



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

August 4, 2023

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2023-0029

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program.

This State Plan Change will allow Medicaid to define the Alternative Benefit Plan (ABP) that will be used to implement certain requirements for the new North Carolina Medicaid Expansion eligibility group as required by SL 2023-7. The Act allows for the inclusion of Medicaid eligibility to individuals aged 19- 64 with incomes at or below 133% of the federal poverty level who are not enrolled in or eligible for Medicare, consistent with the new adult group eligibility criteria as defined by the Affordable Care Act. The Medicaid Expansion eligibility group will provide eligible individuals with access to the federally mandated Essential Health Benefits.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services will be provided to those individuals in the Medicaid Expansion eligibility group who are under the age of 21 as required by law and regulation and as consistent with current state policy regarding the delivery of these services. Other covered services include those required by state or federal law, regulation, or policy.

The proposed effective date of the SPA is October 01, 2023.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:

A handwritten signature in blue ink that reads "Jay Ludlam".

06565C1C2A8F4C8...

Jay Ludlam
Deputy Secretary

Enclosures



Alternative Benefit Plan

State Name: Attachment 3.1-L-

OMB Control Number: 0938- 1148

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: 0938- 1148

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.

Yes

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

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

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

V.20160722



Alternative Benefit Plan

State Name: Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: 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: 0938- 1148

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



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938- 1148

Transmittal Number: NC - 23 - 0029

Benefits Description	ABP5
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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."



Alternative Benefit Plan

■ 1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Physicians' Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See information box below

Duration Limit:

None

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

Benefit Provided:

Pediatric & family nurse practitioner services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

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, 9, Clinic Services



Alternative Benefit Plan

Office visits limited per recipient per State fiscal year (does not apply to adults 21 and over receiving mental health services subject to independent utilization review). Maximum of 4 units per day for sexually transmitted disease treatment and tuberculosis control and treatment as described in NC Clinical Policy Guide 1D-2. STD testing not covered for job requirements or insurance; or routine health screening as described in NC Clinical Policy Guide 1D-2. Medicaid and NCHC shall not cover TB skin testing for job or college as described in NC Clinical Policy Guide 1D-3.

Benefit Provided:

Dietary Evaluation, Counseling, Medical Lactation

Source:

State Plan 1905(a)

Remove

Authorization:

None

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, page 8(c)-8(d) and Attachment 3.1-B, pages 7(b)-7(c)

Limits on initial assessment and intervention to four units of service per date of service and four units per 270 calendar days. Limits on re-assessment and intervention to four units of service per date of service and 20 units per 365 calendar days. Medical Lactation services limited to six units per day and 36 lifetime units as described in NC Clinical Policy Guide 1-I. Covered for Medicaid beneficiaries under 21 years of age and pregnant and postpartum women as described in NC Clinical Policy Guide 1-I.

Benefit Provided:

Federally qualified health center (FQHC) services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

22 visits per recipient per fiscal year (1D-4)

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, 2.c., Federally qualified health center (FQHC) services

Benefit Provided:

Home health services

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

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, 7, Home Health services
 Provided to individuals entitled to nursing facility services. Medicaid shall not cover select home health services as described in Clinical Policy Guide 3A. Prior approval for home health services.

Benefit Provided:

Home infusion therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

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, 7.c, Medical supplies, equipment, and appliances suitable for use in the home

HIT services are limited to what is medically reasonable and necessary to treat the beneficiary's disease, injury, illness, or condition and what is ordered by the physician as described in NC Clinical Policy Guide 3H-1. HIT services are not covered when the eligibility criteria identified in Section 2.0 and the criteria for coverage specified in Section 3.0 are not met. HIT drug therapy is not allowed for Medicaid beneficiaries receiving private duty nursing. Nursing services for parenteral nutrition therapies are not covered as described in NC Clinical Policy Guide 3H-1. Prior approval for home infusion therapy services is required for Beneficiaries with Medicaid for Pregnant Women (MPW) coverage as described in NC Clinical Policy Guide 3H-1.

Benefit Provided:

Hospice services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

none

Duration Limit:

none



Alternative Benefit Plan

Scope Limit:

Hospice services limited to terminally ill beneficiaries as described in Clinical Policy 3D.

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.

Benefit Provided:

Non-emergent transportation to medical care

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.

