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State/Territory Name: Maine

State Plan Amendment (SPA) #:18-0031

This file contains the following documents in the order listed:

- 1) Approval Letters
- 2) Companion Letter
- 3) CMS 179 Form
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Boston Regional Operations Group

April 3, 2019

Jeanne Lambrew, Commissioner
Department of Health and Human Services
221 State Street
Augusta, Maine 04333-0011

Dear Commissioner Lambrew:

The Centers for Medicare & Medicaid Services (CMS) has reviewed Maine's State Plan Amendments (SPAs) relating to Medicaid Expansion: (1) 18-0006, Adult Group Eligibility; (2) 18-0007 Federal Medical Assistance Percentage (FMAP) Rates for Medicaid Expansion; and (3) 18-0031, Alternative Benefit Plan (ABP). As described in this letter, CMS is approving these SPAs. In addition to this approval letter and related approval documents, a letter from the Center for Medicaid & CHIP Services Director Chris Traylor is included in these materials regarding Federal financial participation policies for these SPAs.

ME 18-006: Adult Group

This SPA proposes that the adult group described in Title 42 of the Code of Federal Regulations (CFR) §435.119 will be covered, effective July 2, 2018. The adult group will include non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, and are not entitled to or enrolled for Part A or B Medicare benefits with income at or below 133% FPL. This SPA was submitted to CMS on September 4, 2018.

This SPA is acceptable. Therefore, we are approving SPA 18-0006 with an effective date of July 2, 2018. The approved documents are in the MACPro portal.

ME 18-0007: FMAP

This SPA describes the methodology used by the state for determining the appropriate FMAP rate, including any increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in Title 42 of the Code of Federal Regulations (CFR) §435.119. This SPA was submitted to CMS on September 4, 2018.

Based on the information provided, Maine SPA 18-0007 is approved with an effective date of July 2, 2018. Enclosed are the approved SPA pages and signed CMS-179 form.

ME 18-0031: ABP

This SPA proposes an Alternative Benefit Plan that will align benefits between the ABP and amendments to Attachment 3.1A. The population group for this ABP includes only the adult group under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing State Plan pages, and (if applicable) managed care service delivery systems (waivers and contracts). Amendments to the State's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State Plan will be mirrored in the ABP. This SPA was submitted on December 21, 2018.

Based on the information provided, Maine SPA 18-0031 is approved with an effective date of October 1, 2018. Approved pages are in the MMDL repository. Please note that attached to this letter is a same-page review letter regarding premium assistance.

Continued Focus on Program Integrity

CMS appreciated the opportunity to discuss our informal questions and recommendations related to Maine's eligibility and FMAP SPAs and responses to the Request for Additional Information (RAI). The additional information has provided CMS with valuable insight into Maine's program integrity function and Medicaid expansion oversight activities.

CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Medicaid expansion implementation process as needed. As part of the partnership, CMS would appreciate Maine's willingness to provide the comprehensive plan to perform oversight activities to ensure beneficiary eligibility and other determinations are accurate and appropriate FMAP claiming occurs once the plan has been developed. As discussed during the January 29, 2019 call, a strong oversight plan should include ongoing audits and/or independent reviews of Maine's program integrity function outside of PERM and federally mandated audits, robust sampling methodologies and processes to ensure all findings have been corrected.

If you have any questions or would like technical assistance in the planning, implementation and evaluation of your program integrity and oversight activities, please contact Jennifer Dupee by e-mail at Jennifer.Dupee@cms.hhs.gov or by phone at (410) 786-6537.

If you have any questions regarding these SPAs, please contact Program Branch Chief Kathryn Holt at kathryn.holt@cms.hhs.gov or at (617) 565-1246.

Sincerely,

Francis T.

Mccullough -S

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Francis T. Mccullough -S
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Francis T. McCullough

Director

Division of Medicaid Field Operations East (Boston)

Regional Operations Group

Center for Medicaid and CHIP Services

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



April 3, 2019

Jeanne Lambrew
Commissioner
Department of Health and Human Services
221 State Street
Augusta, ME 04333-0011

Dear Commissioner Lambrew:

As noted in the State Plan Amendment (SPA) approval package, the Centers for Medicare & Medicaid Services (CMS) has reviewed and is approving Maine's SPAs related to Medicaid expansion: (1) 18-0006, Adult Group Eligibility; (2) 18-0007 Federal Medical Assistance Percentage (FMAP) Rates for Medicaid Expansion; and (3) 18-0031, Alternative Benefit Plan (ABP). The Adult Group Eligibility and FMAP SPAs will have a July 2, 2018 effective date and the ABP SPA will have an October 1, 2018 effective date.

