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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 13-0029

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

JAN 24 2014

Michael J. Willden, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Dear Mr. Willden:

Enclosed for your records is an approved copy of Nevada's Alternative Benefit Plan (ABP) state plan amendment NV-13-0029. This ABP, which was submitted on November 7, 2013, meets all federal statutory and regulatory requirements for establishing an ABP.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and managed care service delivery systems (State Plan amendments and contracts). Future amendments to Nevada'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 ABP SPA is approved effective January 1st, 2014. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-L:
 - ABP 1, page 1
 - ABP 2a, page 1
 - ABP 3, pages 1-2
 - ABP4, page 1
 - ABP 5, pages 1-36
 - ABP 7, pages 1-2
 - ABP 8, pages 1-2
 - ABP 9, pages 1-2
 - ABP 10, page 1
 - ABP 11, page 1

Mr. Willden – Page 2

If you have any questions, please contact Brian Zolynas by phone at (415) 744-3601 or by email at Brian.Zolynas@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Squartsoff, Administrator, DHCFP
Marta Stagliano, Chief, Compliance, DHCFP

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory

name:

Nevada

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.

NV-13-0029

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of SSA

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 117795520.00
Second Year	2015	\$ 285374375.00

Subject of Amendment

Alternative Benefit Plan

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:

The Governor's Office does not wish to review the State Plan Amendment.

Signature of State Agency Official

Submitted By:

Robyn Heddy

Last Revision Date:

Jan 21, 2014

Submit Date:

Nov 7, 2013

DATE RECEIVED: 11/07/2013	DATE APPROVED: 1/24/2014
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2014	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME Gloria Nagle	TITLE Associate Regional Administrator



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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

Alternative Benefit Plan Population Name:

Nevada Medicaid Newly Eligibles

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

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

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

Yes

Geographic Area

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

Yes

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

PRA Disclosure Statement

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

V.20130724



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefit Package Selection (Section 1937) (OMB Control Number: 0938-1148)

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 is using FEHB as the Base Benchmark and Secretary Approved Coverage as the 1937 Benchmark. Adding Habilitation-Maintenance Therapy as the EHB for both newly eligibles and existing Medicaid State Plan. The Medicaid State Plan will be modified under state plan to align the existing State Medicaid Plan and the Alternative Benefit Plan.

PRA Disclosure Statement

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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. No

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

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

Plan name:

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

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the 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.20130801



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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

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

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

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-L-

OMB Expiration date: 10/31/2014

DESCRIPTION
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No
Benefits Included in Alternative Benefit Plan
Enter the specific name of the base benchmark plan selected:
<input type="text" value="Federal Employees Health Benefit Plan BCBS Basic/Standard Option 2012 Benefit Plan"/>
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."
<input type="text" value="Secretary Approved"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services		Collapse All <input type="checkbox"/>
Benefit Provided: Physician Services	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: n/a	
Scope Limit: within state licensing requirements		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Hospice care	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: Initial increment six months. Re-evaluate every 3 months.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Home Health Care	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: n/a	
Scope Limit: Skilled nursing, PT,OT,PT,ST,RT,dieticians, HH Aids. Must be intermittent 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: physician order & plan of care determine tx hours		
Benefit Provided: Family Planning Services	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Must be FDA approved		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Personal Care Services	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: reassessment process	
Scope Limit: PCS include a range of human assistance provided to persons with disabilities and chronic conditions of all ages. Assistance with IADLs and ADLs.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: The assessment is conducted by licensed physical and/or occupational therapist. Authorizations are dependent upon assessment process and will not exceed one year. Reassessments are required 30 days prior to expiration of authorization.		
Benefit Provided: Private Duty Nursing	Source: State Plan 1905(a)	
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: See Below	Duration Limit: None	



Alternative Benefit Plan

Scope Limit: The intent of private duty nursing is to assist the non-institutionalized recipient with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize recipient health status and outcomes.		Remove
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Hourly service limitations are dependent upon diagnosis, caregiver availability, age and medical necessity. Hourly services may be exceeded with authorization.		
Benefit Provided: Outpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: n/a	
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 require authorization dependent upon service being provided. Services provided include emergency room, radiology, laboratory, diagnostic, therapy, ambulatory surgery and observation.		
Benefit Provided: Clinics: (1905Clinics Under the Direction of Phys)	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: Within licensure requirements		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Services provided under the direction of a physician.		
		Remove



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>
Benefit Provided: <input type="text" value="Clinic: Urgent Care Clinics"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="n/a"/>	
Scope Limit: <input type="text" value="Within state licensing requirements."/>		
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="n/a"/>		
Benefit Provided: <input type="text" value="Outpatient Hospital: Emergency Room Coverage"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="n/a"/>	
Scope Limit: <input type="text" value="Within state licensing requirements."/>		
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="n/a"/>		
Benefit Provided: <input type="text" value="Transportation: Emergency"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="none"/>	Duration Limit: <input type="text" value="none"/>	
Scope Limit: <input type="text" value="none"/>		



Alternative Benefit Plan

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

Emergent transports requiring "911" to acute facility and scheduled specialty care transports for hospital-to hospital transports of a critically ill or ill recipient by a ground or air ambulance vehicle needing medically necessary supplies and services at a level beyond scope of EMT-intermediate or paramedic.



