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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 18-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
801 Market Street Suite. 9400
Philadelphia, Pennsylvania 19107-3134



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

SWIFT #100320184091

November 28, 2018

Dennis Schrader, Medicaid Director
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

Dear Mr. Schrader:

The Centers for Medicare and Medicaid Services (CMS) has completed its Review of Maryland's State Plan Amendment (SPA) Transmittal Number 18-0012, Alternative Benefit Plan (ABP) amendment.

This ABP reflects new language and expansion of audiology services to participants 21 years old or older, in alignment with the services described in MD SPA 18-0003 Adult Hearing Amplification. This SPA is approved with an effective date of July 1, 2018.

Enclosed is a copy of the CMS Summary page (CMS 179 Form) and the approved SPA pages.

If you have questions about this SPA, please contact Talbatha Myatt of my staff at 215-861-4259.

Sincerely,

/s/

Francis T. McCullough
Associate Regional Administrator

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-18-0012

Proposed Effective Date

07/01/2018 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2018	\$0.00
Second Year	2019	\$0.00

Subject of Amendment

Addition of adult audiology services, in alignment with approved Maryland State Plan Amendment 18-0003.

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:

Authority delegated to Medicaid Director, Dennis Schrader.

Signature of State Agency Official

Submitted By: Molly Marra

Last Revision Date: Nov 13, 2018

Submit Date: Sep 28, 2018



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MD - 18 -0012

Alternative Benefit Plan Populations ABP1

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

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

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

Geographic Area

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

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

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MD - 18 - 0012

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 - audiology prostheses (hearing aids, cochlear implants). Audiology prostheses are not a covered benefit under the CareFirst Small Group Plan for adults (see form ABP5 for details).

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MD - 18 - 0012

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 - audiology prostheses (hearing aids, cochlear implants). Hearing aids and cochlear implants are/are 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.

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 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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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MD - 18 - 0012

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.

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
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:	Source:	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:		
Other Licensed Practitioners included nurse practitioners and nurse anesthetists		

Benefit Provided:	Source:	Remove
Outpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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:

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 diagnostics 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.

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit 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: <input type="text"/>		
Benefit Provided: Community First Choice	Source: State Plan 1915(k)	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: <input type="text"/>		
Benefit Provided: Federally-Qualified Health 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: <input type="text"/>		
Benefit Provided: Hospice Care- in home/ambulatory setting	Source: State Plan 1905(a)	Remove



Alternative Benefit Plan

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:

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:

Abortions-Hyde Compliant

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

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

2. Essential Health Benefit: 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

3. Essential Health Benefit: 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 MCOs prior-authorize out-of-network physician services.

Benefit Provided:

Hospice Care- Inpatient Setting

Source:

State Plan 1905(a)

Remove

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



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

4. Essential Health Benefit: 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 not authorization 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)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

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

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

Collapse All

Benefit Provided:

Outpatient Hospital Services-Mental Health/Subs

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:

The state 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.

Benefit Provided:

Physician Services-Mental Health/Sub

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:

The state 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.

Benefit Provided:

Clinic Services-Mental Health

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The state 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.

Benefit Provided:

Medical Care Furnished by Licensed Practitioners

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:

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

The state 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.

Benefit Provided:

Inpatient Hospital Services - MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

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:

These services are not provided in IMDs.

The state 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.

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

- 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

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

Collapse All

Benefit Provided:

Physical Therapy and Related Services-Rehab.

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:

The services provided include Physical Therapy, Occupational Therapy, Speech Therapy and Audiology services. All services available in hospital and outpatient departments and home health setting. Physical Therapy and Audiology is covered in an outpatient setting in the community. State Plan 3.1 1-A page 11 authorizes these services in a 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:

Home Health Services - DME/DMS

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

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:

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.

The following services require prior-authorization: 1) all hearing aids; 2) certain hearing aid accessories; 3) repairs for hearing aid exceeding \$500.

Benefit Provided:

Nursing Facility Services: Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

100 days or less per 12 month eligibility period

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:

Habilitation 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.

