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## **Table of Contents**

**State/Territory Name:** Maryland

**State Plan Amendment (SPA) #:** 13-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT #123020134033

**FEB 07 2014**

Charles J. Milligan Jr.  
Deputy Secretary  
Health Care Financing  
Maryland Department of Health and Mental Hygiene  
201 West Preston Street, Room 525  
Baltimore, MD 21201

Dear Mr. Milligan:


Enclosed for your records is an approved copy of Maryland's Alternative Benefit Plan (ABP) State Plan Amendment (SPA), Transmittal Number (TN) 13-0031: Medicaid Alternative Benefit Plan. This ABP, which was submitted on December 20, 2013, meets all federal statutory and regulatory requirements for establishing an ABP.

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, contracts). Amendments to the State's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the changes to the benefit in the approved State plan will be mirrored in the ABP.

This ABP SPA is approved effective January 1, 2014, as requested by the state.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at (215) 861-4325.

Sincerely,

  
Francis McCullough  
Associate Regional Administrator

Enclosure

logged in as: C3-M(CMS RO Staff) read only mode application rev d01

Medicaid Alternative Benefit Plan

MD.0652.R00.00 - Jan 01, 2014

Home Logout Finder Save Print Help

Control Panel

General Information

File Management

Tribal Input

Summary

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Maryland

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.

MD-13-0031

Proposed Effective Date

01/01/2014 (MM/YY/YYYY)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Alternative Benefit Plan

Character Count: 24 out of 2000

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

Empty text box for describing Governor's office comments.

No reply received within 45 days of submittal

Other, as specified

Describe:

Character Count: 34 out of 2000

Authority delegated to Deputy Secretary for Health Care Financing, Charles Milligan.

Signature of State Agency Official

Submitted By: Molly Marra
Last Revision Date: Feb 4, 2014
Submit Date: Dec 20, 2013





# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## Alternative Benefit Plan Populations

ABPI

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

Alternative Benefit Plan Population Name:

SSA 1902 (a)(10)(A)(i)(VIII) - Adult Group

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).

Yes

### Geographic Area

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

Yes

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

### 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.20130917



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1--

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

ABP2a

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

Yes

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

The State chose the largest plan in any of the three largest small group insurance products in Maryland's small group market as its base-benchmark plan (CareFirst Small Group Plan). The existing State Plan package fully aligns with the essential health benefits covered under the CareFirst Small Group Plan. The Adult Group covered under this ABP will receive one additional service -- habilitation services. Habilitation services is not a covered benefit under the CareFirst Small Group Plan for adults (see form ABP5 for details).

### 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.20130917



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## 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:

The State chose the largest plan in any of the three largest small group insurance products in Maryland's small group market as its base-benchmark plan (CareFirst Small Group Plan). The existing State Plan package fully aligns with the essential health benefits covered under the CareFirst Small Group Plan. The Adult Group covered under this ABP will receive one additional service -- habilitation services. Habilitation services is not a covered benefit under the CareFirst Small Group Plan for adults (see form ABP5 for details).

## Selection of Base Benchmark Plan



# Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.  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):

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the 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

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## Alternative Benefit Plan Cost-Sharing

ABP4

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

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

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

No

Other Information Related to Cost Sharing Requirements (optional):

### 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.20130917





# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## Benefits Description

ABP5

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

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

CareFirst Small Group Plan

The largest plan (by enrollment) in any of the three largest small group insurance products in the State's small group market

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

Secretary Approved- State Plan Adult Benefit



# Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Physician services are not prior-authorized under the Medicaid FFS program, except for transplant services or plastic surgery services. Two Medicaid MCOs prior-authorize specialty physician services (non-primary care). One Medicaid MCO prior-authorizes specialty physician services in hospital space. Most Medicaid MCOs prior-authorize out-of-network physician services.

Benefit Provided:

Medical Care by Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Other Licensed Practitioners include nurse practitioners and nurse anesthetists

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

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:

Outpatient hospital services are not prior-authorized in the FFS program. All Medicaid MCOs use prior authorization requirements outpatient hospital services. Some focus on all outpatient services and others focus on certain diagnoses or procedures, such as endoscopic procedures or all outpatient diagnostic procedures.

