Alternative Benefit Plan

Amount Limit:
None

Duration Limit:
None

Remove

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
This covers the supplies for home health.

Benefit Provided:
Nursing Facility Services (21 and older)

Source:
State Plan 1905(a)

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Meets level of care

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
This includes rehab and long term care. Nursing facility services for individuals under 21 are covered in EHB 10

Benefit Provided:
Medical and other types of remedial care: chiropra

Source:
State Plan 1905(a)

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
26 visits per calendar year

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:
This represents chiropractic services

Add

Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services — Collapse All

Benefit Provided: Other Laboratory and x-Ray Services

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Some imaging services require a prior authorization, while others do not.

Add

Alternative Benefit Plan

☑ Essential Health Benefit 9: 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:

Other diagnostic, screening, preventive, and rehab

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Adds benefits to comply with USPSTF, ACIP, IOM, and Bright Futures.

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

Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan

Add

Alternative Benefit Plan

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

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
See Scope Limit

Duration Limit:
None

Scope Limit:
Vision services - under age 21, one visit per year
Dental Services - routine dental services for children under age 21 - limited to 2 visits/cleanings per year

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
State Plan Service Title: EPSDT
Prior Auth required for orthondontia

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Limited to children under 21 years of age

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
State Plan Service Title: Nursing Facility Services for patients under 21 years of age

Add

Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark Collapse All ☐

Alternative Benefit Plan

☒ Base Benchmark Benefits Not Covered due to Substitution or Duplication — Collapse All ☐

Base Benchmark Benefit that was Substituted: Primary Care 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: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services.

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: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted: Outpatient facility fee
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 benefit was replaced with Clinic Services and Outpatient Hospital Services, under the EHB Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted: Hospice
Source: Base Benchmark
Remove

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

Duplication: This benefit was replaced with Hospice care, under the EHB Ambulatory services

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: This benefit was replaced with Home Health Services, under the EHBs Ambulatory Patient Services & Rehabilitative and habilitative services and devices

Base Benchmark Benefit that was Substituted: ER 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: This benefit was replaced with Outpatient Hospital Services, as well as Emergency Hospital Services, under the EHB Emergency Services.

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: This benefit was replaced with Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary, under the EHB Ambulatory Patient 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: This benefit was replaced with Inpatient Hospital Services, under the EHB Hospitalization.

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: This benefit was replaced with Physician Services, under the EHB Hospitalization.

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 benefit was replaced with Nursing Facility Services (for individuals age 65 or older in an IMD) & Nursing Facility Services (21 and older) & Nursing Facility Services for patients under 21 of years of age, under the EHBs Rehabilitative and Habilitative Services and Devices and EPSDT

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: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services, under the EHB Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:
Delivery and all inpatient 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: This benefit was replaced with Inpatient hospital services, under the EHB Hospitalization.

Alternative Benefit Plan

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: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services & EPSDT, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health

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: This benefit was replaced with Inpatient Hospital Services, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health

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: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services & Extended services to pregnant women, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health

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: This benefit was replaced with Inpatient Hospital Services, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health

Base Benchmark Benefit that was Substituted: Generic 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: This benefit was replaced with Prescription drugs, Dentures, Prosthetic Devices, and Eyeglasses under the EHB Prescription Drugs

Base Benchmark Benefit that was Substituted: Preferred Brand Drugs

Source: Base Benchmark

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: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs

Remove

Base Benchmark Benefit that was Substituted:

Non-Preferred Brand 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: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs

Base Benchmark Benefit that was Substituted:

Specialty 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: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services

Source:
Base Benchmark

Remove

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

Duplication: This benefit was replaced with Physical Therapy and related Services, under the EHB Rehabilitative and Habilitative Services and Devices

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: This benefit was replaced with Physical Therapy and related Services, under the EHB Rehabilitative and Habilitative Services and Devices

Base Benchmark Benefit that was Substituted:

Chiropractic 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: This benefit was replaced with Medical care and any other type of remedial care, under the Rehabilitative and Habilitative Services and Devices

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:
Base Benchmark

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: This benefit was replaced with Durable Medical Equipment, medical supplies, prosthetics and orthotics, under the EHB Rehabilitative and Habilitative Services and Devices

Remove

Base Benchmark Benefit that was Substituted:

