



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Alternative Benefit Plan Populations

**ABP1**

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
<b>+</b>	Adult Group	Mandatory	<b>X</b>

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

### Geographic Area

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

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

### PRA Disclosure Statement

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V.20130917



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

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

Yes

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

That state has ensured alignment between its Medicaid State Plan and the Alternative Benefit Plan by using the same package of benefits and services in both places. Amount, duration, and scope of the benefits correspond because it is the same set of services offered in both places.

### 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:

The benefits correspond to the state's existing Rhody Health Partners package of state plan benefits.

## 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):

### 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.

No

Other Information Related to Cost Sharing Requirements (optional):

### PRA Disclosure Statement

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Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/> No	
<b>Benefits Included in Alternative Benefit Plan</b>	
Enter the specific name of the base benchmark plan selected:	
Blue Cross Blue Shield of Rhode Island Vantage Blue Plan	
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

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.

Covered as needed, based on medical necessity. Includes physical therapy, occupational therapy, speech therapy, language therapy, respiratory therapy, and other Medicaid-covered services delivered in an outpatient hospital setting. Health Plans have the option to deliver these types of services in other appropriate settings.

Benefit Provided:

Laboratory and x-ray services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.

Benefit Provided:

Transportation

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:



# Alternative Benefit Plan

Scope Limit:			<input type="button" value="Remove"/>
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
Benefit Provided:	Source:		<input type="button" value="Remove"/>
Hospice	State Plan 1905(a)		
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
Scope Limit:			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
Rhody Health Partners. Covered as ordered by a Health Plan physician.			
			<input type="button" value="Add"/>



# Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

In-patient and Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.

Covered both in- and out-of-state, for emergency services or when authorized by a Health Plan provider, or in order to assess whether a condition warrants treatment as an emergency service.

Benefit Provided:

Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.

Covered both in- and out-of-state, for emergency services or when authorized by a Health Plan provider, or in order to assess whether a condition warrants treatment as an emergency service.

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
<hr/>		
Benefit Provided:	Source:	
<input type="text" value="Inpatient Hospital Care"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text"/>	
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"><p>Rhody Health Partners. Department shall be responsible for inpatient admissions or authorizations while Member is in Medicaid fee-for-service, prior to member's enrollment in Health Plan. Contractor shall be responsible for inpatient admissions or authorizations, even after the Member has been disenrolled from Contractor's Health Plan and enrolled in another Health Plan or re-enrolled into Medicaid fee-for-service, until the management of the Member's care is formally transferred to the care of another Health Plan, another program option, or fee-for-service Medicaid.</p></div>		
<hr/>		
Benefit Provided:	Source:	
<input type="text" value="Hospice"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text"/>	
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <div style="border: 1px solid black; padding: 5px;"><p>Rhody Health Partners. Covered as ordered by a Health Plan physician.</p></div>		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Nurse-Midwife services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Benefit Provided:

Extended services for pregnant women

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Collapse All

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

Benefit Provided:

Clinician's Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.

Benefit Provided:

Adult Behavioral Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.

Add



# Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

**Benefit Provided:**

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The state maintains a "generics first" policy on prescription drugs.



# Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

Home Health Services do not include respite care, relief care, or day care.

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

Rhody Health Partners.

Covered services include those services provided under a written plan of care authorized by a physician including full-time, part-time, or intermittent skilled nursing care and certified nursing assistant services as well as physical therapy, occupational therapy, respiratory therapy and speech-language pathology, as ordered by a health plan physician. This service also includes medical social services, durable medical equipment and medical supplies for use at home.

Benefit Provided:

Podiatry Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.

Covered as ordered by Health Plan physician.

Benefit Provided:

Nursing Facility Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:



# Alternative Benefit Plan

Scope Limit:

Remove

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

Rhody Health Partners.  
Covered when ordered by a Health Plan physician.

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.  
Covered as ordered by a Health Plan physician as medically necessary.

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners

Benefit Provided:

Source:

Authorization:

Provider Qualifications:



# Alternative Benefit Plan

Amount Limit:	Duration Limit:	Remove
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text" value="Provided by a home health agency or medical rehabilitation facility"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
Benefit Provided:	Source:	Remove
<input type="text" value="Speech Therapy"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text" value="Provided by a home health agency or medical rehabilitation facility"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
Benefit Provided:	Source:	Remove
<input type="text" value="Medical and Surgical Services Furnished by Dentist"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
Add		



# Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Laboratory services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

Covered when ordered by a Health Plan physician/provider; including urine drug screens

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

Rhody Health Partners

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:

Tobacco Cessation Counseling Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Rhody Health Partners.

