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State/Territory Name: WI

State Plan Amendment (SPA) #: 13-034

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

April 18, 2014

Marlia Mattke, Associate Deputy Administrator
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
P. O. Box 309
Madison, Wisconsin 53701-0309

RE: Wisconsin State Plan Amendment (SPA) Transmittal Number 13-034

Dear Ms. Mattke:

Enclosed for your records is an approved copy of Wisconsin's proposed Alternative Benefit Plan (ABP) state plan amendment TN# 13-034. This ABP, which was submitted on Jan. 21, 2014, meets all federal statutory and regulatory requirements for establishing an ABP. The state has selected (the) UnitedHealthcare Insurance Company-Choice Plus 2013 base benchmark and has chosen to align the benefits with its currently approved section 1905(a) Medicaid State plan.

All requirements pertaining to Alternative Benefit Plans must be met including payment rates and reimbursement methodologies, cost-sharing state plan pages, and (if applicable) managed care service delivery systems. These must be updated as necessary to reflect other changes required by federal statute and regulation within allowable parameters.

This ABP SPA is approved effective 1/1/2014 as requested by the state/territory.

If you have any additional questions, please have a member of your staff contact Charles Friedrich at (608) 442-9125 or Charles.Friedrich@cms.hhs.gov.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Amy Callendar, Wisconsin Department of Health Services
Al Matano, Wisconsin Department of Health Services

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Wisconsin
 Transmittal Number: WI-13-034

Proposed Effective Date: 1/1/2014

Federal Statute/Regulation Citation: Sec. 1937 of the Social Security Act

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|-------------|---------------------|--------|
| First Year | 2014 | \$ 0 |
| Second Year | 2015 | \$ 0 |

Subject of Amendment: Resubmission of FosterCare Health Home Benchmark plan, approved amendment 11-016.

Governor's Office Review Governor's office reported no comment

- Comments of Governor's office received
- No reply received within 45 days of submittal
- Other, as specified

Signature of State Agency Official
 Submitted by:
 Date Submitted:

Alfred Matano
 Jan. 21. 2014

| | |
|---|--|
| DATE RECEIVED: 1/21/2014 | DATE APPROVED: 4/18/14 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2014 | SIGNATURE OF REGIONAL OFFICIAL: /s/ |
| TYPED NAME Verlon Johnson | TITLE Associate Regional Administrator |



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- F

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? | |
|---|--|---------------------------------------|---|
| + | Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care | Voluntary | X |
| + | Children with Non-IV-E Adoption Assistance | 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.

Select a method of geographic variation:

- By county.
- By region.
- By city or town.
- Other geographic area.

Specify counties:

The geographic area includes the following six Southeast counties:
 Kenosha
 Milwaukee
 Ozaukee
 Racine
 Washington
 Waukesha

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



Alternative Benefit Plan

PRA Disclosure Statement

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

V.20130724



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- F

Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act ABP2b

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
 - a) Enrollment is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
 - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
 - a) The benefits available under the Alternative Benefit Plan; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

The Department will inform individuals about voluntary enrollment at various points following the child's placement into out-of-home care. Parent(s) or legal guardians receive a notice after their child is placed in care, which identifies the benefits of the program and explains the voluntary nature of the Care4Kids program. The Department will make multiple attempts to communicate with the parent(s) or legal guardians to review the program and confirm the parent(s) or legal guardians choice of health care plan. During contact parent(s) or legal guardians are informed the program is voluntary, there is no cost sharing, the benefits provided by Care4Kids, and that they are able to disenroll at any time for any reason. Parents who determine they do not wish to enroll their child will receive a letter reminding them of their option to enroll and the benefits of enrolling in the Care4Kids Program. Parent(s) or legal guardians who do not have a phone number will receive a letter providing them with information regarding the voluntary nature of the Care4Kids program, the benefits their child will receive if they choose to enroll, and the process for disenrollment. The document will provide contact information should they have questions regarding the Care4Kids program. Parent(s) or legal guardians will also be notified that if they do not contact the department the courts may give consent for the child to be enrolled in the Care4Kids program.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

An attachment is submitted.



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When did/will the state/territory inform the individuals?

Following the removal of a child from their home, the Department of Children and Families (DCF) will promptly provide the parent(s) or legal guardian with a Department approved handout describing the voluntary nature of the Care4Kids program. The handout will provide additional information including a short list of benefits available to the child if he/she enrolls in the Care4Kids program, notice of the parent(s) or legal guardian's right to disenroll the child from the program at any time, and that the Department will be attempting to make contact with the parent(s) or legal guardian in the very near future.

After the child's placement in out-of-home care, the Department will begin multiple attempts to make contact with the parent(s) or legal guardians if contact information was provided. When contact is made with the parent(s) or legal guardian, the Department will provide a verbal comparison of the benefits of the Care4Kids and the state Medicaid plan. The Department will also emphasize the voluntary nature of the program, that there is no cost sharing, and the parent(s) or legal guardian's right to disenroll from the program at any time. Parents who determine they would like to enroll their child in Care4Kids are informed they will receive a "member handbook" from the provider in the near future. The member handbook informs parents that they have the right to voluntarily disenroll their child from Care4Kids at any time and for any reason. Parents who determine they do not wish to enroll their child will receive a letter reminding them of their option to enroll and the benefits of enrolling in the Care4Kids Program.

