

MACPro PRA Demonstration Transcript

Alternative Benefit Plan

This module covers the Alternative Benefit Plan form. We will be using test data in this demonstration. Some options have been preselected for demonstration purposes.

If users want to amend an existing Alternative Benefit Plan they will indicate the plan name by choosing from the drop-down box and the sections of the plan that are being changed on this screen.

In this section [B2], the user defines the population which will have access to the Alternative Benefit Plan. They will enter the population name and select the eligibility groups that are included in the population. For each eligibility group selected, the user will indicate whether or not enrollment is for the entire group, and if the enrollment is mandatory or voluntary. If the enrollment is not for entire eligibility group, the user will indicate if targeting criteria apply to all eligibility groups where enrollment is not for the entire group. The user will then enter targeting criteria. Targeting criteria categories include income standard, disease/diagnosis/disorder/condition, and other.

In the population definition geographic area, the user will indicate if the population will include individuals from the entire state or territory. If not, the user will indicate the specific counties, regions, cities, towns or other geographic areas.

Here the user may enter any additional information about the population in the text field.

If the population includes eligibility groups where the enrollment is voluntary, the user will complete this screen [B3a]. All assurances must be checked before the form is submitted.

[Clicking through the form]

If the population includes eligibility groups where the enrollment is mandatory, the user will complete this screen [B3b]. All assurances must be checked before the form is submitted.

[Clicking through the form]

The user may enter additional information about the eligibility assurances for mandatorily enrolled eligibility groups in the text field at the bottom of the screen.

On this screen [B4] users indicate the ABP Benefit Package name and they select the 1937 coverage option, either a Benchmark Benefit or a Benchmark-Equivalent Benefit package.

In the next section of the screen, the user indicates if the Base Benchmark is the same as the 1937 coverage option. If it is not, users will indicate which Base Benchmark they are using.

The user also indicates if the ABP includes cost-sharing requirements. If cost-sharing or premiums are different from those in the State Plan, the user will provide additional information.

Users may always enter any other relevant information in the text field at the bottom of the screen.

[Scroll to B11]

Depending on the selections made earlier in the form, the user will complete one or more administrative tables to define the benefits in the benefit package. If users selected FEHBP for the Benchmark Benefit Package, and the Base Benchmark plan is different, they will complete the FEHBP Administrative Table. On the FEHBP Benefit Administrative Table [B11], the user will map FEHBP benefits to the essential health benefits. The user may include information on limits on amount, duration, and scope; the user will indicate if authorization for the benefits is required and the user will specify provider qualifications.

We'll put some sample data on the form [sample data entered].

The user may also enter benefits from the FEHBP that are not mapped to an essential health benefit.

[Scroll to B14]

If users indicate that the Base Benchmark plan is different from the 1937 coverage option, they will complete the Base Benchmark Plan Coverage Administrative Table [B14]. Again, we'll fill in some sample date [sample data entered]. Here we're including a supplemental Base Benchmark EHB category and plan benefit. The source of that benefit is indicated in the drop-down list.

[Scroll to B11]

We want to point out that back on this form [B11], if users selected State Employee Coverage for the Benchmark Benefit Package, and the Base Benchmark plan is different they would complete the State Employee Coverage Administrative Table. The table has the same format as the FEHBP Table shown here. Alternatively, if the user had selected Commercial HMO for the Benchmark Benefit Package, and the Base Benchmark plan is different, they would complete the Commercial HMO Administrative Table. The table has the same format as the FEHBP Table shown.

[Scroll to B4a]

Once the user has listed the benefits and details in the administrative tables, they will see this next section of the ABP forms [B4a]. For this demonstration we have selected FEHBP as the 1937 coverage option. Similar sections would display if State Employee Coverage or Commercial HMO were selected.

Here the user will click on the Update button and a list of the benefits entered in the administrative tables will display. If a benefit was mapped to an essential health benefit, the name of the essential health benefit is displayed in the first column. The name of the benefit entered by the user is displayed in the second column. The source of the benefit is listed in the third column.

