



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NC - 23 - 0029

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: NC - 23 - 0029

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.

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.

North Carolina has fully aligned its ABP to its Standard State Plan and will offer the new adult group all the same amount, scope, and duration of benefits offered to its non-expansion populations under its State Plan.

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name: Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NC_23 _0029

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3.1

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 EHB-Benchmark Plan

The state/territory must select an EHB-benchmark plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

EHB-benchmark plan name: The EHB-benchmark plan is the same as the Section 1937 Coverage option:

Indicate the EHB-benchmark option as described at 45 CFR 156.111(b)(2)(B) the state/territory will use as its EHB-benchmark plan:

State/Territory is selecting one of the below options to design an EHB package that complies with the requirements for the individual insurance market under 45 CFR 156.100 through 156.125.

- State/Territory is selecting the EHB-benchmark plan used by the state/territory for the 2017 plan year.
- State/Territory is selecting one of the EHB-benchmark plans used for the 2017 plan year by another state/territory.
- State/ Territory selects the following EHB-benchmark plan used for the 2017 plan year but will
- replace coverage of one or more of the categories of EHB with coverage of the same category from the 2017 EHB-benchmark plan of one or more other states
- Select a set of benefits consistent with the 10 EHB categories to become the new EHB-benchmark plan. (Complete and submit the ABP5: Benefits Description form to describe the set of benefits.)

Type of EHB-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.



Alternative Benefit Plan

Assurances

- The state/territory assures the EHB plan meets the scope of benefits standards at 45 CFR 156.111(b), does not exceed generosity of most generous among a set of comparison plans, provides appropriate balance of coverage among 10 EHB categories, and the scope of benefits is equal to, or greater than, the scope of benefits provided under a typical employer plan as defined at 45 CFR 156.111(b)(2).
- The state/territory assures that all services in the EHB-benchmark plan have been accounted for throughout the benefit chart found in ABP 5.
- The state/territory assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid State Plan.

Selection of the Section 1937 Coverage Option

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

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

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

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

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

The State is aligning its ABP Plan with Medicaid State Plan benefits

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



Alternative Benefit Plan

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.20190813



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NC - 23 - 0029

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

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V.20160722

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NC - 25 - 0009

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:

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

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physicians' Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See information box below	See information box below	
Scope Limit:		
See information box below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A, 5.a., Physicians' Services		
Visit limit is 22 per recipient per State fiscal year. Exceptions to the limit may be authorized by the State when additional visits are medically necessary.		

Benefit Provided:	Source:	Remove
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See information box below	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 9, Clinic Services		
Visit limit is 22 per recipient per State fiscal year. Exceptions to the limit may be authorized by the State when additional visits are medically necessary.		

Benefit Provided:	Source:	Remove
Home Health Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

Scope Limit:

See below

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

See Attachment 3.1-A, 7, Home Health services
Prior approval for home health services.

Benefit Provided:

Hospice Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Hospice services limited to terminally ill beneficiaries

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, 18, Hospice care
Prior Approval is required for hospice services.
Hospice services are provided to children concurrently with curative treatment.

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

see below

Scope Limit:

none

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, 2.a., Outpatient hospital services
Visit limit is 22 per recipient per State fiscal year. Exceptions to the limit may be authorized by the State when additional visits are medically necessary.

Benefit Provided:

Private duty nursing services (PDN)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

see below

Scope Limit:

none

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, 8, Private duty nursing services
Not to exceed 112 hours per week or 16 hours hours per day for PDN services. Exceptions to the service limit may be authorized by the State when medically necessary.

Benefit Provided:

Other practitioners' services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

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

See Attachment 3.1-A, 6.d., Other practitioners' services
Nurse practitioner services are subject to the same limitations as the physicians' services benefit

Benefit Provided:

Non-Routine Dental services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

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

See Attachment 3.1-A, 10, Dental Services
All dental services performed must be medically necessary and may not be experimental in nature. Medical necessity is determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants.

Emergency services are exempt from prior approval.
This entry represents non-routine dental care. The same item is captured under "other 1937 covered benefits" for the purposes of routine dental care.

Benefit Provided:

Non-Emergency Medical Transportation (NEMT)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

A medical transportation assessment must be completed every twelve months or when there is a change of circumstances to determine the eligibility and need for NEMT 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, 23.a., Transportation
Prior approval is required for non-emergency transportation for recipients to receive out of state services or to return to North Carolina or nearest appropriate facility.
Prior approval is required when the recipient choose a provider at a significant greater distance.

