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State/Territory Name: United States Virgin Islands

State Plan Amendment (SPA) #: 15-0002

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
New York Regional Office
26 Federal Plaza, Room 37-100
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATION

May 28, 2015

Renee Joseph Rhymer
Medicaid Director
Department of Human Services
1303 Hospital Ground
Knud Hansen Complex, Building A
St. Thomas, United States Virgin Islands 00802

Dear Ms. Joseph-Rhymer:

Enclosed for your records is an approved copy of the United States Virgin Islands Alternative Benefit Plan (ABP) state plan amendment (SPA) 15-0002. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL) on May 8, 2015, meets federal statutory and regulatory requirements for establishing an ABP. This SPA is approved effective as of May 1, 2015 as requested by the United States Virgin Islands.

CMS is aware that the United States Virgin Islands require additional transition time for a benefit in its Alternative Benefit Plan SPA in order to make funding operational adjustments to bring the APB into full compliance. Approval of this ABP SPA is contingent upon CMS's receipt of an approval for the following SPA.

- A SPA to provide organs and tissue transplant coverage to all Medicaid eligible adults with an implementation date of July 1, 2016.

The pages originally submitted by the United States Virgin Islands have been replaced by the revised pages submitted by the United States Virgin Islands via the MMDL on May 8, 2015. Enclosed are copies of the approved ABP state plan pages to be incorporated into the United States Virgin Islands' state plan.

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 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.

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Ivelisse Salce at 212-616-2411 or at Ivelisse.Salce@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Melendez". The signature is fluid and cursive, with a large loop at the end.

Michael Melendez
Associate Regional Administrator
Division of Medicaid and Children's Health
Enclosure



- logged in as ISALCE(CMS CO Staff)
- read only mode
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Medicaid Alternative Benefit Plan
VI.1637.R00.00 - May 01, 2015

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Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

- State/Territory name:
Virgin Islands
- 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.
TN 15-002

- Proposed Effective Date
05/01/2015 (mm/dd/yyyy)

- Federal Statute/Regulation Citation
Section 1937 of Social S

- Federal Budget Impact

	<u>Federal Fiscal Year</u>	<u>Amount</u>
<u>First Year</u>	2015	

Federal Fiscal Year	Amount
	\$ 0.00
Second Year 2016	\$ 0.00

• Subject of Amendment

Character Count: _____ out of 2000

US Virgin Islands
Alternative Benefit

• Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

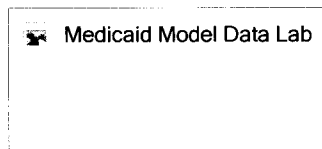
Describe: _____

- No reply received within 45 days of submittal
- Other, as specified

Describe: _____

• Signature of State Agency Official

- Submitted By:
Renée Joseph-Rhymer
- Last Revision Date:
May 8, 2015
- Submit Date:
Mar 12, 2015
-



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Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Alternative Benefit Plan Populations ABP1

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

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

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

Geographic Area

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

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

PRA Disclosure Statement

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

V.20130724



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1

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

Yes

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

USVI has fully aligned the benefits in its ABP with its approved Medicaid state plan by selecting Secretary-approved coverage as its benchmark and using duplication and substitution for the EHB benefits in its base benchmark plan, Blue Cross and Blue Shield Service Benefit Plan - Basic Option (FEHBP), and including remaining Medicaid state plan services as other 1937 covered benefits that are not EHBs.

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Alternative Benefit Plan Cost-Sharing

ABP4

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

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

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

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20130807



Alternative Benefit Plan

State Name: U.S. Virgin Islands

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: VI - 15 - 0002

OMB Expiration date: 10/31/2014

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:

Blue Cross and Blue Shield Benefit Plan - Basic Option (FEHBP)

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

1. Essential Health Benefit: Ambulatory patient services Collapse All

Benefit Provided: Outpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Except when provided by hospitals operated under the authority of the VI Hospital and Health Facilities Corporation, outpatient hospital services require prior authorization by the Medical Assistance Program at the Department of Human Services.		