When the Department is not able to make contact with the parent(s) or legal guardians, the Department will send a letter to the parents. The letter will provide information regarding the voluntary nature of the Care4Kids program, the benefit comparison between the state Medicaid plan and the Care4Kids plan, and the right to disenroll their child at any time. The Department will provide a description of the process to disenroll their child and contact information should they have questions or wish to disenroll their child. Additionally, when the parent(s) or legal guardians are not available, the Department will notify DCF and request involvement of the courts to allow enrollment of the child in the Care4Kids program.

In summary, the parents will receive information regarding enrollment, disenrollment, and benefits at the following points during their child's out-of-home care:

- When the child is initially removed from the home, the Child Welfare Worker will share the one page handout with the parents.
- When the Enrollment Specialist receives the parent(s) contact information, three attempts will be made to contact the parent(s) by phone to share benefit information including the difference between the Medicaid benefit and the Care4Kids benefit, the parent(s) ability to choose either program, the disenrollment process, and to obtain and document their enrollment decision.
- When the Enrollment Specialist is not able to contact the parent(s) via a working phone, they will send the parent(s) a letter providing information on the benefits, the disenrollment process and their option to enroll their child in the Care4Kids benefit. The letter allows the parent 10 days to contact the Enrollment Specialist and express their choice of benefit.
- When the parent determines, after conversation with the Enrollment Specialist, that they do not wish to have their child enrolled in Care4Kids, the Enrollment Specialist will send the parent a letter reminding them of the benefits of Care4Kid, providing information on their right to enroll their child, if eligible, at any time, and the contact information for the Enrollment Specialist.
- When the parent determines, after conversation with the Enrollment Specialist, that they want to have their child enrolled in the Care4Kids benefit, the parent will receive a Member Handbook that includes additional information related to benefits, their right to disenroll their child at any time, and contact information.
- When the parent is not available and the courts allow enrollment in the Care4Kids program, the parent will receive a Member Handbook that includes additional information related to benefits, their right to disenroll their child at any time, and contact information.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

If at any time after the child is enrolled and the parent/legal guardian is no longer interested in the child receiving the ABP benefit for any reason, they will contact the Enrollment Specialist. The parent/legal guardian will be able to obtain the contact information from the Member Handbook, the Child Welfare Worker and/or the child's Health Care Manager. A toll-free number will be provided to the parent or legal guardian with all informational mailings.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:

- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and



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c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

Describe:

Information will be documented in the state's MMIS.

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:
- The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):

PRA Disclosure Statement

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-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:

The plan includes all benefits, including EPSDT, in the state's approved Medicaid state plan. Care4Kids will also cover additional services focused on specific needs of children in out-of-home care. A key component of the additional services is health care coordination. Children in out-of-home care often have difficulty accessing appropriate medical and behavioral health care in the traditional fee-for-service delivery system. Medical and behavioral care is often fragmented, with no overall care coordination. In addition, many children in out-of-home care have involved medical and behavioral health needs and often lack an accessible, adequately documented medical history. Care4Kids will provide care coordination and enhanced services for children in out-of-home care



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in southeast Wisconsin, where over half of the children in out-of-home care are living.

Selection of Base Benchmark 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):

The state's intent is to provide children in out-of-home care with all the services identified the state's approved state plan. The state's approved plan includes all services listed in the Base Benchmark Plan (see ABP 5). The state's intent is also to link children with identified health needs to services and resources in a coordinated manner to ensure the achievement of desired health outcomes and the effectiveness of health and related health care services.

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

The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan. However, in recognition of the special needs of children in out-of-home care, the PIHP will have the flexibility to offer services in an amount, duration or scope that may be greater than those identified in the state plan. All children in Care4Kids will be provided with services in response to their individual health care needs, as determined by a comprehensive evaluation of their medical, mental, dental and developmental status.

The results of the initial assessments will dictate the amount, duration and scope of services provided to each child. Each child will have a comprehensive health care plan, developed with input from a multidisciplinary team of professionals, with the child's primary care provider and child welfare worker at the center of the team. Other members of the team will depend on the needs of the individual child. Given this framework of service identification, prioritization and delivery, traditional prior authorization requirements could add an unnecessary and redundant barrier to efficient service provision to a population that often require services posthaste. The PIHP will make the determination regarding the need for traditional prior authorization.

PRA Disclosure Statement

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V.20130801



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- F

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):

There is no cost sharing for this ABP.

PRA Disclosure Statement

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

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Attachment 3.1-C-

| Benefits Description | ABP5 |
|---|------|
| <p>The state/territory proposes a “Benchmark-Equivalent” benefit package. <input type="checkbox"/> No</p> <p>Benefits Included in Alternative Benefit Plan</p> <p>Enter the specific name of the base benchmark plan selected:</p> <div data-bbox="99 583 1520 688" style="border: 1px solid black; padding: 5px;">UnitedHealthcare Insurance Company - Choice Plus</div> <p>Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”</p> <div data-bbox="99 793 1520 898" style="border: 1px solid black; padding: 5px;">Secretary-Approved. Wisconsin will have no limitation on services since all individuals in this ABP are children and they are eligible for EPSDT services.</div> | |



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Essential Health Benefit 1: Ambulatory patient services Collapse All

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Services as described in the State Plan and as allowed under Section 1905(a)(5). Physician services are covered whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Services as described in the state plan and allowed under 1905(a)(2)(A).

Benefit Provided:

Home Health Services-Nursing & Home Health Aide

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



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

Services as described in the state plan and allowed under Section 1905(a)(7) of the Social Security Act.