Add

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Ambulance Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

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

See Attachment 3.1-A, 23.a, Transportation

Add

3. Essential Health Benefit: Hospitalization

Collapse All

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

Benefit Provided:	Source:	Remove
Transplant and related services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	none	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-E, Pages 1-9, Coverage of Transplant Services		

Add

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Maternity Care – Outpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 20. Extended services for Pregnant Women		

Benefit Provided:	Source:	Remove
Maternity Care – Inpatient Hospital Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 20. Extended services for Pregnant Women		

Benefit Provided:	Source:	Remove
Maternity Care – Physicians’ Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		

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

See Attachment 3.1-A, 20. Extended services for Pregnant Women

Add

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:	Source:	Remove
Inpatient Psychiatric Hospitalization	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	None	
Scope Limit:		
See below.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See attachments: <ul style="list-style-type: none">o 3.1-A, Page 1;o 3.1-A, Page 6;o 3.1-A.1, Page 7c;o 3.1-A.1, Page 15b;o 3.1-B, AUGUST 1991 Page 2;o 3.1-B, SEPTEMBER 1986 Page 5		
<ul style="list-style-type: none">• Inpatient Hospital Psychiatric Treatment (Inpatient Behavioral Health Services) - Prior Authorization after the first 72 hours required<ul style="list-style-type: none">o Medically Managed Intensive Inpatient Services (ASAM Level 4)o Medically Managed Intensive Inpatient Withdrawal Management Services (ASAM Level 4 WM)• Inpatient psychiatric facility services for individuals under 21 years of age<ul style="list-style-type: none">o Psychiatric Residential Treatment Facility (PRTF) – Prior Approval, Concurrent Review required<ul style="list-style-type: none">◆ These services are provided before the recipient reaches age 21 or, if the recipient was receiving the services immediately before he or she reached age 21, before the earlier of the following:<ul style="list-style-type: none">◆ The date he or she no longer requires the services; or◆ The date he or she reaches age 22.		

Benefit Provided:	Source:	Remove
Outpatient Behavioral Health Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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:

See Attachment 3.1-A.1, 13.d. Rehabilitative services (Other diagnostic, screening, preventive, treatment, and rehabilitative services, i.e., other than those provided elsewhere in the plan)

Outpatient behavioral health and substance use disorder services provided are:

See Attachment 3.1-A.1, 13.d. Rehabilitative services (Other diagnostic, screening, preventive, treatment, and rehabilitative services, i.e., other than those provided elsewhere in the plan)

Outpatient behavioral health and substance use disorder services provided are:

- Psychotherapy services – No Prior Authorization, No Concurrent Review, No Soft Limits
- Diagnostic Assessment – No Prior Authorization, No Concurrent Review, No Soft Limits
- Child and Adolescent Day Treatment – Prior Authorization required, Concurrent Review required, No Soft Limits
- Multi-systemic Therapy – No Prior Authorization, No Concurrent Review, No Soft Limits
- Intensive In-Home Services – No Prior Authorization, Concurrent Review, No Soft Limits
- Peer Support Services – No Prior Authorization, No Concurrent Review, No Soft Limits
- Psychosocial Rehabilitation – No Prior Authorization, No Concurrent Review, No Soft Limits
- Partial Hospitalization – No Prior Authorization, No Concurrent Review, No Soft Limits
- Mobile Crisis Management – No Prior Authorization, No Concurrent Review, No Soft Limits
- Community Support Team (Adults) – No Prior Authorization, No Concurrent Review, No Soft Limits
- Assertive Community Treatment Program – No Prior Authorization, No Concurrent Review, No Soft Limits
- Opioid Treatment Program Service – No Prior Authorization, No Concurrent Review, No Soft Limits
- Substance Abuse Intensive Outpatient (SAIOP) – No Prior Authorization, No Concurrent Review, No Soft Limits
- Substance Abuse Comprehensive Outpatient Treatment (SACOT) – No Prior Authorization, No Concurrent Review, No Soft Limits
- Ambulatory Detoxification – No Prior Authorization, No Concurrent Review, No Soft Limits
- Non-Hospital Medical Detoxification – No Prior Authorization, No Concurrent Review, No Soft Limits

