



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PA - 15 - 0016

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?	
+	Adult Group	Mandatory	X

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

### Geographic Area

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

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

### PRA Disclosure Statement

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

V.20140415



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**Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(n)(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.

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.

Pennsylvania has fully aligned the benefits in its Alternative Benefit Package with its approved Medicaid state plan by selecting Secretary-Approved coverage as its benchmark and using duplication and substitution for the Essential Health Benefits in its base benchmark plan, Aetna POS 3.7, and including the remaining Medicaid state plan services as other 1937 covered benefits that are not Essential Health Benefits.

### 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):

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. 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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## 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.

Other Information Related to Cost Sharing Requirements (optional):

### PRA Disclosure Statement

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

V.20140415



# Alternative Benefit Plan

State Name: Pennsylvania

Attachment 3.1-L- 1

OMB Control Number: 0938-1148

Transmittal Number: PA - 15 - 0016

OMB Expiration date: 10/31/2014

## Benefits Description

ABP5

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

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Aetna POS 3.7

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

Secretary Approved



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Certified Pediatric or Family Nurse Practitioners'

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 23.

Benefit Provided:

Physicians' Svcs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 5a.

Benefit Provided:

OLP-Certified Registered Nurse Practitioners' Svcs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

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

Reference Approved State Plan Attachment 3.1A/3.1B section 6d.

Benefit Provided:

Outpatient Hospital Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 2a.

Benefit Provided:

Independent Medical Clinics

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 9a.

Benefit Provided:

Family Planning Clinic Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 4c.

The state conforms to the Hyde Amendment and does not cover abortions except in cases of rape, incest, or when the mother's life is at risk.

Benefit Provided:

Short Procedure Units (SPU)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 2a.

Prior authorization is required for an admission for same day surgical services.

Benefit Provided:

Ambulatory Surgical Centers (ASC)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 9e.

Benefit Provided:

OLP - Chiropractors' Svcs

Source:

State Plan 1905(a)

Remove



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 6c.

Benefit Provided:

Hospice - Outpatient

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

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

Respite care is limited to no more than 5 consecutive days in a 60 day authorization period.

Consistent with federal rules, Pennsylvania continues to provided medically necessary curative services, even after election of the hospice benefit by or on behalf of children receiving services.

Reference Approved State Plan Attachment 3.1A/3.1B section 18.

Add



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Emergency Hospital Svcs: Emergency Room

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 24d.

Benefit Provided:

Emergency Hospital Svcs: Emergency Ambulance

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 24a.

Add



# Alternative Benefit Plan

## 3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Coverage - Including Transplants

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 1.

Services will not be provided in an Institution for Mental Disease (IMD).

Benefit Provided:

Hospice - Inpatient

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 18.

Consistent with federal rules, Pennsylvania continues to provided medically necessary curative services, even after election of hospice benefit by or on behalf of children receiving services.

Services will not be provided in an IMD.

Add



# Alternative Benefit Plan

## 4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Nurse Midwife Svcs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 17.

Benefit Provided:

Free Standing Birth Center Svcs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 27a and 27b.

Benefit Provided:

Inpatient Maternity Svcs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 1.



# Alternative Benefit Plan

<input type="text" value="Services will not be provided in an IMD."/>		
<b>Benefit Provided:</b> <input type="text" value="Physician's Svcs - Maternity"/>	<b>Source:</b> <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="None"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>	
<b>Scope Limit:</b> <input type="text" value="None"/>		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b>		
<input type="text" value="Reference Approved State Plan Attachment 3.1A/3.1B section 5a."/>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Inpatient Svcs - Mental Health

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 1.

Services will not be provided in an IMD.

Benefit Provided:

Psychiatric Clinic Svcs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 9b.

Benefit Provided:

Psychiatric Partial Hospitalization

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



# Alternative Benefit Plan

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

Reference Approved State Plan Attachment 3.1A/3.1B section 2a.

Benefit Provided:

Inpatient - Detoxification

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 1.

Services will not be provided in an IMD.

Benefit Provided:

Outpatient - Drug & Alcohol Svcs

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 9c.

Benefit Provided:

Inpatient Rehabilitation (Drug & Alcohol Svcs)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 1.

Services will not be provided in an IMD.

Benefit Provided:

Methadone Maintenance

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 9c.

Add



# Alternative Benefit Plan

## 6. Essential Health Benefit: Prescription drugs

### Benefit Provided:

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

### Prescription Drug Limits (Check all that apply.):

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

### Authorization:

Yes

### Provider Qualifications:

State licensed

### Coverage that exceeds the minimum requirements or other:

The State of Pennsylvania's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs, A Managed Care Plan may offer a prescription drug benefit that is no more restrictive than the state plan benefit.

