

## Table of Contents

**State/Territory Name: New York**

**State Plan Amendment (SPA) # 17-0068**

This file contains the following documents in the order listed:

1. Approval Letter
2. CMS 179 Form
3. Approved SPA pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



**DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS**

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DMCHO: VH: SPA NY- 17-0068

March 16, 2018

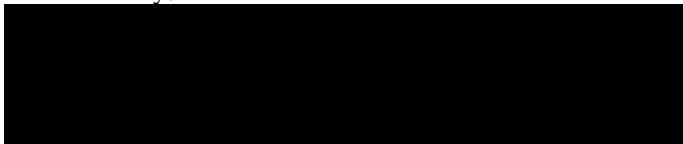
Jason Helgerson  
Deputy Commissioner  
Office of Health Insurance Programs  
NYS Department of Health  
Corning Tower (OCP- 1211)  
Albany, New York 12237

Dear Mr. Helgerson:

We have completed our review of the submission of New York's State Plan Amendment (SPA) 17-0068 for incorporation into the Medicaid State Plan with an effective date of December 1, 2017. This SPA revises ABP 5 to expand family planning benefits to match the proposed expansion for these services in the New York Medicaid State Plan under the categorically needy population. The expansion includes coverage of a set of services to ensure improved outcomes of women who are in the process of ovulation enhancing drugs, limited to the provision of treatment, office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing; services shall be limited those necessary to monitor such treatment. Enclosed is the copy of the approved SPA # 17-0068.

We would like to thank state staff members who were involved in the discussions and the formal responses that enabled CMS to process this SPA. If you have any questions, concerns, or wish to discuss this further, please contact Vennetta Harrison at [vennetta.harrison@cms.hhs.gov](mailto:vennetta.harrison@cms.hhs.gov) or 212-616-2214.

Sincerely,



Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Cc: N. Kirchner  
B. Smith  
K. Cantwell  
M. Levesque

**Medicaid Alternative Benefit Plan: Summary Page (CMS 179)**

**State/Territory name:** New York

**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.

NY-17-0068

**Proposed Effective Date**

12/01/2017 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 Public Law 111-3

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2017	\$ 0.00
Second Year	2018	\$ 0.00

**Subject of Amendment**

- (ABP1) ABP Populations;
- (ABP2a) Voluntary Benefit Pkg Selection Assurance-Elig Group; (ABP3) Selection of Benchmark Benefit Pkg or Benchmark-Equiv Benefit Pkg;
- (ABP4) ABP Cost-Sharing;
- (ABP5) Benefits Description;
- (ABP7) Benefits Assurances;
- (ABP8) Service Delivery Systems;
- (ABP9) Employer Sponsored Ins & Pymt of Premiums;
- (ABP10) General Assurances; and
- (ABP11) Payment Methodology.

**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: Michelle Levesque  
 Last Revision Date: Mar 1, 2018  
 Submit Date: Dec 19, 2017



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C- **L**

## Benefits Description

**ABP5**

The state/territory proposes a "Benchmark-Equivalent" benefit package.

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Standard Blue Cross/Blue Shield Federal Employee Preferred Provider Option

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

Secretary-Approved

The Alternative Benefit Plan will include all mandatory and optional benefits defined in the New York Medicaid State Plan under the categorically needy population designation (3.1A).

Utilization thresholds and authorization requirements which apply to the fee-for-service delivery system do not apply to managed care service delivery.



# Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physician services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Services include acupuncture services provided by a licensed physician.

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

Medicaid state plan attachment 3.1A, 5(a) physician services whether furnished in the office, the patient's home, a hospital or elsewhere. Includes services physician directed mental health and substance use disorder services.

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Includes ambulatory surgical centers, free standing clinic, health center and renal dialysis services.

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

Medicaid state plan attachment 3.1A, 2(a)(d)

Benefit Provided:

Medical services provided by licensed practitioner

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Services provided by licensed practitioners within the scope of their practice as defined by state law. Includes Cognitive Rehabilitative Therapy (CRT) provided by licensed providers.



# Alternative Benefit Plan

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

Medicaid state plan attachment 3.1A, 6(a,b,d) includes; nurse, podiatrist, psychologist, social worker, nutritionist, physician assistant, nurse practitioner and other licensed medical service providers.

Remove

Benefit Provided:

Clinic services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

no limitation if medically necessary

Duration Limit:

benefit year

Scope Limit:

Includes specialty clinic services.

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

Medicaid state plan attachment 3.1A, (9)

Clinic services provided to Medicaid recipients enrolled in managed care plans are exempt from the NYS Utilization Threshold program. Individuals in the new adult group will be enrolled in managed care plans. This population will not be subject to the service limits defined in the UT Program.