Benefit Provided:

Rehab BH Services in Residential Settings

Source:

State Plan 1905(a)

Remove

Authorization:

Other

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:

See Attachment 3.1-A.1, 13.d. Rehabilitative services (Other diagnostic, screening, preventive, treatment, and rehabilitative services, i.e., other than those provided elsewhere in the plan)

Behavioral health and substance use disorder services provided in residential settings are:

- Professional Treatment Services in Facility-Based Crisis Programs (FBC) – No Prior Authorization, No Concurrent Review, No Soft Limits
- Facility-Based Crisis Service for Children and Adolescents – No Prior Authorization, No Concurrent Review, No Soft Limits
- Substance Abuse Non-Medical Community Residential Treatment – No Prior Authorization, No Concurrent Review, No Soft Limits
- Substance Abuse Medically Monitored Residential Treatment – No Prior Authorization, No Concurrent Review, No Soft Limits
- High-Risk Intervention Services for Children – Prior Authorization required, Concurrent Review required, No Soft Limits

NC has an approved 1115 demonstration that includes a waiver of the institution for mental disease (IMD) exclusion for substance use disorder (SUD) treatment.

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

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:

North Carolina's ABP prescription drug benefit plan is the same as the approved Medicaid state plan for prescribed drugs.

Preferred combination products of buprenorphine and naloxone do not require a prior approval

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
Skilled Nursing Facility Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A, 4.a., Nursing facility services		
This entry represents short term nursing facility care. The same item is captured under "other 1937 covered benefits" for the purposes of long-term custodial care."		

Benefit Provided:	Source:	Remove
Chiropractic services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	see below	
Scope Limit:		
see below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A.1, 6.c., Chiropractors' Services		
Combined optional services are limited to eight per recipient per State fiscal year. This limitation does not apply to EPSDT eligible children. Exceptions to the limit may be authorized by the State when additional visits are medically necessary.		

Benefit Provided:	Source:	Remove
Home Health Svcs.-Med Supplies, Equip, Appliances	State Plan 1905(a)	

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below

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

Attachment 3.1-A, 7.c, Medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place

Benefit Provided:

Speech Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

see below

Scope Limit:

see below

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

Attachment 3.1-A.1, 11.c., Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive:

- A total maximum of 30 treatment visits per calendar year for speech therapy rehabilitative services, and
- A total maximum of 30 treatment visits per calendar year for speech therapy habilitative services.

Benefit Provided:

Occupational therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

see below

Scope Limit:

see below

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

Attachment 3.1-A.1, 11.b., Occupational therapy
Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive:

- A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy rehabilitative services, and
- A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy habilitative services.

Benefit Provided:

Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

see below

Scope Limit:

see below

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

Attachment 3.1-A.1, 11.a., Physical therapy
Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive:

- A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy rehabilitative services, and
- A total maximum of 30 treatment visits per calendar year combined across occupational and physical therapy habilitative services.

Benefit Provided:

Prosthetic devices

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

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

Attachment 3.1-A, 12.c., Orthotic and Prosthetic devices

Add

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory and X-ray services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

none

Scope Limit:

see below

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

Attachment 3.1-A, 3. Other laboratory and X-ray services

Add

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

■ 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:

Other

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:

Up to age 21.

Add

11. Other Covered Benefits from Base Benchmark

Collapse All

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

Collapse All

Base Benchmark Benefit that was Substituted:

Primary Care Visit to Treat an Injury or Illness

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 the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Specialist visit

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 the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visit

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 the North Carolina Medicaid State Plan as Other practitioners' services under EHB1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician/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 the North Carolina Medicaid State Plan as Outpatient Hospital Services and as Clinic Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Hospice 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 the North Carolina Medicaid State Plan as Outpatient Hospice Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Private-Duty Nursing

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 the North Carolina Medicaid State Plan as Private Duty Nursing Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

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 the North Carolina Medicaid State Plan as Clinic Services under EHB 1: Ambulatory Patient Services.

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 the North Carolina Medicaid State Plan as Home Health Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Emergency Room 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 the North Carolina Medicaid State Plan as Outpatient Hospital Services under EHB 1: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

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 the North Carolina Medicaid State Plan as Ambulance Services under EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services (e.g., Hospital Stay)

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 the North Carolina Medicaid State Plan as Inpatient Hospital Services under EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Bariatric Surgery

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 the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services and Inpatient hospital services under EHB3: Hospitalization.

