

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 15-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



**Division of Medicaid and Children's Health Operations / Boston Regional Office**

September 8, 2015

Marylou Sudders, Secretary  
Executive Office of Health and Human Services  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

Dear Secretary Sudders:

Enclosed for your records is an approved copy of the MassHealth CarePlus Alternative Benefit Plan (ABP) State plan amendment (SPA) No. MA 15-0007. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL) on June 30, 2015, meets all federal statutory and regulatory requirements for establishing an ABP. This SPA was submitted to revise your approved CarePlus ABP to add coverage for certain optional dental services (full and partial dentures and repairs) for beneficiaries ages 21 and older. This SPA has been approved effective May 15, 2015.

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 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.

Enclosed are copies of the following approved State plan pages to be incorporated into the Massachusetts State plan:

- Attachment 3.1-L, template ABP5, pages 1-35

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at [Julie.McCarthy@cms.hhs.gov](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director  
Daniel Cohen, State Plan Coordinator

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

## State/Territory

name:

Massachusetts

## 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.

TN-015-007

## Proposed Effective Date

05/15/2015

(mm/dd/yyyy)

## Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

## Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 31765.52
Second Year	2016	\$ 254124.15

## Subject of Amendment

Massachusetts, through this amendment, seeks to authorize Alternative Benefit Plan State Plan coverage for certain prosthodontic services (full and partial dentures, including repairs) for Adult Group members age 21 and older, effective May 15, 2015.

## 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:

Not required under 42 CFR 430.12(b)(2)(i)

## Signature of State Agency Official

Submitted By:

Alison Kirchgasser

Last Revision Date:

Aug 7, 2015

Submit Date:

Jun 30, 2015

PLAN APPROVED – ONE COPY ATTACHED

DATE RECEIVED: 06/30/2015

EFFECTIVE DATE OF APPROVED MATERIAL: 05/15/2015

DATE APPROVED: 09/08/2015

SIGNATURE OF REGIONAL OFFICIAL:

/s/

TYPED NAME: Richard R. McGreal

TITLE: Associate Regional Administrator,  
Division of Medicaid & Children's Health Operations  
Boston Regional Office



# Alternative Benefit Plan

Attachment

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

## Benefits Description

ABP5

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

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

2012 Government Employee Health Association, Inc. Benefit Plan (GEHA)

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"/>																														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Benefit Provided:</td> <td style="width: 50%; border: none;">Source:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Outpatient Hospital Service</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">Remove</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Other</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: 1px solid black; padding: 2px;">None</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Scope Limit:</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;">None</td> </tr> <tr> <td colspan="3" style="border: none; padding: 5px 0 0 0;">                     Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:                 </td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 5px;">                     For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, physical and occupational therapy services provided by an outpatient hospital require PA after 20 visits in a 12-month period. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.                 </td> </tr> </table>			Benefit Provided:	Source:		Outpatient Hospital Service	State Plan 1905(a)	Remove	Authorization:	Provider Qualifications:		Other	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:			For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, physical and occupational therapy services provided by an outpatient hospital require PA after 20 visits in a 12-month period. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		
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Authorization:	Provider Qualifications:																															
Other	Medicaid State Plan																															
Amount Limit:	Duration Limit:																															
None	None																															



# Alternative Benefit Plan

Scope Limit:

None

Remove

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

State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Audiologists' Services."

For those members receiving benefits fee for service (FFS), certain high-cost and replacement hearing aids are covered with prior authorization (PA). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

OLP: Chiropractors' Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits/treatments 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:

State Plan Benefit Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Chiropractors' Services."

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Physicians' Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None





# Alternative Benefit Plan

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

State Plan Benefit Title: "Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere."

Remove

For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, reconstructive surgery and non-emergency out-of-state services provided by a physician who practices beyond 50 miles of the state border. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Diagnostic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), certain specific services, such as Breast MRI, are covered with prior authorization (PA). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Screening Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits through managed care entities, utilization management may apply.

