



Michelle Lujan Grisham, Governor
Kari Armijo, Cabinet Secretary
Dana Flannery, Medicaid Director

3/26/2024

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
Centers for Medicare and Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Mr. Scott:

Enclosed please find documents related to New Mexico State Plan Amendment (SPA) 23-0018 Chiropractic: Adult Benefit Plan (ABP).

The New Mexico Human Services Department Medical Assistance Division is providing notice on plans to submit a State Plan Amendment (SPA) request to reimburse chiropractic services under the Alternative Benefit Plan (ABP), for all adults who have a primary diagnosis of neck pain, back pain, musculoskeletal pain, or headaches that are not eligible for Long-term Support Services (LTSS) through Home and Community-Based Services (HCBS) and Mi Via programs, in which these services are already covered, effective January 1, 2024.

HSD followed a process that included public notification, tribal notification, and web posting. Documentation of these activities is attached.

Please refer to the attachments for the transmittal form and notices.

We appreciate your consideration of this state plan amendment. Should you have any questions on this amendment, please contact Valeria Tapia at: Valerie.Tapia@hsd.nm.gov or (505) 257-8420.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dana Flannery", is written over a circular stamp.

Dana Flannery
Medicaid Director

cc: Dana Brown, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL



15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: NM - 23 - 0018

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Cancer Clinical Trials

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers routine patient costs associated with Phase I, II, III and IV cancer clinical trials.

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

Benefit Provided:

Dental Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Annual limits on some services

Duration Limit:

None

Scope Limit:

Includes diagnostic dental, dental radiology, preventive dental, restorative dental, removable prosthodontics, oral surgery, and endodontic services for anterior teeth.

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

The source plan for this benefit is the New Mexico Medicaid State Plan. This benefit has been added through substitution. Some services subject to a periodicity schedule.

Benefit Provided:

Dialysis

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Remove

Benefit Provided:

Holter Monitors & Cardiac Event Monitors

Source:

Base Benchmark Small Group

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:

Benefit Provided:

Home Health Care & Intravenous Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limited to 100 four-hour visits per year.

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:

The recipient must require skilled care and be unable to receive medical care on an ambulatory outpatient basis.

Benefit Provided:

Hospice Care Services

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Remove

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

To be eligible for hospice care, a physician must provide a written certification that the recipient has a terminal illness. Certification statements must include information that is based on the recipient's medical prognosis, and that the life expectancy is six months or less if the terminal illness runs its typical course. Recipients must elect to receive hospice care for the duration of the election period. If the recipient receives hospice benefits beyond 210 days, the hospice must obtain a written recertification statement. For the duration of the recipient's election of hospice care, the recipient waives their right to Medicaid payment of concurrent services related to the treatment of the terminal condition or a related condition; or for services equivalent to hospice care. Recipients who are 19 or 20 years-old may receive curative treatment concurrent with hospice care services.

Benefit Provided:

Outpatient Diagnostic Labs, X-Ray & Pathology

Source:

Base Benchmark Small Group

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:

Benefit Provided:

Outpatient Surgery

Source:

Base Benchmark Small Group

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:



Alternative Benefit Plan

Benefit Provided:		Source:	
<input type="text" value="Primary Care to Treat Illness/Injury"/>		<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	<input type="text" value="None"/>	Provider Qualifications:	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	<input type="text" value="None"/>	Duration Limit:	<input type="text" value="None"/>
Scope Limit:	<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			

Benefit Provided:		Source:	
<input type="text" value="Radiation Therapy and Chemotherapy"/>		<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	<input type="text" value="None"/>	Provider Qualifications:	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	<input type="text" value="None"/>	Duration Limit:	<input type="text" value="None"/>
Scope Limit:	<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			

Benefit Provided:		Source:	
<input type="text" value="Specialist Visits"/>		<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	<input type="text" value="None"/>	Provider Qualifications:	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	<input type="text" value="None"/>	Duration Limit:	<input type="text" value="None"/>
Scope Limit:	<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			



Alternative Benefit Plan

Benefit Provided:		Source:	
<input type="text" value="Treatment of Diabetes"/>		<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	<input type="text" value="None"/>	Provider Qualifications:	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	<input type="text" value="None"/>	Duration Limit:	<input type="text" value="None"/>
Scope Limit:	<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text" value="This benefit includes medical supplies for the treatment of diabetes."/>			

Benefit Provided:		Source:	
<input type="text" value="Vision Care for Eye Injury or Disease"/>		<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	<input type="text" value="None"/>	Provider Qualifications:	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	<input type="text" value="None"/>	Duration Limit:	<input type="text" value="None"/>
Scope Limit:	<input type="text" value="Refraction for visual acuity is not covered. Routine vision care is not covered."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			