Medicaid enrollees who access their covered benefits via the Fee-For-Service delivery system are subject to service limits for non-exempt clinic services as defined in the NYS Medicaid Utilization Threshold (UT) Program. The UT Program places limits on the number of non-exempt clinic services a Medicaid member may receive in a benefit year. These service limits are established based on each member's clinical information. This information includes diagnoses, procedures, prescription drugs, age and gender. As a result, most Medicaid members have clinically appropriate service limit levels and will not need additional services authorized through the Threshold Override Application (TOA) process. Medicaid enrollees may receive services in excess of the UT Program limits upon the request of the licensed provider for additional services and the submission of documentation supporting the need for continued medical care above the threshold limit. Non-exempt clinic services may be provided to an enrollee who has exceeded the threshold without a request for additional services submitted by the licensed provider (outside the TOA process) in the following instances: immediate/urgent need, services rendered in retroactive period, emergency care, member has temporary Medicaid, request from county for second opinion to determine if member can work, or a request for UT override is pending. These exemptions along with the TOA process ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

Clinic services, by specialty code that are subject to the UT Program threshold (non-exempt) in the FFS delivery system are: 321, 901, 902, 903, 905, 909, 914 THRU 917, 919 THRU 921, 923 THRU 933, 935, 950 THRU 958, 965, 966, 999. For code definitions see: DATA DICTIONARY, NEW YORK STATE DEPARTMENT OF HEALTH Office of Health Insurance Programs, Provider Network Data System (PNDS), Version 6.7 revised (January 2014)

Clinic services exempt from the UT Program: pediatric general medicine and specialties, child teen health program (CTHP), school supportive health services program, dialysis, oncology, OPWDD clinic treatment and specialty programs, TB/Directly Observed Therapy, Prenatal Care.



# Alternative Benefit Plan

<b>Benefit Provided:</b> Hospice Services	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> No limitation	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Services are palliative in nature, include supportive medical, social, emotional and spiritual services to terminally ill persons as well as emotional support for family members. Services may be delivered at home, nursing home or hospice residence.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Medicaid state plan attachment 3.1A, (18) Hospice services are provided to an individual who has been certified (diagnosed) by a physician as being terminally ill, with a life expectancy of approximately twelve months or less. Services include curative treatment for children under age 21. Medicaid Managed Care Enrollees receive coverage for hospice services through the Medicaid fee-for-service program.		
<b>Benefit Provided:</b> Personal care services - provided in the home	<b>Source:</b> State Plan 1905(a)	<b>Remove</b>
<b>Authorization:</b> Prior Authorization	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> No limitation	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> In-home and community services prescribed in accordance with a plan of treatment, provided by a qualified person under supervision of a registered nurse. Attendant services and supports to assist in accomplishing (ADLs) and health related tasks.		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Medicaid state plan attachment 3.1A.(26)		
<b>Benefit Provided:</b> Other laboratory and x-ray services	<b>Source:</b> State Plan 1905(a)	



# Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="No limitation"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Includes diagnostic radiology, diagnostic ultrasound, nuclear medicine, radiation oncology services and magnetic resonance imaging (MRI) performed upon the order of a physician or qualified licensed provider."/>		
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="Medicaid state plan attachment 3.1A (3)&lt;br/&gt;18 NYCRR 505.17(c)&lt;br/&gt;Certain radiology services require prior authorization."/>		
Benefit Provided: <input type="text" value="Abortion Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitation"/>	Duration Limit: <input type="text" value="No limitation"/>	
Scope Limit: <input type="text" value="Services, drugs and supplies related to abortion when the life of the mother would be endangered if the fetus were carried to term or when pregnancy is a result of an act of rape or incest."/>		
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="Medicaid State Plan 3.1A (20) Covered services for pregnant women"/>		
<input type="button" value="Add"/>		





# Alternative Benefit Plan

Essential Health Benefit 2: 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:

No limitation

Duration Limit:

none

Scope Limit:

Procedures, treatments or services needed to evaluate or stabilize an emergency medical condition including psychiatric stabilization and medical detoxification from drugs or alcohol.

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

Medicaid state plan attachment 3.1A 24(e)

Benefit Provided:

Other medical services - emergency transportation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

none

Scope Limit:

Emergency ambulance transportation (incl. air ambulance) for the purpose of obtaining hospital services for a person suffering from a severe, life-threatening or potentially disabling condition which requires emergency services during transport.

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

Medicaid state plan attachment 3.1A 24(a)

Add



# Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

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:

Medicaid state plan attachment 3.1A (1) inpatient hospital services other than inpatient services provided in institutions for mental disease.

Benefit Provided:

Organ transplant services - inpatient hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Organ transplant services include transplant of the pancreas, kidneys, heart, lung, small intestine, liver, blood or marrow cell, cornea, single or double lobar lung.

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

Medicaid state plan 3.1E  
Organ transplant must be performed in a hospital approved by the Commissioner of Health and the hospital must be a member of the Organ Procurement and Transplantation Network approved by HHS.  
Solid organ and cell transplant service covered in the New York Medicaid State Plan include the solid organ and cells covered in the BC/BS Federal Employee Standard Benefit Plan.