Benefit Provided:

Ophthalmological Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

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

General ophthalmological services are covered for new or established beneficiaries when the level of service includes several routine optometric/ophthalmologic examination techniques that are integrated with the diagnostic evaluation. General ophthalmological services are not covered when the criteria in



Alternative Benefit Plan

subsection 3.2.1 of this policy are not met and for any one of the following as described in NC Clinical Policy Guide 1T-1):

- a. screening, preventative or refractive error services (routine eye exams);
- b. prescription of lenses;
- c. monitoring contact lenses for refractive error correction; or
- b. follow-up of a condition that does not require diagnosis or treatment

Restrictions on special ophthalmological services identified in NC Clinical Coverage Policy 1T-2, Special Ophthalmological Services.

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:

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, 2.a., Outpatient hospital services

Visit limit is 22 per recipient per State fiscal year. This limitation does not apply to adults 21 and over receiving mental health services subject to independent utilization review as described in NC Clinical Policy Guide 8A. Prior approval shall be required for each psychiatric outpatient visit after the eighth visit for recipients 21 years and over. The visit limitation per year does not apply to recipients 21 years and over receiving mental health services subject to utilization review. Prior approval shall be required for each psychiatric hospital outpatient visit after the 16th visit for recipients under age 21 as described in NC Clinical Policy Guide 8A.

Elective outpatient out of state services requires prior approval as per policy 2A-3, unless the beneficiary is a Medicaid foster child.

Benefit Provided:

Personal care

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



Alternative Benefit Plan

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, 24.f., Personal care services

Service limitations up to 130 hours per month for adults and up to 60 hours per month for children. Hours above the 60 hours may be provided to children through the EPSDT allowance as described in NC Clinical Policy Guide 3L. Provided to persons with disabilities and chronic conditions. Eligibility criteria identified in NC State Plan and NC Clinical Coverage Policy 3L, State Plan Personal Care Services (PCS). The amount of prior approved service is based on an assessment conducted by an independent entity to determine the beneficiary's ability to perform Activities of Daily Living (ADLs) as described in NC Clinical Policy Guide 3A.

Benefit Provided:

Podiatry services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Routine foot care and curettement or shaving of lesions is not covered except if medically necessary (as described in NC Clinical Policy Guide 1C-2, Medically Necessary Routine Foot Care).

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.a. Podiatrists' Services

Prior approval necessary for recipients have MPW coverage, to document medical necessity for services related to pregnancy, or due to complications of pregnancy as described in NC Clinical Policy Guide 1C-1, 1C-2.

1C-1 states Medicaid and CHIP shall not require prior approval for podiatry services 6/15/22 Removed PA requirement for MPW beneficiaries based on NC Senate Bill 105 Session Law 2021-180 Section 9D.13 and the American Rescue Plan Act of 2021, 1C-2 states: Prior approval for medically necessary routine foot care is not required, except for recipients with Medicaid for Pregnant Women coverage, to document medical necessity for services related to pregnancy or due to complications of pregnancy. Prior approval is obtained using the Medicaid Request for Prior Approval Form 372-118.

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:

none



Alternative Benefit Plan

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 per day for PDN services as described in NC Clinical Policy Guide 3G-1, 3G-2.

Benefit Provided:

Rural health clinic services (RHC)

Source:

State Plan 1905(a)

Remove

Authorization:

None

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, 2.b., Rural health clinic services

Core service encounters with more than one health professional, and multiple encounters with the same health professional, that take place on the same date of service and at a single location, constitute a single visit and are limited to one encounter per day; exceptions apply and if these conditions are met, service is limited to a maximum of three encounters per day as described in NC Clinical Policy Guide 1D-4.

Does not cover delivery, family planning services, diagnostic laboratory services, services provided to hospital patients, durable medical equipment, dental services, other ambulatory physician services, on-site radiology services, physician fluoride varnish program as described in NC Clinical Policy Guide 1D-4.

Medicaid and NCHC service limits are subject to prior approval requirements, service requirements, and limitations stated in applicable policies as described in NC Clinical Policy Guide 1D-4.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Ambulance Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

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

Not covered if beneficiary is not taken to nearest appropriate facility, if beneficiary is pronounced dead preceding arrival of ambulance, air medical ambulance for non-acute care, maternity transport, nursing facility non-ambulance transportation, and other non-ambulance services. Prior approval required for non-emergency ambulance services for a Medicaid beneficiary by ground or air from North Carolina to another state, from one state to another, or from another state back to North Carolina as described in NC Clinical Policy Guide 15.

