

Table of Contents

State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 22-0052

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

March 2, 2023

Lori A. Weaver
Interim Commissioner
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Re: New Hampshire State Plan Amendment (SPA) 22-0052

Dear Interim Commissioner Weaver:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0052. This amendment proposes to provide a comprehensive adult dental benefit that includes diagnostic, preventive, limited periodontal, restorative, and oral surgery services for all Medicaid eligible adults age 21 and older within the Alternative Benefit 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 §440.100. This letter is to inform you that New Hampshire's Medicaid SPA Transmittal Number 22-0052 was approved on March 2, 2023, with an effective date of April 1, 2023.

If you have any questions, please contact Joyce Butterworth at (857) 357-6375 or via email at Joyce.Butterworth@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Henry Lipman, State Medicaid Director
Dawn Tierney, Medicaid Business and Policy

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **New Hampshire**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NH-22-0052

Proposed Effective Date

04/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 440.100; 42 CFR 447

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	23	\$ 6953.00
Second Year	24	\$ 13905.00

Subject of Amendment

Addition of an Adult Dental Benefit within the Alternative Benefit Plan

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Comments, if any, will follow.

Signature of State Agency Official

Submitted By: **Janine Corbett**

Last Revision Date: **Dec 28, 2022**

Submit Date: **Dec 28, 2022**



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0052

Alternative Benefit Plan Populations ABPI

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

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

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

Geographic Area

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

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

Effective January 1, 2019, New Hampshire will provide coverage to all members of the adult group through its Medicaid managed care network. In order to be eligible for the ABP, individuals must meet the eligibility requirements of the adult group (1902(a)(10)(A)(i)(VIII)(42 CFR 435.119) and the requirements of the 1115 demonstration. Adults in the Granite Advantage demonstration will receive the 10 Essential Health Benefits through this ABP, which will be aligned with the New Hampshire Medicaid State Plan benefit package for ease of administration.

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: 09381148

Transmittal Number: NH - 22 - 0052

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.

New Hampshire has fully aligned the benefits in its ABP with its approved Medicaid state plan. Services in the EHB base benchmark plan that are not included in the current state plan will be added to the state plan to ensure full alignment.

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0052

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

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

Name of benefit package:

Selection of the Section 1937 Coverage Option

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

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

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

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

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

ABP benefits and limitations are commensurate with the State Plan. (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 New Hampshire Aligned Medicaid ABP5.

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0052

Alternative Benefit Plan Cost-Sharing	ABP4
<input type="checkbox"/> 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.	<input style="width: 40px; height: 20px;" type="text" value="No"/>
Other Information Related to Cost Sharing Requirements (optional):	
<div style="border: 1px solid black; padding: 5px;"> Cost sharing is described on pages G1-G3 of the cost sharing sections of the state plan. These state plan pages have superseded Attachment 4.18-A. </div>	

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0052

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="text" value="No"/>	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="The base benchmark plan is the Matthew Thornton Blue Health Plan, supplemented with FEDVIP pediatric oral and vision benefits."/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
<input type="text" value="Secretary Approved"/>	



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physician Visits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes coverage for reversal of voluntary sterilization, sclerotherapy for varicose veins and treatment of spider veins.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes physician, primary care, and specialist visits as well as physician/surgical services for outpatient surgery. Specialist visit benefits are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT. Prior authorization required for the following surgical services: bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty, and rhinoplasty.		

Benefit Provided:	Source:	Remove
Other Licensed Practitioner Visits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Excludes coverage for reversal of voluntary sterilization, sclerotherapy for varicose veins and treatment of spider veins.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes Advance Practice Registered Nurse, Physician Assistant, Nurse Practitioner, Certified Midwives, Ophthalmologists/Optomtrists, and Podiatrists consistent with their scope of practice. Includes physician, primary care, and specialist visits as well as physician/surgical services for outpatient surgery. Specialist visit benefits are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT. Prior authorization required for the following surgical services: bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty, and rhinoplasty.		

Benefit Provided:	Source:	Remove
Outpatient Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes coverage for reversal of voluntary sterilization; sclerotherapy for varicose veins and treatment of spider veins.

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

Outpatient services for specialist services are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT. Includes dialysis treatment.

Benefit Provided:

Hospice Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

FQHC/RHC Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) services include physician, primary care, and specialist visits. Specialist visit benefits are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT.



