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**State/Territory Name: Oregon** 

State Plan Amendment (SPA) #: 13-0019-ABP

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Seattle Regional Office 2201 Sixth Avenue, MS/RX -43 Seattle, WA 98121



#### DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Tina Edlund, Acting Director Oregon Health Authority 500 Summer Street Northeast, E-15 Salem, Oregon 97301-1079

JAN 09 2014

RE: Oregon State Plan Amendment (SPA) Transmittal Number 13-0019-ABP (MMDL OR.0560.00.00)

Dear Ms. Edlund:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of State Plan Amendment (SPA) Transmittal Number 13-0019-ABP. This SPA defines the new Alternative Benefit Plan (ABP) for the new adult expansion group.

This SPA is approved effective January 1, 2014.

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 change to the benefit in the approved State plan will be mirrored in the ABP.

If you have any additional questions concerning this SPA or require further assistance, please contact me or have your staff contact Gary Ashby at 206-615-2333 or <a href="mailto:gary.ashby@cms.hhs.gov">gary.ashby@cms.hhs.gov</a>.

Sincerely,

Associate Regional Administrator
Division of Medicaid and Children's Health

Operations

cc:

Judy Mohr Peterson, Administrator, Division of Medical Assistance Programs Jesse Anderson, State Plan Manager, Division of Medical Assistance Programs Jason Frandson, CMS Baltimore Office

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

State/Territory name:

Oregon

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.

OR-13-0019

**Proposed Effective Date** 

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

Federal Fiscal Year

Amount

First Year

2014

\$0.00

Second Year 2015

\$ 0.00

**Subject of Amendment** 

This transmittal is being submitted to reflect the ACA benefit package for the new adult populauon.

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:

The Governor does not wish to review any plan material

Signature of State Agency Official

Submitted By:

Jesse Anderson

Last Revision Date:

Jan 8, 2014

**Submit Date:** 

Dec 2, 2013



	OMB Control Number: 0938-1148
Attachment 3.1-L	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: New adult group: Program code AMO	
Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which ma targeting criteria used to further define the population.	y contain individuals that meet any
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).  Yes	
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)	Yes
PRA Disclosure Statement	
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection valid OMB control number. The valid OMB control number for this information collection is 0938-11 this information collection is estimated to average 5 hours per response, including the time to review in	148. The time required to complete

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

V.20130724

TN NO: 13-0019-ABP Supersedes TN: Approval Date: 1.09.14 Effective Date: 1.01.14

Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Attachment 3.1-L

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) (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 ABP is aligned with the current secretary approved OHP benefit package approved via the 1115 demonstration waiver. This benefit contains all 10 of the essential health benefits as well as additional categories not covered by the base benchmark benefit plan. The ABP, using the utilization management and medical necessity determinations authorized in the 1115 waiver meet or exceed the base benchmark benefits.

#### PRA Disclosure Statement

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

V.20130807

TN NO: 13-0019-ABP Supersedes TN: Approval Date: 1.09.14

Effective Date: 1.01.14



	Attachm	ent 3.1-L		umber: 0938-1148 n date: 10/31/2014
Selection of B	enchmark Bend	fit Package or Benchmark-Equi	valent Benefit Package	ABP3
The state	e/territory is amendi	ng one existing benefit package for the pog g a single new benefit package for the pop Oregon Health Plan		
Selection of the	Section 1937 Cover	rage Option		,
The state/territor	y selects as its Secti		pe of Benchmark Benefit Package or Ben	chmark-
Benchma	rk Benefit Package.			
C Benchma	rk-Equivalent Bene	it Package.		
The state	e/territory will prov	de the following Benchmark Benefit Pack	kage (check one that applies):	
(	The Standard Blue Program (FEHBP)		tion offered through the Federal Employee	Health Benefit
$\subset$	State employee cov	erage that is offered and generally availab	ble to state employees (State Employee Co	overage):
(	A commercial HM HMO):	O with the largest insured commercial, no	n-Medicaid enrollment in the state/territor	ry (Commercial
•	Secretary-Approve	d Coverage.		
	The state/territ	ory offers benefits based on the approved	state plan.	
		ory offers an array of benefits from the se es, or the approved state plan, or from a c	ection 1937 coverage option and/or base be ombination of these benefit packages.	enchmark plan
	The state/	territory offers the benefits provided in the	e approved state plan.	
	C Benefits i	nclude all those provided in the approved	state plan plus additional benefits.	
	C Benefits a	re the same as provided in the approved s	tate plan but in a different amount, duration	on and/or scope.
	The state	territory offers only a partial list of benefit	ts provided in the approved state plan.	
	C The state	territory offers a partial list of benefits pro	ovided in the approved state plan plus add	itional benefits.
	Please briefly ide	ntify the benefits, the source of benefits ar	nd any limitations:	
			·	
Selection of Bas	e Benchmark Plan			

Effective Date: 1.01.14



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: PacificSource Preferred CoDeduct Value 3000 35 70

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

It is Oregon's intention to provide the expansion population with the full set of Medicaid benefits provided to the State's categorically eligible population. This approach will help minimize disruptions for individuals who move among different benefit packages within The Oregon Health Plan. Benefits in the ABP that are determined essential health benefits are consistent with the amount, duration and scope of the prioritized list and must equal or exceed each of the base benchmark benefits duplicated groupings, which define the floor of coverage for an ABP. Benefits in the ABP that are determined to be other 1937 covered benefits that are not essential health benefits provided through the state plan may be limited by the prioritized list in the same manner as other populations in the waiver.