Hearing Aides

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 benefit was replaced with EPSDT & Durable Medical Equipment, medical supplies, prosthetics, and orthotics, under the EHB Rehabilitative and Habilitative Services and Devices

Base Benchmark Benefit that was Substituted:

Diagnostic Tests (x-rays and lab work)

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 benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services

Base Benchmark Benefit that was Substituted:

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:

Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services

Base Benchmark Benefit that was Substituted:

Preventive care / screening / immunization

Source:
Base Benchmark

Remove

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

Duplication: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services, under the EHB Preventive and wellness Services and Chronic Disease Management

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: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care

Base Benchmark Benefit that was Substituted:

Eye glasses for children

Source:
Base Benchmark

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: This benefit was replaced with EPSDT & Prescribed drugs, dentures, prosthetic devices, and eyeglasses, under EHB Pediatric services, including oral and vision care

Remove

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: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care

Base Benchmark Benefit that was Substituted:

Allergy 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: This benefit was replaced with Physician Services, under the EHB Preventive and wellness services and chronic disease management

Base Benchmark Benefit that was Substituted:

Injectable drugs and other drugs administered in a

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:

(Full benchmark benefit: Injectable drugs and other drugs administer in a providers' office or other OP setting)
Duplication: This benefit was replaced with Outpatient Hospital Services & Physician Services, under the EHB Prescription drugs

Base Benchmark Benefit that was Substituted:

Medical supplies, equipment, and education for dia

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:

(Full benchmark benefit: Medical supplies, equipment, and education for diabetes care for all diabetics)
Duplication: This benefit was replaced with Durable Medical Equipment, medical supplies, prosthetics, and orthotics, under the EHB Rehabilitative and habilitative services and devices

Base Benchmark Benefit that was Substituted:

Dental services for accidental injury and other re

Source:
Base Benchmark

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

(Full benchmark benefit: Dental services for accidental injury and other related medical services)

Alternative Benefit Plan

Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services

Remove

Base Benchmark Benefit that was Substituted:
Human organ and tissue transplant transplant servi

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 benefit was replaced with Inpatient hospital services and Physician Services, under the EHB Hospitalization

Base Benchmark Benefit that was Substituted:
Human organ and tissue transplant services - trans

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:

(Full benchmark benefit: Human organ and tissue transplant services - transportation and lodging)
Duplication: This benefit was replaced with Any other medical care and any other type of remedial care recognized under the state law, specified by the Secretary, under Other 1937 Covered Benefits that are not Essential Health Benefits

Base Benchmark Benefit that was Substituted:
Human organ and tissue transplant services - unrel

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:

(Full benchmark benefit: Human organ and tissue transplant services - unrelated donor search)
Duplication: This benefit was replaced with Inpatient Hospital Services

Base Benchmark Benefit that was Substituted:
Autism 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: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care

Base Benchmark Benefit that was Substituted:
Radiation therapy

Source:
Base Benchmark

Remove

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

Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services

Alternative Benefit Plan

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: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services

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: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services

Base Benchmark Benefit that was Substituted: Renal dialysis/hemodialysis

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 benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services

Base Benchmark Benefit that was Substituted: Vision correction after surgery or accident

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:

This benefit was replaced with Durable Medical Equipment, medical supplies, prosthetics, and orthotics, under the EHB Rehabilitative and habilitative services and devices

Base Benchmark Benefit that was Substituted: Other practitioner office visit

Source: Base Benchmark

Remove

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

Duplication: This benefit was replaced with Certified pediatric or family Nurse Practitioner services, under the EHB Ambulatory services

Base Benchmark Benefit that was Substituted: Private duty nursing

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 benefit was replaced with Private Duty Nursing, under the EHB Ambulatory Care

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Routine eye exam for adults

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 benefit was replaced by Physician Services, under the EHB Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Urgent Care Centers

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 benefit was replaced by Clinic Services, under the EHB Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Outpatient surgery physician / surgical

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 benefit was replaced by Physician Services, under the EHB Ambulatory patient serices

Add

Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not Covered Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Non-emergency care when traveling outside the US

Source:
Base Benchmark

Remove

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

This is not permissible under federal Medicaid rules.

