

## **Table of Contents**

**State Name:** Virginia

**State Plan Amendment (SPA) #:** 18-0008

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  
801 Market Street - Suite 9400  
Philadelphia, Pennsylvania 19107



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

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SWIFT #062520184051

September 19, 2018

Jennifer S. Lee, M.D., Director  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Dear Dr. Lee:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Virginia's State Plan Amendment (SPA) 18-0008, Alternative Benefit Plan - Medicaid Expansion. This SPA proposes an Alternative Benefit Plan (ABP) that will align benefits between the ABP and amendments to Attachment 3.1A, and will authorize enrollment of expansion population into the Virginia Medicaid Managed Care (Medallion 4.0) program and the Commonwealth Coordinated Care (CCC) Plus program. The population group for this ABP includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing State Plan pages, and (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.

Please note that the section 1915(b) waiver amendments authorizing the state to enroll the expansion population into the Medallion 4.0 and CCC Plus programs must also be approved before the population can be formally enrolled in Medicaid managed care programs. These waiver amendments have been submitted to CMS and are currently under review.

This SPA is acceptable. Therefore, we are approving SPA 18-0008 with an effective date of January 1, 2019. Enclosed are the approved SPA pages and the Summary Page/CMS-179 Form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,

/S/

Francis McCullough  
Associate Regional Administrator

Enclosures

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

**State/Territory name:** Virginia

**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.*

VA-18-0008

**Proposed Effective Date**

01/01/2019 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Public Law 111-148 (ACA)

**Federal Budget Impact**

|             | Federal Fiscal Year | Amount |
|-------------|---------------------|--------|
| First Year  | 2019                | \$0.00 |
| Second Year | 2020                | \$0.00 |

**Subject of Amendment**

Medicaid Expansion - Alternative Benefit Plan

**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: Emily McClellan

Last Revision Date: Aug 31, 2018

Submit Date: Jun 22, 2018



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VA - 18 - 0008

## 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? |          |
|----------|--------------------|---------------------------------------|----------|
| <b>+</b> | Adult Group        | Mandatory                             | <b>X</b> |

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

### Geographic Area

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

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

### PRA Disclosure Statement

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

V.20160722

Virginia.gov Agencies | Governor

**Board** Board of Medical Assistance Services

## General Notice

**Public Notice: State Plan Amendment Establishing an Alternative Benefit Plan**

Date Posted: 6/7/2018

Expiration Date: 12/31/2018

Submitted to Registrar for publication: YES

**14 Day Comment Forum** is underway. Began on 6/7/2018 and will end on 6/21/2018**LEGAL NOTICE****COMMONWEALTH OF VIRGINIA****DEPARTMENT OF MEDICAL ASSISTANCE SERVICES****NOTICE OF INTENT TO AMEND****THE VIRGINIA STATE PLAN FOR MEDICAL ASSISTANCE****This Notice was posted on June 7, 2018**

Pursuant to 42 CFR 440.386, the Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to seek approval from the Centers for Medicare and Medicaid Services (CMS) of a state plan amendment (SPA) to establish an Alternative Benefit Plan (ABP) authorized under section 1937 of the Social Security Act for individuals aged 19 to 64 who are eligible for Medicaid pursuant to section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

CMS requires that DMAS develop an ABP for the Medicaid expansion population. DMAS developed an ABP that meets all of the federal requirements for the amount, duration, and scope of benefits. The benefits under the approved ABP will be available to all individuals eligible pursuant to section 1902(a)(10)(A)(i)(VIII) of the Social Security Act and will be delivered through managed care organizations. Beneficiaries may also receive services through the Medicaid fee-for-service program on a transitional basis. The ABP coverage will include essential health benefits (ambulatory services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, rehabilitation and habilitative services, prescription drugs, laboratory, preventive services, and pediatric services). Any service limits or cost sharing currently authorized under the approved Medicaid State Plan will apply to the ABP. The proposed ABP will include the full range of Early Periodic Screening, Diagnoses, and Treatment (EPSDT) program benefits available under the Virginia State Plan for individuals under the age of 21.

DMAS is soliciting input from stakeholders, providers and beneficiaries on the potential impact of the proposed state plan amendment to establish the ABP for individuals aged 19 to 64 who are eligible for Medicaid pursuant to section 1902(a)(10)(A)(i)(VIII) of the Social Security Act. Written comments or inquiries may be submitted within 14 days of this notice publication to Emily McClellan, Policy and Research Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, VA 23219, [Emily.McClellan@dmas.virginia.gov](mailto:Emily.McClellan@dmas.virginia.gov) or may be submitted on the Regulatory Town Hall website: <http://townhall.virginia.gov/L/Forums.cfm>

The State assures compliance with the provisions of Section 5006 (e) of the American Recovery and

Reinvestment Act of 2009 related to Tribal populations. (There are no Indian Health Providers or Indian Health Services in the Commonwealth of Virginia.)

To request a copy of the ABP SPA or a copy of this notice, contact Emily McClellan, Policy and Research Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, VA 23219, or [Emily.McClellan@dmas.virginia.gov](mailto:Emily.McClellan@dmas.virginia.gov)

**Contact Information**

|                       |  |
|-----------------------|--|
| <b>Name / Title:</b>  | Emily McClellan / <i>Regulatory Manager</i>  |
| <b>Address:</b>       | Division of Policy and Research<br>600 E. Broad St., Suite 1300<br>Richmond, 23219       |
| <b>Email Address:</b> | <a href="mailto:Emily.McClellan@dmas.virginia.gov">Emily.McClellan@dmas.virginia.gov</a> |
| <b>Telephone:</b>     | (804)371-4300 FAX: (804)786-1680 TDD: (800)343-0634                                      |



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VA - 18 - 0008

**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.

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.