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

 Collapse All

Benefit Provided:

Source:

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:

Benefit Provided:

Source:

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:



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Extended services for Pregnant Women

Source:

State Plan 1905(a)

Remove

Authorization:

None

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, 20. Extended services for Pregnant Women

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Inpatient Psychiatric Hospitalization	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
Shall not cover services in a freestanding psychiatric hospital for beneficiaries over 21 or less than 65 years of age (8B Inpatient Psychiatric Hospitalization).		
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, 16, Inpatient psychiatric facility services for individuals under 21 years of age		
Benefit Provided:	Source:	Remove
Behavioral Health Rehabilitative Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	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)		
		Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

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

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
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		

Benefit Provided:	Source:	Remove
Chiropractic 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:		
<p>See Attachment 3.1-A.1, 6.c., Chiropractors' Services</p> <p>A treatment plan with required information must be documented. If no improvement is documented within the initial two (2) calendar weeks of chiropractic care, the treatment plan must be modified and documented in the beneficiary's health record. If no improvement is documented after thirty (30) calendar days of modified chiropractic care treatment, no additional treatment is allowed. Once the maximum therapeutic benefit has been achieved, further chiropractic care is not allowed. One set of X-rays taken within six (6) calendar months of the date of service is allowed as part of the documentation associated with the definition of the musculoskeletal condition for which manual manipulation of the spine is appropriate. Chiropractic care is not covered for beneficiaries under 12 years of age. Diagnostic procedures and tests, as documented in NC Clinical Policy 1F, are not covered when furnished or ordered by a chiropractor. Maintenance programs, active corrective care or supportive care, preventive care or wellness care are not covered services. The following is not covered when performed by a chiropractor: physical therapy, occupational therapy, traction, injections, acupuncture, nutritional supplements, and mechanical or electrical equipment</p>		



Alternative Benefit Plan

used for manipulations or other treatment modalities as documented in NC Clinical Policy 1F.

Benefit Provided:

Durable medical equipment (DME)

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, 7.c, Medical supplies, equipment, and appliances suitable for use in the home

A wide variety of durable medical equipment and related supplies are covered when medically necessary and ordered by an appropriate prescriber. Prior authorization review and medical necessity criteria are employed as utilization management tools. Quantity limits are applied to consumable medical supplies and lifetime expectancies are applied to durable medical equipment. These limits can be overridden when medical necessity is shown for an amount beyond the policy limit, or to replace durable medical equipment earlier than the lifetime expectancy. Items not listed for coverage may be requested and covered when reviewed for prior authorization under EPSDT guidelines for children (under 21yoa), and under the federal regulation at 42CFR, §440.70 for adults (21yoa and older). For more detail, please see DME policies 5A-1, 5A-2, and 5A-3 here: <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>.

Benefit Provided:

Speech, hearing and language disorder 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:

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

Outpatient specialized therapies are not covered when therapy services are only for maintenance as described in NC Clinical Policy Guide 10A, 10B. Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive a maximum of 27 therapy treatment visits per calendar year across all therapy disciplines combined (occupational therapy, physical therapy and speech/language therapy), as described in NC Clinical Policy Guide 10A.

Speech-Language and Audiology therapy services are limited to the number of medically necessary visits



Alternative Benefit Plan

within an authorization period. An authorization period cannot exceed a time-frame of six calendar months.

Speech-Language and Audiology therapy services are limited to the need for services based upon the severity of the deficit as described in NC Clinical Policy Guide 10A, 10B:

1. Mild Impairment range of visits: 6–26
2. Moderate Impairment range of visits: Up to 46
3. Severe Impairment range of visits: Up to 52

Audiology: 30- to 60-minute sessions, one to three times a week, in increments of six calendar months (10A, 10B).

Benefit Provided:

Occupational therapy

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, 11.b., Occupational therapy

Outpatient specialized therapies are not covered when therapy services are only for maintenance as described in NC Clinical Policy Guide 10A, 10B.

Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive a maximum of 27 therapy treatment visits per calendar year across all therapy disciplines combined (occupational therapy, physical therapy and speech/language therapy), as described in NC Clinical Policy Guide 10A.

Occupational therapy services are limited to the number of medically necessary visits within an authorization period. An authorization period cannot exceed a time-frame of six calendar months.

Benefit Provided:

Physical therapy

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



Alternative Benefit Plan

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, 11.a., Physical therapy

Outpatient specialized therapies are not covered when therapy services are only for maintenance as described in NC Clinical Policy Guide 10A, 10B.