Remove

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Other Licensed Practitioners - Chiropractor | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Services as described in the state plan and allowed under 1905(a)(6). | | |

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Other Licensed Practitioners - Podiatrist | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Services as described in the state plan and allowed under 1905(a)(6). | | |

| | | |
|-----------------------|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Hospice Care Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |



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| | | |
|---|--|---------------------------------------|
| Scope Limit: <input type="text" value="None"/> | | <input type="button" value="Remove"/> |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Services described in the state plan and allowed under 1905(a)(18). Children are allowed concurrent curative care as required under Section 2302 of the ACA."/> | | |
| Benefit Provided: <input type="text" value="Clinic Services"/> | 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" value="No authorization. As allowed under Section 1905(a)(9) of the Social Security Act. This includes services provided in Ambulatory Surgery Centers and dialysis facilities."/> | | |
| <input type="button" value="Add"/> | | |



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services Collapse All

| | | |
|---|---|---------------------------------------|
| Benefit Provided: <input type="text" value="Outpatient Hospital Services/Emergency Room"/> | 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"/> | | |

| | | |
|--|---|---------------------------------------|
| Benefit Provided: <input type="text" value="Outpatient Hospital - Ambulance Transportation"/> | 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" value="Coverage includes ground and air ambulance services."/> | | |



Alternative Benefit Plan

| | | |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization | | Collapse All <input type="checkbox"/> |
| Benefit Provided: | Source: | |
| <input type="text" value="Inpatient Hospitalization"/> | <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: | Provider Qualifications: | |
| <input type="text" value="Other"/> | <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: | Duration Limit: | |
| <input type="text" value="None"/> | <input type="text" value="None"/> | |
| Scope Limit: | | |
| <input type="text" value="None"/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| <input type="text" value="Services as allowed under 1905(a)(1). Includes hospice care. Certain specific items and services are covered with prior authorization; for example, certain transplants."/> | | |
| <input type="button" value="Add"/> | | |



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Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Services described in State Plan and allowed under 1905(a)(5)(A). Services include routine prenatal care, labor, delivery, routine post-partum care and any other service related to treating pregnancy or delivery complications.

Benefit Provided:

Nurse Midwife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Includes services described in State Plan and allowed under 1905(a)(17).

Benefit Provided:

Laboratory and Radiology 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: <input type="text" value="Includes services as described in the State Plan and allowed under 1905(a)(3). Services include pregnancy test, ultra sound, and recommended newborn screening for congenital and metabolic disorders."/> | | <input type="button" value="Remove"/> |
| Benefit Provided: <input type="text" value="Inpatient Hospital Services"/> | 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" value="Services as described in the state plan and allowed under 1905(a)(1), including the delivery and care for the newborn."/> | | |
| Benefit Provided: <input type="text" value="Outpatient Hospital Services"/> | 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" value="Services as described in the state plan and allowed under 1905(a)(2)(A)."/> | | |
| | | <input type="button" value="Add"/> |



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Inpatient Hospital/Inpatient Psychiatric 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:

Inpatient hospitalizations are covered as allowed under Sections 1905(a)(1) and 1905(a)(16) of the Social Security Act. Coverage of inpatient psychiatric hospital services is for individuals under age 21 years old.

Benefit Provided:

Psychotherapy Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Services as allowed under 1905(a)(5), 1905(a)(6) and 1905(a)(13) of the Social Security Act.

Benefit Provided:

Alcohol and Other Drug Abuse (AODA)

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:

Services as allowed under 1905(a)(5), 1905(a)(6) and 1905(a)(13) of the Social Security Act.

Remove

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:

The State of Wisconsin's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs and 1905(a)(12). Coverage of prescription drugs meets all reporting requirements and provisions of section 1927 of the social security act.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Home Health Care-Supplies, Equipment, Appliances

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:

Services as allowed in the state plan and 1905(a)(7). Services include, the rental, purchase, replacement and repair of equipment. Orthotics, prosthetics, cochlear implants and hearing instruments are covered in this category also. Disposable medical supplies include diabetic and incontinence supplies.

Benefit Provided:

Physical Therapy and Related Services - PT

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.

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

Services as described in the state plan and allowed under Section 1905(a)(11) of the Social Security Act.

Benefit Provided:

Physical Therapy and Related Services - OT

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.



Alternative Benefit Plan

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

Services as described in the state plan and allowed under Section 1905(a)(11) of the Social Security Act.

Remove

Benefit Provided:

Physical Therapy and Related Services - ST

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.

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

Services as described in the state plan and allowed under Section 1905(a)(11) of the Social Security Act. Services include hearing services and other services provided by an audiologist.

Benefit Provided:

Home Health Care - Therapy Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Respiratory Care Services for Ventilator Dependent

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Remove

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

Services as covered in the state plan and allowed under Section 1905(a)(13) and 1902(e)(9)(A) through (C) of the Social Security Act.

Benefit Provided:

Prosthetic Devices

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:

Services as covered in the state plan and allowed under Section 1905(a)(12) of the Social Security Act.

Add



Alternative Benefit Plan

| | | |
|--|--|---------------------------------------|
| <input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services | | Collapse All <input type="checkbox"/> |
| Benefit Provided: | Source: | |
| <input type="text" value="Other Laboratory & X-ray Services - Diagnostic Lab"/> | <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: | Provider Qualifications: | |
| <input type="text" value="None"/> | <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: | Duration Limit: | |
| <input type="text" value="None"/> | <input type="text" value="None"/> | |
| Scope Limit: | | |
| <input type="text" value="None"/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| <input type="text" value="Services are as covered under the state plan and allowed under Section 1905(a)(3) of the Social Security Act."/> | | |
| | | <input type="button" value="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

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:

Wisconsin covers preventive services as allowed under Section 1905(a)(13)(A) of the Social Security Act.

