

## **Table of Contents**

**State/Territory Name: Kentucky**

**State Plan Amendment (SPA) #: KY-13-020**

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  
Atlanta Regional Office  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303



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

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December 20, 2013

Lawrence Kissner, Commissioner  
Department for Medicaid Services  
275 East Main Street, 6WA  
Frankfort, KY 40621-0001

Re: Kentucky State Plan Amendment 13-020

Dear Mr. Kissner:

Enclosed for your records is an approved copy of Kentucky's Alternative Benefit Plan (ABP) state plan amendment SPA KY 13-020. This SPA, which was submitted on October 1, 2013, meets all federal statutory and regulatory requirements for establishing an ABP. The SPA was approved on December 20, 2013, and is effective January 1, 2014 as requested by the state.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and (if applicable) managed care service delivery systems (waivers and contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved state plan will be mirrored in the ABP.

If you have any questions concerning this state plan amendment, please contact Alice Hogan at 404-562-7432 or [Alice.Hogan@cms.hhs.gov](mailto:Alice.Hogan@cms.hhs.gov).

Sincerely,

//s//

Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

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

- State/Territory name:

Kentucky

- **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.

KY 13-002

- **Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

- **Federal Statute/Regulation Citation**

Affordable

- **Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 563000000
Second Year	2015	\$ 119300000

- **Subject of Amendment**

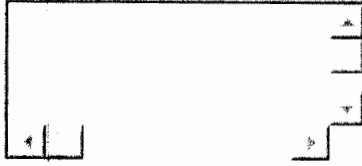
Character Count: out of 2000

Medicaid expansion to include r

- **Governor's Office Review**

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

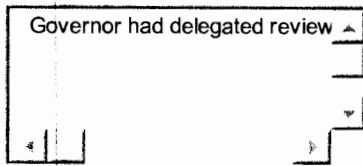
Describe:



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

Describe:

Character Count:  out of 2000



- **Signature of State Agency Official**

- Submitted By:

Sharley Hughes

- Last Revision Date:

Dec 20, 2013

- Submit Date:

Oct 1, 2013



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Alternative Benefit Plan Populations ABP1

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	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)

### 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 20130724

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP-1

Effective Date: 01/01/14



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

**Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) ABP2a**  
**(i)(VIII) of the Act**

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.

Kentucky has reviewed the EHB's Anthem PPO and added or supplemented Medicaid benefits where necessary to at least offer the benefits for purposes of defining EHBs. The ABP that is subject to section 1937 requirements and the Medicaid State Plan are fully aligned.

### PRA Disclosure Statement

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

V.20130807

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP2a

Effective Date: 01/01/14



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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

ABP3

Select one of the following:

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

Name of benefit package:

## Selection of the Section 1937 Coverage Option

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

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

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

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

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

## Selection of Base Benchmark Plan

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP3-1

Effective Date: 01/01/14



## 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.  No

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

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

Plan name:

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

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

### PRA Disclosure Statement

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

V.20130801

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP3-2

Effective Date: 01/01/14





# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Alternative Benefit Plan Cost-Sharing	ABP4
<input checked="" 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 type="checkbox"/> No
Other Information Related to Cost Sharing Requirements (optional):	
<div style="border: 1px solid black; height: 40px;"></div>	

### PRA Disclosure Statement

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

V.20130807

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP4

Effective Date: 01/01/14



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

**Benefits Description** **ABP5**

The state/territory proposes a "Benchmark-Equivalent" benefit package.  No

The state/territory is proposing "Secretary-Approved Coverage" as its section 1937 coverage option.  Yes

**Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table**

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

**An attachment is submitted.**

**Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

Anthem PPO

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

Secretary-Approved



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Physician Services	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> This represents Physician services.		
<b>Benefit Provided:</b> Outpatient Hospital Services	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Prior authorization is required for some services. See State Plan for complete listing.		
<b>Benefit Provided:</b> Clinic Services	<b>Source:</b> State Plan 1905(a)	
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> 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:		<input type="button" value="Remove"/>
<input type="text"/>		
<b>Benefit Provided:</b>	<b>Source:</b>	<input type="button" value="Remove"/>
<input type="text" value="Certified Pediatric or Family Nurse Practitioner"/>	<input type="text" value="State Plan 1905(a)"/>	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
<input type="text" value="None"/>	<input type="text" value="None"/>	
<b>Scope Limit:</b>		
<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" value="Full State Plan Service Title: Certified pediatric or family Nurse Practitioner services"/>		
<b>Benefit Provided:</b>	<b>Source:</b>	<input type="button" value="Remove"/>
<input type="text" value="Family Planning Services and Supplies for Individu"/>	<input type="text" value="State Plan 1905(a)"/>	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
<input type="text" value="None"/>	<input type="text" value="None"/>	
<b>Scope Limit:</b>		
<input type="text" value="Limited to individuals of child-bearing age"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="Full State Plan Service Title: Family Planning Services and Supplies for Individuals of Child-bearing Age"/>		
<b>Benefit Provided:</b>	<b>Source:</b>	
<input type="text" value="Hospice Care"/>	<input type="text" value="State Plan 1905(a)"/>	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
<input type="text" value="None"/>	<input type="text" value="None"/>	

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP5-3

Effective Date: 01/01/14



## Alternative Benefit Plan

Scope Limit:		
Dually eligible (Medicare and Medicaid) recipients must participate in the Medicare and Medicaid hospice programs simultaneously in order to receive Medicaid hospice services		<input type="button" value="Remove"/>
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
Benefit Provided:	Source:	
Private duty nursing	State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
2000 hours / year	None	
Scope Limit:		
Services in an inpatient setting excluded		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
Benefit Provided:	Source:	
Medical care & any other type of remedial:podiatry	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Limited to non-routine foot care; routine foot care excluded		
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: Medical care and any other type of remedial care provided by licensed practitioners: Podiatry		
KY State Plan Title: Medical care and any other type of remedial care		
Podiatry exclusions include: treatment of flatfoot; treatments undertaken for the sole purpose of correcting a subluxated structure as an isolated entity within the foot; routine footcare, except when the patient has a systemic disease of sufficient severity that unskilled performance of such procedures would be hazardous; specified methods of plethysmography. Orthopedic shoes and other supportive devices for the feet are not covered under this program element. Additional detail explanations of these exclusions are included in		

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP5-4

Effective Date: 01/01/14



## Alternative Benefit Plan

the State Plan.		Remove
This represents podiatry services		
<b>Benefit Provided:</b>	<b>Source:</b>	Remove
Medical care & any other type of remedial: Other	State Plan 1905(a)	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
None	Medicaid State Plan	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
None	None	
<b>Scope Limit:</b>		
None		
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: Medical care and any other type of remedial care provided by licensed practitioners: Other practitioner's services		
KY State Plan Title: Medical care and any other type of remedial care		
This represents services provided by other practitioners listed in the State Plan		
		Add

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP5-5

Effective Date: 01/01/14



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Outpatient Hospital: Emergency Department	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b>  		
<b>Benefit Provided:</b> Any other medical care: emergency transportation	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> 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 emergency transportation/ambulance		
		<b>Add</b>

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP5-6

Effective Date: 01/01/14



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Inpatient Hospital Services	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Authorization is done through prior, concurrent, and retroactive authorization, depending on the type of hospital and service.		
<b>Benefit Provided:</b> Physician: Inpatient Services	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> This represents Inpatient Physician Services		
		<input type="button" value="Add"/>

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP5-7

Effective Date: 01/01/14





# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Nurse-midwife Services	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b>  		
<b>Benefit Provided:</b> Inpatient Hospital Services: Maternity	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Authorization is done through prior, concurrent, and retroactive authorization, depending on the type of hospital and service.  Services such as physician or inpatient hospital found in other EHBs are applicable here too		
<b>Benefit Provided:</b> Physician services: Maternity	<b>Source:</b> State Plan 1905(a)	
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> 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:

This benefit is a duplicate of "outpatient surgery physician/surgical" in the base benchmark.