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:

Duplication: Covered under the North Carolina Medicaid State Plan as Skilled Nursing Facility Services under EHB 7: Rehabilitative and habilitative services and devices.

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 the North Carolina Medicaid State Plan as Maternity Care – Outpatient Hospital Services and Maternity Care – Physicians’ Services under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Delivery and 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 the North Carolina Medicaid State Plan as Maternity Care – Inpatient Hospital Services under EHB 4: Maternity and Newborn Care.

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 the North Carolina Medicaid State Plan as Outpatient Behavioral Health Services under EHB 5: Mental Health and Substance Use Disorder Services.

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 the North Carolina Medicaid State Plan as Inpatient Psychiatric Services under EHB 5: Mental Health and Substance Use Disorder Services.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder 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 the North Carolina Medicaid State Plan as Outpatient Behavioral Health Services under EHB 5: Mental Health and Substance Use Disorder Services.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder 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 the North Carolina Medicaid State Plan as Inpatient Psychiatric Services and Rehab BH Services in Residential Settings under EHB 5: Mental Health and Substance Use Disorder Services.

Base Benchmark Benefit that was Substituted:

Generic 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: Covered under the North Carolina Medicaid State Plan as Pharmacy and Prescription Drugs and Medication Management under EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Preferred Brand 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: Covered under the North Carolina Medicaid State Plan as Prescription Drugs and Medication Management under EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Non-Preferred Brand 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: Covered under the North Carolina Medicaid State Plan as Pharmacy and Prescription Drugs and Medication Management under EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Specialty 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: Covered under the North Carolina Medicaid State Plan as Pharmacy and Prescription Drugs and Medication Management under EHB 6: Prescription Drugs.

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 the North Carolina Medicaid State Plan as Occupational Therapy and Physical Therapy under EHB 7: Rehabilitative and Habilitative Services.

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 the North Carolina Medicaid State Plan as Occupational Therapy and Physical Therapy under EHB 7: Rehabilitative and Habilitative Services.

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 the North Carolina Medicaid State Plan as Chiropractic Services under EHB 7: Rehabilitative and Habilitative Services.

Base Benchmark Benefit that was Substituted:

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:

Duplication: Covered under the North Carolina Medicaid State Plan as Home Health Services – Medical supplies, equipment and appliances under EHB 7: Rehabilitative and Habilitative Services.

Base Benchmark Benefit that was Substituted:

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:

Duplication: Covered under the North Carolina Medicaid State Plan as Home Health Services – Medical supplies, equipment and appliances under EHB 7: Rehabilitative and Habilitative Services.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs)

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 the North Carolina Medicaid State Plan as Laboratory and X-ray services under EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening/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: Covered under the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services and as Pharmacy

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 the North Carolina Medicaid State Plan as Medicaid State Plan EPSDT Benefits under EHB 10: Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Eye Glasses 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 the North Carolina Medicaid State Plan as Medicaid State Plan EPSDT Benefits under EHB 10: Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Dental Check-Up 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 the North Carolina Medicaid State Plan as Medicaid State Plan EPSDT Benefits under EHB 10: Pediatric services including oral and vision care.

<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Rehabilitative Speech Therapy"/>	<p>Source:</p> <input type="text" value="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> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Speech, hearing and Language Disorder Services under EHB 7: Rehabilitative and Habilitative Services."/>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Rehabilitative Occupational and Physical Therapy"/>	<p>Source:</p> <input type="text" value="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> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Occupational Therapy and Physical Therapy under EHB 7: Rehabilitative and Habilitative Services."/>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Well Baby Visits & Care"/>	<p>Source:</p> <input type="text" value="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> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Maternal Support Services under EHB 4: Maternity and Newborn Care."/>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Laboratory Outpatient and Professional Services"/>	<p>Source:</p> <input type="text" value="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> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Laboratory and X-ray services under EHB 8: Laboratory Services."/>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="X-rays and Diagnostic Imaging"/>	<p>Source:</p> <input type="text" value="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> <input type="text" value="Duplication: Covered under the North Carolina Medicaid State Plan as Laboratory and X-ray services under EHB 8: Laboratory Services."/>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Basic Dental Care - Child"/>	<p>Source:</p> <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>