While the ABP SPA submitted on December 2, 2018, is not effective until October 1, 2018, CMS has determined that benefits under the State plan in effect on July 2, 2018, fully satisfy the ABP requirements in section 1937 of the Social Security Act. While the new adult group will be covered under the separate ABP effective October 1, 2018, because section 1937 requirements are satisfied by the benefits under the State plan in effect when the adult group was made eligible in a SPA effective July 2, 2018, the condition in section 1903(i)(26) for receiving FFP in payments for services furnished to members of the new adult group was satisfied on July 2, and FFP will be available in payments for Medicaid covered services received by these individuals between July 2 and October 1 in this case, notwithstanding the absence of an approved ABP SPA effective during this period.

If you have any questions please feel free to contact me at 410-786-3870.

Sincerely,

/s/

Chris Traylor
Deputy Administrator and Director



Boston Regional Operations Group

April 3, 2019

Jeanne Lambrew, Acting Commissioner
Department of Health and Human Services
221 State Street
Augusta, ME 04333

Dear Commissioner Lambrew:

This letter is being sent with the Centers for Medicare and Medicaid Services' (CMS) approval of Maine's State Plan Amendment (SPA) 18-0031, consistent with the State Medicaid Director letter (SMD) #10-020 published on October 1, 2010 (relating to SPA review process), to address a problem with one of the SPA pages relating to Maine's premium assistance program. Maine's SPA 18-0031 proposes to revise its Alternative Benefit Plan (ABP) to describe the benefits the state will provide to its new adult eligibility group.

On page ABP9 of SPA 18-0031, Maine indicates that it will provide the Alternative Benefit Plan to adult group enrollees with access to employer-sponsored insurance through a premium assistance program. However, based on conversations with Maine, CMS understands that the state does not provide the necessary protections afforded under the statute to individuals enrolled in its premium assistance program.

Individuals enrolled in premium assistance arrangements must be afforded the same beneficiary protections provided to all other Medicaid enrollees, as articulated in section 1906(a)(3) of the Social Security Act. This means that the state must provide a benefits wrap, which ensures that individuals enrolled in the premium assistance program receive all services and benefits available under the Medicaid state plan, even if not covered under their employer's plan. The state must also provide a cost-sharing wrap to ensure that any cost-sharing amounts charged to individuals enrolled in the premium assistance program do not exceed the limitations on cost-sharing permitted under Maine's state plan, regardless of whether the services are furnished by a provider participating in Medicaid. How the state will implement the benefits and cost-sharing wraps must be described in the State Plan, and both the benefits wrap and the cost-sharing wrap must be included in the state's methodology for determining the cost effectiveness of the premium assistance program.

CMS discussed its concerns with the state regarding the need for a benefits wrap and cost-sharing wrap on January 8, 2019, and we have provided technical assistance on options available to the state to effectuate these wraps. Subsequently, the state made revisions to ABP9 indicating that the state will provide both a benefits wrap and a cost-sharing wrap to individuals enrolled in its premium assistance program. However, the state has not described a strategy to implement these requirements.

During a phone call on January 25, 2019, CMS reiterated the need for the state to indicate the state's strategy for implementing the benefits and cost sharing wraps in the State Plan. However, because page ABP9 is not integral to the purpose of the proposed State Plan Amendment 18-0031, in

accordance with SMD #10-020, CMS also explained to the state the option it has to resolve this issue separately from the approval of the SPA. The state informed CMS that it would like to address the steps needed to comply with federal policy governing premium assistance programs separately. This letter initiates that separate process.

As discussed, Maine will need to submit a new SPA to amend its premium assistance pages on page 70 and attachment 4.22-C to describe how it will provide the benefits wrap and cost sharing wrap and to account for both wraps in its cost-effectiveness test.