Remove

Add

TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP5-9

Effective Date: 01/01/14



# Alternative Benefit Plan

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

<b>Benefit Provided:</b> Inpatient Hospital Services: IP Mental Health	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> IP Mental Health in an IMD is not available to individuals between the ages of 21 to 64.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> This represents Inpatient Mental Health services. These facilities are not IMDs.		

<b>Benefit Provided:</b> Rehabilitative services: OP Mental Health	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan This represents Outpatient Mental Health services.		

<b>Benefit Provided:</b> Inpatient Hospital Services: IP Substance Use	<b>Source:</b> State Plan 1905(a)	
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	



## Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="This represents IP Substance Use Disorder Services&lt;br/&gt;These facilities are not IMDs."/>		
Benefit Provided: <input type="text" value="Rehabilitative services: OP Substance Use"/>	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" value="Full State Plan Service Title: Other diagnostic, screening, preventive, and rehabilitative services, i.e. other than those provided elsewhere in this plan&lt;br/&gt;This represents OP Substance Use Disorder Services"/>		
		<input type="button" value="Add"/>



## Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

**Benefit Provided:**

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The Commonwealth of Kentucky's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 7: Rehabilitative and habilitative services and devices		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Physical therapy & related svcs: PT	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> 20 visits per calendar year	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> State Plan Service Title: Physical therapy and related services  20 visits per year for physical therapy; benefit limits are aggregated between habilitation and rehabilitation services.		
<b>Benefit Provided:</b> Home Health: Medical supplies, equipment, and appl	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Specific restrictions and exclusions are found in the fee schedule		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Full State Plan Service Title: Home Health: Medical supplies, equipment, and appliances suitable for use in the home  KY State Plan Title: Home Health: Medical supplies suitable for use in the home  Prior authorization is required for items of equipment or repairs greater than \$500 and certain other specified items.		
<b>Benefit Provided:</b> Prosthetics	<b>Source:</b> State Plan 1905(a)	
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	



## 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: Prior authorization is required for items of equipment or repairs greater than \$500 and certain other specified items.		
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 is a nursing facility for rehabilitative purposes. The base benchmark limits the number of days in a nursing facility to 90 day.		
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		
Benefit Provided: Physical therapy & related svcs: OT	Source: State Plan 1905(a)	

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## Alternative Benefit Plan

<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	<b>Remove</b>
<b>Amount Limit:</b> 20 visits per calendar year	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> State Plan Service Title: Physical therapy and related services  20 visits per year for occupational therapy; benefit limits are aggregated between habilitation and rehabilitation services.		
<b>Benefit Provided:</b> Physical therapy & related svcs: ST	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> 20 visits per calendar year	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> State Plan Service Title: Physical therapy and related services  20 visits per year for speech therapy; benefit limits are aggregated between habilitation and rehabilitation services.		
<b>Benefit Provided:</b> Home health services: nursing, aide, and therapy	<b>Source:</b> State Plan 1905(a)	
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> PT/OT/ST: 20 visits each per calendar year	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		

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## Alternative Benefit Plan

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

This represents the home health visit, including PT/OT/SLT (if applicable)  
20 visits each per calendar year for physical, occupational, and speech therapy; benefit rehabilitation services

Remove

Add

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# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Other Laboratory and x-Ray Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State 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" value="Some imaging services require a prior authorization. See State Plan for complete listing."/>		
		<input type="button" value="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:	Source:	Remove
Preventive services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Supplements existing benefits with any additions 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		
This benefit includes preventive services		

