Alternative Benefit Plan

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

Alternative Benefit Plan Populations — ABP1

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

Alternative Benefit Plan Population Name: Iowa Wellness Plan

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). No

Targeting Criteria (select all that apply):

- ☐ Income Standard.
- ☒ Disease/Condition/Diagnosis/Disorder.

Disease/Condition/Diagnosis/Disorder

- ☐ Physical Disability
- ☐ Brain Injury
- ☐ HIV/AIDS
- ☒ Medically Frail
- ☐ Technology Dependent
- ☐ Autism
- ☐ Developmental Disability
- ☐ Intellectual Disability
- ☐ Mental Illness
- ☐ Substance Use Disorder
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Asthma
- ☐ Obesity
- ☐ Other Disease/Condition/Diagnosis/Disorder

Alternative Benefit Plan

☒ Other.

Other Targeting Criteria (Describe):

Enrollment in the Iowa Wellness Plan will be mandatory for those persons who have income from 0 to 100% of the Federal Poverty Level (FPL) so long as they do not have access to cost-effective employer sponsored insurance (ESI) and do not have an exempt individual status as defined by 42 CFR sec.440.315.

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)

Enrollment in the Iowa Wellness Plan will be mandatory for those persons who have income from 0 to 100% of the Federal Poverty Level (FPL) so long as they do not have access to cost-effective employer sponsored insurance (ESI) and do not have an exempt individual status as defined by 42 CFR sec.440.315. Persons who have access to cost-effective ESI will be enrolled in their ESI as the primary payer. Any eligible services not provided by the member's employer sponsored plan will be covered under the Iowa Wellness Plan. Persons with income up to 133% of the FPL who have an exempt individual status will be enrolled in the ABP that is the Medicaid State Plan and will have the option to enroll in the Iowa Wellness Plan ABP.

PRA Disclosure Statement

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V.20130724

Alternative Benefit Plan

OMB Control Number: 0938-1148
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.

No

These assurances must be made by the state/territory if the Adult eligibility group is included in the ABP Population.

☐ The state/territory shall enroll all participants in the "Individuals at or below 133% FPL Age 19 through 64" (section 1902(a)(10)(A)(i)(VIII)) eligibility group in the Alternative Benefit Plan specified in this state plan amendment, except as follows: A beneficiary in the eligibility group at section 1902(a)(10)(A)(i)(VIII) who is determined to meet one of the exemption criteria at 45 CFR 440.315 will receive a choice of a benefit package that is either an Alternative Benefit Plan that includes Essential Health Benefits and is subject to all 1937 requirements or an Alternative Benefit Plan that is the state/territory's approved Medicaid state plan not subject to 1937 requirements. The state/territory's approved Medicaid state plan includes all approved state plan programs based on any state plan authority, and approved 1915(c) waivers, if the state has amended them to include the eligibility group at section 1902(a)(10)(A)(i)(VIII).

☑ The state/territory must have a process in place to identify individuals that meet the exemption criteria and the state/territory must comply with requirements related to providing the option of enrollment in an Alternative Benefit Plan defined using section 1937 requirements, or an Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan that is not subject to section 1937 requirements.

☑ Once an individual is identified, the state/territory assures it will effectively inform the individual of the following:

a) Enrollment in the specified Alternative Benefit Plan is voluntary;

b) The individual may disenroll from the Alternative Benefit Plan defined subject to section 1937 requirements at any time and instead receive an Alternative Benefit Plan defined as the approved state/territory Medicaid state plan that is not subject to section 1937 requirements; and

c) What the process is for transferring to the state plan-based Alternative Benefit Plan.

☑ The state/territory assures it will inform the individual of:

a) The benefits available as Alternative Benefit Plan coverage defined using section 1937 requirements as compared to Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan and not subject to section 1937 requirements; and

b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan subject to 1937 requirements differs from the Alternative Benefit Plan defined as the approved Medicaid state/territory plan benefits.

How will the state/territory inform individuals about their options for enrollment? (Check all that apply)

☒ Letter

☐ Email

☐ Other

Alternative Benefit Plan

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

An attachment is submitted.

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

After the state receives a member survey from the member, the state will determine whether the member has an exempt individual status as defined at 45 CFR 440.315. Iowa will then mail the member a letter informing them of their enrollment options.

Please describe the state/territory's process for allowing individuals in the Section 1902(a)(10)(A)(i)(VIII) eligibility group who meet exemption criteria to disenroll from the Alternative Benefit Plan defined using section 1937 requirements and enroll in the Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan.

Members will simply need to call the Iowa Medicaid Member Services unit and request to change plans. The member can change plans at any time. Iowa would like to clarify, however, that the ABP defined using the section 1937 requirements does not actually cover all the 1937 requirements. Exemptions to the 1937 requirements are included in the Iowa Wellness Plan 1115waiver/Special Terms and Conditions document and include waiver of NEMT services. Iowa's attestations about this ABP are not meant to indicated that the ABP will comply with the requirements of 1937, only that the benefit plan is defined statutorily in section1937.

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

a) Was informed in accordance with this section prior to enrollment;

b) Was given ample time to arrive at an informed choice; and

c) Chose to enroll in Alternative Benefit Plan coverage subject to section 1937 requirements or defined as the state/territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

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

☐ In the eligibility system.

☐ In the hard copy of the case record.

☒ Other

Describe:

Iowa will keep all correspondence regarding the member (whether sent from or received by Iowa) in a secure computer system.

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

☐ Copy of correspondence sent to the individual.

