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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-15-0026

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

March 28, 2016

Ms. Mary E. Dalton
State Medicaid and CHIP Director
PO Box 4210
Helena, MT 59601-4210

RE: SPA 15-0026

Dear Ms. Dalton:

We reviewed Montana's proposed State Plan Amendment (SPA) submitted under transmittal number MT -15- 0026. This amendment implements Medicaid expansion and an alternative benefit plan (ABP) for individuals in the new adult group with income under 50% of Federal Poverty Level, individuals who are medically frail, and individuals who live in a region, including an Indian reservation, where the Health and Economic Livelihood Partnership (HELP) Plan Third Party Administrator (TPA) is unable to contract with sufficient providers, or require continuity of coverage that is not available or could not be effectively delivered through the HELP TPA.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2016. We are enclosing the CMS 179 Form and the approved State Plan pages.

If you have any questions regarding this SPA please contact Michelle Baldi at (312) 353-0909.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Cc: Richard Oppen, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:

Montana

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.

MT 15-0026

Proposed Effective Date

01/01/2016

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

Federal Fiscal Year

Amount

First Year

2016

\$0.00

Second Year

2017

\$0.00

Subject of Amendment

This state plan amendment implements Montana's Medicaid expansion, effective 1/1/16. Its estimated federal fiscal impact is reported on the MT 15-0025 Summary Page (CMS 179).

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:

Mary Eve

Last Revision Date:

Dec 31, 2015

Submit Date:

Dec 30, 2015



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L- ☐

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

Enrollment Assurances - Mandatory Participants

ABP2c

These assurances must be made by the state/territory if enrollment is mandatory for any of the target populations or sub-populations.

When mandatorily enrolling eligibility groups in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent Plan) that could have exempt individuals, prior to enrollment:

- ☒ The state/territory assures it will appropriately identify any individuals in the eligibility groups that are exempt from mandatory enrollment in an Alternative Benefit Plan or individuals who meet the exemption criteria and are given a choice of Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, not subject to section 1937 requirements.

How will the state/territory identify these individuals? (Check all that apply)

☐ Review of eligibility criteria (e.g., age, disorder/diagnosis/condition)

☒ Self-identification

Describe:

During the application process, if a member answers yes to the following question: "Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?" (this question is from the approved CMS single streamlined application) it will trigger a "Medical Frailty Notice" along with the Medicaid eligibility determination notice informing them that they will receive benefits through the Aligned Medicaid ABP.

Medicaid beneficiaries can also self-identify at any time during their eligibility period as having a chronic substance use disorder, serious and complex medical condition, or physical, behavioral, intellectual or developmental disorder that makes them medically frail.

Every Medicaid beneficiary receives a copy of the beneficiary Rights and Responsibilities, including information about medical frailty and how to get more information about being determined medically frail. A copy of this document is also provided to every beneficiary at the time of the eligibility redetermination. The State Medicaid website also provides information on the medical frailty determination process.

Additionally, the TPA's Member Services department is trained to refer individuals seeking to self-identify as medically frail to the State Medicaid Agency.

☐ Other

- ☒ The state/territory must inform the individual they are exempt or meet the exemption criteria and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

- ☒ The state/territory assures that for individuals who have become exempt from enrollment in an Alternative Benefit Plan, the state/territory must inform the individual they are now exempt and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.



Alternative Benefit Plan

How will the state/territory identify if an individual becomes exempt? (Check all that apply)

- ☐ Review of claims data
- ☒ Self-identification
- ☒ Review at the time of eligibility redetermination
- ☒ Provider identification
- ☐ Change in eligibility group
- ☐ Other

How frequently will the state/territory review the Alternative Benefit Plan population to determine if individuals are exempt from mandatory enrollment or meet the exemption criteria?

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Ad hoc basis
- ☒ Other

Describe:

Montana will review when a change is reported, at annual review, and when a change in eligibility is reported (e.g., adding a new household member.)