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

Add



## Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Medicaid State Plan EPSDT Benefits		
<b>Source:</b> State Plan 1905(a)		<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> State Plan Service Title: EPSDT Prior Auth required for orthodontia		
<hr/>		
<b>Benefit Provided:</b> Medicaid State Plan EPSDT Benefits		
<b>Source:</b> State Plan 1905(a)		<b>Remove</b>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Limited to children under 21 years of age		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Full State Plan Service Title: Inpatient psychiatric facility services for individuals under 21 years of age These services are not in an IMD		
		<b>Add</b>



## Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All

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# Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Primary Care Visit"/>	Source: Base Benchmark	<input type="button" value="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" value="Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Specialist Visit"/>	Source: Base Benchmark	<input type="button" value="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" value="Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient facility fee"/>	Source: Base Benchmark	<input type="button" value="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" value="Duplication: This benefit was replaced with Clinic Services and Outpatient Hospital Services, under the EHB Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice"/>	Source: Base Benchmark	<input type="button" value="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" value="Duplication: This benefit was replaced with Hospice care, under the EHB Ambulatory services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Home health care services"/>	Source: Base Benchmark	<input type="button" value="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" value="Duplication: This benefit was replaced with Home Health Services, under the EHBs Ambulatory Patient Services &amp; Rehabilitative and habilitative services and devices"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="ER Services"/>	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: <input type="text" value="Duplication: This benefit was replaced with Outpatient Hospital Services, as well as Outpatient Hospital:"/>		



## Alternative Benefit Plan

Emergency Department, under the EHB Emergency Services. Emergency hospital services are covered as outpatient hospital services in Medicaid.		Remove
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 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: 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 (21 and older) under the EHBs Rehabilitative and Habilitative Services and Devices. This benefit is limited to 90 days.		
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: maternity, under the EHB Maternity and Newborn Care.		
Base Benchmark Benefit that was Substituted: Mental/behavioral health outpatient services	Source: Base Benchmark	



# 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: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Mental/behavioral health inpatient services</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<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: This benefit was replaced with Inpatient Hospital Services: IP Substance Use, and Inpatient psychiatric facility services for individuals under 21 years of age, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health, and the EPSDT EHB, respectively</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Substance Abuse Disorder Outpatient Services</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<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: This benefit was replaced with Other diagnostic, screening, preventive, and rehabilitation services &amp; Rehabilitative services for pregnant women: SU, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Substance Abuse Disorder Inpatient Services</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<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: This benefit was replaced with Inpatient Hospital Services: IP Mental Health, under the EHB Mental Health and Substance Use Disorder Services, including Behavioral Health</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Generic Drugs</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<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: This benefit was replaced with Prescription drugs, Dentures, Prosthetic Devices, and Eyeglasses under the EHB Prescription Drugs</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Preferred Brand Drugs</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<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: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs</p>	

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# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Non-Preferred Brand Drugs"/>	Source: Base Benchmark	<input type="button" value="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" value="Duplication: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Specialty Drugs"/>	Source: Base Benchmark	<input type="button" value="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" value="Duplication: This benefit was replaced with Prescribed drugs, Dentures, Prosthetic devices, and eyeglasses, under the EHB Prescription Drugs"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Rehabilitation Services"/>	Source: Base Benchmark	<input type="button" value="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" value="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: <input type="text" value="Habilitation Services"/>	Source: Base Benchmark	<input type="button" value="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" value="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: <input type="text" value="Chiropractic Care"/>	Source: Base Benchmark	<input type="button" value="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" value="Duplication: This benefit was replaced with Medical care and any other type of remedial care, under the Rehabilitative and Habilitative Services and Devices. This benefit is limited to 12 visits per year in the base benchmark plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment"/>	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: <input type="text" value="Duplication: This benefit was replaced with Family Planning Services and Supplies for Individuals of Child-bearing Age under the EHB for Ambulatory Services, and Home Health: Medical supplies,"/>		



