

Table of Contents

State/Territory Name: Montana

State Plan Amendment (SPA) #: 24-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 17, 2026

Rebecca de Camara
State Medicaid Director
Montana Department of Public Health & Human Services
PO Box 4210
Helena, MT 59601

Re: Montana State Plan Amendment (SPA) – 24-0020

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0020. This amendment updates the Alternative Benefit Plan (ABP) templates to align Montana's ABP with Montana's State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.347. This letter informs you that Montana's Medicaid SPA TN 24-0020 was approved on February 13, 2026, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 (Summary Page) and approved Alternative Benefit Plan pages to be incorporated into the Montana State Plan.

If you have any questions, please contact Justyna Redlinski at (312) 353-7370 or via email at Justyna.Redlinski@cms.hhs.gov.

Sincerely,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Carla Rime

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Montana

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

MT-24-0020

Proposed Effective Date

07/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR § 440.347

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00
Second Year	2025	\$ 0.00

Subject of Amendment

DPHHS proposes to amend the Alternative Benefit Plan (ABP) templates to align Montana's ABP with Montana's State Plan as required under Section 1937 of the Social Security Act. In compliance with 42 CFR §440.345, individuals under

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: CARLA RIME

Last Revision Date: Jan 28, 2026

Submit Date: Aug 19, 2024



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L-

A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

Alternative Benefit Plan Populations

ABP1

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

Alternative Benefit Plan Population Name: Adult Expansion Group - Aligned Medicaid

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:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	Adult Group	Mandatory	Remove

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

Yes

Geographic Area

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

Yes

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

Individuals must be: (1) a childless adult between 19 and 64 years of age, with an income at or below 138 percent of the FPL or a parent between 19 and 64 years of age, with an income between 25-138 percent of the FPL; (2) not eligible for Medicare; (3) not pregnant; (4) a United States citizen or qualified alien; and, (5) a resident of Montana.

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.20181119



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

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

ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

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

PRA Disclosure Statement

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: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

Enrollment Assurances - Mandatory Participants

ABP2c

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

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

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

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

- ☐ Review of eligibility criteria (e.g., age, disorder/diagnosis/condition)
- ☐ Self-identification
- ☒ Other

Describe:

Montana offers the same benefit package in the Aligned Medicaid ABP as under the Medicaid standard plan. As such, no identification or additional notification is necessary for ABP exempt populations because they will be receiving the same benefit package.

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

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

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



Alternative Benefit Plan

Describe:

Montana offers the same benefit package in the Aligned Medicaid ABP as under the Medicaid standard plan. As such, no identification or additional notification is necessary for ABP exempt populations because they will be receiving the same benefit package.

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

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

Describe:

Because all beneficiaries will receive the same aligned benefit package, no exemption review is necessary.

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

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

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

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: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

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: Montana Aligned Medicaid ABP

Selection of the Section 1937 Coverage Option

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

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

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

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

(1) The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5; and (2) The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid State Plan.

Selection of Base Benchmark Plan



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):

See MT Aligned Medicaid ABP5.

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: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

Alternative Benefit Plan Cost-Sharing

ABP4

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

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

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

No

Other Information Related to Cost Sharing Requirements (optional):

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

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L-

A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

Benefits Description

ABP5

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

No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Montana Benchmark Plan - Blue Cross Blue Shield of Montana – Blue Preferred Gold PPO 007 (Small Group Market)
Aligned Medicaid ABP

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

Secretary - Approved



Alternative Benefit Plan

☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Physicians' Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 5.a., Physicians' services whether furnished in the office, the patient's home, a nursing facility, or elsewhere.

Benefit Provided:

Medical and Surgical Services by a Dentist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905 (a) (5) (B) of the Act).

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.



Alternative Benefit Plan

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 18 Hospice care (in accordance with section 1905 (o) of the Act).

Benefit Provided:

Certified Pediatric or Family NP Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A, Service 23 Certified pediatric or family nurse practitioners' services and Attachment 3.1-B, Service 21 Certified pediatric or family nurse practitioners' services.

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient hospital services.

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 9, Clinic Services including Service 9.1.a. Diagnostic and evaluation services, Service 9.1.b. Outpatient surgical services, Service 9.1.c. Public health services, and Service 9.1.d. Free-standing dialysis centers/clinics.

Benefit Provided:

Chiropractors' Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Only apply to EPSDT and services considered experimental are not covered.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 6.c., Chiropractors' Services.

Benefit Provided:

Rural Health Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 2.b., Rural Health Clinic services and other ambulatory services furnished by a rural health clinic which are otherwise covered under the plan.