Oregon is proposing to use the PacificSource Preferred CoDeduct Value 3000 35 70 small group plan as the base benchmark plan for the ABP. This plan was also chosen by Oregon as the State's essential health benefits benchmark plan in the commercial market. 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.20130801



		ONID COMMON NUMBER. 03	30-1140
	Attachment 3.1-L	OMB Expiration date: 10/	/31/2014
Alternative Ben	efit Plan Cost-Sharing		ABP4
Any cost sharing	described in Attachment 4.18-A applies to the Alternative Benefi	t Plan.	
	may be revised to include cost sharing for ABP services that are no amply with Section 1916 of the Social Security Act.	ot otherwise described in the state plan. Any	y such
The Alternative Ben Attachment 4.18-A.	nefit Plan for individuals with income over 100% FPL includes cos	st-sharing other than that described in	No
Other Information F	Related to Cost Sharing Requirements (optional):		

#### PRA Disclosure Statement

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

V.20130807



Attachment 3.1-L	OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014
Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
PacificSource Preferred CoDeduct Value 3000 35 70	
Enter the specific name of the section 1937 coverage option selected, if other than Se "Secretary-Approved."	ecretary-Approved. Otherwise, enter
Secretary-Approved	



ces	Collapse All
Source:	
State Plan 1905(a)	Remove
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
as defined under state law.	
ng the specific name of the source plan if it is not the base	
type medical home model. The primary care provider is a vices or procedures may require a prior authorization such	
Source:	
State Plan 1905(a)	Remove
Provider Qualifications:	
Medicaid State Plan	
Duration Limit:	
None	
as defined under state law.	
ing the specific name of the source plan if it is not the base	
e type medical home model. The primary care provider is a vices or procedures may require a prior authorization such	
Source:	
State Plan 1905(a)	
Provider Qualifications:	
Provider Qualifications:  Medicaid State Plan	
Medicaid State Plan	
	Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  as defined under state law.  Ing the specific name of the source plan if it is not the base vices or procedures may require a prior authorization such  Source:  State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  as defined under state law.  Ing the specific name of the source plan if it is not the base as defined under state law.  Ing the specific name of the source plan if it is not the base type medical home model. The primary care provider is a vices or procedures may require a prior authorization such  Source:  Source:



benchmark plan:		Remove
Benefit Provided:	Source:	
Family planning	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of	practice as defined under state law.	
benchmark plan:		
Benefit Provided:	Source:	
Podiatrist services (OLP)	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of	practice as defined under state law.	
Other information regarding this benef benchmark plan:	fit, including the specific name of the source plan if it is not the bas	e
Benefit Provided:	Source:	
Optometrist services (OLP)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Amount Limit.		



Services provided within the scope of	of practice as defined under state law.	Remove
Other information regarding this bene- benchmark plan:	efit, including the specific name of the source plan if it is not the base	]
Benefit Provided:	Source:	
Tobacco cessation	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
Services provided within the scope o	of practice as defined under state law.	
benchmark plan:		
Benefit Provided:	Source:	
Benefit Provided:	Source: State Plan 1905(a)	Remove
Benefit Provided:		Remove
Benefit Provided: Outpatient hospital	State Plan 1905(a)	Remove
Benefit Provided: Outpatient hospital Authorization:	State Plan 1905(a)  Provider Qualifications:	Remove
Benefit Provided: Outpatient hospital Authorization: Other	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan	Remove
Benefit Provided: Outpatient hospital Authorization: Other Amount Limit:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Benefit Provided: Outpatient hospital Authorization: Other Amount Limit: None Scope Limit:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Benefit Provided: Outpatient hospital  Authorization: Other  Amount Limit: None  Scope Limit: Services provided within the scope of Other information regarding this benefits benchmark plan:	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  of practice as defined under state law.  efit, including the specific name of the source plan if it is not the base	Remove
Benefit Provided: Outpatient hospital  Authorization: Other  Amount Limit: None Scope Limit: Services provided within the scope of Other information regarding this benefit benchmark plan: Some procedures or services may req	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  of practice as defined under state law.	Remove
Benefit Provided: Outpatient hospital  Authorization: Other  Amount Limit: None  Scope Limit: Services provided within the scope of the content of the conte	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  of practice as defined under state law.  efit, including the specific name of the source plan if it is not the base quire a prior authorization such as MRI; PET scans; outpatient	Remove
Benefit Provided: Outpatient hospital  Authorization: Other  Amount Limit: None Scope Limit: Services provided within the scope of Other information regarding this benefit benchmark plan: Some procedures or services may require surgeries; etc. The Physician is response.	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  of practice as defined under state law.  efit, including the specific name of the source plan if it is not the base quire a prior authorization such as MRI; PET scans; outpatient insible to obtain the authorization for the procedure.	Remove
Benefit Provided: Outpatient hospital  Authorization: Other  Amount Limit: None Scope Limit: Services provided within the scope of Other information regarding this benefit benchmark plan: Some procedures or services may req	State Plan 1905(a)  Provider Qualifications:  Medicaid State Plan  Duration Limit:  None  of practice as defined under state law.  efit, including the specific name of the source plan if it is not the base puire a prior authorization such as MRI; PET scans; outpatient insible to obtain the authorization for the procedure.  Source:	Remove



Amount Limit:	Duration Limit:	
None	90 day period with subsequent 60-day periods	Remove
Scope Limit:		
Services provided within the scope of	practice as defined under state law.	
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	
benchmark plan:	fit, including the specific name of the source plan if it is not the base ed from physician, informed consent, etc. Concurrent care is provided	



Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Outpatient hospital services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as de	efined under state law.	
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Emergency-Physician services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
Services provided within the scope of practice as de	efined under state law.	
Other information regarding this benefit, including the benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	_
Emergency medical transportation-outpatient hospit	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as d	efined under state law.	



benchmark plan:	he base
	Remove
	Add



Essential Health Benefit 3: Hospitalization	C	ollapse All
Benefit Provided:	Source:	
Inpatient hospital	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of pra	actice as defined under state law.	
Other information regarding this benefit, i benchmark plan:	including the specific name of the source plan if it is not the base	
etc. The Physician is responsible to obtain	a prior authorization such as transplants; MRI; bariatric surgeries, a the authorization for the procedure.	
Benefit Provided:	Source:	
Physician-inpatient services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of pra	actice as defined under state law.	
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	
	a prior authorization such as transplants; MRI; bariatric surgeries, in the authorization for the procedure. No authorization required for	



