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State/Territory Name: IL

State Plan Amendment (SPA) #: 14-0013

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

June 24, 2014

Julie Hamos, Director
Illinois Department of Healthcare and Family Services (HFS)
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: Theresa Eagleson

RE: TN IL-14-0013

Dear Ms. Hamos:

Enclosed for your records is an approved copy of Illinois' Alternative Benefit Plan (ABP) state plan amendment TN 14-0013: Medicaid Alternative Benefit Plan. This ABP, which was submitted on March 27, 2014, 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 and 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, as requested by the state.

If you have any questions, please have a member of your staff contact Cathy Song at (312) 353-5184 or by email at Catherine.Song1@cms.hhs.gov.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Jaime Ursch, HFS
Pat Curtis, HFS
Jacquetta Ellinger, HFS

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Illinois
Transmittal Number: IL-14-0013

Proposed Effective Date: 1/1//2014

Federal Statute/Regulation Citation: Social Security Act 1937; 42 CFR Part 440

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0
Second Year	2015	\$ 0

Subject of Amendment: This amendment establishes the Alternative Benefit Plan for ACA Adults in Illinois.

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

- Comments of Governor's office received
- No reply received within 45 days of submittal
- Other, as specified

The Governor has authorized the director of Healthcare and Family Services to act as his designee to review, approve and submit state plan amendments under Title XIX of the Social Security Act. The director has reviewed this submission and has no comments.

Signature of State Agency Official

- Submitted By:** Gabriela Moroney
- Submit Date:** Mar 27, 2014

DATE RECEIVED: 3/27/14	DATE APPROVED: 6/24/14
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/14	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME Verlon Johnson	TITLE Associate Regional Administrator



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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

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 State has compared the services covered by its Medicaid state plan with the services covered by its selected base benchmark plan. Services covered by base benchmark but not the Medicaid state plan were excluded from the ABP through the appropriate substitution process. Specific details are captured in ABP 5.

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.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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:

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 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.

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.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description	ABP5
The state/territory proposes a “Benchmark-Equivalent” benefit package. <input type="checkbox"/> No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="BlueCross BlueShield of Illinois BlueAdvantage Entrepreneur PPO"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”	
<input type="text" value="Secretary-Approved."/>	



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State 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:

Item 2a from state plan. Prior authorization is required for a limited array of devices and practitioner administered drugs.

Benefit Provided:

Family planning services and supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State 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:

Item 4c from state plan.

Benefit Provided:

Physician services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below



Alternative Benefit Plan

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

Items 5a and 5b from state plan; includes medical and surgical services furnished by a dentist.
Authorization requirements and limits apply in certain circumstances:
-Prior approval is required for surgeries for morbid obesity.
-Group psychotherapy services rendered by a physician are subject to program integrity controls.

Remove

Benefit Provided:

Podiatrists' services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services are limited to those with diabetes.

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

Item 6a from state plan.

For clients 21 years of age and older, podiatric services are limited to those diagnosed with diabetes.

Covered services are limited to those provided by Podiatrist meeting the requirements of 42 CFR 440.60.

Certain services and unusual procedures require prior approval.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments, which are medically necessary to correct or lessen health problems detected or suspected by the screening process, must be provided to individuals under age 21.

Benefit Provided:

Home health - intermittent or part time nursing

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State 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:

Item 7a from state plan: intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area. Prior authorization is required with the following exceptions:
-Visits within a 60 calendar day period immediately following inpatient discharge from an acute care or rehabilitation hospital.
-The client is eligible for these services under Medicare.

Remove

Benefit Provided:

Home health - home health aide by agency

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State 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:

Item 7b from state plan: home health aide services provided by a home health agency. Prior authorization is required with the following exceptions:
-Visits within a 60 calendar day period immediately following inpatient discharge from an acute care or rehabilitation hospital
-The client is eligible for these services under Medicare.

Benefit Provided:

Diagnostic services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State 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:

Item 13a from state plan.