## Alternative Benefit Plan

<input type="text" value="equipment, and appliances suitable for use in the home, as well as Prosthetics, under the EHB Rehabilitative and Habilitative Services and Devices"/>	<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Hearing Aides"/>	Source: Base Benchmark <input type="button" value="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" value="Duplication: This benefit was replaced with EPSDT &amp; Home Health: Medical supplies, equipment, and appliances suitable for use in the home, under the EHB Rehabilitative and Habilitative Services and Devices"/>	
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Tests (x-rays and lab work)"/>	Source: Base Benchmark <input type="button" value="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" value="Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services"/>	
Base Benchmark Benefit that was Substituted: <input type="text" value="Imaging (CT/PET/MRI)"/>	Source: Base Benchmark <input type="button" value="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" value="Duplication: This benefit was replaced with Other Laboratory and X-Ray Services, under the EHB Laboratory Services"/>	
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive care / screening / immunization"/>	Source: Base Benchmark <input type="button" value="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" value="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: <input type="text" value="Routine Eye Exam for Children"/>	Source: Base Benchmark <input type="button" value="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" value="Duplication: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care"/>	
Base Benchmark Benefit that was Substituted: <input type="text" value="Eye glasses for children"/>	Source: Base Benchmark



# 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: This benefit was replaced with EPSDT &amp; Prescribed drugs, dentures, prosthetic devices, and eyeglasses, under EHB Pediatric services, including oral and vision care</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Dental check-up for children"/></p> <p>Source: Base Benchmark</p> <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: This benefit was replaced with EPSDT, under the EHB Pediatric services, including oral and vision care</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Allergy treatment"/></p> <p>Source: Base Benchmark</p> <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: This benefit was replaced with Physician Services, under the EHB Preventive and wellness services and chronic disease management</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Injectable drugs and other drugs administered in a"/></p> <p>Source: Base Benchmark</p> <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>(Full benchmark benefit: Injectable drugs and other drugs administer in a providers' office or other OP setting) Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory Services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Medical supplies, equipment, and education for dia"/></p> <p>Source: Base Benchmark</p> <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>(Full benchmark benefit: Medical supplies, equipment, and education for diabetes care for all diabetics) Duplication: This benefit was replaced with Prescription drugs, under the EHB Prescription drugs and Physician Services under EHB Ambulatory Services. The medical supplies and equipment for diabetes care maps to the Prescription Drugs, while the education for diabetics maps to Physician Services under Ambulatory.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Dental services for accidental injury and other re"/></p> <p>Source: Base Benchmark</p> <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>(Full benchmark benefit: Dental services for accidental injury and other related medical services)</p>	



## 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 transpl 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: 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 - 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 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: 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		
Base Benchmark Benefit that was Substituted: Chemotherapy	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:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Infusion Therapy"/>	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:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Renal dialysis/hemodialysis"/>	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:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Outpatient hospital services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Vision correction after surgery or accident"/>	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:		<input type="button" value="Remove"/>
<input type="text" value="This benefit was replaced with Duplication: This benefit was replaced with Physician Services, under the EHB Ambulatory patient services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Other practitioner office visit"/>	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:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Certified pediatric or family Nurse Practitioner services, under the EHB Ambulatory services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Private duty nursing"/>	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:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: This benefit was replaced with Private Duty Nursing, under the EHB Ambulatory Care."/>		
<input type="text" value="The base benchmark has a 2,000 hour limit."/>		



# Alternative Benefit Plan

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 services and Physician Services: Maternity under the Maternity and newborn care EHB.		
Base Benchmark Benefit that was Substituted: Podiatry 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 Medical care and any other type of remedial care provided by licensed practitioners: Podiatry, under the EHB Ambulatory Patient Services		
Base Benchmark Benefit that was Substituted: Other practitioner's 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 Medical care and any other type of remedial care provided by licensed practitioners: Other practitioner's services, under the EHB Ambulatory Patient Services		
Base Benchmark Benefit that was Substituted: Certified Nurse Midwife	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: This benefit was replaced with Nurse-midwife Services, under the EHB Maternity and Newborn Care		
Base Benchmark Benefit that was Substituted: Prescription Drug Benefits	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 under the EHB Prescription drugs and Family Planning Services and Supplies under the EHB Ambulatory services.		