Prior approval is required prior to the start of all treatment services. A beneficiary 21 years of age or older can receive a maximum of 27 therapy treatment visits per calendar year across all therapy disciplines combined (occupational therapy, physical therapy and speech/language therapy), as described in NC Clinical Policy Guide 10A.

Physical therapy services are limited to the number of medically necessary visits within an authorization period. An authorization period cannot exceed a time-frame of six calendar months.

Add



Alternative Benefit Plan

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:

Coverage is limited to no more than two HIV-1 drug-resistant tissue tests in a 12-month period as described in NC Clinical Policy Guide 1S-1. Will cover a maximum of 1 unit (HIV Tropism Assay test) per 12-month period as described in NC Clinical Policy Guide 1S-2. Drug testing for the treatment of substance use disorders or chronic pain is covered up to the annual testing limits of up to twenty-four (24) presumptive tests and twenty-four (24) definitive tests per fiscal year when criteria are met as described in NC Clinical Policy Guide 1S-8.

Screening Mammograms

1. For female Medicaid beneficiaries ages 40 and older, screening mammograms are limited to one mammogram per year.
2. For female Medicaid beneficiaries ages 20 through 39 with a high-risk diagnosis, screening mammograms are limited to one mammogram per year.
3. For female Medicaid beneficiaries ages 35 through 39, screening mammograms are limited to one mammogram within a five-year period to establish a baseline (1K-1).

Genotype and phenotype testing for HIV drug resistance is not covered if the viral load is less than 1,000 copies/ml or the combined genotype and phenotype testing for HIV drug resistance is considered Investigational as described in NC Clinical Policy Guide 1S-1.

HIV tropism assay not covered when using other HIV co-receptor (genotypic) assay techniques or to predict disease progression as described in NC Clinical Policy Guide 1S-2.

Laboratory Services not covered if VDRL screening performed in conjunction with a premarital screening; Paternity testing; Handling or conveyance of specimens; The procedure is performed for treatment and testing for infertility; Services for which the performing provider does not have appropriate CLIA certifications; Fungal cultures and KOH (potassium (K), oxygen (O), and hydrogen (H)) preparation for routine foot care as described in NC Clinical Policy Guide 1S-3. Genetic testing not covered when there is no symptomatic evidence; the beneficiary does not meet the criteria listed in Subsection 3.2; the purpose is to identify a carrier for a genetic disorder; the screening is for the general population and ethnic groups; the test is being repeated after a negative test result; and a test is repeated when limited to once in a lifetime testing as described in NC Clinical Policy Guide 1S-4. Medicaid shall not cover screening mammography for male beneficiaries as described in NC Clinical Policy Guide 1K-1.

Prior approval not required for Genetic Testing except as outlined in 3.2.1 (d), 3 and 4. Prior approval is required when exceeding the limitations found in Attachment A, Section C as described in NC Clinical Policy Guide 1S-4. Pharmacy Prior Authorization required for use of buprenorphine or buprenorphine-naloxone combination medication and for use of opioids for chronic pain as described in NC Clinical



Alternative Benefit Plan

Policy Guide 1S-8. Prior approval is required for Medicaid beneficiaries for Breast Ultrasound and Breast Magnetic Resonance Imaging (MRI) as described in NC Clinical Policy Guide 1K-1.

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

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

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

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



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Collapse All

Base Benchmark Benefit that was Substituted:

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 Physicians 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



Alternative Benefit Plan

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

Duplication: Covered under 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.



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Base Benchmark Benefit that was Substituted: Bariatric Surgery	Source: Base Benchmark	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the North Carolina Medicaid State Plan as Physicians Services under EHB 1: Ambulatory Patient Services. FOR VALIDATION WITH DHB</p>		
Base Benchmark Benefit that was Substituted: Skilled Nursing Facility	Source: Base Benchmark	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the North Carolina Medicaid State Plan as Nursing Facility Services under EHB 3: Hospitalization.</p>		
Base Benchmark Benefit that was Substituted: Prenatal and Postnatal Care	Source: Base Benchmark	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the North Carolina Medicaid State Plan as Maternal Support Services under EHB 4: Maternity and Newborn Care.</p>		
Base Benchmark Benefit that was Substituted: Delivery and Inpatient Services for Maternity Care	Source: Base Benchmark	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the North Carolina Medicaid State Plan as Obstetrics under EHB 4: Maternity and Newborn Care.</p>		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services	Source: Base Benchmark	Remove
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: Covered under the North Carolina Medicaid State Plan as Outpatient Behavioral Health Services under EHB 5: Mental Health and Substance Use Disorder Services.</p>		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Inpatient Services	Source: Base Benchmark	Remove



Alternative Benefit Plan

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

Duplication: Covered under 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 Residential Behavioral Health Services 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.