Benefit Provided:

Pediatric or Family Nurse Practitioners' Services

Source:

State Plan 1905(a)



# Alternative Benefit Plan

<p>Authorization:  <input type="text" value="Other"/></p> <p>Amount Limit:  <input type="text" value="None"/></p> <p>Scope Limit:  <input type="text" value="None"/></p> <p>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="For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/></p>	<p>Provider Qualifications:  <input type="text" value="Medicaid State Plan"/> <input type="button" value="Remove"/></p> <p>Duration Limit:  <input type="text" value="None"/></p>
<p>Benefit Provided:  <input type="text" value="Home Health: Part-time Nursing Services"/></p> <p>Authorization:  <input type="text" value="Other"/></p> <p>Amount Limit:  <input type="text" value="None"/></p> <p>Scope Limit:  <input type="text" value="See below for scope limits"/></p> <p>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="State Plan Title: 'Home health services: Intermittent or part time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.'"/>  <input type="text" value="For those members receiving benefits fee for service (FFS), nursing visits provided by a home health agency are covered for a MassHealth CarePlus member only with prior authorization and when the following conditions are met: (1) such care is provided following an overnight hospital or skilled nursing facility stay and (2) such care is intended to help resolve an identified skilled-nursing need directly related to the member's hospital or skilled nursing facility stay. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/></p>	<p>Source:  <input type="text" value="Secretary-Approved Other"/> <input type="button" value="Remove"/></p> <p>Provider Qualifications:  <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit:  <input type="text" value="None"/></p>
<p>Benefit Provided:  <input type="text" value="Clinic Services"/></p> <p>Authorization:  <input type="text" value="Other"/></p> <p>Amount Limit:  <input type="text" value="None"/></p>	<p>Source:  <input type="text" value="State Plan 1905(a)"/></p> <p>Provider Qualifications:  <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit:  <input type="text" value="None"/></p>





# Alternative Benefit Plan

Scope Limit:

Covered within the limitations outlined below.

Remove

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

For those members receiving benefits fee for service (FFS), freestanding ambulatory surgical center services are limited to surgical, diagnostic, and medical services that provide diagnosis or treatment through operative procedures requiring general, local, or regional anesthesia, and must be furnished to patients who do not require hospitalization or overnight services upon completion of the procedure, but who require constant medical supervision for a limited amount of time following the conclusion of the procedure. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

FQHC Services and Other Amb. Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State Plan Benefit Title: "Federally qualified health center (FQHC) services and other ambulatory services."

For those members receiving benefits fee for service (FFS), services provided at FQHCs are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Rural Health Clinic Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

State Plan Benefit Title: "Rural Health Clinic Services and other ambulatory services furnished by a rural



# Alternative Benefit Plan

<p>health clinic."</p> <p>For those members receiving benefits fee for service (FFS), services provided at RHCs are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>		<input type="button" value="Remove"/>
<p>Benefit Provided:</p> <input type="text" value="Family Planning Services and Supplies"/>	<p>Source:</p> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="Other"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <p>State Plan Title: "Family planning services and supplies for individuals of child-bearing age."</p> <p>For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p>		
<p>Benefit Provided:</p> <input type="text" value="Home Health: Aide Services"/>	<p>Source:</p> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input type="text" value="None"/>	<p>Provider Qualifications:</p> <input type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input type="text" value="None"/>	<p>Duration Limit:</p> <input type="text" value="None"/>	
<p>Scope Limit:</p> <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <p>State Plan Title: "Home health services: Home health aide services provided by a home health agency." For those members receiving benefits through managed care entities, utilization management may apply.</p>		
		<input type="button" value="Add"/>





# Alternative Benefit Plan

Essential Health Benefit 2: Emergency services
Collapse All

Benefit Provided: Emergency Hospital Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Covered without limitations.		

Benefit Provided: Transportation – Emergent	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Covered without limitations.		





# Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization
Collapse All

<p>Benefit Provided:</p> <input style="width: 90%;" type="text" value="Inpatient Hospital Services"/>	<p>Source:</p> <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<p>Authorization:</p> <input style="width: 90%;" type="text" value="Other"/>	<p>Provider Qualifications:</p> <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
<p>Amount Limit:</p> <input style="width: 90%;" type="text" value="None"/>	<p>Duration Limit:</p> <input style="width: 90%;" type="text" value="None"/>	
<p>Scope Limit:</p> <input style="width: 90%;" type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Title: "Inpatient hospital services (other than those provided in an institution for mental disease)."</p> <p>For those members receiving benefits fee for service (FFS), as a condition of payment, MassHealth requires pre-admission screening for all elective admissions to acute hospitals and for all admissions to a chronic disease and rehabilitation hospital, except for members with other insurance (including Medicare).</p> <p>For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		
<input type="button" value="Add"/>		



# Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care Collapse All

Benefit Provided:

Nurse-midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Physician Services: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Inpatient Hospital Services: Maternity

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

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="For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Inpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
Benefit Provided: <input type="text" value="Outpatient Hospital Services: Maternity"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Outpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
		<input type="button" value="Add"/>





# Alternative Benefit Plan

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

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Benefit Provided: <input type="text" value="Mental Health and Substance Use Disorder Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="The state offers mental health and substance use disorder services including behavioral health treatment for all members under state plan benefits including Physicians' Services, Outpatient Hospital Services, Inpatient Hospital Services, Emergency Hospital Services, EPSDT, FQHCs, and RHCs. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD."/>		

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Benefit Provided: <input type="text" value="OLP: Psychologist"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Psychological testing only"/>		
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="State Plan Title: 'Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: other practitioners' services.' All CarePlus managed care contractors provide certification of compliance with MHPAEA."/>		

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Benefit Provided: <input type="text" value="Rehabilitative Services: MH/SUD Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



# Alternative Benefit Plan

Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	<input type="button" value="Remove"/>
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="For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services, Outpatient Hospital Services, and Inpatient Hospital Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA. All CarePlus managed care contractors provide certification of compliance with MHPAEA. Inpatient services are not provided in an IMD."/>		
		<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 Massachusetts's ABP prescription drug benefit is the same as under the approved Medicaid state plan for prescribed drugs.





# Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices Collapse All

Benefit Provided:

Therapies and Related Services: Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits per 12-month period

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

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

State Plan Title: "Therapies and Related Services: Physical Therapy." Rehabilitative and habilitative physical therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program.

For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Therapies and RS: Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits per 12-month period

Duration Limit:

None

Scope Limit:

Diversional and recreational therapies are not covered.

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

State Plan Title: "Therapies and Related Services: Occupational Therapy."

Rehabilitative and habilitative occupational therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.





# Alternative Benefit Plan

<p>Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Therapies and RS: Speech, Hearing, and Language</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</div>	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: auto;">Remove</div>
<p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Authorization required in excess of limitation</div>	<p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>	
<p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">35 visits per 12-month period</div>	<p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	
<p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">Diversional and recreational therapies are not covered.</div>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Title: "Therapies and Related Services: Services for individuals with speech, hearing, and language disorders."</p> <p>Rehabilitative and habilitative speech therapy to improve, or prevent the worsening of a congenital or acquired condition is provided in accordance with 42 CFR 440.110. MassHealth pays for maintenance therapy performed by a licensed therapist when the therapist's specialized knowledge and judgment are required to perform services that are part of a maintenance program.</p> <p>For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		

  

<p>Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px;">Home Health: Med Supplies, Equip., and Appliances</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</div>	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: auto;">Remove</div>
<p>Authorization:</p> <div style="border: 1px solid black; padding: 2px;">Other</div>	<p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px;">Medicaid State Plan</div>	
<p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	<p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>	
<p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px;">None</div>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Title: "Home health services: Medical supplies, equipment, and appliances suitable for use in the home."</p> <p>For those members receiving benefits fee for service (FFS), MassHealth covers medically necessary medical supplies, equipment and appliances (DME) that can be appropriately used in the member's home, and in certain circumstances for use in facilities. DME that is appropriate for use in the member's home may also be used in the community. Certain specific services are covered with prior authorization (PA); for example, hospital beds for home use and liquid oxygen systems. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>		