Benefit Provided:

Extended Family Planning

Source:

Secretary-Approved Other

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

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

Benefit Provided:

Nutrition Services

Source:

Secretary-Approved Other

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:



# Alternative Benefit Plan

Scope Limit:			<input type="button" value="Remove"/>
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
Benefit Provided:	Source:		<input type="button" value="Remove"/>
Personal Care Services	State Plan 1905(a)		
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
Scope Limit:			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
			<input type="button" value="Add"/>



# Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

Scope Limit:

Provided to all children and young adults up to age 21.

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

Rhody Health Partners.

Includes tracking, follow-up, and outreach to children for initial visits, preventive visits, and follow-up visits. Includes interperiodic screens as medically indicated. Includes multi-disciplinary evaluation and treatment for children with significant developmental disabilities or developmental delays.

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:

Source:

Office visits with PCP - Duplication

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:

Office visits with PCP were bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of physicians' services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Source:

House calls - Duplication

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:

House calls were bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of physicians' services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Source:

Emergency medical services - Duplication

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:

The base benchmark terminology was duplicated by existing Medicaid State Plan services.

Base Benchmark Benefit that was Substituted:

Source:

Surgery - Duplication

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:

Surgery was bundled along with In-patient Hospital Services and mapped to the "Hospitalization" EHB category. Furthermore, it was bundled with Outpatient hospital services and mapped to the "Ambulatory Patient Services" EHB category. Surgery is bundled with both under the "Emergency Services" EHB. The bundled services are a duplication of services from the existing Medicaid State Plan.

Base Benchmark Benefit that was Substituted:

Source:

Detoxification Services - Duplication

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:

The base benchmark terminology was duplicated by existing Medicaid State Plan services called Adult Behavioral Health Services

Base Benchmark Benefit that was Substituted:

Source:

Prostheses and Orthotic Devices - Duplication

Base Benchmark



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Prostheses and Orthoic Devices were bundled along with Medical Supplies, Equipment, and Appliances, and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. The bundled services are a duplication of Medical Supplies, Equipment, and Appliances from the existing Medicaid State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Hair Prostheses - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Hair Prostheses were bundled along with Medical Supplies, Equipment, and Appliances, and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. The bundled services are a duplication of Medical Supplies, Equipment, and Appliances from the existing Medicaid State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Cardiac rehab - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Cardiac rehab was bundled along with Rehabilitative Services and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. The bundled services are a duplication of Rehabilitative Services from the existing Medicaid State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Early intervention services - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Early intervention services is contained within the state's Medicaid State Plan EPSDT Benefits and was mapped to the "Pediatric Services and including oral and vision care" EHB. These services are a duplication of the EPSDT services from the existing Medicaid State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Enteral formula - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Enteral formula was bundled along with Medical Supplies, Equipment, and Appliances, and mapped to the "Rehabilitative and Habilitative Services and Devices" EHB category. The bundled services are a duplication of Medical Supplies, Equipment, and Appliances from the existing Medicaid State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Therapy Treatments - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Therapy treatments were bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of outpatient hospital services from the existing Medicaid State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Routine Check Ups - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Routine check ups were bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of physicians' services from the existing Medicaid State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Tests and procedures ordered by PCP - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Tests and procedures ordered by PCP were bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of physicians' services from the existing Medicaid State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Immunizations - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Immunizations were bundled along with Outpatient Hospital Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of physicians' services from the existing Medicaid State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Human leukocyte antigen testing - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Human leukocyte antigen testing was bundled along with Laboratory Services and mapped to the "Laboratory services" EHB category. The bundled services are a duplication of laboratory services from the existing Medicaid State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Newborn care - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Newborn care was bundled along with Extended services for pregnant women and mapped to the</p>	