Essential Health Benefit 4: Maternity and newb	on care	Collapse All
Benefit Provided:	Source:	
Maternity care-Physician services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		
Services provided within the scope of practices	ctice as defined under state law.	
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	7
Benefit Provided:	Source:	7
Maternity care-Nurse practitioner	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	
Scope Limit:		_
Services provided within the scope of practices	ctice as defined under state law.	
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	7
Benefit Provided:	Source:	
Nurse Midwife services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	7
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
Services provided within the scope of pra	ctice as defined under state law.	



benchmark plan:	ic name of the source plan if it is not t	Remove
		Add



	Essential Health Benefit 5: Mental health and substance us behavioral health treatment	e disorder services including	Collapse All
	Benefit Provided:	Source:	
	Inpatient hospital-MH/SUD	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	
	None	None	
	Scope Limit:		
	Services provided within the scope of practice as defi	ned under state law.	
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
	These hospital services are acute care hospitals and ar	e not an IMD.	
	Benefit Provided:	Source:	
	Outpatient hospital-MH/SUD	State Plan 1905(a)	Remove
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	Duration Limit:	_
	None	None	
	Scope Limit:		_
	Services provided within the scope of practice as defi	ned under state law.	
	Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Most outpatient hospital services would not be rehabilitative or habilitative and would be acutaking them to an outpatient ED. Most rehabilitative or habilitative would be provided in resifacilities or office settings.			
	Benefit Provided:	Source:	
	Physician services-MH/SUD	State Plan 1905(a)	
	Authorization:	Provider Qualifications:	
	None	Medicaid State Plan	
	Amount Limit:	. Duration Limit:	
	None	None	



	ce as defined under state law.	Remove
Other information regarding this benefit, inc benchmark plan:	luding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Nurse Practitioner-MH/SUD	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practi	ce as defined under state law.	
Other information regarding this benefit, inc benchmark plan:	luding the specific name of the source plan if it is not the base	
		Add



	t the greater of one drug in each escription drugs in each categor			
Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:		Provider Qualifications:		
_	days supply	Yes	State licensed	
Limit on	number of prescriptions			
Limit on brand drugs				
Other coverage limits				
□ Preferred	drug list			
Coverage that exc	eeds the minimum requirements	or other:		
The State of Oregon's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.				



Essential Health Benefit 7: Rehabilitative and habilitative	e services and devices	Collapse All	
Benefit Provided:	Source:	_	
Inpatient hospital-Rehabilitative	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of practice as de	efined under state law.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
Rehabilitative- these hospital services are acute care	hospitals and are not an IMD.		
Benefit Provided:	Source:		
Outpatient hospital-Rehabilitative	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of practice as de	fined under state law.		
Other information regarding this benefit, including to benchmark plan:	he specific name of the source plan if it is not the base		
Benefit Provided:	Source:		
Physical, speech & occupational therapy-Rehab/Hab	State Plan 1905(a)		
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of practice as de	efined under state law.		



Services and limits per plan of care, some medically necessary	e services require authorization, limits can be exceeded when	Remove	
Benefit Provided:	Source:		
Home health-Rehab/Hab	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of pra	actice as defined under state law.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
	includes DME, PT,OT, speech services provided in a home re, some services require authorization, limits can be exceeded		
Benefit Provided:	Source:		
Prosthetic devices-Rehab/Hab	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of practice as defined under state law			
	actice as defined under state law		
Services provided within the scope of pr	including the specific name of the source plan if it is not the base		
Services provided within the scope of pr Other information regarding this benefit, benchmark plan: Some prosthetic devices require prior aut			
Services provided within the scope of protection of the control of	including the specific name of the source plan if it is not the base horization. These include but are not limited to lumbar orthotics,		
Services provided within the scope of provided within the scope of provided in the scope of prov	including the specific name of the source plan if it is not the base horization. These include but are not limited to lumbar orthotics, er-elbow orthotics. Limits can be exceeded when medically		
Services provided within the scope of pr Other information regarding this benefit, benchmark plan:  Some prosthetic devices require prior aut spinal orthotics, orthopedic shoe, shoulded.	including the specific name of the source plan if it is not the base horization. These include but are not limited to lumbar orthotics, er-elbow orthotics. Limits can be exceeded when medically Source:		



Amount Limit:	Duration Limit:	
limits for non pregnant adults age 21 and over	limits for non pregnant adults age 21 and over	Remove
Scope Limit:		
Services provided within the scope of practice as of	defined under state law	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Limits to non-pregnant adults age 21 and over: Routine vision services for the sole purpose of eyes emergency eye exams and treatment and Non-emer	glasses, are not covered. Coverage does include rgency visual services with specific medical diagnoses.	
Benefit Provided:	Source:	
Dentures	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
limits for age 21 and older	limits for age 21 and older	
Scope Limit:		
Services provided within the scope of practice as of	defined under state law	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Dentures are used to replace, correct, or support a figure partial dentures are limited to 1 every 5 years, exce	full or partial set of teeth. For ages 21 and older full or eptions are made when dentally appropriate.	
Benefit Provided:	Source:	
Nursing Facility Services-Skilled	State Plan 1905(a)	Remove
	Provider Qualifications:	
Authorization:	Tio vices Quantitations.	
Authorization: None	Medicaid State Plan	
None	Medicaid State Plan	
None Amount Limit:	Medicaid State Plan  Duration Limit:	
None  Amount Limit:  Level of care needs	Medicaid State Plan  Duration Limit:  Level of care needs	
None  Amount Limit:  Level of care needs  Scope Limit:  Services provided within the scope of practice as of	Medicaid State Plan  Duration Limit:  Level of care needs	