# Alternative Benefit Plan

Benefit Provided: <input style="width: 90%;" type="text" value="Prosthetic Devices"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="None"/>	
Scope Limit: <input style="width: 90%;" 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: <div style="border: 1px solid black; padding: 5px;">                     State Plan Title: "Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Prosthetic Devices."                       For those members receiving benefits fee for service (FFS), MassHealth covers medically necessary prosthetics and orthotics services, including repairs after the exhaustion of manufacturer warranties. Certain specific services are covered with prior authorization (PA); for example, electronic elbows and some upper extremity prostheses. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.                 </div>		

  

Benefit Provided: <input style="width: 90%;" type="text" value="Nursing Facility Services for 21 or Older"/>	Source: <input style="width: 90%;" type="text" value="Secretary-Approved Other"/>	<input type="button" value="Remove"/>
Authorization: <input style="width: 90%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 90%;" type="text" value="Medicaid State Plan"/>	
Amount Limit: <input style="width: 90%;" type="text" value="None"/>	Duration Limit: <input style="width: 90%;" type="text" value="FFS: 100 days/member/episode; MCE: see Other h+"/>	
Scope Limit: <input style="width: 90%;" 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: <div style="border: 1px solid black; padding: 5px;">                     State Plan Title: "Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older." For members receiving benefits FFS, the MassHealth agency requires clinical authorizations for nursing-facility services. New clinical authorizations may be required in some circumstances such as when a member is transferred from one nursing facility to another or converts to Medicaid from Medicare or a third party private payer. For those members receiving benefits through managed care entities, a combined, aggregate 100-day per year duration limit applies (in combination with chronic disease and rehabilitation hospital days), and other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.                 </div>		

  

Benefit Provided: <input style="width: 90%;" type="text" value="Home Health: PT, OT, SP and Audiology Services"/>	Source: <input style="width: 90%;" type="text" value="State Plan 1905(a)"/>
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# Alternative Benefit Plan

Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
See below	None	
Scope Limit:		
Diversional and recreational therapies are not covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
State Plan Title: "Home health services: Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility."		
For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Therapy Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.		
		Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided: <input type="text" value="Other Laboratory and X-ray Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, BRCA genetic testing. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/>		
		<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:

Preventive Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

For those members receiving benefits fee for service (FFS), the same prior authorization requirements as those summarized under Physicians' Services apply. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Benefit Provided:

Face-to-face Tobacco Cessation Counseling Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

16 group and individual sessions/12 months

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:

Within the State Plan this benefit is entitled: "Face-to-face tobacco cessation counseling services for pregnant women." Tobacco cessation services are not only covered for pregnant women. The State provides tobacco cessation services under the State Plan benefits including Physicians' Services, Outpatient Hospital Services, Inpatient Hospital Services, Prescribed Drugs, Preventive Services, FQHCs, and RHCs. For those members receiving benefits fee for service (FFS), MassHealth covers a total of 16 group and individual counseling sessions per member per 12-month cycle, without prior authorization. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Add





# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Other"/>	
Amount Limit: <input type="text" value="Other"/>	Duration Limit: <input type="text" value="Other"/>	
Scope Limit: <input type="text" value="Not a provided benefit."/>		
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 benefit plan is for individuals age 21-64 and will not include any EPSDT or pediatric service benefits."/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

<input type="checkbox"/> Other Covered Benefits from Base Benchmark	Collapse All <input type="checkbox"/>
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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 style="width: 90%;" type="text" value="Acupuncture – Duplication"/>	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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as Physicians' Services, Outpatient Hospital Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3. MassHealth provides acupuncture for pain relief, as a substitute for anesthesia and as a substance abuse treatment. Base benchmark plan: limited to 20 procedures per person per calendar year, for anesthesia and pain relief."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Hospital, Clinic, or ASC - Duplication"/>	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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and Clinic Services under EHB 1."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Hospice – Duplication"/>	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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as Hospice Care under EHB 1."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Audiologist and Hearing Services – Duplication"/>	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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as Outpatient Hospital Services and OLP: Audiologists' Services under EHB 1; Inpatient Hospital Services under EHB 3; and Home Health: Medical Supplies, Equipment, and Appliances under EHB 7."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Chiropractic – Duplication"/>	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 style="width: 95%;" type="text" value="Duplication: covered under the Medicaid state plan as OLP: Chiropractors' Services under EHB 1."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Foot Care - Duplication"/>	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: covered in the Medicaid state plan as Physicians' Services under EHB 1.</p>		Remove
<p>Base Benchmark Benefit that was Substituted:</p> <p>Physician Services – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Physicians' Services under EHB 1.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Diagnostic and Treatment Services – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic Services, and Screening Services under EHB 1; and Other Laboratory and X-ray services under EHB 8.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Adult Preventive Care - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as FQHC, RHC, Physicians' Services, Outpatient Hospital Services, and Screening Services under EHB 1; Inpatient Hospital Services under EHB 3; and Preventive Services under EHB 9.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Nurse Practitioner - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Physicians' Services, Pediatric or Family Nurse Practitioners' Services, FQHCs, and RHCs under EHB 1.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Services – Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered in the Medicaid state plan as Emergency Hospital Services under EHB 2.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Skilled Nursing Facility – Substitution</p>	<p>Source:</p> <p>Base Benchmark</p>	