Benefit Provided:

Hospice services

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Limited to services related to terminal illness."/>		
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="Item 18 from state plan. Requires notice of election from provider. For individuals whose illness is deemed terminal with a life expectancy of six months or less. Individuals age 19 and 20 may receive concurrent treatment while also receiving hospice services."/>		
Benefit Provided: <input type="text" value="Pediatric or family NP services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
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="Item 23 from state plan."/>		
Benefit Provided: <input type="text" value="Advance practice nurse services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
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="Item 25 from Appendix to Attachment 3.1. Advance practice nurses include: certified registered nurse anesthetist; certified nurse midwife; certified nurse practitioner; and clinical nurse specialist."/>		



Alternative Benefit Plan

Benefit Provided:

Dental services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Scope limits are described below.

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

Item 10 from state plan.

Dental services are categorized below and comport with 42 CFR 440.100.

Procedures covered under each category and prior approval or emergency post approval provisions are specified in the Department's Dental Office Reference Manual or Provider Notices.

All services or treatment that are medically necessary to correct or lessen health problems detected or suspected by the Early and Periodic Screening, Diagnosis and Treatment program will be provided to individuals younger than age 21.

Limitations on dental service for individuals younger than age 21:

- Coverage of orthodontia is limited to case which present a severe handicapping malocclusion or a handicapping dentofacial deformity. All orthodontia requires prior approval.
- Experimental dental services are not covered.
- Dental services performed only for cosmetic reasons are not covered.

Adults Residing in ICF/ID Facilities:

- Initial oral exams
- Radiographs
- Prophylaxis
- Restorative
- Periodontics
- Oral Surgery
- Anterior Endodontics
- Complete Dentures
- Denture relining or repair
- Adjunctive general services

All Other Adults – Services are limited to:

- Extractions medically necessary to treat emergency dental conditions of pain, infection, swelling, uncontrolled bleeding, or traumatic injury. Covered services related to the extraction include: initial oral exams, radiographs, sedation and, if necessary oral surgery; and
- Dental services that are medically necessary as a prerequisite for necessary medical care.

Add



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services Collapse All

Benefit Provided:

Emergency hospital services (outpatient hospital)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State 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:

Item 24e from state plan.

Benefit Provided:

Other medical care - transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State 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:

Item 24a in state plan.

Ambulance Service: Requires prior approval except in case of emergency, or transfer from one hospital to another hospital for admission .

Medicar, service car, taxi, private auto: Requires prior approval .

Other (bus, train, airplane, etc.): Requires prior approval.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments, which are medically necessary to correct or lessen health problems detected or suspected by the screening process, must be provided to individuals under age 21.

Add



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization Collapse All

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State 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:

Item 1 from state plan. Certain services require authorization:
-Beginning in February 2014, all elective back and coronary artery bypass grafting surgeries will require prior approval.
-Specific admitting diagnosis codes require concurrent review upon admission.

Benefit Provided:

Physician services: inpatient

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State 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:

Items 5a and 5b from state plan. Note that prior approval is required for surgeries for morbid obesity.

Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Pregnancy-related and post partum services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State 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:

Item 20a from state plan. Includes pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Benefit Provided:

Inpatient hospital services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State 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:

Item 1 from state plan.

Benefit Provided:

Physician services: Maternity

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State 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:

Items 5a and 5b from state plan.

Remove

Add



Alternative Benefit Plan

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

Benefit Provided: <input type="text" value="Clinic services - Community mental health services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Services are limited to: assessment; treatment plan development and modification; psychotropic medication monitoring and training; crisis intervention; psychiatric therapy; and day treatment."/>		
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="Item 9 from state plan."/>		

Benefit Provided: <input type="text" value="Rehabilitative services - ETOH/substance abuse"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Services are limited to: outpatient services (Level I); intensive outpatient (Level II); day treatment (Level III); medically monitored outpatient detoxification (Level III); psychiatric diagnostic service."/>		
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="Item 13d from state plan."/>		

Benefit Provided: <input type="text" value="Inpatient hospital services: MH/SU"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="Certain limits apply, see below."/>	Duration Limit: <input type="text" value="Certain limits apply, see below."/>	