Reference Approved State Plan Attachment 3.1A/3.1B section 12a.



# Alternative Benefit Plan

## 7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

**Benefit Provided:**

Nursing Facility Svcs for Individuals 21 and Older

**Source:**

State Plan 1905(a)

Remove

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

365 days per calendar year

**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:

Reference Approved State Plan Attachment 3.1A/3.1B section 4a.

An institutional level of care is required.

**Benefit Provided:**

Home Health Svcs

**Source:**

State Plan 1905(a)

Remove

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

See Below

**Duration Limit:**

See Below

**Scope Limit:**

See Below

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

Reference Approved State Plan Attachment 3.1A/3.1B section 7a and 7b.

There are no limits for home health services for the first twenty-eight (28) days. After the first twenty-eight (28) days, beneficiaries 21 years of age or older are limited to fifteen (15) days per month of therapy visits, speech pathology and audiology visits, home health intermittent and part-time nursing visits and home health aide visits. This proposed benefit limit exceeds the base benchmark limit of a maximum of 60 visits per calendar year.

**Benefit Provided:**

Home Health Svcs - Medical Supplies, Equip & Appls

**Source:**

State Plan 1905(a)

Remove

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None



# Alternative Benefit Plan

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 7c.

Benefit Provided:

Home Health Svcs - Physical Therapy(PT)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Below

Duration Limit:

See Below

Scope Limit:

Includes Rehabilitative services only

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

Reference Approved State Plan Attachment 3.1A/3.1B section 7d.

There are no limits for physical therapy services for the first twenty-eight (28) days. After the first twenty-eight (28) days, beneficiaries 21 years of age or older are limited to fifteen (15) days per month of therapy visits, speech pathology and audiology visits, home health intermittent and part-time nursing visits, and home health aide visits. This proposed benefit limit exceeds the base benchmark limit of a maximum of 60 outpatient home health visits per calendar year.

Benefit Provided:

Home Health Svcs - Occupational Therapy (OT)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Below

Duration Limit:

See Below

Scope Limit:

Includes Rehabilitative services only

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

Reference Approved State Plan Attachment 3.1A/3.1B section 7d.

There are no limits for occupational therapy services for the first twenty-eight (28) days. After the first twenty-eight (28) days, beneficiaries 21 years of age or older are limited to fifteen (15) days per month of therapy visits, speech pathology and audiology visits, home health intermittent and part-time nursing visits,



# Alternative Benefit Plan

and home health aide visits. This proposed benefit limit exceeds the base benchmark limit of a maximum of 60 outpatient home health visits per calendar year.

**Benefit Provided:**

Home Health Svcs - Speech Pathology & Audiology

**Source:**

State Plan 1905(a)

Remove

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

See Below

**Duration Limit:**

See Below

**Scope Limit:**

Includes Rehabilitative services only

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

Reference Approved State Plan Attachment 3.1A/3.1B section 7d.

There are no limits for speech pathology and audiology services for the first twenty-eight (28) days. After the first twenty-eight (28) days, beneficiaries 21 years of age or older are limited to fifteen (15) days per month of therapy visits, speech pathology and audiology visits, home health intermittent and part-time nursing visits, and home health aide visits. This proposed benefit limit exceeds the base benchmark limit of a maximum of 60 outpatient home health visits per calendar year.

**Benefit Provided:**

Habilitative Physical Therapy (PT)

**Source:**

State Plan Other

Remove

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

None

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

Physical therapy services are services, including necessary supplies and equipment as well as direct assistance with the selection, acquisition, training, or use of an Assistive Technology Device (ATD), prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by or under the supervision of a currently licensed physical therapist within the scope of his or her professional practice.

Services shall be provided by a licensed physical therapist who is an approved Medicaid provider or a certified physical therapist assistant under the general supervision of a licensed physical therapist. Services shall be provided in the beneficiary's home, a clinic, or a rehabilitative facility. A medical prescription for services is required and the service procedure must be a covered benefit of the Medicaid program.



# Alternative Benefit Plan

Benefit Provided:

Habilitative Occupational Therapy (OT)

Source:

State Plan Other

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Occupational therapy services are services, including necessary supplies and equipment as well as direct assistance with the selection, acquisition, training, or use of an ATD, prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by or under the supervision of a currently licensed occupational therapist within the scope of his or her professional practice.