Benefit Provided:

Federally Qualified Health Center (FQHC)

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 2.c., Federally Qualified Health Center services and other ambulatory services that are covered under the plan and furnished in an FQHC in accordance with section 4231 of the State Medicaid Manual.

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:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 4.c., Family planning services and supplies for individuals of childbearing age.

Benefit Provided:

Ambulatory Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A, Service 2.d., Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age.

Benefit Provided:

Podiatrists' Services

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 6.a., Podiatrists' Services.

Add



Alternative Benefit Plan

☒ 2. Essential Health Benefit: Emergency services

Collapse All ☐

Benefit Provided:

Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Ambulance Services: only when a recipient's medical condition requires immediate attention and when a less expensive means of transportation will endanger the patient's health.

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

Reference approved State Plan, Attachment 3.1-A, Service 24.a. Transportation and 24.a.2., Ambulance services will be covered only when a recipient's medical condition requires immediate attention and when a less expensive means of transportation will endanger the patient's health and Attachment 3.1-B, Service 23.a. Transportation and 23.a.2. Ambulance services will be covered only when a recipient's medical condition requires immediate attention and when a less expensive means of transportation will endanger the patient's health.

Benefit Provided:

Emergency Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A 24.e., Emergency hospital services and 3.1-B 23.e., Emergency hospital services.

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 1, Inpatient hospital services other than those provided in an institution for mental diseases.

Benefit Provided:

Organ and Tissue Transplant Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services must be medically necessary and must be performed in accordance with transplant program standards.

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

Reference approved State Plan, Attachment 3.1E, Organ and tissue transplant services.

Add



Alternative Benefit Plan

☒ 4. Essential Health Benefit: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Nurse-Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 17, Nurse-Midwife Services.

Benefit Provided:

Freestanding Birthing Center Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental and the centers must be licensed or otherwise state approved.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 28, Freestanding Birthing Center Services.

Benefit Provided:

Pregnancy-Related and Postpartum Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference Attachment 3.1-A and 3.1-B, Service 20.a. Continuous Eligibility for Pregnant Women and



Alternative Benefit Plan

Extended Postpartum Coverage. This SPA was approved on October 16, 2023 with effective date of July 1, 2023. The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during the period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends.

Benefit Provided:

Ambulatory Prenatal Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 20.b. Services for any other medical conditions that may complicate pregnancy.

Add



Alternative Benefit Plan

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

Collapse All ☐

- ☒ The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:

Other Practitioners' Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 6.d. Other Practitioners' Services, 1(a) Physician, 1(b) Licensed Professional Counselor, 1(c) Licensed Psychologist, 1(d) Licensed Clinical Social Worker, 1(e) Licensed Marriage and Family Therapists, and 1(f) Advance Practice Registered Nurse with a clinical specialty in psychiatric mental health nursing, Service 6.d. Mid-level practitioners including Physician assistants, clinical nurse specialist, a) certified nurse midwife, b) certified registered nurse anesthetist, and c) certified nurse practitioner.

Add



Alternative Benefit Plan

☒ 6. Essential Health Benefit: Prescription drugs

- ☒ The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed 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:

Reference approved State Plan, Supplement to Attachment 3.1A and 3.1B, Service 12a – Prescribed Drugs. The State of Montana's ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescription drugs.



Alternative Benefit Plan

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

Collapse All ☐

- ☒ The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:

Intermittent or Part-Time Nursing Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Does not include respite care, cannot be provided in hospital or nursing facility, services considered experimental, home health aide services and personal care attendant services cannot be received concurrently.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 7.a. Intermittent or Part-Time nursing services provided by a home health agency or by a registered nurse when no home health agency exists.

Benefit Provided:

Home Health Aide Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Does not include respite care, cannot be provided in hospital or nursing facility, services considered experimental, home health aide services and personal care attendant services cannot be received concurrently.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 7.b., Home health aide services provided by a home health agency.

Benefit Provided:

Medical Supplies, Equipment, and Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

Dependent on service type, see scope limit.

Duration Limit:

Dependent on service type, see scope limit.

Scope Limit:

Subject to the Durable Medical Equipment, Prosthetic, Orthotic, and Medical Supply Program, limit of 1 wheelchair ever 5 years, limit of 180 diapers per month, purchases of medical equipment above \$1,000 needs prior authorization, home infusion limit

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 7.c., Medical Supplies, Equipment, and Appliances suitable for use in the home.