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
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="Item 1 from state plan. Inpatient detoxification limited to once every 60 days. Excludes services provided in an institution for mental disease."/>		
Benefit Provided: <input type="text" value="Physician services: MH/SU"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
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="Items 5a and 5 b from state plan. Group psychotherapy services rendered by a physician are subject to program integrity controls."/>		
<input type="button" value="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 State of Illinois's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs. The Department may require prior authorization for the reimbursement of any covered outpatient drugs



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Skilled nursing facilities for persons age 21+

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State 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:

Item 4a from state plan. This entry represents short term nursing facility care for rehabilitation. The same item is captured under "other 1937 covered benefits" for the purposes of long-term custodial care. A preadmission screening assessment is required.

Benefit Provided:

Physical therapy - rehabilitation & habilitation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits

Duration Limit:

per year

Scope Limit:

None

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

Item 11a from state plan.

Services are prescribed by a physician and provided by a qualified physical therapist as defined in 42 CFR 440.110(a). Prior approval is required for the provision of services by an independent physical therapist or by a community health agency, unless client is under the age of 21 or eligible for these benefits under Medicare. Physical therapy visits are limited to 20 per state fiscal year.

All services or treatments, which are medically necessary to correct or lessen health problems detected or suspected by the screening process, must be provided to individuals under age 21.

Benefit Provided:

Occupational therapy - rehab & habilitation

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit: 20 visits	Duration Limit: per year	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: Item 11b from state plan. Services are prescribed by a physician and provided by a qualified occupational therapist as defined in 42 CFR 440.110(b). Prior approval is required for the provision of services by an independent occupational therapist or by a community health agency, unless client is under the age of 21 or eligible for these benefits under Medicare. Occupational therapy visits are limited to 20 per state fiscal year. All services or treatments, which are medically necessary to correct or lessen health problems detected or suspected by the screening process, must be provided to individuals under age 21.		

Benefit Provided: Speech, hearing & language therapy - rehab & hab	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visits	Duration Limit: per year	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Item 11c from state plan. Services are referred by a physician and provided by a speech pathologist or audiologist as defined 42 CFR 440.110(c). Prior approval is required for the provision of services by an independent speech/language therapist or by a community health agency, unless client is under the age of 21 or eligible for these benefits under Medicare. Speech, hearing and language therapy visits are limited to 20 per state fiscal year. All services or treatments, which are medically necessary to correct or lessen health problems detected or suspected by the screening process, must be provided to individuals under age 21.		

Benefit Provided: Home health - med supplies, equipment, appliances	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State 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: Item 7c from state plan. Medical supplies, equipment, and appliances suitable for use in the home. Reimbursement for standard medical equipment/supplies are included in all-inclusive per visit rate. Includes coverage for hearing aids.		
Benefit Provided: Eyeglasses and other optical materials	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: 1 pair every two years	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: Item 12d from state plan. Prior approval is required for the following: Contact lens/lenses and related service; custom-made artificial eye; low vision devices; polycarbonate eyeglass lenses for adults, age 21 and over; eyeglasses fabricated by suppliers other than the Illinois Department of Corrections; service/materials not otherwise identified on the schedule of procedures for optical services and supplies.		
Benefit Provided: Home health - PT/OT/ST by agency or rehab	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visits	Duration Limit: per year	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Item 7d from state plan. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.		



Alternative Benefit Plan

	<input type="button" value="Add"/>
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Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Other laboratory and x-ray services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="Radiological and X-ray services are covered when essential for the diagnosis and treatment of disease or injury. Laboratory tests and examinations, which are essential for diagnosis and evaluation of treatment, are covered."/>		
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="Item 3 from state plan."/>		
		<input type="button" value="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:

Source:

Remove

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: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
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="All EPSDT services are covered for members under the age of 21 years."/>		
<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 style="width: 90%;" type="text" value="Primary care visit to treat an injury or 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 "="" physician="" services."="" style="width: 95%;" type="text" value="Duplicates EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" 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 "="" physician="" services."="" style="width: 95%;" type="text" value="Duplicates EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Other practitioner 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 "="" "pediatric="" advance="" and="" family="" nurse="" or="" practice="" practitioners'="" services"="" services."="" style="width: 95%;" type="text" value="Duplicates EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient facility fee (e.g., ambulatory surgery)"/>	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 "="" hospital="" outpatient="" services."="" style="width: 95%;" type="text" value="Duplicates EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient surgery physician/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 "="" physician="" services."="" style="width: 95%;" type="text" value="Duplicates EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Hospice 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 "="" hospice="" services."="" style="width: 95%;" type="text" value="Duplicates EHB 1 "/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Infertility treatment"/>	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 dental="" services.""="" type="text" value="Substituted with EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Private duty nursing"/>	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 dental="" services.""="" type="text" value="Substituted with EHB 1 "/>		
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 hospital="" outpatient="" services.""="" type="text" value="Duplicates EHB 1 "/>		
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 "home="" -="" 7="" agency="" agency"="" aide="" and="" appliances,"="" by="" ehb="" equipment,="" health="" home="" intermittent="" med="" nursing="" or="" ot="" part="" pt="" rehab."="" services"="" st="" supplies,="" time="" type="text" value="Duplicates EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency room 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 (outpatient="" emergency="" hospital="" hospital)."="" services="" type="text" value="Duplicates EHB 2 "/>		
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 -="" care="" medical="" other="" transportation."="" type="text" value="Duplicates EHB 2 "/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient hospital 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 "="" hospital="" inpatient="" services."="" type="text" value="Duplicates EHB 3 "/>		
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 "="" physician="" services."="" type="text" value="Duplicates EHB 3 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Bariatric surgery"/>	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 "="" "inpatient="" and="" hospital="" physician="" services"="" services."="" type="text" value="Duplicates EHB 3 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Cosmetic surgery for correction of deformities"/>	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 "="" "inpatient="" accidents="" and="" correct="" deformities."="" for="" hospital="" include="" physician="" reconstructive="" services"="" services,"="" surgery="" to="" type="text" value="Duplicates EHB 3 " which=""/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled nursing facility"/>	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 "="" 21="" age="" and="" facilities="" for="" nursing="" older."="" persons="" skilled="" type="text" value="Duplicates EHB 7 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal and post natal care"/>	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 "="" and="" partum="" post="" pregnancy-related="" services."="" type="text" value="Duplicates EHB 4 "/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery & inpatient services for maternity care"/>	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 "="" "physician="" and="" hospital="" inpatient="" services"="" services."="" type="text" value="Duplicates EHB 4 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental /behavioral health outpatient 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 "="" -="" clinic="" community="" health="" mental="" services="" services."="" type="text" value="Duplicates EHB 5 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/behavioral health inpatient 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 "="" "physician="" and="" hospital="" inpatient="" services"="" services."="" type="text" value="Duplicates EHB 5 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance abuse disorder outpatient 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="Duplicates EHB 5 Rehabilitative services - Alcohol (ETOH) and substance abuse services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance abuse disorder inpatient 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 "="" "physician="" and="" hospital="" inpatient="" services"="" services."="" type="text" value="Duplicates EHB 5 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic care"/>	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="Substituted with EHB 7: Eyeglasses and other optical materials."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Durable medical equipment"/>	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 "="" -="" and="" appliances."="" equipment,="" health="" home="" med="" supplies,="" type="text" value="Duplicates EHB 7 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hearing aids - bone anchored only"/>	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 "="" -="" appliances."="" equipment,="" health="" home="" med="" supplies,="" type="text" value="Duplicates EHB7 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic test (x-ray and lab work)"/>	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 "="" "other="" 8="" and="" diagnostic="" ehb="" laboratory="" services"="" services."="" type="text" value="Duplicates EHB 1 " x-ray=""/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Imaging"/>	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 "="" "other="" 8="" and="" diagnostic="" ehb="" laboratory="" services"="" services."="" type="text" value="Duplicates EHB 1 " x-ray=""/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Routine foot care for individuals with diabetes"/>	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 "="" podiatrists'="" services."="" type="text" value="Duplicates EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Additional surgical opinion"/>	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 "="" physician="" services."="" type="text" value="Duplicates EHB 1 "/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Human organ transplants"/>	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="Duplicates EHB 3 'Inpatient hospital services' and 'Physician services.' Base benchmark will provide benefits only for cornea, kidney, bone marrow, heart valve, muscular-skeletal, parathyroid, heart, lung, heart/lung, liver, pancreas, or pancreas/kidney human organ or tissue transplants. ABP will provide benefits for bone marrow, stem cell, pediatric small bowel and liver/small bowel, heart, heart/lung, lung (single or double), liver, pancreas, kidney/pancreas and other types of transplant procedures (including those covered by the base benchmark) that a hospital is certified by the Illinois Department of Healthcare and Family Services to perform."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Cardiac rehabilitation 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="Substituted with EHB 7: Eyeglasses and other optical materials."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Oral surgery/TMJ"/>	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="Duplicates EHB 1 'Physician services' and 'Dental services.'"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nutrition"/>	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="Duplicates EHB 7 'Home health - med supplies, equipment, appliances.'"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Blood and blood components"/>	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="Duplicates EHB 1 'Outpatient hospital services,' EHB 2 'Emergency hospital services,' and EHB 3 'Inpatient hospital services.'"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Chemotherapy and radiation therapy"/>	Source: Base Benchmark	



