Alternative Benefit Plan

OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Attachment 3.1-L

Alternative Benefit Plan Populations — ABP1

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

Alternative Benefit Plan Population Name: Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

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

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

Geographic Area

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

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

Attached is the public notice for the Alternative Benefit Plan published on October 23, 2013.
http://docs.dos.ny.gov/info/register/2013/oct23/pdf/misc.pdf (see section 96)

PUBLIC NOTICE
Department of Health
Pursuant to 42 CFR Section 440.305(d), the Department of Health hereby gives public notice of the following:
The Department of Health proposes to amend the Title XIX (Medicaid) State Plan for public health insurance coverage that will impact certain non-disabled, non-pregnant adults, ages 19 - 64 for whom New York already provides public health insurance coverage to comply with federal requirements under the Patient Protection and Affordable Care Act (ACA). The following Medicaid Benefit Changes under the ACA are proposed:
The ACA established a new Medicaid eligibility category that provides coverage to non-elderly, non-pregnant individuals with family income below 133 percent Federal Poverty Level (FPL) who are not entitled to or enrolled in Medicare Part A, not enrolled in Medicare Part B, and not eligible under any other Medicaid eligibility category.
The ACA required that most individuals covered under the new eligibility group be enrolled in Medicaid Alternative Benefit Plans (ABP). Medicaid Alternative Benefit Plans must provide a minimum set of standard health benefits known as Essential Health Benefits (EHB).
The New York State Department of Health will provide the Medicaid State Plan as the Alternative Benefit Plan to the new Medicaid eligible population group. This will allow for continuity of coverage for individuals currently enrolled, provide for equity of coverage for new enrollees coming into the program and assure the

health care needs of the population are met by a cost effective benefit plan that complies with the EHB requirement.
State Medicaid expenditures will decrease for State Fiscal Year 2013-2014 as a result of adopting the Alternative Benefit Plan. The State will receive enhanced federal financial participation for the new adult group eligibility category provided the benefits conform to the ABP requirements of the ACA. Federal financial participation will be 100 percent for newly eligible individuals and 75 percent for current enrollees.
The public is invited to review and comment on this proposed State Plan Amendment. Additional information concerning the Alternative Benefit Plan can be obtained by writing to: Department of Health, Division of Eligibility and Marketplace Integration, One Commerce Plaza, Suite 1200, Albany, NY 12237, Attention: Dawn Oliver

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

Attachment 3.1-[illegible]- [X]

OMB Expiration date: 10/31/2014

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	ABP2a
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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V 20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Attachment 3.1-L- X

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: Adult Group Benefit

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:

Medicaid State Plan section 3.1 A Categorically Needy

Selection of Base Benchmark Plan

Alternative Benefit Plan

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

The Base Benchmark Plan is the same as the Section 1937 Coverage option. No

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

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

Plan name: Standard Blue Cross Blue Shield Federal Employee

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

Alternative Benefit Plan

OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Attachment 3.1-[L-] [X]

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

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

V 20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Attachment 3.1-L:

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. Includes Cognitive Rehabilitative Therapy (CRT) provided by licensed providers.

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:

no limitation if medically necessary

Duration Limit:

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 provided to Medicaid recipients enrolled in managed care plans are exempt from the NYS Utilization Threshold program. Individuals in the new adult group will be enrolled in managed care plans. This population will not be subject to the service limits defined in the UT Program.

Medicaid enrollees who access their covered benefits via the Fee-For-Service delivery system are subject to service limits for non-exempt clinic services as defined in the NYS Medicaid Utilization Threshold (UT) Program. The UT Program places limits on the number of non-exempt clinic services a Medicaid member may receive in a benefit year. These service limits are established based on each member's clinical information. This information includes diagnoses, procedures, prescription drugs, age and gender. As a result, most Medicaid members have clinically appropriate service limit levels and will not need additional services authorized through the Threshold Override Application (TOA) process. Medicaid enrollees may receive services in excess of the UT Program limits upon the request of the licensed provider for additional services and the submission of documentation supporting the need for continued medical care above the threshold limit. Non-exempt clinic services may be provided to an enrollee who has exceeded the threshold without a request for additional services submitted by the licensed provider (outside the TOA process) in the following instances: immediate/urgent need, services rendered in retroactive period, emergency care, member has temporary Medicaid, request from county for second opinion to determine if member can work, or a request for UT override is pending. These exemptions along with the TOA process ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