Services shall be provided by a licensed occupational therapist who is an approved Medicaid provider or a occupational therapist assistant under the general supervision of a licensed occupational therapist. Services shall be provided in the beneficiary's home, a clinic, or a rehabilitative facility. A medical prescription for services is required and the service procedure must be a covered benefit of the Medicaid program.

Benefit Provided:

Habilitative Speech, Hearing & Lang. Disorder Svcs

Source:

State Plan Other

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Speech, language and hearing services are services, including necessary supplies and equipment as well as direct assistance with the selection, acquisition, training, or use of an ATD, prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law and provided in an individual or group setting by or under the supervision of a speech pathologist, audiologist or teacher of the hearing impaired within the scope of his or her professional practice.

Speech language pathology services may be provided in the beneficiary's home, a clinic, or a rehabilitative facility by any of the following:

- A licensed speech language pathologist with a current license issued by the State Board of Examiners in Speech-Language and Hearing of the Commonwealth.
- A licensed audiologist with a current license issued by the State Board of Examiners in Speech-Language and Hearing in the Commonwealth.



# Alternative Benefit Plan

A speech language pathology assistant, which is a person that has an associate degree from a technical training program in speech pathology as recommended in the American Speech-Language-Hearing Association (ASHA) guidelines and works under the direction and supervision of a licensed audiologist or licensed speech-language pathologist.

Add



# Alternative Benefit Plan

## 8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Diagnostic Laboratory

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 3.

Benefit Provided:

Diagnostic X-Ray

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference Approved State Plan Attachment 3.1A/3.1B section 3.

Add



# Alternative Benefit Plan

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

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

Benefit Provided:

Source:

Remove

Add



# Alternative Benefit Plan

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

<b>Benefit Provided:</b> Medicaid State Plan EPSDT Benefits	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Reference Approved State Plan Attachment 3.1A/3.1B section 4b.		



# Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

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

Collapse All

Base Benchmark Benefit that was Substituted:

Allergy Testing

Source:

Base Benchmark

Remove

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

Duplication: Allergy Testing was mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Physician Services, OLP - Certified Registered Nurse Practitioners' Services, Outpatient Hospital Clinic and Independent Medical Clinics from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Allergy Treatment

Source:

Base Benchmark

Remove

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

Duplication: Allergy Treatment was mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Physician Services, OLP - Certified Registered Nurse Practitioners' Services, Outpatient Hospital Clinic and Independent Medical Clinics from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Hospice Care - Outpatient

Source:

Base Benchmark

Remove

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

Duplication: Hospice Care - Outpatient was mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Hospice - Outpatient from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Infertility Treatment

Source:

Base Benchmark

Remove

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

Duplication: Infertility Treatment was mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Physician Services, OLP - Certified Registered Nurse Practitioners' Services, Outpatient Hospital Clinic and Independent Medical Clinics from the approved Medicaid State plan. Coverage is limited to the diagnosis and surgical treatment of the underlying medical condition. Services solely for Assisted Reproductive Technology (ART) are not covered.

Base Benchmark Benefit that was Substituted:

Infusion Therapy

Source:

Base Benchmark

Remove

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

Duplication: Infusion Therapy was mapped to EHB 1 - Ambulatory Patient Services, and EHB 7 - Rehabilitative and Habilitative Services and Devices. The services are a duplication of Physician Services, Outpatient Hospital Clinic, Independent Medical Clinics, Ambulatory Surgical Centers, Short Procedures Units and Home Health Care from the approved Medicaid State plan.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Outpatient Surgery

Source:

Base Benchmark

Remove

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

Duplication: Outpatient Surgery was mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Ambulatory Surgical Centers (ASC) and Short Procedure Units (SPU) from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Primary Care Physician Visits

Source:

Base Benchmark

Remove

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

Duplication: Primary Care Physician Visits were mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Physician Services, Certified Pediatric or Family Nurse Practitioners, and Family Planning Clinic Services and Supplies from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Specialist Office Visits

Source:

Base Benchmark

Remove

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

Duplication: Specialist Office Visits were mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Physician Services, Certified Pediatric or Family Nursing Services, and Family Planning Clinic Services and Supplies from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Subluxation Services

Source:

Base Benchmark

Remove

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

Duplication: Subluxation Services were mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of OLP - Chiropractors' Services from the approved Medicaid State plan. The proposed benefit limit of unlimited visits exceeds the base benchmark limit of 20 visits per calendar year.