Alternative Benefit Plan

<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>Duplicates EHB 1 "Outpatient hospital services," EHB 3 "Inpatient hospital services," and EHB 6 "Prescription drugs."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emerg med care for criminal sexual assault/abuse</p> <p>Source:</p> <p>Base Benchmark</p> <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>Duplicates EHB 2 "Emergency hospital services (outpatient hospital)."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>End stage renal disease</p> <p>Source:</p> <p>Base Benchmark</p> <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>Duplicates multiple services, including but not limited to: EHB 1 "Outpatient hospital services" and "Physician services"; EHB 3 "Inpatient hospital services" and Physician services: inpatient"; EHB 6 "Prescription drugs"; and EHB 7 "Home health – medical supplies."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Physical therapy</p> <p>Source:</p> <p>Base Benchmark</p> <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>Duplicates EHB 7 "Physical therapy services." Actuarial variance between uncapped base benchmark benefit and capped EHB 7 benefit is substituted with the state plan hearing aid benefit (see EHB 7 "Home health - med supplies, equipment, appliances"), which is actuarially richer than the limited base benchmark benefit for hearing aids.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Occupational therapy</p> <p>Source:</p> <p>Base Benchmark</p> <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>Duplicates EHB 7 "Physical therapy services." Actuarial variance between uncapped base benchmark benefit and capped EHB 7 benefit is substituted with the state plan hearing aid benefit (see EHB 7 "Home health - med supplies, equipment, appliances"), which is actuarially richer than the limited base benchmark benefit for hearing aids.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Speech therapy</p> <p>Source:</p> <p>Base Benchmark</p> <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>Duplicates EHB 7 "Physical therapy services." Actuarial variance between uncapped base benchmark</p>	



Alternative Benefit Plan

benefit and capped EHB 7 benefit is substituted with the state plan hearing aid benefit (see EHB 7 "Home health - med supplies, equipment, appliances"), which is actuarially richer than the limited base benchmark benefit for hearing aids.		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Detoxification"/>	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 "="" -="" abuse="" and="" etoh="" rehabilitative="" services="" services."="" substance="" type="text" value="Duplicates EHB 5 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Assistant surgeon according to Medicare guidelines"/>	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 (inpatient="" hospital)."="" hospitalization="" type="text" value="Duplicates EHB 3 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Allergy testing"/>	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 "="" diagnostic="" services."="" type="text" value="Duplicates EHB 1 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Generic 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 "="" drugs."="" prescription="" type="text" value="Duplicates EHB 6 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preferred brand 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 "="" drugs."="" prescription="" type="text" value="Duplicates EHB 6 "/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Non-preferred brand drugs"/>	Source: Base Benchmark	



