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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 14-001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

November 21, 2014

Ricardo A. Colón Padilla, CPA
Executive Director, Medicaid Program
Puerto Rico Department of Health
P.O. Box 70184
San Juan, Puerto Rico 70184

Dear Mr. Padilla:

Enclosed for your records is an approved copy of Puerto Rico Standard Alternative Benefit Plan (ABP) State plan amendment (SPA) PR 14-001. This ABP, which was submitted through the Medicaid Model Data Lab (MMDL) on March 27, 2014, meets federal statutory and regulatory requirements for establishing an ABP. This SPA is approved effective as of January 1, 2014, as requested by the Commonwealth of Puerto Rico.

CMS is aware that Puerto Rico requires additional transition time for several benefits in its Alternative Benefit Plan SPA in order to make funding and operational adjustments to bring the ABP into full compliance. Approval of this Puerto Rico ABP SPA is contingent upon CMS' approval of SPA 14-008 to include the chiropractic and transplant services in Attachments 3.1-A and 3.1-B with a proposed effective date of July 1, 2014. SPA 14-008 is currently under CMS' review. In addition, approval of this ABP SPA is contingent upon CMS' receipt of and approval for the following:

- SPA14-009 to amend family planning to include contraceptives services with an implementation date of April 1, 2015.
- A SPA to provide immunization for children ages of 19-20 with an implementation date of April 1, 2015.
- A SPA to provide eyeglasses for children up to the age of 21 with an implementation date of January 1, 2016.

The pages originally submitted by Puerto Rico have been replaced by the revised pages submitted by the Commonwealth via the MMDL on August 27, 2014, September 15, 2014, September 17, 2014, November 10, 2014, and November 18, 2014. Enclosed are copies of the approved ABP State plan pages to be incorporated into Puerto Rico's state plan.

All requirements pertaining to ABPs must be met, including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing State plan pages, and, if applicable,

managed care delivery systems (waivers and contracts). Amendments to the State's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State plan will be mirrored in the ABP.

CMS appreciates the significant amount of work your staff dedicated to preparing this State plan amendment. If you have any questions concerning this SPA, please contact Nicole McKnight at (212) 616-2429 or by e-mail at Nicole.McKnight@cms.hhs.gov or Ivelisse Salce at (212) 616-2411 or by e-mail at Ivelisse.Salce@cms.hhs.gov.

Sincerely,

/s/

Michael Melendez
Associate Regional Administrator

Enclosure/s

cc: Ricardo Colon Rivera, ASES Director

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Puerto Rico

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

14-001

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1902(a)(10)(A)(i)(VII)I

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	0	\$ 0.00
Second Year		\$ 0.00

Subject of Amendment

This State Plan Amendment establishes Puerto Rico's Alternative Benefit Plan for the adult coverage group under Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act. The ABP 1937 coverage option selected in Secretary-approved coverage. The Base Benchmark plan is the Triple-S Optimo Plan. Puerto Rico proposes to fully align its 1937 plan with existing State Plan coverage.

Governor's Office Review

- Governor's office reported no comment
 - Comments of Governor's office received
- Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Luz Cruz-Romero
Last Revision Date: Nov 18, 2014
Submit Date: Mar 27, 2014



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Alternative Benefit Plan Population ABP1

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

Alternative Benefit Plan Population Name:

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

Eligibility Groups Included in the Alternative Benefit Plan Population:

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

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

Geographic Area

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

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

PRA Disclosure Statement

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

V.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Voluntary Benefit Package Selection Assurances - Alternative Benefit Plan under Section 1902(a)(10)(A) of the Act ABP2a

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

Yes

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

Puerto Rico submitted to CMS the Benchmark Plan and identified Triple S Optimo. Puerto Rico then formed a workgroup comprised of individuals from ASES and Medicaid to guide the development of the Alternative Benefit Plan. The workgroup provided oversight for the completion of a crosswalk of benefits to the benchmark plan and the current Puerto Rico State Plan and identified service revisions and potential substitution of services. The plans were aligned in most areas however the following benefits were identified for new service or substitution. Throughout the development process, Puerto Rico participated in weekly technical assistance calls led by Central and Regional CMS staff. Throughout these calls sections of the draft ABP were submitted informally and discussed. Each substitution of service and proposed SPA was reviewed by ASES Actuary to ensure alignment of the substitutions of service. Fiscal Impact/PMPM cost estimates were prepared by the actuary for new services. The benefits in the Alternative Benefit Plan are the same as those offered in the Puerto Rico State Plan. In addition the services included meet the requirements of all Essential Health Benefits.