Alternative Benefit Plan

Benefit Provided:	Source:	Remove
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	Add
<input type="text" value="None"/>	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided: Outpatient Hospital/Emergency Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: Yes	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Includes emergency room and urgent care		

Benefit Provided: Emergency Transportation/Ambulance and Air Amb	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Authorization: None	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided: Inpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes coverage for reversal of voluntary sterilization; sclerotherapy for varicose veins and treatment of spider veins, and convenience services.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Prior authorization is required only for out-of-state inpatient hospitalization.		

Benefit Provided: Physician Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes coverage for reversal of voluntary sterilization, sclerotherapy for varicose veins and treatment of spider veins.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Prior authorization required for the following surgical services: bariatric surgery, breast reduction, blepharoplasty, panniculectomy, septoplasty, and rhinoplasty; must meet PA coverage criteria and have lost at least 15% of body weight prior to scheduling bariatric surgery. Service includes reconstructive surgery. Services are available to determine the cause of medically documented infertility and the treatment of that underlying medical condition; does not include artificial insemination, assisted reproductive technologies or diagnostic tests to support AI or AIT. Human organ and tissue transplants are covered, including bone marrow and stem cell transplants.		

Benefit Provided: Other Licensed Practitioner	Source: State Plan 1905(a)	Remove
Authorization: Yes	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



Alternative Benefit Plan

Scope Limit: As under physician if OLP is providing such services.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: As under physician if OLP is providing such services.		
Benefit Provided:	Source:	Remove
Authorization: None	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
		Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided: Physician Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes coverage for surrogate parenting or gestational carriers		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		
Benefit Provided: Inpatient hospital services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes delivery and inpatient coverage for surrogate parenting or gestational carriers		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Minimum stay must allow for coverage for at least 48 hours		
Benefit Provided: Other licensed practitioner services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Includes APRNs, nurse midwives, certified pediatric and family nurse practitioners, certified midwives. Excludes delivery and inpatient coverage for surrogate parenting or gestational carriers		



Alternative Benefit Plan

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

Benefit Provided:

FQHC/RHC services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes coverage for surrogate parenting or gestational carriers

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

Benefit Provided:

Tobacco Cessation for Pregnant Women

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

8 counseling sessions per each of 2 quit attempts

Duration Limit:

None

Scope Limit:

Limits can be exceeded via prior authorization based on medical necessity.

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

Benefit Provided:

Home health services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text" value="Extended services to pregnant women"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text" value="Freestanding birthing centers"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Excludes delivery and inpatient coverage for surrogate parenting or gestational carriers"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text" value="Family Planning Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



Alternative Benefit Plan

Amount Limit:	Duration Limit:
<input type="text" value="None"/>	<input type="text" value="None"/>
Scope Limit:	
<input type="text" value="None"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	
<input type="text"/>	
<input type="button" value="Add"/>	



Alternative Benefit Plan

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

[Collapse All](#)

Benefit Provided:	Source:	Remove
Mental Health Services (dx, screen, prev, rehab)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Provided under "other diagnostic, screening, preventive, and rehabilitative" services and known as "community mental health services." The \$1,800 limit per recipient/fiscal year may be exceeded if the recipient is certified to meet the DBH eligibility category criteria. Those who are adults with severe or severe and persistent mental illness with low service utilization are limited to \$4,000 which may be exceeded via request to waive. Benefits are available for outpatient treatment for mental health care and substance abuse care, partial hospitalizations, and day/night visits. Benefit does not include services provided in an IMD.		

Benefit Provided:	Source:	Remove
IMD over 65 services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
SUD - other dx, screening, prev, rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

See below.

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

Substance Abuse Disorder Services (SUD) are provided under "other diagnostic, screening, preventive, and rehabilitative" services. Benefits are available for outpatient treatment for mental health care and substance abuse care, partial hospitalizations, and day/night visits. Benefits are available for inpatient hospital services or residential treatment center facility for mental health care; inpatient rehabilitation treatment for substance abuse care in a hospital or substance abuse treatment facility; partial hospitalizations; and day/night visits. SUD includes clinic service of methadone clinics. Benefit does not include services provided in an IMD.

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Prior authorization required for out of state, inpatient hospitalization. Acute care services only.