Benefit Provided:		Source:	
<input type="text" value="Vision Hardware"/>		<input type="text" value="Base Benchmark Small Group"/>	
Authorization:	<input type="text" value="Prior Authorization"/>	Provider Qualifications:	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	<input type="text" value="One complete set of contact lenses or eyeglasses"/>	Duration Limit:	<input type="text" value="None"/>
Scope Limit:	<input type="text" value="Covered only following surgery for the removal of cataracts from one or both eyes. Coverage of materials is limited to one set of contact lenses or eyeglasses per surgery. Materials obtained more than 90 days following surgery are not covered."/>		



Alternative Benefit Plan

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

Remove

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:

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:

Benefit Provided:

Source:

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:



Alternative Benefit Plan

Scope Limit:

Covered for all individuals who have a primary diagnosis of neck pain, back pain, musculoskeletal pain, or headaches.

Remove

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

Add



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Emergency Ground or Air Ambulance Services

Source:

Base Benchmark Small Group

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:

Prior authorization required when taking a recipient to a facility over 100 miles from the New Mexico border.

Benefit Provided:

Emergency Department Services/Facilities

Source:

Base Benchmark Small Group

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:

Benefit Provided:

Emergency Dental Care

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers emergency dental care that is needed because of accidental injury from an outside force to a sound, natural tooth. To be considered sound, the tooth must not have significant decay or prior trauma.



Alternative Benefit Plan

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

Emergency treatment of jawbones or surrounding tissues is also covered.

Remove

Add



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Bariatric Surgery

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limited to one per lifetime

Duration Limit:

None

Scope Limit:

Covered for morbid obesity; or for individuals who have a BMI greater than 35 with at least one co-morbidity related to obesity and who have been previously unsuccessful with medical treatment for obesity.

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

Benefit Provided:

Inpatient Medical and Surgical Care

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Surgeries for cosmetic purposes are not covered.

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

Prior authorization required for use of a hospital over 100 miles from the New Mexico border, except in an emergency.

Benefit Provided:

Organ and Tissue Transplants

Source:

Base Benchmark Small Group

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limited to two per lifetime

Duration Limit:

None

Scope Limit:

Limited to heart, heart/lung, lung, liver, cornea, kidney, skin, bone marrow and pancreas transplants.



Alternative Benefit Plan

Covers medical, surgical and hospital services for the recipient; organ procurement costs; certain travel costs; and immunosuppressive drugs.

Remove

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

The Lovelace Classic PPO transplant benefit is limited to \$1 million per lifetime. This limitation was converted to an actuarially-equivalent amount limit, which is reflected in New Mexico's ABP. Outpatient immunosuppressive drugs do not apply toward the transplant benefit limit and are covered without limitation under the prescription drug benefit.

Benefit Provided:

Reconstructive Surgery

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers reconstructive surgery from which an improvement in physiological function can be expected if performed for the correction of functional disorders that result from accidental injury, congenital defects or disease.

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

Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Delivery and Inpatient Maternity Services

Source:

Base Benchmark Small Group

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:

Includes lactation support, supplies and counseling.

Benefit Provided:

Pre- and Post-Natal Care

Source:

Base Benchmark Small Group

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:

Amniocentesis, ultrasound or any other procedures requested solely to determine the sex of the fetus are not covered. An exception is made if it is medically necessary to determine the existence of a sex-linked genetic disorder. Determination of the sex of the fetus is covered as part of a medically necessary procedure, but is not covered as an additional visit when the sex of the fetus cannot be determined during the medically necessary procedure.

Add



Alternative Benefit Plan

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

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Includes services in a psychiatric unit of a general hospital and inpatient substance abuse detoxification.

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

Does not include inpatient services in Institutions for Mental Diseases (IMDs) for recipients ages 21-64. Prior authorization required for admission to separate psychiatric units within acute care hospitals. The source plan for this benefit is the Medicaid State Plan, since inpatient hospital services covered under the base benchmark plan include IMD services.

Benefit Provided:

Medication-Assisted Therapy for Opioid Addiction

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:

The source plan for this benefit is the New Mexico Medicaid State Plan. This benefit has been added through substitution.

Benefit Provided:

Outpatient Behavioral Health Professional Services

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Includes evaluation, testing, assessment, medication management, therapy, and Intensive Outpatient Program (IOP) services.

Remove

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

Benefit Provided:

Drug/Alcohol Dependency Treatment Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Includes outpatient detoxification, therapy, partial hospitalization, and Intensive Outpatient Program (IOP) services.

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

Prior authorization required for partial hospitalization.

