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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 23-0007

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 28, 2023

Dinorah Collazo
Medicaid Director
Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 23-0007

Dear Medicaid Director Collazo:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Standard Alternative Benefit Plan (ABP) State Plan Amendment (SPA) submitted to CMS on March 31, 2023, under transmittal number (TN) 23-0007. This ABP SPA adds dental and denture services and other updates from a review of all page sections.

This letter informs you that Puerto Rico's Medicaid ABP SPA 23-0007 was approved on June 28, 2023, with an effective date of January 1, 2023. Enclosed are copies of the approved ABP State Plan pages to be incorporated into Puerto Rico's State Plan.

All requirements about 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 modifications to the ABP if the change to the benefit in the approved State Plan will be mirrored in the ABP.

If you have any questions, please contact Ivelisse Salce at 212-616-2411 or via email at Ivelisse.Salce@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures
cc: Brandon Smith

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Puerto Rico**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

23-0007

Proposed Effective Date

01/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

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

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2023	\$ 2217038.00
Second Year	2024	\$ 2956051.00

Subject of Amendment

This amendment updates the Puerto Rico ABP for dental/denture services as well as other updates noted in review of pages. In addition, where appropriate, the Scope Limit and Other Information boxes reference the applicable

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:

Delegated to State Medicaid Director

Signature of State Agency Official

Submitted By: **Luz Cruz-Romero**
Last Revision Date: **Jun 15, 2023**
Submit Date: **Jun 15, 2023**



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

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:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	Adult Group	Mandatory	Remove

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.20181119



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

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

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

Yes

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

In 2014, Puerto Rico identified Triple S Optimo as the Benchmark. The benefits in the ABP meet the requirements of the Essential Health Benefits and are the same as those offered in the Puerto Rico State Plan for both the categorically and medically needy populations.

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

The state/territory is amending one existing benefit package for the population defined in Section 1.

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

Name of benefit package:

Selection of the Section 1937 Coverage Option

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

Benchmark Benefit Package.

Benchmark-Equivalent Benefit Package.

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

The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).

State employee coverage that is offered and generally available to state employees (State Employee Coverage):

A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):

Secretary-Approved Coverage.

The state/territory offers benefits based on the approved state plan.

The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.

The state/territory offers the benefits provided in the approved state plan.

Benefits include all those provided in the approved state plan plus additional benefits.

Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.

The state/territory offers only a partial list of benefits provided in the approved state plan.

The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

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

Selection of Base Benchmark Plan



Alternative Benefit Plan

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

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

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

Largest plan by enrollment of the three largest small group insurance products in the state's small group market.

Any of the largest three state employee health benefit plans by enrollment.

Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.

Largest insured commercial non-Medicaid HMO.

Plan name:

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

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

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.20160722



Alternative Benefit Plan

State Name

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

Alternative Benefit Plan Cost-Sharing **ABP4**

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PR - 23 - 0007

Benefits Description	ABP5
The state/territory proposes a “Benchmark-Equivalent” benefit package.	<input type="text" value="No"/>
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="Triple S Optimo"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”	
<input type="text" value="Secretary-Approved"/>	



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Item 5a. Physician Services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 5a. Physician Services		

Benefit Provided:	Source:	Remove
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Item 9. Clinic Services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 9. Clinic Services		

Benefit Provided:	Source:	Remove
Other Licensed Providers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Items 6a, Podiatrists, 6b. Optometrists, 6c, Chiropractors, and 6d. Other Licensed Practitioners		

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



Alternative Benefit Plan

See Attachment 3.1 A, Items 6a, Podiatrists, 6b. Optometrists, 6c, Chiropractors, and 6d. Other Licensed Practitioners

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

. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Other Medical Services - Emergency Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Item 24e. Emergency hospital services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 24e. Emergency hospital services		

Benefit Provided:	Source:	Remove
Other Medical Services - Emergency Transportation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Item 24a. Transportation		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 24a. Transportation		

Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Yes		
Amount Limit:	Duration Limit:	
Scope Limit:		



Alternative Benefit Plan

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: See Attachment 3.1-A, Item 1.Inpatient hospital services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Attachment 3.1-A, Item 1.Inpatient hospital services		

Benefit Provided:	Source:	Remove
Authorization: Yes	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

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Physician Services - Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Item 5a. Physician Services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 5a. Physician Services		

Benefit Provided:	Source:	Remove
Inpatient Hospital services - Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Item 1. Inpatient hospital services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, Item 1. Inpatient hospital services		

Add



Alternative Benefit Plan

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

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

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: Inpatient Behavioral Health Services for Enrollees aged twenty-one (21) through sixty-four (64) are covered in an IMD setting for up to fifteen (15) days within the month for which the PMPM Payment would be made in accordance with 42 CFR 438.6(e). Prospective rate development for the PMPM Payments will account for utilization and cost of short term stays in an IMD in accordance with 42 CFR 438.6(e). Inpatient Behavioral Health Services for Enrollees aged sixty-five (65) and older are covered in accordance with the State Plan.		