Virginia has fully aligned the benefits in the ABP with its approved Medicaid State Plan by using duplication, substitution and including remaining Medicaid State Plan services as other Section 1937 covered benefits while still meeting the requirements of all Essential Health 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.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VA - 18 - 0008

## Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

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

Name of benefit package:

## Selection of the Section 1937 Coverage Option

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

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

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

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

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

## Selection of Base Benchmark Plan





# Alternative Benefit Plan

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

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

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

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

Plan name:

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

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

### PRA Disclosure Statement

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V.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VA - 18 - 0008

## 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.

Other Information Related to Cost Sharing Requirements (optional):

### PRA Disclosure Statement

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

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# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VA - 18 - 0008

## 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:

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



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Physician's 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:

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:

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Up to 23 hours

Scope Limit:

Observation bed services may be provided for up to 23 hours. A stay of 24 hours or more requires inpatient pre-certification.



# Alternative Benefit Plan

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

Required to cover preventive, diagnostic, therapeutic, rehabilitative or palliative outpatient services, and limited oral surgery. Certain procedures require prior authorization. DMAS reimburses for outpatient hospital services using the enhanced Ambulatory Patient Group (EAPG) methodology licensed by 3M.

Benefit Provided:

Clinic Services

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:

Required to cover preventive, diagnostic, therapeutic, rehabilitative or palliative outpatient services, and limited oral surgery. Certain procedures require prior authorization.

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Home health aides visit limit: 32 per SFY

Duration Limit:

None

Scope Limit:

See "other" information

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

Initial 5 visits per state fiscal year for a licensed nurse or physical therapy, occupational therapy, speech language pathology do not require prior authorization. Additional visits require prior authorization. Home health aide services limited to 32 visits per state fiscal year.

Benefit Provided:

Hospice Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

Limited to patients with life expectancy of six months or less. See "other" information

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

Physician must certify patient is terminally ill with a life expectancy of six months or less. Continuous home care requires the provision of a minimum of 8 hours per day. 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 Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services covered as a result of an accident.

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

Required to cover CPT codes billed by an MD as a result of an accident. Required to cover CPT and other "non-CDT" procedure codes billed for medically necessary procedures of the mouth for adults and children. Required to cover anesthesia and hospitalization if required to provide dental care.

Benefit Provided:

Clinical Trials for Cancer

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Clinical trials are considered under EPSDT when no acceptable or effective standard treatment is available for the medical condition of individuals ages 19-20.

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

Benefit Provided:

Clinical Trials for life-threatening disease

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:

Clinical trials are considered under EPSDT when no acceptable or effective standard treatment is available for the medical condition of individuals ages 19-20.

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

Benefit Provided:

Induced Abortion

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Scope

Duration Limit:

See Scope

Scope Limit:

Coverd only in situations described in the Hyde Amendments (see below)

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

Abortions are only covered in cases of rape, incest, jeopardy to the life of the mother, or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Commonwealth statute requires the Commonwealth to use general funds to cover abortions in the case of rape and incest. The Commonwealth does not draw down federal funds in these cases.

Benefit Provided:

Non-Emergency Medical Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

See Below.



# Alternative Benefit Plan

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

Non-Emergency Medical Transportation (NEMT) covers transportation for Medicaid enrollees to and from Medicaid-covered services. This service is provided through a broker for fee-for-service Medicaid recipients and through the Medicaid Managed Care Organizations for Medicaid recipients in managed care. Transportation is arranged through the most appropriate mode, including non-emergency ambulance, stretcher van, wheelchair van, common carrier bus services, commercial taxicab services, public transit services, and mileage reimbursement for private vehicles. Transportation services are covered when the recipient does not have an operable automobile and no transportation is available from a spouse or parent. (Exceptions are granted for specified critical services.) Transportation is provided for the nearest available source of care capable of providing the patient's medical needs. Curb-to-curb, door-to-door, and hand-to-hand service is provided based on the patient's needs. Non-covered transportation services: from a nursing home to another facility for care when the nursing home can and should provide the service; to a mental institution when the admission is court-ordered; for routine physicals and immunizations (except EPSDT services); for picking up prescriptions at a pharmacy when the drugs can be delivered or mailed; for picking up WIC vouchers; for services outside Virginia except for border areas; and for any non-covered service.

Benefit Provided:

Family Planning Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Vision Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Routine Eye Exam every two years

Duration Limit:

None

Scope Limit:

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

Diagnostic exams and optometric treatment procedures and services and eye prostheses.





# Alternative Benefit Plan

|  |                                    |
|--|------------------------------------|
|  | <input type="button" value="Add"/> |
|--|------------------------------------|



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Emergency Hospital Services--Outpatient Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

All emergency services covered without service authorization. Services needed to ascertain whether an emergency exists covered. Individual's choice of provider not restricted.

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:

All transportation is covered to ensure individuals have necessary access to and from providers of medical services for emergency services.