- ☐ The state/territory assures that it will promptly process all requests made by exempt individuals for disenrollment from the Alternative Benefit Plan and has in place a process that ensures exempt individuals have access to all standard state/territory plan services or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

Describe the process for processing requests made by exempt individuals to be disenrolled from the Alternative Benefit Plan:

Other Information Related to Enrollment Assurance for Mandatory Participants (optional):



Alternative Benefit Plan

PRA Disclosure Statement

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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Populations

ABP1

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

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

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

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

☐ Federal Poverty Level.

☐ SSI Federal Benefit Amount.

☒ Other.

Enter the Other percentage

Describe:

Individuals must be: (1) a childless adult between 19 and 64 years of age, with an income at or below 50 percent of the FPL; or a parent between 19 and 64 years of age, with an income between 25-50 percent of the FPL.

☒ Disease/Condition/Diagnosis/Disorder.

Disease/Condition/Diagnosis/Disorder

☐ Physical Disability



Alternative Benefit Plan

- ☐ Brain Injury
- ☐ HIV/AIDS
- ☒ Medically Frail
- ☐ Technology Dependent
- ☐ Autism
- ☐ Developmental Disability
- ☐ Intellectual Disability
- ☐ Mental Illness
- ☐ Substance Use Disorder
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Asthma
- ☐ Obesity
- ☐ Other Disease/Condition/Diagnosis/Disorder
- ☐ Other.

Geographic Area

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

No

Select a method of geographic variation:

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

Specify other geographic area:

Live in a geographic area, including an Indian reservation, where the HELP TPA is unable to contract with sufficient providers.

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

Individuals must be: (1) a childless adult between 19 and 64 years of age, with an income at or below 138 percent of the FPL or a parent between 19 and 64 years of age, with an income between 25 - 50 percent of the FPL; (2) not enrolled in Medicare; (3) a United States citizen or a documented, qualified alien; and, (4) a resident of Montana. The following individuals are enrolled in the Aligned Medicaid ABP SPA regardless of their income: Individuals who are medically frail; live in a region, including an Indian reservation, where the HELP TPA is unable to contract with sufficient providers; or require continuity of coverage that is not available or could not be effectively delivered through the HELP TPA; or are otherwise exempt under federal law.



Alternative Benefit Plan

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

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

Name of benefit package:

Selection of the Section 1937 Coverage Option

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

- ☒ Benchmark Benefit Package.
- ☐ Benchmark-Equivalent Benefit Package.

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

- ☐ The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- ☐ State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- ☐ A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- ☒ Secretary-Approved Coverage.
 - ☐ The state/territory offers benefits based on the approved state plan.
 - ☐ The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

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

(1) The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5; and (2) 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.

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.

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.



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- ☐ 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: Blue Cross Blue Shield of Montana Blue Dimensions

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

See MT Aligned Medicaid ABP5.

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

Benefits Assurances

ABP7

EPSDT Assurances

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

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

☒ 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):

EPSDT services are covered through the ABP because the ABP is aligned with the state plan. All services that could be covered in the state plan are available to individuals eligible for EPSDT even if the state does not provide these services to the rest of the Medicaid population.

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.



Alternative Benefit Plan

- ☒ 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.
- ☒ 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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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

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.

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:

Montana's Health Insurance Premium Payment (HIPP) Program allows Medicaid funds to be used to pay for private health insurance coverage when it is cost effective to do so. The goals of the program are to:

- Assist Montanans in obtaining private health insurance through an efficient approval process.
- Provide or improve medical care for Montanans through access to private health insurance.
- Control costs to the Medicaid program by seeking a liable third party for the payment of medical claims.
- Provide timely customer service in the payment or reimbursement of health insurance premiums.

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

The state assures that ESI coverage is established in section 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.

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Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

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 services in the base benchmark benefits are a duplication of benefits that exist in the current state plan. Benefits provided by the base benchmark plan that are not included in the state plan were substituted for state plan benefits not provided by the base benchmark plan. The EHB categories where substitution occurred meet the standard of actuarial equivalence.