Clinic services, by specialty code that are subject to the UT Program threshold (non-exempt) in the FFS delivery system are: 321, 901, 902, 903, 905, 909, 914 THRU 917, 919 THRU 921, 923 THRU 933, 935, 950 THRU 958, 965, 966, 999. For code definitions see: DATA DICTIONARY, NEW YORK STATE DEPARTMENT OF HEALTH Office of Health Insurance Programs, Provider Network Data System (PNDS), Version 6.7 revised (January 2014)
Clinic services exempt from the UT Program: pediatric general medicine and specialties, child teen health program (CTHP), school supportive health services program, dialysis, oncology, OPWDD clinic treatment and specialty programs, TB/Directly Observed Therapy, Prenatal Care.

Alternative Benefit Plan

Benefit Provided: Hospice Services

Source: State Plan 1905(a)

Remove

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.

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 twelve months or less. Services include curative treatment for children under age 21.
Medicaid Managed Care Enrollees receive coverage for hospice services through the Medicaid fee-for-service program.

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 and community services prescribed in accordance with a plan of treatment, provided by a qualified person under supervision of a registered nurse. Attendant services and supports to assist in accomplishing (ADLs) and health related tasks.

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: Other laboratory and x-ray services

Source: State Plan 1905(a)

Alternative Benefit Plan

Authorization: Other

Provider Qualifications: Medicaid State Plan

Remove

Amount Limit: No limitation

Duration Limit: 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.

Benefit Provided: Abortion Services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitation

Duration Limit: No limitation

Scope Limit:

Services, drugs and supplies related to abortion when the life of the mother would be endangered if the fetus were carried to term or when pregnancy is a result of an act of rape or incest.

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 (20) Covered services for pregnant women

Add

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 mental disease.

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.

Benefit Provided: Hospice Care - Inpatient
Source: State Plan 1905(a)
Authorization: Prior Authorization
Provider Qualifications: Medicaid State Plan
Amount Limit: No limitation
Duration Limit: No limitation

Scope Limit:

Services delivered in an inpatient setting that are palliative in nature, include supportive medical, social, emotional and spiritual services to terminally ill persons as well as emotional support for family members.

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, (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 twelve months or less. Services include curative treatment for children under age 21.
Medicaid Managed Care Enrollees receive coverage for hospice services through the Medicaid fee-for-service program.

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

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 mental diseases.

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. Includes Cognitive Rehabilitative Therapy by licensed providers.

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 mental diseases.

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 specialty, 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. Clinic services are provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

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 mental diseases.

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.):	Authorization:	Provider Qualifications:
☐ Limit on days supply	Yes	State licensed
☐ Limit on number of prescriptions		
☒ Limit on brand drugs		
☒ Other coverage limits		
☒ Preferred drug list		

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: Secretary-Approved Other

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: > of:20 PT visits; or 75 shared O/P therapy visits

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. Habilitative services are provided to the patient to acquire a skill and avert the loss of functions.

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) limitations and BC/BS Standard Optional limitations apply:

Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 physical therapy visits in a benefit year may access additional physical therapy services up to 20 visits. Physical therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 physical therapy visits per year limitation.

Any enrollee who reaches 20 physical therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional physical therapy services up to the 75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.

The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

There is no outpatient visit limit for physical therapy for persons with a developmental disability or persons with a traumatic brain injury.
Includes Cognitive Rehabilitative Therapy services.
Habilitative services are not provided as part of the home care benefit.

Benefit Provided: Occupational therapy - rehabilitative/habilitative

Source: Secretary-Approved Other

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: > of:20 OT visits; or 75 shared O/P therapy visits

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. Habilitative services are provided to acquire a skill and avert the loss of functions.