Add

Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All ☐

Other 1937 Benefit Provided:
Services in an ICF-IDD

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:
Medicaid individuals who meet ICF-IDD patient status criteria

Other:

Other 1937 Benefit Provided:
Any other medical care & any other: Transportati

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:
Full State Plan Service Title: Any other medical care and any other type of remedial care recognized under the state law, specified by the Secretary
This represents transportation and lodging

Add

Alternative Benefit Plan

☐ 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.20130808

Alternative Benefit Plan

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

Attachment 3.1-C- ☐

Benchmark-Equivalent Benefit Package — ABP6

Complete this section only if the state/territory is proposing a Benchmark-Equivalent Benefit Package.

Description of Benefits

Please provide the aggregate actuarial value of the Benchmark plan (e.g., FEHBP, State/Territory Employee Coverage, Commercial Plan, State Plan) to which the state/territory's benefit package is equivalent.

$ ☐

Please provide the aggregate actuarial value of the state/territory's Benchmark-Equivalent plan (must be greater than or equal to the amount entered for the Benchmark plan above).

$ ☐

☐ The state/territory has included a chart and a thorough description of all benefits included in its Benchmark-Equivalent Benefit Package with a cross-walk of each benefit to the Essential Health Benefit categories or an indication that the benefit is not an Essential Health Benefit, if appropriate. The state/territory has also included the payment methodology associated with each benefit.

An attachment is submitted.

☐ The state/territory has included a copy of the actuarial report.

An attachment is submitted.

Other Information Related to this Benchmark-Equivalent Benefit Package: (optional):

Benchmark-Equivalent Benefit Package Assurances

☐ The state/territory assures that the Benefit package has been determined to have an aggregate actuarial value equivalent to the specified Benchmark plan in the actuarial report that has been prepared:

- ☐ By an individual who is a member of the American Academy of Actuaries.
- ☐ Using generally accepted actuarial principles and methodologies.
- ☐ Using a standardized set of utilization and price factors.
- ☐ Using a standardized population that is representative of the population being served.
- ☐ Applying the same principles and factors in comparing the value of different coverage (or benefits) without taking into account any differences in coverage based on the method of delivery or means of cost control or utilization used.

Alternative Benefit Plan

☐ Recognizing the ability of a state/territory to reduce benefits by taking into account an increase in actuarial value of benefits coverage regardless of any differences in coverage based on the method of delivery or means of cost control or utilization used.

☐ Taking into account the ability of the state/territory to reduce benefits by considering the increase in actuarial value of health benefits coverage offered under the state/territory plan that results from the limitations on cost sharing (with the exception of premiums) under that coverage.

☐ The state/territory assures, as required by Section 1937(b)(2)(A) and 42 CFR 440.335, benchmark-equivalent coverage shall include coverage for the following categories of services: inpatient and outpatient hospital services, physicians' surgical and medical services, laboratory and x-ray services, prescription drugs, well-baby and well-child care, including age-appropriate immunizations, emergency services, mental health benefits, family planning services and supplies and other appropriate preventive services as designated by the Secretary.

☐ The state/territory has included a description of the benefits included and the actuarial value of the category as a percentage of the actuarial value of the coverage for the benefits included in the Benchmark-Equivalent Benefit plan.

The Benchmark Benefit Package that is the basis for comparison of the Benchmark-Equivalent Benefit Package includes vision services. ☐

The Benchmark Benefit Package that is the basis for comparison of the Benchmark-Equivalent Benefit Package includes hearing services. ☐

Other Information Related to Benchmark-Equivalent Assurances (optional):

PRA Disclosure Statement

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

V.20130807

Alternative Benefit Plan

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

Attachment 3.1-C- [ ]

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).

Per 42 CFR 440.345, please describe how the additional benefits will be provided, how access to additional benefits will be coordinated and how beneficiaries and providers will be informed of these processes in order to ensure individuals have access to the full EPSDT benefit.

Indicate whether additional EPSDT benefits will be provided through fee-for-service or contracts with a provider:

○ State/territory provides additional EPSDT benefits through fee-for-service.

◉ State/territory contracts with a provider for additional EPSDT services.

Please specify payment method (select one):

◉ Risk-based capitation

○ Administrative services contract

○ Other

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

Prescription Drug Coverage Assurances

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

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

Alternative Benefit Plan

☑ 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.

☑ 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.20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-C- ☐ OMB Expiration date: 10/31/2014

Service Delivery Systems — ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

☒ Managed care.