PRA Disclosure Statement

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

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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.
- ☒ Fee-for-service.
- ☐ Other service delivery system.

Fee-For-Service Options

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

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

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

Additional Information: Fee-For-Service (Optional)

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

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V.20140417



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

Benefits Description

ABP5

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

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Blue Cross Blue Shield - Blue Dimensions (Small Group)
Aligned Medicaid ABP

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

☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:	Source:	Remove
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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:		
Includes: ambulatory surgical centers (ASC).		

Benefit Provided:	Source:	Remove
Outpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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:	Source:	Remove
Physicians' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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:

Benefit Provided:

Other Licensed Practitioners' 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:

Mid-Level Practitioner Services include: physician assistants, and advanced practice nurses (certified nurse midwife, nurse anesthetist, nurse practitioner).

Benefit Provided:

Clinic Services - Dialysis

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:

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



Alternative Benefit Plan

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 Health 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:

Home health aide services and Intermittent and Part-time Nursing Services.

Benefit Provided:

Hospice Care 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:

In accordance with section 2302 of the ACA, individuals under the age of 21 will receive hospice care concurrently with curative care.

Benefit Provided:

Dental Preventive/Diagnostic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit 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:

Services Include: Dental Services and Dental Hygienist Services.

Benefit Provided:

Other Licensed Practitioners' Svcs - Podiatrists

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:

Benefit Provided:

Other Licensed Practitioners' Svcs - Optometrists

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 exam

Duration Limit:

12 months

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:

Other Licensed Practitioners' Svcs - Oral Surgeon

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

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:

Benefit Provided:

Nutritionist 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:

Add



Alternative Benefit Plan

☒ 2. Essential Health Benefit: Emergency services

Collapse All ☐

Benefit Provided:

Outpatient Hospital Services - Emergency Room

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:

Benefit Provided:

Transportation Services - Emergency

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:

Add



Alternative Benefit Plan

☒ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital 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:

Add



Alternative Benefit Plan

☒ 4. Essential Health Benefit: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Free Standing Birth Center 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:

Benefit Provided:

Physician 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:

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



Alternative Benefit Plan

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

Benefit Provided:

Outpatient Hospital Services - 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:

Benefit Provided:

Other Licensed Practitioners 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:

Mid-Level Services Includes: physician assistants, and advanced practice nurses (certified nurse midwife, nurse anesthetist, nurse practitioner).

Add



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services - Mental Health

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:

Services will not be provided in an Institution of Mental Diseases.

Benefit Provided:

Other Licensed Practitioner Svcs - Mental Health

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:

Licensed Clinical Social Workers' Services

Benefit Provided:

Other Licensed Practitioner Svcs - Mental Health

Source:

State Plan 1905(a)

Remove

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:

Licensed Professional Counselor Services

Benefit Provided:

OLP - Psychologists' Services - Mental Health

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:

Benefit Provided:

Outpatient Hospital Services - Mental Health

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:

Benefit Provided:

Inpatient Hospital Svcs - Substance Use Disorder

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

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

Services will not be provided in an Institution of Mental Diseases.

Benefit Provided:

Outpatient Hospital Svcs - Substance Use Disorder

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:

Benefit Provided:

OLP - Licensed Addiction Counselor Services - SUD

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:

Add



Alternative Benefit Plan

☒ 6. Essential Health Benefit: 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
- ☐ Limit on number of prescriptions
- ☐ Limit on brand drugs
- ☐ Other coverage limits
- ☒ Preferred drug list

Coverage that exceeds the minimum requirements or other:

The State of Montana's ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Medical Equipment and Supplies

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:

DME prior authorization over \$1,000.