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 (11) (b) limitations and BC/BS Standard Optional limitations apply:

Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 occupational therapy visits in a benefit year may access additional occupational therapy services up to 20 visits. Occupational therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 physical therapy visits per year limitation.

Any enrollee who reaches 20 occupational therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional occupational therapy services up to the 75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.

The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

There is no outpatient visit limit for occupational therapy for persons with a developmental disability or persons with a traumatic brain injury.
Includes Cognitive Rehabilitative Therapy services.
Habilitative services are not provided as part of the home care benefit.

Benefit Provided:

Speech and Language Services - rehab/hab

Source:

Secretary-Approved Other

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

> of:20 ST visits; or 75 shared O/P therapy visits

Duration Limit:

per benefit year

Scope Limit:

Services provided by a speech-language pathologist for the maximum reduction of physical disability and restoration to the best functional level. Habilitative services are provided to acquire a skill and avert the loss of functions.

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) limitations and BC/BS Standard Optional limitations apply:

Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 speech therapy visits in a benefit year may access additional speech therapy services up to 20 visits. Speech therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 speech therapy visits per year limitation.

Any enrollee who reaches 20 speech therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional speech therapy services up to the

75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.

The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

There is no outpatient visit limit for speech therapy for persons with a developmental disability or persons with a traumatic brain injury.
Includes Cognitive Rehabilitative Therapy services.
Habilitative services are not provided as part of the home care benefit.

Remove

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)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitation

Duration Limit: None

Scope Limit:

Medical necessary supplies, equipment and appliances, suitable for use in the home prescribed by a physician, consistent with 440.70. Includes durable medical equipment.

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)

Alternative Benefit Plan

Benefit Provided: 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, batteries 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)

Benefit Provided: Hearing Services

Source: State Plan 1905(a)

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: No limitations

Duration Limit: No limitations

Scope Limit:

Audiology services and hearing evaluations conducted by a licensed audiologist. Hearing tests are performed for diagnostic as well as rehabilitative purposes.

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

☑ Essential Health Benefit 8: Laboratory services — Collapse All ☐

Benefit Provided:
Laboratory services

Source:
State Plan 1905(a)

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitation

Duration Limit:
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.

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:	Source:	
Physician and licensed provider services	State Plan 1905(a)	Remove

Add

Alternative Benefit Plan

☑ Essential Health Benefit 10: Pediatric services including oral and vision care — Collapse All ☐

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitation

Duration Limit:
None

Scope Limit:
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:
Medicaid state plan attachment 3.1A (4) (b)

Add

Alternative Benefit Plan

☒ Other Covered Benefits from Base Benchmark — Collapse All ☒

Other Base Benefit Provided:

Source: Base Benchmark

Remove

Add

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

Base Benchmark Benefit that was Substituted: Chiropractic 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:

Personal care services will substitute for adult chiropractic services covered in the Standard BC/BS Federal Employee Benefit.
Personal care services are covered in the New York Medicaid state plan attachment 3.1A (26)
EHB 1

Base Benchmark Benefit that was Substituted: Benefit Provided: Outpatient Surgery & diagnostics
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:

Outpatient surgery and related diagnostics is a duplication of outpatient hospital services covered in the New York Medicaid State Plan.
EHB 1 - Ambulatory Services

Base Benchmark Benefit that was Substituted: Benefit Provided: Physician 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:

Physician services is a duplication of physician services covered in the New York Medicaid State Plan.
EHB 1 - Ambulatory services

Base Benchmark Benefit that was Substituted: Benefit Provided: Routine immunizations
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 immunizations available at participating retail pharmacy is a duplication of prescription drug services covered under the New York Medicaid State Plan.
EHB 6 - Prescription drugs

Base Benchmark Benefit that was Substituted: Benefit Provided: Podiatry 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:

Podiatry services is a duplication of medical care provided by licensed practitioners -podiatrist, covered in the New York Medicaid State Plan.
EHB 1 - Ambulatory services