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Home Health Care Services: Nursing & Aide Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Preauthorization is required for: more than one visit per type of service per day; any service or combination of services rendered during any 30-day period for which the provider anticipates payments from the program in excess of the Medicaid average nursing facility rate; four or more hours of care per day whether the 4-hour limit is reached in one visit or in several visits in one day; or any instances in which home health aide services without skilled nursing services are provided.



# Alternative Benefit Plan

Benefit Provided:		Source:	Remove
Personal Care Services		State Plan 1905(a)	
Authorization:	Provider Qualifications:		Remove
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		Remove
None	None		
Scope Limit:		Remove	
None		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:	Remove
Community First Choice		State Plan 1915(k)	
Authorization:	Provider Qualifications:		Remove
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		Remove
None	None		
Scope Limit:		Remove	
None		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:	Remove
Federally-Qualified Health Services		State Plan 1905(a)	
Authorization:	Provider Qualifications:		Remove
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		Remove
None	None		
Scope Limit:		Remove	
None		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"/>			



# Alternative Benefit Plan

Benefit Provided:		Source:		
Hospice Care - in home /ambulatory setting		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:				
Doctor certifies individual has six months or less to live. Maryland continues to provide medically necessary curative services, even after election of the hospice benefit by or on behalf of children receiving services. This is consistent with federal rules.				
Benefit Provided:		Source:		
Abortions - Hyde Compliant		State Plan 1905(a)		Remove
Authorization:		Provider Qualifications:		
Prior Authorization		Medicaid State Plan		
Amount Limit:		Duration Limit:		
None		None		
Scope Limit:				
None - These are abortions that comply with the Hyde Amendment				
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

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Outpatient Hospital: Emergency Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Any Other Medical Care: Em. Transportation

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:

Add



# Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services - Including Transplant

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

All inpatient services are authorized both in the Medicaid FFS and MCO programs.

Benefit Provided:

Physician Services - Inpatient

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Note- FFS Program requires authorization for physician services for certain inpatient services, such as Transplant Services and Plastic Surgery Services. Two MCOs prior-authorize specialty physician services. One MCO prior-authorizes specialty physician services in hospital space. Most MCO prior-authorize out-of-network physician services.

Benefit Provided:

Hospice Care - Inpatient Setting

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Doctor certifies individual has six months or less to live. Maryland continues to provide medically



# Alternative Benefit Plan

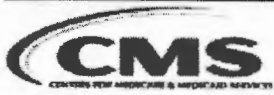
necessary curative services, even after election of the hospice benefit by or on behalf of children receiving services.

Remove

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

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Inpatient Hospital Care - Maternity and Newborn

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

All inpatient services are authorized

Benefit Provided:

Physician Services - Maternity and Newborn

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Note- Program requires authorization for physician services for certain inpatient services, such as Transplant Services. There is no authorization requirement for normal maternity care.

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

Benefit Provided:

Clinic Services - Maternity and Newborn

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

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

Remove

Benefit Provided:

Services furnished by Nurse Midwife

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:

Add



# Alternative Benefit Plan

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

<b>Benefit Provided:</b> Outpatient Hospital Services - Mental Health/Subs	<b>Source:</b> State Plan 1905(a) <span style="float: right;"><input type="button" value="Remove"/></span>
<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> 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; height: 20px; width: 100%;"></div>	

<b>Benefit Provided:</b> Physician Services - Mental Health/Sub	<b>Source:</b> State Plan 1905(a) <span style="float: right;"><input type="button" value="Remove"/></span>
<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> 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; height: 20px; width: 100%;"></div>	

<b>Benefit Provided:</b> Clinic Services - Mental Health and Methadone	<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
<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:

Remove

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Other Licensed Practitioners include certified registered nurses practitioner with a specialty in psychiatry, certified advanced practice registered nurse/psychiatric mental health, clinical professional counselors, psychologists, and clinical social workers

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

These services are not provided in IMDs

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 State of Maryland's ABP prescription drug benefit plan 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:  Source:

Authorization:  Provider Qualifications:

Amount Limit:  Duration Limit:

Scope Limit:

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

The services provided include Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services. All services available in hospital inpatient and outpatient departments and home health setting. Physical Therapy and Audiology is covered in an outpatient setting in the community. State Plan 3.1-A page 11 authorizes these services in an hospital outpatient setting.

