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State Name: Virginia

State Plan Amendment (SPA) #: 14-0008

This file contains the following documents in the order listed:

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

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



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

SWIFT #061020144050

October 31, 2014

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

RE: Virginia State Plan Amendment (SPA) 14-0008 Alternative Benefit Plan Medicaid Works

Dear Ms. Jones:

Enclosed for your records is an approved copy of Virginia's Alternative Benefit Plan (ABP) State Plan Amendment 14-0008. This ABP, which was submitted on March 25, 2014, meets all federal statutory and regulatory requirements for establishing an ABP.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing State Plan pages, and (if applicable) managed care service delivery systems (waivers 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 ABP SPA is approved effective January 1, 2014, as requested by Virginia. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan pages.

Congratulations to you and your staff for your hard work and strong collaboration. If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or by email at Margaret.Kosherzenko@cms.hhs.gov.

Sincerely,

/S/

Francis McCullough
Associate Regional Administrator

Enclosures

cc: Brian McCormick, DMAS
Kenya Cantwell, CMCS

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory

name:

Virginia**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:

John Kenyon

Last Revision Date:

Oct 30, 2014

Submit Date:

Mar 25, 2014*/S/*

Francis McCullough
Associate Regional Administrator
DMCHO/RO III



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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?	
+	Ticket to Work Basic Group	Voluntary	X

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

Geographic Area

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

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

PRA Disclosure Statement

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

V.20130917

Virginia.gov Agencies | Governor Search Virginia.Gov



Agency Department of Medical Assistance Services

Board Board of Medical Assistance Services

General Notice

Notice of Intent to Submit a State Plan Amendment regarding the Alternative Benefit Plan

Date Posted: 12/19/2013

Expiration Date: 1/30/2014

Submitted to Registrar for publication: YES

Notice of Intent to Submit State Plan Amendment Modifying Alternative Benefits Plan

(This modification does not change any benefits currently offered—it is only a procedural change required by the Affordable Care Act.)

Pursuant to 42 CFR 440.305(d), the Virginia Department of Medical Assistance Services (DMAS) hereby affords the public notice of its intention to solicit public comment on the Department's proposal to seek approval from the Centers for Medicare and Medicaid Services (CMS) of a state plan amendment to modify the Alternative Benefit Plan (ABP) authorized under section 1937 of the Social Security Act for individuals who are eligible for the *MEDICAID WORKS* program.

MEDICAID WORKS is Virginia's Medicaid Buy-In program, a work incentive opportunity for individuals with disabilities. Established in January 2007, this voluntary plan option enables workers with disabilities to earn higher income and retain more in savings than is typically allowed by Medicaid while ensuring continued health care coverage. *MEDICAID WORKS* helps enrollees gain greater independence from public assistance programs and enables their contribution to the tax base of the community and to its economic growth.

In 2008, DMAS received authorization to establish an optional alternative benefit plan for program enrollees to include personal assistance services, in addition to the standard health care services available through Medicaid. Personal assistance services, sometimes called attendant care, provide individuals with disabilities non-medical support in the home or the workplace in order that they may continue to live at home, maintain employment and participate in community activities.

The Affordable Care Act (ACA) requires that, as of January 1, 2014, all ABPs provide services in ten Essential Health Benefit (EHB) categories (ambulatory services, emergency services hospitalization, maternity and newborn care, mental health and substance use disorder services, rehabilitation and habilitative services, prescription drugs, laboratory, preventive services, and pediatric services). This modification to the existing ABP for the *MEDICAID WORKS* program will ensure that this ABP includes all of the required services under each of the EHB categories, as well as all other services authorized under Virginia's Medicaid State Plan, and the personal assistance services mentioned above.

<http://townhall.virginia.gov/L/ViewNotice.cfm?gnid=481>

6/20/2014

Any service limits or cost sharing currently authorized under the approved Medicaid State Plan will apply to the ABP. The ABP will include the full range of Early Periodic Screening, Diagnoses, and Treatment (EPSDT) program benefits for individuals under the age of 21.

Note: A separate communication will be issued to individuals enrolled in the program regarding the increase in the income limit which will be allowed under a forthcoming regulation.

Comments or inquiries on DMAS' proposed state plan amendment to modify the ABP for the *MEDICAID WORKS* program may be sent, in writing, within 14 days of this notice publication to Jack Quigley, Policy and Research Division, Department of Medical Assistance Services, 600 East Broad Street, Richmond, VA 23219. Such comments are available for review at the same address.