Benefit Provided:

Physical Therapy 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:

Benefit Provided:

Speech Therapy 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:



Alternative Benefit Plan

Benefit Provided:

Occupational Therapy 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:

Benefit Provided:

Skilled Nursing Facility Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

60 visits

Duration Limit:

Annual

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:

Audiology Services

Source:

State Plan 1905(a)

Remove

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:

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Hearing aids, limit to 1 set every 5 years.

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

Benefit Provided:

Cardiac Therapy

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:

Benefit Provided:

Habilitative Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

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

Coverage is provided for habilitative care services when the individual requires help to maintain, learn, or improve skills and functioning for daily living or to prevent deterioration. These services include, but are not limited to: (1) physical therapy (2) occupational therapy; (3) speech-language pathology; and (4) behavioral health professional treatment. Applied behavior analysis for adults is excluded. Habilitative services are reimbursable if a licensed therapist is needed. Licensed therapists will only be reimbursed if the service must be provided by a therapist. Services may be provided in a variety of Inpatient and/or Outpatient settings as prescribed by a Physician or mid-level practitioner.

Add



Alternative Benefit Plan

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Other Laboratory and X-Ray 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:

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:

Add



Alternative Benefit Plan

☒ 9. Essential Health Benefit: 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:

Diabetes Prevention Program

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Providers (licensed dietitians, licensed nurses, licensed physical therapists, certified diabetes educators, and exercise physiologists) must contract with Montana's Public Health and Safety Division.

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

Services to prevent diabetes provided to people at risk for diabetes as described on pages 3.1A and 3.1B of the approved State Plan. No prior authorization is required.

Add



Alternative Benefit Plan

☒ 10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All ☐

Benefit Provided:

Medicaid State Plan EPSDT Benefits

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:

Add



Alternative Benefit Plan

☐ 11. Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

☒ 12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Infertility Treatment: substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Infertility Treatment was removed and replaced in EHB1 by substitution with the actuarial value of Dental Preventive/Diagnostic Services, which are not covered in the base benchmark. Coverage for Dental Preventive/Diagnostic Services comes from the preventive coverage provided in the State Plan.

Base Benchmark Benefit that was Substituted:

Chiropractic Services: substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Chiropractic Services was removed and replaced in EHB1 with the actuarial value of Dental Preventive/Diagnostic Services, which are not covered in the base benchmark. Coverage for Dental Preventive/Diagnostic Services comes from the coverage provided in the State Plan.

Base Benchmark Benefit that was Substituted:

Alternative Medicine: substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Alternative Medicine was removed and replaced in EHB1 with the actuarial value of Dental Preventive/Diagnostic Services, which are not covered in the base benchmark. Coverage for Dental Preventive/Diagnostic Services comes from the coverage provided in the State Plan.

Base Benchmark Benefit that was Substituted:

Primary Care: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Physician and OLP -Mid-Level Practitioner services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Hospice: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Hospice Care services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Urgent Care: duplication

Source:

Base Benchmark

Remove



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:

Covered under the MT Medicaid State Plan as Outpatient Hospital, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations. If attached to a hospital, Urgent Care will bill as a hospital outpatient. If a standalone, Urgent Care will bill as a clinic service.

Base Benchmark Benefit that was Substituted:

Home Health Care: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Home Health services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Dialysis: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Dialysis Clinic services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Facility: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Outpatient Hospital services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Outpatient Hospital services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Specialists: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Physician and OLP-Mid-Level services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Other Licensed Practitioner: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as OLP - Mid-Level, Podiatrist, Optometrist, Psychologist, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, and Nutritionist services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Accident Related Dental Surgery Services: dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Oral Surgeon, Physician, or Dental services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Other Individualized Education Services: dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Preventive services, under EHB9. Preventive and Wellness Services and Chronic Disease Management services. Physician, Nutritionist, Mid-Level, and Psychiatrist services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Allergy Treatment: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Physician services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

ER Department Services: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Outpatient Hospital services, under EHB2. Emergency services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Air & Ground Ambulance: duplication

Source:

Base Benchmark

Remove



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:

Covered under the MT Medicaid State Plan as Transportation services, under EHB2. Emergency services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Inpatient Services: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Inpatient Hospital services, under EHB3. Hospitalization. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Cosmetic Surgery: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Physician, Inpatient, and Outpatient Hospital services, under EHB1. Ambulatory patient services. Base Benchmark Plan. Medicaid limits: covered when the condition has a severe detrimental effect on a person's physical and psychosocial well-being. Prior authorization is required and services are approved on a case by case basis.
Benchmark definition: Covered to correct a condition resulting from an accident, injury, or to treat a congenital anomaly.