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
Benefit Provided: Inpatient hospital	Source: State Plan 1905(a)	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: med/surg tx; diagnostic testing; psychiatric/substance abuse/detox in a general acute care hospital;trauma;ICU; medical rehab.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Admission, concurrent, and retrospective authorization requirements. Medicare certified.		
Benefit Provided: Inpatient Hospital: psychiatric	Source: State Plan 1905(a)	
Authorization: Concurrent Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: Dependent upon concurrent authorization	Duration Limit: Dependent upon authorization and recipient age.	
Scope Limit: Free-standing psychiatric hospital, or general med/surg hospital with a dedicated psychiatric unit. Services not covered for recipient ages 22-64 in a free-standing psychiatric hospital due to Institute for Mental Disease (IMD) exclusion regulation.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Inpatient Hospital:Substance Abuse (detox/tx)	Source: State Plan 1905(a)	
Authorization: Concurrent Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: Detox 5 days Treatment 21 hospital days	Duration Limit: Unlimited lifetime admissions	
Scope Limit: Free-standing substance abuse tx hospitals or general hospitals with a specialized substance abuse tx unit		



Alternative Benefit Plan

which includes a secure, structured environment, 24 hr observation and supervision by mental health substance abuse professionals.

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

All ages require results of urine drug screen or blood alcohol test at the time of the request for authorization. May exceed limits with authorization. Services not covered for recipient ages 22-64 in a free-standing psychiatric hospital due to Institute for Mental Disease (IMD) exclusion regulation.

Benefit Provided:

Inpatient hospital:Transplants

Source:

State Plan 1905(a)

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

Covered Adult transplants:bone marrow/stem cell, corneal, kidney, and Liver

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

Admission, concurrent, and retrospective authorization requirements. Medicare certified.

Benefit Provided:

Inpatient hospital:Skilled/Admin Days

Source:

State Plan 1905(a)

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provides for ongoing hospital svcs for those who don't require acute care but can't be discharged due to waiting for alternate placement. Not for convenience of caregiver. Must be due to medical intervention.

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

Admission, concurrent, and retrospective authorization requirements. Medicare certified.

Benefit Provided:

RTC: Psychiatric Residential Treatment Facility

Source:

State Plan 1905(a)

Authorization:



Concurrent Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	
Scope Limit: Psychiatric, medical-model facility accredited by Joint Commission, CARF, COA for recipients under age 21 providing active treatment, psychiatric services, psychological services therapeutic and behavioral modification, therapy, & nursing services.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Dependent upon concurrent authorization. Services not covered for recipient ages 22-64 in a free-standing psychiatric hospital due to Institute for Mental Disease (IMD) exclusion regulation.		
		



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Free Standing Birthing Centers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Labor, delivery, postpartum care

Duration Limit:

Labor, delivery, postpartum care only

Scope Limit:

Natural childbirth procedures for labor, delivery, postpartum care and immediate newborn care.

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

Uncomplicated low-risk prenatal course is reasonably expected to result in a normal uncomplicated vaginal birth.

Benefit Provided:

Physician:Maternity Services

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

Obstetric/maternity/family planning procedures at time of delivery; newborn/neonatal/pediatric/postpartum

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

No authorization required for less than 48 hour normal vaginal delivery and/or 96 hour cesarean section delivery. C-section less than 39 weeks gestation and elective c-sections requires prior authorization.

Benefit Provided:

Inpatient hospital-maternity

Source:

State Plan 1905(a)

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

Obstetric/maternity/family planning procedures at time of delivery; newborn/neonatal/pediatric



Alternative Benefit Plan

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

Admission, concurrent, and retrospective authorization requirements. Medicare certified. No authorization required for less than 48 hour normal vaginal delivery and/or 96 hour cesarean section delivery. C-section less than 39 weeks gestation and elective c-sections requires prior authorization. Inpatient and physician maternity services.