Benefit Provided:

Prosthetic devices

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Devices include: artificial eyes; breast prostheses, including surgical brassiere; upper and lower extremity, full and partial, to include stump or harnesses where necessary; replacement of prostheses; cochlear implants and auditory osseoint. devices

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

Prior-authorization is required for certain cochlear implant devices and replacement components; all auditory osseointegrated devices; and repairs of cochlear implant devices and osseointegrated devices



Alternative Benefit Plan

exceeding \$500.

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory and X-Ray 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:

Add



Alternative Benefit Plan

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

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

Benefit Provided: Physician Services	Source: State Plan 1905(a)	<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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

Benefit Provided: Medical Care by Other Licensed Practitioners	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: These providers include nurse practitioners and nutritionists/dietitians.		

Benefit Provided: Home Health Care Services - DME/DMS - Diabetes	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



Alternative Benefit Plan

Scope Limit:

None

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

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

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

Benefit Provided: Medicaid State Plan EPSDT Benefits	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: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Collapse All

Base Benchmark Benefit that was Substituted:

Primary Care Visit-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:

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:

Specialist Visit-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:

Specialists 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:

Mastectomy Related Services-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:

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:

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

Base Benchmark Benefit that was Substituted:

Urgent Care Facilities

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:

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.

Base Benchmark Benefit that was Substituted:

Admin. of Injectable Prescrip. Drugs-Duplication

Source:

Base Benchmark

Remove



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:

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.

Base Benchmark Benefit that was Substituted:

Routine Gynecological Care-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:

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.

Base Benchmark Benefit that was Substituted:

Renal Dialysis-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:

Renal Dialysis was mapped to the 'ambulatory patient' EHB category. The services are a duplications of Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Chemotherapy, Radiation, and Infus. -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:

Chemotherapy, Radiation Therapy, and Infusion Therapy are mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician and Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Clinical Trial Patient Cost Services-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:

Clinical Trial Patient Cost Services were mapped to the 'Prescription Drugs' EHB category. The services are a duplication of the Prescribed Drugs in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visits-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:

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.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Home Health Services-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:

Home Health Services were mapped to 'Ambulatory Patient Services' EHB category. The services are a duplication of the Home Health Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Emergency Room Services-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:

Emergency Room Services were mapped to 'Emergency Room Services' EHB category. The services are a duplication of the Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Emergency Room Transportation-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:

Emergency Room Services were mapped to 'Emergency Room Services' EHB category. The services are a duplication of the Any Other Medical Care in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services-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:

Inpatient Hospital Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of the Inpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Inpatient Physician/Surgical Services-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:

Inpatient Physician and Surgical Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of the Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Bariatric Surgery-Duplication

Source:

Base Benchmark

Remove



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:

Bariatric Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of the Inpatient Hospital and Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Hospice Services-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:

Hospice Services were mapped with the 'Hospitalization and Ambulatory' EHB category. The services are a duplication of the Hospice Services in the existing State Plan. Services are provided in inpatient and home settings.

Base Benchmark Benefit that was Substituted:

Organ and Tissue Transplant-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:

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.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care-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:

Prenatal and Postnatal Care were mapped with the 'Maternity and Newborn Care' EHB category. The services are a duplication of the Physician Services and Services Provided by a Nurse Midwife in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Elective Abortions-Hyde Compliant

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:

Elective abortions were mapped with the 'Ambulatory Patient Services (Hyde Compliant Abortions)' EHB category.

Base Benchmark Benefit that was Substituted:

Mental Health Outpatient Services-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:

Mental Health Outpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder



Alternative Benefit Plan

Services' EHB category. The services are a duplication of the Outpatient Hospital Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Mental Health Inpatient Services-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:

Mental Health Inpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of the Hospital Inpatient Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Inpatient Services-Dupli

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:

Substance Use Disorder Inpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of the Hospital Inpatient Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Outpatient Services-Dupli

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:

Substance Use Disorder Outpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of the Hospital Outpatient Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Profess. Services by Licensed Men. Sub Pract-Dup

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:

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 the Physician, Medical Care Provided by Licens. Practitioners, Clinics and Rehabilitation in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Diagnostic for Mental/Substance Disorders-Duplic

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:

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.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Generic Drugs- 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: Generic Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.		
Base Benchmark Benefit that was Substituted: Preferred Drugs-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: Preferred Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.		
Base Benchmark Benefit that was Substituted: Non-Preferred Drugs Brand-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: Non-Preferred Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.		
Base Benchmark Benefit that was Substituted: Specialty Drugs-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: Specialty Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.		
Base Benchmark Benefit that was Substituted: Diagnostic Test (X-Ray and Lab Work) -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: 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.		
Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs)- Duplication	Source: Base Benchmark	Remove



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:

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.