# 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>Substitution: Covered in this CarePlus Alternative Benefit Plan as Nursing Facility Services for 21 or Older under EHB 7. Base benchmark plan: limited to inpatient confinement at a Skilled Nursing Facility for the first 14 days following the transfer from acute inpatient confinement when skilled care is still required and a cost limit of up to \$700 per day.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Maternity Care – Duplication</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: covered in Medicaid state plan as Physicians' Services: Maternity, Nurse-midwife Services, Outpatient Hospital Services: Maternity, and Inpatient Hospital Services: Maternity under EHB 4.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Inpatient Hospital - Duplication</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: covered in Medicaid state plan as Inpatient Hospital Services under EHB 3.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Mental Health and SUD Services - Duplication</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: covered in Medicaid state plan as Physicians' Services, Outpatient Hospital Services, FQHCs, and RHCs under EHB 1; Emergency Hospital Services under EHB 2; and Mental Health and Substance Use Disorder Services, OLP: Psychologist, and Rehabilitative Services: MH/SUD under EHB 5; and Inpatient Hospital Services under EHB 3. Base Benchmark: Psychological testing is limited to necessary testing to determine the appropriate psychiatric treatment. All services under the benefit require pre-certification. Excluded services include: services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems; treatments for learning disabilities and mental retardation; telephone therapy; travel time to the member's home to conduct therapy; services rendered or billed by schools, or halfway houses or members of their staffs; marriage counseling; and services that are not medically necessary.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>PT and OT – Duplication</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: covered in Medicaid state plan as Therapies and Related Services: Physical Therapy, Occupational Therapy, and Home Health; PT, OT, SP, and Audiology Services under EHB 7. Base Benchmark: All physical and occupational therapy visits require preauthorization. The benefit covers rehabilitation services only. In addition, the benefit is limited to 60 physical therapy and occupational</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>