Benefit Provided:

Inpatient psychiatric services, under 22

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Other licensed practitioner services

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text" value="Physician services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: <input type="text"/>	Source: <input type="text"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text"/>	
Amount Limit: <input type="text"/>	Duration Limit: <input type="text"/>	
Scope Limit: <input type="text"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

The ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

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

Collapse All

Benefit Provided: Home Health Care Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visit limit/year each therapy type	Duration Limit: None	
Scope Limit: No benefits are available for custodial care.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Includes home health, DME, supplies, and home health-PT/OT/ST services; 20 visit limit applies to therapies and there is a separate 20 visit limit for each type. Therapies provided via home health are combined with therapies provided via independent therapists when counting toward the limit.		
Benefit Provided: Physical, Occupational, Speech Therapy	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: 20 visits/year for each therapy type	Duration Limit: None	
Scope Limit: See below.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: There is a separate 20 visit limit for each of the following types of therapies physical, occupational, speech. Benefit limits are shared between outpatient rehabilitation and habilitation services, but the limit can be exceeded based on medical necessity. Prior authorization is required only for services over the limit.		
Benefit Provided: Inpatient hospital	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		



Alternative Benefit Plan

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

Coverage for cardiac rehabilitation and respiratory therapy.

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:

None

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

Coverage for cardiac rehabilitation and respiratory therapy

Benefit Provided:

Habilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits/year for each therapy type

Duration Limit:

None

Scope Limit:

See below.

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

There is a separate 20 visit limit for each of the following types of therapies physical, occupational, speech. Benefit limits are shared between outpatient rehabilitation and habilitation services, but the limit can be exceeded based on medical necessity. Prior authorization is required only for services over the limit.

Benefit Provided:

Prosthetics

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

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

Benefits are available for prosthetic devices supported by a letter of medical necessity. Monaural and binaural hearing aids covered as determined medically necessary by the practitioner.

Benefit Provided:

Skilled Nursing Facility Services

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Individual must meet functional assessment/level of care criteria

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

Skilled level nursing facility services are covered for care that is not long-term custodial care.

Benefit Provided:

Source:

Remove

Authorization:

None

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided: Other Lab and X-Ray Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: No benefits are available for diagnostic x-rays in connection with research or study. Prior authorization is required for the following types of imaging: CT, PET, MRI, MRA, and nuclear cardiology.		

Benefit Provided:	Source:	Remove
Authorization: Yes	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Add



Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: “A” and “B” services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided: Physician Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.		

Benefit Provided: Other licensed practitioners	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA’s Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.		



Alternative Benefit Plan

Benefit Provided: FQHC/RHC	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.		
Benefit Provided: EPSDT	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: The preventive care benefit includes the following: (1) all services listed on the USPSTF A and B lists; (2) Advisory Committee for Immunization Practices (ACIP) recommended vaccines; (3) preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and (4) additional preventive services for women recommended by the Institute of Medicine (IOM) and HRSA. This benefit includes family planning services and contraceptive coverage, consistent with the requirements of the additional preventive services for women recommended by the IOM and HRSA. Specifically, the preventive services benefit includes all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.		
		Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
EPSDT will apply for all 19 and 20 year olds. Prior authorization required for the following dental services: comprehensive and interceptive orthodontics, dental orthotic devices, surgical periodontal treatment, and extraction of asymptomatic teeth. Routine eye exam to determine need for glasses is covered. These benefits may be provided under state plan physician, OLP, FQHC/RHC, EPSDT, and dental services. All medically necessary mandatory and optional Medicaid benefits are provided under EPSDT.		

Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits		
Authorization:	Provider Qualifications:	
Yes		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits		
Authorization:	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

[Collapse All](#)



Alternative Benefit Plan

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

Collapse All

Base Benchmark Benefit that was Substituted: Emergency Room Services	Source: Base Benchmark	Remove
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under New Hampshire Medicaid state plan as outpatient hospital care/emergency room services under EHB 2.

State plan benefit has no scope limit.

Base Benchmark Benefit that was Substituted: Chiropractic Care	Source: Base Benchmark	Remove
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Chiropractic services were removed and replaced by substitution with the actuarial value of eye glasses, which are not covered in the base benchmark. Coverage for eyeglasses comes from coverage provided in the State Plan and includes 1 pair bifocals or 1 pair reading and distance vision glasses. One pair single vision lenses with frames is covered, provided that the refractive error is at least plus or minus .50 diopter according to the type of refractive error, in each eye. One pair of glasses with bifocal corrective lenses or one pair of glasses with corrective lenses for close vision and one pair of glasses with corrective lenses for distant vision if there is a refractive error of at least .50 diopter for both close and distant vision.