Base Benchmark Benefit that was Substituted:

Osteoporosis Prevention-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:

Osteoporosis Prevention was mapped with the 'Preventative and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Diabetes Equipment, Sup. and Self Mana. -Duplica

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:

Diabetes Equipment, Supplies, and Self-Management was mapped with the 'Preventative and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of the Home Health Services DME/DMS in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Medical Foods-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:

Medicals Foods were mapped with the 'Preventative and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of the Home Health Services DME/DMS in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Allergy Related Services-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:

Allergy Related Services (care delivered in medical offices for treatment of illness or injury) were mapped with the 'Preventative and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Child Preventive and Routine Care-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:

Child Preventive and Routine Care were mapped with the 'Pediatric Services, Including Oral and Vision'



Alternative Benefit Plan

EHB category. The services are a duplication of Early and Periodic Screen, Diagnostic, and Treatment Services in the existing State Plan.

Base Benchmark Benefit that was Substituted:

Eye Glasses for Children-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:

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.

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children-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:

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.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services-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 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.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment- 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:

Durable Medical 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.

Base Benchmark Benefit that was Substituted:

Skilled Nursing-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:

Skilled Nursing Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' in the 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



Alternative Benefit Plan

existing State Plan.

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' in the 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.

Base Benchmark Benefit that was Substituted:

Immunizations-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: General Anesthesia and Ass. Dental Care-Duplicat	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: 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.		
Base Benchmark Benefit that was Substituted: Outpatient Surgery Physician/Surgical Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Outpatient Surgery Physician/Surgical Services were mapped to the 'ambulatory patient' EHB category. The services are a duplication of the Physician Services in the existing State Plan.		
		Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Newborn hearing screen

Source:

Base Benchmark

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:

Abortions -outside of the Hyde Amendment.

Source:

Base Benchmark

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:

Routine Eye Exam-Adults

Source:

Base Benchmark

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:

Newborn Care

Source:

Base Benchmark

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:

Circumcision

Source:

Base Benchmark

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.

Add



Alternative Benefit Plan

14. 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

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:



Alternative Benefit Plan

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



Alternative Benefit Plan

Other:

Does not cover eyeglasses, ophthalmic lenses, optical aids, and optician services rendered to recipients 21 years old and older.

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 a short period of time. It 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

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

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

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below in the Other Section

Duration Limit:

None

Scope Limit:

None

Other:

Services authorized include comprehensive substance use disorder assessments, group and individual substance use disorder counseling services, intensive outpatient services, partial hospitalization, opioid maintenance therapy and ambulatory withdrawal management. Services authorized are community-based and align with those detailed in the State Plan.

Other 1937 Benefit Provided:

Program of All-Inclusive Care for the Elderly

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:

Rural Health 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:



Alternative Benefit Plan

Other 1937 Benefit Provided:

Intermediate Care Facilities-Intellectually Dis.

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:

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:

Case Management-Mental Illness

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 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.

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



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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

Remove

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 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.

(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



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Scope Limit:

None

Other:

Add



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

Collapse All

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MD - 18 - 0012

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) fully aligns with the ABP. 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.

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:



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Describe program below:

There are currently nine MCOs participating in HealthChoice: Aetna Better Health, Amerigroup Community Care, Jai Medical Systems, Kaiser Permanente, Maryland Physicians Care, MedStar Family Choice, Priority Partners, University of Maryland Health Partners and United Healthcare. Maryland enrolls 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:

- Speciality mental health and substance use disorder benefits are provided by an ASO.
- Speciality 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):

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