# Alternative Benefit Plan

therapy visits per person per calendar year, combined. (One visit is two hours or less of physical or occupational therapy.)	<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: Speech Therapy – Duplication	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: Duplication: covered in Medicaid state plan as Physicians' Services under EHB 1; and Therapies and Related Services: Speech, Hearing and Language Disorders, and Home Health: PT, OT, SP, and Audiology Services under EHB 7. Base Benchmark: All speech therapy visits require preauthorization. The benefit covers rehabilitation services only. In addition, the benefit is limited to 30 visits per person per calendar year (one visit is two hours or less of speech therapy); and speech therapy is only covered when a physician: - orders the care - identifies the specific professional skills the patient requires and the medical necessity for skilled services - indicates the length of time the services are needed	
Base Benchmark Benefit that was Substituted: Family Planning Services – Duplication	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: Duplication: covered in the Medicaid state plan as Physicians' Services, FQHCs, RHCs, and Family Planning Services and Supplies under EHB 1.	
Base Benchmark Benefit that was Substituted: Infertility Services – Duplication	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: Duplication: covered under the Medicaid state plan as Physicians' Services, Diagnostic Services, FQHCs, and RHCs under EHB 1; and Other Laboratory and X-ray Services under EHB 8. MassHealth benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition. Base benchmark: benefits are limited to the diagnosis and treatment of infertility as an underlying medical condition.	
Base Benchmark Benefit that was Substituted: Allergy Care – Duplication	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: Duplication: covered in the Medicaid state plan as Physicians' Services, Diagnostic services, Screening Services, FQHCs, and RHCs under EHB 1.	
Base Benchmark Benefit that was Substituted: Treatment Therapies – Duplication	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>		<input type="button" value="Remove"/>
<p>Duplication: covered in Medicaid state plan as Prescribed Drugs under EHB 6; Physicians' Services, Outpatient Hospital Services, FQHCs, and RHCs under EHB 1; and Inpatient Hospital Services under EHB 3.</p>		
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source:</p>	<input type="button" value="Remove"/>
<p>Orthopedic and Prosthetic Devices – Duplication</p>	<p>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>		<input type="button" value="Remove"/>
<p>Duplication: covered in Medicaid state plan as Physicians' Services and Outpatient Hospital Services under EHB 1; Inpatient Hospital Services under EHB 3; and "Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Prosthetic Devices" under EHB 7.</p>		
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source:</p>	<input type="button" value="Remove"/>
<p>Durable Medical Equipment – Duplication</p>	<p>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>		<input type="button" value="Remove"/>
<p>Duplication: covered in Medicaid state plan as "Home Health: medical supplies, equipment, and appliances suitable for use in the home" under EHB 7.</p>		
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source:</p>	<input type="button" value="Remove"/>
<p>Home Health Services – Substitution</p>	<p>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>		<input type="button" value="Remove"/>
<p>Substitution: covered in the CarePlus Alternative Benefit Plan as Home Health: Part-time Nursing Services and Home Health: Aide Services under EHB 1.                      Base benchmark: The base benchmark Home Health Services benefit is exclusively for part-time nursing. Covered services require prior approval, are limited to 50 in-home visits per member per calendar year, not to exceed one visit up to two hours per day when a RN or LPN provides the service and an attending physician orders the care, identifies the specific professional skills required by the patient, and indicates the length of time the benefit is needed.</p>		
<p>Base Benchmark Benefit that was Substituted:</p>	<p>Source:</p>	<input type="button" value="Remove"/>
<p>Educational Classes and Programs – Duplication</p>	<p>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>		<input type="button" value="Remove"/>
<p>Duplication: Diabetes education and nutritional counseling are covered in the Medicaid state plan as Physicians' Services under EHB 1. Tobacco cessation counseling is covered in the Medicaid state plan as Tobacco Cessation Counseling services under EHB 9 and Prescription Drugs under EHB 6.                      Base benchmark: Coverage for tobacco cessation counseling services under this benefit is limited to 8 sessions per calendar year.</p>		



# Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted:</p> <p>Surgical Procedures – Duplication</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: covered in the Medicaid state plan as Physicians' Services and Outpatient Hospital Services under EHB 1; and Inpatient Hospital Services under EHB 3.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Ambulance - Duplication</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: covered in the Medicaid state plan as Transportation - Emergent under EHB 2.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Prescription Drugs - Duplication</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: covered in the Medicaid state plan as Prescription Drugs under EHB 6.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Preventive Care, Children</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: covered in the Medicaid state plan as FQHC, RHC, Physicians' Services, Outpatient Hospital Services, and Screening Services under EHB 1; and Preventive Services under EHB 9.</p>		
		<p>Add</p>





# 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="Christian Science Facilities"/>		
Explain why the state/territory chose not to include this benefit:		
<input type="text" value="GEHA Benefit Name: Care provided at Christian Science Facilities and by Christian Science Practitioners&lt;br/&gt;MassHealth does not cover this provider type; however, all the medically necessary services they provide are covered in this ABP through various categories including Physicians' Services and Outpatient Hospital Services under EHB 1."/>		
		<input type="button" value="Add"/>





# Alternative Benefit Plan

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

<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Amb. Services offered by PHSA Health Centers</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div> <p>Other:</p> <div style="border: 1px solid black; padding: 5px;"> <p>State Plan Benefit Title: "Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnant woman or individual under 18 years of age."</p> <p>For those members receiving benefits fee for service (FFS), services provided at PHSA Health Centers are subject to the same prior authorization requirements summarized in this ABP. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div>
<div style="border: 1px solid black; padding: 2px 10px;">Remove</div>	