# Alternative Benefit Plan

Add
-----



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Non-emergency care when traveling outside the US"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="This is not permissible under federal Medicaid rules."/>		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Prenatal and postnatal care"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="KY pays for newborns separately from their mothers, so this benefit is not applicable for the new adult group"/>		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text" value="Routine eye exam"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="This benefit is not a an EHB for adults."/>		
		<input type="button" value="Add"/>





# Alternative Benefit Plan

<input checked="" type="checkbox"/> Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All <input type="checkbox"/>
Other 1937 Benefit Provided: <input type="text" value="Services in an ICF-IID"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	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="Medicaid individuals who meet ICF-IDD patient status criteria"/>		
Other: <input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Dental 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="1 cleaning and 1 x-ray per year"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Dental services for adults 21 years of age or older"/>		
Other: <input type="text" value="No authorization required"/>		
Other 1937 Benefit Provided: <input type="text" value="Routine eye exam"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
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="No authorization required"/>		



# Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
<b>Other 1937 Benefit Provided:</b> <input type="text" value="Family planning services and supplies"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>	
<b>Scope Limit:</b> <input type="text" value="Include counseling services, medical services and supplies"/>		
<b>Other:</b> <input type="text" value="In-vitro fertilization, artificial insemination, sterilization reversals, sperm banking and related services, hysterectomies, and abortions shall not be considered family planning services"/>  <input type="text" value="Full State Plan Service Title: Family Planning Services and Supplies for Individuals of Child-bearing Age"/>  <input type="text" value="No authorization required"/>		
<b>Other 1937 Benefit Provided:</b> <input type="text" value="Case management services"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>	
<b>Scope Limit:</b> <input type="text" value="Some case management services are limited to specific groups of individuals. Please see State Plan for complete listing."/>		
<b>Other:</b> <input type="text" value="Some case management services are limited to specific groups of individuals. Populations included:&lt;br/&gt;&lt;ul&gt;&lt;li&gt;• Children meeting the eligibility criteria of the Commission for Handicapped Children (CHC) and persons of all ages with hemophilia meeting the CHC eligibility criteria.&lt;/li&gt;&lt;li&gt;• Children in the custody of or at risk of being in the custody of the State; children under the supervision of the state; and adults in need of protective services.&lt;/li&gt;&lt;li&gt;• Children birth to three participating in the Kentucky Early Intervention Program.&lt;/li&gt;&lt;li&gt;• Pregnant women who are under age 20 and first time parents; and pregnant women age 20 or older who are first time parents and screen as high risk for the Health Access Nurturing Development Services (HANDS) program.&lt;/li&gt;&lt;li&gt;• Pregnant women, including post partum women for the 60 days after the pregnancy ends, who are receiving substance use services.&lt;/li&gt;&lt;/ul&gt;"/>		



## Alternative Benefit Plan

- Individuals with a moderate or severe substance use disorder diagnosis, or co-occurring substance use and mental health disorders; with need for assistance in accessing community or recovery supports or with multi-agency involvement.
- Individuals with a severe emotional disability or a serious mental illness; who are at risk of out-of-home placement or institutional care.
- Individuals with at least two of the following types of co-occurring disorders, which interact to complicate treatment: (1) mental health, (2) substance use, and (3) chronic or complex physical health conditions.

Remove

**Other 1937 Benefit Provided:**

Face-to-face Tobacco Cessation for Pregnant Women

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

4 face-to-face sessions per quit attempt

**Duration Limit:**

None

**Scope Limit:**

None

**Other:**

Full amount limit: 4 face-to-face sessions per quit attempt with a minimum of 2 quit attempts

No authorization required.