☐ Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.

☒ Other

Describe:

Only eligibility information will be in the member's eligibility file. Iowa has other systems that maintain correspondence and documentation about the member.

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date

«Name»
«Address_Line_1»
«Address_Line_2»
«City_State_Zip»

Dear <<Name>>

Based on information we've received from you or your provider you have been enrolled in the Iowa Medicaid State Plan. This plan will provide you with additional benefits and services to help manage your health care. Services through the Iowa Medicaid State Plan include:

- Inpatient/Outpatient mental health and substance abuse services
- Nursing Facility services
- Intensive psychiatric rehabilitation
- Behavioral Health Intervention Services
- Community Support Services
- Peer Support
- Residential substance abuse treatment
- Durable Medical Equipment (DME)
- Non-Emergency Medical Transportation
- Prescription medications
- Home-based habilitation
- Day habilitation
- Prevocational habilitation
- Supported employment habilitation

You may disenroll from the Medicaid State Plan at any time and enroll in the alternative plan. An alternative plan, the Iowa Wellness Plan, is available to you. This plan covers fewer services and may require you to pay more out of pocket for the care you receive. If you wish to switch to the Iowa Wellness Plan please call Iowa Medicaid Member Services at 1-800-338-8366 or in the Des Moines area at 515-256-4606.

If you have questions or want more information about your health plan please call Iowa Medicaid Member Services at 1-800-338-8366 or in the Des Moines area at 515-256-4606 between 7 a.m. and 5 p.m., Monday through Friday.

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☑ The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in either Alternative Benefit Plan coverage subject to section 1937 requirements or Alternative Benefit Plan coverage defined as the state/ territory's approved Medicaid state plan, which is not subject to section 1937 requirements.

Other information related to benefit package selection assurances for exempt participants (optional):

PRA Disclosure Statement

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V.20130807

Alternative Benefit Plan

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

Enrollment Assurances - Mandatory Participants — ABP2c

These assurances must be made by the state/territory if enrollment is mandatory for any of the target populations or sub-populations.

When mandatorily enrolling eligibility groups in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent Plan) that could have exempt individuals, prior to enrollment:

☑ The state/territory assures it will appropriately identify any individuals in the eligibility groups that are exempt from mandatory enrollment in an Alternative Benefit Plan or individuals who meet the exemption criteria and are given a choice of Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, not subject to section 1937 requirements.

How will the state/territory identify these individuals? (Check all that apply)

☒ Review of eligibility criteria (e.g., age, disorder/diagnosis/condition)

Describe:

Iowa has created a referral form to be used by providers or other entities with a relationship with the member. The form will ask for attestation of the conditions that qualify a person as an exempt individual. When providers or approved entities submit this form, Iowa will review the form to determine whether the individual meets the criteria of an exempt individual.

☒ Self-identification

Describe:

Iowa will utilize a self-attestation method of screening via affirmative answers to two questions on the single-streamlined application regarding receipt of Social Security income and/or having a physical, mental, or emotional health condition that causes limitations in activities of daily living. If an individual answers affirmatively to either or both questions, they will receive a questionnaire to assess whether they may have an exempt individual status as described 42 CFR 440.315. When the member completes/returns the questionnaire, the responses will be reviewed to calculate (based on a weighted scoring algorithm) whether or not the member meets the criteria of an exempt individual. The member can return this form at any time for a determination of their status. If the member does not return the form, s/he will remain in the Iowa Wellness plan.

☐ Other

☑ The state/territory must inform the individual they are exempt or meet the exemption criteria and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

☑ The state/territory assures that for individuals who have become exempt from enrollment in an Alternative Benefit Plan, the state/territory must inform the individual they are now exempt and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

How will the state/territory identify if an individual becomes exempt? (Check all that apply)

☐ Review of claims data

☒ Self-identification

Alternative Benefit Plan

☒ Review at the time of eligibility redetermination

☒ Provider identification

☐ Change in eligibility group

☐ Other

How frequently will the state/territory review the Alternative Benefit Plan population to determine if individuals are exempt from mandatory enrollment or meet the exemption criteria?

○ Monthly

○ Quarterly

○ Annually

○ Ad hoc basis

◉ Other

Describe:

Self identification will be done at enrollment and annual re-enrollment. However, persons may self-identify at any time by completing the questionnaire or contacting the Iowa Medicaid Enterprise for assistance in doing so. Additionally, provider/ entity referrals may be made at any time.

☑ The state/territory assures that it will promptly process all requests made by exempt individuals for disenrollment from the Alternative Benefit Plan and has in place a process that ensures exempt individuals have access to all standard state/territory plan services or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

Describe the process for processing requests made by exempt individuals to be disenrolled from the Alternative Benefit Plan:

If an exempt individual contacts the Iowa Medicaid Enterprise requesting to be disenrolled from the ABP, the IME will disenroll and provide him or her the other Alternative Benefit Plan available to the member. Coverage in the new plan will be effective on the 1st of the following month.

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

If an individual is determined by Iowa to be exempt as defined by 45 CFR 440.315, the member will be enrolled in the Alternative Benefit Plan defined as the state/territory's approved Medicaid state plan and will have the option to change coverage to the Alternative Benefit Plan known as the Iowa Wellness Plan.

PRA Disclosure Statement

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V.20130807

Alternative Benefit Plan

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

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: Iowa Wellness Plan

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.