PRA Disclosure Statement

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V.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

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

Name of benefit package:

Selection of the Section 1937 Coverage Option

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

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

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

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

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

Selection of Base Benchmark Plan



Alternative Benefit Plan

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

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

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

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

Plan name:

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

Puerto Rico assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP 5. Puerto Rico assures the accuracy of information in ABP 5 depicting amount duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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Alternative Benefit Plan

OMB Control Number: 0938-1148

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Attachment 3.1-L-

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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V.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefits Description	ABPS
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input data-bbox="857 464 927 506" type="checkbox"/> No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
Triple S Optimo	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
Secretary-Approved	



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes ambulatory setting use of a fetal monitor, cosmetic surgery, procedures to re-establish the ability to procreate, induced abortion experimental procedures, surgeries for sexual transformation, intravenous or inhalation analgesic.

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

Includes Physicians services whether furnished in the office, the patient's home, a hospital or elsewhere. Excluded practitioners include alternative and sports medicine, iridologists, naturopaths, and cosmetic plastic surgeons. Induced abortion is covered when the pregnancy is a result of rape or incest and/or when the pregnancy puts the mothers life at-risk and in compliance with the Hyde Amendment.

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Excludes services rendered in an outpatient facility that may be performed in a physicians office.

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

Benefit Provided:

Other Licensed Providers

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Includes all licensed medical professionals required by Puerto Rico local law.

Remove

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

Excludes non physician professionals including nurse and physician assistant except those required by local law such as podiatrist, optometrist, clinical psychologists and chiropractors.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services Collapse All

Benefit Provided:

Other Medical Services - Emergency Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

No limitations

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

Benefit Provided:

Other Medical Services-Emergency Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Ground, maritime and aerial ambulance services are covered within the territorial limits of Puerto Rico for emergency cases

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

3. Essential Health Benefit: Hospitalization Collapse All

Benefit Provided: Inpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes hospitalization for services which can be rendered in an ambulatory setting, Admission of patients to hospitals for diagnostic purposes only, Expenses for services and/or materials for the comfort of patients only such as television.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Bariatric surgery limited to 1 per lifetime and requires prior authorization. Transplant services limited to skin, bone and corneal transplants Due diligence was applied to ensure this service is aligned with the base benchmark coverage.		
		Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Physician Services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Inpatient Hospital services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Minimum Stay - 48 hours for vaginal delivery, 96 hours for cesarean delivery

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

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

Benefit Provided:

Behavioral Health Outpatient - Rehab

Source:

State Plan Other

Remove

Authorization:

None

Provider Qualifications:

Other

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:

Puerto Rico covers individual and group counseling, substance abuse treatment, partial hospitalization, psychiatric care and medication management for enrollees identified as having behavioral health needs without limitation. Provider qualifications are mandated by Puerto Rico law and licensing requirements and include psychologists and psychiatrists.

Benefit Provided:

Behavioral Health Inpatient - Rehab

Source:

State Plan Other

Remove

Authorization:

None

Provider Qualifications:

Other

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:

Includes mental health and substance abuse services in facilities not designated as IMDs. Puerto Rico covers individual and group counseling, substance abuse treatment, residential treatment services, psychiatric care and medication management for enrollees identified as having behavioral health needs without limitation. Provider qualifications are mandated by Puerto Rico law and licensing requirements and include psychologists and psychiatrists.

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
<input checked="" type="checkbox"/> Limit on days supply	<input type="text" value="Yes"/>	<input type="text" value="State licensed"/>
<input type="checkbox"/> Limit on number of prescriptions		
<input type="checkbox"/> Limit on brand drugs		
<input type="checkbox"/> Other coverage limits		
<input checked="" type="checkbox"/> Preferred drug list		

Coverage that exceeds the minimum requirements or other:

Puerto Rico's ABP prescription Drug Benefit is the same as under the approved Medicaid State Plan for prescribed drugs.



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Physical Therapy - Rehabilitation and Habilitation

Source:

State Plan 1905(a)(11)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 treatments per condition.

Duration Limit:

Per year

Scope Limit:

Combined limit of 30 sessions applies to habilitation and rehabilitation.