Benefit Provided: Physician Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: - Except when provided by the clinics operated by the Department of Health or the Federally Qualified Health Centers (FQHCs) or as part of an inpatient or outpatient hospital service, on-island physician services require prior authorization by the clinics operated by the Department of Health or the FQHCs. - Off-island physician services require prior authorization by the Medical Assistance Program at the Department of Human Services.		

Benefit Provided: Certified Pediatric or Family Nurse Practitioner	Source: State Plan 1905(a)	Remove
Authorization: Other	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:

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island certified pediatric or family nurse practitioner services require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island certified pediatric or family nurse practitioner services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health, on-island clinic services require prior authorization by the clinics operated by the Department of Health.
- Off-island clinic services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Family Planning Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island family planning services and supplies require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island family planning services and supplies require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Medical and Surgical Services by a Dentist

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided in an inpatient hospital setting in the Virgin Islands, by the clinics operated by the Department of Health, or the FQHCs, on-island medical and surgical services by a dentist require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island medical and surgical services by a dentist require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Other Licensed Practitioners: Podiatry Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island podiatry services and supplies require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island podiatry services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Dental Services (for Adults)

Source:

State Plan 1905(a)

Remove

Authorization:

Other

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:

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island dental services require prior authorization by the clinics operated by the Department of Health or the FQHCs.
 - Off-island dental services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Home Health Services-Intermittent and Part-time RN

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island home health services - intermittent and part-time RN services require prior authorization by the clinics operated by the Department of Health or the FQHCs.
 - Off-island home health services - intermittent and part-time RN services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

FQHCs

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

FQHC services provided off-island require prior authorization by the Medical Assistance Program at the Department of Human Services.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Emergency Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Emergency hospital services provided off-island require retroactive authorization by the Medical Assistance Program at the Department of Human Services within 72-hours of the date of service in order to receive payment.

Benefit Provided:

Other Medical Services - Emergency Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Prior authorization is required for all emergency transportation except for ground or boat emergency ambulance services within the USVI.
- This benefit includes emergency travel within an island, inter-island, and off-island to Puerto Rico or the contiguous United States by ground, boat, and air ambulance.
- Emergency ambulance services provided to USVI Medicaid members off-island require retroactive authorization by the Medical Assistance Program at the Department of Human Services within 72-hours of the date of service in order to receive payment.

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Except when provided by hospitals operated under the authority of the VI Hospital and Health Facilities Corporation, inpatient hospital services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island nurse midwife services require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island nurse midwife services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Inpatient Hospital Services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Except when provided by hospitals operated under the authority of the VI Hospital and Health Facilities Corporation, inpatient hospital services - maternity require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Physicians Services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Other

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:

- Except when provided by the clinics operated by the Department of Health or the FQHCs or as part of an inpatient or outpatient hospital service, on-island physician services - maternity require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island physician services - maternity require prior authorization by the Medical Assistance Program at the Department of Human Services.

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:	Source:	Remove
Inpatient Hospital Services - MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
This benefit does not include services in an Institution for Mental Disease (IMD).		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Except when provided by hospitals operated under the authority of the VI Hospital and Health Facilities Corporation, inpatient hospital services - MH/SUD require prior authorization by the Medical Assistance Program at the Department of Human Services.		

Benefit Provided:	Source:	Remove
Outpatient Hospital Services - MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Except when provided by hospitals operated under the authority of the VI Hospital and Health Facilities Corporation, outpatient hospital services - MH/SUD require prior authorization by the Medical Assistance Program at the Department of Human Services.		

Benefit Provided:	Source:	Remove
Physician Services - MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Alternative Benefit Plan

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

- Except when provided in an inpatient hospital setting in the Virgin Islands, by the clinics operated by the Department of Health, or the FQHCs or as part of an inpatient or outpatient hospital service, on-island physician services - MH/SUD require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island physician services - MH/SUD require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Other Practitioner: Psychologist Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island psychologist services require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island psychologist services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

Clinic Services - MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health, on-island clinic services - MH/SUD require prior authorization by the clinics operated by the Department of Health.
- Off-island clinic services - MH/SUD require prior authorization by the Medical Assistance Program at the Department of Human Services.