All Medicaid MCOs prior-authorize therapy services. Some MCOs limit the prior-authorization to certain services and some require prior authorize after a certain number of visits (e.g., after 10 visits the service must be prior authorized)

Benefit Provided:  Source:

Authorization:  Provider Qualifications:

Amount Limit:  Duration Limit:

Scope Limit:

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

Durable Medical Equipment that costs \$1,000 or more must be prior-authorized. Durable Medical Supplies that cost \$500 or more must be prior-authorized

Benefit Provided:  Source:

Authorization:  Provider Qualifications:



# Alternative Benefit Plan

Amount Limit: None	Duration Limit: 100 days or less per 12 month eligibility period	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: Need to meet nursing level of care criteria. Services are limited to those required for short-term rehabilitation, not custodial care. Rehabilitation services is defined as services provided in the nursing home for 100 days or less.		
Benefit Provided: Habituation Services - Physical Therapy and Other	Source: State Plan Other	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: This includes both acquisition and maintenance services. Services will only be provided to the adults covered under Section 1902(a)(10)(A)(i)(VIII). Services provided will include Physical Therapy, Occupational Therapy, and Speech Therapy. All services will be provided in hospital inpatient and outpatient departments. Services will not be provided in a home setting. Physical therapy is covered in an outpatient setting in the community.		
Add		



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b>	<b>Source:</b>	
<input type="text" value="Other Laboratory and X-Ray Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<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"/>	
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b>		
<input type="text"/>		
<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:	<input type="button" value="Remove"/>
Physician Services	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:		
<input type="text"/>		

Benefit Provided:	Source:	<input type="button" value="Remove"/>
Medical Care by Other Licensed Practitioners	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:		
These providers include nurse practitioners and nutritionists/dietitians.		

Benefit Provided:	Source:
Home Health Care Services - DME/DMS - Diabetes	State Plan 1905(a)
Authorization:	Provider Qualifications:
Authorization required in excess of limitation	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:

Durable Medical Equipment that costs \$1,000 or more must be prior-authorized. Durable Medical Supplies that cost \$500 or more must be prior-authorized

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="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"/>		
<input type="button" value="Add"/>		



# Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted: Source:  
Base Benchmark

Primary Care Visit - Duplication

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:

Primary Care Visits to treat injury or an illness were mapped with the 'ambulatory patient services' EHB category. The bundled services are a duplication of Physician Services and Other Licensed Providers from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Source:  
Base Benchmark

Specialist Visit - Duplication

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:

Specialist Visits were mapped with the 'ambulatory patient services' EHB category. The services are a duplication of Physician Services, Other Licensed Providers, and Clinic Services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Source:  
Base Benchmark

Mastectomy Related Services - Duplication

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:

Mastectomy Related Services were mapped with the 'ambulatory patient services' EHB category. The services are a duplication of Physician, Home Health, and Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted: Source:  
Base Benchmark

Outpatient Facility Fee - Duplication

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:

Outpatient Facility Fee was mapped with the 'ambulatory patient' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted: Source:  
Base Benchmark

Outpatient Surgery Physician/Surgical Services

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:

Outpatient Surgery Physician/Surgical Services were mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted: Source:  
Base Benchmark