Base Benchmark Benefit that was Substituted:

Transplant and Donor Services: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Inpatient Hospital services, under EHB3. Hospitalization services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Maternity and New Born Services: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Physician, OLP-Mid-Level, Freestanding Birthing Center, Inpatient Hospital, and Outpatient services, under EHB4. Maternity and New Born services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Services: dup

Source:

Base Benchmark

Remove



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:

Covered under the MT Medicaid State Plan as Outpatient Hospital services, under EHB5. Mental Health and Substance Use Disorder services. Covered under the Base Benchmark Plan.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services: dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Inpatient Hospital services, under EHB5. Mental Health and Substance Use Disorder services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient Services: dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Outpatient Hospital services, under EHB5. Mental Health and Substance Use Disorder services. Base Benchmark Plan: no limits.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Inpatient Services: dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Inpatient Hospital services, under EHB5. Mental Health and Substance Use Disorder services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Physical Therapy, Speech Therapy, Occupational, Cardiac Therapy and Rehabilitative services, under EHB7. Rehabilitative and Habilitative Services and Devices. Base Benchmark Plan: Prior Authorization required.

Base Benchmark Benefit that was Substituted:

DME: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Medical Equipment and Supplies and Prosthetic Devices, under EHB7. Rehabilitative and Habilitative Services and Devices. Base Benchmark Plan: Prior Authorization over \$1,000.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility Services: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Skilled Nursing Facility services, under EHB7. Rehabilitative and Habilitative Services and Devices. Base Benchmark Plan: age 21 and over, limited to 60 visits.

Base Benchmark Benefit that was Substituted:

Cochlear Implants: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Medical Equipment and Supplies, under EHB7. Rehabilitative and Habilitative Services and Devices. Physician services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Diagnostic Test (X-Ray and Lab): duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Other Laboratory and X-Ray, and Diagnostic services, under EHB8. Laboratory services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans and MRI): duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Other Laboratory and X-Ray, and Diagnostic services, under EHB8. Laboratory services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Preventive Services: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Preventive services, under EHB9. Preventive and Wellness services and Chronic Disease Management. Physician and OLP-Mid-Level services, under EHB1. Ambulatory patient services. EPSDT Benefits, under EHB10. Pediatric services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

OLP - Licensed Clinical Social Workers: dup

Source:

Base Benchmark

Remove



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:

Covered under the MT Medicaid State Plan as OLP-Mid-Level, under EHB5. Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Psychologists Services: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Psychologists Services, under EHB5. Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

OLP - Licensed Professional Counselor Svcs: dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as OLP-Mid-Level, under EHB5. Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

OLP - Licensed Addiction Counselor Services - dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as OLP-Mid-Level, under EHB5. Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Prescription Drugs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Prescription Drugs, under EHB6. Prescription Drugs. Base Benchmark Plan: The State of Montana's ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Base Benchmark Benefit that was Substituted:

Pediatric Services (EPSDT) for 19 and 20: dup

Source:

Base Benchmark

Remove



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:

Covered under the MT Medicaid State Plan as EPSDT, under EHB10. Pediatric services including oral and vision care. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Clinic Services: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Clinic Services, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations, includes ambulatory surgical centers (ASCs).