Add



# Alternative Benefit Plan

## 3. Essential Health Benefit: Hospitalization

Collapse All

|   |                          |                                       |
|---|--------------------------|---------------------------------------|
| Benefit Provided:   | Source:                  | <input type="button" value="Remove"/> |
| Inpatient Hospitalization Services  | State Plan 1905(a)       |                                       |
| Authorization:  | Provider Qualifications: |                                       |
| Prior Authorization   | 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:  |                          |                                       |
| Required to cover inpatient stays in general acute care and rehabilitation hospitals for all members; Required to comply with radical or modified radical mastectomy, total or partial mastectomy length of stay requirements. Prior Authorization required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission. |                          |                                       |

|  |                          |                                       |
|--|--------------------------|---------------------------------------|
| Benefit Provided:  | Source:                  | <input type="button" value="Remove"/> |
| Physicians' Services--Inpatient  | 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: |                          |                                       |
| <input type="text"/>   |                          |                                       |

|  |                          |                                       |
|--|--------------------------|---------------------------------------|
| Benefit Provided:  | Source:                  | <input type="button" value="Remove"/> |
| Hospice Care Services--Inpatient   | State Plan 1905(a)       |                                       |
| Authorization:   | Provider Qualifications: |                                       |
| Prior Authorization  | Medicaid State Plan      |                                       |
| Amount Limit:  | Duration Limit:          |                                       |
| None   | None                     |                                       |
| Scope Limit:   |                          |                                       |
| Limited to patients with life expectancy of six months or less. See "other" information. |                          |                                       |



# Alternative Benefit Plan

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

Physician must certify patient is terminally ill with a life expectancy of six months or less. In accordance with section 2302 of the ACA, individuals under the age of 21, will receive hospice care concurrently with curative care.

Add



# Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

|  |  |               |
|--|--|---------------|
| <b>Benefit Provided:</b><br>Inpatient Hospital Services--Maternity Care  | <b>Source:</b><br>State Plan 1905(a)                   | <b>Remove</b> |
| <b>Authorization:</b><br>Prior Authorization   | <b>Provider Qualifications:</b><br>Medicaid State Plan |               |
| <b>Amount Limit:</b><br>None   | <b>Duration Limit:</b><br>None                         |               |
| <b>Scope Limit:</b><br>None  |  |               |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br>Required to comply with maternity length of stay requirements. Prior Authorization required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission. |  |               |

|   |  |               |
|---|--|---------------|
| <b>Benefit Provided:</b><br>Other Licensed Practitioners'--Maternity Care   | <b>Source:</b><br>State Plan 1905(a)                   | <b>Remove</b> |
| <b>Authorization:</b><br>None   | <b>Provider Qualifications:</b><br>Medicaid State Plan |               |
| <b>Amount Limit:</b><br>None  | <b>Duration Limit:</b><br>None                         |               |
| <b>Scope Limit:</b><br>None   |  |               |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br><br> |  |               |

|   |  |               |
|---|--|---------------|
| <b>Benefit Provided:</b><br>Nurse Midwife Services  | <b>Source:</b><br>State Plan 1905(a)                   | <b>Remove</b> |
| <b>Authorization:</b><br>None   | <b>Provider Qualifications:</b><br>Medicaid State Plan |               |
| <b>Amount Limit:</b><br>None  | <b>Duration Limit:</b><br>None                         |               |
| <b>Scope Limit:</b><br>None   |  |               |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br><br> |  |               |



# 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:

Physician's 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:

Outpatient Hospital Services--Maternity Care

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

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

Collapse All

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:  | Source:                  | Remove |
| Mental Health Outpatient   | State Plan 1905(a)       |        |
| Authorization:   | Provider Qualifications: |        |
| Prior Authorization  | Medicaid State Plan      |        |
| Amount Limit:  | Duration Limit:          |        |
| None   | None                     |        |
| Scope Limit:   |                          |        |
| Limited to medically necessary services targeting a behavioral health diagnosis.   |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: |                          |        |
| A parity analysis has been performed and all services comply with each of the requirements of the parity rules.                |                          |        |

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:  | Source:                  | Remove |
| Mental Health Inpatient  | State Plan 1905(a)       |        |
| Authorization:   | Provider Qualifications: |        |
| Prior Authorization  | Medicaid State Plan      |        |
| Amount Limit:  | Duration Limit:          |        |
| None   | None                     |        |
| Scope Limit:   |                          |        |
| Limited to medically necessary services targeting a behavioral health diagnosis.   |                          |        |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:   |                          |        |
| Under Medicaid fee-for-service, prior authorization is required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission. Services will not be provided in an Institution of Mental Disease. A parity analysis has been performed and all services comply with each of the requirements of the parity rules. |                          |        |

|                          |                          |        |
|--------------------------|--------------------------|--------|
| Benefit Provided:        | Source:                  | Remove |
| Substance Use Outpatient | 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:

A parity analysis has been performed and all services comply with each of the requirements of the parity rules.

Benefit Provided:

Substance Use Inpatient

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:

Under Medicaid fee-for-service, prior authorization is required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission. Virginia has an approved SUD 1115 that allows for coverage and payment of services for Medicaid-eligible individuals residing in an IMD. A parity analysis has been performed and all services comply with each of the requirements of the parity rules.

Benefit Provided:

Psychiatric Residential Treatment Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below.

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

Specialized 24-hour treatment in a licensed Residential Treatment Center or intermediate care facility. It offers individualized and intensive treatment and includes: 1) Observation and assessment by a psychiatrist weekly or more often; and 2) Rehabilitation, therapy, education, and recreational or social activities. A parity analysis has been performed and all services comply with each of the requirements of the parity rules.

Benefit Provided:

SUD Residential Treatment Services

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:

See below.

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

These services include Clinically Managed Low-Intensity Residential Services, Clinically Managed Residential Withdrawal Management, Clinically Managed Population-Specific High-Intensity Residential Services, and Clinically Managed High-Intensity Residential Services. Virginia has an approved SUD 1115 that allows for coverage and payment of services for Medicaid-eligible individuals residing in an IMD. A parity analysis has been performed and all services comply with each of the requirements of the parity rules.