Urgent Care Facilities



# 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>Urgent Care Facilities were mapped to the 'ambulatory patient' EHB category. The services are a duplication of outpatient hospital services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Admin. of Injectable Prescrip. Drugs - Duplication</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>Administration of Injectable Prescription Drugs by a Health Care Provider was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Routine Gynecological Care - Duplication</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>Routine Gynecological Care was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services and Medical Care by Other Licensed Providers in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Renal Dialysis - Duplication</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>Renal Dialysis was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Chemotherapy, Radiation, and Infus. - Duplication</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>Chemotherapy, Radiation Therapy, Infusion Therapy mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician and Outpatient Hospital Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Clinical Trial Patient Cost Services - Duplication</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>Clinical Trial Patient Cost Services were mapped to the 'Prescription Drugs' EHB category. The services are a duplication of Prescribe Drugs in the existing State Plan.</p>	<p>Remove</p>



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Other Practitioner Office Visits - 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 type="text" value="Other Practitioner Office Visits were mapped to 'Ambulatory Patient Services' EHB category. The services are a duplication of Medical Care Furnished by Licensed Practitioners within the scope of their practice in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health 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 type="text" value="Home Health Services were mapped with the 'Ambulatory Patient Services' EHB category. The services are a duplication of Home Health Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Room 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 type="text" value="Emergency Room Services were mapped with the 'Emergency Room Services' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Room Transportation - 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 type="text" value="Emergency Room Transportation were mapped with the 'Emergency Room Services' EHB category. The services are a duplication of Any Other Medical Care in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital 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 type="text" value="Inpatient Hospital Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Physician/Surgical Services -Duplication"/>	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="Inpatient Physician and Surgical Services were mapped with the 'Hospitalization' EHB category. The"/>		



# Alternative Benefit Plan

<p>services are a duplication of Physician Services in the existing State Plan.</p>		<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p><b>Bariatric Surgery - Duplication</b></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>Bariatric Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital and Physician Services in the existing State Plan.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p><b>Hospice Services - Duplication</b></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>Hospice Services were mapped with the 'Hospitalization and Ambulatory' EHB categories. The services are a duplication of Hospice Services in the existing State Plan. Services are provided in inpatient and home settings.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p><b>Organ and Tissue Transplant - Duplication</b></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>Organ and Tissue Transplant were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital -- Organ Transplants in Essential Health Benefit category #3 and Physician Services in the existing State Plan.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p><b>Prenatal and Postnatal Care - Duplication</b></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>Prenatal and Postnatal Care were mapped with the 'Maternity and Newborn Care' EHB category. The services are a duplication of Physician Services and Services Provided by a Nurse Midwife in the existing State Plan.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p><b>Elective Abortions - Hyde Compliant</b></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>Elective Abortions were mapped with the 'Ambulatory Patient Services (Hyde Compliant Abortions)' EHB category.</p>		





# Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: <b>Mental Health Outpatient Services - Duplication</b></p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Mental Health Outpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.</p>		
<p>Base Benchmark Benefit that was Substituted: <b>Mental Health Inpatient Services - Duplication</b></p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Mental Health Inpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Inpatient Services in the existing State Plan.</p>		
<p>Base Benchmark Benefit that was Substituted: <b>Substance Use Disorder Inpatient Services - Duplic</b></p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Substance Use Disorder Inpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Inpatient Services in the existing State Plan.</p>		
<p>Base Benchmark Benefit that was Substituted: <b>Substance Use Disorder Outpatient Services - Dupli</b></p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Substance Use Disorder Outpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Outpatient Services in the existing State Plan.</p>		
<p>Base Benchmark Benefit that was Substituted: <b>Profess. Services by Licensed Men. Sub Pract - Dup</b></p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Professional Services by Licensed Mental Health and Substance Abuse Practitioners were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Physician, Medical Care Provided by Licens. Practitioners, and Clinics in the existing State Plan.</p>		
<p>Base Benchmark Benefit that was Substituted: <b>Diagnostic for Mental/Substance Disorders - Duplic</b></p>	<p>Source: 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>Diagnostic for Mental/Substance Disorders were mapped with the 'Other Laboratory and X-Ray Services' EHB category. The services are a duplication of Other Laboratory in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Generic Drugs - Duplication"/></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>Generic Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Preferred Drugs - Duplication"/></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>Preferred Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Non-Preferred Drugs Brand - Duplication"/></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>Non-Preferred Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Specialty Drugs - Duplication"/></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>Specialty Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Test (X-Ray and Lab Work) - Duplication"/></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>Diagnostic Test (X-Ray and Lab Work) were mapped with the 'Laboratory Services' EHB category. The services are a duplication of Other Laboratory and X-ray Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Imaging (CT/PET Scans, MRIs) - Duplication"/></p> <p>Source: 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>Imaging (CT/PET Scans, MRIs) were mapped with the 'Laboratory Services' EHB category. The services are a duplication of Other Laboratory and X-ray Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Osteoporosis Prevention - Duplication</p> <p>Source:</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> <p>Osteoporosis Prevention was mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Diabetes Equipment, Sup.and Self Mana. - Duplica</p> <p>Source:</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> <p>Diabetes Equipment, Supplies, and Self-Management was mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Home Health Services DME/DMS in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Medical Foods - Duplication</p> <p>Source:</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> <p>Medical Foods were mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Home Health Services - DME/DMS in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Allergy Related Services - Duplication</p> <p>Source:</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> <p>Allergy Related Services (care delivered in medical offices for treatment of illness or injury) were mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Child Preventive and Routine Care - Duplication</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>Child Preventive and Routine Care were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Eye Glasses for Children - 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>Eye Glasses for Children were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services .</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Dental Check-Up for Children - 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>Dental Check-Up for Children were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services and Dental Services in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient Rehabilitation Services -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>Outpatient Rehabilitation Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Physical Therapy and Related Services in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Durable Medical Equipment - 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>Durable Medicaid Equipment was mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Home Health Care Services - DME/DMS in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Skilled Nursing - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>



# 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:

Skilled Nursing Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The Essential Health Benefit limits nursing home services to 100 days. The services are a duplication of nursing facility services provided for rehabilitation purposes (100 days or less) in the existing State Plan.

Remove

Base Benchmark Benefit that was Substituted:

Outpatient Cardiac Rehabilitation - Duplication

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:

Outpatient Cardiac Rehabilitation Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Infertility Treatment Services - Substitution

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:

IVF services were mapped to the 'ambulatory patient services' category. Services not covered under this category include: in vitro fertilization, ovum transplants, and gamete intra-fallopian tube transfer, zygote intrafallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures. Personal care and Community First Choice services from the existing State Plan were used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Acupuncture and Chiropractic Care - Substitution

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:

Acupuncture and Chiropractic Care were mapped to the 'ambulatory patient services' category. Chiropractic services are limited to 20 visits per condition per contract year. Federally-Qualified Health Center Services from the existing State Plan were used for substitution purposes.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening - Duplication

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:

The benefit is duplicative of the preventive services offered in EHB9.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Immunizations- 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 type="text" value="The benefit is duplicative of the preventive services offered in EHB9."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="General Anesthesia and Ass. Dental Care - Duplicat"/>	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="General Anesthesia was mapped with the 'Ambulatory Patient Services' EHB category. The services are a duplication of Physician and Outpatient Hospital Services in the existing State Plan."/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark

Newborn hearing screen

Remove

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

The ABP is a benefit package for the new adults under 1902(a)(10)(A)(i)(VIII). Children and newborns will not be enrolled in this benefit plan.

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark

Abortions - outside of Hyde Amendment.

Remove

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

Maryland provides these services, but does not collect federal dollars for them.

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark

Routine Eye Exam -Adults

Remove

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

Vision is not considered and an essential health benefit for purposes of Alternative Benefit Plans

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark

Newborn Care

Remove

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

The ABP is a benefit package for the new adults under 1902(a)(10)(A)(i)(VIII). Newborns will not be enrolled in this benefit plan.

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark

Circumcision

Remove

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

The ABP is a benefit package for the new adults under 1902(a)(10)(A)(i)(VIII). Newborns will not be enrolled in this benefit plan.