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Benefit Provided:	Source:	
Laboratory & X-ray	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of pr	Services provided within the scope of practice as defined under state law	
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	]
		Add



Benefit Provided:	Source:	
Preventive services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
Services provided within the scope of p	ractice as defined under state law	
Other information regarding this benefit benchmark plan:	, including the specific name of the source plan if it is not the base	



Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
Services provided within the scope of practices	ctice as defined under state law	
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is not the base	7
		Add



Other Covered Benefits from Base Benchmark	Collapse All



<	Base Benchmark Benefits Not Covered due to Substitutio	n or Duplication	Collapse All		
	Base Benchmark Benefit that was Substituted:	Source:			
	Primary care to treat illness/injury	Base Benchmark	Remove		
	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		_		
	Primary care to treat illness/injury were bundled, alo patient services' EHB category. The bundled services practitioner services from the existing state Medicaid		У		
	Base Benchmark Benefit that was Substituted:	Source:			
	Specialist visits	Base Benchmark	Remove		
	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up				
	Specialist visits were bundled, along with Primary ca patient services' EHB category. The bundled services practitioner services from the existing state Medicaio		ry		
	Base Benchmark Benefit that was Substituted:	Source:			
	Outpatient surgery Base Benchmark				
	Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:				
	Outpatient surgery were bundled, along with Primary mapped to the 'ambulatory patient services' EHB cat physician services from the existing state Medicaid p	egory. The bundled services are a duplication of			
	Base Benchmark Benefit that was Substituted: Source:				
	Acupuncture	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:				
	Acupuncture services were bundled, along with Prin mapped to the 'ambulatory patient services' EHB cat physician services and nurse practitioner services from	egory. The bundled services are a duplication of			
	Base Benchmark Benefit that was Substituted:	Source:			
	Chiropractic	Base Benchmark	Remove		
	Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u				
		nary care to treat illness/injury and specialist visits and tegory. The bundled services are a duplication of	i		



Base Benchmark Benefit that was Substituted:	Base Benchmark	
Naturopath		Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
	Primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.	
Base Benchmark Benefit that was Substituted: Source:		
Chemotherapy services	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included abov	indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	
	primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Radiation therapy	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate requirements and the under Essential Health Benefits:	
section 1937 benchmark benefit(s) included above Radiation therapy services were bundled, along w	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of	
Radiation therapy services were bundled, along we mapped to the 'ambulatory patient services' EHB physician services from the existing state Medical	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of	
Radiation therapy services were bundled, along was mapped to the 'ambulatory patient services' EHB	we under Essential Health Benefits:  with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.	Remove
Radiation therapy services were bundled, along v mapped to the 'ambulatory patient services' EHB physician services from the existing state Medica  Base Benchmark Benefit that was Substituted:  Sterilization	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate	Remove
Radiation therapy services were bundled, along we mapped to the 'ambulatory patient services' EHB physician services from the existing state Medical Base Benchmark Benefit that was Substituted:  Sterilization  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Sterilization services were bundled, along with present the substitution of	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:  rimary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of	Remove
Radiation therapy services were bundled, along we mapped to the 'ambulatory patient services' EHB physician services from the existing state Medical Base Benchmark Benefit that was Substituted:  Sterilization  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Sterilization services were bundled, along with pumapped to the 'ambulatory patient services' EHB	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: rimary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:	Remove
Radiation therapy services were bundled, along water mapped to the 'ambulatory patient services' EHB physician services from the existing state Medica.  Base Benchmark Benefit that was Substituted:  Sterilization  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Sterilization services were bundled, along with propagation mapped to the 'ambulatory patient services' EHB physician services from the existing state Medical	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: rimary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.	Remove
Radiation therapy services were bundled, along water mapped to the 'ambulatory patient services' EHB physician services from the existing state Medica.  Base Benchmark Benefit that was Substituted:  Sterilization  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Sterilization services were bundled, along with present mapped to the 'ambulatory patient services' EHB physician services from the existing state Medica.  Base Benchmark Benefit that was Substituted:  Home health care	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: rimary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate with the substituted benefit(s) or the duplicate aid plan.	
Radiation therapy services were bundled, along water mapped to the 'ambulatory patient services' EHB physician services from the existing state Medical Base Benchmark Benefit that was Substituted:  Sterilization  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Sterilization services were bundled, along with purpose to the 'ambulatory patient services' EHB physician services from the existing state Medical Base Benchmark Benefit that was Substituted:  Home health care  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Home health care services were bundled, and ma	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate we under Essential Health Benefits: rimary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate with the substituted benefit(s) or the duplicate aid plan.	
Radiation therapy services were bundled, along we mapped to the 'ambulatory patient services' EHB physician services from the existing state Medical Base Benchmark Benefit that was Substituted:  Sterilization  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Sterilization services were bundled, along with purpose to the 'ambulatory patient services' EHB physician services from the existing state Medical Base Benchmark Benefit that was Substituted:  Home health care  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Home health care services were bundled, and madevices' EHB category. The bundled services are	with primary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  indicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:  rimary care to treat illness/injury, specialist visits and category. The bundled services are a duplication of aid plan.  Source:  Base Benchmark  sindicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:  gindicating the substituted benefit(s) or the duplicate we under Essential Health Benefits:	



Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		Remove
Telemedical services were bundled, along with prima mapped to the 'ambulatory patient services' EHB cate physician services from the existing state Medicaid p	egory. The bundled services are a duplication of	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Care for disease of the eye	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Care for disease of the eye were bundled, along with mapped to the 'ambulatory patient services' EHB cate physician and optometrist (OLP) services from the		
Base Benchmark Benefit that was Substituted:	Source:	
Foot care	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
	care to treat illness/injury, specialist visits and mapped he bundled services are a duplication of physician and dicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Medical contraceptives	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Medical contraceptives services were bundled, along visits and mapped to the 'ambulatory patient services of family planning services from the existing state M	s' EHB category. The bundled services are a duplication	
Base Benchmark Benefit that was Substituted:	Source:	
Emergency room - facility	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u		
Emergency room - facility services were bundled, ale 'emergency services' EHB category. The bundled ser Outpatient services from the existing state Medicaid	rvices are a duplication of Emergency Hospital -	
Base Benchmark Benefit that was Substituted:	Source:	
Emergency room-physician	Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u		
1 1 1 1 1 1 1	along with primary care to treat illness/injury, specialist	

