



# Alternative Benefit Plan

Attachment 3.1-C-

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

## 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?	
<b>+</b>	Adult Group	Mandatory	<b>X</b>

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

### Geographic Area

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

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

### PRA Disclosure Statement

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

V.20130724



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**Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) ABP2a**  
**(i)(VIII) of the Act**

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

Yes

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

The state first chose the Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program as the benchmark plan and compared it to the Essential Health Benefits and to the Medicaid State Plan. The Medicaid State Plan covers all the benefits in the benchmark plan except chiropractic services. The state is proposing to substitute personal care services from the Medicaid State Plan for this benchmark covered benefit. In addition to EHBs, the ABP includes the 1937 covered benefits in the Medicaid State Plan.

### PRA Disclosure Statement

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

ABP3

Select one of the following:

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

Name of benefit package:

## Selection of the Section 1937 Coverage Option

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

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

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

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

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

## Selection of Base Benchmark Plan



# Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

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

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

Plan name:

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

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.

### PRA Disclosure Statement

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V.20130801



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## 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):

Existing state plan cost-sharing rules apply to the Adult Group the same as applied to all other Medicaid populations.

### PRA Disclosure Statement

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## Benefits Description

ABP5

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

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Standard Blue Cross/Blue Shield Federal Employee Preferred Provider Option

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

Secretary-Approved

The Alternative Benefit Plan will include all mandatory and optional benefits defined in the New York Medicaid State Plan under the categorically needy population designation (3.1A).

Utilization thresholds and authorization requirements which apply to the fee-for-service delivery system do not apply to managed care service delivery.



# Alternative Benefit Plan

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:

No limitation

Duration Limit:

None

Scope Limit:

Services include acupuncture services provided by a licensed physician.

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

Medicaid state plan attachment 3.1A, 5(a) physician services whether furnished in the office, the patient's home, a hospital or elsewhere. Includes services physician directed mental health and substance use disorder services.

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Includes ambulatory surgical centers, free standing clinic, health center and renal dialysis services.

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

Medicaid state plan attachment 3.1A, 2(a)(d)

Benefit Provided:

Medical services provided by licensed practitioner

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Services provided by licensed practitioners within the scope of their practice as defined by 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:

Medicaid state plan attachment 3.1A, 6(a,b,d) includes; nurse, podiatrist, psychologist, social worker, nutritionist, physician assistant, nurse practitioner and other licensed medical service providers.

Remove

Benefit Provided:

Clinic services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

40 visits, non-exempt clinic services (FFS only)

Duration Limit:

12 month benefit year

Scope Limit:

Includes specialty clinic services.

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

Medicaid state plan attachment 3.1A, (9)  
Clinic services for developmental disability speciality, MMTP, alcohol/SUD treatment, mental health, pediatric, hemodialysis, Oncology, TB/DOT and prenatal care are exempt from the NYS Utilization Threshold program.  
Physician services in the managed care delivery system are exempt from the UT program.  
Adult day health and AIDS day health services are covered by the enrollee's health plan and require concurrent authorization.  
Medicaid Managed Care enrollees access outpatient alcohol/SUD services through the Medicaid FFS program. These services are exempt from the UT Program.  
In the FFS delivery system non-exempt clinic services are assigned a 40 visit limit per benefit year threshold. Upon reaching threshold, additional service visits may be authorized through the Threshold Override process based on medical need.

Benefit Provided:

Hospice Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Services are palliative in nature, include supportive medical, social, emotional and spiritual services to terminally ill persons as well as emotional support for family members. Services may be delivered at home, nursing home or hospice residence.



# Alternative Benefit Plan

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

Medicaid state plan attachment 3.1A, (18)  
Hospice services are provided to an individual who has been certified (diagnosed) by a physician as being terminally ill, with a life expectancy of approximately six months or less.  
Medicaid Managed Care Enrollees receive coverage for hospice services through the Medicaid fee-for-service program.

Remove

Benefit Provided:

Personal care services - provided in the home

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

In-home services prescribed in accordance with a plan of treatment, provided by a qualified person under supervision of a registered nurse.

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

Medicaid state plan attachment 3.1A.(26)

Benefit Provided:

Health Homes for person with chronic conditions

Source:

State Plan 1945

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

An inter-disciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions.