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

Iowa will use a combination of benefits that include: the state employee coverage offered and generally available to state employees and the Medicaid State Plan including the prescription drug benefit and urgent dental services. The urgent dental services will be provided through the existing Medicaid provider network and will include medically necessary emergent and stabilization dental services including services treating infection, acute pain, or trauma and related diagnostic services. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

Selection of Base Benchmark Plan

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

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

Transmittal Number: IA 14-004 Approval Date: April 2, 2014 Effective Date: January 1, 2014

Alternative Benefit Plan

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: Wellmark Inc Blue Access

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

PRA Disclosure Statement

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V.20130801

Alternative Benefit Plan

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

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. Yes

☐ The state/territory has completed and attached to this submission Attachment 4.18-F to indicate the Alternative Benefit Plan's cost-sharing provisions that are different from those otherwise approved in the state plan.

An attachment is submitted.

Other Information Related to Cost Sharing Requirements (optional):

Through it's Iowa Wellness Plan 1115 waiver, Iowa is waiving the 'Comparability' requirements of SSA 1902(a)(17). Specifically, this will permit Iowa to charge Iowa Wellness plan members only one copay, $8 for non-emergent use of the emergency department and no other cost-sharing. This copay will be implemented in Year 2 of the Iowa Wellness plan waiver.

PRA Disclosure Statement

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V.20130807

Alternative Benefit Plan

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Benefits Description — ABP5

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

The state/territory is proposing "Secretary-Approved Coverage" as its section 1937 coverage option. Yes

Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

An attachment is submitted.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Wellmark Blue Access State Employee Plan

The "Benefit Provided" field lists the name of each benefit the same way it was described in the Section 1115 Waiver. If the name (but same benefit) was different in the Base Benchmark State Employees plan documents, this benefit name is stated in the "other description" field in all of ABP5, if applicable for that particular benefit.

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

Secretary Approved

	A	B	C	D	E
1	**Wellness SPA for CMS**			**Benefits Comparison of Medicaid and State of Iowa Employee Plan - Wellmark Blue Access**	
2					
3	**Service categories aligned with ACA Essential Health Benefits**				
4		**Medicaid**			**Largest State of Iowa Employee Plan**
5		**MEDICAID**			**WELLNESS PLAN**
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
7	**Service Category**				
8	**1. Ambulatory Services**				
9	Primary Care Illness/injury Physician Services	✓		**Blue Access**: Athletic trainers are not covered.	✓
10	Specialty Physician Visits	✓			✓
11	Home Health Services	✓		**Blue Access**: Custodial home care that provides assistance with daily living activities is not covered. Custodial home care does not require the continuing attention and assistance of licensed medical or trained paramedical personnel. Some examples of custodial care are assistance in walking and getting in and out of bed; aid in bathing, dressing, feeding and other forms of assistance with normal bodily functions; preparation of special diets; and supervision of medication that can usually be self-administered. In order for care to be approved, must be approved by physician. **Medicaid:** covers home custodial care.	✓
12	Chiropractors	✓			✓
13	Surgery - Outpatient	✓			✓
14	Second Surgical Opinion	✓			✓
15	Allergy Testing & Injections	✓			✓

	A	B	C	D	E
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
16	Chemotherapy- Outpatient	✓			✓
17	IV Infusion Services	✓			✓
18	Radiation Therapy - Outpatient	✓			✓
19	Dialysis-Outpatient	✓		**Blue Access**: Covered as an inpatient in a hospital setting or in a Medicare approved dialysis center	✓
20	Anesthesia-Outpatient	✓		**Blue Access:** Ambulatory anesthesia is used for surgical procedures where the patient does not need to stay overnight in the hospital. The same anesthetics that are used in the operating room setting are used in the ambulatory setting, including general, regional and local anesthetics. Sedation anesthetics are also given in the ambulatory setting.	✓
21	Urgent Care/Walkin Centers	✓		**Blue Access:** used for sudden illness or injury and who need to see a doctor right away. Clinics are often called minor emergency, urgent care, or immediate care centers.	✓
22	Access to clinical trials	X		**Blue Access**: Covered. **Medicaid:** Not covered	✓
23	Genetic Testing	✓		**Blue Access**: Genetic testing for purely informational purposes is not covered. Genetic molecular testing (specific gene identification) and related counseling are covered when both of the following are met: You are an appropriate candidate for a test under medically recognized stanards, and outcome of the test is expected to determine a covered course of treatment or prevention. **Medicaid:** covers some codes with prior authorization. Many codes are not allowed.	✓
24	Dental Treatment for Accidental Injury	✓		**Blue Access:** Care must be completed within 6 months of injury. Treatment must have occurred while the member was covered under this group health plan.	✓

	A	B	C	D	E
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
25	Hospice Care - Outpatient	✓		**Blue Access**: Terminally ill patients that have a life expectancy of six months or less. Services to provide comfort and support for persons in the last stages of a terminal illness and their families. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this benchmark plan), must receive hospice care concurrently with curative care.	✓
26	Inhalation therapy	✓		**Blue Access**: Limited to 60 visits per benefit year. Respiratory or breathing treatments to help restore or improve breathing function.	✓
27	Medical and Surgical Supplies	✓		**Blue Access:** Medical supplies and devices such as dressing and casts, oxygen and equipment needed to administer oxygen.	✓
28	**2. Emergency Services**				
29	Emergency Room Services	✓			✓
30	Emergency Transportation-Ambulance and Air Ambulance	✓		**Blue Access:** Has to be medical necessity. No other method of transportation is appropriate. Services required to treat patient illness or injury are not available in the facility where the patient is currently receiving care if patient is an inpatient at a facility. Patient is transported to the nearest hospital or nursing facility in network with adequate facilities to treat condition. In emergency situation, patient may seek care at the nearest appropriate facility whether the facility is in or out of network. **Medicaid:** Have to be medical necessity.	✓
31	**3. Hospitalization**				
32	General Inpatient Hospital Care	✓			✓
33	Inpatient Physician Services	✓			✓
34	Inpatient Surgical Services	✓			✓