Base Benchmark Benefit that was Substituted:

Tubal Ligation

Source:

Base Benchmark

Remove

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

Duplication: Tubal Ligation was mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Physician Services, Family Planning Clinic Services and Supplies, Ambulatory Surgical Centers (ASC) and Short Procedure Units (SPU) from the approved Medicaid State plan.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Urgent Care Provider

Source:

Base Benchmark

Remove

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

Duplication: Urgent Care Provider was mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Physician Services, OLP - Certified Registered Nurse Practitioners' Services, Outpatient Hospital Clinic and Independent Medical Clinics from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Vasectomy

Source:

Base Benchmark

Remove

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

Duplication: Vasectomy was mapped to EHB 1, Ambulatory Patient Services. The services are a duplication of Physician Services, Family Planning Clinic Services and Supplies, Outpatient Hospital Clinic, Independent Medical Clinics, Ambulatory Surgical Centers (ASC) and Short Procedure Units (SPU) from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Emergency Ambulance

Source:

Base Benchmark

Remove

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

Duplication: Emergency Ambulance was mapped to EHB 2, Emergency Services. The services are a duplication of Emergency Hospital Services: Emergency Ambulance from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Emergency Room

Source:

Base Benchmark

Remove

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

Duplication: Emergency Room was mapped to EHB 2, Emergency Services. The services are a duplication of Emergency Hospital Services: Emergency Room from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Hospice Care - Inpatient

Source:

Base Benchmark

Remove

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

Duplication: Hospice Care - Inpatient was mapped to EHB 3, Hospitalization. The services are a duplication of Hospice - Inpatient from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Inpatient Coverage

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Duplication: Inpatient Coverage was mapped to EHB 3, Hospitalization. The services are a duplication of Inpatient Coverage - Including Transplants from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Maternity (Delivery and Postpartum)

Source:

Base Benchmark

Remove

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

Duplication: Maternity (Delivery and Postpartum) was mapped to EHB 4, Maternity and Newborn Care. The services are a duplication of Nurse Midwife Services, Free Standing Birth Centers, Inpatient Maternity Services, and Physician's Services - Maternity from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Prenatal 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:

Duplication: Prenatal Maternity was mapped to EHB 4, Maternity and Newborn Care. The services are a duplication of Nurse Midwife Services, Free Standing Birth Centers, Inpatient Maternity Services, and Physician's Services - Maternity from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Inpatient Detoxification

Source:

Base Benchmark

Remove

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

Duplication: Inpatient Detoxification was mapped to EHB 5, Mental Health and Substance Use Disorder Services including Behavioral Health Treatment. The services are a duplication of Inpatient - Detoxification from the approved Medicaid State plan. The proposed benefit limit of unlimited visits exceeds the base benchmark limit of 4 admissions per lifetime with a maximum of 7 days per admission.

Base Benchmark Benefit that was Substituted:

Inpatient Non-Serious Mental Illness

Source:

Base Benchmark

Remove

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

Duplication: Inpatient Non-Serious Mental Illness was mapped to EHB 5, Mental Health and Substance Use Disorder Services including Behavioral Health Treatment. The services are a duplication of Inpatient Services - Mental Health from the approved Medicaid State plan. The proposed benefit limit of unlimited visits exceeds the base benchmark limit of 30 days per calendar year for non-serious mental illness.

Base Benchmark Benefit that was Substituted:

Inpatient Rehabilitation

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Duplication: Inpatient Rehabilitation was mapped to EHB 5, Mental Health and Substance Use Disorder Services including Behavioral Health Treatment. The services are a duplication of Inpatient Rehabilitation (Drug & Alcohol Services) from the approved Medicaid State plan. The proposed benefit limit of unlimited visits exceeds the base benchmark limit of 30 days per calendar year with a maximum of 90 days per lifetime.

Base Benchmark Benefit that was Substituted:

Inpatient Serious Mental Illness

Source:

Base Benchmark

Remove

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

Duplication: Inpatient Serious Mental Illness was mapped to EHB 5, Mental Health and Substance Use Disorder Services including Behavioral Health Treatment. The services are a duplication of Inpatient Services - Mental Health from the approved Medicaid State plan. The proposed benefit limit of unlimited visits exceeds the base benchmark limit of 30 days per calendar year for serious mental illness.