Benefit Provided:

PT, OT, or Speech and Audiology Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Audiology services are provided under Attachment 3.1-A, Service 11.c.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 7.d., Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Benefit Provided:

Physical Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

License or unlicensed assistants work under the supervision of a State-licensed therapist, must be provided in accordance with 42 CFR 440.110, services considered experimental are not covered.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 11.a. Physical Therapy.



Alternative Benefit Plan

Benefit Provided:	Source:	Remove
Occupational Therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
License or unlicensed assistants work under the supervision of a State-licensed therapist, must be provided in accordance with 42 CFR 440.110, services considered experimental are not covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 11.b., Occupational Therapy.		

Benefit Provided:	Source:	Remove
Speech, Hearing, and Language Disorder Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
License or unlicensed assistants work under the supervision of a State-licensed therapist, must be provided in accordance with 42 CFR 440.110, services considered experimental are not covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 11.c., Services for Individuals with speech, hearing, and or language disorders provided by or under supervision of a speech pathologist or audiologist.		

Benefit Provided:	Source:	Remove
Prosthetic Devices	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Dependent on service, see scope limit.	Dependent on service, see scope limit.	
Scope Limit:		
Orthopedic shoes excluded unless attached to brace, does not include diabetic shoes, shoe repair and correction not included, hearing aid eval required for hearing aids, 21 and older hearing aid limit to once every 5 years, some prior auth needed.		



Alternative Benefit Plan

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 12.c., Prosthetic Devices.

Add



Alternative Benefit Plan

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Other Laboratory and X-ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 3, Other laboratory and X-ray services.

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:

Preventative Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services limited to group nutrition and lifestyle counseling to prevent diabetes and cardiovascular disease.

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

Reference approved State Plan, Attachment 3.1-A, Service 13.c.A. and 3.1-B, Service 13.c. Preventive Services and Service 13.c.A., Services to prevent diabetes and cardiovascular disease provided to people at risk for diabetes and cardiovascular disease.

Add



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental limitation.

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

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 4.b., Early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, and treatment of conditions found.

Add



Alternative Benefit Plan

<input type="checkbox"/> 11. Other Covered Benefits from Base Benchmark	Collapse All <input type="checkbox"/>
---	---------------------------------------



Alternative Benefit Plan

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

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Outpatient Facility (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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient hospital, 2.b. Rural health clinic, 2.c. Federally qualified health center (FQHC), 2.d. Ambulatory services, and Service 9 Clinic Services. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services (e.g. 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient Hospital Services. Reference EHB 3.

Base Benchmark Benefit that was Substituted:

Inpatient Physician and 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient Hospital Service and Service 5.a. Physicians' Services. Reference EHB 1 and 3.

Base Benchmark Benefit that was Substituted:

Transplant

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 - Reference the Medicaid State Plan Attachment 3.1-E for Standards for the Coverage of Organ Transplant Services. Reference EHB 3.

Base Benchmark Benefit that was Substituted:

Reconstructive 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient hospital services, Service 2.a. Outpatient hospital services, Service 5.a. Physicians' Services, Service 9 Clinic Services, Service 2.c. Federally Qualified Health Center Services, and Service 6(d) Other Practitioner Services. Reference EHB 1 and 3.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 4.c. Family planning services and supplies for individuals of childbearing age, Service 2.c. Federally Qualified Health Center Services (FQHC), Service 5.a. Physicians' Services, Service 6(d) Other Practitioners' Services, Service 9 Clinic Services, 13.c. Preventative Services, Service 17 Nurse Midwife Services, Services 20(a) & (b) Extended Services to Pregnant Women, and Service 21 Ambulatory Prenatal Care. Reference EHB 1 and 4.

Base Benchmark Benefit that was Substituted:

Delivery & Inpatient Services for Maternity 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:

Duplicate - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient Hospital Services, Service 5.a. Physicians' Services, Service 17 Nurse Midwife Services, and Services 20(a) & (b) Extended Services to Pregnant Women. Reference EHB 3 and 4.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 6.d. Other Practitioners' Services, Service 6(d) Psychologists' Services, 6(d) Clinical Social Worker Services, and 6(d) Licensed Practitioner Counselor Services. Reference EHB 5.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 6.d. Other Practitioners' Services, Service 6(d) Psychologists' Services, 6(d) Clinical Social Worker Services, and 6(d) Licensed Practitioner Counselor Services. Reference EHB 5.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1 Inpatient Hospital Services. Reference EHB 3.