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment	Collapse All <input type="checkbox"/>																				
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Benefit Provided:</td> <td style="width:50%; border: none;">Source:</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Partial Hospitalization (BH/SA):PHP (1915i)</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1915(i)</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Prior Authorization</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> </tr> <tr> <td style="border: none;">Amount Limit:</td> <td style="border: none;">Duration Limit:</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Dependent upon authorization and intensity of need</td> <td style="border: 1px solid black; padding: 2px;">none</td> </tr> <tr> <td colspan="2" style="border: none;">Scope Limit:</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">Medical model by a hospital, in an outpatient setting which encompasses a variety of psychiatric modalities to coordinate intensive, comprehensive and multidisciplinary tx not generally provided in an outpatient setting.</td> </tr> <tr> <td colspan="2" style="border: none;">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 2px;">Mental health rehab service based upon the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.</td> </tr> </table>		Benefit Provided:	Source:	Partial Hospitalization (BH/SA):PHP (1915i)	State Plan 1915(i)	Authorization:	Provider Qualifications:	Prior Authorization	Medicaid State Plan	Amount Limit:	Duration Limit:	Dependent upon authorization and intensity of need	none	Scope Limit:		Medical model by a hospital, in an outpatient setting which encompasses a variety of psychiatric modalities to coordinate intensive, comprehensive and multidisciplinary tx not generally provided in an outpatient setting.		Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		Mental health rehab service based upon the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.	
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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:																					
Mental health rehab service based upon the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.																					
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Benefit Provided:</td> <td style="width:50%; border: none;">Source:</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">BH/SA Outpatient Services :Rehab(1905)</td> <td style="border: 1px solid black; padding: 2px;">State Plan 1905(a)</td> </tr> <tr> <td style="border: none;">Authorization:</td> <td style="border: none;">Provider Qualifications:</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Authorization required in excess of limitation</td> <td style="border: 1px solid black; padding: 2px;">Medicaid State Plan</td> </tr> </table>		Benefit Provided:	Source:	BH/SA Outpatient Services :Rehab(1905)	State Plan 1905(a)	Authorization:	Provider Qualifications:	Authorization required in excess of limitation	Medicaid State Plan												
Benefit Provided:	Source:																				
BH/SA Outpatient Services :Rehab(1905)	State Plan 1905(a)																				
Authorization:	Provider Qualifications:																				
Authorization required in excess of limitation	Medicaid State Plan																				



Alternative Benefit Plan

Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services recommended by physician/licensed practitioner of the healing arts, within their scope of practice under State law for the maximum reduction of a physical or mental disability and to restore the individual to the best functioning level.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
n/a		



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

Follows all requirements under Section 1927 of the Social Security Act. Implementing the Nevada Medicaid State Plan pharmacy coverage 3.1a. in its entirety. Nevada ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

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

Benefit Provided:

Physical Therapy and Related Services

Source:

State Plan 1905(a)



Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

N/A

Scope Limit:

Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.

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

n/a

Benefit Provided:

Maintenance Therapy:Physical Therapy & Related Svs

Source:

State Plan 1905(a)



Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

10 visits every three years

Scope Limit:

Design or establish a maintenance plan, assure patient safety, train the patient, family members and/or unskilled personnel and make infrequent but periodic reevaluations of the plan.

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

Service cannot be exceeded through prior authorization. The goals of a maintenance program are to maintain functional status at a level consistent with the patient's physical or mental limitations or to prevent decline in function.

Benefit Provided:

Durable Medical Equipment : Home Health Care

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Authorization dependent upon the service

Duration Limit:

Dependent upon the service



Alternative Benefit Plan

Scope Limit: Items must have received approval by FDA and be consistent with approved use. Products for experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Medical Supplies :Home Health Care	Source: State Plan 1905(a)	
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: Quantity limitation dependent upon service	Duration Limit: lifetime limit dependent on service	
Scope Limit: Items must have received approval by FDA and be consistent with approved use. Products for experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Orthotics and Prosthetics : Prosthetic Devices	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: Authorization dependent upon the service	Duration Limit: lifetime limit dependent on service	
Scope Limit: Items must have received approval by FDA and be consistent with approved use. Products for experimental or investigational purposes are non-covered. Consideration may be given to items classified by FDA as Humanitarian Device Exemptions (HDE).		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Ocular - hardware : eyeglasses	Source: State Plan 1905(a)	



Alternative Benefit Plan

Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan
Amount Limit: 1/12 months	Duration Limit: n/a
Scope Limit: Change in refractive error must exceed plus or minus 0.5 diopter or 10 degrees in axis deviation in order to qualify within 12 mo limitation or EPSDT.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a	

Benefit Provided: Occupational Therapy-Physical Therapy & Related Svcs	Source: State Plan 1905(a)
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan
Amount Limit: None	Duration Limit: n/a
Scope Limit: Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a	

Benefit Provided: Speech, hearing and language -Physical Therapy & R	Source: State Plan 1905(a)
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan
Amount Limit: none	Duration Limit: n/a
Scope Limit: Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.	