- ☒ Managed Care Organizations (MCO).
- ☐ Prepaid Inpatient Health Plans (PIHP).
- ☒ Prepaid Ambulatory Health Plans (PAHP).
- ☐ Primary Care Case Management (PCCM).

☐ Fee-for-service.

☐ Other service delivery system.

Managed Care Options

Managed Care Assurance

☑ The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The following documents the steps that the Kentucky Department for Medicaid Services (DMS) is planning to take, or is taking, to implement managed care for the Alternative Benefit Plan (ABP), including member, stakeholder, and provider outreach efforts.
General
• Actuarial Analysis – Perform cost analysis for the new benefits package.
• Increased Administrative Tasks – Request additional staff for DMS.

MCO Specific Plans
• New MCO Contract for Expansion Population – Contract with a new MCO. DMS intends to contract with a new MCO in order to better serve the expanded population. The RFP for this new contractor was issued on 7/22/2013. The contract for this new vendor was negotiated and signed on 9/13/2013.
• Additional MCO Onboarding – Inform new MCO of DMS operations. DMS will need to educate providers on the new MCO's credentialing and enrollment process. This will begin 9/27/2013.
• Contract with MCOs for Expansion Population – Renegotiate with existing MCOs. DMS is also re-negotiating contracts with existing MCOs. These contracts were redrafted in August and will be signed by 9/27/2013.
• DMS MCO Relations – Train DMS staff on MCO relations. DMS staff will need to be informed of the contractual requirements for each MCO. These will need to be identified and implemented by 10/4/2013.
• Benefits Package Communication – Inform all MCOs of new Benefit package. The new benefits package will affect all MCOs. Details of the new benefits package will be finalized on 9/27/2013. DMS will then send details of the benefits package to all MCOs. DMS expects MCOs to have questions regarding the new benefits package. DMS will answer questions on 10/4/2013 in a meeting that will be attended by all MCOs.

• Expanding the Provider Network – Integrate the new provider network into MCOs. DMS will support the implementation of new provider networks into all MCO systems. This will begin on 9/16/2013 and will be ongoing as new providers are contracted.
• MCO Member Outreach – Coordinate approval of materials and plans. DMS expects MCOs to conduct their own member outreach. Materials will need to be approved by DMS before they can be disbursed at schools, faith-based organizations, community, and health fairs. DMS will begin approving materials for the new MCO starting 10/1/2013.
• MCO Call Center – Update call center with Expansion-related changes. The call center staff and scripts will need to be updated based on changes related to Medicaid expansion. This process will begin on 9/28/2013.
• Monthly Meetings – Schedule monthly and quarterly meetings with other state agencies.
• MCO Operations – Verify functionality of day-to-day operations for all MCOs.

Member Communication
• Member Handbook – Update and distribute member handbook. DMS is updating the member handbook with information regarding benefits coverage, cost sharing changes, and special policies and procedures by 10/30/2013. This will be posted on DMS' website.

• Member Print Materials – Create and distribute print materials. DMS is coordinating with Kentucky Health Benefit Exchange (KHBE) to produce informational cards, brochures, and fact sheets regarding Medicaid Expansion. Complete by 10/1/2013. Informational Cards will be two-sided and include Medicaid-only information. Brochures will include a section on Medicaid expansion, in addition to KHBE information. A Medicaid-only fact sheet has been created. In addition, Medicaid related information will be included on other facts sheets produced by KHBE as well. All fact sheets will be available on the KHBE website (http://healthbenefitexchange.ky.gov) and the kynect website (http://kynect.ky.gov).

• Member Media and Online Materials – Coordinate media and online materials. DMS is coordinating with KHBE to include Medicaid information on television advertisements and marketing outreach efforts. These efforts were completed on 8/27/2013. In addition, DMS has added a page to its website to provide an overview of Medicaid Expansion, with links to additional information (http://chfs.ky.gov/dms/medicaid+expansion.htm). This was completed 9/18/2013. DMS will also include information on its website regarding the new benefit plan. This information will be reviewed and posted by 10/11/2013.