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source: Base Benchmark



# Alternative Benefit Plan

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

Remove

Add





# Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Medical Care by Other Licensed Pract. - Podiatrist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Chronic care is limited to 1 visit every 6 weeks

Duration Limit:

None

Scope Limit:

None

Other:

Preauthorization is required for more than five visits or care beyond 90 days.

Other 1937 Benefit Provided:

Family Planning Services and Supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Counseling and Pharm. For Cessation of Tobacco

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:



# Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Health Homes"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
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="As long as individuals meet the participation requirements and receives services from a qualified provider"/>	
Other:	<input type="text"/>	
Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Non -Emergency Transportation"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<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"/>	
Other:	<input type="text"/>	
Other 1937 Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Optometrist Services"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="Eye Examination Every Two Years"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="None"/>	



# Alternative Benefit Plan

Other: Does not cover eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients 21 years old and older.		Remove
Other 1937 Benefit Provided: Mobile Treatment	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Usually prior-authorization but in an emergency can provide services for short period of times . is an intensive integrated blend of outpatient and psychiatric rehabilitation services. Mobile Treatment provides assertive outreach, treatment and support to adults with Serious and Persistent Mental Illness (SPMI) who resist more traditional forms of outpatient treatment. Service provision is mobile and provided in the individual's natural environment.		
Other 1937 Benefit Provided: Psychiatric Rehabilitation Program - Not in IMD	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications:	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: PRP services include: services to develop or restore self care skills, social skills and independent living skills. Additionally, medication management and monitoring, health promotion and training, and psychiatric crisis services are covered.		
Other 1937 Benefit Provided: Outpatient Mental Health Clinic Serv, - Not in IMD	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	



# Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove
Scope Limit: None		
Other:  		
Other 1937 Benefit Provided: Nursing Home Custodial 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: None		
Other: Need to meet nursing level of care criteria. Note: Hospice care in nursing homes is also covered.		
Other 1937 Benefit Provided: Other Services Extended to Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: risk assessment, enrich maternity services, high-risk Nutritional counseling, and dental		
Other 1937 Benefit Provided: Community-Based Substance Abuse Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	



# Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="See below in Other Section"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Covers only one comprehensive substance abuse assessment for a recipient per provider per 12-month period unless the patient has a gap in treatment for more than 30 days (the gap triggers another assessment); covers only one group counseling session per day per recipient; covers up to 6 six individual counseling units as measured in fifteen minute increments per day per recipient; covers up to 4 sessions of Intensive Outpatient treatment per week"/>		

Other 1937 Benefit Provided: <input type="text" value="Prosthetic Devices"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Devices include: artificial eyes; breast prostheses, including surgical brassiere; upper and lower extremity, full and partial, to include stump cover or harnesses where necessary; and replacement of prostheses."/>		
Other: <input type="text"/>		

Other 1937 Benefit Provided: <input type="text" value="Program of All-Inclusive Care for the Elderly"/>	Source: 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"/>		



# Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Rural Health Center Services"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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:		
<input type="text"/>		
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Intermediate Care Facilities - Intellectually Dis."/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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:		
<input type="text" value="Recipient has been certified that he/she requires intermediate care facility services for the intellectually disabled or persons with related conditions"/>		
Other 1937 Benefit Provided:	Source:	
<input type="text" value="Case Management - Mental Illness"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="Yes - See below"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		



# Alternative Benefit Plan

Other:

Limited to individuals with serious emotional disturbance at risk of or needs continued treatment to prevent inpatient psychiatric treatment, treatment in an RTC or an out-of-home placement; prevent inpatient psych treat, homelessness or incarceration. #'s of units are based on severity of the condition in the plan of care. Individuals receiving Level I (general) Case Management Services are limited to 2 units of service per month. Individuals receiving Level II (intensive) Case Management Services are limited to 5 units of service per month. Level I and Level II individuals can receive an additional unit in the first month.