Base Benchmark Benefit that was Substituted: Diabetic Education and Nutritional 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:

Diabetic Education and Nutrition Therapy was removed and replaced by substitution with the actuarial value of adult medical day care which is not covered in the base benchmark.

Base Benchmark Benefit that was Substituted: Primary Care,Specialist,Other Practitioner Visits	Source: Base Benchmark	Remove
---	---------------------------	--------

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

Duplication: Covered under NH Medicaid state plan as physician, other licensed practitioner, and FQHC/RHC services and mapped to EHB 1, Ambulatory Patient Services

Base Benchmark Benefit that was Substituted: Outpatient Facility	Source: Base Benchmark	Remove
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Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under NH Medicaid state plan as outpatient hospital and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Surgery Physician/Surgical Services	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under NH Medicaid state plan as physician and other licensed practitioner services and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Hospice Services	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under NH Medicaid state plan as hospice services and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Routine Foot Care	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under NH Medicaid state plan as other licensed practitioner services and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Routine Eye Exam, Adult	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under NH Medicaid state plan as other licensed practitioner services and mapped to EHB 1, Ambulatory Patient Services.</p>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Clinic Services-Dialysis Treatment	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under NH Medicaid state plan as outpatient hospital services (or any other appropriate setting covered under the state plan) and mapped to EHB 1, Ambulatory Patient Services.</p>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Urgent Care Ctrs/Facilities, OP Hospital ER	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as outpatient hospital and emergency hospital services and mapped to EHB 2, Emergency Services.		
Base Benchmark Benefit that was Substituted: Emergency Transport/Ambulance	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as emergency ambulance and air ambulance transportation services and mapped to EHB 2, Emergency Services.		
Base Benchmark Benefit that was Substituted: Inpatient Hospital Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as inpatient hospital services and mapped to EHB 3, Hospitalization Services.		
Base Benchmark Benefit that was Substituted: IP Phys/Surgical/Bariatric/Organ 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: Covered under NH Medicaid state plan as physician and other licensed practitioner and mapped to EHB 3, Hospitalization Services.		
Base Benchmark Benefit that was Substituted: Prenatal and Postnatal Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as physician, other licensed practitioner, FQHC/RHC, tobacco cessation for PW, home health, IP hospital, extended services to PW, freestanding birthing centers, and mapped to EHB 4, Maternity and Newborn Care Services.		
Base Benchmark Benefit that was Substituted: Delivery and IP Services for Maternity	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as inpatient hospital and freestanding birthing center		



Alternative Benefit Plan

services and mapped to EHB 4, Maternity and Newborn Care Services.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health OP Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under NH Medicaid state plan as community mental health center services under other diagnostic, preventive, screening and rehab services; SUD services; physician services; and other licensed practitioner services; and mapped to EHB 5, Mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health IP Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under NH Medicaid state plan as IP hospital, IMD over 65, and IP psych under 22, and mapped to EHB 5, Mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder (SUD) OP Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under NH Medicaid state plan as SUD under other diagnostic, rehab, preventive and screening services and mapped to EHB 5, Mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

SUD IP Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under NH Medicaid state plan as SUD under other diagnostic, rehab, preventive and screening services and IP hospital services, and mapped to EHB 5, Mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Prescription drugs

Source:

Base Benchmark

Remove

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

Duplication: Covered under NH Medicaid state plan as prescribed drugs and mapped to EHB 6, Prescription drugs.



Alternative Benefit Plan

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: Covered under NH Medicaid state plan as home health services and mapped to EHB 7, rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Outpatient rehabilitation and habilitation	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as home health-PT/ST/OT services and physical therapy and related services and mapped to EHB 7, rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Respiratory therapy and cardiac rehabilitation	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as outpatient and inpatient hospital services and mapped to EHB 7, rehabilitative and habilitative services and devices		
Base Benchmark Benefit that was Substituted: DME, supplies, prosthetics, hearing aids	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under NH Medicaid state plan as home health and prosthetics and mapped to EHB 7, rehabilitative and habilitative services and devices.		
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: Covered under NH Medicaid state plan as skilled level nursing facility services and mapped to EHB 7, rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Diagnostic xrays/lab work and Imaging(CT/PET, MRI)	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: <input type="text"/>		



Alternative Benefit Plan

Duplication: Covered under NH Medicaid state plan as other lab and x-ray services and mapped to EHB 8, laboratory services.