Alternative Benefit Plan

Benefit Provided: FQHCs - MH/SUD	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: FQHC - MH/SUD services provided off-island require prior authorization by the Medical Assistance Program at the Department of Human Services.		
		Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The U.S. Virgin Islands ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescription drugs.



Alternative Benefit Plan

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

Benefit Provided: Home Health Services - PT/OT/ST/Audiology	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; padding: 5px;"><ul style="list-style-type: none">- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island home health services - PT/OT/ST/audiology require prior authorization by the clinics operated by the Department of Health or the FQHCs.- Off-island home health services - PT/OT/ST/audiology require prior authorization by the Medical Assistance Program at the Department of Human Services.</div>		

Benefit Provided: Home Health Svcs - Med. Supp, Equip & Appliances	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; padding: 5px;">Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island home health services medical supplies require prior authorization by the clinics operated by the Department of Health or the FQHCs. Off island home health services - medical supplies, equipment & appliances require prior authorization by the Medical Assistance Program at the Department of Human Services. On island home health services equipment and appliances (including oxygen) require prior authorization by the Medical Assistance Program at the Department of Human Services.</div>		

Benefit Provided: Orthopedic and Prosthetic Devices	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	



Alternative Benefit Plan

Amount Limit:

See "Other information"

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:

- Off-island and on island orthopedic and prosthetic devices require prior authorization by the Medical Assistance Program at the Department of Human Services.
- One hearing aid per ear every 2 years - may be exceeded based on medical necessity.

Benefit Provided:

PT & Related Services - Physical Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provided for both rehabilitative and habilitative purposes.

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island physical therapy requires prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island physical therapy requires prior authorization by the Medical Assistance Program at the Department of Human Services.

Benefit Provided:

PT & Related Services - Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provided for both rehabilitative and habilitative purposes.

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island occupational therapy requires prior authorization by the clinics operated by the Department of Health or the FQHCs.



Alternative Benefit Plan

- Off-island occupational therapy requires prior authorization by the Medical Assistance Program at the Department of Human Service.

Benefit Provided:

PT & Related Services - Speech, Hearing & Language

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Provided for both rehabilitative and habilitative purposes.

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island speech, hearing & language therapy requires prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island speech, hearing & language therapy requires prior authorization by the Medical Assistance Program at the Department of Human Services.

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island lab and x-ray services require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island lab and x-ray services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Source:

Remove

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

- Except when provided by the clinics operated by the Department of Health or the FQHCs EPSDT services require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island EPSDT services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Collapse All

Base Benchmark Benefit that was Substituted:

Source:

Remove

Treatment Therapies

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 US Virgin Islands Medicaid State Plan as Physician or Outpatient Hospital Services in EHB 1: Ambulatory patient services and Inpatient Hospital Services in EHB 3: Hospitalization. Treatment Therapies include, for example, chemotherapy and radiation therapy, renal dialysis, and outpatient cardiac rehab.

Base Benchmark Benefit that was Substituted:

Source:

Remove

Outpatient Hospital or Ambulatory Surgical Center

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 US Virgin Islands Medicaid State Plan as Outpatient Hospital Services in EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Source:

Remove

Diagnostic and Treatment Services

Base Benchmark

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

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Physician Services, Certified Pediatric or Family Nurse Practitioner, Clinic Services, and FQHCs in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Source:

Remove

Allergy Care

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 US Virgin Islands Medicaid State Plan as Physician Services, Clinics and FQHCs in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Source:

Remove

Anesthesia

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 US Virgin Islands Medicaid State Plan as Physician Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Source:

Remove

Surgical Procedures

Base Benchmark



Alternative Benefit Plan

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

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Physician Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Family Planning

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 US Virgin Islands Medicaid State Plan as Family Planning Services and Supplies in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Oral and Maxillofacial Surgery

Source:

Base Benchmark

Remove

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

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Medical and Surgical Services provided by a Dentist and Physician Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Home Health 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 US Virgin Islands State Plan as Home Health Services-Intermittent and Part-time RN in EHB 1: Ambulatory patient services.