Contact Information

Name / Title:	Jack Quigley / <i>Policy Analyst</i>
Address:	Div. of Policy and Research, DMAS 600 East Broad Street, Suite 1300 Richmond, 23219
Email Address:	Jack.Quigley@dmas.virginia.gov
Telephone:	(804)786-1300 FAX: (804)786-1680 TDD: (-)



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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):

PRA Disclosure Statement

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Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Alternative Benefit Plan Cost-Sharing ABP4

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

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

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

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

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Attachment 3.1-C-

Benefits Description

ABP5

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

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Anthem KeyCare 30 PPO Plan

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

Secretary-Approved



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services		Collapse All <input type="checkbox"/>
Benefit Provided: Physicians' Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: Other Licensed Practitioners' Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: Outpatient Hospital Services	Source: State Plan 1905(a)	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: Up to 23 hours.	
Scope Limit: Service may be provided for up to 23 hours. A stay of 24 hours or more requires inpatient pre-certification.		



Alternative Benefit Plan

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

Required to cover preventive, diagnostic, therapeutic, rehabilitative or palliative outpatient services, and limited oral surgery. Certain procedures require prior authorization.

Remove

Benefit Provided:

Clinic 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:

Required to cover preventive, diagnostic, therapeutic, rehabilitative or palliative outpatient services, and limited oral surgery. Certain procedures require prior authorization.

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Home health aides visit limit: 32 per SYF

Duration Limit:

None

Scope Limit:

See "other" information

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

Initial 5 visits per state fiscal year for a licensed nurse or physical therapy, occupational therapy, speech language pathology do not require prior authorization. Additional visits require prior authorization. Home health aide services limited to 32 visits per state fiscal year.

Benefit Provided:

Hospice Care Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Limited to patients with life expectancy of six months or less. See "other" information

Remove

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

Physician must certify patient is terminally ill with a life expectancy of six months or less. Continuous home care requires the provision of a minimum of 8 hours per day. In accordance with section 2302 of the ACA, individuals under the age of 21 will receive hospice care concurrently with curative care.

Benefit Provided:

Medical & Surgical Services by a Dentist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services covered as a result of an accident

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

Required to cover CPT codes billed by an MD as a result of an accident. Required to cover CPT and other "non-CDT" procedure codes billed for medically necessary procedures of the mouth for adults and children. Required to cover anesthesia and hospitalization if required to provide dental care.

Benefit Provided:

Clinical Trials for Cancer

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Clinical trials are considered under EPSDT when no acceptable or effective standard treatment is available for the child's medical condition.

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

Benefit Provided:

Clinical trials for life-threatening disease

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: Clinical trials are considered under EPSDT when no acceptable or effective standard treatment is available for the child's medical condition.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		
Benefit Provided: Personal Assistance Services	Source: State Plan 1905(a)	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: Other	Duration Limit: None	
Scope Limit: Personal Assistance Services (PAS) are long-term maintenance or support services necessary to enable an individual to be employed, and include assistance with ADLs: eating, bathing, dressing, transferring and toileting. (Continued below.)		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Personal Assistance Services (PAS) are those services that substitute for the absence or loss of physical and/or cognitive functions and that may be provided in a home and community setting to enable an individual to maintain his or her health status and the functional skills necessary to live and work in the community, as well as participate in community activities. PAS is only available to individuals who require personal assistance services to meet their ADLs. PAS does not include skilled nursing services. Following an individual's assessment of the need for PAS and development of a plan of care, the individual decides whether to have PAS through a personal care agency or whether to self direct his or her care. Those choosing consumer-directed care will receive the services of a fiscal agent covered as an administrative activity. All personal care aides must meet the following requirements: 1) be at least 18 years of age or older; 2) be able to read and write in English to the degree necessary to perform the expected tasks; 3) be physically able to do the work; 4) may not be a member of the beneficiary's family. A family member is defined to be a legally responsible relative, as defined by State law; 5) Possess basic math, reading and writing skills; 6) Submit to a criminal records check and, if the individual is a minor, consent to a search of the DSS Child Protective Services Central Registry. The aide will not be compensated for services provided to the individual if either of these records checks verifies the aide has been convicted of crimes described in Section 32.1-162.9:1 of the Code of Virginia or if the aide has a founded complaint confirmed by the DSS Child Protective Services Central Registry; and 7) receive periodic tuberculosis (TB) screening. Additional requirements based on service delivery model: 1) Personal care aides working for a personal care agency provider must be licensed. 2) Consumer Directed personal care aides: a.) have the required skills to perform consumer-directed services as specified in the		



Alternative Benefit Plan

individual's supporting documentation; b) be willing to attend training at the individual's or individual's representative's request. The PAS program has a soft cap of 56 hours that may be exceeded based on medical necessity.

Remove

Benefit Provided:

Induced Abortion

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Scope

Duration Limit:

See Scope

Scope Limit:

Covered only in situations described in the Hyde Amendment (see below).

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

Abortions are only covered in cases of rape, incest, jeopardy to the life of the mother, or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Commonwealth statute requires the Commonwealth to use general funds to cover abortions in the case of rape and incest. The Commonwealth does not draw down federal funds in these cases.