Benefit Provided:

Hospice Care - Inpatient

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation



# Alternative Benefit Plan

Scope Limit:

Services delivered in an inpatient setting that are palliative in nature, include supportive medical, social, emotional and spiritual services to terminally ill persons as well as emotional support for family members.

Remove

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

Medicaid state plan attachment 3.1A, (18)

Hospice services are provided to an individual who has been certified (diagnosed) by a physician as being terminally ill, with a life expectancy of approximately twelve months or less. Services include curative treatment for children under age 21.

Medicaid Managed Care Enrollees receive coverage for hospice services through the Medicaid fee-for-service program.

Add



# Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Physician services - Obstetrical and Maternal

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

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:

Medicaid state plan attachment 3.1A 5(a)

Benefit Provided:

Inpatient hospital - Obstetrical and Maternal

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

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:

Medicaid state plan attachment 3.1A (1)

Benefit Provided:

Nurse-midwife services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Includes the management of normal pregnancy, childbirth and postpartum care as well as primary preventive reproductive health care to healthy women. Includes newborn evaluation, resuscitation and



# Alternative Benefit Plan

referral for infants.

Remove

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

Medicaid state plan attachment 3.1A (17)

Care may be provided on an inpatient or outpatient basis including in a birthing center or in the patient's home.

Add



# Alternative Benefit Plan

Collapse All

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

Benefit Provided:

Inpatient hospital services - MH and SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Medically supervised inpatient services to treat persons with mental illness and/or substance use disorders.

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

Medicaid state plan attachment 3.1A (1)  
Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Benefit Provided:

Medical care provided by licensed providers

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Includes the medically necessary services of licensed; clinical psychologists, social workers, pharmacists, nurse practitioners and other providers of medically necessary services. Includes Cognitive Rehabilitative Therapy by licensed providers.

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

Medicaid state plan 3.1A 6(d)  
Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Benefit Provided:

Clinic services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

None

Remove

Scope Limit:

Includes MH Continuing Day Treatment Programs, MH Continuing Treatment Programs, Substance Use Disorder Treatment Programs, Methadone Maintenance Treatment Programs, Developmental Disability Clinic Treatment and other specialty treatment programs.

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

Medicaid state plan attachment 3.1A (9) Clinic services listed above are claimed under the clinic category in the NY Medicaid State plan. Clinic services for developmental disability specialty, MMTP, alcohol/SUD treatment, mental health, are exempt from the NYS Utilization Threshold program. Physician services in the managed care delivery system are exempt from the UT program. Clinic services are provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Benefit Provided:

Physician Services - MH and SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

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:

Medicaid state plan attachment 3.1A, 5(a) physician services whether furnished in the office, the patient's home, a hospital or elsewhere for treatment of mental health and substance use disorders. Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Add



# Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

- 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:

Medicaid state plan 3.1A (12)

The State of New York's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.





# Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical therapy - rehabilitative/habilitative

Source:

Secretary-Approved Other

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

> of:20 PT visits; or 75 shared O/P therapy visits

Duration Limit:

per benefit year

Scope Limit:

Services provided by a physical therapist for the maximum reduction of physical disability and restoration to the patient's best functional level. Habilitative services are provided to the patient to acquire a skill and avert the loss of functions.

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

Medicaid state plan attachment 3.1A (11) (a) limitations and BC/BS Standard Optional limitations apply:

Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 physical therapy visits in a benefit year may access additional physical therapy services up to 20 visits. Physical therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 physical therapy visits per year limitation.

Any enrollee who reaches 20 physical therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional physical therapy services up to the 75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.

The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

There is no outpatient visit limit for physical therapy for persons with a developmental disability or persons with a traumatic brain injury.

Includes Cognitive Rehabilitative Therapy services.

Habilitative services are not provided as part of the home care benefit.

Benefit Provided:

Occupational therapy - rehabilitative/habilitative

Source:

Secretary-Approved Other

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

> of:20 OT visits; or 75 shared O/P therapy visits

Duration Limit:

per benefit year

Scope Limit:

Services provided by an occupational therapist for the maximum reduction of physical disability and



# Alternative Benefit Plan

restoration to the patient's best functional level. Habilitative services are provided to acquire a skill and avert the loss of functions.

Remove

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

Medicaid state plan attachment 3.1A (11) (b) limitations and BC/BS Standard Optional limitations apply:

Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 occupational therapy visits in a benefit year may access additional occupational therapy services up to 20 visits. Occupational therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 physical therapy visits per year limitation.

Any enrollee who reaches 20 occupational therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional occupational therapy services up to the 75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.

The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

There is no outpatient visit limit for occupational therapy for persons with a developmental disability or persons with a traumatic brain injury.

Includes Cognitive Rehabilitative Therapy services.

Habilitative services are not provided as part of the home care benefit.