Base Benchmark Benefit that was Substituted:
Benefit Provided: Hospice Services - ambulatory
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:

Hospice services is a duplication of Hospice Services covered in the New York Medicaid State Plan. Hospice Service may be delivered ambulatory or non-inpatient setting.
EHB 1 - Ambulatory services

Base Benchmark Benefit that was Substituted:
Benefit Provided: Acupuncture 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:

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

Base Benchmark Benefit that was Substituted:
Benefit Provided: Medical emergency facility svcs
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:

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

Base Benchmark Benefit that was Substituted:
Benefit provided: Medical emergency professional
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:

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

Base Benchmark Benefit that was Substituted:
Benefit Provided: Prescription drug benefit
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:

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

Base Benchmark Benefit that was Substituted:
Benefit Provided: Well child care to age 22
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:

Well child care to age 22, is a duplication of EPSDT services for persons < 21yrs and preventive services services for persons age 21 -22 covered in the New York State Plan
EHB 10 - Pediatric services
EHB 9 - Preventive and wellness services

Remove

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 services covered in the New York Medicaid State Plan.
EHB 9 - Preventive and wellness services

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 - Preventive services

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 hearing 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

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:

Benefit Provided:Cognitive rehabilitative therapy

Source:
Base Benchmark

Remove

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

Cognitive rehabilitative therapy is a duplication of physician services, services provided by licensed practitioners and services provided by a physical therapist, occupational therapist or speech therapist in the Medicaid State Plan. CRT encompasses an array of services provided by physicians and licensed practitioners with different specialties in varied medical settings. The NY Medicaid State Plan provides a greater benefit for therapy services due to no limitations on amount, duration and scope of CRT coverage under both medical and behavioral therapy.
EHB 1
EHB 5
EHB 7

Base Benchmark Benefit that was Substituted:

Benefit Provided: Durable Medical Equipment

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:

Durable Medical Equipment 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:

Benefit Provided: Hearing tests and hearing aids

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:

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:

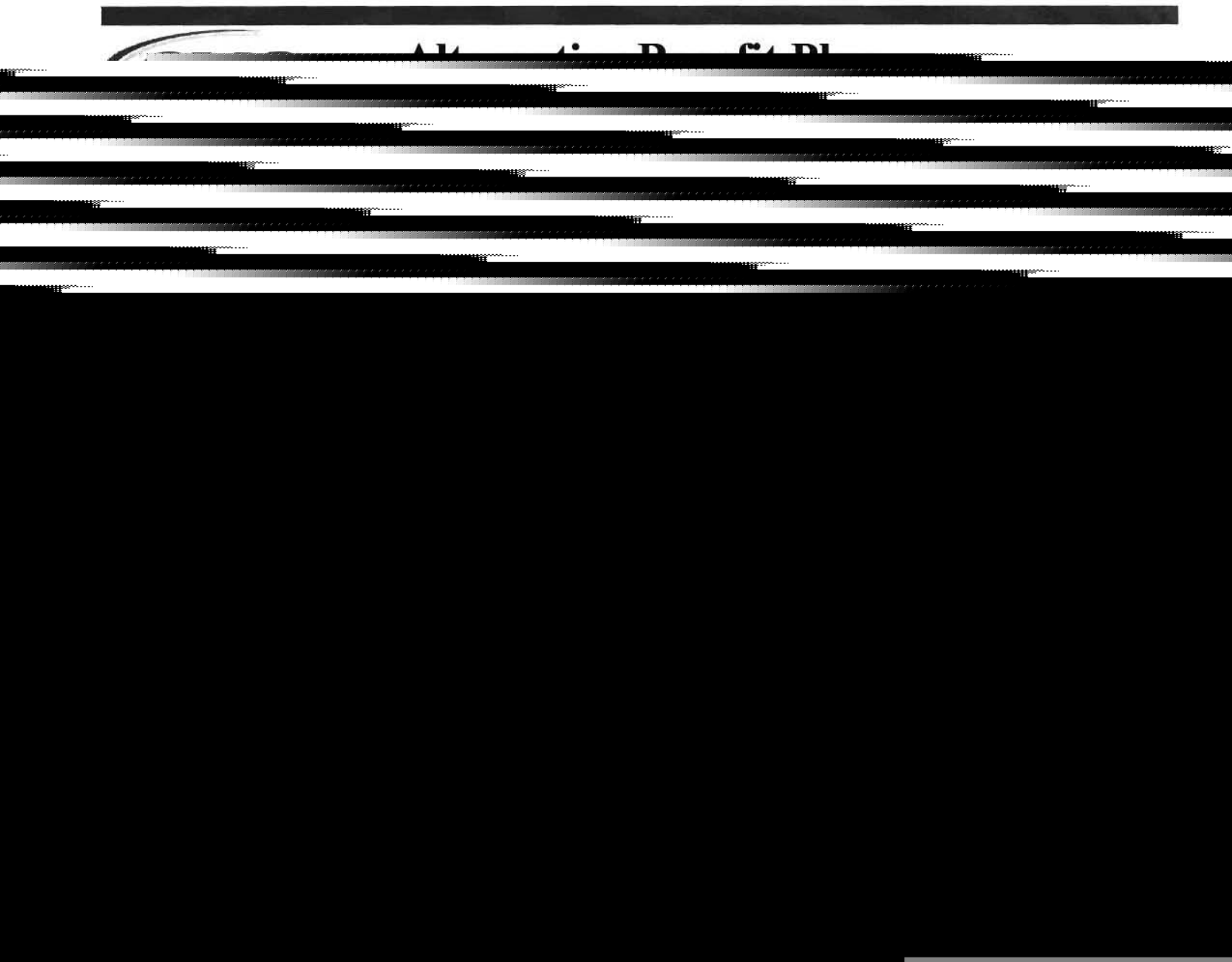
Benefit Provided: Physician care delivery