Base Benchmark Benefit that was Substituted:

Preventive care/screening/well baby/immunization

Source:

Base Benchmark

Remove

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

Duplication: Covered under NH Medicaid state plan as physician, other licensed practitioner, FQHC/RHC, EPSDT, and mapped to EHB 9, Preventive and wellness services and chronic disease management.

Base Benchmark Benefit that was Substituted:

Maternity and Reproductive Health

Source:

Base Benchmark

Remove

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

Duplication: Covered under NH Medicaid state plan as physician, inpatient hospital, other licensed practitioner, FQHC/RHC, and family planning, and mapped to EHB 4, Essential health benefit: maternity and newborn care.

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: Non-Emergency Medical Transportation	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Prior authorization is required for non-emergency medical transportation, including scheduled ambulance.		

Other 1937 Benefit Provided: Dental for individuals 21 and over	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: \$1,500, excluding preventive services	Duration Limit: None	
Scope Limit: Diagnostic, preventive, limited periodontics, restorative, and oral surgery services.		
Other: Benefit is the same as described in the Medicaid State Plan. No authorization is required. "Authorization - Other" = None		

Other 1937 Benefit Provided: Private Duty Nursing	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Must meet functional assessment		



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Personal Care Attendant Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Must be chronically wheelchair bound. 'Authorization - Other' = None"/>		
Other 1937 Benefit Provided: <input type="text" value="AMDC (dx, screen, prev, rehab)"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="'Authorization - Other' = None. Adult medical day care (AMDC) is provided under 'other diagnostic, screening, preventive, and rehabilitative services.'"/>		
Other 1937 Benefit Provided: <input type="text" value="Eyeglasses"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="1 pair bifocals or 1 pair reading and distance vision glasses. 'Authorization - Other' = None"/>		
Other: <input type="text" value="One pair single vision lenses with frames is covered provided that the refractive error is at least plus or"/>		



Alternative Benefit Plan

minus .50 diopter according to the type of refractive error, in each eye. One pair of glasses with bifocal corrective lenses or one pair of glasses with corrective lenses for close vision and one pair of glasses with corrective lenses for distant vision if there is a refractive error of at least .50 diopter for both close and distant vision.

Other 1937 Benefit Provided:

Intermediate Level Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Individual must meet functional assessment/level of care criteria

Other:

Must meet level of care, as in scope above. Services are covered for long term custodial care.

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

as per state plan

Scope Limit:

None

Other:

"Authorization-Other" = None. TCM includes developmentally disabled, behavioral health, chronically ill children, adult and elderly, and EPSDT case management. For those transitioning to a community setting, number of consecutive days varies among the various types of TCM as per the state plan details.

Other 1937 Benefit Provided:

1915(i) HCBC Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other below

Duration Limit:

See other below



Alternative Benefit Plan

Scope Limit: See other below		
Other: HCBC 1915(i) for children age 5 up to 21 years of age with Severe Emotional Disturbance. Based on functional assessment. There are various limits and time frames in the extensive service details of the various components of the 1915(i) as specified in Attachment 3.1(i) of the state plan.		
Other 1937 Benefit Provided: ICF-IDD	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Individual must meet functional assessment/level of care criteria		
Other: Intermediate Care Facility Services for Individuals with Intellectual Disabilities (ICF-IDD) are covered and based on functional assessment/level of care noted above		
Other 1937 Benefit Provided: Non-Routine Foot Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Yes	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: "Authorization-Other" = None. Provided under "other licensed practitioner" (podiatrist).		
Other 1937 Benefit Provided: Routine Patient Cost in Qualifying Clinical Trials	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	



Alternative Benefit Plan

Amount Limit: Varies	Duration Limit: Varies	
Scope Limit: Varies		
Other: See Attachment 3.1-A, Page 12, Item 30; and Attachment 3.1-B, Page 12, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials in New Hampshire's Medicaid State Plan.		
Other 1937 Benefit Provided: <input type="text"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: <input type="text"/>	
Amount Limit: <input type="text"/>	Duration Limit: <input type="text"/>	
Scope Limit: <input type="text"/>		
Other: <input type="text"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0052

Benefits Assurances ABP7

EPSDT Assurances

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

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

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

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

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

Through an Alternative Benefit Plan.