Please respond within 90 days of receipt of this letter by submitting a premium assistance SPA to bring the state plan into compliance. During this 90-day period, CMS welcomes the opportunity to work with you and your staff. Should you or your staff have any questions, please contact Stephanie Kaminsky, Director, Division of Medicaid Eligibility and Policy at Stephanie.Kaminsky@cms.hhs.gov.

Sincerely,

Francis T.

Mccullough -S

Francis T. McCullough

Director

Division of Medicaid Field Operations East (Boston)

Regional Operations Group

Center for Medicaid and CHIP Services

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T. Mccullough -S

Date: 2019.04.03 14:30:20
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Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory**name:****Maine****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.

Proposed Effective Date*(mm/dd/yyyy)***Federal Statute/Regulation Citation****Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	\$	
Second Year	\$	

Subject of Amendment**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:

Signature of State Agency Official**Submitted By:****Tom Leet****Last Revision Date:****Mar 15, 2019****Submit Date:****Dec 21, 2018**

DATE RECEIVED: 12/21/18

EFFECTIVE DATE: 10/1/18

PLAN APPROVED- ONE COPY ATTACHED

DATE APPROVED: 4/3/19 SIGNATURE
OF REGIONAL OFFICIAL:**/S/**

Francis T. McCullough

Director

Division of Medicaid Field Operations East (Boston)



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: ME - 18 - 0031

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)

Must be an otherwise ineligible adult between the age of 19 and 64 with income less than 133% FPL.

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: ME - 18 - 0031

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 benefits offered via the Maine's Alternative Benefit Plan are equal to the benefits offered in the Maine's Medicaid State plan. See ABP5 for further detail.

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: ME - 18 - 0031

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

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

Name of benefit package:

Selection of the Section 1937 Coverage Option

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

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

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

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

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

Selection of Base Benchmark Plan



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

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: ME - 18 - 0031

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

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: ME - 18 - 0031

Benefits Description	ABP5
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The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

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



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided: Physician 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: 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: Includes: ambulatory surgical centers (ASC); federally qualified health centers (FQHC); rural health centers (RHC); Indian Health Services (IHS); free-standing dialysis services		

Benefit Provided: Outpatient hospital services	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:

Other licensed practitioners' 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:

Includes: physician assistants; advance practice registered nurses (nurse practitioner, registered nurse first assist, certified nurse midwives, certified registered nurse anesthetist, certified clinical nurse specialist); podiatrist; optometrist

Benefit Provided:

Family planning agency 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 services

Source:

State Plan 1905(a)

Remove

Authorization:

None

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:

Benefit Provided:

Hospice care

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:

Dental services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Adult dental services are limited to: acute surgical care related to trauma; oral surgical and related medical procedures; extractions of severely decayed teeth; treatment necessary to relieve pain; eliminate infection; or prevent imminent tooth loss

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:	Source:	Remove
Outpatient hospital services/emergency room	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:	Remove
Emergency transportation 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"/>		

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided: Inpatient 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: 		

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Physician services - Maternity	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:	Remove
Inpatient hospital services - Maternity	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:	Remove
Outpatient hospital services - Maternity	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"/>		



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:

Other licensed practitioners - Maternity

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:

Includes: physician assistants; advance practice registered nurses (nurse practitioner, certified nurse midwives, certified clinical nurse specialist)

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:	Source:	Remove
Inpatient hospital services - MH/SA	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:		
Will not be provided in an Institution of Mental Diseases		

Benefit Provided:	Source:	Remove
Other licensed Practitioner Srvcs - MH/SA	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:		
Licensed clinical social workers; licensed clinical professional counselors; licensed marriage and family therapist; licensed alcohol and drug counselors; certified alcohol and drug counselors; advanced practice registered nurse practitioner; physician's assistant; registered nurse; licensed clinical psychologist; psychological examiner		

Benefit Provided:	Source:	Remove
Outpatient hospital services - MH/SA	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	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:

Benefit Provided:

Physician services - MH/SA

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

■ 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:

Limitations vary by drug in accordance with the Preferred Drug List. The state of Maine's ABP prescription drug benefit plan is the same as 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:

Medical equipment and supplies

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:

Prior authorization required for DME items exceeding \$699

Benefit Provided:

Physical & occupational therapy 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:

Prior authorization is required for more than five treatment visits per year when medically necessary.
Services includes both habilitative and rehabilitative

Benefit Provided:

Speech therapy 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:

Services includes both habilitative and rehabilitative

IN 18-0031

Approval Date: 4/3/19

Effective Date: 10/1/18

Supersedes: NEW



Alternative Benefit Plan

<input type="text"/>		
Benefit Provided: <input type="text" value="Chiropractic services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	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="Manual or mechanical manipulation of the spine"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Prior authorization required for more than twelve visits per year"/>		
Benefit Provided: <input type="text" value="Audiology services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Prior authorization required if a previous audiology visit occurred within the past four months"/>		
Benefit Provided: <input type="text" value="Skilled nursing facility services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		



Alternative Benefit Plan

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

Assessment is completed to determine if member meets skilled nursing facility level of care

Benefit Provided:

Rehabilitative and Support Services for Children

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:

Community based rehabilitative services for children with developmental disorders

Benefit Provided:

Day Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

based on member need

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:

center based nursing, rehabilitative and health promotion services; eligibility determined by assessment to establish member needs

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:	Source:	Remove
Laboratory Services- comprehensive	State Plan 1905(a)	
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:		
Prior auth required for genetic testing only		

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

Add



Alternative Benefit Plan

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:	Source:	Remove
US Preventive Task Force "A" and "B"	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:		
All US Preventive Task Force "A" and "B" recommended preventive services		

Benefit Provided:	Source:	Remove
Immunizations	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:		
Advisory Committee for Immunization Practices recommended vaccines		

Benefit Provided:	Source:	Remove
Bright Futures recommended screens	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	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:

Bright Futures recommended preventive care and screening for infants and children

Benefit Provided:

Preventive services for women

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:

IOM recommended preventive services for women

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)

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

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:	Source:	<input type="button" value="Remove"/>
Primary Care Visit to Treat an Injury or Illness	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:

This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Physicians Services

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Specialist Visit	Base Benchmark	

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

This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Physicians Services

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Other Practitioner Office Visit	Base Benchmark	

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

This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Other licensed practioners' services

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Outpatient Facility Fee	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:

This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Outpatient hospital services

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Outpatient Surgery/Physician Surgical Services	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:

This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Outpatient hospital services, and Benefit Provided: Physicians services

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Hospice Services	Base Benchmark	



Alternative Benefit Plan

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

This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Hospice Care

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or 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:

This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Clinic Services, and EHB 3: Emergency Services; Benefit Provided: Outpatient hospital services/emergency room

Base Benchmark Benefit that was Substituted:

Home Health Care Services

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Home Health

Base Benchmark Benefit that was Substituted:

Emergency Room 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:

This services is a duplication of EHB 2: Emergency Services; Benefit Provided: Outpatient hospital services/emergency room

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 2: Emergency Services; Benefit Provided: Emergency transportation services

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services (e.g., Hospital Stay)

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 3: Hospitalization; Benefit Provided: Inpatient hospital services



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Inpatient Physician and Surgical Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 3: Hospitalization; Benefit Provided: Inpatient hospital services, and EHB 1: Ambulatory Patient Services; Benefit Provided: Physician services		
Base Benchmark Benefit that was Substituted: Bariatric Surgery	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 1: Ambulatory Patient Services; Benefit Provided: Physician Services, Benefit Provided: EHB 8: Laboratory services; Benefit Provided: Laboratory Services - comprehensive		
Base Benchmark Benefit that was Substituted: Skilled Nursing 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: This services is a duplication of EHB 7: Rehabilitative and habilitative services and devices; Benefit Provided: Skilled Nursing Facility Services		
Base Benchmark Benefit that was Substituted: Prenatal and Postnatal Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 4: Maternity and newborn care; Benefit Provided: Physicians services - maternity, Benefit Provided: Other licensed practitioners - Maternity, Benefit Provided: Inpatient hospital services - maternity, and Benefit Provided: Outpatient hospital services - maternity		
Base Benchmark Benefit that was Substituted: Delivery and All Inpatient Services for Maternity	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 4: Maternity and newborn care; Benefit Provided: Inpatient hospital services - maternity and Benefit Provided: Other licensed practitioners - Maternity		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services	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:

This services is a duplication of EHB 5: Mental health and substance use disorder services including behavioral health treatment; Benefit Provided: Other licensed Practitioner Srvc - MH/SA; Benefit Provided: Outpatient hospital services - MH/SA