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Adult Day Health Care	Source: State Plan 1915(i)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: Universal Needs Assessment & Physician Eval	Duration Limit: none	
Scope Limit: Services include health and social services needed to ensure the optimal functioning of the participant. Services are generally furnished within four or more hours per day on a regularly scheduled basis. Recipient must be at least 18 years of age.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		
Benefit Provided: Home Based Habilitation Services	Source: State Plan 1915(i)	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: Universal Needs Assessment Tool	Duration Limit: none	
Scope Limit: Pt. must have endurance for 3 hours of habilitative services per day, 5 days per week.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Day tx program for individuals to assist in acquiring, retaining, and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community setting. Habilitaiton services are prescribed by a physician, and provided by the appropriate qualified staff.		



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided: Laboratory and x-ray services	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: These services include, but not limited to microbiology, serology, immunohematology, cytology, histology, chemical, hematology, biophysical, toxicology or other methods of "in-vitro" exam of tissues, secretions, excretions or other human body parts.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Genotype and phenotype are covered and requires PA. Clinic and facility based services.		
Benefit Provided: Laboratory and X-ray services:diagnostics	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: X-ray and diagnostic testing		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Medically necessary services for diagnosis and treatment of a specific illness, symptom, complaint or injury or to improve the function of a malformed body part. The investigational use for any radiological test is not covered. Clinic and facility based services.		



Alternative Benefit Plan

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

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

Benefit Provided:

Preventive Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

n/a

Scope Limit:

U.S. Preventive Services Task Force A&B recommendations, ACIP and Bright Future, and IOM Women's Health.

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

Nevada State Plan Preventive services are exclusive to the USPSTF/ACIP/Bright Futures/IOM EHB requirements.



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: Medically necessary services for children under the age of 21.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: n/a		



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Heart, heart/lung transplant adults</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; background-color: #cccccc; padding: 2px; width: 60px; margin: 0 auto;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px;">Substituted for (hospital) Residential Treatment Center benefit for adolescents 19-20, up to 22 if in facility on birthday and Skilled Inpatient Administrative Days are mapped to EHB3.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">pancreas, pancreas/liver transplant adults</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; background-color: #cccccc; padding: 2px; width: 60px; margin: 0 auto;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px;">Substituted for Residential Treatment Center benefit for adolescents 19-20, up to 22 if in facility on birthday and Skilled Administrative Days are mapped to EHB3.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Fertility, Accupuncture, Podiatry, Chiropractic</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; background-color: #cccccc; padding: 2px; width: 60px; margin: 0 auto;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px;">Substituted for personal care services and Private Duty Nursing Services are mapped to EHB1.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Physicians and other healthcare professionals</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; background-color: #cccccc; padding: 2px; width: 60px; margin: 0 auto;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px;">Duplication: covered under the Nevada Medicaid State Plan as EHB 1 (physician, family planning, clinic benefit). Base benchmark: covers services by physicians and other health care professionals determined to be medically necessary. Services include consultations, second surgical opinions, clinic visits, office visits, home visits, initial exam of newborn, and nutritional counseling. No service limitation.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Lab, X-ray and other diagnostic services</div>	<p>Source:</p> <p>Base Benchmark</p>	<div style="border: 1px solid black; background-color: #cccccc; padding: 2px; width: 60px; margin: 0 auto;">Remove</div>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px;">Duplication: covered under the Nevada Medicaid State Plan as EHB 8 (lab and x-ray benefit). Services ordered by a physician. Billed by physician, independent laboratory, and/or outpatient hospital department. Base benchmark does not cover genetic screening, requires cancer diagnosis for BRCA testing. No service limitations.</div>		
<p>Base Benchmark Benefit that was Substituted:</p> <div style="border: 1px solid black; padding: 2px;">Preventive care, adult</div>	<p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB9. Base benchmark: Services recommended under PPACA. Services have quantity limitation, 1 per year. FDA approved immunizations. Group counseling non-covered</p>		Remove
<p>Base Benchmark Benefit that was Substituted:</p> <p>Preventive care, children</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB9 (preventive benefit). Nevada Medicaid does not limit STI. Base benchmark: Services recommended under the PPACA and AAP. Newborn visits and screens, lab test, hearing and visions screenings, FDA approved immunizations, screenings for STI, HPV, and HIV. STI limited to 1 per year.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Maternity Care</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB4 (free-standing birth centers, physician-maternity, inpatient-maternity benefit), and EHB5 (BH/SA Outpatient Services benefit). Base benchmark: Prenatal care, tocolytic therapy, delivery postpartum care, surgery, anesthesia, and mental health tx for postpartum depression. No service limitations.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Family planning</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB6(prescription benefit), EHB1(physician, family planning, clinic, urgent care, outpatient hospital, emergency room benefit), EHB7(HH: medical supplies). Base benchmark: Contraceptive counseling, contraceptive supplies (oral, injectable, implants, transdermal, condoms), fitting, insertion, implantation, or removal of the contraception, voluntary sterilization. Non cover- reversal of voluntary sterilization. No service limitations.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Allergy care</p>	<p>Source:</p> <p>Base Benchmark</p>	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services, clinics benefits). Base benchmark: no service limitations.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Treatment therapies</p>	<p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physicians, clinics, outpatient hospital benefit) and EHB8 (laboratory/x-ray benefit). Base benchmark: no service limitations.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>PT, ST, OT, Cognitive therapy</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid state Plan as EHB7 (Physical therapy & related services; PT/ST/OT/Cognitive therapy benefit), EHB1 (Outpatient Hospital benefit), EHB5 (BH/SA Outpatient Services benefit). Nevada Medicaid State Plan provides a greater benefit for therapy services due to a lesser service limitation. Cognitive therapy covered under both medical and behavioral therapy. Base benchmark: covers licensed therapist or physician. Non-covers; Maintenance, recreation, education, exercise, and hippotherapy non-covered. Limited to 50 visits per calendar year for, combination of PT, OT, ST.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Hearing svcs (testing, tx, supplies)</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physicians, clinics benefit), EHB7 (physical therapy & related services benefit, orthotics and prosthetics: prosthetic devices), EHB8 (laboratory, x-ray benefit). Nevada Medicaid State Plan provides a greater benefit for Hearing Aid services due to no annual expenditure limit. Base benchmark: Annual expenditure amount on hearing aids.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Vision Services</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services and clinic benefit) EHB7 (ocular-hardware: eyeglass benefit). Nevada Medicaid State Plan provides for all medically necessary conditions. Service limitation exceeded through EPSDT. Base benchmark: covers exam related to amblyopia and strabismus for children under age 18, non-covered-routine eye exam and hardware.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Orthopedic and prosthetic devices</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB7 (orthotics and prosthetic: prosthetic device benefit). Nevada Medicaid State Plan provides coverage of orthotics and prosthetics by licensed and Medicare certified/bonded providers. Base benchmark: lifetime limit on wigs as a result of cancer. Non-cover over-the-counter orthotics, shoes, arch supports, heel pads/supports.</p>		