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

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

EPSDT services are covered through the ABP because the ABP is aligned with the state plan. All individuals in the new adult group who receive the ABP will be enrolled in Medicaid managed care plans. The ABP benefit package administered by the plans will include coverage for EPSDT services for 19 and 20 year olds. Dental benefits for 19 and 20 year olds are not included in the Medicaid managed care plan benefit package, and these benefits will be provided through the fee-for-service Medicaid program.

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).

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NH - 22 - 0052

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.

For the delivery system under the authority of the 1932(a) managed care state plan amendment, New Hampshire contracts with two managed care organizations, Well Sense and New Hampshire Healthy Families, to administer Medicaid state plan benefits to the majority of its beneficiaries. Beginning on January 1, 2019, these plans also will provide coverage to all beneficiaries in the Medicaid expansion population (who previously received coverage through qualified health plans in the Marketplace, pursuant to the terms of New Hampshire's Section 1115(a) Research and Demonstration waiver, #11-W-00298/1). All members of the expansion population (including beneficiaries who are medically frail) will receive services through these Medicaid managed care plans. The state will deliver categories of benefits in the ABP not covered by the managed care plans through fee-for-service Medicaid.

Beginning in early fall, 2018, New Hampshire will send heads up notices with detailed program information to beneficiaries in the Qualified Health Plans about their conversion to the Granite Advantage ABP under Medicaid managed care. A Granite Advantage specific web page has been created on the Department's website. In mid-fall, 2018, NH will send managed care plan selection and plan confirmation notices to the beneficiaries who are transitioning into the ABP managed care plans.

Public information sessions were held in May and June 2018 to advise the public about planned changes to the delivery system, and additional information sessions will be held throughout the September-November 2018 time period for providers, beneficiaries, and stakeholders.

MCO: Managed Care Organization



Alternative Benefit Plan

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

Yes ▾

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

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

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

Describe program below:

For the delivery system under the authority of the 1932(a) state plan amendment, New Hampshire contracts with two managed care organizations, Well Sense and New Hampshire Healthy Families, to administer Medicaid state plan benefits to the vast majority of its beneficiaries. The 1932(a) authority was used to provide ABP benefits to the expansion population from September 1, 2015 until December 31, 2015.

Additional Information: MCO (Optional)

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

New Hampshire is undertaking an MCO reprocurement process and expects to execute new contracts effective July 1, 2019.

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.

Some long-term care benefits are not included in the MCO's benefit package currently; instead, the State provides these services through a separate fee-for-service process. To the extent the benefits that are not currently covered by the MCO benefit packages are included in the ABP, the State will cover these benefits through the fee-for-service system.

All benefits provided through the fee-for-service system will be subject to the authorization requirements set forth in ABP 5.

Additional Information: Fee-For-Service (Optional)

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



Alternative Benefit Plan

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NH - 22 - 0052

Employer Sponsored Insurance and Payment of Premiums	ABP9
<p>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.</p>	<input type="text" value="Yes"/>
<p>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:</p>	
<div style="border: 1px solid black; padding: 5px;"> <p>All individuals eligible under Section 1902(a)(10)(A)(i)(VIII) with access to cost-effective employer-sponsored insurance may elect to receive coverage through the State's Health Insurance Premium Payment program. The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid State Plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR 447 subpart A.</p> </div>	
<p>The state/territory otherwise provides for payment of premiums.</p>	<input type="text" value="No"/>
<p>Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

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General Assurances	ABP10
Economy and Efficiency of Plans	
<input checked="" type="checkbox"/> 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.	<input type="text" value="Yes"/>
Compliance with the Law	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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).	
<input checked="" type="checkbox"/> The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.	

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Payment Methodology	ABP11
<p>Alternative Benefit Plans - Payment Methodologies</p> <p><input checked="" type="checkbox"/> 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.</p> <div data-bbox="446 636 1154 705" style="text-align: center; border: 1px solid black; padding: 5px;">An attachment is submitted.</div>	

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