[Add](#)



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed 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:

See Attachment 3.1-A, Item 12a. Prescribed Drugs



Alternative Benefit Plan

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

Collapse All

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Physical Therapy - Rehabilitation and Habilitation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
30 treatments per condition.	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 prior authorization. See Attachment 3.1-A. Item 11a. Physical Therapy		

Benefit Provided:	Source:	Remove
Home Health	State Plan Other	
Authorization:	Provider Qualifications:	
Other	Other	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A. Item 7. Home Health Services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A. Item 7. Home Health Services		

Benefit Provided:	Source:	Remove
Chiropractic Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	



Alternative Benefit Plan

Amount Limit:

30 treatments per condition

Duration Limit:

Per year

Scope Limit:

See Attachment 3.1-A, Item 6d. Chiropractors' Services.

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. See Attachment 3.1-A, Item 6d. Chiropractors' Services.

Benefit Provided:

Respiratory 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:

Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A, Item 11b. Occupational Therapy

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. See Attachment 3.1-A, Item 11b. Occupational Therapy



Alternative Benefit Plan

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:

See Attachment 3.1-A. Item 11c. Services for individuals with speech, hearing, and language disorders

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. See Attachment 3.1-A. Item 11c. Services for individuals with speech, hearing, and language disorders

Benefit Provided:

Source:

Remove

Authorization:

None

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

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided: Diagnostic Lab	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services		

Benefit Provided: Other lab and x-ray Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services		

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
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	
<input type="text"/>	<input type="text"/>	
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

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:

See Attachment 3.1-A. Item 4b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

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

See Attachment 3.1-A. Item 4b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted:	Source:	Remove
Specialist Visit	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:	Remove
Primary care visit treatments of injury or illness	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:	Remove
Other practitioner office visit	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:	Remove
Outpatient facility	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:	Remove
Outpatient Surgery Physician Surgical Services	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

Base Benchmark Benefit that was Substituted:

Home Health Care Services

Source:

Base Benchmark

Remove

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

Duplication: 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.

Base Benchmark Benefit that was Substituted:

Emergency Services

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Other Medical Services -Emergency Services in EHB 2
Base Benchmark: No limitations.

Base Benchmark Benefit that was Substituted:

Emergency Transportation

Source:

Base Benchmark

Remove

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

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

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services

Source:

Base Benchmark

Remove

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

Duplication: 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.

Base Benchmark Benefit that was Substituted:

Inpatient physician and surgical services

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3
Base Benchmark: No limitations



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility

Source:

Base Benchmark

Remove

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

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.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Physician Services EHB 4.
Base Benchmark: No Limitations

Base Benchmark Benefit that was Substituted:

Delivery/Inpatient services for Maternity Care

Source:

Base Benchmark

Remove

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

Duplication: 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.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Services

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Behavioral Health Outpatient EHB 5
Base Benchmark: Limited to 15 units per year for group therapy.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services

Source:

Base Benchmark

Remove

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

Duplication: 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:

Substance Abuse Outpatient Services

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Duplication: 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:

Substance Abuse Inpatient Services

Source:

Base Benchmark

Remove

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

Duplication: 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:

Outpatient Rehabilitation Services

Source:

Base Benchmark

Remove

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

Duplication: 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:

Habilitation Services

Source:

Base Benchmark

Remove

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

Duplication: 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:

Durable Medical Equipment (DME)

Source:

Base Benchmark

Remove

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

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:

Diagnostic Tests

Source:

Base Benchmark

Remove

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

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

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Approval Date: 06/28/2023

Effective Date: 01/01/2023

Supersedes TN: PR 14-001



Alternative Benefit Plan

X-Ray services EHB 8
Base Benchmark: No limitations

Base Benchmark Benefit that was Substituted:
reventative Care/Screening and Immunization

Source:
Base Benchmark

Remove

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

Duplication: Duplication: covered under Medicaid state plan as Preventive services EHB 9
Base Benchmark: No limitations

Base Benchmark Benefit that was Substituted:
Routine Eye Exam for Children

Source:
Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as EPSDT in EHB10
Base Benchmark: Limited to routine exam per year

Base Benchmark Benefit that was Substituted:
Eyeglasses for Children

Source:
Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as EPSDT in EHB10
Base Benchmark: Limited to 1 per year