Benefit Provided:

Speech and Language Services - rehab/hab

Source:

Secretary-Approved Other

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

> of:20 ST visits; or 75 shared O/P therapy visits

Duration Limit:

per benefit year

Scope Limit:

Services provided by a speech-language pathologist for the maximum reduction of physical disability and restoration to the best functional level. Habilitative services are provided to acquire a skill and avert the loss of functions.

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

Medicaid state plan attachment 3.1A (11) (c) limitations and BC/BS Standard Optional limitations apply:

Any enrollee who reaches 75 outpatient visits across combined therapies without reaching 20 speech therapy visits in a benefit year may access additional speech therapy services up to 20 visits. Speech therapy provided in an inpatient setting (hospital, rehab facility or nursing home) or in the home care setting does not count toward the 20 speech therapy visits per year limitation.

Any enrollee who reaches 20 speech therapy visits in a benefit year without reaching the outpatient visit maximum of 75 visits per year across all therapies may access additional speech therapy services up to the



# Alternative Benefit Plan

75 PT/OT/ST outpatient visit maximum. Therapy services provided in the home care setting are counted as outpatient visits across combined PT/OT/ST services for purposes of applying the 75 visit per year limitation.

Remove

The limit ensures that no one receives less than the benchmark benefit or the Medicaid state plan benefit, whichever is greater.

There is no outpatient visit limit for speech therapy for persons with a developmental disability or persons with a traumatic brain injury.

Includes Cognitive Rehabilitative Therapy services.

Habilitative services are not provided as part of the home care benefit.

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Includes nursing services, physical therapy, occupational therapy, or speech pathology, audiology and health aides services supervised by a registered nurse or therapist.

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

Medicaid state plan attachment 3.1A 7(a)

Benefit Provided:

Home Health Services - Supplies and Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Medical necessary supplies, equipment and appliances, suitable for use in the home prescribed by a physician, consistent with 440.70. Includes durable medical equipment.

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

Medicaid state plan attachment 3.1A 7(c)



# Alternative Benefit Plan

Benefit Provided:	Source:	
<input type="text" value="Hearing aid services and products"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No limitation"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="Audiology services include audiometric exam and testing, hearing aid evaluation and prescription. Hearing aid services include selecting, fitting and dispensing hearing aids, batteries and repair."/>		
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="Medicaid state plan attachment 3.1A 13(d)"/>		

Benefit Provided:	Source:	
<input type="text" value="Hearing Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No limitations"/>	<input type="text" value="No limitations"/>	
Scope Limit:		
<input type="text" value="Audiology services and hearing evaluations conducted by a licensed audiologist. Hearing tests are performed for diagnostic as well as rehabilitative purposes."/>		
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="Medicaid state plan attachment 3.1A 13(d)"/>		



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	<input type="button" value="Remove"/>
Laboratory services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitation	None	
Scope Limit:		
All laboratory examinations, which must be medically necessary and related to the specific needs, complaints, or symptoms of the patient, require written order of a physician or qualified practitioner.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Medicaid state plan attachment 3.1A 3 Utilization Thresholds do not apply to services otherwise subject to thresholds when provided as managed care services furnished by or through a managed care program qualified by the NYS Department of Health to persons enrolled in and receiving medical care from such program.		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

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

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

Benefit Provided:

Physician and licensed provider services

Source:

State Plan 1905(a)

**Remove**

**Add**



# Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

**Remove**

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

None

Scope Limit:

Early and periodic screening, diagnostic and treatment services for individuals under 21 years and treatment of conditions found. No limitation in scope of benefit.

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

Medicaid state plan attachment 3.1A (4) (b)

**Add**



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Covered Benefits from Base Benchmark		Collapse All <input checked="" type="checkbox"/>
Other Base Benefit Provided:	Source: Base Benchmark	<input type="button" value="Remove"/>
<input type="text"/>		<input type="button" value="Add"/>





# Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
<b>Base Benchmark Benefit that was Substituted:</b> <input type="text" value="Chiropractic services"/>	<b>Source:</b> Base Benchmark	<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> <div style="border: 1px solid black; padding: 5px;"><p>Personal care services will substitute for adult chiropractic services covered in the Standard BC/BS Federal Employee Benefit. Personal care services are covered in the New York Medicaid state plan attachment 3.1A (26) EHB 1</p></div>		
<b>Base Benchmark Benefit that was Substituted:</b> <input type="text" value="Benefit Provided: Outpatient Surgery &amp; diagnostics"/>	<b>Source:</b> Base Benchmark	<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> <div style="border: 1px solid black; padding: 5px;"><p>Outpatient surgery and related diagnostics is a duplication of outpatient hospital services covered in the New York Medicaid State Plan. EHB 1 - Ambulatory Services</p></div>		
<b>Base Benchmark Benefit that was Substituted:</b> <input type="text" value="Benefit Provided: Physician services"/>	<b>Source:</b> Base Benchmark	<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> <div style="border: 1px solid black; padding: 5px;"><p>Physician services is a duplication of physician services covered in the New York Medicaid State Plan. EHB 1 - Ambulatory services</p></div>		
<b>Base Benchmark Benefit that was Substituted:</b> <input type="text" value="Benefit Provided: Routine immunizations"/>	<b>Source:</b> Base Benchmark	<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> <div style="border: 1px solid black; padding: 5px;"><p>Routine immunizations available at participating retail pharmacy is a duplication of prescription drug services covered under the New York Medicaid State Plan. EHB 6 - Prescription drugs</p></div>		
<b>Base Benchmark Benefit that was Substituted:</b> <input type="text" value="Benefit Provided: Podiatry services"/>	<b>Source:</b> Base Benchmark	<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> <div style="border: 1px solid black; padding: 5px;"><p>Podiatry services is a duplication of medical care provided by licensed practitioners -podiatrist, covered in the New York Medicaid State Plan. EHB 1 - Ambulatory services</p></div>		