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.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

Virginia'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:

Inpatient Hospital Services--Rehabilitation

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:

Prior Authorization required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission.

Benefit Provided:

Respiratory Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

For ventilator dependent patients in accordance with 42 CFR 440.185

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

Benefit Provided:

Physicians' Services--Rehab

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

|   |   |               |
|---|---|---------------|
| <input type="text"/>  |   |               |
| <b>Benefit Provided:</b><br>Medical Supplies and Equipment  | <b>Source:</b><br>State Plan 1905(a)                      | <b>Remove</b> |
| <b>Authorization:</b><br>Prior Authorization  | <b>Provider Qualifications:</b><br>Medicaid State Plan    |               |
| <b>Amount Limit:</b><br>Defined by predetermined limits   | <b>Duration Limit:</b><br>Defined by predetermined limits |               |
| <b>Scope Limit:</b><br>Defined by predetermined limits  |   |               |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br>Amounts, types, and duration of usage that go beyond predetermined limits set by DMAS must be prior authorized. When determined to be cost-effective by DMAS, payment may be made for rental of equipment in lieu of a purchase. |   |               |
| <b>Benefit Provided:</b><br>Prosthetic Devices  | <b>Source:</b><br>State Plan 1905(a)                      | <b>Remove</b> |
| <b>Authorization:</b><br>Prior Authorization  | <b>Provider Qualifications:</b><br>Medicaid State Plan    |               |
| <b>Amount Limit:</b><br>None  | <b>Duration Limit:</b><br>None                            |               |
| <b>Scope Limit:</b><br>See below  |   |               |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br>Services are prior authorized to ensure the provision of the minimum applicable device necessary for the activities of daily living.   |   |               |
| <b>Benefit Provided:</b><br>Physical Therapy  | <b>Source:</b><br>State Plan 1905(a)                      | <b>Remove</b> |
| <b>Authorization:</b><br>Authorization required in excess of limitation   | <b>Provider Qualifications:</b><br>Medicaid State Plan    |               |
| <b>Amount Limit:</b><br>See "Other" below   | <b>Duration Limit:</b><br>See "Other" below               |               |
| <b>Scope Limit:</b><br>See "Other" below  |   |               |



# Alternative Benefit Plan

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

Initial 5 visits provided without prior authorization. Additional visits may be provided if medically necessary with prior authorization.  
A written plan of care shall be reviewed by the physician or licensed practitioner every 60 days for acute conditions, or annually for nonacute conditions. Stand-alone physical therapy and related services in accordance with 42CFR 440.110 will be used to define habilitation. Physical therapy is considered rehabilitative/habilitative service.

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" below

Duration Limit:

See "Other" below

Scope Limit:

See "Other" below

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

Initial 5 visits provided without prior authorization. Additional visits may be provided if medically necessary with prior authorization.  
A written plan of care shall be reviewed by the physician or licensed practitioner every 60 days for acute conditions, or annually for nonacute conditions. Stand-alone occupational therapy and related services in accordance with 42CFR 440.110 will be used to define habilitation. Occupational therapy is considered rehabilitative/habilitative service.

Benefit Provided:

Speech Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" below

Duration Limit:

See "Other" below

Scope Limit:

See "Other" below

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

Initial 5 visits provided without prior authorization. Additional visits may be provided if medically necessary with prior authorization.  
A written plan of care shall be reviewed by the physician or licensed practitioner every 60 days for acute conditions, or annually for nonacute conditions. Stand-alone speech therapy and related services in



# Alternative Benefit Plan

accordance with 42CFR 440.110 will be used to define habilitation. Speech therapy is considered rehabilitative/habilitative service.

Benefit Provided:

Audiology Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" below

Duration Limit:

See "Other" below

Scope Limit:

See "Other" below

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

Initial 5 visits provided without prior authorization. Additional visits may be provided if medically necessary with prior authorization.

A written plan of care shall be reviewed by the physician or licensed practitioner every 60 days for acute conditions, or annually for nonacute conditions. Stand-alone audiology therapy and related services in accordance with 42CFR 440.110 will be used to define habilitation. Audiology therapy is considered rehabilitative/habilitative service.

Benefit Provided:

Cardiac Therapy

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:

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory & X-ray Services

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:

Some procedures require prior authorization.

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:

Preventive Care/Screening/Immunizations

Source:

State Plan 1905(a)

Remove

Add





# Alternative Benefit Plan

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

|  |  |               |
|--|--|---------------|
| <b>Benefit Provided:</b><br>Medicaid State Plan EPSDT Benefits   | <b>Source:</b><br>State Plan 1905(a)                   | <b>Remove</b> |
| <b>Authorization:</b><br>Other   | <b>Provider Qualifications:</b><br>Medicaid State Plan |               |
| <b>Amount Limit:</b><br>None   | <b>Duration Limit:</b><br>Up to age 21                 |               |
| <b>Scope Limit:</b><br>None  |  |               |
| <b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div> |  |               |

**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:

Primary Care Illness/Injury

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: non-interactive telemedicine services and non-preventive nutritional therapy/counseling services are excluded.