	A	B	C	D	E
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
35	Non-Cosmetic Reconstructive Surgery	✓		**Blue Access:** Cosmetic services, supplies or drugs are not covered unless provided primarily to restore function lost or impaired as the result of an illness, accidental injury, or a birth defect including treatment for any complications resulting from noncovered cosmetic procedures.	✓
36	Transplant Organ and Tissue	✓		**Blue Access**: Covered- certain bone marrow/stem cell transfers from a living donor, heart, heart/lung, kidney, liver, lung, pancreas, pancreas/kidney, small bowel. Not covered - transport of living donor, expenses related to purchase of organ, services/supplies related to mechanical or non-human organs, transplant services and supplies not listed in the Covered Services above. Any complications resulting from the Not Covered benefits listed would not be covered. **Medicaid**: kidney, cornea, skin, bone, certain bone marrow, liver, heart, lung, pancreas, heart/lung, pancreas/kidney. ETP required for small bowel.	✓
37	Congenital Abnormalities Correction	✓			✓
38	Anesthesia-Inpatient	✓			✓
39	Chemotherapy-inpatient	✓			✓
40	Radiation Therapy - Inpatient	✓			✓
41	Breast Reconstruction	✓			✓
42	Hospice Care - Inpatient	✓		**Blue Access:** Terminally ill patient and have a life expectancy of six months or less. Inpatient services in a hospice facility.	✓
43	Hospice Respite - Inpatient	✓		**Blue Access:** Limited to 15 days per lifetime for inpatient hospice respite care (can take place in a nursing home, nursing facility, or hospital). Hospice respite care must be used in increments of not more than 5 days at a time. **Medicaid:** covers up to 5 consecutive days of respite at a time. No limit on the number of stays, however states "only on an occasional basis"	✓

	A	B	C	D	E
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
44	Dialysis-Inpatient	✓		**Blue Access**: Covered as an inpatient in a hospital setting or in a Medicare approved dialysis center	✓

	A	B	C	D	E
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
45	**4. Maternity & Newborn Care**				
46	Maternity/Pregnancy Services - Pre & Postnatal Care - Delivery & Inpatient maternity - Nutritional	✓		**Blue Access**: Maternity care and newborn care not covered if mother is a surrogate mother. If the surrogate meets requirements for coverage under the new adult group she would be covered. If length of stay is less than 48 or 96 hours, a follow-up postpartum home visit by an RN is covered. **Medicaid:** Member is required to report pregnancy and becomes eligible for benefits under the Medicaid State Plan.	✓
47	Midwife Services	✓			✓
48	**5. Mental Health Behavioral Health Substance Abuse**				
49	Mental Health/Behavioral Health Inpatient Treatment	✓		**Blue Access**: Residential facility services are not covered.	✓
50	Mental Health/Behavioral Health Outpatient Treatment	✓			✓
51	Substance Abuse Inpatient Treatment	✓		**Blue Access**: Residential facility services are not covered.	✓
52	Substance Abuse Outpatient Treatment	✓			✓
53	**6. Prescription Drugs**				
54	Prescription Drugs	✓		Iowa's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.	✓

	A	B	C	D	E
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
55	**7. Rehabilitative and Habilitative Services and Devices**				
56	Physical Therapy, Occupational Therapy, Speech Therapy -**All are considered Rehab/Hab services**	✓		**Blue Access**: each therapy is limited to 60 visits per year. Rehabilitative speech therapy services are covered when related to a specific illness, injury, or impairment and involve the mechanics of phonation, articulation or swallowing. Services must be provided by a licensed or certified speech pathologist. Not Covered: Physical therapy and occupational therapy provided as an inpatient in the absence of a separate medical condition that requires hospitalization. Speech therapy not provided by licensed or certified speech therapist, and speech therapy to treat certain developmental, learning or communication disorders such as stuttering or stammering. **Medicaid**: No limit.	✓
57	Durable Medical Equipment	✓			✓
58	Prosthetic Devices	✓		**Blue Access:** Eyeglasses, air conduction hearing aids or examinations or fittings are not covered. Elastic stockings or bandages including trusses, lumbar braces, garter belts and similar items that can be purchased without a prescription are not covered.	✓
59	Cardiac Rehabilitation	✓			✓
60	Pulmonary Rehabilitation	✓			✓
61	Skilled Nursing	✓		**Blue Access**: limited to 120 days per benefit year for skilled nursing sevices in a hospital or nursing facility. **Medicaid:** Requires PA for Services past 14 days but no limit per year.	✓
62	**8. Laboratory Services**				
63	Lab Tests	✓			✓
64	X-Rays	✓			✓