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:

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



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:
Benefit Provided: MH and SUD inpatient hospital
Source: Base Benchmark
Remove

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

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

Base Benchmark Benefit that was Substituted:
Benefit Provided: Outpatient MH/SUD facility care
Source: Base Benchmark
Remove

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

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

Base Benchmark Benefit that was Substituted:
Benefit Provided: Inpatient professional MH/SUD
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:

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

Base Benchmark Benefit that was Substituted:
Benefit Provided: Professional outpatient MH/SUD
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:

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

Base Benchmark Benefit that was Substituted:
Benefit Provided: Routine dental for children
Source: Base Benchmark
Remove

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

Routine dental services for children is a duplication of EPSDT services covered in the New York Medicaid State Plan.
EHB 10 - Pediatric Services

Base Benchmark Benefit that was Substituted:
Benefit Provided: Diagnostic tests
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:

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

Remove

Base Benchmark Benefit that was Substituted:

Benefit Provided: 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:

Emergency transportation is a duplication of other medical services-emergency transportation, covered in the New York Medicaid state plan.
EHB 2 - Emergency services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Licensed provider 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:

Medical services provided by licensed providers is a duplication of medical care provided by licensed practitioners covered in the New York Medicaid State Plan.
EHB 1 - Ambulatory Care

Base Benchmark Benefit that was Substituted:

Benefit Provided: IP professional care- maternity

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:

Maternity services provided by inpatient professionals is a duplication of Nurse-midwife services covered in the New York Medicaid State Plan.
EHB 4 Maternity and Newborn Care

Base Benchmark Benefit that was Substituted:

Benefit: Freestanding Ambulatory Facility 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:

Freestanding Ambulatory Facility Services is a duplication of clinic services covered in the New York Medicaid State Plan.
EHB 1 - Ambulatory Care

Base Benchmark Benefit that was Substituted:

Benefit Provided: Hospice Care - Inpatient

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:

Hospice Care-Inpatient is a duplication of the Inpatient Hospice services covered in the New York Medicaid State Plan.
EHB 3 - Hospitalization

Remove

Base Benchmark Benefit that was Substituted:

Benefit Provided: Abortion 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:

Abortion services is a duplication of abortion services covered in the New York State Plan. Abortion services, drugs and supplies related to abortion are covered in the New York State Plan when the life of the mother would be endangered if the fetus were carried to term or when pregnancy is a result of an act of rape or incest.
EHB 1- Ambulatory services

Base Benchmark Benefit that was Substituted:

Benefit: Physical Therapy - rehab/habilitative

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:

Physical therapy services in the BC/BS FEBP is a duplication of services covered in the secretary approved physical therapy benefit in the New York State Plan.
EHB 7- Rehabilitative and Habilitative services

Base Benchmark Benefit that was Substituted:

Benefit: Occupational therapy-rehab/habilitative

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:

Occupational therapy services in the BC/BS FEBP is a duplication of services covered in the secretary approved occupational therapy benefit in the New York State Plan.
EHB 7 - Rehabilitative and Habilitative services

Base Benchmark Benefit that was Substituted:

Benefit: Speech and Language therapy- rehab/hab

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:

Speech and language therapy services in the BC/BS FEBP are a duplication of services covered in the secretary approved speech therapy benefit in the New York State Plan.
EHB 7 - Rehabilitative and Habilitative

Base Benchmark Benefit that was Substituted:

Benefit Provided: Home health care

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:

Remove

Home health care covered in the BC/BS FEBP is a duplication of home health services covered in the New York Medicaid State Plan. The BC/BS FEBP Home Health Care benefit covers home nursing care for two (2) hours per day when a registered nurse (R.N.) or licensed practical nurse (L.P.N.) provides the services; and a physician orders the care. The BC/BS FEBP home nursing care benefit is limited to 50 visits per person, per calendar year. The New York State Plan Home Health Services benefit exceeds the BC/BS benefit in services covered and duration of care, as medically needed.
EHB 7 - Rehabilitative and Habilitative services

Add

Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:
Wellness Incentives

Source:
Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:
These features in the BC/BS FEHB plan are essentially monetary rewards and are not incentives that have a relationship to health/wellness.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:
Adult routine dental services

Source:
Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:
This is not an EHB for the new adult group as it is an excepted benefit.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:
Routine Vision Services

Source:
Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:
This is not an EHB for the new adult group as it is an excepted benefit.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:
Healthy Newborn visits and screening

Source:
Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:
This is not an EHB for the new adult group as it is an excepted benefit claimed under the child's eligibility.

Add

Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits — Collapse All ☐

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: 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 Facility Services

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. Other than services provided in an institution for mental diseases.

Remove

Other:

Medicaid State Plan 3.1 A (4)(a)

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 under the direction of a physician.

Other:

Medicaid State Plan 3.1A (8)

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Alternative Benefit Plan

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Remove

Amount Limit:
No limitations

Duration Limit:
None

Scope Limit:
Services provided as defined by the Rural Health Clinic Services Act of 1977 (Public Law 95-210).

Other:

Other 1937 Benefit Provided:
Federally Qualified Health Clinic (FQHC)

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
None

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.

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.

Other 1937 Benefit Provided:
Routine adult dental services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
None

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

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.

Remove

Other 1937 Benefit Provided:
Family Planning Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
None

Scope Limit:
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.

Other:
Covered if included in the managed care contractor's benefit package or as a Medicaid FFS benefit.

Other 1937 Benefit Provided:
Prosthetic/Orthotic devices, Orthopedic footwear

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
None

Scope Limit:
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.

Other:
Orthopedic footwear includes shoes, shoe modifications or additions used to correct, accommodate or prevent a physical deformity or range of motion malfunction.

Other 1937 Benefit Provided:
Personal Emergency Response Systems (PERS)

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit: No limitation

Duration Limit: None

Remove

Scope Limit:
An electronic device which enables high risk patients to secure help in the event of a physical, emotional or environmental emergency. Usually connected to the patient's phone, will signal a response center when help button is activated.

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 specialties 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)

Alternative Benefit Plan

Other 1937 Benefit Provided:
Eyeglasses and corrective lens

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
One pair or glasses or corrective lenses

Duration Limit:
every 24 months

Scope Limit:
Frames bearing lenses worn in front of the eyes or lenses worn on the eye normally used for vision correction.