Base Benchmark Benefit that was Substituted:

Specialist Office Visits

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: non-interactive telemedicine services and non-preventive nutritional therapy/counseling services are excluded.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visit

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:

Duplication: Covered under the Virginia Medicaid State Plan as Other Licensed Practitioners' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: non-interactive telemedicine services and non-preventive nutritional therapy/counseling services are excluded.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery

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:

Duplication: Covered under the Virginia Medicaid State Plan as Outpatient Hospital Services and as Clinic Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: The plan does not cover oral surgery that is dental in origin, reversal of voluntary sterilization, radial keratotomy, keratoplasty, lasik and other surgical procedures to correct refractive defects, surgeries for sexual dysfunction or sexual transformation.

Base Benchmark Benefit that was Substituted:

Urgent Care Visit

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:

Duplication: Covered under the Virginia Medicaid State Plan as Clinic Services under EHB1: Ambulatory Patient Services

Base Benchmark Benefit that was Substituted:

Ambulatory Surgery Center

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:

Duplication: Covered under the Virginia Medicaid State Plan as Clinic Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: The plan does not cover oral surgery that is dental in origin, reversal of voluntary sterilization, radial keratotomy, keratoplasty, lasik and other surgical procedures to correct refractive defects, surgeries for sexual dysfunction or sexual transformation.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Facility

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:

Duplication: Covered under the Virginia Medicaid State Plan as Outpatient Hospital Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Radiation Therapy

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Outpatient Hospital Services and Clinic Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Accidental Dental

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:

Duplication: Covered under the Virginia Medicaid State Plan as Medical and Surgical Services Furnished by a Dentist under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: Includes dental work, to include oral/surgical correction needed to treat injuries to the jaw, sound natural teeth, mouth or face as a result of an accident. Dental appliances required to diagnose or treat an accidental injury to the teeth. Treatment must begin within 12 months of the injury, or as soon after that as possible to be a covered service.

Base Benchmark Benefit that was Substituted:

Infusion Therapy

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:

Duplication: Covered under the Virginia Medicaid State Plan as Clinic Services and Home Health Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Chemotherapy

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Outpatient Hospital Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Outpatient End Stage Renal Disease Treatment

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Diagnostic Colonoscopy

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Allergy Testing, Treatment

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

In-Home Hospice

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:

Duplication: Covered under the Virginia Medicaid State Plan as Hospice Care Services under EHB1: Ambulatory Patient Services.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

TMJ Diagnostic, Surgical Procedures

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services and Outpatient Hospital Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: Does not cover appliances for temporomandibular joint pain.

Base Benchmark Benefit that was Substituted:

Lymphedema Treatment, Equip, Supplies, Therapy

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Blood & Blood Services, Hemophilia, Cong. Bleeding

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services and Home Health Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Telemedicine

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Sleep Testing and Treatment

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:

Duplication: Covered under the Virginia Medicaid State Plan as Clinic Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Vision Services (All Members/All Ages)

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.  
Base Benchmark Plan: Benefits include cost of prescribed eyeglasses or contact lenses when required as a result of surgery, or for the treatment of accidental injury. Services for exams and replacement of these eyeglasses or contact lenses will be covered only if the prescription change is related to the condition that required the original prescription. The purchase and fitting of eyeglasses or contact lenses are covered if prescribed to replace the human lens lost due to surgery or injury; pinhole glasses for use after surgery for a detached retina; lenses are prescribed instead of surgery if contact lenses are used for the treatment of infantile glaucoma; corneal or scleral lenses in connection with keratoconus; scleral lenses to retain moisture control when normal tearing is not adequate; corneal or scleral lenses are required to reduce corneal irregularity other than astigmatism.

Base Benchmark Benefit that was Substituted:

Home Health Care - 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:

Substitution: Home Health Care Services under EHB 1: Ambulatory Services was substituted for Medicaid Home Health Services - Intermittent and Part Time and Home Health Aide Services.  
Base Benchmark Plan: Limited to 100 visits per member per year.

Base Benchmark Benefit that was Substituted:

Pregnancy Testing

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:

Duplication: Covered under the Virginia Medicaid State Plan as Family Planning Services and Supplies under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Services for the Interruption of Pregnancy

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:

Duplication: Covered under the Virginia Medicaid State Plan as Induced Abortion Services only as allowed under the Hyde Amendment under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Clinical Trials For Cancer--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:

Substitution: Clinical Trials for Cancer for Adults under EHB1: Ambulatory Services was substituted for Medicaid Non-Emergency Medical Transportation. (Clinical Trials are covered for children under EPSDT.)



# Alternative Benefit Plan

Base Benchmark Plan: Coverage provided as long as the clinical trial is not considered experimental/investigative at Anthem's sole discretion.

Base Benchmark Benefit that was Substituted:

Clinical Trials--Life Threat Disease--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:

Substitution: Clinical Trials for Life-Threatening Disease for Adults under EHB1: Ambulatory Services was substituted for Medicaid Non-Emergency Medical Transportation. (Clinical Trials are covered for children under EPSDT.)

Base Benchmark Plan: Coverage provided as long as the clinical trial is not considered experimental/investigative at Anthem's sole discretion.

Base Benchmark Benefit that was Substituted:

Chiropractic Care--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:

Substitution: Chiropractic care under EHB 1: Ambulatory Services was substituted for Medicaid Non-Emergency Medical Transportation.

Base Benchmark Benefit that was Substituted:

Private Duty Nursing--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:

Substitution: Private Duty Nursing Services under EHB 1: Ambulatory Services was substituted for Medicaid Non-Emergency Medical Transportation.