Base Benchmark Benefit that was Substituted:
Prescription Drugs

Source:
Base Benchmark

Remove

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

Duplication: Benchmark plan is the same as State Plan Coverage in Prescription Drugs EHB 6

Base Benchmark Benefit that was Substituted:
Chiropractic Care

Source:
Base Benchmark

Remove

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

Duplication: covered under Chiropractic Care EHB 7

Base Benchmark Benefit that was Substituted:
Routine Foot Care

Source:
Base Benchmark

Remove



Alternative Benefit Plan

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

Duplication: Covered under Physicians Services in EHB 1

Base Benchmark Benefit that was Substituted:

Transplant Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under Hospitalization EHB 3

Base Benchmark Benefit that was Substituted:

Bariatric Services

Source:

Base Benchmark

Remove

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

Duplication: Covered under Hospitalization EHB 3

Base Benchmark Benefit that was Substituted:

Imaging

Source:

Base Benchmark

Remove

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

Duplication: Covered under Diagnostic Lab EHB 8

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 Attachment 3.1-A. Item 10. Dental service

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 10. Dental service

Other:

See Attachment 3.1-A. Item 10. Dental service

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:

See Attachment 3.1-A. Item 2c. Federal Qualified Health Center services

Other:

See Attachment 3.1-A. Item 2c. Federal Qualified Health Center services

Other 1937 Benefit Provided:

Family Planning Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 4c. Family planning services and supplies for individuals of child-bearing age

Other:

See Attachment 3.1-A. Item 4c. Family planning services and supplies for individuals of child-bearing age

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Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="High Risk Pregnancy - Case Management"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<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="Covers Medicaid eligible women identified as at-risk for pre-term birth or poor pregnancy outcome."/>		
Other: <input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Extended Services for Pregnant Women"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	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: <input type="text" value="All medical and obstetrical services that are medically necessary due to complications of pregnancy including hospitalization beyond minimum stay terms."/>		
Other 1937 Benefit Provided: <input type="text" value="Tuberculosis Related Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	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="See Attachment 3.1-A. Item 19 Tuberculosis Related Services"/>		
Other: <input type="text" value="See Attachment 3.1-A. Item 19 Tuberculosis Related Services"/>		
TN: PR 23-0007 Approval Date: 06/28/2023		Effective Date: 01/01/2023
Supersedes TN: PR 14-001		



Alternative Benefit Plan

Other 1937 Benefit Provided:

Adult Vision Exam

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-A. Item 6b. Optometrist service

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 6b. Optometrist services

Other:

See Attachment 3.1-A. Item 6b. Optometrist services

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

See Attachment 3.1-A, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

Other:

See Attachment 3.1-A, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials. Effective January 1, 2022.

Other 1937 Benefit Provided:

M.A.T. for Opioid Use Disorder (OUD)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Other

Duration Limit:

Other

Scope Limit:

MAT services, defined at section 1905(ee) and as covered under section 1905(a)(29) of the Social Security Act.



Alternative Benefit Plan

Other:

MAT is provided as defined in the approved state plan Description for Attachment 3.1-A. MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.

Add



Alternative Benefit Plan

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

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. 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.20190808



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

Benefits Assurances ABP7

EPSDT Assurances

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

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

- The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).
- The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

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

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

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.



Alternative Benefit Plan

- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

PRA Disclosure Statement

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.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

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 PRMP developed the initial ABP in partnership with Triple S Optimo (Benchmark) and other stakeholders. Puerto Rico issued public notice for the original ABP in 2014 and issued public notice for the coverage updates associated with this amendment.

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.

Identify the managed care program was approved by CMS Effective Date: 01/01/2023

Supersedes TN: PR 14-001



Alternative Benefit Plan

Describe program below:

Puerto Rico elected to offer a mandatory managed care program which requires no waiver authority because Puerto Rico is statutorily exempt from Freedom of Choice requirements.

The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

#type# Procurement or Selection Method

Indicate the method used to select #type#s:

Competitive procurement method (RFP, RFA).

Other procurement/selection method.

Describe the method used by the state/territory to procure or select the MCOs:

Other MCO-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization. No

MCO service delivery is provided on less than a statewide basis. No

#type# Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan: No

General #type# Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

Mandatory participation.

Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

Additional Information: #type# (Optional)

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

PRA Disclosure Statement

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

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.

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

General Assurances **ABP10**

Economy and Efficiency of Plans

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

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

Compliance with the Law

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

PRA Disclosure Statement

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.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: PR - 23 - 0007

Payment Methodology **ABP11**

Alternative Benefit Plans - Payment Methodologies

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

An attachment is submitted.

PRA Disclosure Statement

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.

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