Alternative Benefit Plan

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 Durable Medical Equipment under EHB 7: Rehabilitative and Habilitative Services.

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Duplication: Covered under the North Carolina Medicaid State Plan as Hearing Aids 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 Optometry Services and Vision Services under EHB 1: Ambulatory Patient Services.

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 Optometry Services and Vision Services under EHB 1: Ambulatory Patient Services.

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.

Current dental coverage for children includes routine oral evaluations (exams) limited to once every 6 calendar months, radiographs with time limits depending on the type of radiographic image, topical fluoride



Alternative Benefit Plan

application limited to once every 6 calendar months, prophylaxis (cleaning) limited to once every 6 calendar months and sealants.

More detailed information regarding scope of covered services (including PA requirements and limits) for children can be found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A

Base Benchmark Benefit that was Substituted:

Rehabilitative Speech 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:

Duplication: Covered under the North Carolina Medicaid State Plan as Speech, hearing and Language Disorder Services under EHB 7: Rehabilitative and Habilitative Services.

Base Benchmark Benefit that was Substituted:

Rehabilitative Occupational and Physical 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:

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:

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:

Duplication: Covered under the North Carolina Medicaid State Plan as Maternal Support Services under EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional 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 Laboratory and X-ray services under EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging

Source:

Base Benchmark

Remove

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

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



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Base Benchmark Benefit that was Substituted:

Basic 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.

Children can receive fillings, prefabricated crowns, pulpal therapy on primary teeth, non-surgical periodontal services (require prior approval), and simple extractions.

More detailed information regarding scope of covered services (including PA requirements and limits) for children can be found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A.

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.

Children can receive comprehensive orthodontic services (requires prior approval) for functionally impairing malocclusions.

More detailed information regarding scope of covered services (including PA requirements and limits) for children can be found in NC Medicaid Orthodontics Services Clinical Coverage Policy No. 4B.

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.

Children can receive root canals on all permanent teeth (except wisdom teeth), surgical periodontal services (require prior approval), dentures and partials dentures as well as relines (all of which require prior approval), surgical extractions, oral and maxillofacial surgery services (some of which require prior approval), and intravenous moderate conscious sedation and deep sedation/general anesthesia services.

More detailed information regarding scope of covered services (including PA requirements and limits) for children can be found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A.

Base Benchmark Benefit that was Substituted:

Transplant

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

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

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:

Substitution: Children and adults are allowed to receive covered services found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A.

Additional non-covered services that have been deemed medically necessary are available for children under the North Carolina Medicaid State Plan as EPSDT Services.

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:

N/A - Infertility services are not covered by NC Medicaid.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Optometrist 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:

None

Scope Limit:

See other information box below

Other:

See Attachment 3.1-A, 6.b, Optometrist Services

Routine eye exam with refraction and visual aids are limited to once a year for those under 21 and once every two years for those over 21 as described in NC Clinical Policy Guide 6A, 6B. Prior approval necessary for early routine eye exam or refraction only within the one-year time limitation period for those under 21 and two-year time limitation for those over 21; Prior approval required for all visual aids except frame warranty replacements as described in NC Clinical Policy Guide 6A. Beneficiaries enrolled in Carolina ACCESS (Community Care of North Carolina) are eligible to receive optical services with prior approval as described in NC Clinical Policy Guide 6A, 6B.

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

Current dental coverage for adults includes routine oral evaluations (exams) limited to once every 6 calendar months, problem-focused exams for urgent/emergent care (no policy limits), prophylaxis (cleaning) limited to once every 6 calendar months and radiographs with time limits depending on the type of radiographic image. Adults can receive fillings, root canals on anterior teeth, surgical and non-surgical periodontal services (require prior approval), dentures and partials dentures as well as relines (all of which require prior approval), extractions and other oral and maxillofacial surgery services (some of which require prior approval) and intravenous moderate conscious sedation and deep sedation/general anesthesia services (no PA required). More detailed information regarding scope of covered services (including PA requirements and limits) for adults can be found in NC Medicaid Dental Services Clinical Coverage Policy No. 4A.



Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Anesthesia</p> <p>Authorization:</p> <p>Prior Authorization</p> <p>Amount Limit:</p> <p>none</p> <p>Scope Limit:</p> <p>Does not cover patient-controlled anesthesia and intravenous sedation and moderate conscious sedation as described in NC Clinical Policy Guide 1L-1.</p> <p>Other:</p> <p>See Attachment 3.1-A, Appendix 8</p> <p>Responsibility of surgeon to obtain prior approval when surgical procedure requires prior approval as described in NC Clinical Policy Guide 1L-1; Prior approval not needed for moderate sedation as described in NC Clinical Policy Guide 1L-2.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>none</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>ICF-IID services</p> <p>Authorization:</p> <p>Prior Authorization</p> <p>Amount Limit:</p> <p>None</p> <p>Scope Limit:</p> <p>None</p> <p>Other:</p> <p>See Attachment 3.1-A, pages 16-17</p> <p>Prior approval (PA) for ICF/IID level of care shall be obtained in specific circumstances as described in NC Clinical Policy Guide 8E.</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Family planning services</p> <p>Authorization:</p> <p>Other</p> <p>Amount Limit:</p> <p>See information box below</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>None</p>	<p>Remove</p>



Alternative Benefit Plan

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:

Prior Authorization

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:

Nope

Scope Limit:

None

Other:

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

Other 1937 Benefit Provided:

Prosthetics, orthotics and supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

See below

Other:

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

A wide variety of orthotic and prosthetic devices and related supplies are covered when medically necessary and ordered by an appropriate prescriber. Prior authorization review and medical necessity criteria are employed as utilization management tools. Quantity limits are applied to consumable supplies and lifetime expectancies are applied to orthotic and prosthetic devices. These limits can be overridden when medical necessity is shown for an amount beyond the policy limit, or to replace orthotic and prosthetic devices earlier than the lifetime expectancy. Items not listed for coverage may be requested and covered when reviewed for prior authorization under EPSDT guidelines for children (under 21 yoa), and under the federal regulation at 42CFR, §440.70 for adults (21 yoa and older). For more detail, please see orthotics and prosthetics policy 5B here: <https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>.

Other 1937 Benefit Provided:

Respiratory Care Services

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, 22, Respiratory care services

Medicaid beneficiaries under 21 years of age are eligible for Respiratory Therapy Services by an IPP (Independent Practitioner Provider). Beneficiaries diagnosed with asthma or unspecified disease of respiratory system, respiratory disease (chronic) not otherwise specified, a maximum of 15 respiratory therapy visits during a six (6) consecutive month time frame can be requested for prior authorization as described in NC Clinical Policy Guide 10D. Medicaid shall cover treatment services provided to a beneficiary on an individualized basis. Only time spent in direct face-to-face treatment of an individual beneficiary is covered. The respiratory therapist shall ensure that all respiratory therapy device(s) specified on the Plan of Care and the AP are received by the beneficiary within the first three (3) respiratory therapy visits. Respiratory Therapy treatment visits by the IPP must occur in the beneficiary's primary private residence or via telehealth in accordance with CCP 10D. The IPP may provide two (2) respiratory therapy treatment visits of the allowed 15 treatment visits in either the school or other location (day care) during a six (6) consecutive month time frame to provide staff training.

Other 1937 Benefit Provided:

HIV case management services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Duration Limit:

None

Scope Limit:

Other:

Attachment 3.1-A, 19.a., Case management services

The number of units of HIV CM services provided to a beneficiary cannot exceed 16 units per calendar month as described in NC Clinical Policy Guide 12B.

Does not cover HIV case management services while a beneficiary is institutionalized in ONE of the following facilities as described in NC Clinical Policy Guide 12B:

- a. A general hospital, psychiatric hospital, or nursing facility or inpatient detoxification;
- b. An intermediate care facility for the Intellectually and Developmentally Disabled (ICF-IDDD);
- c. Any form of incarceration; or
- d. A halfway house that provides case management

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.

Add



Alternative Benefit Plan

15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808



Alternative Benefit Plan

State Name: Attachment 3.1-L-

OMB Control Number: 0938- 1148

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



Alternative Benefit Plan

State Name: Attachment 3.1-L-

OMB Control Number: 0938- 1148

Transmittal Number: NC - 23 - 0029

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.

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

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



Alternative Benefit Plan

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.

Yes

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) 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.

Yes

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.



Alternative Benefit Plan

Identify the date the managed care program was approved by CMS: 10/22/2021(CCNC), 9/1

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.

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.

Individuals who are not currently enrolled in an MCO receive their physical health services through fee-for-service.

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: 0938- 1148

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: 0938- 1148

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