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	Medicaid plan.	Remove
Base Benchmark Benefit that was Substituted:	Source:	
Emergency medical transportation	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Emergency medical transportation were bundled, alor 'emergency services' EHB category. The bundled services transportation-Outpatient hospital from the existing statement	vices are a duplication of Emergency medical	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient medical and surgical care	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Inpatient medical and surgical care were bundled, alo 'hospitalization' EHB category. The bundled services the existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Bariatric surgery	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Bariatric surgery services were bundled, along with In 'hospitalization' EHB category. The bundled services the existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Anesthesia	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Anesthesia services were bundled, along with Inpatie	ent medical and surgical care and mapped to the are a duplication of inpatient hospital and physician-	
Anesthesia services were bundled, along with Inpatie 'hospitalization' EHB category. The bundled services	are a duplication of inpatient hospital and physician-	
Anesthesia services were bundled, along with Inpatie 'hospitalization' EHB category. The bundled services inpatient from the existing state Medicaid plan.	are a duplication of inpatient hospital and physician-	Remove
Anesthesia services were bundled, along with Inpatie 'hospitalization' EHB category. The bundled services inpatient from the existing state Medicaid plan.  Base Benchmark Benefit that was Substituted:	Source: Base Benchmark  icating the substituted benefit(s) or the duplicate	Remove



F	ase Benchmark Benefit that was Substituted:	Source:	
E	lood transfusions	Base Benchmark	Remove
	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
	Blood transfusions services were bundled, along with the 'hospitalization' EHB category. The bundled serv physician-inpatient services from the existing state N	rices are a duplication of inpatient hospital and	
I	sase Benchmark Benefit that was Substituted:	Source:	
F	lospice / respite care	Base Benchmark	Remove
	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
		with primary care to treat illness/injury, specialist visits dB category. The bundled services are a duplication of an	
I	Base Benchmark Benefit that was Substituted:	Source:	
I	re- & postnatal care	Base Benchmark	Remove
li.	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u		
	Pre- & postnatal care services were bundled, along v and newborn care' EHB category. The bundled servi maternity care-nurse practitioner, nurse midwife servi	ces are a duplication of maternity care-physician,	
I	Base Benchmark Benefit that was Substituted:	Source:	
Ι	Delivery & inpatient maternity services	Base Benchmark	Remove
_	Explain the substitution or duplication, including including section 1937 benchmark benefit(s) included above u		
	Delivery & inpatient maternity services were bundle 'hospitalization' EHB category. The bundled services the existing state Medicaid plan	d, along with Maternity services and mapped to the s are a duplication of inpatient hospital services from	
I	Base Benchmark Benefit that was Substituted:	Source:	
J	npatient hospital - mental/behavioral health	Base Benchmark	Remove
_	Explain the substitution or duplication, including inc section 1937 benchmark benefit(s) included above u		
		s were bundled, and mapped to the 'Mental Health and I health treatment' EHB category. The bundled services visician-MH/SUD, nurse practitioner-MH/SUD, services	



Base Benchmark Benefit that was Substituted:	Source:	
Outpatient hospital - mental/behavioral health	Base Benchmark	Remove
Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above un		
Outpatient hospital - mental/behavioral health services and substanse use disorder services, including behavi services are a duplication of Outpatient hospital-MH/practitioner-MH/SUD services from the existing state	oral health treatment' EHB category. The bundled SUD, physician services-MH/SUD and nurse	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient hospital - chemical dependency	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Inpatient hospital - chemical dependency services we substance use disorder services, including behavioral are a duplication of Inpatient hospital-MH/SUD, physuD services from the existing state Medicaid plan.	health treatment' EHB category. The bundled services	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient hospital - chemical dependency	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
	vere bundled, and mapped to the 'Mental Health and health treatment' EHB category. The bundled services sysician services-MH/SUD and nurse practitioner-MH/	
Base Benchmark Benefit that was Substituted:	Source:	
Detoxification	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Detoxification services were bundled, and mapped to services, including behavioral health treatment' EHB inpatient hospital, outpatient hospital, physician servi health and substance use disorder section from the ex	category. The bundled services are a duplication of ices and nurse practitioner services and the mental	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient rehabilitation	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Inpatient rehabilitation services were bundled, and mand devices' EHB category. The bundled services are	apped to the 'Rehabilitative and habilitative services a duplication of inpatient hospital, rehabilitative	



Base Benchmark Benefit that was Substituted:	Source:	
Physical, speech & occupational therapy	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Physical, speech & occupational therapy (outpatient) 'Rehabilitative and habilitative services and devices' of Physical, speech & occupational therapy from the	EHB category. The bundled services are a duplication	
Base Benchmark Benefit that was Substituted: Source:		
Durable medical equipment	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
	bed to the 'Rehabilitative and habilitative services and uplication of home health-medical supplies from the	
Base Benchmark Benefit that was Substituted:	Source:	
Prosthetics	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Prosthetics were bundled, and mapped to the 'Rehabi category. The bundled services are a duplication of p existing state Medicaid plan.	ilitative and habilitative services and devices' EHB prosthetic devices and home health-Rehab/Hab from the	
Base Benchmark Benefit that was Substituted:	Source:	
Orthotics	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Orthotics were bundled, and mapped to the 'Rehabili category. The bundled services are a duplication of pexisting state Medicaid plan.	itative and habilitative services and devices' EHB prosthetic devices and home health-Rehab/Hab from the	
Base Benchmark Benefit that was Substituted:	Source:	
Hearing aids	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above u		
	abilitative and habilitative services and devices' EHB	
category. The bundled services are a duplication of p disorders section from the existing state Medicaid pl		