<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Freestanding Birth Center Services</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div> <p>Amount Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div> <p>Scope Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div> <p>Other:</p> <div style="border: 1px solid black; padding: 5px;"> <p>For those members receiving benefits fee for service (FFS), services provided at FSBCs are subject to the same prior authorization requirements summarized in this ABP, including Physicians' Services and Nurse-midwife Services. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.</p> </div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div> <p>Duration Limit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">None</div>
<div style="border: 1px solid black; padding: 2px 10px;">Remove</div>	

<p>Other 1937 Benefit Provided:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">OLP: Optometrists' Services</div> <p>Authorization:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Other</div>	<p>Source:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Section 1937 Coverage Option Benchmark Benefit Package</div> <p>Provider Qualifications:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Medicaid State Plan</div>
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# Alternative Benefit Plan

<p>Amount Limit:  <input style="width: 90%;" type="text" value="None"/></p>	<p>Duration Limit:  <input style="width: 90%;" type="text" value="None"/></p>	<input type="button" value="Remove"/>
<p>Scope Limit:  <input style="width: 95%;" type="text" value="Treatment for congenital dyslexia by this provider type is excluded."/></p>		
<p>Other:  <input style="width: 95%; height: 100px;" type="text" value="State Plan Benefit Title: &quot;Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Optometrists' services.&quot;&lt;br/&gt;&lt;br/&gt;Those members receiving benefits fee for service (FFS) are limited to one comprehensive eye examination within a 24-month period; additional services are provided when medically necessary. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA."/></p>		
<p>Other 1937 Benefit Provided:  <input style="width: 90%;" type="text" value="Eyeglasses"/></p>	<p>Source:  <input style="width: 95%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p>	<input type="button" value="Remove"/>
<p>Authorization:  <input style="width: 90%;" type="text" value="Other"/></p>	<p>Provider Qualifications:  <input style="width: 95%;" type="text" value="Medicaid State Plan"/></p>	
<p>Amount Limit:  <input style="width: 90%;" type="text" value="None"/></p>	<p>Duration Limit:  <input style="width: 90%;" type="text" value="None"/></p>	
<p>Scope Limit:  <input style="width: 95%;" type="text" value="See below for scope limits"/></p>		
<p>Other:  <input style="width: 95%; height: 100px;" type="text" value='State Plan Benefit Title: "Prescribed drugs, dentures, and prosthetic devices and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist: Eyeglasses."&lt;br/&gt;Exclusions consist of absorptive lenses of greater than 25% absorption, prisms obtained by decentration; contact lenses for extended wear use; invisible bifocals; and Welsh 4-drop lenses.&lt;br/&gt;For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, certain high-index lenses, special needs glasses, and glass lenses. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.'/></p>		
<p>Other 1937 Benefit Provided:  <input style="width: 90%;" type="text" value="Dental"/></p>	<p>Source:  <input style="width: 95%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p>	
<p>Authorization:  <input style="width: 90%;" type="text" value="Other"/></p>	<p>Provider Qualifications:  <input style="width: 95%;" type="text" value="Medicaid State Plan"/></p>	
<p>Amount Limit:  <input style="width: 90%;" type="text" value="None"/></p>	<p>Duration Limit:  <input style="width: 90%;" type="text" value="None"/></p>	