Base Benchmark Benefit that was Substituted:

Primary Care Visit to Treat an Injury or Illness

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 5.a. Physicians' Services, Service 2.c. Federally Qualified Health Center Services (FQHC), and Service 9 Clinic Services. Includes: Ambulatory Surgical Centers (ASC). Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Specialist 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 5.a. Physicians' Services, Service 2.c. Federally Qualified Health Center Services (FQHC), and Service 9 Clinic Services. Includes: Ambulatory Surgical Centers (ASC). Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visit (Nurse, PA)

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, Service 5.a. Physicians' Services, and Service 9 Clinic Services. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, and Service 9 Clinic Services. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Dialysis

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 9 Clinic Services, Service 9.1.d. Free-standing dialysis centers/clinics, and Service 2.a. Outpatient Hospital Services. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Allergy Testing

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 5.a. Physicians' Services, Service 2.c. Federally Qualified Health Center Services, Service 9 Clinic Services, and Service 4.b. Early and periodic screening, diagnostic, and treatment services for individuals under 21 years old, and treatment of conditions found. Reference EHB 1 and 10.

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services and Service 5.a. Physicians' Services. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Radiation

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services and Service 5.a. Physicians' Services. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Hospice 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 18 Hospice Care. Reference EHB 1.

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 24(e) Emergency Hospital Services. Also reference Attachment 4.19A, Service 1, Section 10 Related Outpatient Services - Emergency Room Services. Reference EHB 2.

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 34.a. Transportation



Alternative Benefit Plan

Service, and 34.a.2. Ambulance services will be covered only when a recipient's medical condition requires immediate attention and when a less expensive means of transportation will endanger the patient's health. Also reference Attachment 3.1D Methods of Providing Transportation. Reference EHB 2.

Base Benchmark Benefit that was Substituted:

Prescription Drugs (Generic, Preferred, Specialty)

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 12.a. Prescribed Drugs. Covered under the MT Medicaid State Plan as Prescription Drugs and under EHB 6. Prescription Drugs. The State of Montana's ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 9 Clinic Services. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitative 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, Service 13.c. Rehabilitative Services, Service 11.a. Physical Therapy Services, Service 11.b. Occupational Therapy, and Service 11.c. Speech Therapy. Reference EHB 1 and 7.

Base Benchmark Benefit that was Substituted:

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, Service 11.a. Physical Therapy Services, Service 11.b. Occupational Therapy, and Service 11.c. Speech Therapy. Reference EHB 1 and 7.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 7.c. Medical Equipment and Supplies and Service 12.c. Prosthetic Devices. Reference EHB 7.

Base Benchmark Benefit that was Substituted:

Home Health Care 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 7 Home Health Services, Service 7.a. Intermittent or Part-time Services, Service 7.b. Home Health Aide Services, Service 7.c. Medical Supplies, Equipment, and Appliances suitable for use in the home, and Service 7.d. Physical Therapy, Occupational Therapy, or Speech Pathology and Audiology Services. Reference EHB 7.

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, and Service 3 Other Laboratory and X-ray Services. Reference EHB 1 and 8.

Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, Service 3 Other Laboratory and X-ray Services, and Service 13.a. Diagnostic Services. Reference EHB 1 and 8.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET scans, MRIs)

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 2.a. Outpatient Hospital Services, Service 2.b. Rural Health Clinic Services, Service 3 Other Laboratory and X-ray Services, and Service 13.a. Diagnostic Services. Reference EHB 1 and 8.

Base Benchmark Benefit that was Substituted:

Diabetes Education

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 13.c. Preventative Services and Service 13.c.A., Services to prevent diabetes provided to people at risk for diabetes as described on pages 3.1A and 3.1B of the approved State Plan. Reference EHB 9.

Base Benchmark Benefit that was Substituted:

Nutritional 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 13.c. Preventative Services and Service 13.c.A. Services to prevent diabetes provided to people at risk for diabetes as described on pages 3.1A and 3.1B of the approved State Plan. Nutrition services for individuals under age 21 (EPSDT) described in 3.1A and 3.1B of the approved State Plan. Reference EHB 9 and 10.

Base Benchmark Benefit that was Substituted:

Preventative 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 5.a. Physicians' Services, Service 2.c. Federally Qualified Health Center Services (FQHC), Service 9 Clinic Services, Service 13.c. Preventative services, and Service 6(d) Other Practitioner Services. Reference EHB 1 and 9.