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Cochlear Implants were bundled, and mapped to EHB category. The bundled services are a duplic occupational therapy, language disorders section		Remove
Base Benchmark Benefit that was Substituted:	Source:	
Lab tests, x-ray services, & pathology	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
	dled, and mapped to the 'Laboratory services' EHB of Laboratory and X-ray section from the existing state	
Base Benchmark Benefit that was Substituted:	Source:	
Imaging / diagnostics (e.g., MRI, CT, PET scan)	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
	) were bundled, and mapped to the 'Laboratory services' cation of Laboratory and X-ray section from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Genetic testing	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included about	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
	ped to the 'Laboratory services' EHB category. The bundled ray section from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	1000
Preventive services	Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	g indicating the substituted benefit(s) or the duplicate ve under Essential Health Benefits:	
	ped to the 'Preventive and wellness services and chronic ed services are a duplication of Preventive services from the	
	Source:	
Base Benchmark Benefit that was Substituted:		
Base Benchmark Benefit that was Substituted: Smoking cessation program	Base Benchmark	Remove
Smoking cessation program	g indicating the substituted benefit(s) or the duplicate	Remove



Eyeglasses	Base Benchmark	Remove
	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	Remove
Eyeglasses were bundled, and mapped to the 'Reh	nabilitative and habilitative services and devices' EHB of eyeglasses section from the existing state Medicaid	
Base Benchmark Benefit that was Substituted:  Dentures	Source: Base Benchmark	Remove
Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	
	bilitative and habilitative services and devices' EHB of dentures section from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Skilled nursing	Source: Base Benchmark	Remove
	indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits:	Remove
	e 'Rehabilitative and habilitative services and devices' ation of Skilled Nursing Facility section from the existing	
state Medicaid plan.	,	
	Source: Base Benchmark	Remove
State Medicaid plan.  Base Benchmark Benefit that was Substituted:  Outpatient hospital	Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove
State Medicaid plan.  Base Benchmark Benefit that was Substituted:  Outpatient hospital  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Outpatient hospital - facility services were bundled.	Source: Base Benchmark indicating the substituted benefit(s) or the duplicate	Remove
State Medicaid plan.  Base Benchmark Benefit that was Substituted:  Outpatient hospital  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Outpatient hospital - facility services were bundled. The bundled services are a duplication of Hospital	Source: Base Benchmark  indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits: ed, and mapped to the 'Outpatient hospital' EHB category. al - Outpatient services from the existing state Medicaid  Source:	Remove
State Medicaid plan.  Base Benchmark Benefit that was Substituted:  Outpatient hospital  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Outpatient hospital - facility services were bundled. The bundled services are a duplication of Hospital plan.	Source: Base Benchmark  indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits: ed, and mapped to the 'Outpatient hospital' EHB category. al - Outpatient services from the existing state Medicaid	Remove
State Medicaid plan.  Base Benchmark Benefit that was Substituted:  Outpatient hospital  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Outpatient hospital - facility services were bundled. The bundled services are a duplication of Hospital plan.  Base Benchmark Benefit that was Substituted:  Organ & tissue transplants	Source: Base Benchmark  indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits: ed, and mapped to the 'Outpatient hospital' EHB category. al - Outpatient services from the existing state Medicaid  Source: Base Benchmark  indicating the substituted benefit(s) or the duplicate	
State Medicaid plan.  Base Benchmark Benefit that was Substituted:  Outpatient hospital  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Outpatient hospital - facility services were bundled. The bundled services are a duplication of Hospital plan.  Base Benchmark Benefit that was Substituted:  Organ & tissue transplants  Explain the substitution or duplication, including section 1937 benchmark benefit(s) included above Organ & tissue transplants were bundled, along we see the substitution of the substitution	Source: Base Benchmark  indicating the substituted benefit(s) or the duplicate e under Essential Health Benefits: ed, and mapped to the 'Outpatient hospital' EHB category. al - Outpatient services from the existing state Medicaid  Source: Base Benchmark  indicating the substituted benefit(s) or the duplicate	



Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Newborn child coverage		
Explain why the state/territory chose not to include thi	is benefit:	
Newborn services are billed separately through the new	wborn's Medicaid ID.	



Other 1937 Covered Benefits that are not Ess	ential Health Benefits	ollapse All	
Other 1937 Benefit Provided:	Source:		
Dental	Section 1937 Coverage Option Benchmark Benefit Package	Remove	
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:	-	
Limits for age 21 and older	None		
Scope Limit:			
Services provided within the scope of pr	ractice as defined under state law.		
Other:			
Dental services for non pregnant adults 2 disease states. Pregnant women receive	21 and over are limited to the prevention and amelioration of dental additional services similar to children.		
Other 1937 Benefit Provided:	Source:		
Clinic services	Section 1937 Coverage Option Benchmark Benefit Package	Remove	
Authorization:	Provider Qualifications:	,	
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:			
Services provided within the scope of p	ractice as defined under state law.		
Other:			
Other 1937 Benefit Provided:	Source:		
Targeted Case Management	Section 1937 Coverage Option Benchmark Benefit Package		
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Other			
Amount Limit:	Duration Limit:	_	
	Duration Limit:  None		



	abies First, Tribal members, Healthy Homes (Asthma), d Welfare, Self sufficiency and Substance Abusing Pregnant Children under Age 18.	Remove
Other 1937 Benefit Provided:	Source:	
Non emergency medical transportation	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practic	ce as defined under state law or Administrative rule.	
Other:		
Other 1937 Benefit Provided: Private duty nursing services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	- Colorador
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as defined under state law.		
Services provided within the scope of practic		
Other:		
Other:	ursing services must be medically appropriate and based on a	
Other:  Must meet the level of service criteria and nu	Source:	
Other:  Must meet the level of service criteria and nu physician's order.		
Other:  Must meet the level of service criteria and nu physician's order.  Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	