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Emergency Hospital Services--Outpatient Hospital under EHB 2: Emergency Services

Base Benchmark Plan: Visits to out-of-network emergency rooms for emergency services are covered at in-network levels and cost shares apply. Provider may balance bill for amounts in excess of the maximum allowed amount.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

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:

Duplication: Covered under the Virginia Medicaid State Plan as Transportation Services--Outpatient





# Alternative Benefit Plan

Hospital under EHB 2: Emergency Services  
Base Benchmark Plan: Professional ambulance services to or from the nearest facility or provider adequate to treat the condition are covered.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Air

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:

Duplication: Covered under the Virginia Medicaid State Plan as Transportation Services--Outpatient Hospital under EHB 2: Emergency Services  
Base Benchmark Plan: Air ambulance covered only when it is not appropriate to use a ground or water ambulance.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Stay

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization  
Base Benchmark Plan: Private rooms not covered unless medically necessary.

Base Benchmark Benefit that was Substituted:

Inpatient Physician & Surgical Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB 3: Hospitalization.  
Base Benchmark Plan: Staff consultations required by hospital, consultations asked for by the patient, routine consultations, phone consultations, or EKG transmittals by phone are not covered.

Base Benchmark Benefit that was Substituted:

Hospice

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:

Duplication: Covered under the Virginia Medicaid State Plan as Hospice Services under EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Transplant Surgery--Patient

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3:



# Alternative Benefit Plan

Hospitalization. Medicaid State Plan covers all organs covered under the base benchmark plan.  
Base Benchmark Plan: Medically necessary organ and tissue transplants are covered.

Base Benchmark Benefit that was Substituted:

Transplant Surgery--Donor

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization. Medicaid State Plan covers all organs covered under the base benchmark plan.  
Base Benchmark Plan: When a covered human organ or tissue transplant is provided from a living donor to a member, both the recipient and the donor may receive covered benefits.

Base Benchmark Benefit that was Substituted:

Surgery to Correct Congenital Anomalies

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Oral & Maxillofacial Surgery

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization.  
Base Benchmark Plan: Maxillary or mandibular frenectomy when not related to a dental procedure.

Base Benchmark Benefit that was Substituted:

Reconstructive Breast Surgery Post Mastectomy

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Postmastectomy/Lymph Node Dissection Inpat Care

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Minimum Hospital Stay for Hysterectomy

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

TMJ Surgical Procedures

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Hemophilia & Congenital Bleeding Disorders

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Diagnostic Genetic Testing & Counseling

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Outpatient Hospital Services under EHB 1: Ambulatory Patient Services and Inpatient Hospital Services under EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Prenatal & Postnatal Care

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services: Maternity Care under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Prenatal Screenings

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services: Maternity Care under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Delivery and Inpatient Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services: Maternity Care under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Delivery by Midwife

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:

Duplication: Covered under the Virginia Medicaid State Plan as Nurse Midwife Services: Maternity Care under EHB 4: Maternity and Newborn Care Services.

Base Benchmark Benefit that was Substituted:

Postnatal Care (Baby)

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services: Maternity Care under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Postnatal Care (Mother)

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services: Maternity Care under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Routine Newborn Nursery and Care

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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services: Maternity Care under EHB 4: Maternity and Newborn Care



# Alternative Benefit Plan

|   |                           |        |
|---|---------------------------|--------|
| Base Benchmark Benefit that was Substituted:<br>Breastfeeding/Lactation Counseling & Equipment  | Source:<br>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:<br>Duplication: Covered under the Virginia Medicaid State Plan as Other Practitioners' Services. Breastfeeding/lactation counseling is covered under EHB 9: Preventive and Wellness Services and supplies are covered under EHB 7: Supplies.<br>Base Benchmark Plan: One breast pump per pregnancy. |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Mental Health/Behavioral Health Outpatient Service  | Source:<br>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:<br>Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Mental Health, Outpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.   |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Mental Health/Behavioral Health Inpatient Services  | Source:<br>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:<br>Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Mental Health, Inpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.  |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Substance Use Disorder Outpatient Services  | Source:<br>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:<br>Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Substance Use, Outpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.   |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Substance Use Disorder Inpatient/Detox & Rehab  | Source:<br>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:<br>Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Substance Use, Inpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.  |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Partial Day/Intensive Outpatient Services   | Source:<br>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:

Duplication: Covered under the Virginia Medicaid State Plan for Substance Use Disorders as Rehabilitation Services--Mental Health, Outpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.

Base Benchmark Plan: A partial day program must be licensed or approved by the state and must include either a day or evening treatment program, which lasts at least six or more continuous hours per day for mental health or substance abuse, or an intensive outpatient program, which lasts 3 or more continuous hours per day for treatment of alcohol or drug dependence.

Base Benchmark Benefit that was Substituted:

Residential Treatment Services

Source:

Base Benchmark

Remove

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

Duplication: Covered for Substance Use Disorders under a Virginia Medicaid 1115 Waiver as Rehabilitation Services--Substance Use Disorder Inpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health. The 1115 allows for coverage and payment of services for Medicaid-eligible individuals residing in an IMD. Psychiatric Residential Treatment is covered under the Medicaid State Plan for individuals under 21.

Base Benchmark: Specialized 24-hour treatment in a licensed Residential Treatment Center or intermediate care facility. It offers individualized and intensive treatment and includes: 1) Observation and assessment by a psychiatrist weekly or more often; and 2) Rehabilitation, therapy, education, and recreational or social activities.

Base Benchmark Benefit that was Substituted:

Generic Drugs, Including Specialty & Biological

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:

Duplication: Covered under the Virginia Medicaid State Plan as Prescribed Drugs under EHB 6: Prescription Drugs.

Base Benchmark Plan: Anthem national formulary medications.