Add



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Emergency Hospital Services--Outpatient Hospital

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:

All emergency services covered without service authorization. Services needed to ascertain whether an emergency exists covered. Individual's choice of provider not restricted.

Benefit Provided:

Transportation--Outpatient Hospital

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:

All transportation is covered to ensure individuals have necessary access to and from providers of medical services for emergency services.

Add



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital 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:

Required to cover inpatient stays in general acute care and rehabilitation hospitals for all members; Required to comply with radical or modified radical mastectomy, total or partial mastectomy length of stay requirements. Prior Authorization required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission.

Benefit Provided:

Physicians' Services--Inpatient

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:

Hospice Care Services--Inpatient

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Limited to patients with life expectancy of six months or less. See "other" information.

Remove

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

Physician must certify patient is terminally ill with a life expectancy of six months or less. In accordance with section 2302 of the ACA, individuals under the age of 21, will receive hospice care concurrently with curative care.

Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Inpatient Hospital Services: Maternity Care

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:

Required to comply with maternity length of stay requirements. Prior Authorization required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission.

Benefit Provided:

Other Licensed Practitioners: Maternity 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:

Nurse Midwife Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Remove

Benefit Provided:

Physician's Services--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:

Add



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%;"><tr><td style="width: 50%;">Benefit Provided: Rehabilitative Services--Mental Health Outpatient</td><td style="width: 50%;">Source: State Plan 1905(a) <input type="button" value="Remove"/></td></tr><tr><td>Authorization: Prior Authorization</td><td>Provider Qualifications: Medicaid State Plan</td></tr><tr><td>Amount Limit: None</td><td>Duration Limit: None</td></tr><tr><td colspan="2">Scope Limit: None</td></tr><tr><td colspan="2"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><div style="border: 1px solid black; padding: 5px;">Under Medicaid FFS, outpatient sessions are limited to an initial 26 sessions without prior authorization during first treatment year; an additional extension of up to 26 sessions during the first treatment year must be prior authorized. After first year, limited to 26 sessions each succeeding year when prior authorized. However, for the Medicaid Works FFS enrollees, the behavioral health services contractor will lift these limits.</div></td></tr></table>		Benefit Provided: Rehabilitative Services--Mental Health Outpatient	Source: State Plan 1905(a) <input type="button" value="Remove"/>	Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	Amount Limit: None	Duration Limit: None	Scope Limit: None		<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;">Under Medicaid FFS, outpatient sessions are limited to an initial 26 sessions without prior authorization during first treatment year; an additional extension of up to 26 sessions during the first treatment year must be prior authorized. After first year, limited to 26 sessions each succeeding year when prior authorized. However, for the Medicaid Works FFS enrollees, the behavioral health services contractor will lift these limits.</div>	
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Scope Limit: None											
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;">Under Medicaid fee-for-service, prior authorization is required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission. Services will not be provided in an Institution of Mental Disease. The Medicaid FFS 21-day inpatient limit on psych stays will be lifted by the behavioral health contractor for FFS Medicaid Works enrollees.</div>											
<table style="width: 100%;"><tr><td style="width: 50%;">Benefit Provided: Rehabilitative Services-Substance Use Outpatient</td><td style="width: 50%;">Source: State Plan 1905(a)</td></tr><tr><td>Authorization: Prior Authorization</td><td>Provider Qualifications: Medicaid State Plan</td></tr></table>		Benefit Provided: Rehabilitative Services-Substance Use Outpatient	Source: State Plan 1905(a)	Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan						
Benefit Provided: Rehabilitative Services-Substance Use Outpatient	Source: State Plan 1905(a)										
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan										



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

Under Medicaid FFS, outpatient sessions are limited to an initial 26 sessions without prior authorization during first treatment year; an additional extension of up to 26 sessions during the first treatment year must be prior authorized. After first year, limited to 26 sessions each succeeding year when prior authorized. However, for the Medicaid Works FFS enrollees, the behavioral health services contractor will lift these limits.

Benefit Provided:

Rehabilitative Services-Substance Use Inpatient

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Under Medicaid fee-for-service, prior authorization is required prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission. Services will not be provided in an Institution of Mental Disease. The Medicaid FFS 21-day inpatient limit on psych stays will be lifted by the behavioral health contractor for FFS Medicaid Works enrollees.

Add



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

Virginia's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Inpatient Hospital Services--Rehabilitation

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 prior to planned/scheduled admissions; unplanned/urgent admissions must be authorized within one business day of admission.

Benefit Provided:

Phys. Therapy/related services--PT/OT/SP/Audiology

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See "Other" Below

Duration Limit:

See "Other" Below

Scope Limit:

See "Other" Below

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

Initial 24 visits provided without prior authorization. Additional visits may be provided if medically necessary with prior authorization. Stand-alone physical therapy and related services in accordance with 42CFR 440.110 will be used to define habilitative services. PT, OT, ST, and audiology are considered rehabilitative/habilitative services.