Base Benchmark Benefit that was Substituted:

Outpatient Detoxification

Source:

Base Benchmark

Remove

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

Duplication: Outpatient Detoxification was mapped to EHB 5, Mental Health and Substance Use Disorder Services including Behavioral Health Treatment. The services are a duplication of Outpatient - Drug & Alcohol Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Outpatient Non-Serious Mental Illness

Source:

Base Benchmark

Remove

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

Duplication: Outpatient Non-Serious Mental Illness was mapped to EHB 5, Mental Health and Substance Use Disorder Services including Behavioral Health Treatment. The services are a duplication of Psychiatric Clinics Services and Psychiatric Partial Hospitalization from the approved Medicaid State plan. The proposed benefit limit of unlimited visits exceeds the base benchmark limit of 20 days per calendar year for non-serious mental illness.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation

Source:

Base Benchmark

Remove

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

Duplication: Outpatient Rehabilitation was mapped to EHB 5, Mental Health and Substance Use Disorder Services including Behavioral Health Treatment. The services are a duplication of Outpatient - Drug & Alcohol Services and Methadone Maintenance from the approved Medicaid State plan.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Outpatient Serious Mental Illness

Source:

Base Benchmark

Remove

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

Duplication: Outpatient Serious Mental Illness was mapped to EHB 5, Mental Health and Substance Use Disorder Services including Behavioral Health Treatment. The services are a duplication of Psychiatric Clinic Services and Psychiatric Partial Hospitalization from the approved Medicaid State plan. The proposed benefit limit of unlimited visits exceeds the base benchmark limit of 60 days per calendar year for serious mental illness.

Base Benchmark Benefit that was Substituted:

Generic Drugs

Source:

Base Benchmark

Remove

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

Duplication: Generic Drugs were mapped to EHB 6, Prescription Drugs. The services are a duplication of Prescription Drugs from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Non-Preferred Drugs

Source:

Base Benchmark

Remove

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

Duplication: Non-Preferred Drugs were mapped to EHB 6, Prescription Drugs. The services are a duplication of Prescription Drugs from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Preferred Drugs

Source:

Base Benchmark

Remove

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

Duplication: Preferred Drugs were mapped to EHB 6, Prescription Drugs. The services are a duplication of Prescription Drugs from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Prescription Drugs (Retail or Mail Order)

Source:

Base Benchmark

Remove

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

Duplication: Prescription Drugs (Retail or Mail Order) were mapped to EHB 6, Prescription Drugs. The services are a duplication of Prescription Drugs from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Specialty Care Drugs

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Duplication: Specialty Care Drugs were mapped to EHB 6, Prescription Drugs. The services are a duplication of Prescription Drugs from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

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:

Duplication: Durable Medical Equipment was mapped to EHB 7, Rehabilitative and Habilitative Services and Devices. The services are a duplication of Home Health Services - Medical Equipment, Supplies & Appliances from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Home Health Care

Source:

Base Benchmark

Remove

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

Duplication: Home Health Care was mapped to EHB 7, Rehabilitative and Habilitative Services and Devices. The services are a duplication of Home Health Services from the approved Medicaid State plan. The proposed benefit limit of unlimited for the first 28 days, 15 days per month thereafter exceeds the base benchmark plan's benefit of 60 visits per calendar year.

Base Benchmark Benefit that was Substituted:

Outpatient Physical and Occupational Therapy

Source:

Base Benchmark

Remove

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

Duplication: Outpatient Physical and Occupational Therapy was mapped to EHB 7, Rehabilitative and Habilitative Services and Devices. The services are a duplication of Home Health Services - Physical Therapy (PT) and Home Health Services - Occupational Therapy (OT) from the approved Medicaid State plan and of Habilitative Physical Therapy (PT) and Habilitative Occupational Therapy (OT). The proposed benefit limit of unlimited visits exceeds the base benchmark limits of 30 combined outpatient physical therapy and occupational therapy visits per calendar year.

Base Benchmark Benefit that was Substituted:

Outpatient Speech Therapy

Source:

Base Benchmark

Remove

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

Duplication: Outpatient Speech Therapy was mapped to EHB 7, Rehabilitative and Habilitative Services and Devices. The services are a duplication of Home Health Services - Speech Pathology & Audiology from the approved Medicaid State plan and of Habilitative Speech, Hearing & Language Disorder Services. The proposed benefit limit of unlimited visits exceeds the base benchmark limit of 30 outpatient speech therapy visits per calendar year.



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility

Source:

Base Benchmark

Remove

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

Duplication: Skilled Nursing Facility was mapped to EHB 7, Rehabilitative and Habilitative Services and Devices. The services are a duplication of Nursing Facility Services for Individuals 21 and Older from the approved Medicaid State plan. This proposed benefit limit of 365 days per calendar year exceeds the base benchmark limit of 120 days per calendar year.

