

Template B1 – Alternative Benefit Plans Amendments

INTRODUCTION

This template is used by the State to identify the components of an existing Alternative Benefit Plan that it wishes to amend.

BACKGROUND

The State completes this template when it is seeking to amend one or more existing Alternative Benefit Plans. After selecting Amending an Existing Alternative Benefit Plan in the I2-Initial Application - Medicaid State Plan template the State identifies the Plan that it wishes to amend from the list of existing Alternative Benefit Plans. The State is then presented with this initial Alternative Benefit Plans template and selects the sections of the Plan it is amending.

The state is presented with a list of options for areas of the plan that could be amended. Based on the options selected, subsequent templates are presented so that the State can make the proposed changes to the indicated sections of the Alternative Benefit Plan. The state may choose to add a new Alternative Benefit Plan or amend an existing Alternative Benefit Plan in a given submission. However it may not do both in the same submission. It also may not submit more than one Alternative Benefit Plan in the same submission or amend more than one Alternative Benefit Plan in the same submission.

The State also has the option of bypassing the choices on this screen by using the navigation bar to navigate to the specific sections of the Alternative Benefit Plan it is amending to make any changes.

TECHNICAL GUIDANCE

The system will display the Alternative Benefit Plan the State selected to be amended on the I2-Initial Application-Medicaid State Plan template.

I Indicate the sections being changed. The State may select one option or multiple options in the same session. Once all options are selected the system will navigate to each of the selected sections of the Alternative Benefit Plan so that the State can make the updates.

Options for amendment include the following:

Change to Alternative Benefit Plan Population

Select this option if the State intends to change the Medicaid beneficiaries that are included in the Alternative Benefit Plan. The State will be taken to the B2-Alternative

Benefit Plan Populations template to select the Population that is changing and to make the changes to the population definition.

Change to Alternative Benefit Plan Benefit Package or Cost-Sharing.

Within this option the State may select to:

- o Update the Alternative Benefit Plan's existing Benchmark Plan Benefit Package, or
- o Change the type of Benefit Package offered to participants in the Alternative Benefit Plan. If a new 1937 Benchmark Option is selected the State must complete the appropriate template for the selected option to define the new benefit package.
- o Change its cost-sharing rules pertaining to the Alternative Benefit Plan.

Change to Eligibility Assurances

Select this option if the state is changing how it informs voluntary participants of their options, documents the informing process and the participant's decision; how it reviews mandatory participants for potential exemptions and how it processes requests to disenroll exempt or voluntary participants. The State will be taken to the B3a and B3b templates concerning voluntary and mandatory participant assurances.

Change to Alternative Benefit Plan Benefits or Cost-Sharing

Select this option if the state is changing its Section 1937 coverage option, benchmark-equivalent coverage or base benchmark plan for an Alternative Benefit Plan or is changing the benefits provided within one of the 1937 coverage options.

The State will be taken to the B4 Benefits Introduction template. Based on the selections made in this template the State will be presented with the appropriate 1937 coverage option, benchmark-equivalent or base benchmark plan templates that pertain to the options selected.

The 1937 coverage option-related templates that may be selected include the:

- B4a-FEHBP Coverage,
- B4b-State Employee Coverage,
- B4c-Commercial HMO Coverage,
- B4d-Secretary-Approved Coverage,
- B6-Benchmark-Equivalent Coverage,
- B7-Benchmark-Equivalent Assurances, and
- B5-General Assurances templates.

Also select this option if the State is changing how cost-sharing will be applied to the Alternative Benefit Plan, if it applies and, if so, if it is the same as that described in the State plan.

Change to Alternative Benefit Plan Service Delivery System

The State should select this option if it is changing the Alternative Benefit Plan's service delivery systems. The State will be taken to the B8-Service Delivery Systems template.

Change to Employer Sponsored Insurance

If employer-sponsored insurance is used in the Alternative Benefit Plan, select this option to make changes to the description of such insurance premium payments. The State will be taken to the B9-Employer-Sponsored Insurance template.

Change to General Assurances

Select this option if the State is making changes to its description of how Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limits 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. The State will be taken to the B10 General Assurances template.

Change an Administrative Benchmark Plan Benefits Table

Select this option if the State is updating the benefits provided by a 1937 Coverage Option plan or a Base Benchmark Plan, as well as the Essential Health Benefit category of any benefits provided under the plan(s). Based on the selections previously made to identify the 1937 Coverage Option and Base Benchmark Plan associated with the Alternative Benefit Plan, the State will be presented with the appropriate benefits table options and, once selected, the appropriate benefits table for updating. These tables are in the following administrative templates: B11-FEHBP Benchmark Benefit Package, B12-State Employees Coverage Benchmark Benefit Package, B13-Commercial HMO Benchmark Benefit Package, B14-Base Benchmark Plan Benefit Package, and B17-State Plan Benefits Table.

Note: These updates do not require the submission of a SPA and thus, unless the State is submitting a concurrent SPA related to other sections of the Alternative Benefit Plan, they should be done independent of the SPA process by accessing these templates through the???. Normally these updates will only be done once each year to reflect changes made by the issuer to these benchmark plans.

Change Alternative Benefit Plan Payment Methodologies

Select this option if the State is changing its indication of whether the payment methodology used for any benefit in the Alternative Benefit Plan is the same as or different from that in the State plan. The State will be taken to the B16-Alternative Benefit Plan Payment Methodologies.

Terminate an Alternative Benefit Plan

The State selects this option if it is terminating an Alternative Benefit Plan or removing participants from an Alternative Benefit Plan population. It is used to describe how participants will be transitioned to another Alternative Benefit Plan or the standard Medicaid State plan benefit package. The State will be taken to the B15-Alternative Benefit Plan Termination-Phase Out template.

Change to Alternative Benefit Plan Components

Select this option if the State is changing the Alternative Benefit Plan Benefit Package associated with an Alternative Benefit Plan to another existing Alternative Benefit Plan Package. Also select this option if the State wishes to change the Service Delivery System associated with an existing Alternative Benefit Plan Package to another Service Delivery System.