Base Benchmark Benefit that was Substituted:

Cosmetic 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:

Excludes elective and non-medically necessary cosmetic surgery. Only medically necessary cosmetic surgery is covered to treat accidents and genetic defects. Duplication - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1, Inpatient Hospital Services, Service 2 Outpatient Hospital Services, and Service 5.a. Physicians' Services. Reference EHB 1 and 3.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1, Inpatient Hospital Services and Service 6.d. Other Practitioners' Services. Reference EHB 3 and 5..

Base Benchmark Benefit that was Substituted:

Chiropractic Care

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 6.c. Chiropractors' Services and Service 4.b., Early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, and treatment of conditions found. Reference EHB 1 and 10.

Base Benchmark Benefit that was Substituted:

Prosthetic Devices

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 12.c. Prosthetic Devices. Reference EHB 7.

Base Benchmark Benefit that was Substituted:

Infusion 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 1, Inpatient Hospital Services and Service 2.a. Outpatient Hospital Services. Reference EHB 1 and 3.

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 5.b. Medical and surgical services furnished by a dentist. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Routine Foot 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:

Foot care provided to a member with diabetes. Duplication - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 6.a. Podiatrists' Services, Service 9, Clinic Services, Service 5.a. Physicians' Services, and Service 13.c.A., Services to prevent diabetes and cardiovascular disease provided to people at risk for diabetes and cardiovascular disease. Reference EHB 1 and 9.

Base Benchmark Benefit that was Substituted:

Routine Eye Exam 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 4.b. Early and



Alternative Benefit Plan

periodic screening, diagnostic, and treatment services for individuals under 21 years old, and treatment of conditions found. Reference EHB 10.

Base Benchmark Benefit that was Substituted:

Eye Glasses 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 4.b. Early and periodic screening, diagnostic, and treatment services for individuals under 21 years old, and treatment of conditions found. Reference EHB 10.

Base Benchmark Benefit that was Substituted:

Dental Check-Up 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 4.b., Early and periodic screening, diagnostic, and treatment services for individuals under 21 years old, and treatment of conditions found and Service 10, Dental Services. Reference EHB 1 and 10.

Base Benchmark Benefit that was Substituted:

Rehabilitative 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 11.c., Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist. Reference EHB 7.

Base Benchmark Benefit that was Substituted:

Well Baby Visits 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 3, Other laboratory and X-ray Services, Service 5.a., Physicians' Services, Service 23 (3.1-A) and Service 21 (3.1-B), Certified Pediatric or family nurse practitioners' services, and Service 4.b., Early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, and treatment of conditions found. Reference EHB 1, 8, and 10.

Base Benchmark Benefit that was Substituted:

Basic Dental Care - Child

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 4.b., Early and



Alternative Benefit Plan

periodic screening, diagnostic, and treatment services for individuals under 21 years old, and treatment of conditions found. Reference EHB 10.

Base Benchmark Benefit that was Substituted:

Orthodontia - Child

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:

Orthodontia for children is only covered when medically necessary. Duplication - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 4.b., Early and periodic screening, diagnostic, and treatment services for individuals under 21 years old, and treatment of conditions found. Reference EHB 10.

Base Benchmark Benefit that was Substituted:

Major Dental Care - Child

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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 4.b., Early and periodic screening, diagnostic, and treatment services for individuals under 21 years old, and treatment of conditions found. Reference EHB 10.

Base Benchmark Benefit that was Substituted:

Rehabilitative Occupational and Physical 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 - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 11.a, Physical Therapy and Service 11.b., Occupational Therapy. Reference EHB 7.

Base Benchmark Benefit that was Substituted:

Basic Dental Care - Adult

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 - This service is covered under the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 10, Dental Services but is not an EHB. This benefit description can be found under "Other 1937 Covered Benefits that are not Essential Health Benefits". Benefit year is from July 1-June 30 with amount limit of \$1,125. Diagnostic, preventative, denture and anesthesia services are excluded from the financial cap. Reference Other 1937 Covered Benefits.

Base Benchmark Benefit that was Substituted:

Major Dental Care - Adult

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 - This service is covered under the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service



Alternative Benefit Plan

10, Dental Services but is not an EHB. This benefit description can be found under "Other 1937 Covered Benefits that are not Essential Health Benefits". Benefit year is from July 1-June 30 with amount limit of \$1,125. Diagnostic, preventative, denture and anesthesia services are excluded from the financial cap. Reference Other 1937 Covered Benefits.

Base Benchmark Benefit that was Substituted:

Routine Dental Services (Adult)

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 - This service is covered under the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 10, Dental Services but is not an EHB. This benefit description can be found under "Other 1937 Covered Benefits that are not Essential Health Benefits". Benefit year is from July 1-June 30 with amount limit of \$1,125. Diagnostic, preventative, denture and anesthesia services are excluded from the financial cap. Reference Other 1937 Covered Benefits.