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Benefit Provided: Hospice Services - ambulatory	Source: Base Benchmark	<a href="#">Remove</a>
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: Hospice services is a duplication of Hospice Services covered in the New York Medicaid State Plan. Hospice Service may be delivered ambulatory or non-inpatient setting. EHB 1 - Ambulatory services		
Base Benchmark Benefit that was Substituted: Benefit Provided: Acupuncture services	Source: Base Benchmark	<a href="#">Remove</a>
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: Acupuncture services is a duplication of acupuncture services provided by a licensed physician covered in the New York Medicaid State Plan. EHB 1 - Ambulatory Services		
Base Benchmark Benefit that was Substituted: Benefit Provided: Medical emergency facility svcs	Source: Base Benchmark	<a href="#">Remove</a>
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: Medical emergency facility services is a duplication other medical services - emergency hospital services covered in the New York Medicaid State Plan. EHB 2 - Emergency services		
Base Benchmark Benefit that was Substituted: Benefit provided: Medical emergency professional	Source: Base Benchmark	<a href="#">Remove</a>
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: Medical emergency professional services is a duplication of physician services and medical care provided by licensed practitioners covered in the NYS Medicaid State Plan. EHB 1 - Ambulatory service		
Base Benchmark Benefit that was Substituted: Benefit Provided: Prescription drug benefit	Source: Base Benchmark	<a href="#">Remove</a>
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: Prescription drug benefit is a duplication of drugs prescribed by a physician or licensed provider covered in the New York Medicaid State Plan. EHB 6 - Prescription drugs		
Base Benchmark Benefit that was Substituted: Benefit Provided: Well child care to age 22	Source: Base Benchmark	



# 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:

Well child care to age 22, is a duplication of EPSDT services for persons < 21yrs and preventive services for persons age 21 -22 covered in the New York State Plan  
EHB 10 - Pediatric services  
EHB 9 - Preventive and wellness services

Remove

Base Benchmark Benefit that was Substituted:

Benefit Provided: Bright Futures preventive

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:

Bright futures preventive services are a duplication of preventive services covered in the New York Medicaid State Plan.  
EHB 9 - Preventive and wellness services

Base Benchmark Benefit that was Substituted:

Benefit provided: Routine physical exam

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:

Routine physical exams is duplication of routine physical exam as a preventive services which is covered in the New York Medicaid State Plan.  
EHB 9 - Preventive services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Routine laboratory 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:

Routine laboratory tests is a duplication of laboratory services covered in the New York Medicaid State Plan.  
EHB 8 - Laboratory services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Routine hearing screening

Source:

Base Benchmark

Remove

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

Routine hearing screening services is a duplication of hearing services covered in the New York Medicaid State Plan.  
EHB 7 - Rehabilitative and habilitative

Base Benchmark Benefit that was Substituted:

Benefit Provided: Pediatric oral exam

Source:

Base Benchmark



# 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:

Pediatric oral exam is a duplication of pediatric dental services covered with EPSDT in the New York Medicaid State Plan.  
EHB 10 - Pediatric services

Remove

Base Benchmark Benefit that was Substituted:

Benefit Provided: Cognitive rehabilitative therapy

Source:

Base Benchmark

Remove

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

Cognitive rehabilitative therapy is a duplication of physician services, services provided by licensed practitioners and services provided by a physical therapist, occupational therapist or speech therapist in the Medicaid State Plan. CRT encompasses an array of services provided by physicians and licensed practitioners with different specialties in varied medical settings. The NY Medicaid State Plan provides a greater benefit for therapy services due to no limitations on amount, duration and scope of CRT coverage under both medical and behavioral therapy.

EHB 1  
EHB 5  
EHB 7

Base Benchmark Benefit that was Substituted:

Benefit Provided: Durable Medical Equipment

Source:

Base Benchmark

Remove

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

Durable Medical Equipment is a duplication of home health services - supplies and equipment covered in the NYS Medicaid State Plan.

EHB 7 - Rehabilitation and Habilitation services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Hearing tests and hearing aids

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:

Hearing tests and hearing aids is a duplication of audiology and hearing aid services covered in the New York Medicaid State Plan.