	A	B	C	D	E
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
65	Imaging/Diagnostics MRI CT PET	✓		**Blue Access:** Some procedures require prior approval.	✓
66	Sleep Studies	✓		**Blue Access:** Treatment for snoring not covered without diagnosis of sleep apnea.	✓
67	Diagnostic Genetic Tests	✓		**Blue Access:** Genetic molecular testing and related counseling are covered if appropriate candidate for a test under medically recognized standards (i.e. family background, past diagnosis etc.) and outcome of test is expected to determine a covered course of treatment or prevention and is not merely informational. **Medicaid:** Need prior authorization	✓
68	Pathology	✓			✓
69	**9. Preventive Wellness Chronic Disease Management**				
70	Hearing Exam (Adult)	✓		**Blue Access:** Limit of one hearing exam per year. Hearing aids are not covered.	✓
71	Diabetes - med necessary equip & supplies education	✓			✓
72	Prostate cancer screening	✓		One per year for men age 50-64 years	✓
73	Foot Care	✓		**Blue Access:** Must be related to medical condition. Routine foot care is not covered. **Medicaid:** Must be related to medical condition	✓
74	**10. Pediatric Services including oral & vision**				
75	EPSDT Ages 19 and 20	N/A		Age 19 and 20 will receive EPSDT services.	N/A
76	**11. Non-essential Health Benefit Services**				
77					

	A	B	C	D	E
6		**Medicaid State Plan**		**Limits - Notes**	**Wellmark Blue Access**
78	**Base Benchmark Benefits Not covered due to Substitution or Duplication**				
79	Prescription Drugs	✓		Iowa's ABP prescription drug benefit plan is the same as under the approved medicaid state plan for prescribed drugs.	✓
80	**Other Base Benchmark Benefits Not Covered**				
81	Adult Vision	✓		Adult vision is covered in the base benchmark plan but it is an excepted benefit and therefore not an Essential Health Benefit.	✓
82	Newborn Child Coverage	✓		This service is covered under the base benchmark plan but is not applicable for the new adult group population that is for ages 19-64. The adult member must enroll the newborn child for coverage.	✓
83	**Other 1937 Covered Benefits that are not Essential Health Benefits**				
84	Dental Coverage	✓		Medically necessary emergent and stabilization dental services including services treating infection, acute pain, or trauma and related diagnostic services.	

Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services — Collapse All ☐

Benefit Provided: Primary Care Illness/Injury Physician Services
Source: Base Benchmark State Employees — Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: Athletic Trainers not covered.
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Physicians and Practitioners

Benefit Provided: Speciality Physician Services
Source: Base Benchmark State Employees — 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: Physicians and Practitioners
NOTE: Iowa's Benchmark does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.

Benefit Provided: Home Health Services
Source: Base Benchmark State Employees
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:

Not Covered: Custodial home care services and supplies, which help with daily living activities. This type of care does not require the continuing attention and assistance of licensed medical or trained paramedical personnel. Some examples of custodial care are assistance in walking and getting in and out of bed; aid in bathing, dressing, feeding and other forms of assistance with normal bodily functions; preparation of special diets; and supervision of medication that can usually be self-administered. In order for care to be approved, must be approved by physician.

Remove

Benefit Provided: Chiropractors

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Benefit Provided: Surgery - Outpatient

Source: Base Benchmark State Employees

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:

Benefit Provided: Second Surgical Opinion

Source: Base Benchmark State Employees

Authorization: None

Provider Qualifications: Medicaid State Plan

Alternative Benefit Plan

Amount Limit: None

Duration Limit: None

Remove

Scope Limit: None

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

Benefit Provided: Allergy Testing and Injections

Source: Base Benchmark State Employees

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: Allergy Testing and Treatment

Benefit Provided: Chemotherapy-Outpatient

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Benefit Provided: IV Infusion Services

Source: Base Benchmark State Employees

Alternative Benefit Plan

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Remove

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:
Prescription Drugs

Benefit Provided:
Radiation Therapy - Outpatient

Source:
Base Benchmark State Employees

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

Benefit Provided:
Dialysis - outpatient

Source:
Base Benchmark State Employees

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Covered as an inpatient in a hospital or in a Medicare approved dialysis center (outpatient)..

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

Alternative Benefit Plan

Benefit Provided: Anesthesia - outpatient

Source: Base Benchmark State Employees

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:

Ambulatory anesthesia is used for surgical procedures where the patient does not need to stay overnight in the hospital. The same anesthetics that are used in the operating room setting are used in the ambulatory setting, including general, regional and local anesthetics. Sedation anesthetics are also given in the ambulatory setting.

Benefit Provided: Urgent Care/Walkin Centers

Source: Base Benchmark State Employees

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:

Used for sudden illness or injury and who need to see a doctor right away. Clinics are often called minor emergency, urgent care, or immediate care centers.

Benefit Provided: Access to Clinical Trials

Source: Base Benchmark State Employees

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:

General Condition of Coverage

Remove

Benefit Provided:

Genetic Testing

Source:

Base Benchmark State Employees

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Genetic testing for purely informational purposes is not covered.

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

Genetic molecular testing (specific gene identification) and related counseling are covered when both of the following are met: Appropriate candidate for a test under medically recognized standards, and outcome of the test is expected to determine a covered course of treatment or prevention.
NOTE: Iowa's Benchmark does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.

Benefit Provided:

Dental Treatment for Accidental Injury

Source:

Base Benchmark State Employees

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Care must be completed within 6 months of .....

Scope Limit:

See Other Information below for Covered and Not Covered services.

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

Duration limit continued: injury. Treatment must have occurred while the member was covered under this group health plan.

Covered Services:
Anesthesia (general) and hospital or ambulatory surgical facility services related to covered dental services if: Based on a determination by a licensed dentist and treating physician, one or more medical conditions that would create significant or undue medical risk in the course of delivery of any necessary dental treatment or surgery if not rendered in a hospital or ambulatory surgical facility.
Impacted teeth removal (surgical) as an inpatient or outpatient of a facility only when a medical condition exists (such as hemophilia) that requires hospitalization.
Facial bone fracture reduction.