# Alternative Benefit Plan

Scope Limit: <input style="width: 90%;" type="text" value="Covered with the limitations outlined below."/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>	
Other: <div style="border: 1px solid black; padding: 5px;">                     Coverage for dental services is limited to the following: diagnostic services including oral evaluation (comprehensive and periodic) and radiographs; preventive services including prophylaxis; emergency care visits; certain restorative services (all fillings); certain prosthodontic services (full and partial dentures including repairs); extractions; anesthesia; treatment of complications related to surgery; certain oral surgery such as biopsies and soft-tissue surgery. In addition, there are limited exceptions that allow for topical fluoride when documented as medically necessary.                       For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, removal of impacted teeth (completely bony). For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.                 </div>	
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Transportation – Non-emergent"/>	Source: <input style="width: 95%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> <input style="float: right; margin-left: 10px;" type="button" value="Remove"/>
Authorization: <input style="width: 95%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>	
Other: <div style="border: 1px solid black; padding: 5px;">                     Non-emergency transportation is covered to the same extent as under the approved Medicaid state plan for transportation.                      For those members receiving benefits fee for service (FFS), all forms of transportation except public transportation require prior authorization from the MassHealth agency. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.                 </div>	
Other 1937 Benefit Provided: <input style="width: 95%;" type="text" value="Targeted Case Management Services"/>	Source: <input style="width: 95%;" type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input style="width: 95%;" type="text" value="Other"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>
Scope Limit: <input style="width: 95%;" type="text" value="None"/>	





# Alternative Benefit Plan

Other:

State Plan Title: Case Management Services. FFS members seeking TCM are subject to the eligibility criteria described in the State Plan in Supplement 1 to Attachment 3.1-A.

- Case Management for Medicaid Recipients Age 18 and Older who are Diagnosed with AIDS and Living in a staffed, congregate residential program which meets the Department of Public Health (DPH) funding requirements for the AIDS/HIV Bureau. Supportive Residential Services program which require that a person be HIV positive, and in which no more than three mentally and/or physically impaired individuals share a single bedroom and bathroom.
- Case Management for Individuals eligible for Medical Assistance and for services provided, purchased, or arranged by the Department of Mental Retardation, not including individuals who reside in ICFs/MR.
- Case Management for Individuals with Mental Illness as Determined by the Department of Mental Health (DMH).
- Case Management for Individuals under age 21 with Serious Emotional Disturbance (SED).
- Case Management for Children Committed to the Department of Youth Services.

Remove

Other 1937 Benefit Provided:

OLP: Podiatrist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Other than routine foot care services

Other:

State Plan Title: "Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: Podiatrist." The following limits are hard limits for members aged 21 and older: Office visits are limited to one initial visit; one limited visit per 30 day period; one extended visit per 30 day period; and one follow up visit per week. Out of office visits are limited to one visit in a 30 day period in a long-term-care facility or the member's home and two visits in a 30 day period in a hospital setting. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.

Other 1937 Benefit Provided:

OLP: Other Practitioners' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



## Alternative Benefit Plan

Other: <div style="border: 1px solid black; padding: 5px; min-height: 100px;">                     State Plan Title: "Medical care and any other type of remedial care provided by licensed practitioners," furnished by such practitioners within the scope of their practice as defined by state law: Other Licensed Practitioners' services (OLP). OLP services not listed elsewhere include hearing instrument specialist services and public health dental hygienist services. Hearing instrument specialist services are limited to the practice of fitting and dispensing of hearing aids which means measurement of human hearing solely for the purpose of making selections, adaptations or sales of hearing aids intended to compensate for impaired hearing. For those members receiving benefits fee for service (FFS), certain specific services are covered with prior authorization (PA); for example, certain high-cost hearing aids. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.                 </div> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Remove"/> </div>	
Other 1937 Benefit Provided: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">                     Extended Services for Pregnant Women                 </div> Authorization: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">                     Other                 </div> Amount Limit: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">                     None                 </div> Scope Limit: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">                     None                 </div> Other: <div style="border: 1px solid black; padding: 5px; min-height: 40px;">                     For those members receiving benefits fee for service (FFS), qualified providers are subject to the same prior authorization requirements summarized in this ABP, including Physicians' Services and Outpatient Hospital Services. For those members receiving benefits through managed care entities, other utilization management may apply that may differ from the FFS authorization that is specified in this SPA.                 </div>	Source: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">                     Section 1937 Coverage Option Benchmark Benefit Package                 </div> Provider Qualifications: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">                     Medicaid State Plan                 </div> Duration Limit: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">                     None                 </div> <div style="text-align: right; margin-top: 5px;"> <input type="button" value="Remove"/> </div>
<input type="button" value="Add"/>	



# Alternative Benefit Plan

<input type="checkbox"/> 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 <input type="checkbox"/>
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### PRA Disclosure Statement

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

V.20130814