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted:</p> <p>Durable medical equipment (DME)</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB7(Durable medical equipment:home health care benefit). Nevada Medicaid State Plan provides a greater benefit for DME services due to coverage of bathroom equipment. Providers must be licensed, bonded and Medicare Certified.Base Benchmark: Annual expenditure amounts on SGD. Non-cover bathroom equipment.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Medical supplies</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB7(medical supplies: home health care benefit). Base Benchmark: no limitations.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home health services</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB1(home health care benefit). Nevada Medicaid State Plan provides a greater benefit for Home health services due to coverage of PT,OT,ST,RT services under home health benefits and lesser service limitations. Base benchmark: service limitations up to 25 visits per calendar year, provider qualifications of RN/LPN, and skilled visit coverage only.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Educational classes and programs</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician and clinic benefit) and EHB9 (Preventive benefit) as physician services and other practitioners as preventive services, smoking and tobacco cessation, diabetic education, medical nutritional therapy. Base benchmark: non-cover educational classes not listed above.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Surgical procedures</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit) , EHB1 (physician services, outpatient hospital services, 1905 clinics:under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Base benchmark: non covers reversal of voluntary sterilization, standby physician, routine tx of conditions of foot, cosmetic surgery and refractive surgery.</p>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Reconstructive surgery"/>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit), EHB1 (physician services, outpatient hospital services, 1905 clinics:under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Base benchmark: non-covers cosmetic surgery, surgeries related to sex transformation, sexual dysfunction, and/or inadequacy. Unless in the case of post mastectomy due to cancer."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Oral and maxillofacial surgery"/>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital), EHB1 (physician services, outpatient hospital services, 1905 clinics:under the direction of benefit) and EHB2 (outpatient hospital emergency room services and urgent care clinics benefit). Covered in physician office, hospital, hospital outpatient, SNF, ASC center. Base benchmark: dental/orthodontic care only covered for accidental injuries."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Anesthesia"/>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under the Nevada Medicaid State Plan as EHB3 (inpatient hospital, inpatient hospital: transplant benefit), EHB1 (physician services, outpatient hospital services, 1905 clinics:under the direction of benefit) and EHB2 (outpatient hospital emergency room services benefit). Base benchmark: Covered by qualified healthcare professionals in hospital (inpatient, outpatient), skilled nursing facility, ambulatory surgical center and office. No service limitations."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient hospital"/>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under the Nevada Medicaid State Plan as EHB3(inpatient hospital, inpatient hospital: transplant, inpatient hospital: skilled/admin days benefit) and EHB4 (inpatient hospital:maternity and free-standing birthing center benefit) as Inpatient hospital services. Base benchmark services covers operating, recover, maternity and other treatment rooms. Prescribed drugs, Diagnostic studies, radiology, lab, pathology and supplies. : non- covered- nursing homes, extended care facilities, schools, residential treatment centers, private duty nursing."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient hospital and ambulatory surgical center"/>	Source: Base Benchmark	



Alternative Benefit Plan

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

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (Outpatient hospital services benefit) ambulatory services and EHB4 (free-standing birthing center benefit) maternity/newborn care. Base benchmark services covers operating, recovery, and other treatment rooms, free-standing birthing centers, pre-surgical testing performed within one day of surgery. Observation, radiology, diagnostics, supplies, therapies, treatment therapies, and free-standing ASC services. No service limitations.