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" value="EPSDT services are covered for members under the age of 21 years. Coverage are as included in the state plan and as described under 1905(a)(4)(B) , including all items and services delineated in subsection (r)."/> | | |
| | | <input type="button" value="Add"/> |



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

| | | | | | | | | |
|--|--|---------------------------------------|--|---------|--|---|----------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Base Benchmark Benefits Not Covered due to Substitution or Duplication | Collapse All <input type="checkbox"/> | | | | | | |
| <table style="width: 100%; border: none;"><tr><td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td><td style="width: 35%; border: none;">Source:</td><td style="width: 20%; border: none;"></td></tr><tr><td style="border: 1px solid black; padding: 2px;">Diabetes Services</td><td style="border: none;">Base Benchmark</td><td style="border: none; text-align: right;"><input type="button" value="Remove"/></td></tr></table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Duplication: covered under the Wisconsin Medicaid state plan as Physician and OLP-Podiatry services, and under EHB 1. Ambulatory Patient Services.</div> <p style="margin-top: 5px;">Base Benchmark Plan: Eye examinations/foot care as indicated in the individual category.</p> | | | Base Benchmark Benefit that was Substituted: | Source: | | Diabetes Services | Base Benchmark | <input type="button" value="Remove"/> |
| Base Benchmark Benefit that was Substituted: | Source: | | | | | | | |
| Diabetes Services | Base Benchmark | <input type="button" value="Remove"/> | | | | | | |
| <table style="width: 100%; border: none;"><tr><td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td><td style="width: 35%; border: none;">Source:</td><td style="width: 20%; border: none;"></td></tr><tr><td style="border: 1px solid black; padding: 2px;">Home Health Care</td><td style="border: none;">Base Benchmark</td><td style="border: none; text-align: right;"><input type="button" value="Remove"/></td></tr></table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Duplication: covered under the Wisconsin Medicaid state plan as home health services and under EHB 1. Ambulatory Patient Services.</div> <p style="margin-top: 5px;">Base Benchmark Plan: Limited to 60 visits per year. One visit equals up to 4 hours of skilled care services. Limit does not include any service which is billed only for the administration of intravenous infusion.</p> | | | Base Benchmark Benefit that was Substituted: | Source: | | Home Health Care | Base Benchmark | <input type="button" value="Remove"/> |
| Base Benchmark Benefit that was Substituted: | Source: | | | | | | | |
| Home Health Care | Base Benchmark | <input type="button" value="Remove"/> | | | | | | |
| <table style="width: 100%; border: none;"><tr><td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td><td style="width: 35%; border: none;">Source:</td><td style="width: 20%; border: none;"></td></tr><tr><td style="border: 1px solid black; padding: 2px;">Hospice Care</td><td style="border: none;">Base Benchmark</td><td style="border: none; text-align: right;"><input type="button" value="Remove"/></td></tr></table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Duplication: covered under the Wisconsin Medicaid state plan as hospice care services and under EHB 1. Ambulatory Patient Services and EHB 3 - Inpatient Hospitalization.</div> <p style="margin-top: 5px;">Base Benchmark Plan: No limitation</p> | | | Base Benchmark Benefit that was Substituted: | Source: | | Hospice Care | Base Benchmark | <input type="button" value="Remove"/> |
| Base Benchmark Benefit that was Substituted: | Source: | | | | | | | |
| Hospice Care | Base Benchmark | <input type="button" value="Remove"/> | | | | | | |
| <table style="width: 100%; border: none;"><tr><td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td><td style="width: 35%; border: none;">Source:</td><td style="width: 20%; border: none;"></td></tr><tr><td style="border: 1px solid black; padding: 2px;">Lab, X-Ray and Major Diagnostics - Outpatient</td><td style="border: none;">Base Benchmark</td><td style="border: none; text-align: right;"><input type="button" value="Remove"/></td></tr></table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Duplication: covered under the Wisconsin Medicaid state plan as physician services and other lab and x-ray services, and under EHB 1. Ambulatory Patient Services and EHB 8. Laboratory Services.</div> <p style="margin-top: 5px;">Base Benchmark Plan: No limitation</p> | | | Base Benchmark Benefit that was Substituted: | Source: | | Lab, X-Ray and Major Diagnostics - Outpatient | Base Benchmark | <input type="button" value="Remove"/> |
| Base Benchmark Benefit that was Substituted: | Source: | | | | | | | |
| Lab, X-Ray and Major Diagnostics - Outpatient | Base Benchmark | <input type="button" value="Remove"/> | | | | | | |
| <table style="width: 100%; border: none;"><tr><td style="width: 45%; border: none;">Base Benchmark Benefit that was Substituted:</td><td style="width: 35%; border: none;">Source:</td><td style="width: 20%; border: none;"></td></tr><tr><td style="border: 1px solid black; padding: 2px;">Ostomy Supplies</td><td style="border: none;">Base Benchmark</td><td style="border: none;"></td></tr></table> <p style="margin-top: 5px;">Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Duplication: covered under the Wisconsin Medicaid state plan as home health care-supplies, equipment,</div> | | | Base Benchmark Benefit that was Substituted: | Source: | | Ostomy Supplies | Base Benchmark | |
| Base Benchmark Benefit that was Substituted: | Source: | | | | | | | |
| Ostomy Supplies | Base Benchmark | | | | | | | |
| TN# 13-034 WI | Approval Date: 4/18/14 ABP5 | Effective Date: 1/1/2014 | | | | | | |