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

Physical therapy is applied as a habilitative and rehabilitative service as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit with chiropractic care. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 are allowed with medical necessity and require a prior authorization process.

Benefit Provided:

Home Health Services

Source:

Other state-defined

Remove

Authorization:

Other

Provider Qualifications:

Other

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:

The approved Puerto Rico State Plan does not cover Home Health services utilizing the Federal Definition. There are no home health agencies in the Commonwealth serving the Medicaid populations. Home Health refers to the location of services. Medicaid provides equipment and medical services to enrollees for at home when medically necessary and as a cost effective alternative to hospitalization. Any state plan service that is medically necessary may be provided in the home if a cost effective alternative to hospitalization Home Health services utilizing the Puerto Rico definition are requested and approved by the MCO and ASES on a case-by-case basis as determined medically necessary. PT services may be provided in the home as medically necessary. When there is a State Plan limit on services, any services provided in-home are counted towards those limitations.

Benefit Provided:

Home Health - Prosthetic Devices

Source:

State Plan 1905(a)



Alternative Benefit Plan

Authorization: None	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Includes prosthetic devices for all of the extremities of the body, ocular therapeutic prosthesis and segmentary system trays for scoliosis surgery and fusion. Other DME limited to equipment necessary for the delivery of oxygen.		
Benefit Provided: Chiropractic Care	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: 30 treatments per condition	Duration Limit: per 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: Chiropractic adjustments are provided as a habilitative and rehabilitative service as determined medically necessary. Initial 15 sessions available without prior authorization. Additional 15 sessions require prior authorization. The treatment limit is combined with the limit with physical therapy. An individual may receive a total of 30 physical therapy and/or chiropractic sessions combined. Additional session beyond 30 are allowed with medical necessity and require a prior authorization process.		
Benefit Provided: Respiratory Therapy	Source: State Plan 1905(a)	
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:

Offered as a habilitative and rehabilitative service as determined medically necessary.

Remove

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Offered as a habilitative and rehabilitative service as determined medically necessary

Benefit Provided:

Speech Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Offered as a habilitative and rehabilitative service as determined medically necessary.

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> 8. Essential Health Benefit: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided: <input type="text" value="Diagnostic Lab"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Coverage excludes laboratories for which processing is not available in Puerto Rico."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Prior authorization is not required when provided by a lab within the members Primary Medical Group (PMG). The PMG is a function of the MCO and describes the members selected provider and associated labs and specialist."/>		
Benefit Provided: <input type="text" value="Other lab and x-ray Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="General Clinical Labs, X-rays, Radiotherapy, Pathology, Pulmonary Function and Electroencephalograms if medically necessary do not require pre-authorization. Prior authorization is not required when provided by a lab within the members Primary Medical Group (PMG)"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Source:

Remove

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:

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

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:

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted: Source: Base Benchmark

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

Duplication: covered under Medicaid state plan as Physician services EHB1. This service covers all ambulatory care providers.
Base Benchmark plan: No limitations

Base Benchmark Benefit that was Substituted: Source: Base Benchmark

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

Duplication: covered under Medicaid state plan as Physician Services- EHB 1. This service covers all ambulatory care providers.
Base Benchmark: No limitations

Base Benchmark Benefit that was Substituted: Source: Base Benchmark

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

Duplication: covered under Medicaid state plan as Other Licensed Providers in EHB 1
Base Benchmark: Excludes non physician professionals including nurse and physician assistant except those required by local law such as podiatrist, optometrist, clinical psychologists and chiropractors.

Base Benchmark Benefit that was Substituted: Source: Base Benchmark

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

Duplication: covered under Medicaid state plan as Clinic services EHB 1
Base Benchmark: Excludes services rendered in an outpatient facility that may be performed in a physicians office.

Base Benchmark Benefit that was Substituted: Source: Base Benchmark

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

Duplication: covered under Medicaid state plan as Physician Services EHB 1
Base Benchmark: Excludes cosmetic surgery, procedures to re-establish the ability to procreate, induced abortion, experimental procedures, surgeries for sexual transformation, intravenous or inhalation analgesia.