Base Benchmark Benefit that was Substituted:

Hospice care

Source:

Base Benchmark

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

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (hospice benefit) ambulatory and EHB3 (Inpatient hospital benefit) hospitalization. Base benchmark covers home and facility services. Service limited to 7 consecutive days for home and 30 consecutive days in facility. Episodes may be reauthorized. Non-covered- homemaker, home health aide.

Base Benchmark Benefit that was Substituted:

Ambulance-Emergency

Source:

Base Benchmark

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

Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (transportation:emergency benefit) emergency services. Base benchmark covers emergency transport/ambulance with covered hospital inpatient care related to medical emergency and/or covered hospice care. Non-covered: non-emergency transport.

Base Benchmark Benefit that was Substituted:

Accidental injury (ER) Medical emergency

Source:

Base Benchmark

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

Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (outpatient hospital: emergency room benefit) emergency services. Base benchmark covers inpatient and physician benefits under emergency services. No limitations.

Base Benchmark Benefit that was Substituted:

MH/SA professional services

Source:

Base Benchmark

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

Duplication: Covered under the Nevada Medicaid State Plan as EHB1 (physician services benefit) EHB5 (MH/SA: partial hospitalization; Intensive outpatient program; outpatient services benefit). Nevada Medicaid State Plan provides a greater benefit for MH/SA rehab services including, day treatment (medical model), BST, PSR and peer support. Base benchmark covers professional services for individual, group therapy, office visits, home visits, pharmacotherapy, and psychological testing. Covered in outpatient hospital dept. and inpatient visit. Must be licensed professional. Non-covered: non-licensed professionals, marital, family, educational or other counseling/training services, testing and tx for learning disabilities and



Alternative Benefit Plan

<p>mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="MH/SA inpatient hospital or other covered facility"/></p>	<p>Source: Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB3(MH/SA Inpatient hospital: substance abuse, Inpatient hospital: psychiatric, Inpatient hospital: Skilled/Admin Days, RTC/Psychiatric Residential Treatment Facilities benefit). Services for individuals age 22-64 are non-covered by Nevada Medicaid in an IMD. Base benchmark covers MH/SA inpatient services. Non-covered: non-licensed professionals, marital, family, educational or other counseling/training services, testing and tx for learning disabilities and mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="MH/SA outpatient hospital or covered facility"/></p>	<p>Source: Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB5 (MH/SA: partial hospitalization; Intensive outpatient program; outpatient services benefit). Services for individuals age 22-64 are non-covered by Nevada Medicaid in an IMD. Base benchmark covers outpatient hospital, partial hospitalization, facility-based intensive outpatient treatment, diagnostic testing, and psychological testing. Non-covered: non-licensed professionals, marital, family, educational or other counseling/training services, testing and tx for learning disabilities and mental retardation, applied behavior analysis (ABA) or ABA therapy, services performed or billed by residential treatment centers, schools, halfway houses, residential camps, and light boxes.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Prescription drug benefits"/></p>	<p>Source: Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB6 (prescription drug benefit) Pharmacy services. Nevada Medicaid is required to comply with all regulatory requirements of Section 1927 of the Social Security Act. Base benchmark covers a four-tier system to categorize their payment levels for drugs; Tier 1: generic drugs, Tier 2: Preferred brand-name drugs, Tier 3: non-preferred brand-name drugs, and Tier 4: specialty drugs.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Dental benefits"/></p>	<p>Source: Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Nevada Medicaid State Plan as EHB10 (EPSDT benefit) Pediatric Oral Services. Nevada Medicaid covers under EPSDT and Dental services. Base benchmark: covers eval, xray,</p>		



Alternative Benefit Plan

<input type="text" value="preventive, palliative and extractions. Service limitations- preventive (1/yr), xray(1/3yr)"/>		<input type="checkbox"/>
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Transplant benefits"/>	Base Benchmark	<input type="checkbox"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under the Nevada Medicaid State Plan as EHB2 (hospitalization benefit) and EHB1 (ambulatory benefit) . Base benchmark covers bone marrow, stem cell, liver, cornea transplants. Reference Substitution section for additional transplants."/>		
		<input type="checkbox"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered	Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark
<input type="text" value="Adult Dental"/>	<input type="text"/>
Explain why the state/territory chose not to include this benefit:	
<input type="text" value="Adult dental benefit from the base benchmark plan (FEHBP) will not be covered in the ABP."/>	
<input type="text"/>	



Alternative Benefit Plan

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

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 hours per month

Duration Limit:

n/a

Scope Limit:

7 covered target groups. Seriously Mentally Ill, Severe Emotional Disturbance, Axis I (non SED non SMI), Juvenile Protective Services, Child Welfare, Developmentally Delayed ages 0-3, Mental Retardation and Related Conditions.