The user may also indicate if additional benefits will be included in this benefit package. For a demonstration example, we have selected Yes, that the state provides additional benefits and we'll choose Other from the drop-down list.

For each benefit selected, the user will also indicate the source of the benefit. If the source is 1905(a) benefits, the user will indicate if there are limitations on amount, duration, or scope, and whether or not the limitations are the same as in the State Plan.

If limitations do not apply to all services within the benefit, the user will enter additional information. If there are limitations on the amount or duration of the benefit, the user will provide additional information. Limitations can be indicated by the number of services, or by the amount of the Medicaid payment.

If there are limitations on the scope of the benefits or services, the user will again provide additional information.

If there are authorization requirements for the benefit, the user will provide additional information.

If the additional benefits are not included in the State Plan, the user must provide additional information on provider qualifications.

In the next section, the user defines what the source of the additional benefit is. If the source of an additional benefit is something other than the 1905(a) benefits, the user will provide the plan name, the name and description of the benefit and information on authorization and provider qualification requirements.

[Scroll to B4]

If the user indicated that the 1937 coverage option is the Secretary Approved Plan, they will see this next section.

[Scroll to B4d]

For the Secretary Approved Benefit Package, the user will see this screen next [B4d].

The user has six options to choose from on this screen. The user will identify benefits to be included in the benefit package in the appropriate administrative tables, either State Plan Benefits Table or Base Benchmark Plan Coverage Administrative Table.

[Clicking through the form]

For purposes of the demo, we'll select each option to show you the fields.

[Scroll to B17]

This screen [B17] shows the State Plan Benefits Table. In the State Plan Benefits Table, the user will indicate which benefits are in the State Plan, whether or not they are included in the ABP, and if they map to an EHB, the user will indicate which one. The user may also enter information on limits on amount, duration, and scope; authorization requirements; and provider qualifications.

[Scroll to B5]

This section [B5] includes assurances associated with the benefit package. All assurances must be checked before the form is submitted.

[Clicking through the form]

Text boxes are always provided for more information.

[Scroll to B4]

Back on the selection of Benchmark Benefit or Benchmark-Equivalent selection screen [B4], if users indicated a Benchmark-Equivalent Benefit Package as the 1937 coverage option, they will see this section.

[Scroll to B6]

Here they will enter aggregate actuarial information and upload a chart of benefits and a copy of the actuarial report. [Screen scroll delay] Again, this is the screen for entering aggregate actuarial information and uploading a chart of benefits and a copy of the actuarial report.

[Scroll to B7]

In this section [B7] the state must provide Benchmark-Equivalent Assurances.

[Scroll to B8]

In this section of the ABP form [B8], the user indicates the type of service delivery system that will be used for the benefit package and provides details related to the service delivery system.

For example, Managed Care and the managed care options, the procurement or selection method, whether participants are excluded from participation, participation requirements, and any additional information.

[Scroll to B9]

In this section [B9], users indicate if they provide the Alternative Benefit Plan through payment of employer-sponsored insurance, and, if they do, provides a description of the details.

[Scroll to B10]

In this section [B10], the user provides general assurances related to Alternative Benefit Plans.
[Clicking through the form]

[Scroll to B15]

If the state is terminating or phasing out an Alternative Benefit Plan, they will complete this section [B15]. Describe the approach, select their phase-out option, and provide any other additional information.

[Scroll to B16]

In this section [B16], the user indicates if the payment methodology for the benefits not provided through a managed care plan is the same as for benefits in the State Plan. If it is the same, the user will select State Plan benefit with the same or similar methodology. If the payment methodology is different, the user will submit the appropriate attachment through the manual SPA submission process.

[Scroll to B18]

In this final section of the APB form [B18], the user will name the Alternative Benefit Plan and indicate which population has access to the plan, the benefit package associated with the plan, and the service delivery system for the plan.

This concludes our module on the Alternative Benefit Plan.