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

Medicaid state plan attachment 3.1H

Benefit Provided:

Other laboratory and x-ray services

Source:

State Plan 1905(a)



# Alternative Benefit Plan

Authorization:	Provider Qualifications:	Remove
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	Add
No limitation	None	
Scope Limit:	Includes diagnostic radiology, diagnostic ultrasound, nuclear medicine, radiation oncology services and magnetic resonance imaging (MRI) performed upon the order of a physician or qualified licensed provider.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	Medicaid state plan attachment 3.1A (3) 18 NYCRR 505.17(c) Certain radiology services require prior authorization.	



# Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Other medical services - emergency hospital

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

none

Scope Limit:

Procedures, treatments or services needed to evaluate or stabilize an emergency medical condition including psychiatric stabilization and medical detoxification from drugs or alcohol.

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

Medicaid state plan attachment 3.1A 24(e)

Benefit Provided:

Other medical services - emergency transportation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

none

Scope Limit:

Emergency ambulance transportation (incl. air ambulance) for the purpose of obtaining hospital services for a person suffering from a severe, life-threatening or potentially disabling condition which requires emergency services during transport.

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

Medicaid state plan attachment 3.1A 24(a)

Add



# Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

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:

Medicaid state plan attachment 3.1A (1) inpatient hospital services other than inpatient services provided in institutions for persons with mental disease or developmental disability.

Benefit Provided:

Organ transplant services - inpatient hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Organ transplant services include transplant of the pancreas, kidneys, heart, lung, small intestine, liver, blood or marrow cell, cornea, single or double lobar lung.

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

Medicaid state plan 3.1E

Organ transplant must be performed in a hospital approved by the Commissioner of Health and the hospital must be a member of the Organ Procurement and Transplantation Network approved by HHS.

Solid organ and cell transplant service covered in the New York Medicaid State Plan include the solid organ and cells covered in the BC/BS Federal Employee Standard Benefit Plan.

Add



# Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Physician services - Obstetrical and Maternal

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

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:

Medicaid state plan attachment 3.1A 5(a)

Benefit Provided:

Inpatient hospital - Obstetrical and Maternal

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

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:

Medicaid state plan attachment 3.1A (1)

Benefit Provided:

Nurse-midwife services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Includes the management of normal pregnancy, childbirth and postpartum care as well as primary preventive reproductive health care to healthy women. Includes newborn evaluation, resuscitation and



# Alternative Benefit Plan

referral for infants.

Remove

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

Medicaid state plan attachment 3.1A (17)

Care may be provided on an inpatient or outpatient basis including in a birthing center or in the patient's home.

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 services - MH and SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Medically supervised inpatient services to treat persons with mental illness and/or substance use disorders.

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

Medicaid state plan attachment 3.1A (1)  
Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for the mentally disabled.

Benefit Provided:

Medical care provided by licensed providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Includes the medically necessary services of licensed; clinical psychologists, social workers, pharmacists, nurse practitioners and other providers of medically necessary services.

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

Medicaid state plan 3.1A 6(d)  
Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for the mentally disabled.

Benefit Provided:

Clinic services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

None

Remove

Scope Limit:

Includes MH Continuing Day Treatment Programs, MH Continuing Treatment Programs, Substance Use Disorder Treatment Programs, Methadone Maintenance Treatment Programs, Developmental Disability Clinic Treatment and other specialty treatment programs.

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

Medicaid state plan attachment 3.1A (9) Clinic services listed above are claimed under the clinic category in the NY Medicaid State plan. Clinic services for developmental disability speciality, MMTP, alcohol/SUD treatment, mental health, are exempt from the NYS Utilization Threshold program. Physician services in the managed care delivery system are exempt from the UT program. Medicaid Managed Care enrollees access outpatient alcohol/SUD services through the Medicaid FFS program. These services are exempt from the UT Program. Clinic services are provided to persons other than those residing in New York State certified psychiatric centers and institutions for the mentally disabled.

Benefit Provided:

Physician Services - MH and SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

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:

Medicaid state plan attachment 3.1A, 5(a) physician services whether furnished in the office, the patient's home, a hospital or elsewhere for treatment of mental health and substance use disorders. Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for the mentally disabled.

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:

Medicaid state plan 3.1A (12)

The State of New York's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



# Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical therapy - rehabilitative/habilitative

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

75 outpatient visits for the combined therapies

Duration Limit:

per benefit year

Scope Limit:

Services provided by a physical therapist for the maximum reduction of physical disability and restoration to the patient's best functional level.