Alternative Benefit Plan

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| <p>and appliances and under EHB 7. Rehabilitative and habilitative services and devices.</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Pharmaceutical Products - Outpatient</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: Duplication: Duplication: covered under the Wisconsin Medicaid state plan as home health care-supplies, equipment, and appliances and under EHB 7. Rehabilitative and Habilitative Services and Devices.</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Physician Fees for Surgical and Medical Services</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: Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services.</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Physician Office Services - Sickness and Injury</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: Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services.</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Preventive Care Services - Physician Office</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: Duplication: covered under the Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services and EHB 9. Preventive and Wellness Services and Chronic Disease Management.</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Preventive Care Services - Lab, X-Ray, Other Tests</p> <p>Source: Base Benchmark</p> | |



Alternative Benefit Plan

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| <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 Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services and EHB 9. Preventive and Wellness Services and Chronic Disease Management.</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Reconstructive Procedures"/></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 Wisconsin Medicaid state plan as Physician services, Inpatient and Outpatient Hospital and under EHB 1. Ambulatory Patient Services and EHB 3. Hospitalization.</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Scopic Procedures-Outpatient Diagnostic/Therapeuti"/></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 Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Respiratory Care Services"/></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 Wisconsin Medicaid state plan as respiratory care services and under EHB 7. Rehabilitative and Habilitative Services.</p> <p>Base Benchmark Plan: Limited to 60 visits per year.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Surgery - Outpatient"/></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 Wisconsin Medicaid state plan as outpatient hospital services, and under EHB 1. Ambulatory Patient Services</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> |



Alternative Benefit Plan

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| Base Benchmark Benefit that was Substituted: <input type="text" value="Therapeutic Treatments -Outpatient"/> | 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 Wisconsin Medicaid state plan as outpatient hospital and clinic services, and under EHB 1. Ambulatory Patient Services"/> Base Benchmark Plan: No limitation | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Urgent Care Center 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 Wisconsin Medicaid state plan as outpatient hospital and clinic services, and under EHB 1. Ambulatory Patient Services"/> Base Benchmark Plan: No limitation | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Kidney Disease Treatment"/> | 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 Wisconsin Medicaid state plan as physician, outpatient hospital and clinic services, and under EHB 1. Ambulatory Patient Services"/> Base Benchmark Plan: Depends on service | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Temporomandibular Joint Disorders"/> | 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 Wisconsin Medicaid state plan as Physician services, and under EHB 1. Ambulatory Patient Services"/> Base Benchmark Plan: Benefits for diagnostic procedures and non-surgical treatment are limited to \$1,250 per calendar year. | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Health Services - Outpatient"/> | 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 Wisconsin Medicaid state plan as hospital outpatient services and under EHB 2. Emergency Services."/> | | |



Alternative Benefit Plan

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|---|---------------------------|--------|
| Base Benchmark Plan: No limitation | Remove | |
| Base Benchmark Benefit that was Substituted: Outpatient Hospital - Emergency Transportation | 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 Wisconsin Medicaid state plan as outpatient hospital services - emergency transportation and under EHB 2. Emergency Services. Base Benchmark Plan: Prior approval for non-emergency ground or air ambulance. | | |
| Base Benchmark Benefit that was Substituted: Hospital - Inpatient 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 Wisconsin Medicaid state plan as hospital inpatient services and under EHB 3. Hospitalization. Base Benchmark Plan: No limitation | | |
| Base Benchmark Benefit that was Substituted: Transplantation 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 Wisconsin Medicaid state plan as hospital inpatient services and under EHB 3. Hospitalization. Base Benchmark Plan: Notification to health plan required prior to transplant. Pre-transplantation evaluation at a transplant center required. Except for cornea transplants, transplants must be performed at a Designated Facility. | | |
| Base Benchmark Benefit that was Substituted: Congenital Heart Disease Surgeries | 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 Wisconsin Medicaid state plan as hospital inpatient services and under EHB 3. Hospitalization. Base Benchmark Plan: No limitation | | |
| Base Benchmark Benefit that was Substituted: Pregnancy - Maternity Services | Source: Base Benchmark | |



Alternative Benefit Plan

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| <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 Wisconsin Medicaid state plan under several categories, including physician, nurse midwife, lab and x-ray and hospital inpatient/outpatient services and EHB 4. Maternity and Newborn Care.</p> <p>Base Benchmark Plan: No limitation</p> | <p>Remove</p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Mental Health Services- In/Outpatient/Transitional"/></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 Wisconsin Medicaid state plan as inpatient hospital and outpatient psychotherapy services and under EHB 5. Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment.</p> <p>Base Benchmark Plan: No Limitation</p> | <p>Remove</p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Use Disorder Services"/></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 Wisconsin Medicaid state plan as inpatient hospital and outpatient alcohol and other drug abuse (AODA) treatment services and under EHB 5. Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment.</p> <p>Base Benchmark Plan: No Limitation.</p> | <p>Remove</p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Prescription Drugs"/></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 Wisconsin Medicaid state plan as Prescribed Drugs and under EHB 6. Prescription Drugs.</p> <p>Base Benchmark Plan: No Limitation. OTC drugs that do not require a prescription are not covered.</p> | <p>Remove</p> | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Hearing Aids"/></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 Wisconsin Medicaid state plan as home health care-supplies, equipment, and appliances and under EHB 7. Rehabilitative and Habilitative Services and Devices.</p> | | |
| <p>TN# 13-034 WI</p> | <p>Approval Date: <u>4/18/14</u> ABP5</p> | <p>Effective Date: 1/1/2014</p> |