# Alternative Benefit Plan

<p>"Maternity and Newborn Care" EHB category. The bundled services are a duplication of extended services for pregnant women from the existing Medicaid State Plan.</p>		<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p><input type="text" value="Pediatric Care - Duplication"/></p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Pediatric care was bundled along with Extended services for pregnant women and mapped to the 'Maternity and Newborn Care' EHB category. The bundled services are a duplication of extended services for pregnant women from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p><input type="text" value="Allergist Services - Duplication"/></p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Allergist Services were bundled along with Outpatient Hospital Services and mapped to the 'Ambulatory Patient Services' EHB category. The bundled services are a duplication of outpatient hospital services from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p><input type="text" value="Dermatologist Services - Duplication"/></p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Dermatologist Services were bundled along with Outpatient Hospital Services and mapped to the 'Ambulatory Patient Services' EHB category. The bundled services are a duplication of outpatient hospital services from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p><input type="text" value="Vision services - Duplication"/></p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Vision services were bundled along with EPSDT and mapped to the 'Pediatric Services including oral and vision care' EHB category. The bundled services are a duplication of EPSDT from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p><input type="text" value="Dental Services - Duplication"/></p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Dental services were bundled along with EPSDT and mapped to the 'Pediatric Services including oral and vision care' EHB category. The bundled services are a duplication of EPSDT from the existing Medicaid State Plan."/></p>		



# Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Hearing Services - Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Hearing services were bundled along with EPSDT and mapped to the 'Pediatric Services including oral and vision care' EHB category. The bundled services are a duplication of EPSDT from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Second Opinion - Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Second Opinions were bundled along with Outpatient Hospital Services and mapped to the 'Ambulatory Patient Services' EHB category. The bundled services are a duplication of physicians' services from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Preadmission Testing - Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Preadmission testing was bundled along with In-patient Hospital Services and mapped to the 'Hospitalization' EHB category. The bundled services are a duplication of in-patient hospital services from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Voluntary sterilization - Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="Voluntary sterilization was bundled along with Extended Family Planning Services and mapped to the 'Preventive and wellness services and chronic disease management' EHB category. The bundled services are a duplication of the extended family planning services from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="HIV Testing and Counseling - Duplication"/></p>	<p>Source: Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><input type="text" value="HIV Testing and Counseling was bundled along with Extended Family Planning Services and mapped to the 'Preventive and wellness services and chronic disease management' EHB category. The bundled services are a duplication of the extended family planning services from the existing Medicaid State Plan."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Chiropractic Services - Substitution"/></p>	<p>Source: Base Benchmark</p>	



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Chiropractic Services were mapped to the "Rehabilitative and Habilitative Services" EHB category. Dental services from the existing Medicaid State Plan were used for substitutional purposes.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Infertility Treatment Services - Substitution</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>IVF Services were mapped to the "Preventive and wellness services and chronic disease management" EHB category. Personal Care Services from the existing Medicaid State Plan were used for substitution purposes.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Chronic Disease Management - Duplication</p>	<p>Source:</p> <p>Base Benchmark</p> <p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Chronic Disease Management was bundled along with In-patient Hospital Services and mapped to the "Hospitalization" EHB category. Furthermore, it was bundled with Outpatient hospital services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of services from the existing Medicaid State Plan.</p>	
	<p>Add</p>



# Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All



# Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All



# Alternative Benefit Plan

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

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Benefits Assurances

ABP7

### EPSDT Assurances

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

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

Yes

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

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

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

Through an Alternative Benefit Plan.

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

Other Information regarding how EPSDT 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

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

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

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



# Alternative Benefit Plan

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

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# Alternative Benefit Plan

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Attachment 3.1-C-

## Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

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

## Managed Care Options

### Managed Care Assurance

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

### Managed Care Implementation

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

This new expansion population will be enrolled in existing Medicaid Managed Care programs in Rhode Island. There is a statewide outreach program including media and in person outreach workers. Consumer Advisory Committees are active in each MCO as well as through EOHHS, the Single State Agency. The MCOs have actively outreached to providers regarding these new members and have implemented the PCP rate bump.

### MCO: Managed Care Organization

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

Yes

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

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



# Alternative Benefit Plan

- 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:

### Additional Information: MCO (Optional)

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.

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:

Describe program below:

### Additional Information: PCCM (Optional)

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

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Yes

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

Rite Share Premium Assistance program is used when cost effective (cost effectiveness test completed by the Medicaid program). The Medicaid program assists members by paying the employee/member portion of the ESI premium as well as wraparound payments and services (e.g. Dental).

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

Attachment 3.1-C-

## General Assurances

ABP10

### Economy and Efficiency of Plans

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

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

Yes

### Compliance with the Law

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

### PRA Disclosure Statement

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# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## 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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