The base benchmark is limited to 25 visits per year, up to two hours per visit.

Base Benchmark Benefit that was Substituted:

Foot Care

Source:

Base Benchmark

Remove

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

Duplication: Covered under the US Virgin Islands Medicaid State Plan as OLP: Podiatry Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Educational Classes and Programs

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 US Virgin Islands Medicaid State Plan in EHB 9: Preventive and wellness services and chronic disease management.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Alternative Treatments	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: Since this benefit includes only acupuncture by a physician, it is covered under the US Virgin Islands Medicaid State Plan as Physician Services in EHB 1: Ambulatory patient services.		
Base Benchmark Benefit that was Substituted: Chiropractic	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: Dental Services (for Adults) from the US Virgin Islands Medicaid State plan was used as a substitute for Chiropractic in EHB 1: Ambulatory patient services. The base benchmark covers one office visit per CY and one set of X-rays per CY.		
Base Benchmark Benefit that was Substituted: Infertility 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: Substitution: Dental Services (for Adults) from the US Virgin Islands Medicaid State plan was used as a substitute for Infertility Treatment in EHB 1: Ambulatory patient care. The base benchmark covers diagnosis and treatment of infertility except for assisted reproductive technology (ART) procedures.		
Base Benchmark Benefit that was Substituted: Manipulative 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: Manipulative Treatment by a physician is covered under the US Virgin Islands Medicaid State Plan as a Physician Service in EHB 1: Ambulatory patient services. The base benchmark covers 20 visits per year.		
Base Benchmark Benefit that was Substituted: Accidental Injury	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 US Virgin Islands Medicaid State Plan as Emergency Hospital Services in EHB 2: Emergency Services.		
Base Benchmark Benefit that was Substituted: Medical Emergency	Source: Base Benchmark	Remove



Alternative Benefit Plan

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

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Emergency Hospital Services in EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

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 US Virgin Islands Medicaid State Plan as Other Medical Services - Emergency Transportation in EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital

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 US Virgin Islands Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Organ/Tissue Transplants

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 US Virgin Islands Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery

Source:

Base Benchmark

Remove

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

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Maternity Care

Source:

Base Benchmark

Remove

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

Duplication: Covered under the US Virgin Islands Medicaid State Plan through Nurse Midwife Services, Inpatient Hospital Services - Maternity and Physician Services - Maternity in EHB 4: Maternity and Newborn Care.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Lab, X-Ray and Other Diagnostic Tests	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 US Virgin Islands Medicaid State Plan as Other Laboratory and X-Ray services in EHB 8: Laboratory services.		
Base Benchmark Benefit that was Substituted: Hospice Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the US Virgin Islands Medicaid State Plan for individuals under age 21, including concurrent care, as EPSDT in EHB 10: Pediatric services including oral and visions care. Substitution: Dental services (for Adults) from the US Virgin Islands Medicaid State plan was used as a substitute for Hospice Care for adults in EHB 1: Ambulatory patient services. The base benchmark covers home hospice and inpatient hospice. Inpatient hospice benefits are provided for up to seven consecutive days in a facility licensed as an inpatient hospice facility. Each inpatient stay must be separated by at least 21 days of traditional home hospice care.		
Base Benchmark Benefit that was Substituted: Durable Medical Equipment (DME)	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 US Virgin Islands Medicaid State Plan as Home Health services - Medical Supplies, Equipment and Appliances in EHB 7: Rehabilitative and Habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Hearing Services (testing, treatment, supplies)	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 US Virgin Islands Medicaid State Plan as Physician Services, Clinic Services and Outpatient Hospital Services in EHB 1: Ambulatory patient services; and as PT and Related Services - Speech, Hearing & Language in EHB 7: Rehabilitative Habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Medical Supplies	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 US Virgin Islands Medicaid State Plan benefit as Home Health Services - Medical Supplies, Equipment and Appliances in EHB 7: Rehabilitative and Habilitative services and devices.		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Orthopedic and Prosthetic Devices	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the US Virgin Islands Medicaid State Plan as Orthopedic and Prosthetic Devices in EHB 7: Rehabilitative and Habilitative services and devices.		
Base Benchmark Benefit that was Substituted: PT, OT, ST and Cognitive 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 US Virgin Islands Medicaid State Plan as Outpatient Hospital Services in EHB 1: Ambulatory patient services; as Home Health Services - PT/OT/ST/Audiology, PT and Related Services - Physical Therapy, PT and Related Services - Occupational Therapy, and PT and Related Services - Speech, Hearing & Language in EHB 7: Rehabilitative and Habilitative services and devices. The base benchmark benefit is limited to 50/PT/OT/ST visits combined per calendar year.		
Base Benchmark Benefit that was Substituted: Inpatient Hospital or Other Covered Facility	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 US Virgin Islands Medicaid State Plan as Inpatient Hospital Services - MH/SUD in EHB 5: MH and SUD services.		
Base Benchmark Benefit that was Substituted: Outpatient Hospital or Other Covered Facility	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 US Virgin Islands Medicaid State Plan as Outpatient Hospital Services - MH/SUD and Clinic Services - MH/SUD in EHB 5: MH and SUD services.		
Base Benchmark Benefit that was Substituted: Professional 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 US Virgin Islands Medicaid State Plan as Outpatient Hospital Services - MH/SUD, Physician Services - MH/SUD, Other Practitioner: Psychologist Services, Clinic Services - MH/SUD, and FQHCs - MH/SUD in EHB 5: MH and SUD services.		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Covered Medications and Supplies	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 US Virgin Islands Medicaid State Plan as Prescribed Drugs in EHB 6: Prescription Drugs.		
Base Benchmark Benefit that was Substituted: Preventive Care, Adult	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the US Virgin Islands Medicaid State Plan in EHB 9: Preventive and wellness services and chronic disease management.		
Base Benchmark Benefit that was Substituted: Preventive Care, Children	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under the US Virgin Islands Medicaid State Plan as EPSDT in EHB 10: Pediatric services including oral and vision care.		
		Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:

Remove

Vision Services (testing, treatment and supplies)

Base Benchmark

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

Routine non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:

Remove

Dental Benefit

Base Benchmark

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

Non-pediatric routine dental services are an excepted benefit pursuant to 45 CFR 156.115(d)

Add



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Non-Emergency Medical Transportation (NEMT)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

- NEMT must be prior authorized by the Medical Assistance Program at the Department of Human Services.
- On-island NEMT services include bus, taxi, automobile, ground ambulance and common carriers.
- Inter-island NEMT services include airplanes, seaplanes, boat and air ambulance services.
- Off-island NEMT to Puerto Rico and the contiguous United States includes commercial airplanes and air ambulance services.

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "Other"

Other:

Limited to one pair of eyeglasses/contact lenses every 12 months unless prior authorized by the Medical Assistance Program at the Department of Human Services.

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Other:

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island denture services require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island denture services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Other 1937 Benefit Provided:

Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Recipients must meet nursing facility level of care as determined by the Medical Assistance Program at the Department of Human Services.

Other 1937 Benefit Provided:

Physicians' Services: Optometrists' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island optometry services and supplies require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island optometry services require prior authorization by the Medical Assistance Program at the Department of Human Services.