Alternative Benefit Plan

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|--|-----------------------------------|------------------------|
| <p>Base Benchmark Plan: Limited to \$2,500 in Eligible Expenses per year. Benefits are limited to a single purchase (including repair/replacement) every three years. Children under age 18, benefits are limited to one hearing aid per ear, every three years (no dollar limit).</p> | Remove | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Care - Durable Medical Equipment"/></p> | <p>Source: Base Benchmark</p> | Remove |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplication: covered under the Wisconsin Medicaid state plan as home health care-supplies, equipment, and appliances and under EHB 7. Rehabilitative and Habilitative Services and Devices."/></p> <p>Base Benchmark Plan: Limited to \$2,500 in Eligible Expenses per year. Benefits are limited to a single purchase of a type of DME (including repair/replacement) every three years. Includes coverage of cochlear implants. Benefits for insulin pumps are limited to one pump per year.</p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Prosthetic Devices"/></p> | <p>Source: Base Benchmark</p> | Remove |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplication: covered under the Wisconsin Medicaid state plan as Prosthetic Devices and under EHB 7. Rehabilitative and Habilitative Services and Devices."/></p> <p>Base Benchmark Plan: Limited to \$2,500 per year. Benefits are limited to a single purchase of each type of prosthetic device every three years. Items related to reconstructive surgery following cancer have no limit.</p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Rehabilitation Services - Therapy and Manipulative"/></p> | <p>Source: Base Benchmark</p> | Remove |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplication: covered under the Wisconsin Medicaid state plan as Physical Therapy and Related Services and under EHB 7. Rehabilitative and Habilitative Services and Devices."/></p> <p>Base Benchmark Plan: Limited to 20 visits per year for each therapy (PT, OT, Speech, Pulmonary rehabilitation therapy); 36 visits for cardiac rehabilitation therapy; 30 visits of post-cochlear implant aural therapy. No limit on manipulative treatment services.</p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Autism Spectrum Disorder Services"/></p> | <p>Source: Base Benchmark</p> | Remove |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Duplication: This benefit was replaced with EPSDT, under the EHB10. Pediatric services, including oral and vision care."/></p> <p>Base Benchmark Plan: Limit will depend on the service provided. Additionally, benefits for intensive level</p> | | |



Alternative Benefit Plan

| | | |
|---|--------------------------------------|---------------------------------------|
| <p>services are covered to \$51,700 per child per year, with a minimum of 20 hours care per week for four years. Non-intensive Level Services are covered to \$25,850 per child per year.</p> | | <input type="button" value="Remove"/> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Lab, X-Ray and Diagnostic - Outpatient</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 Wisconsin Medicaid state plan as Other Laboratory and X-Ray Services and under EHB 8. Laboratory Services.</p> <p>Base Benchmark Plan: No Limitation</p> | | |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Diabetes Self-Management and Training</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 Wisconsin Medicaid state plan as Physician Services and under EHB 1. Ambulatory Patient Services and EHB 9 . Preventive and Wellness Services and Chronic Disease Management.</p> <p>Base Benchmark Plan: No Limitation</p> | | |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Chiropractic</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 Wisconsin Medicaid state plan as Other Licensed Practitioners - Chiropractor Services and under EHB 1. Ambulatory patient services.</p> <p>Base Benchmark Plan: Covers manipulative treatment only with no visit limitation.</p> | | |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Home Health Care - Therapies (OT/PT)</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 Wisconsin Medicaid state plan as home health services and under EHB 7. Ambulatory Patient Services.</p> <p>Base Benchmark Plan: Limited to 60 visits per year.</p> | | |
| | | <input type="button" value="Add"/> |



Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

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

| | |
|--|--|
| <p>Other 1937 Benefit Provided: <input type="text" value="Targeted Case Management"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="No authorization. Services as allowed under 1915(a)(19) of the SSA. Children in this ABP could receive services under the following target groups: Birth to Three, children at risk of physical, mental or emotional dysfunction, children with asthma, individuals with tuberculosis, high-risk pregnant and post-partum individuals, individuals with HIV infection, children who are severely emotionally disturbed, individuals with a physical or sensory disability, individuals who are developmentally disabled, individuals who are alcohol or drug dependent."/></p> | <p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p> |
| <input type="button" value="Remove"/> | |

| | |
|--|--|
| <p>Other 1937 Benefit Provided: <input type="text" value="Mental Health Crisis Intervention Services - Rehab"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other: <input type="text" value="No authorization. Services as allowed under 1905(a)(13) of the SSA."/></p> | <p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p> |
| <input type="button" value="Remove"/> | |

| | |
|--|--|
| <p>Other 1937 Benefit Provided: <input type="text" value="Community Recovery Services - Rehab"/></p> <p>Authorization: <input type="text" value="Other"/></p> <p>Amount Limit: <input type="text" value="None"/></p> | <p>Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p> |
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Alternative Benefit Plan