Base Benchmark Benefit that was Substituted:

Preferred Brand Drugs, Including Specialty & biolo

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:

Duplication: Covered under the Virginia Medicaid State Plan as Prescribed Drugs under EHB 6: Prescription Drugs.

Base Benchmark Plan: Anthem national formulary medications.

Base Benchmark Benefit that was Substituted:

Non-Preferred Brand Drugs, Incl Spec & Biological

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:

Duplication: Covered under the Virginia Medicaid State Plan as Prescribed Drugs under EHB 6: Prescription Drugs.  
Base Benchmark Plan: Anthem national formulary medications.

Base Benchmark Benefit that was Substituted:

Injectable Drugs & Drugs Admin in Outpatient Setti

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:

Duplication: Covered under the Virginia Medicaid State Plan as Prescribed Drugs under EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Prescription Contraceptives

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:

Duplication: Covered under the Virginia Medicaid State Plan as Family Planning Services under EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Inpatient Rehabilitation/Habilitation Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 7: Rehabilitative, Habilitative Services & Devices.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Physical Therapy & Related Services under EHB 7: Rehabilitative, Habilitative Services & Devices.  
Base Benchmark Plan: Limit is combined for physical and occupational therapy, habilitative and rehabilitative.

Base Benchmark Benefit that was Substituted:

Physical/Occupational Therapy

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Physical Therapy & Related Services



# Alternative Benefit Plan

under EHB 7: Rehabilitative, Habilitative Services & Devices.  
Base Benchmark Plan: Limit of 30 visits per member per year.

Base Benchmark Benefit that was Substituted:

Speech Therapy

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Physical Therapy & Related Services under EHB 7: Rehabilitative, Habilitative Services & Devices.  
Base Benchmark Plan: Limit of 30 visits per member per year.

Base Benchmark Benefit that was Substituted:

Respiratory Therapy

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Respiratory Care Services under EHB 7: Rehabilitative, Habilitative Services & Devices.

Base Benchmark Benefit that was Substituted:

Cardiac Rehabilitation Therapy

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB 7: Rehabilitative, Habilitative Services & Devices.

Base Benchmark Benefit that was Substituted:

Prosthetics

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:

Duplication: Covered under the Virginia Medicaid State Plan as Prosthetic Devices under EHB 7: Rehabilitative, Habilitative Services & Devices.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

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:

Duplication: Covered under the Virginia Medicaid State Plan as Home Health Services--Medical Supplies, Equipment & Appliances under EHB 7: Rehabilitative, Habilitative Services & Devices.





# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Medical Supplies

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:

Duplication: Covered under the Virginia Medicaid State Plan as Home Health Services--Medical Supplies, Equipment & Appliances under EHB 7: Rehabilitative, Habilitative Services & Devices.

Base Benchmark Benefit that was Substituted:

Medical Food Supplements

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:

Duplication: Covered under the Virginia Medicaid State Plan as Home Health Services--Supplies, Equipment & Appliances under EHB 7: Rehabilitation, Habilitation Services and Devices.  
Base Benchmark Plan: Special Medical formulas which are the primary source of nutrition for covered persons with inborn errors of amino acid or organic acid metabolism, metabolic abnormality or severe protein or soy allergies. These formulas must be prescribed by a physician and required to maintain adequate nutritional status.

Base Benchmark Benefit that was Substituted:

Diagnostic Tests

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:

Duplication: Covered under the Virginia Medicaid State Plan as Other Laboratory & X-Ray Services under EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening/Immunization

Source:

Base Benchmark

Remove

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

Duplication: Covered under the Base Benchmark Plan as Preventive Services and Screening Services under EHB 9: Preventive & Wellness Services, Chronic Pain Management.

Base Benchmark Benefit that was Substituted:

Preventive & Screening Services for Children

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:

Duplication: Covered under the Virginia Medicaid State Plan as EPSDT Services under EHB 10: Pediatric Services, Oral and Vision.

Add



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:

Remove

Services for the Interruption of Pregnancy

Base Benchmark

Explain why the state/territory chose not to include this benefit:

Abortions are only covered in cases of rape, incest, jeopardy to the life of the mother, or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Services for the interruption of pregnancy that go beyond these instances which are allowed under the Hyde Amendment are not covered.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:

Remove

Early Intervention Services

Base Benchmark

Explain why the state/territory chose not to include this benefit:

This benefit is for infants ages 0-3 and does not apply to the Medicaid Expansion population.

Add



# Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Extended Services to Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies by Service

Duration Limit:

Varies by Service

Scope Limit:

Varies by Service

Other:

Services are provided in accordance with the State Plan benefit described in Attachment 3.1-A, Attachment 3.1-B, and Supplement 3 to Attachment 3.1-A & B.

Other 1937 Benefit Provided:

FQHC/RHC 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:

Prior Authorization not required.

Other 1937 Benefit Provided:

Nursing 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:

Rehabilitation and Long Term Custodial Care

Other:

Must meet institutional level of care



# Alternative Benefit Plan

Other 1937 Benefit Provided:

ICF/IID

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:

Individuals who meet ICF-IID patient status criteria

Other 1937 Benefit Provided:

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:

Limited to specific groups. See "Other" below.

Other:

Case management services are limited to specific groups of individuals, including: high risk pregnant women and children, seriously mentally ill adults and emotionally disturbed children, youth at risk of serious emotional disturbance, individuals with mental retardation, individuals with mental retardation and related conditions who participate in the Home and Community-Based waivers, recipients of auxiliary grants, foster care children, individuals with developmental disabilities (including autism), and individuals who have a substance use disorder.