Base Benchmark Benefit that was Substituted:

Diagnostic X-Ray for Complex Imaging Services

Source:

Base Benchmark

Remove

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

Duplication: Diagnostic X-Ray for Complex Imaging Services were mapped to EHB 8, Laboratory Services. The services are a duplication of Diagnostic X-Ray from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Diagnostic Laboratory

Source:

Base Benchmark

Remove

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

Duplication: Diagnostic Laboratory was mapped to EHB 8, Laboratory Services. The services are a duplication of Diagnostic Laboratory from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Colorectal Cancer Screening

Source:

Base Benchmark

Remove

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

Duplication: Colorectal Cancer Screening was mapped to EHB 9, Preventive and Wellness Services and Chronic Disease Management. The services are a duplication of Preventive Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Routine Adult Physical Exam/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:

Duplication: Routine Adult Physical Exam/Immunizations was mapped to EHB 9, Preventive and Wellness Services and Chronic Disease Management. The services are a duplication of Preventive Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Routine Dig Rectal Exam/Prostate Spec Antigen Test

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Duplication: Routine Digital Rectal Exam/Prostate Specific Antigen Test was mapped to EHB 9, Preventive and Wellness Services and Chronic Disease Management. The services are a duplication of Preventive Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Routine Eye Exams at Specialist

Source:

Base Benchmark

Remove

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

Duplication: Routine Eye Exams at Specialist were mapped to EHB 9, Preventive and Wellness Services and Chronic Disease Management. The services are a duplication of Preventive Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Routine Gynecological Exams

Source:

Base Benchmark

Remove

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

Duplication: Routine Gynecological Exams were mapped to EHB 9, Preventive and Wellness Services and Chronic Disease Management. The services are a duplication of Preventive Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Routine Hearing Screening at PCP

Source:

Base Benchmark

Remove

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

Duplication: Routine Hearing Screening at PCP was mapped to EHB 9, Preventive and Wellness Services and Chronic Disease Management. This service is a duplication of Preventive Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Routine Mammograms

Source:

Base Benchmark

Remove

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

Duplication: Routine Mammograms were mapped to EHB 9, Preventive and Wellness Services and Chronic Disease Management. This service is a duplication of Preventive Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Women's Health

Source:

Base Benchmark

Remove



# Alternative Benefit Plan

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

Duplication: Women's Health was mapped to EHB 9, Preventive and Wellness Services and Chronic Disease Management. This service is a duplication of Preventive Services from the approved Medicaid State plan.

Base Benchmark Benefit that was Substituted:

Treatment of Autism

Source:

Base Benchmark

Remove

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

Duplication: Treatment of Autism was mapped to EHB 10, Pediatric Services Including Oral and Vision Care. The services are a duplication of Medicaid State Plan EPSDT Services from the approved Medicaid State plan.

Add



# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Source:

Remove

Adult Routine Eye Exams

Base Benchmark

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

This service is not an Essential Health Benefit.

Add



# Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Renal Dialysis

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Below

Duration Limit:

See Below

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 9d.

Initial training for home dialysis, provided in a renal dialysis clinic, is limited to twenty-four (24) sessions per beneficiary. Dialysis procedures provided as back-up to home dialysis are limited to seventy-five (75) per calendar year.

No authorization required.

Other 1937 Benefit Provided:

ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

An institutional level of care is required. Includes the treatment and coverage of Other Related Conditions (ORC).

Reference Approved State Plan Attachment 3.1A/3.1B section 15a and 15b.

Other 1937 Benefit Provided:

Transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

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# Alternative Benefit Plan

**Scope Limit:**

Non-Medical Emergency transportation only.

**Other:**

No authorization is required.

Reference Approved State Plan Attachment 3.1A/3.1B section 24a.

**Other 1937 Benefit Provided:**

Rehab Svcs for Mental Health: MMHT

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

None

**Other:**

Full benefit title is "Rehab Services for Mental Health: Mobile Mental Health Treatment"

No authorization is required.

Reference Approved State Plan Attachment 3.1A/3.1B section 13d.

**Other 1937 Benefit Provided:**

Rehab Svcs for Mental Health: Peer Support Svcs

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

None

**Other:**

No authorization is required.

Reference Approved State Plan Attachment 3.1A/3.1B section 13d.

**Other 1937 Benefit Provided:**

Dentures

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove



# Alternative Benefit Plan

**Authorization:**

Prior Authorization

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

See Below

**Duration Limit:**

See Below

**Scope Limit:**

None

**Other:**

Reference Approved State Plan Attachment 3.1A/3.1B section 12b.