Benefit Provided:

Respiratory Care Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

For ventilator dependent patients in accordance with 440.185.

Remove

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

Benefit Provided:

Physicians' Services--Rehab

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-Medical Supplies, Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Defined by predetermined limits

Duration Limit:

Defined by predetermined limits

Scope Limit:

Defined by predetermined limits

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

Amounts, types, and duration of usage that go beyond predetermined limits set by DMAS must be prior authorized. When determined to be cost-effective by DMAS, payment may be made for rental of equipment in lieu of a purchase.

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:	Duration Limit:	Remove
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services are prior authorized to ensure the provision of the minimum applicable device necessary for the activities of daily living.		
		Add



Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory & X-ray 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:

Some procedures require prior authorization.

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Preventive Services

Source:

State Plan 1905(a)

Remove

Add



Alternative Benefit Plan

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



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All

Base Benchmark Benefit that was Substituted:

Source:

Primary Care Illness/Injury

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: non-interactive telemedicine services and non-preventive nutritional therapy/counseling services are excluded.

Base Benchmark Benefit that was Substituted:

Source:

Specialist Office Visits

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:

Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: non-interactive telemedicine services and non-preventive nutritional therapy/counseling services are excluded.

Base Benchmark Benefit that was Substituted:

Source:

Other Practitioner Office Visit

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:

Duplication: Covered under the Virginia Medicaid State Plan as Other Licensed Practitioners' Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: non-interactive telemedicine services and non-preventive nutritional therapy/counseling services are excluded.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Surgery

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:

Duplication: Covered under the Virginia Medicaid State Plan as Outpatient Hospital Services and as Clinic Services under EHB1: Ambulatory Patient Services.

Base Benchmark Plan: The plan does not cover oral surgery that is dental in origin, reversal of voluntary sterilization, radial keratotomy, keratoplasty, lasik and other surgical procedures to correct refractive defects, surgeries for sexual dysfunction or sexual transformation

Base Benchmark Benefit that was Substituted:

Source:

Urgent Care Visit

Base Benchmark



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Clinic Services under EHB1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Ambulatory Surgery Center</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 Virginia Medicaid State Plan as Clinic Services under EHB1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Outpatient Hospital 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 Virginia Medicaid State Plan as Outpatient Hospital Services under EHB1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Radiation Therapy</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 Virginia Medicaid State Plan as Outpatient Hospital Services and Clinic Services under EHB1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Respiratory Therapy</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 Virginia Medicaid State Plan as Other Licensed Providers under EHB1: Ambulatory Patient Services.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Adult Dental Care</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 Virginia Medicaid State Plan as Medical and Surgical Services Furnished by a Dentist under EHB1: Ambulatory Patient Services. Base Benchmark Plan: Medically necessary dental services resulting from an accidental injury, provided that , for an injury occurring on or after your effective date of coverage, and treatment occurs within 60 days after injury. Prior approval of plan of treatment required. Dental services to prepare the mouth for radiation therapy to treat head and neck cancer.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Infusion 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: Duplication: Covered under the Virginia Medicaid State Plan as Clinic Services and Home Health Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Chemotherapy	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: Duplication: Covered under the Virginia Medicaid State Plan as Outpatient Hospital Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Outpatient End Stage Renal Disease Treatment	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: Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Diagnostic Colonoscopy	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: Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Allergy Testing, Treatment	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: Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: In-Home Hospice	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: Duplication: Covered under the Virginia Medicaid State Plan as Hospice Care Services under EHB1: Ambulatory Patient Services.		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: TMJ Diagnostic, Surgical Procedures	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: Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services and Outpatient Hospital Services under EHB1: Ambulatory Patient Services. Base Benchmark Plan: Does not cover appliances for temporomandibular joint pain.		
Base Benchmark Benefit that was Substituted: Lymphedema Treatment, Equip, Supplies, 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: Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Blood & Blood Services, Hemophilia, Cong Bleeding	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: Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services and Home Health Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Telemedicine	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: Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Sleep Testing and Treatment	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: Duplication: Covered under the Virginia Medicaid State Plan as Clinic Services under EHB1: Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Vision Correction after Surgery or Accident	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 Virginia Medicaid State Plan as Physicians' Services under EHB1: Ambulatory Patient Services.		



Alternative Benefit Plan

Base Benchmark Plan: Coverage limited to prescribed eyeglasses or contact lenses only when required as a result of surgery, or for the treatment of accidental injury. excludes coverage for services for radial keratotomy and other surgical procedures to correct refractive defects. This type of surgery includes keratoplasty and Lasik procedure. The purchase and fitting of eyeglasses or contact lenses are covered if prescribed to replace the human lens lost due to surgery or injury; pinhole glasses for use after surgery for a detached retina. Lenses are prescribed instead of surgery if contact lenses are used for the treatment of infantile glaucoma; corneal or scleral lenses in connection with keratoconus; scleral lenses to retain moisture control when normal tearing is not adequate; corneal or scleral lenses are required to reduce corneal irregularity other than astigmatism.