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

Medicaid state plan attachment 3.1A (11) (a)  
Benefits for physical, occupational, and speech therapies are limited to a combined total of 75 outpatient visits per benefit year. The 75 outpatient visit limit is inclusive of services the enrollee receives in an inpatient or home care setting. There is no service limit for physical therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or as a home care service. There is no outpatient visit limit for physical therapy for persons with a developmental disability or persons with a traumatic brain injury.

Benefit Provided:

Occupational therapy - rehabilitative/habilitative

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

75 outpatient visits for the combined therapies

Duration Limit:

per benefit year

Scope Limit:

Services provided by an occupational therapist for the maximum reduction of physical disability and restoration to the patient's best functional level.

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

Medicaid state plan attachment 3.1A (11) (b)  
Benefits for physical, occupational, and speech therapies are limited to a combined total of 75 outpatient visits per benefit year. The 75 outpatient visit limit is inclusive of services the enrollee receives in an inpatient or home care setting. There is no service limit for occupational therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or as a home care service. There is no outpatient visit limit for occupational therapy for persons with a developmental disability or persons with a traumatic brain injury.

Benefit Provided:

Hearing/Speech/Language Services - rehab/hab

Source:

State Plan 1905(a)



# Alternative Benefit Plan

Authorization: None	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: 75 outpatient visits for the combined therapies	Duration Limit: per benefit year	
Scope Limit: Services provided by a speech-language pathologist or audiologist for the maximum reduction of physical disability and restoration to the patient's best functional level.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Medicaid state plan attachment 3.1A (11) (c) Benefits for physical, occupational, and speech therapies are limited to a combined total of 75 outpatient visits per benefit year. The 75 outpatient visit limit is inclusive of services the enrollee receives in an inpatient or home care setting. There is no service limit for speech/language therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or as a home care service. There is no outpatient visit limit for hearing/speech/language therapy for persons with a developmental disability or persons with a traumatic brain injury.		
Benefit Provided: Home Health Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitation	Duration Limit: None	
Scope Limit: Includes nursing services, physical therapy, occupational therapy, or speech pathology, audiology and health aides services supervised by a registered nurse or therapist.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Medicaid state plan attachment 3.1A 7(a)		
Benefit Provided: Home Health Services - Supplies and Equipment	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitation	Duration Limit: None	



# Alternative Benefit Plan

Scope Limit:

Medical necessary supplies, equipment and appliances, suitable for use in the home prescribed by a licensed provider. Includes durable medical equipment.

Remove

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

Medicaid state plan attachment 3.1A 7(c)

Benefit Provided:

Audiology, hearing aid services and products

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Audiology services include audiometric exam and testing, hearing aid evaluation and prescription. Hearing aid services include selecting, fitting and dispensing hearing aids and repair.

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

Medicaid state plan attachment 3.1A 13(d)

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
Laboratory services	State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitation	None	
Scope Limit:		
All laboratory examinations, which must be medically necessary and related to the specific needs, complaints, or symptoms of the patient, require written order of a physician or qualified practitioner.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Medicaid state plan attachment 3.1A 3 Utilization Thresholds do not apply to services otherwise subject to thresholds when provided as managed care services furnished by or through a managed care program qualified by the NYS Department of Health to persons enrolled in and receiving medical care from such program.		
		<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:

Diagnostic, screening and preventive services

Source:

State Plan 1905(a)

Remove

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitation"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Early and periodic screening, diagnostic and treatment services for individuals under 21 years and treatment of conditions found. No limitation in scope of benefit."/>		
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="Medicaid state plan attachment 3.1A (4) (b)"/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All

Other Base Benefit Provided:

Adult routine dental services

Source:

Base Benchmark

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

3 visits

Duration Limit:

benefit year

Scope Limit:

Preventive, prophylactic and other routine dental care services supplies and dental prosthetics required to alleviate a serious health condition.

Other information regarding this benefit:

Enrollees may self refer to Article 28 clinics operated by academic dental centers to obtain covered dental services. Includes professional services of a dentist for dental surgery performed in an ambulatory or inpatient setting. Includes up to (4) annual fluoride treatments for children birth to age 7 when applied by a dentist, physician or nurse practitioner.

Other Base Benefit Provided:

Routine Vision Services

Source:

Base Benchmark

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One examination which includes refraction

Duration Limit:

every 24 months

Scope Limit:

Eye care which includes the services of ophthalmologists, optometrists and ophthalmic dispensers. Includes eyeglasses and medically necessary contact lenses. Includes repair and replacement.