Alternative Benefit Plan

Incisions of accessory sinus, mouth, salivary glands, or ducts.
Jaw dislocation manipulation.
Orthodontic services required for surgical management of cleft palate.
Treatment of abnormal changes in the mouth due to injury or disease.

Not Covered:
General dentistry including, but not limited to, diagnostic and preventive services, restorative services, endodontic services, periodontal services, indirect fabrications, dentures and bridges, and orthodontic services unrelated to accidental injuries or surgical management of cleft palate.
Injuries associated with or resulting from the act of chewing.
Maxillary or mandibular tooth implants (osseo integration).

Remove

Benefit Provided: Hospice Care - Outpatient

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Terminally ill patient and have a life expectancy of six months or less.

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

Terminally ill patients that have a life expectancy of six months or less. Services to provide comfort and support for persons in the last stages of a terminal illness and their families. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this benchmark plan), must receive hospice care concurrently with curative care.

Benefit Provided: Inhalation Therapy

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: 60 visits per benefit year.

Scope Limit: None

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

Respiratory or breathing treatments to help restore or improve breathing function.

Alternative Benefit Plan

Benefit Provided:

Medical and Surgical Supplies

Source:

Base Benchmark State Employees

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:

Medical supplies and devices such as dressing and casts, oxygen and equipment needed to administer oxygen.

Add

Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:
Emergency Room Services

Source:
Base Benchmark State Employees

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:
Emergency Services

Benefit Provided:
Emergency Transportation-Ambulance and Air Ambulan

Source:
Base Benchmark State Employees

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
No other method of transportation is appropriate.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Scope limit continued: Services required to treat patient illness or injury are not available in the facility where the patient is currently receiving care if patient is an inpatient at a facility. Patient is transported to the nearest hospital or nursing facility in network with adequate facilities to treat condition. In emergency situation, patient may seek care at the nearest appropriate facility whether the facililty is in or out of network.

Add

Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All ☐

Benefit Provided: General Inpatient Hospital Care

Source: Base Benchmark State Employees

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: Hospitals and Facilities

Benefit Provided: Inpatient Physician Services

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Benefit Provided: Inpatient Surgical Services

Source: Base Benchmark State Employees

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:

Hospitals and Facilities

Remove

Benefit Provided:

Non-cosmetic Reconstructive Services

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Cosmetic services, supples or drugs are not covered unless provided primarily to restore function lost or impaired as the result of an illness, accidental injury, or a birth defect including treatment for any .....

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

Scope Limit Continued: complications resulting from noncovered cosmetic procedures.
Hospitals and Facilities

Benefit Provided:

Transplant Organ and Tissue

Source:

Base Benchmark State Employees

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered - certain bone marrow/stem cell transfers from a living donor, heart, heart/lung, kidney, liver, lung, pancreas, pancreas/kidney, small bowel.....

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

Scope continued: Not covered - transport of living donor, expenses related to purchase of organ, services/ supplies related to mechanical or non-human organs, transplant services and supplies not listed in the Covered Services above. Any complications resulting from the Not Covered benefits listed would not be covered.
Transplants

Benefit Provided:

Congenital abnormalities correction

Source:

Base Benchmark State Employees

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Alternative Benefit Plan

Amount Limit: None

Duration Limit: None

Remove

Scope Limit: None

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

Benefit Provided: Anesthesia - Inpatient

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Benefit Provided: Chemotherapy - Inpatient

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Benefit Provided: Radiation therapy - Inpatient

Source: Base Benchmark State Employees

Alternative Benefit Plan

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Remove

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

Benefit Provided:
Breast Reconstruction

Source:
Base Benchmark State Employees

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:
Reconstructive Surgery

Benefit Provided:
Hospice Care - Inpatient

Source:
Base Benchmark State Employees

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Terminally ill patient and have a life expectancy of six months or less.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Inpatient services in a hospice facility. Services to provide comfort and support for persons in the last stages of a terminal illness and their families. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this population), must receive hospice care

Alternative Benefit Plan

concurrently with curative care.

Remove

Benefit Provided: Hospice Respite - Inpatient

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: Limited to 15 days per lifetime for inpatient ...

Scope Limit: None

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

Duration continued: hospice respite care (can take place in a nursing home or hospital). Hospice respite care must be used in increments of not more than 5 days at a time.

Benefit Provided: Dialysis-inpatient

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Covered as an inpatient in a hospital or in a Medicare approved dialysis center (outpatiennt)

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

Add

Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All ☐

Benefit Provided:
Maternity/Preg-Pre&Post Care-deliv,inpat nutrition

Source:
Base Benchmark State Employees

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Maternity care and newborn care not covered if mother is a surrogate mother. Would not cover a person for surrogate only purposes. If individual meets requirements for coverage under the new adult group she would be covered in that group.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
If length of stay is less than 48 or 96 hours, a follow-up postpartum home visit by an RN is covered.

Benefit Provided:
Midwife Services

Source:
Base Benchmark State Employees

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:
Physicians and Practitioners

Add

Alternative Benefit Plan

Collapse All ☐

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

Benefit Provided: Mental Health/Behavioral Health Inpatient Treatmen

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Residential Facility services are not covered.

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

Mental Health Services
Iowa assures that mental health services covered in this alternative benefit plan will not be provided in an institution for mental diseases.