One (1) upper arch complete or partial denture, and one (1) lower arch complete or partial denture, per lifetime. Denture relines, either full or partial, are limited to one (1) arch, every two (2) years.

**Other 1937 Benefit Provided:**

Vision Corrective Lenses/Contact Lenses

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

See Below

**Duration Limit:**

None

**Scope Limit:**

See Below

**Other:**

Reference Approved State Plan Attachment 3.1A/3.1B section 12d. No authorization is required.

Beneficiaries 21 years of age and older and diagnosed with aphakia are limited to:

- a. Four (4) eyeglass lenses per calendar year.
- b. Two (2) eyeglass frames per calendar year. Deluxe frames are not included.
- c. Four (4) contact lenses per calendar year.

**Other 1937 Benefit Provided:**

Targeted Case Management

**Source:**

Section 1937 Coverage Option Benchmark Benefit Package

Remove

**Authorization:**

Other

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

None

**Scope Limit:**

See Below

**Other:**

Reference Approved State Plan Attachment 3.1A/3.1B section 19. No authorization is required.

TN No: PA-15-0016



# Alternative Benefit Plan

The following groups are eligible for Targeted Case Management:

- Individuals who have contracted AIDS or symptomatic HIV.
- Pregnant Women with High Incidence of Medical and/or Social Problems.
- Adults with Serious Mental Illness and Children with Serious Mental Illness.
- Individuals with an Intellectual Disability.

Other 1937 Benefit Provided:

PACE - LIFE (Living Independence for the Elderly)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 26.

No authorization is required.

Other 1937 Benefit Provided:

Orthotics

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Below

Duration Limit:

See Below

Scope Limit:

See Below

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 12c.

Beneficiaries 21 years of age and older are not eligible for orthopedic shoes. Coverage for low vision aids and eye prostheses is limited to one (1) per beneficiary per two (2) years. An eye ocular is limited to one (1) per year. Beneficiaries 21 years of age and older are not eligible for hearing aids.

Other 1937 Benefit Provided:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

See Below

Duration Limit:

See Below

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 10. No authorization is required except as noted in item 4.

The following limits apply to compensable services for beneficiaries 21 years of age and older.

1. Oral examination is limited to one per 180 days per beneficiary
2. Dental prophylaxis is limited to one per 180 days per beneficiary.
3. Panoramic-maxilla or mandible, single film is limited to one per five years.
4. Prior authorization is required for orthodontia, complete and partial dentures, crowns, surgical extractions of impacted teeth, and periodontal services.

Other 1937 Benefit Provided:

Medical/Surgical Services Furnished by a Dentist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 5b.

No Authorization is Required.

Other 1937 Benefit Provided:

Tobacco Cessation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

70 fifteen minute (15) visits per calendar year

Duration Limit:

None

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 13c.



# Alternative Benefit Plan

No Authorization is Required.

Other 1937 Benefit Provided:

FQHC/RHC

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 2c and 2b respectively.

No Authorization is Required.

Other 1937 Benefit Provided:

Rehab Svcs for Mental Health: Crisis Intervention

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 13d.

No prior authorization is required.

Other 1937 Benefit Provided:

OLP - Podiatrists' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

TN No: PA-15-0016

ABP5

Supersedes:  
TN No: PA-14-0048

Approval Date: 11/19/15

Effective Date: 4/27/15

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# Alternative Benefit Plan

Other:

Reference Approved State Plan Attachment 3.1A/3.1B Section 6a.

No prior Authorization is required.

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:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B Section 20.

No prior authorization required.

Other 1937 Benefit Provided:

Cessation of Tobacco Use by Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference Approved State Plan Amendment 3.1A/3.1B Section 4d.

No prior authorization required.

Other 1937 Benefit Provided:

OLP - Optometrists' Svcs

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

2 visits per calendar year

Duration Limit:

None

TN No: PA-15-0016

Supersedes:  
TN No: PA-14-0048

ABP5  
Approval Date: 11/19/15

Effective Date: 4/27/15



# Alternative Benefit Plan

Scope Limit:

None

Other:

Reference Approved State Plan Attachment 3.1A/3.1B section 6b. The proposed benefit limit of 2 visits per calendar year exceeds the base benchmark limit of 1 exam per 24-month period.

No prior authorization required.

Add



# Alternative Benefit Plan

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

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V.20140415



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PA - 15 - 0016

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.

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

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

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

Through an Alternative Benefit Plan.