Other:

n/a

Other 1937 Benefit Provided:

Inst. Facility for Individuals w/Intellectuals w/D

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Based upon authorization determination

Duration Limit:

none

Scope Limit:

Must be certified and comply with all Federal Cond of Participation in 8 areas, including mngt, client protections, facility staffing, active tx services, client behavior & facility practices, healthcare services, physical enviro, & dietetic svcs.

Other:

Institutional Facility for Individuals with Intellectual with Disabilities
Formally ICF/MR

Other 1937 Benefit Provided:

Transportation (non-emergency)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Dependent upon service

Duration Limit:

none



Alternative Benefit Plan

Scope Limit: NET includes; charter air flight, commercial air, rotary wing, fixed wing, ground ambulance, bus (local and out-of-town), paratransit (private and public), private vehicle, and taxi.		
Other: Non-Emergency Transportation (NET) services are provided to all Medicaid recipients through the contracted NET broker and must be authorized by the broker.		
Other 1937 Benefit Provided: Dental	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: see below	Duration Limit: none	
Scope Limit: Individuals under the age of 21 Medicaid-eligible for EPSDT benefits receive comprehensive dental care such as periodic and routine dental services needed for restoration of teeth, prevention, and maintenance of dental health.		
Other: Individuals over age 21, Dental services for Medicaid-eligible adults who qualify for full benefits receive emergency extractions, palliative care, and may also be eligible to receive prosthetic care (dentures/partials) under certain guidelines and limitations.		
Other 1937 Benefit Provided: Nursing Facility	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: based upon level of care screens	Duration Limit: n/a	
Scope Limit: Level of Care assessment to determine appropriateness of NF placement. Options include; NF standard, NF ventilator dependent, Pediatric specialty I/II, and Behaviorally Complex. PASRR I/II screens completed for behavioral health rule out procedures.		
Other: Provide health related care and services on a 24-hour basis to individuals, due to medical disorders, injuries, developmental disabilities, and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehab, psychosocial, management.		
Other 1937 Benefit Provided: Optometrist	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan
Amount Limit: 1 exam per 12 months	Duration Limit:
Scope Limit: 	
Other: Ophthalmologist no limit for medical condition, no PA under physician visit. Ocular exam for medical exam by optometrist do not require PA, ICD9 required. (glaucoma, diabetes, follow up from cataract surgery, EPSDT referral)	
Other 1937 Benefit Provided: Peer Support Services: Rehab (1905)	Source: Section 1937 Coverage Option Benchmark Benefit Package
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan
Amount Limit: None	Duration Limit: None
Scope Limit: Rehab interventions to restore recipient to highest level of functioning through peer supporters.	
Other: Mental health rehab service based upon an the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement system specific to children and adults.	
Other 1937 Benefit Provided: Basic Skills/Psychosocial Rehab: Rehab (1905)	Source: Section 1937 Coverage Option Benchmark Benefit Package
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan
Amount Limit: none	Duration Limit: none
Scope Limit: BST services help recipients acquire (learn) constructive cognitive and behavioral skills through positive reinforcement, modeling, operant condition and other techniques. PSR target psychological functioning within a variety of social settings.	
Other: Mental health rehab service based upon an the assessed needs of the recipient based upon standardized assessments. The service has been standardized to a utilization system based upon a level of care placement	



Alternative Benefit Plan

system specific to children and adults.

Remove

Other 1937 Benefit Provided:

Respiratory Therapy

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:

Medically necessary therapy services for an illness or injury resulting in functional limitations which can respond or improve as a result of the prescribed therapy treatment plan in a reasonable, predictable period of time.

Other:

n/a

Other 1937 Benefit Provided:

Tobacco-cessation for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

n/a

Scope Limit:

Services provided according to the USPSTF.

Other:

No prior authorization required.

Remove



Alternative Benefit Plan

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

Collapse All

PRA Disclosure Statement

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V.20130814



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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

The benefit plan is identical to the State Medicaid Plan which includes EPSDT.

Prescription Drug Coverage Assurances

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

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

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

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

Other Benefit Assurances

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

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

The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



Alternative Benefit Plan

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

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.

Both of the State's managed care organizations (MCO) are modifying their systems edits to allow for the payment of claims based on the ABP. Both plans are using a combination of USPS mail, email, web announcements and FAX blasts to confirm for providers that they will provide these benefits. Recipients and stakeholders are being notified by those same methods as well as personal contact at meetings and health fairs. MCO implementation will follow the same time lines as fee for service.