Benefit Provided: Mental Health/Behavioral Health Outpatient Treatme

Source: Base Benchmark State Employees

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:

Mental Health Services
Iowa assures that mental health services covered in this alternative benefit plan will not be provided in an institution for mental diseases.

Benefit Provided: Substance Abuse Inpatient Treatment

Source: Base Benchmark State Employees

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Alternative Benefit Plan

Scope Limit:

Residential Facility services are not covered.

Remove

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

Chemical Dependency Treatment

Iowa assures that substance abuse services covered in this alternative benefit plan will not be provided in an institution for mental diseases.

Benefit Provided:

Substance Abuse Outpatient Treatment

Source:

Base Benchmark State Employees

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:

Chemical Dependency Treatment

Iowa assures that substance abuse services covered in this alternative benefit plan will not be provided in an institution 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:

Iowa's ABP prescription drug benefit plan is the same (duplication of plan) as the approved Medicaid state plan for prescribed drugs.
NOTE: Some medications do require prior authorization, for example, to verify that a prescription drug is part of a specific treatment plan and is medically necessary.

Alternative Benefit Plan

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

Benefit Provided: Physical Therapy,Occupational Therapy,Speech Thera

Source: Base Benchmark State Employees — Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: Each therapy limited to 60 visits per year.

Scope Limit: Rehabilitative speech therapy services are covered ....

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

Scope Limit continued: when related to a specific illness, injury, or impairment and involve the mechanics of phonation, articulation or swallowing. Services must be provided by a licensed or certified speech pathologist. Speech therapy requires prior approval.

Not Covered: Physical therapy and occupational therapy provided as an inpatient in the absence of a separate medical condition that requires hospitalization. Speech therapy not provided by licensed or certified speech therapist, and speech therapy to treat certain developmental, learning or communication disorders such as stuttering or stammering.

PT, OT and ST are considered rehab/hab services.

Benefit Provided: Durable Medical Equipment

Source: Base Benchmark State Employees — 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:

Home/Durable Medical Equipment
NOTE: Iowa's ABP does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.

Benefit Provided: Prosthetic Devices

Source: Base Benchmark State Employees

Alternative Benefit Plan

Authorization: None

Provider Qualifications: Medicaid State Plan

Remove

Amount Limit: None

Duration Limit: None

Scope Limit:

Eyeglasses, air conduction hearing aids or examinations or fittings are not covered. Elastic stockings or bandages including trusses, lumbar braces, garter belts and similar items that can be purchased without a prescription are not covered.

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

Benefit Provided: Cardiac Rehabilitation

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

Benefit Provided: Pulmonary rehabilitation

Source: Base Benchmark State Employees

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:

Alternative Benefit Plan

Benefit Provided:
Skilled Nursing

Source:
Base Benchmark Small Group

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
120 days per benefit year for services in .....

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Duration limit continued: a hospital or nursing facility.

Add

Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services — Collapse All ☐

Benefit Provided: Laboratory Services
Source: Base Benchmark State Employees
Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: None
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: X-ray Services
Source: Base Benchmark State Employees
Remove
Authorization: None
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: None
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Imaging - MRI, CT and PET
Source: Base Benchmark State Employees
Authorization: Prior Authorization
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: Some procedures require prior approval.

Alternative Benefit Plan

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

X-ray Services

Remove

Benefit Provided: Sleep Studies

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Treatment for snoring not covered without diagnosis of sleep apnea.

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

Sleep Apnea Treatment

Benefit Provided: Diagnostic Genetic Tests

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: Genetic molecular testing and related counseling are covered if appropriate candidate for a test under medically recognized standards (i.e. family background, past diagnosis etc.) and outcome of test is.....

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

Scope Limit Continued: expected to determine a covered course of treatment or prevention and is not merely informational.

Benefit Provided: Pathology

Source: Base Benchmark State Employees

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Alternative Benefit Plan

Scope Limit:

None

Remove

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

X-ray and Laboratory Services

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: Hearing Exam - Adult

Source: Base Benchmark State Employees

Remove

Authorization: None

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: One hearing exam per benefit year.

Scope Limit: Hearing aids are not covered.

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

Benefit Provided: Diabetes-med necessary equip & supplies

Source: Base Benchmark State Employees

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: Insulin and Diabetic Supplies
NOTE: Iowa's Benchmark does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.

Benefit Provided: Prostate cancer screening

Source: Base Benchmark State Employees

Authorization: None

Provider Qualifications: Medicaid State Plan

Alternative Benefit Plan

Amount Limit:
None

Duration Limit:
one exam per year

Remove

Scope Limit:
Men age 50-64

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
X-ray and Laboratory Services

Benefit Provided:
Foot care

Source:
Base Benchmark State Employees

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Must be related to medical condition. Routine foot care is not covered.

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

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:
Base Benchmark State Employees

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Age 19 and 20 will receive EPSDT services.

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

Add

Alternative Benefit Plan

☐ Other Covered Benefits from Base Benchmark

Collapse All ☐

Alternative Benefit Plan

☒ Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Precription 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:

Iowa's ABP prescription drug benefit plan is the same (duplication of plan) as the approved Medicaid state plan for prescribed drugs.

Add

Alternative Benefit Plan

☒ Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Adult Vision

Source:
Base Benchmark

Remove

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

Adult vision is covered in the base benchmark plan but it is an excepted benefit and therefore not an Essential Health Benefit.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Newborn Child Coverage

Source:
Base Benchmark

Remove

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

This service is covered under the base benchmark plan but is not applicable for the new adult group population that is for ages 19-64. The adult member must enroll the newborn child for coverage.