Remove

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:

Duplication: Covered under the Virginia Medicaid State Plan as Emergency Hospital Services--Outpatient Hospital under EHB 2: Emergency Services

Base Benchmark Plan: Visits to out-of-network emergency rooms for emergency services are covered at in-network levels and cost shares apply. Provider may balance bill for amounts in excess of the maximum allowed amount.

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:

Duplication: Covered under the Virginia Medicaid State Plan as Transportation Services--Outpatient Hospital under EHB 2: Emergency Services

Base Benchmark Plan: Professional ambulance services to or from the nearest facility or provider adequate to treat the condition are covered.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Air

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:

Duplication: Covered under the Virginia Medicaid State Plan as Transportation Services--Outpatient Hospital under EHB 2: Emergency Services

Base Benchmark Plan: Air ambulance covered if preauthorized or in cases of threatened loss of life.

Base Benchmark Benefit that was Substituted:

Inpatient 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:

Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization

Base Benchmark Plan: Care by interns, residents, house physicians, or other facility employees that are billed separately from the hospital is not covered. Private rooms not covered unless medically necessary.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Physician & Surgical Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB 3: Hospitalization"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Hospice Services under EHB 3: Hospitalization"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Transplant Surgery-Patient"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization. Medicaid State Plan covers all organs covered under the base benchmark plan. Base Benchmark Plan: Organ and tissue transplants are covered, unless considered experimental or investigative."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Transplant Surgery-Donor"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization. Medicaid State Plan covers all organs covered under the base benchmark plan. Base Benchmark Plan: When a covered human organ or tissue transplant is provided from a living donor to a member, both the recipient and the donor may receive covered benefits."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Surgery to Correct Congenital Anomalies"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Oral & Maxillofacial Surgery"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization. Base Benchmark Plan: Maxillary or mandibular frenectomy when not related to a dental procedure.</p>		<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Reconstructive Breast Surgery Post Mastectomy</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Postmastectomy/Lymph Node Dissection Inpat Care</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Minimum Hospital State for Hysterectomy</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>TMJ Surgical Procedures</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Hemophilia & Congenital Bleeding Disorders</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization</p>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Genetic Testing & Counseling"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Pregnancy Testing"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services under EHB 1: Ambulatory Patient Services."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal & Postnatal Care"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services: Maternity Care under EHB 4: Maternity and Newborn Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal Screenings"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services: Maternity Care under EHB 4: Maternity and Newborn Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery and Inpatient Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services: Maternity Care under EHB 4: Maternity and Newborn Care."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery by Midwife"/>	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 Virginia Medicaid State Plan as Nurse Midwife Services: Maternity Care under EHB 4: Maternity and Newborn Care Services."/>		



Alternative Benefit Plan

<p>Base Benchmark Plan: Covered in home setting by nurse midwives.</p>		<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Postnatal Care (baby)</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services: Maternity Care under EHB 4: Maternity and Newborn Care.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Postnatal Care (mother)</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Physicians' Services: Maternity Care under EHB 4: Maternity and Newborn Care.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Routine Newborn Nursery and Care</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services: Maternity Care under EHB 4: Maternity and Newborn Care</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Breastfeeding/Lactation Counseling & Equipment</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Other Practitioners' Services. Breastfeeding/lactation counseling is covered under EHB 9: Preventive and Wellness Services and supplies are covered under EHB 7: Supplies. Base Benchmark Plan: One breast pump per pregnancy.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Mental Health/Behavioral Health Outpatient Service</p>	<p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Mental Health, Outpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Mental Health/Behavioral Health Inpatient Services</p>	<p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

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

Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Mental Health, Inpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.

Remove

Base Benchmark Benefit that was Substituted:

Substance Use 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:

Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Substance Use, Outpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Inpatient/Detox & Rehab

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:

Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Substance Use, Inpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.

Base Benchmark Benefit that was Substituted:

Partial Day/Intensive 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:

Duplication: Covered under the Virginia Medicaid State Plan as Rehabilitation Services--Mental Health, Outpatient under EHB 5: Mental Health, Substance Use Disorder, Behavioral Health.

Base Benchmark Plan: A partial day program must be licensed or approved by the state and must include either a day or evening treatment program, which lasts at least six or more continuous hours per day for mental health or substance abuse, or an intensive outpatient program, which lasts 3 or more continuous hours per day for treatment of alcohol or drug dependence.