EHB 7 - Rehabilitation and Habilitation services

Base Benchmark Benefit that was Substituted:

Benefit Provided: Physician care delivery

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:

Physician care including delivery, pre and post-natal and postpartum care are a duplication physician services covered in the New York Medicaid State Plan.

EHB 4 - Maternity and newborn care



# Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Inpatient hospital maternity</p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Inpatient hospital maternity and physician care is a duplication of inpatient hospital services and physician services covered in the New York Medicaid State Plan. Includes newborn examination and screening prior to discharge from hospital or birthing center. EHB 4 - Maternity and newborn care</p>		
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Inpatient hospital room/board</p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Inpatient room and board and other inpatient services is a duplication of inpatient hospital services covered in the New York Medicaid State Plan. EHB 3 - Hospitalization</p>		
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Diagnostic, screening preventive</p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Diagnostic, screening and preventive services is a duplication of diagnostic, screening and preventive services covered in the New York Medicaid State Plan. EHB 9- Preventive and wellness services</p>		
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Outpatient services</p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Outpatient services including medical emergency care is a duplication of physician services, clinic services, outpatient hospital services covered in the New York Medicaid State Plan. EHB 1- Ambulatory Care</p>		
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Organ transplant- hospital</p>	<p>Source: Base Benchmark</p>	<p><a href="#">Remove</a></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>Organ transplant inpatient hospital services are a duplication of organ transplant-inpatient hospital services covered in the New York Medicaid State Plan. The solid organs, blood and cells covered for transplant in the BC/BS FEHP are covered in the Medicaid State Plan. EHB 3 - Hospitalization</p>		



# Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: MH and SUD inpatient hospital"/>	Source: 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="Mental health and substance use disorder inpatient hospital services are a duplication of inpatient hospital services MH and SUD covered in the NYS Medicaid State Plan.&lt;br/&gt;EHB 5 - Mental Health and Substance Use Disorder Services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Outpatient MH/SUD facility care"/>	Source: 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="Outpatient MH/SUD facility care is a duplication of physician services, medical care provided by licensed practitioners and clinic services covered in the New York Medicaid State Plan.&lt;br/&gt;EHB 5 - Mental Health and Substance Use Disorder Services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Inpatient professional MH/SUD"/>	Source: 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="Inpatient professional MH/SUD care is a duplication of physician services and medical care provided by licensed practitioners covered in the New York Medicaid State Plan.&lt;br/&gt;EHB 5 - Mental Health and Substance Use Disorder Services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Professional outpatient MH/SUD"/>	Source: 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="Professional outpatient MH/SUD care is a duplication of physician services, medical care provided by licensed practitioners and clinic services covered in the New York Medicaid State Plan.&lt;br/&gt;EHB 5 - Mental Health and Substance Use Disorder Services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Routine dental for children"/>	Source: 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="Routine dental services for children is a duplication of EPSDT services covered in the New York Medicaid State Plan.&lt;br/&gt;EHB 10 - Pediatric Services"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Benefit Provided: Diagnostic tests"/>	Source: Base Benchmark	



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Diagnostic tests including radiology and laboratory services is a duplication of other laboratory and x-ray services covered in the New York Medicaid State Plan. EHB 1 - Ambulatory Patient Services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Emergency transportation</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>Emergency transportation is a duplication of other medical services-emergency transportation, covered in the New York Medicaid state plan. EHB 2 - Emergency services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Licensed provider services</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>Medical services provided by licensed providers is a duplication of medical care provided by licensed practitioners covered in the New York Medicaid State Plan. EHB 1 - Ambulatory Care</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: IP professional care- maternity</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>Maternity services provided by inpatient professionals is a duplication of Nurse-midwife services covered in the New York Medicaid State Plan. EHB 4 Maternity and Newborn Care</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit: Freestanding Ambulatory Facility Services</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>Freestanding Ambulatory Facility Services is a duplication of clinic services covered in the New York Medicaid State Plan. EHB 1 - Ambulatory Care</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Hospice Care - Inpatient</p> <p>Source: Base Benchmark</p>	



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Hospice Care-Inpatient is a duplication of the Inpatient Hospice services covered in the New York Medicaid State Plan. EHB 3 - Hospitalization</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Abortion services</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>Abortion services is a duplication of abortion services covered in the New York State Plan. Abortion services, drugs and supplies related to abortion are covered in the New York State Plan when the life of the mother would be endangered if the fetus were carried to term or when pregnancy is a result of an act of rape or incest. EHB 1- Ambulatory services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit: Physical Therapy - rehab/habilitative</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>Physical therapy services in the BC/BS FEBP is a duplication of services covered in the secretary approved physical therapy benefit in the New York State Plan. EHB 7- Rehabilitative and Habilitative services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit: Occupational therapy-rehab/habilitative</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>Occupational therapy services in the BC/BS FEBP is a duplication of services covered in the secretary approved occupational therapy benefit in the New York State Plan. EHB 7 - Rehabilitative and Habilitative services</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit: Speech and Language therapy- rehab/hab</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>Speech and language therapy services in the BC/BS FEBP are a duplication of services covered in the secretary approved speech therapy benefit in the New York State Plan. EHB 7 - Rehabilitative and Habilitative</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Benefit Provided: Home health 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:

Home health care covered in the BC/BS FEBP is a duplication of home health services covered in the New York Medicaid State Plan. The BC/BS FEBP Home Health Care benefit covers home nursing care for two (2) hours per day when a registered nurse (R.N.) or licensed practical nurse (L.P.N.) provides the services; and a physician orders the care. The BC/BS FEBP home nursing care benefit is limited to 50 visits per person, per calendar year. The New York State Plan Home Health Services benefit exceeds the BC/BS benefit in services covered and duration of care, as medically needed.

EHB 7 - Rehabilitative and Habilitative services

Remove

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Wellness Incentives</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">These features in the BC/BS FEHB plan are essentially monetary rewards and are not incentives that have a relationship to health/wellness.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><input type="button" value="Remove"/></div>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Adult routine dental services</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">This is not an EHB for the new adult group as it is an excepted benefit.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><input type="button" value="Remove"/></div>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Routine Vision Services</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">This is not an EHB for the new adult group as it is an excepted benefit.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><input type="button" value="Remove"/></div>	
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Healthy Newborn visits and screening</div> <p>Explain why the state/territory chose not to include this benefit:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">This is not an EHB for the new adult group as it is an excepted benefit claimed under the child's eligibility.</div>	<p>Source: Base Benchmark</p> <div style="text-align: right; margin-top: 10px;"><input type="button" value="Remove"/></div>	
<input type="button" value="Add"/>		



# Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Non-emergency transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Transportation to medically necessary services

Other:

Medicaid State Plan 3.1A (24)

Other 1937 Benefit Provided:

Intermediate Care Facility services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Intermediate Care Facility services comprehensive and individualized health care and rehabilitation services to individuals with intellectual disabilities (IID) to promote functional status and independence.

Other:

Medicaid State Plan 3.1 A (15) (a)(b)

Including such services in a public institution (or district part thereof) for the developmentally disabled or persons with related conditions.

Other than such services provided in an institution for mental diseases.

Other 1937 Benefit Provided:

Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

see other below

Scope Limit:

Services which help meet both the medical and non-medical needs of people with a chronic illness or



# Alternative Benefit Plan

disability who cannot care for themselves for long periods of time. Other than services provided in an institution for mental diseases.

Remove

Other:

Medicaid State Plan 3.1 A (4)(a)

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

During pregnancy + 60 days postpartum

Scope Limit:

Extended services to pregnant women includes all major categories of services as long as the services are determined to be medically necessary and related to pregnancy.

Other:

Medicaid State Plan 3.1A (20)

Other 1937 Benefit Provided:

Private Duty Nursing services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

None

Scope Limit:

Medically necessary nursing services may be intermittent, part-time or continuous and must be provided in the home under the direction of a physician.

Other:

Medicaid State Plan 3.1A (8)

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package



# Alternative Benefit Plan

Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Services provided as defined by the Rural Health Clinic Services Act of 1977 (Public Law 95-210)."/>		
Other: <input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Federally Qualified Health Clinic (FQHC)"/>	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="No limitations"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Covered Federally Qualified Health Center (FQHC) Services as defined by Section 1861(aa) of the Social Security Act (the Act) was amended by Section 4161 of the Omnibus Budget Reconciliation Act of 1990."/>		
Other: <input type="text" value="Medicaid state plan attachment 3.1A, 2(c)&lt;br/&gt;Includes both FQHCs receiving a grant under Section 330 of the Public Health Service (PHS) Act and FQHCs not grant funded under Section 330 of the PHS, known as FQHC (look-alike) clinics based on the recommendation of the Health Resources and Services Administration."/>		
Other 1937 Benefit Provided: <input type="text" value="Routine adult dental services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Preventive, prophylactic and other routine dental care, services, supplies and dental prosthetics required to alleviate a serious health condition."/>		
Other: <input type="text" value="Medicaid State plan 3.1A (10) Dental Services"/>		



# Alternative Benefit Plan

<input type="text" value="Covered if included in the managed care contractor's benefit package or as a Medicaid FFS benefit. All orthodontia is covered as a Medicaid FFS benefit."/>		<input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Family Planning Services"/>	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="No limitations"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="The offering, arranging and furnishing of those health services which enable enrollees, including minors who may be sexually active, to prevent or reduce the incidence of unwanted pregnancy. Fertility services are limited ."/>		
Other: <input type="text" value="Covered if included in the managed care contractor's benefit package or as a Medicaid FFS benefit. Fertility services are limited to the provision of office visits, hysterosalpingogram services, pelvic ultrasounds, and blood testing for women in the process of ovulation enhancing drugs."/>		
Other 1937 Benefit Provided: <input type="text" value="Prosthetic/Orthotic devices, Orthopedic footwear"/>	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="No limitations"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Prosthetic appliances or devices which replace or perform the function of any missing part of the body. Orthotic appliances or devices used to support a weak or deformed body part or to restrict or eliminate motion in a body part."/>		
Other: <input type="text" value="Orthopedic footwear includes shoes, shoe modifications or additions used to correct, accommodate or prevent a physical deformity or range of motion malfunction."/>		
Other 1937 Benefit Provided: <input type="text" value="Personal Emergency Response Systems (PERS)"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