Other information regarding this benefit:

Other Base Benefit Provided:

Healthy Newborn visits and screening

Source:

Base Benchmark

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Infant examination and testing services to identify certain genetic, endocrine, and metabolic disorders. Includes tests for hearing loss prior to discharge from a hospital or birthing center.



# Alternative Benefit Plan

Other information regarding this benefit:

The NYS Medicaid Managed Care benefit covers all newborn examination and screening services associated with an enrollee's newborn, unless the child is excluded from Medicaid Managed Care. If child excluded from Managed Care, newborn services are covered under the fee-for-service delivery system.

Remove

Add



# Alternative Benefit Plan

Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted:  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:

Base Benchmark Benefit that was Substituted:  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:

Base Benchmark Benefit that was Substituted:  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:

Base Benchmark Benefit that was Substituted:  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:

Base Benchmark Benefit that was Substituted:  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:

Base Benchmark Benefit that was Substituted:  Source: Base Benchmark



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Hospice services is a duplication of hospice services covered in the New York Medicaid State Plan. EHB 1 - Ambulatory services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Acupuncture 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>Acupuncture services is a duplication of acupuncture services provided by a licensed physician covered in the New York Medicaid State Plan. EHB 1 - Ambulatory Services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Medical emergency facility svcs</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>Medical emergency facility services is a duplication other medical services - emergency hospital services covered in the New York Medicaid State Plan. EHB 2 - Emergency services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit provided: Medical emergency professional</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>Medical emergency professional services is a duplication of physician services and medical care provided by licensed practitioners covered in the NYS Medicaid State Plan. EHB 1- Ambulatory service</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Prescription drug benefit</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>Prescription drug benefit is a duplication of drugs prescribed by a physician or licensed provider covered in the New York Medicaid State Plan. EHB 6 - Prescription drugs</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Well child care to age 22</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>Well child care to age 22 is a duplication of EPSDT services covered in the New York Medicaid State Plan. EHB 10 - Pediatric services</p>	<p>Remove</p>



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Benefit Provided: Nutritional counseling	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: Nutritional counseling is a duplication of primary care case management covered in the New York Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Benefit Provided: Bright Futures preventive	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: Bright futures preventive services are a duplication of preventive and primary care services covered in the New York Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Benefit provided: Routine physical exam	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: Routine physical exams is duplication of routine physical exam as a preventive services which is covered in the New York Medicaid State Plan. EHB 9 - Prevention, wellness and chronic disease management		
Base Benchmark Benefit that was Substituted: Benefit Provided: Routine laboratory tests	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Routine laboratory tests is a duplication of laboratory services covered in the New York Medicaid State Plan. EHB 8 - Laboratory services		
Base Benchmark Benefit that was Substituted: Benefit Provided: Routine hearing screening	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Routine hearing screening services is a duplication of audiology and hearing aid services covered in the New York Medicaid State Plan. EHB 7 - Rehabilitative and habilitative		
Base Benchmark Benefit that was Substituted: Benefit Provided: Pediatric oral exam	Source: Base Benchmark	



# Alternative Benefit Plan

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

Pediatric oral exam is a duplication of pediatric dental services covered with EPSDT in the New York Medicaid State Plan.  
EHB 10 - Pediatric services

Remove

Base Benchmark Benefit that was Substituted:

Source:

Benefit Provided: Outpatient physical therapy

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:

Outpatient physical therapy is a duplication of physical therapy related services covered in the NYS Medicaid State Plan. The base benchmark plan includes 75 visits per year for physical, occupational and speech/language therapy combined as the rehabilitative and habilitative benefit. In the Medicaid State Plan physical, occupational, and speech therapies are limited to a combined total of 75 outpatient visits per benefit year. The 75 outpatient visit limit is inclusive of services the enrollee receives in an inpatient or home care setting. There is no service limit for physical therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or as a home care service. There is no outpatient visit limit for physical therapy for persons with a developmental disability or persons with a traumatic brain injury.  
EHB 7 - Rehabilitation and habilitation services

Base Benchmark Benefit that was Substituted:

Source:

Benefit Provided: Outpatient occupational therapy

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:

Outpatient occupational therapy is a duplication of occupational therapy services covered in the New York Medicaid State Plan. The base benchmark plan includes 75 visits per year for physical, occupational and speech/language therapy combined as the rehabilitative and habilitative benefit. In the Medicaid State Plan physical, occupational, and speech therapies are limited to a combined total of 75 outpatient visits per benefit year. The 75 outpatient visit limit is inclusive of services the enrollee receives in an inpatient or home care setting. There is no service limit for occupational therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or as a home care service. There is no outpatient visit limit for occupational therapy for persons with a developmental disability or persons with a traumatic brain injury.  
EHB 7 - Rehabilitation and habilitation services

Base Benchmark Benefit that was Substituted:

Source:

Benefit Provided: Outpatient Speech therapy

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:

Speech therapy is a duplication of speech, hearing and language disorder services covered in the New York Medicaid State Plan. The base benchmark plan includes 75 visits per year for physical, occupational and speech/language therapy combined as the rehabilitative and habilitative benefit. In the Medicaid State Plan physical, occupational, and speech therapies are limited to a combined total of 75 outpatient visits per benefit year. The 75 outpatient visit limit is inclusive of services the enrollee receives in an inpatient or home care setting. There is no service limit for speech/language therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or as a home care service. There is no outpatient visit limit for hearing/speech/language therapy for persons with a developmental disability or persons with a traumatic



# Alternative Benefit Plan

brain injury. EHB 7 - Rehabilitation and Habilitation services	<input type="button" value="Remove"/>	
Base Benchmark Benefit that was Substituted: <input type="text" value="Cognitive rehabilitative therapy"/>	Source: Base Benchmark	<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> <input type="text" value="Directly Observed Therapy covered in the New York Medicaid State Plan is a substitution for cognitive rehabilitative therapy covered in the BC/BS Federal Employee Standard Benefit Program. Medicaid State plan 3.1A (13)(d)(1)"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: DME"/>	Source: Base Benchmark	<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> <input type="text" value="DME is a duplication of home health services - supplies and equipment covered in the NYS Medicaid State Plan. EHB 7 - Rehabilitation and Habilitation services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Hearing tests and hearing aids"/>	Source: Base Benchmark	<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> <input type="text" value="Hearing tests and hearing aids is a duplication of audiology and hearing aid services covered in the New York Medicaid State Plan. EHB 7 - Rehabilitation and habilitation services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Physician care delivery"/>	Source: Base Benchmark	<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> <input type="text" value="Physician care including delivery, pre and post-natal and postpartum care are a duplication physician services covered in the New York Medicaid State Plan. EHB 4 - Maternity and newborn care"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Inpatient hospital maternity"/>	Source: Base Benchmark	<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> <input type="text" value="Inpatient hospital maternity and physician care is a duplication of inpatient hospital services and physician services covered in the New York Medicaid State Plan. Includes newborn examination and screening prior"/>		



# Alternative Benefit Plan

<p>to discharge from hospital or birthing center. EHB 4 - Maternity and newborn care</p>	<p>Remove</p>	
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Inpatient hospital room/board</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Inpatient room and board and other inpatient services is a duplication of inpatient hospital services covered in the New York Medicaid State Plan. EHB 3 - Hospitalization</p>		
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Diagnostic, screening preventive</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Diagnostic, screening and preventive services is a duplication of diagnostic, screening and preventive services covered in the New York Medicaid State Plan. EHB 9- Preventive and wellness services</p>		
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Outpatient services</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Outpatient services including medical emergency care is a duplication of physician services, clinic services, outpatient hospital services covered in the New York Medicaid State Plan. EHB 1- Ambulatory Care</p>		
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Organ transplant- hospital</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Organ transplant inpatient hospital services are a duplication of organ transplant-inpatient hospital services covered in the New York Medicaid State Plan. The solid organs, blood and cells covered for transplant in the BC/BS FEBP are covered in the Medicaid State Plan. EHB 3 - Hospitalization</p>		
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: MH and SUD inpatient hospital</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Mental health and substance use disorder inpatient hospital services are a duplication of inpatient hospital services MH and SUD covered in the NYS Medicaid State Plan. EHB 5 - Mental Health and Substance Use Disorder Services</p>		