Services require authorization to encourage opportunities for effective care management by the health plan and to ensure the level of care is based on the clinical needs of the member.

Other 1937 Benefit Provided:

Comm M.H. Serv--Day Treatment/Partial Hospitaliza

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Services require authorization to encourage opportunities for effective care management by the health plan and to ensure the level of care is based on the clinical needs of the member.

Other 1937 Benefit Provided:

Comm M.H. Serv--Psychosocial Rehabilitation

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 require authorization to encourage opportunities for effective care management by the health plan and to ensure the level of care is based on the clinical needs of the member.

Other 1937 Benefit Provided:

Community M. H. Serv--Crisis Intervention

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:

Registration required

Other 1937 Benefit Provided:

Community M.H. Serv--Intensive Comm Treatment

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



# Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Services require authorization to encourage opportunities for effective care management by the health plan and to ensure the level of care is based on the clinical needs of the member.

Other 1937 Benefit Provided:

Comm M.H. Serv--Independent Living & Recov. Serv.

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 require authorization to encourage opportunities for effective care management by the health plan and to ensure the level of care is based on the clinical needs of the member.

Other 1937 Benefit Provided:

Comm M.H. Serv--Crisis Stabilization 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 require authorization to encourage opportunities for effective care management by the health plan and to ensure the level of care is based on the clinical needs of the member.



# Alternative Benefit Plan

Other 1937 Benefit Provided:

Peer Recovery Support Service

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" below

Duration Limit:

See "Other" below

Scope Limit:

See "Other" below

Other:

A unit of service is defined as 15 minutes. Peer Support Services and Family Support Partners shall be limited to four hours per day (up to 16 units per calendar day). The four hours may be exceeded based on medical necessity. There is a limit of 900 hours per year in a Mental Health setting, plus 900 hours per year in an addiction and recovery treatment setting.

Services require authorization to encourage opportunities for effective care management by the health plan and to ensure the level of care is based on the clinical needs of the member.

Other 1937 Benefit Provided:

PACE

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Restricted to persons age 55 and above.

Other:

Requires meeting nursing facility level of care.

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.20160722





# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VA - 18 - 0008

## 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 ESPDT benefits will be provided to participants under 21 years of age (optional):

### Prescription Drug Coverage Assurances

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

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

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

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

### Other Benefit Assurances

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

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



# 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.20160722



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VA - 18 - 0008

## 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.

DMAS is currently operating a managed care delivery system for most of the Virginia Medicaid population. As such, it already has well-established member, stakeholder, and provider outreach efforts under way. DMAS and its stakeholder partners will ensure that the existing program is able to handle the new Medicaid Adult Expansion Group efficiently and effectively. DMAS' contracted Medicaid Managed Care Organizations have years of experience providing services to similar Medicaid populations in Virginia. DMAS is confident that previous successful implementation of new managed care programs (as well as the expansion of existing program) have provided the experience needed to ensure the smooth roll-out of managed care services to this new population.

### MCO: Managed Care Organization

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

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

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



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Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

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

Describe program below:

There are two 1915(b) waivers utilized by the populations in the ABP. Most of the Medicaid Expansion population will be enrolled in Medallion 4.0 which serves infants, children and adolescents, foster care individuals, pregnant women and parents, or the Commonwealth Coordinated Care (CCC) Plus program serving older adults and disabled individuals.

The Virginia Medicaid Managed Care program (Medallion) operating with contracted MCOs was initially approved by CMS January 1, 1996. The latest CMS re-approval of this program was July 1, 2013. Since its inception, this program has continued to expand the number of populations covered as well as the geographical area served. In July 2013, the managed care program expanded to cover the entire state of Virginia and the CMS authorized this waiver through July 1, 2018 . The latest waiver amendment was submitted to CMS on April 30, 2018.

The CCC Plus waiver was approved April 27, 2017 with an effective date of July 1, 2017 and was approved for five years. An amendment was submitted on May 30, 2018.

Medically frail individuals will be enrolled in CCC Plus; individuals who are not medically frail will be enrolled in Medallion 4.0. The following populations will be excluded from managed care and will remain in fee-for-service: the incarcerated, presumptive hospital eligibility adults less than or equal to 133 percent of FPL, those in government-owned nursing facilities, residents of Tangier island, those related to the birth injury fund, and the portion of Plan First members who do not meet the criteria.

**Additional Information: MCO (Optional)**

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

**Fee-For-Service Options**

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

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

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

The Medicaid fee-for-service (FFS) system provides services to Medicaid-eligible individuals state-wide. The program covers newly-Medicaid-enrolled individuals until they can enroll in a Medicaid-contracted MCO in the managed care program. It also covers the following services and individuals that are carved out of or excluded from the managed care programs that will be serving the Medicaid expansion population: the incarcerated, presumptive hospital eligibility adults less than or equal to 133 percent of FPL, those in government-owned nursing facilities, residents of Tangier island, those related to the birth injury fund, and the portion of Plan First members who do not meet the criteria.

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

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



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## 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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## Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Yes

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

All individuals eligible under Section 1902(a)(10)(A)(i)(VIII) with access to cost-effective health insurance plans (group health plans described in section 1906 or qualified employer-sponsored plans in section 1906A of the Social Security Act) may elect to receive coverage through the State's Health Insurance Premium Payment program. The state assures that health insurance plan coverage is established in sections 3.2 and Attachment 4.22-C of the state's approved Medicaid State Plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the health 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 447 subpart A.

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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## 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.

### 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.

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## 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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