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

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

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

State/territory provides additional EPSDT benefits through fee-for-service.

State/territory contracts with a provider for additional EPSDT services.

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

Medicaid beneficiaries ages 19-20 enrolled in the Adult Benefit Package will have access to EPSDT services as defined in 1905(r) and outlined in Pennsylvania's Medicaid state plan. (All other individuals qualifying for EPSDT will receive services through the Pennsylvania state plan).

### 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.



# Alternative Benefit Plan

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

## PRA Disclosure Statement

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V.20140415



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PA - 15 - 0016

OMB Expiration date: 10/31/2014

## 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 HealthChoices Expansion, including the Alternative Benefit Plan for the Newly Eligible Adult Population, and the ending of the Healthy PA plan, was announced through a public notice issued on March, 28, 2015. There was a 30 day public comment period as well as a forum at the Medical Assistance Advisory Committee meeting held February 26, 2015, where all stakeholders had an opportunity to comment and have questions addressed. Additionally, all information related to the HealthChoices Expansion has been posted on the Department of Human Service's web page.

### MCO: Managed Care Organization

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

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:

Describe program below:

Pennsylvania's managed care delivery system (HealthChoices) allows at-risk, capitated Managed Care Organizations (MCOs) to provide a comprehensive range of physical health services for all Medicaid populations not excluded from enrollment. Populations excluded from enrollment in HealthChoices includes Medicare beneficiaries (dual eligibles) and individuals residing in a long-term care facility for more than 30 days.

Physical health MCOs agreements are competitively procured through the Commonwealth Request for Proposals (RFP) process. Agreements are 3 to 5 years in length, and may be extended for 2 or 3 years. The HealthChoices Agreements are formally amended annually for new rates and program changes based upon the Commonwealth Fiscal Budget process (July-June).

The ABP will be used to authorize enrollment in the HealthChoices Section 1915(b) managed care waiver of the non-medically frail population for the time frame of April 27, 2015 until July 31, 2015. Effective August 1, 2015, the HealthChoices Section 1915(b) managed care waiver was approved to include this population.

### Additional Information: MCO (Optional)

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

### PIHP: Prepaid Inpatient Health Plan

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

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

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

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

Describe program below:

Pennsylvania's managed care delivery system (HealthChoices) allows at-risk, capitated Prepaid Inpatient Health Plans (PIHP) to provide a comprehensive range of behavioral health services for all Medicaid populations not excluded from enrollment. Populations excluded from enrollment in HealthChoices includes Medicare beneficiaries (dual eligibles) and individuals residing in a long-term care facility for more than 30 days.

Behavioral health PIHPs agreements are awarded through the Commonwealth's procurement process. Agreements are 3 to 5 years in length, and may be extended for 2 or 3 years. The HealthChoices Agreements are formally amended annually for new rates and program changes based upon the Commonwealth Fiscal Budget process (July-June).

The ABP will be used to authorize enrollment in the HealthChoices Section 1915(b) managed care waiver of the non-medically frail population for the time frame of April 27, 2015 until July 31, 2015. Effective August 1, 2015, the HealthChoices Section 1915(b) managed care waiver was approved to include this population.

### Additional Information: PIHP (Optional)



# Alternative Benefit Plan

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

## Fee-For-Service Options

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

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

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

The Fee-For-Service (FFS) delivery system for the Alternative Benefit Plan is the same system described in Pennsylvania's approved Medicaid State Plan.

Payment is made for the following services through the FFS delivery system only: School-Based Services, Department of Health Screening, Targeted Case Management for Individuals with Intellectual Disabilities, Residential Costs for ICF/IID, and Early Intervention.

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

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

Individuals who are not enrolled in Managed Care and receive services through the FFS delivery system receive their Specialty Pharmacy services through the approved 1915(b) Specialty Rx Selective Contracting program.

## PRA Disclosure Statement

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V.20140417



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PA - 15 - 0016

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.

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:

The Commonwealth assures that employer sponsored insurance (ESI) coverage is established in sections 3.2 and 4.22(h) of the Commonwealth's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package in the alternative benefits plan to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR 447 Subpart A.

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

### PRA Disclosure Statement

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V.20140415



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PA - 15 - 0016

OMB Expiration date: 10/31/2014

## 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.

### Compliance with the Law

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

### PRA Disclosure Statement

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V.20140415



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PA - 15 - 0016

OMB Expiration date: 10/31/2014

## Payment Methodology

ABP11

### Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

### PRA Disclosure Statement

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V.20140415