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 5: Mental health and substance use disorder services including behavioral health treatment; Benefit Provided: Other licensed Practitioner Srvc - MH/SA; Benefit Provided: Inpatient hospital services - MH/SA

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder - Outpatient Services

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 5: Mental health and substance use disorder services including behavioral health treatment; Benefit Provided: Outpatient hospital services - MH/SA and Benefit Provided: Physicians services - MH/SA; Benefit Provided: Other licensed Practitioner Srvc - MH/SA

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder - Inpatient Services

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 5: Mental health and substance use disorder services including behavioral health treatment; Benefit Provided: Inpatient hospital services - MH/SA and Benefit Provided: Physicians services - MH/SA; Benefit Provided: Other licensed Practitioner Srvc - MH/SA,

Base Benchmark Benefit that was Substituted:

Generic Drugs

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 6: Prescription drugs

Base Benchmark Benefit that was Substituted:

Preferred Brand Drugs

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 6: Prescription drugs

TN 18-0031

Approval Date: 4/3/19

Effective Date: 10/1/18

Supersedes: NEW



Alternative Benefit Plan

<input type="text"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Non-Preferred Brand Drugs"/>	<input type="text" value="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="This services is a duplication of EHB 6: Prescription drugs"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Specialty Drugs"/>	<input type="text" value="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="This services is a duplication of EHB 6: Prescription drugs"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Outpatient Rehabilitation Services"/>	<input type="text" value="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="This services is a duplication of EHB 7: Rehabilitative and habilitative services and devices; Benefit Provided: Physical & occupational therapy services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Habilitation Services"/>	<input type="text" value="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="This services is a duplication of EHB 7: Rehabilitative and habilitative services and devices; Benefit Provided: Speech therapy services; and Benefit Provided: Physical & occupational therapy services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Chiropractic Care"/>	<input type="text" value="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="This services is a duplication of EHB 7: Rehabilitative and habilitative services and devices; Benefit Provided: Chiropractic services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Durable Medical Equipment"/>	<input type="text" value="Base Benchmark"/>	



Alternative Benefit Plan

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

This services is a duplication of EHB 7: Rehabilitative and habilitative services and devices; Benefit Provided: Medical equipment and supplies

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 7: Rehabilitative and habilitative services and devices; Benefit Provided: Medical equipment and supplies; Benefit Provided: Audiology services

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs)

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 8: Laboratory services; Benefit Provided: Imaging

Base Benchmark Benefit that was Substituted:

Preventative Care/Screening/Immunization

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physician services, Benefit Provided: Outpatient hospital services, Benefit Provided: Clinic Services, Benefit Provided: Other licensed practitioners' services, Benefit Provided: Family Planning Agency Services, and EHB 9: Preventive and wellness services and chronic disease management; Benefit Provided: US Preventative Task Force "A" and "B" and Benefit Provided: Immunizations and Benefit Provided: Bright Futures recommended screens

Base Benchmark Benefit that was Substituted:

Routine Eye Exam for Children

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 10: Pediatric services including oral and vision care; Benefit Provided: Medicaid State Plan EPSDT Benefits

Base Benchmark Benefit that was Substituted:

Eyeglasses for Children

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:

This services is a duplication of EHB 10: Pediatric services including oral and vision care; Benefit Provided: Medicaid State Plan EPSDT Benefits and Other 1937 Covered Benefits that are not Essential Health Benefits; Other 1937 Benefit Provided: Eyeglasses

Base Benchmark Benefit that was Substituted:

Dental Check-up for Children

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Dental services and EHB 10: Pediatric services including oral and vision care; Benefit Provided: Medicaid State Plan EPSDT Benefits

Base Benchmark Benefit that was Substituted:

Rehabilitative Speech Therapy

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 7: Rehabilitative and habilitative services and devices; Benefit Provided: Speech therapy and Benefit Provided: Rehabilitative and Support Services for Children

Base Benchmark Benefit that was Substituted:

Rehabilitative Occupational and Rehabilitative PT

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 7: Rehabilitative and habilitative services and devices; Benefit Provided: Physical & occupational therapy services, and Benefit Provided: Rehabilitative and Support Services for Children

Base Benchmark Benefit that was Substituted:

Well Baby Visits and Care

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physician services, Benefit Provided: Outpatient hospital services, Benefit Provided: Clinic Services, Benefit Provided: Other licensed practitioners' services, and EHB 9: Preventive and wellness services and chronic disease management; Benefit Provided: US Preventative Task Force "A" and "B" and Benefit Provided: Immunizations and Benefit Provided: Bright Futures recommended screens

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional Services

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:

This services is a duplication of EHB 8: Laboratory services; Benefit Provided: Laboratory Services

Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 8: Laboratory services; Benefit Provided: Imaging

Base Benchmark Benefit that was Substituted:

Basic Dental Care - Child

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Dental services and EHB 10: Pediatric services including oral and vision care; Benefit Provided: Medicaid State Plan EPSDT Benefits

Base Benchmark Benefit that was Substituted:

Orthodontia - Child

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Dental services and EHB 10: Pediatric services including oral and vision care; Benefit Provided: Medicaid State Plan EPSDT Benefits

Base Benchmark Benefit that was Substituted:

Major Dental Care - Child

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Dental services and EHB 10: Pediatric services including oral and vision care; Benefit Provided: Medicaid State Plan EPSDT Benefits

Base Benchmark Benefit that was Substituted:

Major Dental Care - Adult

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Dental services



Alternative Benefit Plan

<input type="text"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Transplant"/>	<input type="text" value="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="This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physician services, EHB 3: Hospitalization; Benefit Provided: Inpatient hospital services and EHB 8: Laboratory Services; Benefit Provided: Laboratory Services- comprehensive"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Accidental Dental"/>	<input type="text" value="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="This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physician services, Benefit Provided: Dental Services, Benefit Provided: Hospital outpatient services and Benefit Provided: Hospital inpatient services?"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Dialysis"/>	<input type="text" value="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="This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Clinic Services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Allergy Testing"/>	<input type="text" value="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="This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physicians services, Benefit Provided: Outpatient hospital services, and EHB 8: Laboratory services; Benefit Provided: Laboratory services"/>		
Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Chemotherapy"/>	<input type="text" value="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="This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physicians services, Benefit Provided: Inpatient hospital services and Benefit Provided: Outpatient hospital services"/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Radiation	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physicians services, and Benefit Provided: Outpatient hospital services		
Base Benchmark Benefit that was Substituted: Diabetes Education	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physicians services, and Benefit Provided: Outpatient hospital services, Benefit Provided: Clinic services, and EHB 9: Preventive and wellness services and chronic disease management; Benefit Provided: US Preventive Task Force "A" and "B"		
Base Benchmark Benefit that was Substituted: Prosthetic Devices	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 7 - Rehabilitative and habilitative services and devices; Benefit Provided - Medical equipment and supplies		
Base Benchmark Benefit that was Substituted: Infusion Therapy	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 7 - Rehabilitative and habilitative services and devices; Benefit Provided - Medical equipment and supplies, and EHB 1: Ambulatory patient services; Benefit Provided: Physician Services, Benefit Provided: Outpatient hospital services, and Benefit Provided: Clinic Services		
Base Benchmark Benefit that was Substituted: Treatment for Temporomandibular Joint Disorders	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Dental services		
Base Benchmark Benefit that was Substituted: Nutritional Counseling	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:

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Physicians services, and Benefit Provided: Outpatient hospital services, Benefit Provided: Clinic services, and EHB 9: Preventive and wellness services and chronic disease management; Benefit Provided: US Preventive Task Force "A" and "B" and EHB 10: Pediatric services including oral and vision care; Benefit Provided: Medicaid State Plan EPSDT Benefits

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery

Source:

Base Benchmark

Remove

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

This services is a duplication of EHB 1: Ambulatory patient services; Benefit Provided: Hospital Outpatient services; EHB 3: Hospitalization, Benefit Provided: Inpatient Hospital Services

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Routine Dental Services - Adult

Source:

Base Benchmark

Remove

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

This is not an EHB and not covered within our State Plan

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Infertility Services

Source:

Base Benchmark

Remove

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

This is not an EHB and not covered within our State Plan

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Cosmetic Surgery

Source:

Base Benchmark

Remove

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

This is not an EHB and not covered within our State Plan

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Routine Foot Care

Source:

Base Benchmark

Remove

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

This is not an EHB and not covered within our State Plan

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Acupuncture

Source:

Base Benchmark

Remove

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

This is not an EHB and not covered within our State Plan

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Basic Dental Care - Adult

Source:

Base Benchmark

Remove

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

This is not an EHB and not covered within our State Plan

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Orthodontia - Adult

Source:

Base Benchmark

Remove

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

This is not an EHB and not covered within our State Plan



Alternative Benefit Plan

Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source:	Remove
Abortion for Which Public Funding is Prohibited	Base Benchmark	
Explain why the state/territory chose not to include this benefit:		
Not an EHB and not covered within our State Plan, also not funded		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source:	Remove
Long term care nursing facility services	Base Benchmark	
Explain why the state/territory chose not to include this benefit:		
This is not an EHB, not covered by the base benchmark plan but is covered within the Maine Medicaid State Plan		
		Add



Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided: Targeted Case Management 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: covered for the following groups: Individuals with developmental disabilities, homeless adults, children with chronic medical needs, children with behavioral health needs, adults with substance abuse disorder, adults with HIV		

Other 1937 Benefit Provided: Private Non Medical Institution Services (PNMI)	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: varies by service	Duration Limit: varies by service	
Scope Limit: none		
Other: PNMI services are available for adults with mental health disorders, adults and adolescents with substance use disorders, elderly adults, adults with developmental disorders, children with developmental and behavioral health needs, adults with physical disabilities, and adults with acquired brain injuries. Authorization is determined based on the service and member's individual needs		

Other 1937 Benefit Provided: Long term care nursing facility 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		



Alternative Benefit Plan

Other:

eligibility for nursing facility services is determined based on a standardized assessment.

Other 1937 Benefit Provided:

mental health rehabilitation services

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:

based on diagnosis and functional assessment

Other:

Other 1937 Benefit Provided:

In home personal care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

based on member need

Duration Limit:

none

Scope Limit:

none

Other:

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 set every 5 years

Duration Limit:

none



Alternative Benefit Plan

Scope Limit:

Prior approval for partial dentures may be requested for members with two (2) or more missing teeth per dental arch or for members with one (1) or more missing anterior permanent teeth.

Other:

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below

Other:

For members ages 21 and over, MaineCare will pay for one pair of eyeglasses per lifetime when the power is equal to or greater than 10.00 diopters.

For members under age 21, MaineCare will pay for eyeglasses when the refractive error in at least one eye meets at least one of the following definitions:

- a. Hyperopia: +1.25 diopter or over
- b. Myopia: -0.75 diopter or over
- c. Astigmatism: -0.50 diopter or over

Other 1937 Benefit Provided:

Adult family care 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:

none

Other:

residential care for members with significant health needs, as determined by a standardized assessment



Alternative Benefit Plan

Other 1937 Benefit Provided:

Ambulatory Care Clinic 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:

school based health clinics

Other 1937 Benefit Provided:

developmental and behavioral clinic 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:

Developmental and Behavioral Evaluations and Child Abuse Evaluations for members aged birth through twenty (20) years

Other 1937 Benefit Provided:

health home 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:

Health Homes (for chronic health conditions), behavioral health homes, opioid health homes (for treatment of opioid use disorder)

Other:

No limitations



Alternative Benefit Plan

Other 1937 Benefit Provided:

ICF/IID Facility 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:

Other 1937 Benefit Provided:

Private Duty Nursing

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

based on member need

Duration Limit:

none

Scope Limit:

none

Other:

Other 1937 Benefit Provided:

Consumer Directed Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

based on member need

Duration Limit:

none

Scope Limit:



Alternative Benefit Plan

Other:

Add



Alternative Benefit Plan

<input type="checkbox"/> 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 <input type="checkbox"/>
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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: ME - 18 - 0031

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.

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.



Alternative Benefit Plan

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

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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.
- Fee-for-service.
- Other service delivery system.

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.

Additional Information: Fee-For-Service (Optional)

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

Other Service Delivery Model

Name of service delivery system:

Health Homes and NEMT

Provide a narrative description of the model:

Behavioral Health Homes, health homes for management of chronic physical conditions. Opioid Health Homes. These Health Homes operate on a capitated monthly model. The State operates it NEMT model under a 1915B waiver.

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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.

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

The state/territory otherwise provides for payment of premiums.

Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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General Assurances ABP10

Economy and Efficiency of Plans

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

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

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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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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