### 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.
- ☒ 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.



# Alternative Benefit Plan

- ☒ 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

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TN NO: 14-0009

ABP7

Approval Date: 6/26/14

Idaho

Effective Date: January 1, 2014



# Alternative Benefit Plan

Attachment 3.1-C- ☒ M

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.

The program was authorized under 1937 authority. The 2014 Affordable Care Act replaces in whole the previously authorized program under the 2005 Deficit Reduction Act authority.

### PAHP: Prepaid Ambulatory Health Plan

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

☐ No

- ☒ The Alternative Benefit Plan will be provided through a prepaid ambulatory health plan (PAHP) consistent with applicable managed care requirements (42 CFR Part 438, and section 1937 of the Social Security Act).
- ☒ PAHPs are paid on a risk basis.
- ☐ PAHPs are paid on a non-risk basis.

### PAHP Procurement or Selection Method

Indicate the method used to select PAHPs:

- ☐ Competitive procurement method (RFP, RFA).
- ☒ Other procurement/selection method.





# Alternative Benefit Plan

Describe the method used by the state/territory to procure or select the PAHPs:

Idaho Medicaid will contract with Medicare Advantage Organizations (MAOs). MAOs are insurance companies approved by the Centers for Medicare/Medicaid Services to offer Medicare Advantage Plans in accordance with Title XVIII, Part C, of the Social Security Act and 42 CFR, Part 422, and who are Medicaid providers authorized to enroll participants in the Medicare/ Medicaid Coordinated Plan. Each provider must apply for and be approved as a Medicaid provider under the MMCP before it can be reimbursed.

## Other PAHP-Based Service Delivery System Characteristics

List the benefits or services that will be provided apart from the PAHP, and explain how they will be provided. Add as many rows as needed.

	Benefit/service	Description of how the benefit/service will be provided	
+	Nursing Facility Custodial Care	Nursing Facilities will bill Medicaid on a fee-for-service basis.	X
+	Personal Care Services	PCS agencies will bill Medicaid on a fee-for-service basis.	X

PAHP service delivery is provided on less than a statewide basis.

The limited geographic area where this service delivery system is available is as follows:

- ☒ PAHP service delivery is available only in designated counties.
- ☐ PAHP service delivery is available only in designated regions.
- ☐ PAHP service delivery is available only in designated cities and municipalities.
- ☐ PAHP service delivery is available in some other geographic area (geographic area must not be smaller than a zip code).

Specify counties:

MMCP-ABP is available in 33 of 44 counties including the following: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, and Washington

## PAHP Participation Exclusions

Individuals are excluded from PAHP participation in the Alternative Benefit Plan:

Select all that apply:

- ☐ Individuals with other medical insurance.
- ☐ Individuals eligible for less than three months.
- ☐ Individuals in a retroactive period of Medicaid eligibility.
- ☒ Other:

Describe:

Participants under the age of twenty-one (21)  
Participants who are not also on Medicare



# Alternative Benefit Plan

## General PAHP Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- ☐ Mandatory participation.
- ☒ Voluntary participation. Indicate the method for effectuating enrollment:
  - ☒ Affirmative selection of PAHP.
  - ☐ State enrolls individual in PAHP and permits disenrollment.
  - ☐ Other:

## Additional Information: PAHP (Optional)

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

Enhanced plan participants who are eligible for the MMCP receive a letter from the Department explaining the MMCP benefits and providing directions about how they can enroll.

## 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.

- The Department will pay Medicaid-only providers based on the Department's established fee schedule.
- The Department will pay for necessary services that exceed the Medicare limitations based on the Department's established fee schedule.

## Additional Information: Fee-For-Service (Optional)

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

## PRA Disclosure Statement

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V.20130718



# Alternative Benefit Plan

Attachment 3.1-C- ☐ M

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.

No

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

----------------------

### PRA Disclosure Statement

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TN NO: 14-0009

ABP9

Approval Date: 6/26/14

Idaho

Effective Date: January 1, 2014



# Alternative Benefit Plan

Attachment 3.1-C- M

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

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V.20130807

TN NO: 14-0009

ABP10

Approval Date: 6/26/14

Idaho

Effective Date: January 1, 2014



# Alternative Benefit Plan

Attachment 3.1-C- M

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

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ABP11

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