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

Duplication: Covered under the North Carolina Medicaid State Plan as Medicaid State Plan EPSDT Benefits under EHB 10: Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Orthodontia - Child

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 the North Carolina Medicaid State Plan as Medicaid State Plan EPSDT Benefits under EHB 10: Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Major Dental Care - Child

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 the North Carolina Medicaid State Plan as Medicaid State Plan EPSDT Benefits under EHB 10: Pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Transplant

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 the North Carolina Medicaid State Plan as Transplant and Related Services under EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Infertility 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:

Coverage of infertility services is substituted by the current Medicaid state plan non-emergency medical transportation (NEMT) benefit.

Base Benchmark Benefit that was Substituted:

Well Baby Visits & 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:

Covered under the North Carolina Medicaid State Plan as Maternity Care – Physicians’ Services under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Accidental Dental

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:

Covered under the North Carolina Medicaid State Plan as Dental Services under EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Allergy Testing

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:

Covered under the North Carolina Medicaid State Plan as Physicians' Services under EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Prosthetic Devices

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:

Covered under the North Carolina Medicaid State Plan as Prosthetic devices under EHB 7: Rehabilitative and Habilitative Services & Devices

Base Benchmark Benefit that was Substituted:

Infusion 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:

Covered under the North Carolina Medicaid State Plan as Home Health Services under EHB 1: Ambulatory Patient Services

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery

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:

Covered under the North Carolina Medicaid State Plan as Inpatient hospital services under EHB 3: Hospitalization

Base Benchmark Benefit that was Substituted:

Diabetes Education

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:

Covered under the North Carolina Medicaid State Plan as Physicians Services under EHB1: Ambulatory Patient Services

Base Benchmark Benefit that was Substituted:

Nutritional Counseling

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:

Coverage of Nutritional Counseling is substituted by the current Medicaid state plan non-emergency medical transportation (NEMT) benefit.

Add

13. Other Base Benchmark Benefits Not Covered

Collapse All

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

Collapse All

Remove

Other 1937 Benefit Provided:

1915(i) Home and Community Based Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

See other information box below

Other:

1915(i) State plan services are: Supported Employment/Individual Placement Support, Community Living and Supports, Individual and Transitional Supports, Respite, and Community Transition. Individuals must meet the needs-based eligibility criteria: Need for support in acquiring, maintaining, and retaining skills needed to live and work in the community, as evidenced by at least one functional deficit in an activity of daily living (ADL), instrumental activity of daily living (IADL), social and/or work skills.

Remove

Other 1937 Benefit Provided:

Section 1945 Health Home Tailored Care Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below

Other:

Section 1945 Health Home. Must meet Health Home Population Criteria: Individuals with intellectual and Developmental Disability (I/DD), Traumatic Brain Injury (TBI), Severe Substance Use Disorder (SUD), or serious and persistent mental health conditions.

Remove

Other 1937 Benefit Provided:

Optometrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below

Duration Limit:

See below

Scope Limit:

See other information box below

Other:

See Attachment 3.1-A, 6.b, Optometrist Services
(1) Routine eye exams and refractions are covered for recipients under 21 years of age once per year and for recipients 21 years of age and older once every two years, based on general medical practice as published in North Carolina Division of Medical Assistance’s Medicaid clinical coverage policies on the Division’s website. Additional routine eye exams and refractions may be authorized by the State Medicaid Agency, based on Medicaid clinical coverage policy and medical necessity.

Other 1937 Benefit Provided:

Adult dental services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See other information box below

Duration Limit:

See other information box below

Scope Limit:

See other information box below

Other:

See Attachment 3.1-A, 10, Dental services

The services requiring prior approval are: complete dentures, partial dentures, complete and partial denture relines, orthodontic services, periodontal services, elective root canal therapy, and complex or extensive oral maxillo-facial surgical procedures.

Other 1937 Benefit Provided:

ICF-IID services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A, pages 16-17
Prior approval (PA) for ICF/IID level of care shall be obtained in specific circumstances as described in NC Clinical Policy Guide 8E.