Benefit Provided:

Electroconvulsive Therapy (ECT)

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

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:

Benefit Provided:

Assertive Community Treatment (ACT)

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Remove

Scope Limit:

None

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

The source plan for this benefit is the New Mexico Medicaid State Plan. This benefit has been added through substitution.

Benefit Provided:

Psychosocial Rehabilitation (PSR)

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:

The source plan for this benefit is the New Mexico Medicaid State Plan. This benefit has been added through substitution.

Add



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

No

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

New Mexico's ABP prescription drug benefit plan is the same as the prescription drug coverage under the Medicaid State Plan.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Autism Spectrum Disorder

Source:

Base Benchmark Small Group

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers speech, occupational and physical therapy, and applied behavioral analysis for recipients age 21-22 who are enrolled in high school.

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

Prior authorization required after initial evaluation. This is a state-mandated service.

Benefit Provided:

Cardiovascular Rehabilitation

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Short-term therapy (two consecutive months)

Scope Limit:

None

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

Duration limit is per cardiac event. Exceptions made based on medical necessity. Long-term therapy is not covered.

Benefit Provided:

Durable Medical Equipment & Supplies

Source:

Base Benchmark Small Group

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Coverage of medical supplies is limited to diabetic supplies and contraceptive supplies.



Alternative Benefit Plan

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

Requires a physician's prescription and prior authorization.

Remove

Benefit Provided:

Inpatient Rehabilitative Facilities

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers inpatient services at a skilled nursing or acute rehabilitation facility when provided as a step-down level of care following discharge from the hospital prior to discharge to home. Extended care or long-term care hospitals are not covered.

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

Benefit Provided:

Orthotic Appliances

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Foot orthotics, including shoes and arch supports, are only covered when an integral part of a leg brace, or are diabetic shoes.

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

Requires a provider's prescription and prior authorization.

Benefit Provided:

Prosthetic Devices, Repair and Replacement

Source:

Base Benchmark Small Group

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Prior authorization required unless the prosthetic device is surgically implanted."/>		
Benefit Provided: <input type="text" value="Rehabilitative Services - PT/OT/SLP"/>	Source: <input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="Short-term therapy (two consecutive months)"/>	
Scope Limit: <input type="text" value="Includes physical and occupational therapy and speech-language pathology."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Physical and occupational therapy require prior authorization, but the initial evaluation does not. Speech language pathology requires prior authorization (including evaluations). Duration limit is per condition; concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered."/>		
Benefit Provided: <input type="text" value="Habilitative Services - PT/OT/SLP"/>	Source: <input type="text" value="Other state-defined"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="Short-term therapy (two consecutive months)"/>	
Scope Limit: <input type="text" value="Includes physical and occupational therapy and speech-language pathology."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Physical and occupational therapy require prior authorization, but the initial evaluation does not. Speech language pathology requires prior authorization (including evaluations). Duration limit is per condition; concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered."/>		



Alternative Benefit Plan

Benefit Provided:	Source:	
<input type="text" value="Pulmonary Therapy"/>	<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="Short-term therapy (two consecutive months)"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="Duration limit is per condition; concurrent treatment for separate conditions is covered. Exceptions made based on medical necessity. Long-term therapy is not covered."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Diagnostic Imaging

Source:

Base Benchmark Small Group

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:

Benefit Provided:

Lab Tests, X-Ray Services and Pathology

Source:

Base Benchmark Small Group

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:

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Allergy Testing and Injections

Source:

Base Benchmark Small Group

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:

Benefit Provided:

Annual Physical Exam & Consultation

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Includes a health appraisal exam; laboratory and radiological tests; and early detection procedures. Does not include eye refractions, vision hardware or routine vision services; or hearing aids or hearing aid testing.

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

Benefit Provided:

Chronic Disease Management

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

<p>Amount Limit: <input type="text" value="None"/></p>	<p>Duration Limit: <input type="text" value="None"/></p>	<input type="button" value="Remove"/>
<p>Scope Limit: <input type="text" value="None"/></p>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>		
<p>Benefit Provided: <input type="text" value="Diabetes Equipment, Supplies & Education"/></p>	<p>Source: <input type="text" value="Base Benchmark Small Group"/></p>	<input type="button" value="Remove"/>
<p>Authorization: <input type="text" value="None"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p>	
<p>Amount Limit: <input type="text" value="None"/></p>	<p>Duration Limit: <input type="text" value="None"/></p>	
<p>Scope Limit: <input type="text" value="None"/></p>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>		
<p>Benefit Provided: <input type="text" value="Genetic Evaluation & Testing"/></p>	<p>Source: <input type="text" value="Base Benchmark Small Group"/></p>	<input type="button" value="Remove"/>
<p>Authorization: <input type="text" value="None"/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p>	
<p>Amount Limit: <input type="text" value="None"/></p>	<p>Duration Limit: <input type="text" value="None"/></p>	
<p>Scope Limit: <input type="text" value="Limited to Triple Serum Test and genetic testing for the diagnosis or treatment of a current illness."/></p>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>		
<p>Benefit Provided: <input type="text" value="Immunizations"/></p>	<p>Source: <input type="text" value="Base Benchmark Small Group"/></p>	