Base Benchmark Benefit that was Substituted:

Generic Drugs, Including Specialty & Biological

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:

Duplication: Covered under the Virginia Medicaid State Plan as Prescribed Drugs under EHB 6: Prescription Drugs.

Base Benchmark Plan: Anthem national formulary medications.

Base Benchmark Benefit that was Substituted:

Preferred Brand Drugs, Including Specialty & biolo

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 Virginia Medicaid State Plan as Prescribed Drugs under EHB 6:



Alternative Benefit Plan

Prescription Drugs. Base Benchmark Plan: Anthem national formulary medications.		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Non-preferred Brand Drugs, Incl Spec & Biological"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Prescribed Drugs under EHB 6: Prescription Drugs. Base Benchmark Plan: Anthem national formulary medications."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Off-Label Drugs & Cancer Drugs"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Only Covered under the Virginia Medicaid State Plan as EPSDT Services for children under 21 under EHB 10: Pediatric Services, Oral & Vision. Base Benchmark Plan: Drugs and other outpatient prescription medications for palliative care and pain management covered under hospice benefit."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Medical Food Supplements"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Home Health Services--Supplies, Equipment & Appliances under EHB 7: Rehabilitation, Habilitation Services and Devices. Base Benchmark Plan: Special Medical formulas which are the primary source of nutrition for covered persons with inborn errors of amino acid or organic acid metabolism, metabolic abnormality or severe protein or soy allergies. These formulas must be prescribed by a physician and required to maintain adequate nutritional status."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Injectable Drugs & Drugs Admin in Outpatient Setti"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Duplication: Covered under the Virginia Medicaid State Plan as Prescribed Drugs under EHB 6: Prescription Drugs."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Rehabilitation/Habilitation Services"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Inpatient Hospital Services under EHB 7: Rehabilitative, Habilitative Services & Devices.</p>		<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient Rehabilitation Services</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Physical Therapy & Related Services under EHB 7: Rehabilitative, Habilitative Services & Devices. Base Benchmark Plan: Visit limits accumulate to Physical, Occupational or Speech Therapy limits.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Physical/Occupational Therapy</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Physical Therapy & Related Services under EHB 7: Rehabilitative, Habilitative Services & Devices. Base Benchmark Plan: Limit of 30 visits per member per year.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Speech Therapy</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Physical Therapy & Related Services under EHB 7: Rehabilitative, Habilitative Services & Devices. Base Benchmark Plan: Limit of 30 visits per member per year.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Respiratory Therapy</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Respiratory Care Services under EHB 7: Rehabilitative, Habilitative Services & Devices.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Cardiac Rehabilitation Therapy</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="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 Virginia Medicaid State Plan as Physicians' Services under EHB 7: Rehabilitative, Habilitative Services & Devices.</p>		



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: Home Health Care</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Substitution: Covered under the Virginia Medicaid State Plan as Home Health Services--Intermittent and Part Time, and Home health Aide Services under EHB 1: Ambulatory Patient Services. Base Benchmark Plan: Limited to 100 visits per member per year.</p>		
<p>Base Benchmark Benefit that was Substituted: Prosthetics</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Prosthetic Devices under EHB 7: Rehabilitative, Habilitative Services & Devices.</p>		
<p>Base Benchmark Benefit that was Substituted: Durable Medical Equipment</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Home Health Services--Medical Supplies, Equipment & Appliances under EHB 7: Rehabilitative, Habilitative Services & Devices.</p>		
<p>Base Benchmark Benefit that was Substituted: Medical Supplies</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Home Health Services--Medical Supplies, Equipment & Appliances under EHB 7: Rehabilitative, Habilitative Services & Devices.</p>		
<p>Base Benchmark Benefit that was Substituted: Diagnostic Tests</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the Virginia Medicaid State Plan as Other Laboratory & X-Ray Services under EHB 8: Laboratory Services.</p>		
<p>Base Benchmark Benefit that was Substituted: Preventive Care/Screening/Immunization</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 Virginia Medicaid State Plan as Preventive Services and Screening</p>		