Other 1937 Benefit Provided:

Family planning services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See information box below

Duration Limit:

None

Scope Limit:

See information box below

Other:

Attachment 3.1-A, 4.c., Family planning services

Other 1937 Benefit Provided:

Freestanding birth center services (when licensed)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A, 28.i., Freestanding birth center services

Other 1937 Benefit Provided:

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

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

MAT is provided as defined in the approved state plan 3.1-A and if applicable, 3.1-B pages, and in

accordance with section 1905(a)(29) of the SSA

Other 1937 Benefit Provided:

HIV case management services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

Attachment 3.1-A, 19.a., Case management services. See also Supplement 1 to Attachment 3.1-A, Part G
The target group includes individuals below who meet the requirements defined in the HIV Case Management policy:

1. Have a medical diagnosis of HIV disease; or
2. Have a medical diagnosis of HIV seropositivity; and
3. Are eligible for regular Medicaid services; and
4. Are not institutionalized; and
5. Are not recipients of other Medicaid-reimbursed case management services, including those provided through the State's home and community-based services waivers or the State Plan.

The State has limited the amount of HIV Case Management service that may be billed to Medicaid to 16 units per recipient per month. One unit equals 15 minutes, therefore 16 units equals four hours.

Other 1937 Benefit Provided:

Tobacco cessation counseling for pregnant women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Attachment 3.1-A, 4.d., Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

1E-5 states: Tobacco use screening should be provided to all pregnant beneficiaries and an appropriate referral made for those willing to quit and a brief motivational intervention for those not ready to quit.

Other 1937 Benefit Provided:

Federally qualified health center (FQHC) services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

22 visits per recipient

Duration Limit:

Per Fiscal Year

Scope Limit:

None

Other:

See Attachment 3.1-A, 2.c., Federally qualified health center (FQHC) 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:

see below

Duration Limit:

see below

Scope Limit:

see below

Other:

See Attachment 3.1-A, Item 30 - Coverage of Routine Patient Cost in Qualifying Clinical trials in North Carolina's Medicaid State Plan.

Other 1937 Benefit Provided:

1915(i) Home and Community Based Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

See other information box below

Other:

1915(i) State plan services are: Supported Employment/Individual Placement Supports, Community Living and Supports, Individual and Transitional Supports, Respite, and Community Transition. Individuals must

meet the needs-based eligibility criteria: Need for support in acquiring, maintaining, and retaining skills needed to live and work in the community, as evidenced by at least one functional deficit in an activity of daily living (ADL), instrumental activity of daily living (IADL), social and/or work skills.

Other 1937 Benefit Provided:

Section 1945 Health Home Tailored Care Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See other information box below

Other:

Section 1945 Health Home. Must meet Health Home Population Criteria: Individuals with intellectual and Developmental Disability (I/DD), Traumatic Brain Injury (TBI), Severe Substance Use Disorder (SUD), or serious and persistent mental health condition.

Other 1937 Benefit Provided:

Ophthalmological 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:

None

Other:

See Attachment 3.1-A, 12, Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

Other 1937 Benefit Provided:

Personal Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see below

Duration Limit:

see below

Scope Limit:

see below

Other:

See Attachment 3.1-A, 24.f., Personal care services

Service limitations:

- 1. Up to 130 hours per month for adults,
- 2. Up to 60 hours per month for children. Pursuant to section 1905(r)(5) of the Social Security Act, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit requires that states provide all medically necessary services coverable under the Medicaid program to EPSDT eligible children. Hours above the 60 hours may be provided to children through the EPSDT allowance. Services levels must be re-assessed and re-authorized at least annually.

Other 1937 Benefit Provided:

Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

Other:

See Attachment 3.1-A, 4.a., Nursing facility services

This entry represents long term custodial care. Same item is noted under EHB 7 for the purpose of short term nursing facility care.

Other 1937 Benefit Provided:

Nurse-Midwife services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A, 17, Nurse-Midwife services

Other 1937 Benefit Provided:

Mandatory Medicaid Coverage of Adult Vaccines

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Mandatory Medicaid Coverage of Adult Vaccines Attachment 3.1-A, 13.c.