Remove

Other 1937 Benefit Provided:

Case Management - HIV

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Yes - See below

Duration Limit:

None

Scope Limit:

None

Other:

Limited to individuals who are certified for and enrolled in the Maryland's Medical Assistance Program and diagnosed as HIV-infected. Case management services are covered when documented as appropriate and necessary. Individuals are limited to 96 units of service per year.

Other 1937 Benefit Provided:

Case Management - Developmental Disabilities

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below- No hard cap on the number of services

Duration Limit:

None

Scope Limit:

None

Other:

(1) Individuals who are found eligible for funding from the Developmental Disabilities Administration (DDA) and are on the DDA waiting list. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. #'s of units are based on severity of the condition in the plan of care. There is no hard cap on the number of services. The target group does not include individuals between 22 and 64 who are in IMD or individuals who are inmates of public institutions.

(2) Individuals who are found eligible for funding from the Developmental Disabilities Administration (DDA) and are transitioning to the community. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. #'s of units are based on severity of the



# Alternative Benefit Plan

condition in the plan of care. There is no hard cap on the number of services. The target group does not include individuals between 22 and 64 who are in IMD or individuals who are inmates of public institutions.

Remove

(3) Individuals who are found eligible for funding from the Developmental Disabilities Administration (DDA) and are in comprehensive community services funded by the DDA. Case management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. #s of units are based on severity of the condition in the plan of care. There is no hard cap on the number of services. The target group does not include individuals between 22 and 64 who are in IMD or individuals who are inmates of public institutions.

Other 1937 Benefit Provided:

Free Standing Birth Center Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

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

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V.20130917



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## Benefits Assurances

ABP7

### EPSDT Assurances

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

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

Yes

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

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

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

Through an Alternative Benefit Plan.

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

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

### Prescription Drug Coverage Assurances

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

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

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

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

### Other Benefit Assurances

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

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

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.



# Alternative Benefit Plan

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

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## 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 existing adult benefit package for our HealthChoice Managed Care Organizations (MCOs) enrollees fully aligns with the ABP. Our MCOs will need to offer one additional services to the adult group under the ABP - habilitation services. The MCOs will be responsible for educating enrollees that this is a covered benefit.

#### MCO: Managed Care Organization

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

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

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

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



# Alternative Benefit Plan

Describe program below:

There are currently seven MCOs participating in HealthChoice: Amerigroup Community Care, Jai Medical Systems, Maryland Physicians Care, MedStar Family Choice, Priority Partners, Riverside Health of Maryland and UnitedHealthcare. Maryland enrollees families, children, pregnant women, foster care children, non-institutionalized SSI enrollees who are younger than 65 and not on Medicare, and the new adults under the Section 1902(a)(10)(A)(i)(VIII).

## Additional Information: MCO (Optional)

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

## Fee-For-Service Options

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

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

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

Until an enrollee selects an MCO, individuals will receive services on a fee-for-service basis. This period could be up to 30 days.

There are services carved-out of the MCO benefit package for adults. These include:

- Specialty mental health benefits are provided by an ASO.
- Specialty mental health and HIV/AIDS prescription drugs are carved out of the MCO benefit package and provided on a fee-for-service basis.
- Personal care services are carved out of the MCO benefit package.
- Viral load testing services, genotypic, phenotypic or other HIV/AIDS drug resistance testing for the treatment of HIV/AIDS is carved out of the MCO benefit package and provided on a fee-for-service basis.

There are a few additional services carved-out of the MCO benefit package for children. These include:

- Health-related and targeted case management services provided to children when specific in a child's Individualized Education Plan or Individualized Family Service Plan
- Therapy services
- Dental

Dental services is a covered benefit for pregnant women.

## Additional Information: Fee-For-Service (Optional)

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



# Alternative Benefit Plan

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	<input type="checkbox"/> No
The state/territory otherwise provides for payment of premiums.	<input type="checkbox"/> No
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

### PRA Disclosure Statement

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

## General Assurances

ABP10

### Economy and Efficiency of Plans

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

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

Yes

### Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

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Attachment 3.1-L-

## Payment Methodology

ABP11

### Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

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