Alternative Benefit Plan

<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>Duplicates EHB 6 "Prescription drugs."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Specialty drugs</p> <p>Source: Base Benchmark</p> <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>Duplicates EHB 6 "Prescription drugs."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Habilitation services for children</p> <p>Source: Base Benchmark</p> <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>Duplicates EHB 10 "Medicaid state plan EPSDT benefits."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Autism spectrum disorders</p> <p>Source: Base Benchmark</p> <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>Duplicates EHB 10 "Medicaid state plan EPSDT benefits."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Outpatient contraceptive services</p> <p>Source: Base Benchmark</p> <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>Duplicates EHB 1 "Family planning services and supplies."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Dental accident care</p> <p>Source: Base Benchmark</p> <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>Substituted with EHB 1 "Dental services."</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Naprapathic services</p> <p>Source: Base Benchmark</p>	



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:

Substituted with EHB 7: Eyeglasses and other optical materials.

Remove

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="text" value="Non-emergency care when traveling outside U.S."/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit:	
<input type="text" value="Medicaid regulations do not allow Illinois to make payments to providers outside the US."/>	
	<input type="button" value="Add"/>



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

<p>Other 1937 Benefit Provided: <input type="text" value="Skilled nursing facility for persons age 21+"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="Item 4a from state plan. This entry represents long term custodial care. Same item is noted under EHB 7 - Rehabilitative services. A preadmission screening assessment is required and individuals must meet an institutional level of care."/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<input type="button" value="Remove"/>	

<p>Other 1937 Benefit Provided: <input type="text" value="Intermediate care facility services"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="Item 15a from state plan. Excludes services in an institution for mental disease. A screening assessment is required prior to admission."/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
<input type="button" value="Remove"/>	

<p>Other 1937 Benefit Provided: <input type="text" value="Services provided in a public institution for MR"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p>	<p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>
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Alternative Benefit Plan

Other:	<input type="text" value="Item 15b from state plan. A screening assessment is required prior to admission."/>	<input type="button" value="Remove"/>
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Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Case management services - target group A"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="Yes, see description below."/>	
Other:	<input type="text" value="Item 19 from state plan. No authorization is required. Case management services for individuals in the community who are receiving mental health services under the rehabilitative or clinic options, including: assessment; planning; advocacy; linkage; monitoring; problem-solving assistance, interagency service coordination, and crisis response management."/>	

Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Case management services - target group D"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="60 days from initial assessment in ED"/>	
Scope Limit:	<input type="text" value="Yes, see description below."/>	
Other:	<input type="text" value="Item 19 under state plan. Case management services for persons between 21 and 65 years of age with chronic mental illness. Services are also targeted geographically. Eligibility and services are defined in Illinois Medicaid State Plan, Supplement to Attachment 3.1-A, Page 7 and following."/>	

Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Rural health clinic"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="1 encounter of each type per day"/>	<input type="text" value="None"/>	