Other:
New York Medicaid State Plan 3.1A (12)(d)
Prior approval required for artificial eyes, certain special lenses and eye services.

Other 1937 Benefit Provided:
Optometrists' services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
One examination including refraction

Duration Limit:
every 24 months

Scope Limit:
Licensed practitioners trained in the health of the eyes and related structures, as well as vision, visual systems, and vision information processing.

Other:
New York Medicaid State Plan 3.1A (6)(b)

Other 1937 Benefit Provided:
Directly Observed Therapy - rehabilitative

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitation

Duration Limit:
none

Scope Limit:
Services to treat, control, monitor and measure Tuberculosis and other communicable diseases.

Other:
Medicaid State Plan 3.1A (13)(d)

Alternative Benefit Plan

Remove

Other 1937 Benefit Provided:
Health Home Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Concurrent Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitation

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

Other:
Medicaid State Plan 1945, 3.11 A (H)

Other 1937 Benefit Provided:
Community First Choice - personal care services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
Consumer controlled enhanced personal attendant services and supports that include; functional skills training, coaching and prompting the individual to accomplish the ADL, IADL and health-related skills.

Other:
Medicaid State Plan 1915(k), 3.1-A 3(d)(B), 3(d)(C)

Other 1937 Benefit Provided:
Rehabilitative Residential services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Concurrent Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
no limitation

Duration Limit:
no limitation

Scope Limit:

Interventions, therapies and activities which are medically therapeutic and remedial in nature, and are medically necessary for the maximum reduction of functional and adaptive behavior deficits associated with the individual's mental disease.

Remove

Other:

Medicaid State Plan 3.1 A (13)(d)
Rehabilitative residential services are provided to persons residing in community residences licensed by the NYS Office of Mental Health. Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Add

Alternative Benefit Plan

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

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V.20130814

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-L ☐ 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 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-E- ☐

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. Enrollees may access state certified fee-for-service providers 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, hospice services, routine adult dental services and certain mental health and substance use disorder services. Managed care plans do not impose treatment limitations on MH/SUD services that are more restrictive than limitations defined in 3.1 A of the New York Medicaid state plan. MH and SUD benefits in the managed care benefit package are aligned with the state plan.

Additional Information: Fee-For-Service (Optional)

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

All New York Medicaid Managed Care health plans provide members with a Member Handbook. The handbook explains the services covered by the health plan and the non-plan covered services that the enrollee must access via the fee for service delivery system. The New York Medicaid Managed Care Model Member Handbook is used by all participating health plans as an enrollee resource tool. Language in the handbook explains how to access both health plan covered services and services covered in the state plan that are not covered by the MMC plan contract; "Medicaid managed care provides a number of services you get in addition to those you get with regular Medicaid. [Insert Plan Name] will provide or arrange for most services that you will need. You can get a few services, however, without going through your PCP. These include emergency care; family planning/HIV testing and counseling; and specific self referral services, including those you can get from within the plan and some that you can choose to go to any Medicaid provider of the service."

There are medical services managed care enrollees must access via the FFS delivery system these include residential health care facility service, emergency/non-Emergency Transportation and hospice.
Certain mental health, substance use disorder and supportive services are not covered by health plans participating in the NYS Medicaid Managed Care program. Enrollees access these services via the FFS delivery system. This represents a full list to date, of

Alternative Benefit Plan

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V.20130718

Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-L

OMB Expiration date: 10/31/2014

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 scope of the employer sponsored benefit package is provided by the applicant. The employer's health plan must meet certain standards for covered benefits and costs. 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. 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.
ESI enrollees may access fee-for-service providers for medically necessary services covered in the Medicaid state plan that are limited by their employer sponsored benefit package. ESI enrollees are not enrolled in the NYS Medicaid Managed Care Program. All ESI enrollees receive an program guide that explains how to access medically necessary services via the FFS delivery system.

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Alternative Benefit Plan

OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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-L-

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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