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| Scope Limit: <input type="text" value="None"/> | | <input type="button" value="Remove"/> |
| Other: <input type="text" value="No authorization. Services as allowed under 1905(a)(13) of the SSA."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Comprehensive Community Services - Rehab"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No authorization. Services as allowed under 1905(a)(13) of the SSA."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Community Support Program Services - Rehab"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No authorization. Services as allowed under 1905(a)(13) of the SSA."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Directly Observed Therapy for Individuals with Tb"/> | Source: 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

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| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | <input type="button" value="Remove"/> |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No authorization. Services as allowed under 1905(a)(13) and 1902(z)(2)(F) of the SSA."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Federally-Qualified Health Centers"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No authorization. Clinic and ambulatory services as allowed under 1905(a)(2)(C) and as further defined in section 1861(aa) of the Social Security Act."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Rural Health Clinic Services"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No authorization. Clinic and ambulatory services as allowed under 1905(a)(2)(B) and as further defined in section 1861(aa) of the Social Security Act."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Dental Services"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | |



Alternative Benefit Plan

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| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | <input type="button" value="Remove"/> |
| 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="No authorization. Dental services covered in the state plan and allowed under 1905(a)(10) and 1905(a)5(B). Dental services include dentures."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Family Planning Services and Supplies"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="Contraceptive management services as described in the state plan and allowed under Section 1905(a)(4)(C). Coverage does not include, infertility treatments, surrogate parenting (including obstetric care and other related services), and the reversal of sterilizations."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Pediatric/Family Nurse Practitioner Services"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No authorization. Services in the state plan and as allowed under section 1905(a)(21) of the Social Security Act."/> | | |



Alternative Benefit Plan

| | | |
|---|--|---------------------------------------|
| Other 1937 Benefit Provided: <input type="text" value="Personal Care Services"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No authorization. Services as covered in the state plan and allowed under 1905(a)(24) of the Social Security Act."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Private Duty Nursing"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="None"/> | Duration Limit: <input type="text" value="None"/> | |
| Scope Limit: <input type="text" value="None"/> | | |
| Other: <input type="text" value="No authorization. Services as described in the state plan and allowed under Section 1905(a)(8) of the Social Security Act."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Other Licensed Practitioners - Optometrist"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Other"/> | |
| 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="No authorization. Services as described in the state plan and allowed under 1905(a)(6). Includes coverage"/> | | |



Alternative Benefit Plan

of eyeglasses.

Remove

Other 1937 Benefit Provided:

Medical Day Treatment - Mental Health-Rehab

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:

No authorization. Services as allowed under 1905(a)(13) of the SSA.

Other 1937 Benefit Provided:

Medical Day Treatment - AODA-Rehab

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:

No authorization. Services as allowed under 1905(a)(13) of the SSA.

Other 1937 Benefit Provided:

Intensive In-home Psychotherapy-Rehab

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

| | | |
|---|---|--------|
| Other: No authorization. Services as allowed under 1905(a)(13) of the SSA. | | Remove |
| Other 1937 Benefit Provided: Tobacco Cessation for Pregnant Women | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: None | |
| Scope Limit: None | | |
| Other: No prior authorization required. Services as allowed under 1905(a)(4)(D) of the SSA. | | |
| Other 1937 Benefit Provided: Intermediate Care Facilities for Intellectual/Dev | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: None | Duration Limit: 30 days | |
| Scope Limit: None | | |
| Other: No prior authorization required. Children will not be enrolled in the Care4Kids if stays beyond 30 days is necessary. | | |
| | | Add |



Alternative Benefit Plan

| | |
|---|---------------------------------------|
| <input type="checkbox"/> 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"/> |
|---|---------------------------------------|

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.20130814



Alternative Benefit Plan

Attachment 3.1-C- F

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

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

The Alternative Benefit Plan includes all of the services provided under Wisconsin Medicaid state plan including all benefits under EPSDT. Since the Alternative Benefit Plan focuses on children in foster care, Wisconsin will monitor providers to ensure that benefits under EPSDT are available to all children based on best practices and each child's needs. The contract with providers requires that they maintain an enhanced periodicity schedule for EPSDT services as recommended by the American Academy of Pediatrics and the Child Welfare League of America.

Prescription Drug Coverage Assurances

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

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

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

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

Other Benefit Assurances

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

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



Alternative Benefit Plan

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

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-C- **F**

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 Department will certify one or more health systems to provide a medical home for children in out-of-home care. A health system in this context means a group of physicians and other licensed medical practitioners that has a hospital affiliation. This could also include a physician practice affiliated with a hospital. The providers interested in being a health system for this initiative will need to meet all certification criteria including robust provider network requirements.

Wisconsin will use different avenues to inform each child's parent(s) or guardian about their rights under this program. Below are some of the ways in which the State plans to inform individuals, Tribal governments, advocates, and the community about the program.

1. The State, through its Department of Health Services and the Department of Children and Families, has held and will continue to hold information sharing meetings with birth parents, foster parents, adoptive parents, the courts, local child welfare agencies (county and Tribal), established community and advocacy groups in the six-county area.

These sessions serve as a forum for the State to explain the new benefit, including the choice that the parent(s) or guardian will have regarding the Medicaid Alternative benchmark plan and Medicaid fee-for-service, respond to questions, and solicit feedback on its outreach strategies. In addition to explaining the framework for the enhanced services, the State emphasizes three points in its communications:

- a. There is no reduction in the benefit package offered to this population; they will continue to receive the full benefit package whether they choose the Alternative Benchmark Plan or Medicaid fee-for-service.
- b. There is no cost sharing for either plan.