Base Benchmark Benefit that was Substituted:

Abortion for Which Public Funding is Prohibited

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 - Abortions are covered under the Hyde Amendment only and can be performed under saving the life of a woman or pregnancy caused by incest or rape. This service is covered under the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 5.a. Physicians' Services, Service 9 Clinic Services, and Service 2.a. Outpatient Hospital Services. Reference EHB 1.

Base Benchmark Benefit that was Substituted:

Acupuncture

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 - Acupuncture was removed and replaced in EHB 1 with the actuarial value of Dental Preventative/Diagnostic Services. Coverage for Dental Preventative/Diagnostic Services comes from the preventative coverage provided in the State Plan.

Base Benchmark Benefit that was Substituted:

Infertility 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/Substitution - Excludes In-vitro and prescription drugs for the treatment of fertility. Only pays for the diagnosis of infertility and artificial insemination (but not listed in the contract). Duplication for diagnostic services - Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 3, Other laboratory and X-ray Services, Service 5.a., Physicians' Services, Service 23 (3.1-A) and Service 21 (3.1-B), Certified Pediatric or family nurse practitioners' services, and Service 4.b., Early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, and treatment of conditions found. Substitution - Infertility Treatment was removed and replaced in EHB 1 by substitution with the actuarial value of Dental Preventive/Diagnostic Services, which are not covered in the base



Alternative Benefit Plan

benchmark. Coverage for Dental Preventive/Diagnostic Services comes from the preventive coverage provided in the State Plan. Reference EHB 1, 8, and 10.

Base Benchmark Benefit that was Substituted:

Skilled Nursing 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 - This service is covered under the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 14.b. Skilled nursing facility services for individuals age 65 or older in institutions for mental disease and Service 24.d. Nursing facility services for patients under 21 years of age but is not an EHB. This benefit description can be found under "Other 1937 Covered Benefits that are not Essential Health Benefits"

Add



Alternative Benefit Plan

☐ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐



Alternative Benefit Plan

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

Collapse All ☐

Other 1937 Benefit Provided:

Long Term Nursing Facility for Patients 21 & Over

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental, does not include items or services listed in 4.a.B.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 4.a., Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age and older.

Other 1937 Benefit Provided:

Tobacco Cessation Counseling 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:

Any benefit package that consists of less than 4 counseling sessions per quit attempt, with a minimum of 2 quit attempts per 12 month period should be explained.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 4.d., Tobacco cessation counseling services for pregnant women.

Other 1937 Benefit Provided:

Optometrists' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Scope Limit" below

Duration Limit:

See "Scope Limit" below

Scope Limit:

Services considered experimental, one exam per 365 day period for those 20 and under, one exam per 730 day period for those over 21.



Alternative Benefit Plan

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 6.b., Optometrists' Services.

Other 1937 Benefit Provided:

Nutritionists' 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:

Only apply to EPSDT and services considered experimental are not covered.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 6.e., Nutritionists' Services.

Other 1937 Benefit Provided:

Private Duty Nursing 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 nursing services provided to a hospital inpatient when needs are met by the patient, must be furnished under direction of physician, limited to services provided by RN or LPN, and services considered experimental will not be covered.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 8, Private Duty Nursing Services.

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

\$1,125 annually

Duration Limit:

None

Scope Limit:

Benefit year is from July 1-June 30 with amount limit of \$1,125. Diagnostic, preventative, denture and anesthesia services are excluded from the financial cap.

Other:

Reference the Medicaid State Plan Attachment 3.1-A and 3.1-B, Service 10, Dental Services. Benefit year is from July 1-June 30 with amount limit of \$1,125. Diagnostic, preventative, denture and anesthesia services are excluded from the financial cap.

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Scope Limit" below.

Duration Limit:

See "Scope Limit" below.

Scope Limit:

Replacement dentures are only allowed under limited circumstances, rebasing is allowed for dentures older than 5 years, and services considered experimental are not covered.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 12.b., Dentures.

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Dependent on the service being provided.

Duration Limit:

Dependent on the service being provided.

Scope Limit:

1 pair (frames and lenses) per 365 day period for those 20 and under with one replacement during this time, 1 pair per 730 day period if older than 21, those older than 21 can receive approval for 2 complete pairs if medically necessary.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 12.d., Eyeglasses.