	Duration Limit:	
None	None	Remove
Scope Limit:		
Services provided within the scope of practic	ce as defined under state law.	
Other:		
Level of Care Assessment		
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Extended services for pregnant women	Package Package	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practic	ce as defined under state law	
Other: An initial needs assessment to assess the basi	ic needs of the expectant mother and develop a client service The program is referred to as the Maternity Case Management	
Other:  An initial needs assessment to assess the basi	ic needs of the expectant mother and develop a client service	
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.	c needs of the expectant mother and develop a client service The program is referred to as the Maternity Case Management Source:	
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:	ic needs of the expectant mother and develop a client service The program is referred to as the Maternity Case Management	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:  Personal Care services	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:  Personal Care services  Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:  Personal Care services  Authorization:  Other	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:  Personal Care services  Authorization:  Other  Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit:	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:  Personal Care services  Authorization:  Other  Amount Limit:  None	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit: None	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:  Personal Care services  Authorization:  Other  Amount Limit:  None  Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit: None	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:  Personal Care services  Authorization:  Other  Amount Limit:  None  Scope Limit:  Services provided within the scope of practic Other:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit: None  or service plan. Personal Care Services include Activities of	Remove
Other:  An initial needs assessment to assess the basi plan (CSP) to optimize pregnancy outcomes. program.  Other 1937 Benefit Provided:  Personal Care services  Authorization:  Other  Amount Limit:  None  Scope Limit:  Services provided within the scope of practicother:  Authorized based upon the plan of treatment	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:  Medicaid State Plan  Duration Limit: None  or service plan. Personal Care Services include Activities of	Remove



Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	Remov
Amount Limit:	Duration Limit:	
Level of care need	Level of care need	
Scope Limit:		
Services provided within the scope	of practice as defined under state law.	
Other:		
Screening and assessment to determi	ne level of care needs	
		Add



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

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V.20130814



	Attachment 3.1-L	OMB Control Number: 0938-1148 OMB Expiration date: 10/31/2014
Be	enefits Assurances	ABP7
EP	PSDT Assurances	Antiques 1994 difference in the difference of the state o
	the target population includes persons under 21, please complete the following assurances regards rescription Drug Coverage Assurances below.	ing EPSDT. Otherwise, skip to the
Th	ne alternative benefit plan includes beneficiaries under 21 years of age.	
<b>V</b>	The state/territory assures that the notice to an individual includes a description of the method f (42 CFR 440.345).	or ensuring access to EPSDT services
<b>√</b>	The state/territory assures EPSDT services will be provided to individuals under 21 years of agreeritory plan under section 1902(a)(10)(A) of the Act.	e who are covered under the state/
	Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or additional benefits to ensure EPSDT services:	whether the state/territory will provide
	Through an Alternative Benefit Plan.	
	C Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as	defined in 1905(r).
O	Other Information regarding how ESPDT benefits will be provided to participants under 21 years	of age (optional):
	rescription Drug Coverage Assurances	The section 1027 of the Act and
<b>√</b>	The state/territory assures that it meets the minimum requirements for prescription drug coverage implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each category and class or the same number of prescription drugs in each category and class as the beautiful drugs in each category.	ach United States Pharmacopeia (USP)
<b>√</b>	The state/territory assures that procedures are in place to allow a beneficiary to request and gain prescription drugs when not covered.	access to clinically appropriate
<b>✓</b>	The state/territory assures that when it pays for outpatient prescription drugs covered under an requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, exceed directly contrary to amount, duration and scope of coverage permitted under section 1937 of the	ept for those requirements that are
<b>√</b>	The state/territory assures that when conducting prior authorization of prescription drugs under complies with prior authorization program requirements in section 1927(d)(5) of the Act.	an Alternative Benefit Plan, it
o	Other Benefit Assurances	
<b>V</b>	The state/territory assures that substituted benefits are actuarially equivalent to the benefits the plan, and that the state/territory has actuarial certification for substituted benefits available for	
<b>√</b>	The state/territory assures that individuals will have access to services in Rural Health Clinics (Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Section 1905(a)(2).	
<b>√</b>	The state/territory assures that payment for RHC and FQHC services is made in accordance wi 1902(bb) of the Social Security Act.	th the requirements of section



recommended by the Institute of Medicine (IOM).

## **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

#### PRA Disclosure Statement

infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women

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V.20130807



OMB Control Number: 0938-1148

Attachment 3.1-L OMB Expiration date: 10/31/2014 Service Delivery Systems ABP8 Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area. Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s). Select one or more service delivery systems: Managed care. Managed Care Organizations (MCO). Prepaid Inpatient Health Plans (PIHP). Prepaid Ambulatory Health Plans (PAHP). Primary Care Case Management (PCCM). Fee-for-service. Other service delivery system. **Managed Care Options Managed Care Assurance** The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6. **Managed Care Implementation** Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts. Individuals on the OHP Standard Reservation List were mailed a letter in September that explains how they may apply for Medicaid expansion benefits for January 1, 2014. The Authority is coordinating mailings to potential new eligbles prevent duplicate contacts. OHP Standard beneficiaries with a renewal date after December 31, 2013 will be converted to the Medicaid expansion program effective January 1, 2014. An eligibility-related notice will be mailed explaining the new program; providing an overview of changes to the beneficiaries' benefit plan coverage and explaining reporting requirements. The notice will also be sent with information about managed care enrollment and benefit coverage. Notices for current clients in OHP Standard moving to OHP Plus inform them that they will qualify for OHP Plus services on 1/1/14. We explain that OHP Plus covers more services than OHP Standard and we list those services. We explain that their health plan and providers won't change and contact information is provided if they have questions. Outreach included a letter to all affected clients in November 2013. We held a client focus group that reviewed the letter, created a fact sheet that is currently posted on the web. For providers we plan to mail a letter explaining the change, and revised OARs as needed. Information is/was shared with stakeholders at partner meetings and presentations and the Authority worked with the CCOs to coordinate member communications. MCO: Managed Care Organization Yes The managed care delivery system is the same as an already approved managed care program. The managed care program is operating under (select one):