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <b>Benefit Provided: Outpatient MH/SUD facility care</b>	Source: Base Benchmark	<b>Remove</b>
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: <b>Outpatient MH/SUD facility care is a duplication of physician services, medical care provided by licensed practitioners and clinic services covered in the New York Medicaid State Plan. EHB 5 - Mental Health and Substance Use Disorder Services</b>		
Base Benchmark Benefit that was Substituted: <b>Benefit Provided: Inpatient professional MH/SUD</b>	Source: Base Benchmark	<b>Remove</b>
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: <b>Inpatient professional MH/SUD care is a duplication of physician services and medical care provided by licensed practitioners covered in the New York Medicaid State Plan. EHB 5 - Mental Health and Substance Use Disorder Services</b>		
Base Benchmark Benefit that was Substituted: <b>Benefit Provided: Professional outpatient MH/SUD</b>	Source: Base Benchmark	<b>Remove</b>
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: <b>Professional outpatient MH/SUD care is a duplication of physician services, medical care provided by licensed practitioners and clinic services covered in the New York Medicaid State Plan. EHB 5 - Mental Health and Substance Use Disorder Services</b>		
Base Benchmark Benefit that was Substituted: <b>Benefit Provided: Routine dental for children</b>	Source: Base Benchmark	<b>Remove</b>
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: <b>Routine dental services for children is a duplication of EPSDT services covered in the New York Medicaid State Plan. EHB 10 - Pediatric Services</b>		
Base Benchmark Benefit that was Substituted: <b>Benefit Provided: Diagnostic tests</b>	Source: Base Benchmark	<b>Remove</b>
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: <b>Diagnostic tests including radiology and laboratory services is a duplication of other laboratory and x-ray services covered in the New York Medicaid State Plan. EHB 1 - Ambulatory Patient Services</b>		



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Emergency transportation"/>	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="Emergency transportation is a duplication of other medical services-emergency transportation, covered in the New York Medicaid state plan.&lt;br/&gt;EHB 2 - Emergency services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Licensed provider 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="Medical services provided by licensed providers is a duplication of medical care provided by licensed practitioners covered in the New York Medicaid State Plan.&lt;br/&gt;EHB 1 - Ambulatory Care"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provide: IP professional care- maternity"/>	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="Maternity services provided by inpatient professionals is a duplication of Nurse-midwife services covered in the New York Medicaid State Plan&lt;br/&gt;EHB 4 Maternity and Newborn Care"/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered	Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark
<input type="text" value="Wellness Incentives"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit:	
<input type="text" value="This benefit may not be covered as an essential health benefit."/>	
	<input type="button" value="Add"/>



# Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Residential rehabilitative services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Rehabilitative services for residents of a licensed community-based residential program.

Other:

Medicaid State Plan 3.1 A (13) (d)

Services provided to persons other than those residing in institutions for the mentally ill or developmentally disabled. Services include Personalized Recover Oriented Services (PROS) and Assertive Community Treatment services (ACT).

Other 1937 Benefit Provided:

Non-emergency transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Transportation to medically necessary services

Other:

Medicaid State Plan 3.1A (24)

Other 1937 Benefit Provided:

Primary Care Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Collaborative services to assess, plan, implement, coordinate, monitor, and evaluate the options and services required to meet the individuals health and human service needs.



# Alternative Benefit Plan

Other:

Medicaid State Plan 3.1A (27)  
Covered Case Management Target Groups:  
Group A - Male/Female adolescents under age 21 deemed at risk for pregnancy/parenthood  
Group B - Medicaid recipients w/diagnosis of MR/DD in need of comprehensive service coordination  
Target Group C - individuals who are HIV-infected, HIV positive infants up to age 3, high risk individuals  
Target Group D - MA eligibles served by OMH Intensive Case Management Program, who are SPMI  
Target Group D1- same as above, except services are comparable  
Target Group D2- MA eligibles served by OMH Blended and Flexible Case Management Program  
Target group E- child bearing females, pregnant or parenting and infants less than 1 year  
Target Group F - residents of NYS designated under served and economically distressed areas  
Target Group H- MA eligibles served by OMH's Supportive Case Management Program  
Target Group I - Children 3-21 years who are federally eligible MA EPSDT recipients  
Target Group M- First-time mothers and their newborns

Remove

Other 1937 Benefit Provided:

Intermediate Care Facility services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Intermediate Care Facility services comprehensive and individualized health care and rehabilitation services to individuals with intellectual disabilities (IID) to promote functional status and independence.

Other:

Medicaid State Plan 3.1 A (15) (a)(b)  
Including such services in a public institution (or district part thereof) for the developmentally disabled or persons with related conditions.  
Other than such services provided in an institution for mental diseases.

Other 1937 Benefit Provided:

Nursing Home Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

see other below

Scope Limit:

Services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time.