Alternative Benefit Plan

Other 1937 Benefit Provided:

Diagnostic 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:

Services considered experimental.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 13.a., Diagnostic Services.

Other 1937 Benefit Provided:

Screening 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:

Services considered experimental.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 13.b., Screening Services.

Other 1937 Benefit Provided:

Rehabilitative 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:

Services considered experimental.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 13.d. Rehabilitative Services.



Alternative Benefit Plan

<div></div>		
Other 1937 Benefit Provided:	Source:	Remove
Inpatient Hospital Services (65 and older)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Please see "Other information" below		
Other:		
Reference approved State Plan, Attachment 3.1-A Service 8.a. Inpatient Hospital Services for individuals age 65 or older in institutions for mental diseases and 3.1-B, Service 14.a. Inpatient Hospital Services for individuals age 65 or older in institutions for mental diseases.		
<hr/>		
Other 1937 Benefit Provided:	Source:	Remove
Skilled Nursing Facility Services (65 and older)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Reference approved State Plan, Attachment 3.1-A Service 8.b. Skilled Nursing Facility Services for individuals age 65 or older in institutions for mental diseases and 3.1-B, Service 14.b. Skilled Nursing Facility Services for individuals age 65 or older in institutions for mental diseases.		
<hr/>		
Other 1937 Benefit Provided:	Source:	Remove
Intermediate Care Facility Services (65 and older)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Please see "Other information" below		



Alternative Benefit Plan

Other:

Reference approved State Plan, Attachment 3.1-A Service 8.c. Intermediate Care Facility Services for individuals age 65 or older in institutions for mental diseases and 3.1-B, Service 14.c. Intermediate Care Facility Services for individuals age 65 or older in institutions for mental diseases.

Other 1937 Benefit Provided:

Intermediate Care Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Please see "Other information" below

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902 (a) (31) (a) of the Act, to be in need of such care and 15.b. including such services in a public institution (or distinct part thereof) for the individuals with intellectual disabilities with related conditions.

Other 1937 Benefit Provided:

Inpatient Psychiatric 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:

Services considered experimental, services must be provided in a hospital-based psychiatric residential treatment facility who specifically treats persons under 21, accredited, 24-hour nursing services, on-call protocol, 1 psychiatrist to 25 patients

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 16, Inpatient psychiatric facility services for individuals under 21 years of age.

Other 1937 Benefit Provided:

Case Management Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other" box below.

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 19.a., Case management services as defined in, and to the group specified in, Supplement 1 to Attachment 3.1-A (in accordance with section 1905 (a) (19) or section 1915 (g) of the Act).

Other 1937 Benefit Provided:

Nursing Facility Services for patients under 21

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental, does not include items or services listed in 24.d.B.

Other:

Reference approved State Plan, Attachment 3.1-A, Service 24.d. and Attachment 3.1-B, Service 23.d., Nursing facility services for patients under 21 years of age.

Other 1937 Benefit Provided:

Critical Access Hospital

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services considered experimental.

Other:

Reference approved State Plan, Attachment 3.1-A, Service 24.g. and Attachment 3.1-B, Service 23.g. and 25.g., Critical Access Hospital Services.

Other 1937 Benefit Provided:

Personal Care Services in Recipient's Home

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

80 hours or 320 units bi-weekly

Duration Limit:

None

Scope Limit:

Providers must enroll through Montana's fiscal intermediary and provide documentation, properly trained, tasks performed based off needs, and services considered experimental will not be covered.

Other:

Reference approved State Plan, Attachment 3.1-A, Service 24.f. and Attachment 3.1-B, Service 23.f., Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Other 1937 Benefit Provided:

Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Needs to align with services as defined in section 1905 (gg) (1), 1905 (gg) (2), and 1905 (gg) (3).

Other:

Reference approved State Plan, Attachment 3.1-A and 3.1-B, Service 30, Coverage of routine patient cost in qualifying clinical trials.

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

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. 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.20190808



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

Benefits Assurances

ABP7

EPSDT Assurances

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

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

Yes

☒ The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

☒ The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

☒ Through an Alternative Benefit Plan.

☐ Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

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

Prescription Drug Coverage Assurances

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

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

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

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

Other Benefit Assurances

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

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



Alternative Benefit Plan

- ☒ The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- ☒ The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- ☒ The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- ☒ The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- ☒ The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- ☒ The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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: Montana

Attachment 3.1-L-

A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

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.