Alternative Benefit Plan

Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="This benefit includes ACIP-recommended vaccines."/>		

Benefit Provided: <input type="text" value="Insertion/Removal of Contraceptive Devices"/>	Source: <input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		

Benefit Provided: <input type="text" value="Osteoporosis Treatment & Management"/>	Source: <input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		



Alternative Benefit Plan

Benefit Provided: Periodic Glaucoma Test (Age 35 or Older)		Source: Base Benchmark Small Group	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan		
Amount Limit: None	Duration Limit: None		
Scope Limit: Coverage includes testing every one to two years.			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>			

Benefit Provided: Periodic Colorectal Examination (Age 35 or Older)		Source: Base Benchmark Small Group	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan		
Amount Limit: None	Duration Limit: None		
Scope Limit: Coverage includes a yearly fecal occult blood test (FOBT); flexible sigmoidoscopy every five years; double contrast barium enema every five years; and colonoscopy every 10 years.			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>			

Benefit Provided: Periodic Mammograms (Age 35 or Older)		Source: Base Benchmark Small Group	
Authorization: None	Provider Qualifications: Medicaid State Plan		
Amount Limit: None	Duration Limit: None		
Scope Limit: Coverage includes, at a minimum, one baseline mammogram to persons age 35 through 39; one mammogram biennially to persons age 40 through 49; and one mammogram annually to persons age 50 and over.			



Alternative Benefit Plan

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

Remove

Benefit Provided:

Annual Stool Examination

Source:

Base Benchmark Small Group

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:

Benefit Provided:

Other Preventive Care and Screenings

Source:

Other state-defined

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:

Includes US Preventive Services Task Force "A" and "B" recommendations; preventive care and screening recommendations of the HRSA Bright Futures program; and additional preventive services for women recommended by the Institute of Medicine.

Benefit Provided:

Voluntary Family Planning Services

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Sterilization reversal is not covered.

Remove

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

Add



Alternative Benefit Plan

Essential Health Benefit 10: 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:

The source plan for this benefit is the New Mexico Medicaid State Plan. Prior authorization required for certain services. Some services subject to a periodicity schedule.

Add



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Acupuncture (\$1,500 per year)"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Substituted with dental services within the Ambulatory Patient Services category."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="CMJ and TMJ Conditions"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Substituted with dental services within the Ambulatory Patient Services category."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Special Medical Foods"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Substituted with dental services within the Ambulatory Patient Services category."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Infertility (Diagnosis, Treatment & Correction)"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Substituted with dental services within the Ambulatory Patient Services category. The base benchmark infertility coverage does not include in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT) or variations of these procedures; surrogate parenting; reversal of sterilization; or any costs associated with the collection, preparation or storage of sperm for artificial insemination, including donor fees, donor egg or sperm retrieval; or infertility medications, including oral infertility drugs."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Rehabilitation for Substance Abuse"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Substituted with Medication-Assisted Therapy for Opioid Addiction, Assertive Community Treatment (ACT), and Psychosocial Rehabilitation (PSR) within the Mental Health and Substance Use Disorder Services category."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Behavioral Health Inpatient Hospital Services"/>	Source: Base Benchmark	



Alternative Benefit Plan

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

Duplicates EHB5 Mental Health and Substance Use Disorder services, including Behavioral Health Treatment: Inpatient Hospital Services. The base benchmark includes coverage of Institutions for Mental Diseases (IMDs) for recipients ages 21-64 as part of this benefit. IMDs are excluded from coverage under the Medicaid ABP.

Remove

Add



Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Source:
Base Benchmark

Newborn Child Care

Remove

Explain why the state/territory chose not to include this benefit:

Newborns who are born to Medicaid-enrolled mothers are automatically deemed eligible for Medicaid, and all newborn services are covered under the Medicaid State Plan.

Add



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Non-Emergency Transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covers expenses for transportation, meals and lodging that are determined necessary to secure medical or behavioral health services for an Alternative Benefit Plan recipient.

Other:

There is no authorization requirement for this benefit.

Add



Alternative Benefit Plan

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