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Care Services"/></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>Duplication: covered under Medicaid state plan as Home Health Services EHB 7. The approved Puerto Rico State Plan does not cover Home Health services utilizing the Federal Definition. Home Health refers to the location of services. Medicaid provides equipment and medical services to enrollees for at home when medically necessary and as a cost effective alternative to hospitalization. Base Benchmark: Defines Home Health in the same manner as the Medicaid State plan and limits services to 40 visits only that are initiated within 14 days of a hospitalization of at least 3 days and provided for the same condition as the hospitalization. Combined limit applies to physical, occupational and speech therapy.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Services"/></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>Duplication: covered under Medicaid state plan as Other Medical Services -Emergency Services in EHB 2 Base Benchmark: No limitations.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Transportation"/></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>Duplication: covered under Medicaid state plan as Other Medical Services - Emergency Transportation services EHB 2 Base Benchmark: Covered as reimbursement up to \$80.00 per trip</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital Services"/></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>Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3 Base Benchmark: Excludes services for personal comfort such as private rooms and for services or procedures that may be performed in an outpatient setting.</p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient physician and surgical services"/></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>Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3 Base Benchmark: No limitations</p>		



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Skilled Nursing Facility"/></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="Base Benchmark: Limits Skilled Nursing services to 120 days only if initiated within 14 days of a hospitalization of at least 3 days and provided for the same condition as the hospitalization. The substitution is based on unlimited respiratory therapy, occupational therapy and speech therapy identified in EHB 7 ."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal and Postnatal Care"/></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="Duplication: covered under Medicaid state plan as Physician Services EHB 4. Base Benchmark: No Limitations"/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery/Inpatient services for Maternity Care"/></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="Duplication: covered under Medicaid state plan as Inpatient Hospital Services - Maternity EHB 4 Base Benchmark: Delivery of baby 48 hour minimum for vaginal delivery and 96 hours for cesarean delivery."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Outpatient Services"/></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="Duplication: covered under Medicaid state plan as Behavioral Health Outpatient EHB 5 Base Benchmark: Limited to 15 units per year for group therapy"/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Inpatient Services"/></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="Duplication: covered under Medicaid state plan as Behavioral Health Inpatient services EHB 5 Base Benchmark: Limited to 90 days per year."/></p>		
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Outpatient Services"/></p>	<p>Source: Base Benchmark</p>	



Alternative Benefit Plan

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

Remove

Duplication: covered under Medicaid state plan as Behavioral Health Outpatient EHB 5
Base Benchmark: Limited to 15 units per year for each type of service including group therapy, psychiatrist, clinical psychologist and collateral visits.

Base Benchmark Benefit that was Substituted:

Source:

Base Benchmark

Substance Abuse Inpatient Services

Remove

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

Duplication: covered under Medicaid state plan as Behavioral Health Inpatient services EHB 5
Base Benchmark: Limited to 90 days per year.

Base Benchmark Benefit that was Substituted:

Source:

Base Benchmark

Outpatient Rehabilitation Services

Remove

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

Duplication: covered under Medicaid state plan as Rehabilitative and Habilitative services EHB 7
Base Benchmark: Limited to 20 physical therapy sessions per year. Does not include occupational, speech therapies, prosthetics and implants orthopedics or cardiac rehabilitation.

Base Benchmark Benefit that was Substituted:

Source:

Base Benchmark

Habilitation Services

Remove

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

Duplication: covered under Medicaid state plan as Physical Therapy services EHB 7 and Speech Therapy, Respiratory and Occupational Therapy.
Base Benchmark: Limited to 20 physical therapy sessions per year

Base Benchmark Benefit that was Substituted:

Source:

Base Benchmark

Durable Medical Equipment

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:

Substitution: covered as prosthetic devices in the Medicaid state plan as Home Health - DME services EHB 7
Base Benchmark: Limited to \$5,000 per year for rental or purchase of oxygen and necessary equipment for its administration, wheelchair and hospital beds.

Base Benchmark Benefit that was Substituted:

Source:

Base Benchmark

Diagnostic Tests

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

Duplication: covered under Medicaid state plan as Laboratory Services services EHB 8 and Other Lab and



Alternative Benefit Plan

<p>X-Ray services EHB 8 Base Benchmark: No limitations</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Preventive Care/Screening and Immunization</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Duplication: covered under Medicaid state plan as Preventive services EHB 9 Base Benchmark: No limitations</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Routine Eye Exam for Children</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as EPSDT in EHB10 Base Benchmark: Limited to routine exam per year</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Eyeglasses for Children</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Medicaid state plan as EPSDT in EHB10 Base Benchmark: Limited to 1 per year</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Prescription Drugs</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Benchmark plan is the same as State Plan Coverage in Prescription Drugs EHB 6</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Chiropractic Care</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under Chiropractic Care EHB 7</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Routine Foot Care</p> <p>Source: Base Benchmark</p>	