Montana currently operates primary care case management programs under the 1915(b) and 1932(a) authority. Montana ensures ongoing outreach efforts to engage members, providers and stakeholders. Montana's enrollment broker performs multiple attempts to outreach members eligible to be enrolled in PCCM programs to provide benefit information and choice counseling assistance. The enrollment broker also attempts to outreach and bring on all potential PCCM providers, focusing efforts in areas where we see the greatest need. Montana collaborates with provider advocacy groups such as the Montana Hospital Association, the Montana Primary Care Association, and the Montana Healthcare Foundation. Biannual updates are given to the Montana Legislature. Additionally, PCCM programs are discussed in ongoing Tribal Consultation meetings.

PCCM: Primary Care Case Management

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

Yes

The PCCM program is operating under (select one):

☒ Section 1915(b) managed care waiver.

☐ Section 1932(a) mandatory managed care state plan amendment.

☐ Section 1115 demonstration.



Alternative Benefit Plan

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

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

May 3, 2024

Describe program below:

Montana operates two PCCM programs under the 1915(b) waiver authority, Passport to Health and Team Care. Members enrolled in Passport to Health have a designated primary care provider (PCP) that coordinates the member's care and provides referrals to other providers when necessary. Team Care is a sub-program of Passport. In addition to being enrolled with a Passport provider, Team Care members are restricted to one pharmacy. Enrollment in Team Care is based on utilization that is found to be excessive, inappropriate or fraudulent with respect to need. Passport to Health and Team Care are operated as mandatory programs.

- ☒ The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

PCCM Procurement or Selection Method

Indicate the method used to select PCCMs:

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

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

All Medicaid enrolled providers practicing primary care who meet the program requirements as outlines in the State Plan may choose to enroll as a Passport provider. Providers who wish to provide CPC+ and PCMH services must abide by a signed contract and meet minimum qualifications determined by the State. Federally recognized tribes in Montana, who meet all the provider requirements outlined in the Department's Task Order are the only eligible entities able to participate in and administer the Tribal Health Improvement Program.

Other PCCM-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the PCCM.

No

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

No

PCCM Payments

Specify how payment for services is handled:

- ☒ Per member/per month case management fee paid to PCCM provider.
- ☐ Other:

Additional Information: PCCM (Optional)

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

In addition to the 1915(b) waiver programs, Montana operates three voluntary PCCM programs under 1932(a) authority, Patient Centered Medical Home (PCMH), Comprehensive Primary Care Plus (CPC+), and Tribal Health Improvement Program (T-HIP). PCMH The patient-centered medical home (PCMH) model is an approach to delivering high-quality, cost-effective primary care. Using a patient-centered, culturally appropriate, and team-based approach, the PCMH model coordinates patient care across the health system as described in approved SPA TN 18-0008 effective 10/1/2018. CPC+ is a value-based, patient-centered multi-payer primary care model, based on the CCM model through the Centers for Medicare and Medicaid that ended in 2021 and continued in Montana thereafter. The CPC+ model focuses on strategies to promote population health management and chronic disease management techniques and encourage coordinated, patient-centered care as described in approved SPA TN22-0004 effective 3/2/2022. T-HIP is a three-tiered program focusing on enhanced care coordination. Services include guiding members through healthcare options,



Alternative Benefit Plan

coordinating and implementing care plans, advocating on the member's behalf, and providing community resource information. T-HIP services are designed to help members maximize the benefits of their medical and other support systems; improve knowledge of their disease and self-management skills; and remove barriers to achieving better health and better quality of life. Members who meet the eligibility requirements are attributed to T-HIP through a passive enrollment process. In the welcome letter sent by the T-HIP PCCME, it identifies the members right to Opt-Out of T-HIP if they do not want to participate. A member may dis-enroll from T-HIP at any time. T-HIP operates under 1932(a) authority in SPA 24-0002 with an effective date of 7/1/2024.

Fee-For-Service Options

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

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

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

Additional Information: Fee-For-Service (Optional)

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

Montana provides for FFS for a majority of services. Additionally, Montana operates multiple primary care case management (PCCM) programs including Passport to Health and Team Care Programs under the approved 1915b Passport to Health waiver authority; and Patient Centered Medical Home (PCMH), Comprehensive Primary Care Plus (CPC+), and Tribal Health Improvement Act (T-HIP) under approved 1932(a) SPA authority.

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.20181119



Alternative Benefit Plan

State Name: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

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:

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

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

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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

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: MT - 24 - 0020

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.

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: Montana

Attachment 3.1-L- A

OMB Control Number: 0938-1148

Transmittal Number: MT - 24 - 0020

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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

V.20160722