# Alternative Benefit Plan

Amount Limit: No limitation	Duration Limit: None	<b>Remove</b>
Scope Limit: An electronic device which enables high risk patients to secure help in the event of a physical, emotional or environmental emergency. Usually connected to the patient's phone, will signal a response center when help button is activated.		
Other: Medicaid State Plan 3.1A (7)(c)		

Other 1937 Benefit Provided: Nurse Practitioner services	Source: Section 1937 Coverage Option Benchmark Benefit Package	<b>Remove</b>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitation	Duration Limit: none	
Scope Limit: All nurse practitioner specialties recognized under state law.		
Other: New York Medicaid State Plan 3.1A (23)		

Other 1937 Benefit Provided: Dentures	Source: Section 1937 Coverage Option Benchmark Benefit Package	<b>Remove</b>
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: Replacement of missing teeth or dentures	Duration Limit: None	
Scope Limit: Removable replacement for missing teeth and surrounding tissues. Two types of dentures; complete and partial dentures. Services include replacement of dentures.		
Other: New York Medicaid State Plan 3.1A (12)(b)		



# Alternative Benefit Plan

Other 1937 Benefit Provided: <input type="text" value="Eyeglasses and corrective lens"/>	Source: 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="One pair or glasses or corrective lenses"/>	Duration Limit: <input type="text" value="every 24 months"/>	
Scope Limit: <input type="text" value="Frames bearing lenses worn in front of the eyes or lenses worn on the eye normally used for vision correction."/>		
Other: <input type="text" value="New York Medicaid State Plan 3.1A (12)(d)&lt;br/&gt;Prior approval required for artificial eyes, certain special lenses and eye services."/>		

Other 1937 Benefit Provided: <input type="text" value="Optometrists' services"/>	Source: 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="One examination including refraction"/>	Duration Limit: <input type="text" value="every 24 months"/>	
Scope Limit: <input type="text" value="Licensed practitioners trained in the health of the eyes and related structures, as well as vision, visual systems, and vision information processing."/>		
Other: <input type="text" value="New York Medicaid State Plan 3.1A (6)(b)"/>		

Other 1937 Benefit Provided: <input type="text" value="Directly Observed Therapy - rehabilitative"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitation"/>	Duration Limit: <input type="text" value="none"/>	
Scope Limit: <input type="text" value="Services to treat, control, monitor and measure Tuberculosis and other communicable diseases."/>		
Other: <input type="text" value="Medicaid State Plan 3.1A (13)(d)"/>		





# Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
<b>Other 1937 Benefit Provided:</b> <input type="text" value="Health Home Services"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Concurrent Authorization"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="No limitations"/>	<b>Duration Limit:</b> <input type="text" value="No limitation"/>	
<b>Scope Limit:</b> <input type="text" value="An inter-disciplinary array of medical care, behavioral health care, and community-based social services and supports for adults with chronic conditions."/>		
<b>Other:</b> <input type="text" value="Medicaid State Plan 1945, 3.11 A (H)"/>		
<b>Other 1937 Benefit Provided:</b> <input type="text" value="Community First Choice - personal care services"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="Prior Authorization"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="No limitations"/>	<b>Duration Limit:</b> <input type="text" value="No limitations"/>	
<b>Scope Limit:</b> <input type="text" value="Consumer controlled enhanced personal attendant services and supports that include; functional skills training, coaching and prompting the individual to accomplish the ADL, IADL and health-related skills."/>		
<b>Other:</b> <input type="text" value="Medicaid State Plan 1915(k), 3.1-A 3(d)(B), 3(d)(C)"/>		
<b>Other 1937 Benefit Provided:</b> <input type="text" value="Rehabilitative Residential services"/>	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> <input type="text" value="Concurrent Authorization"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>	
<b>Amount Limit:</b> <input type="text" value="no limitation"/>	<b>Duration Limit:</b> <input type="text" value="no limitation"/>	



# Alternative Benefit Plan

Scope Limit:

Interventions, therapies and activities which are medically therapeutic and remedial in nature, and are medically necessary for the maximum reduction of functional and adaptive behavior deficits associated with the individual's mental disease.

Remove

Other:

Medicaid State Plan 3.1 A (13)(d)

Rehabilitative residential services are provided to persons residing in community residences licensed by the NYS Office of Mental Health. Services provided to persons other than those residing in New York State certified psychiatric centers and institutions for mental diseases.

Add



# Alternative Benefit Plan

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

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