Alternative Benefit Plan

Services under EHB 9: Preventive & Wellness Services, Chronic Pain Management.		Remove
Base Benchmark Benefit that was Substituted: Routine Hearing Screening	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: Duplication: Covered under the Virginia Medicaid State Plan as EPSDT Services under EHB 10: Pediatric Services, Oral and Vision.		
Base Benchmark Benefit that was Substituted: Clinical Trials For Cancer--Substitution	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Substitution: Clinical Trials for Cancer for Adults under EHB1: Ambulatory Services was substituted for Medicaid Personal Care Services. (Clinical Trials are covered for children under EPSDT.) Base Benchmark Plan: Coverage provided as long as the clinical trial is not considered experimental/investigative at Anthem's sole discretion.		
Base Benchmark Benefit that was Substituted: Clin Trials--Life-Threat Disease--Substitution	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Substitution: Clinical Trials for Life Threatening Disease for Adults under EHB1: Ambulatory Services was substituted for Medicaid Personal Care Services. (Clinical Trials are covered for children under EPSDT.) Base Benchmark Plan: Coverage provided as long as the clinical trial is not considered experimental/investigative at Anthem's sole discretion.		
Base Benchmark Benefit that was Substituted: Chiropractic Care--Substitution	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Substitution: Chiropractic care under EHB 1: Ambulatory Services was substituted for Medicaid Personal Care Services.		
Base Benchmark Benefit that was Substituted: Private Duty Nursing--Substitution	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Substitution: Private Duty Nursing Services under EHB 1: Ambulatory Services was substituted for Medicaid Personal Care Services.		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Prescription Contraceptives

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:

Duplication: Covered under the Virginia Medicaid State Plan as Family Planning Services under EHB 6: Prescribed Drugs.

Base Benchmark Benefit that was Substituted:

Services for the Interruption of Pregnancy

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:

Duplication: Covered under the Virginia Medicaid State Plan as Induced Abortion Services only as allowed under the Hyde Amendment under EHB1: Ambulatory Patient Services.

Add



Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:
Base Benchmark

Services for the Interruption of Pregnancy

Remove

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

Abortions are only covered in cases of rape, incest, jeopardy to the life of the mother, or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Services for the interruption of pregnancy that go beyond these instances which are allowed under the Hyde Amendment are not covered.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:
Base Benchmark

Early Intervention Services

Remove

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

This benefit is for infants ages 0-3. Only individuals ages 18-64 are eligible for Medicaid Works.

Add



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

Other:

Add



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

Benefit Provided: Nursing Facility Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Rehabilitation and Long Term Custodial Care		
Other: Must meet institutional level of care		

Benefit Provided: ICF/IID	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: Individuals who meet ICF-IID patient status criteria		

Benefit Provided: Extended Services to Pregnant Women	Source: State Plan 1905(a)	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: Varies by Service	Duration Limit: Varies by Service	
Scope Limit: Varies by Service		
Other: Services are provided in accordance with the State plan benefit described in Attachment 3.1-A, Attachment		



Alternative Benefit Plan

3.1-B, and Supplement 3 to Attachment 3.1-A & B.		Remove
Benefit Provided: Case Management Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Limited to specific groups. See "Other" below.		
Other: Case management services are limited to specific groups of individuals, including: high risk pregnant women and children, seriously mentally ill adults and emotionally disturbed children, youth at risk of serious emotional disturbance, individuals with mental retardation, individuals with mental retardation and related conditions who participate in the Home and Community-Based waivers, recipients of auxiliary grants, foster care children, individuals with developmental disabilities (including autism), and individuals who have an Axis I substance-related disorder.		
Benefit Provided: Comm M. H. Serv--Day Treatment/Partial Hospitaliza	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: 780 Units per fiscal year	Duration Limit: 2-7 or more hours per day until unit limit reached	
Scope Limit: Group sessions may be scheduled multiple times per week in a nonresidential setting		
Other: One unit = 2-3.9 hours, two units = 4-6.9 hours, three units = 7 hours or more. Provided to individuals who require coordinated, intensive, comprehensive treatment but do not require inpatient treatment. If no prior claims found, 5 units provided without authorization, otherwise 3-unit daily limit and 780 annual limit applied.		
Benefit Provided: Comm M. H. Serv--Psychosocial Rehabilitation	Source: State Plan 1905(a)	
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	



Alternative Benefit Plan

Amount Limit: 2 assessments/FY; 936 units--rehab/FY	Duration Limit: 2-7 or more hours per day until unit limit reached	Remove
Scope Limit: Group sessions may be scheduled multiple times per week in a nonresidential setting		
Other: One unit = 2-3.9 hours, two units = 4-6.9 hours, three units = 7 hours or more. Provided to individuals who without the treatment would be unable to remain in the community. If no prior claims found, 10 units provided without authorization, otherwise 3-unit daily limit and 936 annual limit applied.		
Benefit Provided: Comm M. H. Serv--Crisis Intervention	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: 180 hrs/FY-intervention; 60 days/FY-stabilization	Duration Limit: For stabilization: 8 hrs/day max; 15 day max	
Scope Limit: Assessing crisis, short-term counseling, access to further assessment and follow-up. Office, home, phone.		
Other: Registration required		
Benefit Provided: Comm M. H. Serv--Intensive Community Treatment	Source: State Plan 1905(a)	Remove
Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	
Amount Limit: 2 assessments/FY; 130 hours treatment/FY	Duration Limit: Initial 26 weeks/FY; additional 26 weeks with auth	
Scope Limit: Psychotherapy, psych assessment, medication management, case management for those at risk of psychiatric hospitalization.		
Other: 26 weeks authorized after initial assessment; 26 additional weeks authorized after written assessment and certification by qualified mental health provider.		
Benefit Provided: Comm M. H. Serv--Mental Health Support Services	Source: State Plan 1905(a)	