# Alternative Benefit Plan

Other:

Benefit begins after the completion of the base benchmark NF rehab benefit ends.

Remove

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

During pregnancy + 60 days postpartum

Scope Limit:

Extended services to pregnant women includes all major categories of services as long as the services are determined to be medically necessary and related to pregnancy.

Other:

Medicaid State Plan 3.1A (20)

Other 1937 Benefit Provided:

Private Duty Nursing services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Medically necessary nursing services, may be intermittent, part-time or continuous and must be provided in the home in accordance with the orders of a physician or certified nurse practitioner's written treatment plan.

Other:

Medicaid State Plan 3.1A (8)

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

<p>Amount Limit: No limitations</p>	<p>Duration Limit: None</p>	<p>Remove</p>
<p>Scope Limit: Services provided as defined by the Rural Health Clinic Services Act of 1977 (Public Law 95-210).</p>		
<p>Other: </p>		
<p>Other 1937 Benefit Provided: Federally Qualified Health Clinic (FQHC)</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: No limitations</p>	<p>Duration Limit: None</p>	
<p>Scope Limit: Covered Federally Qualified Health Center (FQHC) Services as defined by Section 1861(aa) of the Social Security Act (the Act) was amended by Section 4161 of the Omnibus Budget Reconciliation Act of 1990.</p>		
<p>Other: Medicaid state plan attachment 3.1A, 2(c) Includes both FQHCs receiving a grant under Section 330 of the Public Health Service (PHS) Act and FQHCs not grant funded under Section 330 of the PHS, known as FQHC (look-alike) clinics based on the recommendation of the Health Resources and Services Administration.</p>		
<p>Other 1937 Benefit Provided: Routine adult dental services</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: No limitations</p>	<p>Duration Limit: None</p>	
<p>Scope Limit: Preventive, prophylactic and other routine dental care, services, supplies and dental prosthetics required to alleviate a serious health condition.</p>		
<p>Other: Medicaid State plan 3.1A (10) Dental Services Covered if included in the managed care contractor's benefit package or as a Medicaid FFS benefit. All orthodontia is covered as a Medicaid FFS benefit.</p>		



# Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Family Planning Services</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>No limitations</p> <p>Scope Limit:</p> <p>The offering, arranging and furnishing of those health services which enable enrollees, including minors who may be sexually active, to prevent or reduce the incidence of unwanted pregnancy. Fertility services are not covered.</p> <p>Other:</p> <p>Covered if included in the managed care contractor's benefit package or as a Medicaid FFS benefit.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p> <p><a href="#">Remove</a></p>
<p>Other 1937 Benefit Provided:</p> <p>Prosthetic/Orthotic devices, Orthopedic footwear</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>No limitations</p> <p>Scope Limit:</p> <p>Prosthetic appliances or devices which replace or perform the function of any missing part of the body. Orthotic appliances or devices used to support a weak or deformed body part or to restrict or eliminate motion in a body part.</p> <p>Other:</p> <p>Orthopedic footwear includes shoes, shoe modifications or additions used to correct, accommodate or prevent a physical deformity or range of motion malfunction.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p> <p><a href="#">Remove</a></p>
<p>Other 1937 Benefit Provided:</p> <p>Personal Emergency Response Systems (PERS)</p> <p>Authorization:</p> <p>Prior Authorization</p> <p>Amount Limit:</p> <p>No limitation</p> <p>Scope Limit:</p> <p>An electronic device which enables high risk patients to secure help in the event of a physical, emotional</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p>



# Alternative Benefit Plan

or environmental emergency. Usually connected to the patient's phone, will signal a response center when help button is activated.

Remove

Other:

Medicaid State Plan 3.1A (7)(c)

Other 1937 Benefit Provided:

Nurse Practitioner services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

none

Scope Limit:

All nurse practitioner specialities recognized under state law.

Other:

New York Medicaid State Plan 3.1A (23)

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Replacement of missing teeth or dentures

Duration Limit:

None

Scope Limit:

Removable replacement for missing teeth and surrounding tissues. Two types of dentures; complete and partial dentures. Services include replacement of dentures.