MCO: Managed Care Organization

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

Yes

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

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



Alternative Benefit Plan

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

Describe program below:

The DHCFP's managed care program currently offers a risk-based capitated rate program operated through contracts with Managed Care Organizations (Vendors). DHCFP contracts with Vendors to provide covered medically necessary services for eligible recipients at an established risk-based capitation rate.

Enrollment in a managed care organization is mandatory for FMC/TANF/CHAP recipients as well as the new Medicaid Adult Group (effective January 1, 2014), when there is more than one managed care option from which to choose in a particular geographic service area. Managed care enrollment is mandatory for all CHIP recipients when an option is available in their service area.

Recipients who are SED/SMI, Indian Health may opt out of managed Care.

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.

Additional Information: Fee-For-Service (Optional)

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

The FFS delivery area is in the rural region of the state for the Newly Eligibles, TANF/CHAP, and MABD. Is MABD in the urban areas of Washoe County and Clark County. The services covered for the FFS will be identical to the Medicaid State Plan.

PRA Disclosure Statement

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V.20130718



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.

Yes

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:

Nevada Medicaid may pay insurance premiums through Employer-Based Group Health Plans for individuals and families when it is cost effective for the agency. In determining cost-effectiveness, the fiscal agent uses a formula as set forth in the State Plan or considers whether the individual has catastrophic illness or condition (e.g., AIDS or AIDS-related conditions, Down Syndrome, cerebral palsy, cystic fibrosis, fetal alcohol syndrome, etc.)

DHCFP's Health Insurance Premium Payment (HIPP) program, as of 11/22/2013, covered 92 fee-for-service recipients. The monthly HIPP premiums that are paid by the State totaled \$40,883, the average monthly claims cost avoided by the State due to HIPP coverage was \$198,506. This means that the HIPP program saved the State \$157,623 (\$198,506 - \$40,883) in November 2013. This means that the annual savings of the HIPP program is estimated to be \$1,891,476 (\$157,623 * 12).

The HIPP program is eligible to any fee-for-service recipient that has access to an employer sponsored group health plan that provides physician and major medical coverage. The cost-effectiveness test is as follows: 1) The recipient and their family are eligible if the Medicaid recipient has a catastrophic illness; 2) If the recipient does not have a catastrophic condition then the recipient and their family are eligible if the previous six month average of Medicaid paid claims is more than twice the monthly HIPP coverage premium.

The HIPP payments are generally made directly to the employer or the health insurer; however, the payments could be made to the recipient as a last resort. DHCFP or its agent validates that the HIPP coverage is in effect every thirty to sixty days.

The state/territory otherwise provides for payment of premiums.

Yes

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

Nevada Medicaid may pay insurance premiums through Employer-Based Group Health Plans for individuals and families when it is cost effective for the agency. In determining cost-effectiveness, the fiscal agent uses a formula as set forth in the State Plan or considers whether the individual has catastrophic illness or condition (e.g., AIDS or AIDS-related conditions, Down Syndrome, cerebral palsy, cystic fibrosis, fetal alcohol syndrome, etc.)

DHCFP's Health Insurance Premium Payment (HIPP) program, as of 11/22/2013, covered 92 fee-for-service recipients. The monthly HIPP premiums that are paid by the State totaled \$40,883, the average monthly claims cost avoided by the State due to HIPP coverage was \$198,506. This means that the HIPP program saved the State \$157,623 (\$198,506 - \$40,883) in November 2013. This means that the annual savings of the HIPP program is estimated to be \$1,891,476 (\$157,623 * 12).

The HIPP program is eligible to any fee-for-service recipient that has access to an employer sponsored group health plan that provides physician and major medical coverage. The cost-effectiveness test is as follows: 1) The recipient and their family are eligible if the Medicaid recipient has a catastrophic illness; 2) If the recipient does not have a catastrophic condition then the recipient and their family are eligible if the previous six month average of Medicaid paid claims is more than twice the monthly HIPP coverage premium.

The HIPP payments are generally made directly to the employer or the health insurer; however, the payments could be made to the



Alternative Benefit Plan

recipient as a last resort. DHCFP or its agent validates that the HIPP coverage is in effect every thirty to sixty days.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. For a Medicaid beneficiary who receives coverage in a health plan in the individual market through the state's approved Medicaid state plan that provides premium assistance under section 1905(a) and regulations codified at 42 CFR §435.1015, the state assures that the Medicaid beneficiary will receive a benefit package that includes a wrap of benefits around the individual market health plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

i. The additional benefits, on top of the ESI, to which the beneficiary is entitled include those called out in ABP 7 (FQHC/RHC services, family planning services, etc.)

PRA Disclosure Statement

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Alternative Benefit Plan

Attachment 3.1-L-

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Economy and Efficiency of Plans

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

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

Yes

Compliance with the Law

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

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.

Attachment 4.19b

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V.20130807