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
Other: <input type="text" value="Item 2b from state plan. No authorization is required. Limited to 1 medical encounter, 1 dental encounter & 1 behavioral health encounter per day."/>		
Other 1937 Benefit Provided: <input type="text" value="Federally qualified health 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="1 encounter of each type per day"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Item 2c from state plan. No authorization is required. Limited to 1 medical encounter, 1 dental encounter & 1 behavioral health encounter per day."/>		
Other 1937 Benefit Provided: <input type="text" value="Medical conditions that complicate pregnancy"/>	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="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Item 20b from state plan. No authorization is required. Covers services for any other medical conditions that may complicate pregnancy."/>		
Other 1937 Benefit Provided: <input type="text" value="Free-standing birth center services"/>	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: None	Duration Limit: None	Remove
Scope Limit: None		
Other: No authorization is required.		
Other 1937 Benefit Provided: Tobacco cessation for pregnant women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: See below.	Duration Limit: See below.	
Scope Limit: See below.		
Other: No authorization is required. Includes four (4) individual face-to-face counseling sessions per quit attempt, with a maximum of three (3) quit attempts per calendar year.		
Other 1937 Benefit Provided: Nurse-midwife services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Item 17 from state plan.		
Other 1937 Benefit Provided: Prosthetic devices	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Item 12c from state plan. Prior approval for purchase, repair and replacement is required (unless the recipient is eligible for Medicare and the item is covered under the Medicare Program); or -the cost of repairs does not exceed 75% of the purchase price, or -the item is being loaned while the recipient's own item is being repaired or replaced, or items are replaced within 24 months of the purchase date and all of the following conditions are met: --the item is not under warranty --the item was not faulty at the time of purchase --the original purchase was made by the Department for the same recipient or for whom the replacement is needed --the original item is either not repairable or the cost of repairs is more than or equal to the replacement; and --the replacement item is new and of equal value to the original item.		
Other 1937 Benefit Provided: Mental health rehab services - assessment	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Item 13d from state plan. Authorization is not required.		
Other 1937 Benefit Provided: Mental health rehab - treatment plan development	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
Other: <input type="text" value="Item 13d from state plan. Authorization is not required."/>		
Other 1937 Benefit Provided: <input type="text" value="Mental health rehab - psychiatric treatment"/>	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="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="See below"/>		
Other: <input type="text" value="Item 13d from state plan. Authorization is not required. Includes psychotherapy/counseling and psychotropic medication management."/>		
Other 1937 Benefit Provided: <input type="text" value="Mental health rehab services- crisis intervention"/>	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="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Item 13d from state plan. Authorization is not required."/>		
Other 1937 Benefit Provided: <input type="text" value="Mental health rehab - psychosocial rehabilitation"/>	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: None	Duration Limit: None	Remove
Scope Limit: None		
Other: Item 13d from state plan. Authorization is not required.		
Other 1937 Benefit Provided: Mental health rehab - community support	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Item 13d from state plan. Authorization is not required.		
Other 1937 Benefit Provided: Mental health rehab-assertive community treatment	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Item 13d from state plan. Authorization is not required.		
Other 1937 Benefit Provided: Mental health rehab - comprehensive rehab services	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="See below"/>		
Other: <input 21="" a="" an="" and="" are="" arrangement="" assertive="" basis="" benefits="" benefits"="" board."="" community="" cover="" covered="" does="" eligible="" encounter="" enrollee="" essential="" except="" health="" imd;="" in="" is="" living="" not="" on="" other="" provided="" room="" state-approved="" that="" to="" treatment="" type="text" under="" value="An array of mental health rehabilitation services included in ABP5 " who=""/>		
<input type="button" value="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"/>
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V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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):

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).

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V.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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.

Illinois is requiring ACA adults to enroll in Illinois Health Connect with the exception of those in Cook County (where Illinois' early Medicaid expansion, via waiver, to ACA adults offers a robust care coordination option). Illinois Health Connect is the already-established primary care case management program in Illinois. Upon determination of Medicaid eligibility as an ACA adult, enrollees are notified by mail of Illinois Health Connect and receive an enrollment packet that enables enrollees to select a primary provider.

PCCM: Primary Care Case Management

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

Yes

The PCCM program is operating under (select one):

- 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:

Illinois' Primary Care Case Management (PCCM) program, called Illinois Health Connect (IHC), is a statewide program available to Medicaid enrollees. People who are enrolled in IHC have a "medical home" through a Primary Care Provider (PCP). IHC is based on the American Academy of Pediatrics' initiative to create medical homes to make sure that primary and preventive healthcare is provided in the most appropriate setting.

Potential enrollees choose a PCP, who will coordinate and manage their care. Illinois Health Connect enrollees must see their Illinois Health Connect PCP first for most of their primary healthcare. If they want to see a different Illinois Health Connect PCP, they will need a referral from their PCP. Referrals will be registered with Illinois Health Connect.

Additional Information: PCCM (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.

The fee-for-service delivery system for the Alternative Benefit Plan is the same system described in Illinois' approved Medicaid State Plan.

Additional Information: Fee-For-Service (Optional)

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

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V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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.

Yes

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

Any individual who qualifies for Medicaid and has access to employer sponsored insurance may apply to Illinois' Health Insurance Premium Program. The amount of premium assistance for state fiscal year 2013 (July 1, 2012-June 30, 2013) was \$577,810. Illinois' Medicaid state plan requires a cost effectiveness calculation of at least 2.5/1.

The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

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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V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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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V.20130917