Add

Alternative Benefit Plan

☒ Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All ☐

Other 1937 Benefit Provided:
Dental Coverage

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Medically necessary emergent and stabilization dental services including services treating infection, acute pain, or trauma and related diagnostic services.

Other:

Other 1937 Benefit Provided:
Adult Vision

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
One routine vision exam per benefit year

Scope Limit:
Not covered - Surgery to correct a refractive error,eyeglasses or contact lenses including charges related to their fitting, prescribing of corrective lenses, eye examinations for the fitting of eye wear.

Other:
No prior authorization is required for exam.

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.20130808

Alternative Benefit Plan

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

Benefits Assurances — ABP7

EPSDT Assurances

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

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

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

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

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

○ Through an Alternative Benefit Plan.

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

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):

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

Alternative Benefit Plan

- ☐ 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).

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V.20130807

Alternative Benefit Plan

OMB Control Number: 0938-1148
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.

Iowa Wellness Plan members will be required to participate in medical managed care through enrollment in a PCCM program as described in the state's 1932(a) state plan amendment. Iowa Wellness Plan members who are enrolled into managed care under this authority be given the choice of enrolling with a patient manager under the PCCM program or an MCO if they reside in a county where an MCO is an additional choice. For residents in those counties where an adequate panel of PCCM providers is not available they may receive services from any provider who is participating in the Iowa Medicaid program. For these residents, services will be claimed as Fee for Services (FFS). Enrollment will only be mandatory for those persons residing in a county where there is PCCM adequacy. An MCO may be an option in some counties when the Department of Human Services has determined that the MCO has presented a panel sufficient to meet the needs of the potential enrolled population. The enrollment algorithm will assure an even distribution between the PCCM program and the MCO, where applicable. Members will have the choice of changing the default selection in the same manner as described in the state's 1932(a) state plan amendment. The payment methodology for the PCCM program is detailed in Attachment 3.1F.

In developing its waiver for the expansion population the state of Iowa has followed the Iowa enabling legislation. In addition, multiple public meetings of all stakeholders have been held to explain the process, the program and gather input. Tribal notification has been issued in this process as well.

MCO: Managed Care Organization

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

Alternative Benefit Plan

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

Identify the date the managed care program was approved by CMS: 12.17.13

Describe program below:

The MCO will be allowed to participate in a county where the Department of Human services has determined that a sufficient provider panel exists to provide covered services to the potential enrolled population. This is consistent with the state's 1932(a) state plan.

Where medical managed care is required because of the availability of the PCCM program AND where an MCO is an option, the department will use a default algorithm to tentatively enroll members with as close to a 50% split between the PCCM program and the available MCO. If there are multiple MCOs, the split will be adjusted as possible to provide an even distribution of default enrollments. Members will have a period of time to change their enrollment before being required to stay in a program for 6 months, consistent with the state's 1932(a) state plan. Certain services will not fall within the management of the program. These will mirror those excluded under the state's 1932(a) state plan amendment.

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. Yes

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: 12.16.13

Describe program below:

Mental Health and Substance Abuse (MH/SA) treatment services will be provided through a contract with a PIHP which is competitively bid through a process approved by CMS. The PIHP has developed a provider panel sufficient to meet the needs of the population to be enrolled. All MH/SA services allowed under the enabling legislation and subsequent 1115 waiver that allows eligibility will be provided through the PIHP. the waiver allows for freedom of choice within the panel of providers. Services that are not covered within the benefit package are not included in capitation payments to the PIHP. This will mirror, with the exception of the benefit package, the same process for services delivery as is currently performed for Medicaid members under the Iowa Plan, the title of the current waiver program.

Additional Information: PIHP (Optional)

Alternative Benefit Plan

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

PCCM: Primary Care Case Management

The PCCM delivery system is the same as an already approved PCCM program. Yes

The PCCM program is operating under (select one):

- ○ Section 1915(b) managed care waiver.
- ◉ Section 1932(a) mandatory managed care state plan amendment.
- ○ Section 1115 demonstration.
- ○ Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS: 12.17.13

Describe program below:

Iowa Wellness Plan members will be required to participate in medical managed care through enrollment in a PCCM program as described in the state's 1932(a) state plan amendment. For residents in those counties where an adequate panel of PCCM providers is not available they may receive services from any provider who is participating in the Iowa Medicaid program. Enrollment will only be mandatory for those persons residing in a county where there is PCCM adequacy. An MCO may be an option in some counties when the Department of Human Services has determined that the MCO has presented a panel sufficient to meet the needs of the potential enrolled population. The enrollment algorithm will assure an even distribution between the PCCM program and the MCO, where applicable. Members will have the choice of changing the default selection in the same manner as described in the state's 1932(a) state plan amendment.

Additional Information: PCCM (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.

Without mandatory managed care enrollment, traditional fee-for-service (FFS) methodology will apply. Services are provided on a FFS basis prior to enrollment to an MCO and non-primary care services in the PCCM model are delivered on a FFS basis.

Additional Information: Fee-For-Service (Optional)

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

Alternative Benefit Plan

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V.20130718

Alternative Benefit Plan

OMB Control Number: 0938-1148
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:

The state assures that employer sponsored insurance (ESI) coverage is established in sections 3.2 and 4.22(h) of the state'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 part 447 subpart A.

The state/territory otherwise provides for payment of premiums. **No**

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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Alternative Benefit Plan

OMB Control Number: 0938-1148
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. 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

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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