Base Benchmark Benefit that was Substituted:

Family Planning Services and Supplies: duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Family Planning Services and Supplies, under EHB1. Ambulatory patient services. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Audiology Services - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State Plan as Audiology Services, under EHB7. Rehabilitative and habilitative services and devices. Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Habilitative Services - duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Covered under the MT Medicaid State plan as Habilitative services under EHB 7. Base Benchmark Plan: Applied behavior analysis for adults is excluded. Licensed therapists will only be reimbursed if the service must be provided by a therapist.

Add



Alternative Benefit Plan

☐ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐



Alternative Benefit Plan

☒ 14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All ☐

Other 1937 Benefit Provided:

Dental Treatment Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

\$1,125

Duration Limit:

Annual

Scope Limit:

None

Other:

The amount limitation does not apply to preventive/diagnostic, anesthesia, and dentures. Services are provided in same manner as described on pages 3.1A & 3.1B of the approved state plan.

Other 1937 Benefit Provided:

Home Infusion Therapy Nursing Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

None. Services are provided in same manner as described on pages 3.1A & 3.1B of the approved state plan.

Other 1937 Benefit Provided:

Targeted Case Management 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:

Individuals with Developmental Disabilities

Other:

No prior authorization required.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Community First Choice Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other" Box

Other:

The CFC benefit provides person-centered home and community-based attendant services and supports to individuals who require an institutional level of care. Services are provided in accordance with benefit description on Attachment 3.1-K of the State Plan. Some activities include amount limitations that may be exceeded based on medical necessity. Such limitations are fully described in the benefit description. Admission requires a Level Of Care (LOC) determination that is completed by Mountain Pacific Quality Health in addition to Medicaid financial eligibility.

Other 1937 Benefit Provided:

Targeted Case Management 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:

High Risk Pregnant Women

Other:

No prior authorization required.

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Other:

No prior authorization required.

Other 1937 Benefit Provided:

1915(i) Home & Community Based Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

High Needs Youth with Serious Emotional Disturbance (SED). MT State Plan - 1915i.

Other 1937 Benefit Provided:

Targeted Case Management 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:

Adults with Severe Disabling Mental Illness (SDMI)

Other:

No prior authorization required.

Other 1937 Benefit Provided:

Targeted Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Substance Use Disorders for Youth Under 21

Other:

No prior authorization required.

Other 1937 Benefit Provided:

Targeted Case Management 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:

Substance Use Disorders for Adults

Other:

No prior authorization required.

Other 1937 Benefit Provided:

Hearing Aid Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Limit 1 set every 5 years.

Other:

None.

Other 1937 Benefit Provided:

Targeted Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

For Children and Youth with Special Health Care Needs

Other:

No prior authorization required. Services are provided in same manner as described on pages 3.1A & 3.1B of the approved state plan.

Other 1937 Benefit Provided:

Targeted Case Management 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:

Youth with Serious Emotional Disturbance (SED)

Other:

No prior authorization required.

Other 1937 Benefit Provided:

Denture Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 partial set/5 years; 1 full set/10 years.

Duration Limit:

None

Scope Limit:

None

Other:

Services Include: Dentures Services; Other Practitioner Services: Denturist Services; Other Practitioner Services: Denture Services; Other Practitioner Services: Denturist Denture Services. Service limits of one partial set of dentures every five years and one full set every ten years. Services are provided in same manner as described on pages 3.1A & 3.1B of the approved state plan.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Long Term Care Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Admission requires a Level Of Care (LOC) determination that is completed by Mountain Pacific Quality Health in addition to Medicaid financial eligibility. This LOC sets the nursing home span for payment purposes. Some services require prior authorization.

Other 1937 Benefit Provided:

Intermediate Care Facility 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:

For individuals with intellectual disabilities. Services provided at the Montana Developmental Center. Individuals must have an intellectual or developmental disability diagnosis and a court ordered commitment for entrance to the facility.

Other 1937 Benefit Provided:

Mental Health Rehabilitation 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:

Services are provided in accordance with the 3.1A/3.1B pages of the approved state plan. Prior



Alternative Benefit Plan

authorization is not required.