Alternative Benefit Plan

Authorization: Authorization required in excess of limitation	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: 2 assessments/FY; 372 units treatment/FY	Duration Limit: May be authorized for 6 consecutive months	
Scope Limit: Reinforcement of functional skills, activities of daily living, use of community resources, monitoring of health, nutrition, physical condition to individuals who without the treatment would be unable to remain in the community.		
Other: One unit = 2-2.9 hours, two units = 3-4.9 hours, three units = 5 - 6.0 hours, four units = 7 or more hours per day.		
Add		

PRA Disclosure Statement

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

V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Assurances

ABP7

EPSDT Assurances

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

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

Yes

- The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).
- The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

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

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

Per 42 CFR 440.345, please describe how the additional benefits will be provided, how access to additional benefits will be coordinated and how beneficiaries and providers will be informed of these processes in order to ensure individuals have access to the full EPSDT benefit.

Indicate whether additional EPSDT benefits will be provided through fee-for-service or contracts with a provider:

- State/territory provides additional EPSDT benefits through fee-for-service.
- State/territory contracts with a provider for additional EPSDT services.

Other Information regarding how ESPDT 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



Alternative Benefit Plan

- 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.
- 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).

PRA Disclosure Statement

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V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

Managed care.

Managed Care Organizations (MCO).

Prepaid Inpatient Health Plans (PIHP).

Prepaid Ambulatory Health Plans (PAHP).

Primary Care Case Management (PCCM).

Fee-for-service.

Other service delivery system.

Managed Care Options

Managed Care Assurance

The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

The Alternative Benefit Plan for a portion of the Medicaid Buy-In population is already functioning under managed care. As such it already has well-established member, stakeholder, and provider outreach efforts under way. DMAS and its stakeholder partners will continue to monitor these efforts to ensure efficient and effective delivery of managed care services to this population. If additional services are needed, the services will be provided through the fee-for-service program.

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:

Jul 1, 2013

Describe program below:

The Virginia Medicaid Managed Care program operating with contracted MCOs was initially approved by CMS January 1, 1996. The latest CMS re-approval of this program was July 1, 2013. Since its inception, this program has continued to expand the number of populations covered as well as the geographical area served. In July 2013, the managed care program expanded to cover the entire state of Virginia. Medicaid Buy-In individuals are enrolled in Medicaid MCOs unless they have other health insurance coverage (TPL), including Medicare. Individuals that have TPL are enrolled in the Medicaid fee-for-service (FFS) program and receive wrap-around coverage, including any ABP services not provided by the primary health insurer, through the FFS program.

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.

The Medicaid fee-for-service (FFS) system provides services to Medicaid-eligible individuals state-wide. The program covers newly-Medicaid-enrolled individuals until they can enroll in a Medicaid-contracted MCO in the managed care program. It also covers the following services and individuals that are carved out of or excluded from the managed care program: community mental health rehabilitative services, IEP school health services, targeted case management services provided to seriously mentally ill individuals, lead contamination investigations by local health departments, abortions (except when the life of the mother is in danger), dental services for children, home and community-based waiver services, early intervention services, therapeutic foster care, Plan First Family Planning program services, hospice services, nursing facility care, and psychiatric residential treatment facility programs. The FFS program provides dental health services for children and an array of mental health services for Medicaid individuals through administrative service organizations (ASOs). Transportation services are provided through a capitated arrangement with a private contractor.

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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

V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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.

No

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

PRA Disclosure Statement

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Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

General Assurances

ABP10

Economy and Efficiency of Plans

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

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

Yes

Compliance with the Law

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

PRA Disclosure Statement

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Alternative Benefit Plan

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OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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.

PRA Disclosure Statement

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V.20130917

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATE-
OTHER TYPES OF CARE

Reimbursement for preventive nutritional therapy as defined per Supplement 3 to Attachment 3.1-A&B page 2 of 8 under Preventative Services shall be paid at the lowest of: The State Agency Fee Schedule, actual charges or Medicare (Title XXVIII) allowances. Nutritional providers are defined per Supplement 3, Attachment 3.1 A & B, pages 1 & 2.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of preventive nutritional therapy services. The agency's fee schedule (rate) was last updated on January 1, 2014 and is effective for services provided on or after that date. All rates are published on the agency's website at:

www.dmas.virginia.gov

Payment for preventive nutritional therapy shall be limited to CPT code 97802 (4 units in 12 months) and CPT code 97803 (2 units in 12 months). The payment unit of service is a time-based code where 1 unit is equivalent to 15 minutes.

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Supersedes

TN No. New Page