Other 1937 Benefit Provided:

Pediatric & family nurse practitioner 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:

None

Other:

See Attachment 3.1-A, 23, Certified pediatric or family nurse practitioner's services

Other 1937 Benefit Provided:

Podiatry services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See Below

Other:

See Attachment 3.1-A, 6.a. Podiatrists' Services

Routine foot care is not covered except as a medical necessity. Office visits to podiatrists are included in the optional services limit per recipient per State fiscal year. Combined optional services are limited to eight per recipient per State fiscal year. This limitation does not apply to EPSDT eligible children. Exceptions to the limit may be authorized by the State when additional visits are medically necessary

Other 1937 Benefit Provided:

Rural health clinic services (RHC)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Below

Duration Limit:

None

Scope Limit:

See below

Other:

See Attachment 3.1-A, 2.b., Rural health clinic services

All medical services performed must be medically necessary and may not be experimental in nature.

(1) Other ambulatory services provided by Rural Health Clinics are:

- (a) Chiropractic services
- (b) Dental Services
- (c) Drugs, legend and insulin
- (d) EPSDT
- (e) Eyeglasses and visual aids
- (f) Family Planning Services
- (g) Hearing Aids
- (h) Optometric Services
- (i) Podiatry Services

(2) Rural Health Clinic Services are subject to the limitations of the physicians' services program.

(3) Office visits in a RHC are included in the visit limit per recipient per State fiscal year.

Other 1937 Benefit Provided:

Geropsychiatric Care Units in Nursing Facilities

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

See below

Other:

See attachment 3.1-A page 5

Geropsychiatric Care Units in Nursing Facilities – Concurrent Review required

Add

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: NC - 23 - 0029

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

Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

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

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



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

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NC - 25 - 0009

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.

The MCOs, PIHPs, and PCCMs will offer the same benefit package to expansion members as other enrolled members, and have demonstrated to the NC through testing and readiness reviews their successful implementation of that benefit package for the new populations. The MCOs, PIHPs, and PCCMs will educate members on the ABP through their member welcome packet and handbook which includes a description of covered services. Additionally, the Department has published fact sheets and other provider and stakeholder materials for distribution through webinars, presentations, paid media, and social media outreach to ensure information is available on the benefits provided to the expansion population.

MCO: Managed Care Organization

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

- 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.

TN: 25-0009

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

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

Describe program below:

Through its Section 1115 demonstration, the State has approval to implement comprehensive managed care using a combination of plans:

- (1) Standard plans for most enrollees, except those in excluded populations, individuals in exempt populations who choose not to enroll, or enrollees in BH I/DD Tailored Plans or Specialized Plans. Standard plans cover physical health and most behavioral health services, other than those specialized behavioral health services only available through a BH I/DD Tailored Plan.
- (2) BH I/DD Tailored Plans for individuals with complex behavioral health needs, I/DD and TBI, covering all benefits, including specialized behavioral health services.
- (3) Specialized Foster Care Plan for individuals in foster care and former foster youth.

See the State's 1115 demonstration for more details on eligibility, benefits, and timelines for when products will take effect.

Additional Information: MCO (Optional)

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

PIHP: Prepaid Inpatient Health Plan

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

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

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

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

Describe program below:

Individuals not enrolled in an MCO receive their behavioral health services and 1915(c) Innovations and TBI waiver services (if eligible) through a PIHP, administered by Local Management Entity Managed Care Organizations (LME MCOs). There is one LME MCO available per region. See approved 1915(b) waiver for additional details

Additional Information: PIHP (Optional)

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

PCCM: Primary Care Case Management

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

The PCCM program is operating under (select one):

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

Section 1115 demonstration.

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

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

Describe program below:

The State has two PCCM programs:

(1) Community Care of North Carolina (CCNC). CCNC serves as the primary care case management entity for all populations not currently enrolled in an MCO, other than those enrolled in the Tribal Option.

(2) Tribal Option. The Eastern Band of Cherokee Indians (EBCI) has created a primary care case management entity (referred to as the EBCI Tribal Option) available for all IHS eligibles and federally recognized tribal members residing within a defined service area.

For additional details on enrollment and eligibility, please see the approved SPAs.

Tribe Option was approved by CMS on 9/13/21.

CCNC was most recently approved by CMS on 8/3/23.

Additional Information: PCCM (Optional)

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

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

Traditional state-managed fee-for-service

Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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V.20181119



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NC - 23 - 0029

Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	<input type="text" value="No"/>
The state/territory otherwise provides for payment of premiums.	<input type="text" value="No"/>
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums: <input type="text"/>	

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name: Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NC - 23 - 0029

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

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V.20160722



Alternative Benefit Plan

State Name: Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: NC - 23 - 0029

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.

V.20160722