Stakeholder Communication
• Stakeholder Meetings – Schedule meetings with stakeholders. DMS will schedule meetings starting 9/23/2013 with key external stakeholders to discuss the MCO implementation and Medicaid expansion. Advocates for various external groups, public health departments and other state employees will be invited to these meetings. DMS is also conducting outreach and awareness sessions for its own staff. DMS has held an informational session on the ACA and Expansion for its employees on 9/19/2013. DMS has begun communications with other vendors who are affected by the new benefits plan and expansion. The DMS staff is working closely with HP (the MMIS contractor), OATS (Kentucky's Office of Administrative Technology and Services), Kentucky Health Benefit Exchange, and other state government agencies to proactively communicate and implement the coming changes.

Provider Communication
• Provider Services Training – Update scripts and train provider services staff.
o Provider services staff (the call center for providers within DMS) will need to be updated with new information regarding the expansion and the benefits package. This training will be completed by November 2013.

• Provider Training Sessions – Coordinate and hold provider training sessions via HP (vendor).
o DMS is offering provider training to communicate ACA and Medicaid Expansion changes to the providers. To do so, it has sent providers e-mail and written communication on 9/16/2013 to notify them of upcoming dates for provider training.
o The materials for training, including the benefit plan changes, will be prepared by 10/1/2013.
o Trainings are being offered in each of the 8 Medicaid Regions (4 sessions in each Medicaid Region) throughout the fall.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program. No

☑ The Alternative Benefit Plan will be provided through a managed care organization (MCO) consistent with applicable managed care requirements (42 CFR Part 438, and sections 1903(m), 1932 and 1937 of the Social Security Act).

MCO Procurement or Selection Method

Alternative Benefit Plan

Indicate the method used to select MCOs:

(•) Competitive procurement method (RFP, RFA).

( ) Other procurement/selection method.

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

Other MCO-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization. Yes

List the benefits or services that will be provided apart from the MCO, and explain how they will be provided. Add as many rows as needed.

	Benefit/service	Description of how the benefit/service will be provided	
+	Intermediate care facility for individuals with an intellectual disability	Service is provided through the Commonwealth's fee-for-service program	X
+	Hospice services provided to a recipient in an institution	Service is provided through the Commonwealth's fee-for-service program	X
+	Nonemergency transportation services	Service is provided through PAHP waiver	X
+	School-based health services	Service is provided through the Commonwealth's fee-for-service program	X
+	Health access nurturing development services	Service is provided through the Commonwealth's fee-for-service program	X
+	Early intervention program service	Service is provided through the Commonwealth's fee-for-service program	X
+	Nursing facility service for an enrollee	Service is provided through the Commonwealth's fee-for-service program	X

MCO service delivery is provided on less than a statewide basis. No

MCO Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan: No

General MCO Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

(•) Mandatory participation.

( ) Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

Members will select a MCO and enroll through Kentucky's Health Benefit Exchange - kynect. Member MCO selection, choice, and flexibility is in accordance with federal regulation.

Choose MCO through kynect

If don't choose, auto assigned
90 day period to select new MCO
Auto assignment: under what circumstances; wher

Additional Information: MCO (Optional)

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

PAHP: Prepaid Ambulatory Health 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 1115 demonstration.
- ○ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS: Sep 25, 2013

Describe program below:

KY-06 provides transportation under a capitated arrangement with regional transportation brokers for eligible Medicaid members requiring transportation to and from approved non-emergency medical services

Additional Information: PAHP (Optional)

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

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Alternative Benefit Plan

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

Attachment 3.1-C- [ ]

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:

This program is called the Health Insurance Premium Payment (HIPP) is available to all Medicaid recipients. The program will pay the cost of the premium for any Medicaid recipient that is working and has access to employer sponsored insurance and still eligible for Medicaid provided said payments would be cost effective for Medicaid. All information is entered in our MMIS system to make determination of cost effectiveness. The system looks at their age, premium cost, and claims cost to determine cost effectiveness. The benefit information is not determinable for this SPA as it varies depending on the employer insurance and insurance company. However, any services not covered by the employer sponsored insurance Medicaid does provide wrap around coverage and would pay for additional services for the eligible Medicaid recipient.

The state/territory otherwise provides for payment of premiums. [No]

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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Alternative Benefit Plan

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

Attachment 3.1-C- ☐

General Assurances	ABP10

Economy and Efficiency of Plans

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

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

Compliance with the Law

☑ The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.

☑ The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).

☑ The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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Alternative Benefit Plan

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

Attachment 3.1-C- ☐

Payment Methodology	ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

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