	C Section 1915(a) voluntary managed care program.			
	C Section 1915(b) managed care waiver.			
	Section 1932(a) mandatory managed care state plan amendment.			
© Section 1115 demonstration.				
	C Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.			
	Identify the date the managed care program was approved by CMS: Jul 5, 2012			
Describe program below:				
	Oregon transitioned from using Fully Capitated Health Plans to Coordinated Care Organizations in 2013. As authorized under an 1115 waiver demonstration Oregon's delivery system has transitioned from using Managed Care Entities(MCE) known as Fully Capitated Health Plans, Dental Care Organizations and Mental Health Organizations to Coordinated Care Organizations beginning in August 2012. Initially, CCOs were required to provide both medical and behavioral health services (formerly provided under different MCEs). CCOs must have a formal contractual relationship with any Dental Care Organization (DCO) in its service area by July 2014. CCOs are located throughout the state. OHA also transitioned Non-Emergent Medical Transportation (NEMT) from the 1915(b) waiver authority to the 1115 Demonstration for both coordinated care and fee-for-service OHP beneficiaries.			
	ditional Information: MCO (Optional)  ovide any additional details regarding this service delivery system (optional):			
The	e managed care delivery system is the same as an already approved managed care program.  Yes  The managed care program is operating under (select one):  Section 1915(a) voluntary managed care program.			
	<ul> <li>✓ Section 1915(b) managed care waiver.</li> <li>✓ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.</li> <li>✓ Identify the date the managed care program was approved by CMS: Jul 5, 2012</li> <li>✓ Describe program below:</li> <li>As described above, under 1115 waiver authority Oregon is transitioning from using Dental Care Organizations to Coordinated Care Organizations by 2014. Some DCO's has already contracted with the CCO's however, some are still stand alone DCO's/PAHPs. DCO's are located throughout the state and provided dental services to those enrolled with the DCO or with the contracted CCO. The CCOs are located throughout the state and coordinate all health related services for their enrollees,</li> </ul>			
Add	<ul> <li>✓ Section 1915(b) managed care waiver.</li> <li>✓ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.</li> <li>Identify the date the managed care program was approved by CMS: Jul 5, 2012</li> <li>Describe program below:</li> <li>As described above, under 1115 waiver authority Oregon is transitioning from using Dental Care Organizations to Coordinated Care Organizations by 2014. Some DCO's has already contracted with the CCO's however, some are still stand alone DCO's/PAHPs. DCO's are located throughout the state and provided dental services to those enrolled with the DCO or with the contracted CCO. The CCOs are located throughout the state and coordinate all health related services for their enrollees, including physical, mental, dental and substance abuse services.</li> </ul>			
	<ul> <li>✓ Section 1915(b) managed care waiver.</li> <li>✓ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.</li> <li>✓ Identify the date the managed care program was approved by CMS: Jul 5, 2012</li> <li>✓ Describe program below:</li> <li>✓ As described above, under 1115 waiver authority Oregon is transitioning from using Dental Care Organizations to Coordinated Care Organizations by 2014. Some DCO's has already contracted with the CCO's however, some are still stand alone DCO's/PAHPs. DCO's are located throughout the state and provided dental services to those enrolled with the DCO or with the contracted CCO. The CCOs are located throughout the state and coordinate all health related services for their enrollees,</li> </ul>			



### **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
- C 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 FFS program operates under an 1115 waiver demonstration as well as 1902(a) state plan coverage. Once determined eligible, an individual will be in FFS for a period of time. The majority of these individuals will be enrolled in a CCO within 2 weeks of determination. Populations that are not enrollable into a CCO would receive services through this FFS option such as Citizen/Alien-Waived Emergency Medical (CAWEM). OHA also transitioned Non-Emergent Medical Transportation (NEMT) from the 1915(b) waiver authority to the 1115 Demonstration for fee-for-service. Services not included in CCOs and reimbursed under FFS for those enrolled in CCOs include items such as: Standard therapeutic class 7 & 11 Prescription drugs, Depakote, Lamictal and their generic equivalents, Hospice services for Members who reside in a skilled Nursing Facility, Long term care services and Therapeutic abortions (abortions comport with the Hyde amendment).

<b>Additional Information:</b>	Fee-For-Service	(Optional)
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Provide any additional details regarding this service delivery system (optional):

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Atta	chment 3.1-L	OMB Expiration date: 10/3	
Employer Sponsored Ins	surance and Payment of Premiums		ABP9
	Alternative Benefit Plan through the payment ional benefits and services provided through a	of employer sponsored insurance for participants Benchmark or Benchmark-Equivalent Benefit	Yes
		pulation covered, the amount of premium assistance learning to the contribution, cost-effectiveness test requirements, and	
state plan that provides pr that the Medicaid benefic plan that equals the benef	emium assistance under section 1905(a) and re ary will receive a benefit package that includes	e individual market through the state's approved Medi- gulations codified at 42 CFR §435.1015, the state ass is a wrap of benefits around the individual market hea. The beneficiary will not be responsible for payment of d at 42 CFR part 447 subpart A."	sures alth
The state/territory otherwise pr	ovides for payment of premiums.		No
	Employer Sponsored Insurance or Payment of	0	

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the Base Benchmark Plan and/or the Medicaid state plan.

### **Alternative Benefit Plan**

OMB Control Number: 0938-1148 Attachment 3.1-L 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

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TN NO: 13-0019-ABP Supersedes TN: Approval Date: 1.09.14 Effective Date: 1.01.14

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Attachment 3.1-L

OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

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