Other 1937 Benefit Provided:

Personal Care Services in Recipient's Home

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

40 visits

Duration Limit:

Annual

Scope Limit:

None

Other:

None

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Youth with Serious Emotional Disturbance (SED) in out of state PRTFs.

Other:

No prior authorization required.

Other 1937 Benefit Provided:

Inpatient Rehabilitation

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



Alternative Benefit Plan

Other:

Inpatient facility must meet the American Society of Addiction Medicine (ASAM) criteria as a 3.5 facility (not hospital).

Other 1937 Benefit Provided:

OLP - Denturist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Services are provided in same manner as described on pages 3.1A & 3.1B of the approved state plan.

Other 1937 Benefit Provided:

Denture Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 partial set/5 years; 1 full set/10 years.

Duration Limit:

None

Scope Limit:

None

Other:

Services Include: Dentures Services; Other Practitioner Services: Denturist Services; Other Practitioner Services: Denture Services; Other Practitioner Services: Denturist Denture Services. Service limits of one partial set of dentures every five years and one full set every ten years. Services are provided in same manner as described on pages 3.1A & 3.1B of the approved state plan.

Other 1937 Benefit Provided:

Eyeglasses Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1

Duration Limit:

12 months



Alternative Benefit Plan

Scope Limit:

None

Other:

Some additional features require prior authorization. Services are provided in same manner as described on pages 3.1A & 3.1B of the approved state plan.

Add



Alternative Benefit Plan

☐ 15. 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.20140415

ATTACHMENT A

Copayment Schedule and Exempt Services

Service Description	Copayments for Individuals With Incomes At or Below 100 Percent FPL	Copayments for Individuals with Incomes Above 100 Percent FPL
Behavioral Health – Inpatient	\$75/stay	10 percent of the payment the State makes for the service
Behavioral Health – Outpatient	\$4	10 percent of the payment the State makes for the service
Behavioral Health – Professional	\$4	10 percent of the payment the State makes for the service
Durable Medical Equipment	\$4	10 percent of the payment the State makes for the item
Emergency Room Services	-	-
Non-Emergency Room Services	\$8	\$8
Lab and radiology	\$4	10 percent of the payment the State makes for the service
Inpatient	\$75/stay	10 percent of the payment the State makes for the service
Other	\$4	10 percent of the payment the State makes for the service
Other Medical Professionals	\$4	10 percent of the payment the State makes for the service
Outpatient Facility	\$4	10 percent of the payment the State makes for the service
Primary Care Physician	\$4	10 percent of the payment the State makes for the service
Specialty Physician	\$4	10 percent of the payment the

Service Description	Copayments for Individuals With Incomes At or Below 100 Percent FPL	Copayments for Individuals with Incomes Above 100 Percent FPL
		State makes for the service
Pharmacy - Generics	-	-
Pharmacy – Preferred Brand Drugs	\$4	\$4
Pharmacy – Non-Preferred Brand Drugs, including specialty drugs	\$8	\$8

Premiums and copayments combined may not exceed 5 percent of family household income.

Certain services, including the following, are exempt from co-pays under federal or state law:

- Emergency services
- Preventive health care services including primary, secondary or tertiary preventive health care services
- Family planning services
- Pregnancy related services
- Generic drugs
- Immunizations
- Medically necessary health screenings ordered by a health care provider



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Cost-Sharing

ABP4

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

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

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

Yes

☐ The state/territory has completed and attached to this submission Attachment 4.18-F to indicate the Alternative Benefit Plan's cost-sharing provisions that are different from those otherwise approved in the state plan.

An attachment is submitted.

Other Information Related to Cost Sharing Requirements (optional):

Cost sharing is described on pages G1-G3 of the cost sharing sections of the 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.20140415



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

General Assurances

ABP10

Economy and Efficiency of Plans

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

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

Yes

Compliance with the Law

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

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 15 - 0026

OMB Expiration date: 10/31/2014

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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