Other 1937 Benefit Provided:

Respiratory Care Services



Alternative Benefit Plan

Source:		<input type="button" value="Remove"/>
<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>		
Authorization:	<input type="text" value="Other"/>	Provider Qualifications:
		<input type="text" value="Medicaid State Plan"/>
Amount Limit:	<input type="text" value="None"/>	Duration Limit:
		<input type="text" value="None"/>
Scope Limit:	<input type="text" value="None"/>	
Other:	<input type="text" value="- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island respiratory care services and supplies require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island respiratory services require prior authorization by the Medical Assistance Program at the Department of Human Services.
On island respiratory care services equipment and appliances (including oxygen) require prior authorization by the Medical Assistance Program at the Department of Human Services."/>	
Other 1937 Benefit Provided:		<input type="button" value="Remove"/>
<input type="text" value="Home Health Services - Home Health Aide"/>		Source:
		<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization:	<input type="text" value="Other"/>	Provider Qualifications:
		<input type="text" value="Medicaid State Plan"/>
Amount Limit:	<input type="text" value="None"/>	Duration Limit:
		<input type="text" value="None"/>
Scope Limit:	<input type="text" value="None"/>	
Other:	<input type="text" value="- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island home health services - home health aide requires prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island home health services - home health aide requires prior authorization by the Medical Assistance Program at the Department of Human Services."/>	
Other 1937 Benefit Provided:		<input type="button" value="Remove"/>
<input type="text" value="Extended Services for Pregnant Women"/>		Source:
		<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization:	<input type="text" value="Other"/>	Provider Qualifications:
		<input type="text" value="Medicaid State Plan"/>



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

- Except when provided by the clinics operated by the Department of Health or the FQHCs, on-island extended services for pregnant women require prior authorization by the clinics operated by the Department of Health or the FQHCs.
- Off-island extended services for pregnant women require prior authorization by the Medical Assistance Program at the Department of Human Services.

Add



Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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PRA Disclosure Statement

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.20140415



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Benefits Assurances ABP7

EPSDT Assurances

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

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

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

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

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

Other Information regarding how 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

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.
- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.



Alternative Benefit Plan

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

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Service Delivery Systems

ABPS

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

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

Select one or more service delivery systems:

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

Fee-For-Service Options

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

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

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

The total population of the US Virgin Islands is approximately 110,000. The Virgin Islands currently has over 15,000 beneficiaries in its Medicaid program in FY 2015 and that is projected to increase to over 20,000 in FY 2016. The VI currently covers children, parents, and pregnant women up to 75% of the FPL which is equal to 133% of the local Virgin Islands Poverty Level (VIPL). The aged, blind, and disabled are covered up to 100% of the FPL (177% VIPL). During FY 2015 VI will expand its program further to cover the new adult group up to 133% of the VIPL.

The Medicaid program provides health care benefits to its beneficiaries through a fee-for-service system on the three islands. This is done through the two hospitals, two FQHCs, Department of Health clinics, private providers, and off-island health care facilities in Puerto Rico and on the Mainland. There are nearly 300 providers enrolled in the program overall. There is no managed care enrollment in the USVI Medicaid program at this time.

The VI Medicaid program is operated under an annual Federal Medicaid funding ceiling which currently is \$16.4 million in FY 2015, an FY 2015 CHIP allotment of \$4.6 million, and has \$298.7 million in ACA funding available through 2019. The normal Medicaid matching rate for the VI is 55% for Medicaid and 68.50 % for CHIP. The VI has been approved as an "expansion State" by CMS under the ACA which has increased the normal Medicaid matching rate to 57.2% for CYs 2014 and 2015 and will enable them to receive a further enhanced Federal matching for the new adult group of 82.88 percent beginning in 2015 and increasing to 90 % in 2020 and beyond. The MMIS in the VI processes from 1,500 to over 2,000 claims per week for all benefits except pharmacy which is managed and reimbursed through a PBM.

Additional Information: Fee-For-Service (Optional)

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



Alternative Benefit Plan

PRA Disclosure Statement

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V.20130718



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L

Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	<input type="checkbox"/> No
The state/territory otherwise provides for payment of premiums.	<input type="checkbox"/> No
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

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.



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-

General Assurances	
Economy and Efficiency of Plans	
<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Yes
Compliance with the Law	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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).	
<input checked="" type="checkbox"/> The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.	

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Alternative Benefit Plan

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Attachment 3.1-

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

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