Other:

New York Medicaid State Plan 3.1A (12)(b)

Other 1937 Benefit Provided:

Eyeglasses and corrective lens

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

<p>Amount Limit: One pair or glasses or corrective lenses</p>	<p>Duration Limit: every 24 months</p>	<p>Remove</p>
<p>Scope Limit: Frames bearing lenses worn in front of the eyes or lenses worn on the eye normally used for vision correction.</p>		
<p>Other: New York Medicaid State Plan 3.1A (12)(d) Prior approval required for artificial eyes, certain special lenses and eye services.</p>		
<p>Other 1937 Benefit Provided: Optometrists' services</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: One examination including refraction</p>	<p>Duration Limit: every 24 months</p>	
<p>Scope Limit: Licensed practitioners trained in the health of the eyes and related structures, as well as vision, visual systems, and vision information processing.</p>		
<p>Other: New York Medicaid State Plan 3.1A (6)(b)</p>		
<p>Other 1937 Benefit Provided: Directly Observed Therapy - rehabilitative</p>	<p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization: Other</p>	<p>Provider Qualifications: Medicaid State Plan</p>	
<p>Amount Limit: No limitation</p>	<p>Duration Limit: none</p>	
<p>Scope Limit: Services to treat, control, monitor and measure Tuberculosis and other communicable diseases.</p>		
<p>Other: Medicaid State Plan 3.1A (13)(d)</p>		
<p>Add</p>		



# 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"/>
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### PRA Disclosure Statement

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V.20130814



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Benefits Assurances

ABP7

### EPSDT Assurances

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

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

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

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

Through an Alternative Benefit Plan.

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

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

There is no visit limit for rehabilitative or habilitative services for persons aged 21 or younger. Persons age 21 and younger may receive chiropractic services.

### Prescription Drug Coverage Assurances

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

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

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

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

### Other Benefit Assurances

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

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

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



# Alternative Benefit Plan

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

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

- Managed care.
  - Managed Care Organizations (MCO).
  - Prepaid Inpatient Health Plans (PIHP).
  - Prepaid Ambulatory Health Plans (PAHP).
  - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

## Managed Care Options

### Managed Care Assurance

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

### Managed Care Implementation

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

The state has provided Medicaid recipients enrollment in managed care plans since 1997. Medicaid Managed Care enrollment statewide is three million households. Another 400,000 adults are enrolled in managed care through an 1115 waiver program, Family Health Plus. Over 90 percent of Family Health Plus enrollees will be eligible for Medicaid under the new eligibility levels and are already enrolled in managed care. The state anticipates that only 77,000 enrollees will be newly eligible statewide in the adult group. As such, there was no need for an implementation plan for member or provider outreach. The state has engaged stakeholders in all aspects of ACA implementation, including the Medicaid expansion and the Alternative Benefit Plan.

### MCO: Managed Care Organization

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

Yes

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

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



# Alternative Benefit Plan

Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

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

April 1, 2013

Describe program below:

The Section 1115 demonstration Partnership Plan and the F-SHRP transfer of authority advanced the statewide managed care delivery system to create efficiencies in the Medicaid program and enable the extension of coverage to certain individuals who would otherwise be without health insurance.

## Additional Information: MCO (Optional)

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

## Fee-For-Service Options

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

Traditional state-managed fee-for-service

Services managed under an administrative services organization (ASO) arrangement

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

Traditional fee-for-service payment model. Providers are reimbursed at established rates for covered medically necessary services provided to enrollees prior to enrollment in managed care. Persons determined eligible for coverage have ten (10) days to select a health plan prior to auto assignment to a health plan. State certified fee-for-service providers may be accessed by enrollees for medically necessary covered services not included in the managed care benefit package or not covered by the enrollee's health plan. These services include: non-emergency transportation services, nursing home services and routine adult dental services, mental health and substance use disorder services above managed care limits.

## Additional Information: Fee-For-Service (Optional)

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

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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.

Yes

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

Medicaid will pay the cost of employer sponsored insurance if it is cost effective. The state assesses cost effectiveness by comparing the ESI premium to the average Medicaid managed care rate which can vary by sex, age and location in the state. Medicaid fee-for-service will reimburse providers for any medically necessary service covered in the ABP that is not covered by the employer sponsored plan. The scope of the employer sponsored benefit will be provided by the applicant. No employer contribution is required.

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

Section 4.22 C of the New York Medicaid State Plan defines the state method for determining the cost effectiveness of employer sponsored health insurance.

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## General Assurances

**ABP10**

### Economy and Efficiency of Plans

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

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

Yes

### Compliance with the Law

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

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V.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Payment Methodology

**ABP11**

### Alternative Benefit Plans - Payment Methodologies

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

**An attachment is submitted.**

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