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		<input type="button" value="Remove"/>
<input type="text" value="Duplication: Covered under Physicians Services in EHB 1"/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Transplant Services"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under Hospitalization EHB 3"/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Bariatric Services"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under Hospitalization EHB 3"/>		
Base Benchmark Benefit that was Substituted:	Source:	
<input type="text" value="Imaging"/>	<input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under Diagnostic Lab EHB 8"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Adult Dental

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

Other:

Limited to (1) comprehensive and periodic exam and films per year. (1) prophylaxis per year. Amalgam and resin restorations, root canal therapy, oral surgery and palliative treatment. General anesthesia only for those with special conditions.

Other 1937 Benefit Provided:

Federally Qualified Health centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Family Planning Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other:			<input type="button" value="Remove"/>
Other 1937 Benefit Provided:	Source:		<input type="button" value="Remove"/>
High Risk Pregnancy - Case Management	Section 1937 Coverage Option Benchmark Benefit Package		
Authorization:	Provider Qualifications:		
Other	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	Covers only Medicaid eligible women identified as at-risk for pre-term birth or poor pregnancy outcome.		
Other:			
Other 1937 Benefit Provided:		Source:	<input type="button" value="Remove"/>
Extended Services for Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package		
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	None		
Other:	All medical and obstetrical services that are medically necessary due to complications of pregnancy including hospitalization beyond minimum stay terms.		
Other 1937 Benefit Provided:	Source:		
Tuberculosis Related Services	Section 1937 Coverage Option Benchmark Benefit Package		
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		



Alternative Benefit Plan

Scope Limit:			<input type="button" value="Remove"/>
<input type="text" value="None"/>			
Other:			
<input type="text" value="All medically necessary services related to Tuberculosis care for individuals who receive a diagnosis of Tuberculosis."/>			
Other 1937 Benefit Provided:	Source:		<input type="button" value="Remove"/>
<input type="text" value="Adult vision Exam"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>		
Authorization:	Provider Qualifications:		
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>		
Amount Limit:	Duration Limit:		
<input type="text" value="1 per year"/>	<input type="text" value="None"/>		
Scope Limit:			
<input type="text" value="Annual eye exam for adults"/>			
Other:			
<input type="text"/>			
			<input type="button" value="Add"/>



Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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V.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

ABP7

Benefits Assurances

EPSDT Assurances

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

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

Yes

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

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

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

Through an Alternative Benefit Plan.

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

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

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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Attachment 3.1-L-

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.

ASES and Medicaid began work on the development of the ABP in partnership with Triple S (the Benchmark plan provider), Department of Health, Clinical Consultant Dr. Max Miranda, ABARCA Health, and Mercer. In presentations to groups and associations related to the health segment, ASES Director Ricardo Rivera has discussed the ABP and our plan going forward in order to comply with CMS and ACA. Puerto Rico issued public notice on the ASES and Medicaid websites and in circular newspapers. The announcement is attached.

MCO: Managed Care Organization

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

Yes

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

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

TN: 14-001
Puerto Rico

Approval Date: 11/21/2014

Effective Date: 01/01/2014

ABP8



Alternative Benefit Plan

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

Describe program below:

Currently Puerto Rico delivers physical health services through a single contracted PIHP, behavioral health is delivered through a MBHO and pharmacy services are contracted with a pharmacy benefit manager (PBM). Puerto Rico is currently in an open Procurement for full-risk MCOs to deliver fully integrated physical and behavioral health services under one contract by region. The proposal and evaluation process is complete and Puerto Rico is currently engaged in contract negotiations. The MCO contract is in final stages of review by CMS and includes services as described in the ABP. Puerto Rico will continue to utilize the PBM for pharmacy services. The new MCO's and contract will be implemented April 2015.

Additional Information: MCO (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-L-

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.	<input type="checkbox"/> No
The state/territory otherwise provides for payment of premiums.	<input type="checkbox"/> No
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

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Alternative Benefit Plan

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OMB Expiration date: 10/31/2014

Attachment 3.1-L-

General Assurances **ABP10**

Economy and Efficiency of Plans

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

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

Yes

Compliance with the Law

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

PRA Disclosure Statement

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OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

ABP11

Payment Methodology

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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V.20131219