Alternative Benefit Plan

- c. Participation will be voluntary upon entry into out-of-home care.
- d. Parent(s) or guardian may change their choice between these two Medicaid options at any time for any reason.

The State has held separate meetings with Tribal representatives to discuss, in detail, all aspects of the Medicaid Program choices that parent(s) or guardian will have regarding their child's Medicaid program. The purpose of these meetings is to reinforce the message that participation is voluntary for all children in out-of-home care.

- 2. The State will develop informing materials that:
 - a. Identify the geographic area and the population eligible for the program.
 - b. Explain the voluntary nature of the program and the option to discontinue at any time.
 - c. Clearly inform parent(s) or guardian that participation in the program will not reduce the child's access to all Medicaid benefits.
 - d. Explain the benefits of the enhanced services in the alternate plan, including having a child-specific care plan that is multi-disciplinary; addresses access and coordination across the full spectrum of the child's needs – from preventive services and health screenings, to specialty medical care, inpatient care, and crisis intervention.
 - e. Provide a toll-free contact number for questions and information.

At the time of a child's entry into out-of-home care, the child's parent(s) or guardian will be offered a choice to enroll the child in the alternative benchmark program or fee-for-service Medicaid. The parent(s) or guardian will be informed using unbiased information, both verbally and in writing, indicating that their choice of Medicaid Program for their child is voluntary, and that they may change their mind at any time regarding their choice between Medicaid fee-for-service and the alternative benchmark plan. This information will be provided to the parent(s) or guardian by various members of the Care4Kids team beginning at the time the child is removed from the home and lasting through the enrollment in Care4Kids. For more details on the enrollment process, please refer to ABP2.

As a child is taken into custody by child welfare, many things that are expectations of our medical home are already the best practices of our child welfare system. Whether the family chooses Care4Kids or not, the activities from the provider perspective are the same regardless of participation in Care4Kids. We require the initial screening so we are aware of chronic or acute conditions or needs of the child. We have our enrollment system set up so that if the family says yes, the PIHP is paid the capitated payment. We also have made sure our capitated payment system can account on a per day basis, a child's enrollment status. If the parent does not enroll in the Care4Kids, the medical provider is going to submit their claims to our Fee For Service system because the current provider is a MA provider.

PIHP: Prepaid Inpatient Health Plan

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

No

- The Alternative Benefit Plan will be provided through a prepaid inpatient health plan (PIHP) consistent with applicable managed care requirements (42 CFR Part 438, and section 1937 of the Social Security Act).
- PIHPs are paid on a risk basis.
- PIHPs are paid on a non-risk basis.

PIHP Procurement or Selection Method

Indicate the method used to select PIHPs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

Describe the method used by the state/territory to procure or select the PIHPs:

Certification based on specified criteria.

Other PIHP-Based Service Delivery System Characteristics



Alternative Benefit Plan

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the PIHP.

Yes

List the benefits or services that will be provided apart from the PIHP, and explain how they will be provided. Add as many rows as needed.

| | Benefit/service | Description of how the benefit/service will be provided | |
|---|---|--|---|
| + | Chiropractic services | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Community Recovery Services (CRS) | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Community Support Programs (CSP) | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Comprehensive Community Services (CCS) | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Crisis Intervention Services | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Directly observed therapy (DOT) for individuals with tuberculosis | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Pharmacy Services | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Prescription and over-the-counter drugs and diabetic supplies dispensed by the pharmacy | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Medication Therapy Management | The service delivery system will be a fee-for-service based on the established fee-for-service schedule. | X |
| + | Non-emergency transportation services | This benefit will be provided through a transportation manager. | X |
| + | Provider-administered drugs and their administration. | The benefit will be provided based on the establish fee-for-service schedule. | X |
| + | School-based services | The benefit will be provided based on the establish fee-for-service schedule. | X |
| + | Targeted case management | The benefit will be provided based on the establish fee-for-service schedule. | X |

PIHP service delivery is provided on less than a statewide basis.

Yes

The limited geographic area where this service delivery system is available is as follows:

- PIHP service delivery is available only in designated counties.
- PIHP service delivery is available only in designated regions.
- PIHP service delivery is available only in designated cities and municipalities.
- PIHP service delivery is available in some other geographic area (geographic area must not be smaller than a zip code).

Specify counties:

The counties in the service delivery area includes:

Kenosha
Milwaukee

TN#13-034

Approval Date: 4/18/14

Effective Date: 1/1/2014

WI

ABP8



Alternative Benefit Plan

Ozaukee
Racine
Washington
Waukesha

PIHP Participation Exclusions

Individuals are excluded from PIHP participation in the Alternative Benefit Plan:

General PIHP Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- Mandatory participation.
- Voluntary participation. Indicate the method for effectuating enrollment:
 - Affirmative selection of PIHP.
 - State enrolls individual in PIHP and permits disenrollment.
 - Other:

Additional Information: PIHP (Optional)

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

Fee-For-Service Options

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

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

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

Additional Information: Fee-For-Service (Optional)

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

Non-emergency services will be provided under an administrative service arrangement with a transportation broker. The PIHP will be responsible for including all services, including those paid on a fee-for-service basis in the child's care plan. The PIHP will also be responsible for ensuring that the child has access to these services, and will follow up on all referrals.



Alternative Benefit Plan

PRA Disclosure Statement

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

V.20130718



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- F

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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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- F

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

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