**Other 1937 Benefit Provided:**

Nursing Facility Services for Long Term Care

**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:**

Meets level of care

**Other:**

**Other 1937 Benefit Provided:**

Ambulatory prenatal care for pregnant women furni

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan



## Alternative Benefit Plan

Amount Limit:	Duration Limit:	<input type="button" value="Remove"/>
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other:		
<input type="text" value="Full State Plan Service Title: Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period"/>		
<input type="text" value="No prior authorization is required."/>		
		<input type="button" value="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

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V.20130808



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

EPSDT benefits will be administered through the prior authorization process.

MCOs have been informed that they should not deny services for children because a benefit is not covered, but may deny a service if it is not medically necessary. KY regularly monitors complaints and claim denials to verify MCO compliance.

KY provides educational materials to members about EPSDT benefits

### 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.

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## Alternative Benefit Plan

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

### PRA Disclosure Statement

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# Alternative Benefit Plan

V.20130807

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Kentucky

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ABP7-3

Effective Date: 01/01/14





# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## 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. Complete
- Contract with MCOs for Expansion Population – Renegotiate with existing MCOs. DMS is also re-negotiating contracts with existing MCOs. These contracts have been signed.
- DMS MCO Relations – Train DMS staff on MCO relations. DMS staff will need to be informed of the contractual requirements for each MCO. This task is complete.
- Benefits Package Communication – Inform all MCOs of new Benefit package. The new benefits package will affect all MCOs. Details of the new benefits package were finalized on 9/27/2013. DMS then sent details of the benefits package to all MCOs. DMS has answered questions for the MCOs.
- Integrating the Provider Network – Integrate the new provider network into MCOs. DMS will support the implementation of new

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- provider networks into all MCO systems. This began 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 began 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 have been updated based on changes related to Medicaid expansion.
  - 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 12/15/2013. 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. Completed 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 also include information on its website regarding the new benefit plan.

### Stakeholder Communication

- Stakeholder Meetings – Schedule meetings with stakeholders. DMS scheduled 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 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, were completed.
  - 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

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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



# Alternative Benefit Plan

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.

 No

The Alternative Benefit Plan will be provided through a prepaid ambulatory health plan (PAHP) consistent with applicable managed care requirements (42 CFR Part 438, and section 1937 of the Social Security Act).

PAHPs are paid on a risk basis.

PAHPs are paid on a non-risk basis.

### PAHP Procurement or Selection Method

Indicate the method used to select PAHPs:

Competitive procurement method (RFP, RFA).

Other procurement/selection method.

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

### Other PAHP-Based Service Delivery System Characteristics

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

	Benefit/service	Description of how the benefit/service will be provided	
+			X

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

### PAHP Participation Exclusions

Individuals are excluded from PAHP participation in the Alternative Benefit Plan:

### General PAHP Participation Requirements

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

Mandatory participation.

Voluntary participation. Indicate the method for effectuating enrollment:

### Additional Information: PAHP (Optional)



## Alternative Benefit Plan

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

Non-Emergency Transportation Services - provides transportation to Medicaid Recipients who otherwise do not have a way to get to medical appointments.

### PRA Disclosure Statement

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V 20130718



# Alternative Benefit Plan

Attachment 3.1-C-

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

<b>Employer Sponsored Insurance and Payment of Premiums</b>	<b>ABP9</b>
<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="checkbox"/> 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 data-bbox="310 739 1450 934" style="border: 1px solid black; padding: 5px;"><p>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.</p></div>	
<p>The state/territory otherwise provides for payment of premiums.</p>	<input type="checkbox"/> No
<p>Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:</p>	
<div data-bbox="265 1039 1462 1150" style="border: 1px solid black; padding: 5px;"><p>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 part 447 subpart A.</p></div>	

### PRA Disclosure Statement

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# Alternative Benefit Plan

Attachment 3.1-C-

OMB Control Number: 0938-1148

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## General Assurances

ABP10

### Economy and Efficiency of Plans

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

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

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.

### PRA Disclosure Statement

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

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TN No: 13-020  
Kentucky

Approval Date: 12/20/13  
ABP10-1

Effective Date: 01/01/14



# 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.

### PRA Disclosure Statement

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

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