Alternative Benefit Plan

Attachment 3.1-L-

OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package **ABP3**

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: HIP Link

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.

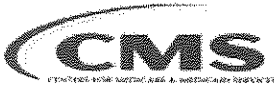
The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- ( ) 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.

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

The HIP Link benefits are benchmarked to the Indiana Essential Health Benefits Benchmark. Through 2017 the Indiana Essential Health Benefit Benchmark is the Anthem Small Group Blue Access PPO plan. HIP Link coverage will be offered through employer sponsored health plans. To be eligible for HIP Link, employer sponsored health plans will be reviewed by the state to confirm that (1) the Indiana Department of Insurance has already certified the plan as meeting the Indiana Essential Health Benefit requirements, (2) that the Indiana Family and Social Services HIP Link Employer Counseling Team has reviewed the benefits offered in the plan and indicated that the plan meets the HIP Link minimum value requirements and essential health benefit requirements that are the floor of coverage as detailed in ABP 5.

Variation in benefits from the essential benefits offered in the Indiana essential health benefits is permitted when one of the following pathways to review and approve Employer Plans for HIP Link ABP is utilized:
* For plans found compliant by the Indiana Department of Insurance for the QHP or small group essential health benefits, no further EHB review is needed. These plans are substantially equal to the HIP Link ABP.
*After determination by the state that EHB is met in each ESI plan, plans that are found to offer benefits at least equal to the floor of coverage in the HIP Link ABP are considered substantially equal to the ABP.
*For ESI plans with variations in benefits from the HIP Link ABP floor of coverage there are two paths:



Alternative Benefit Plan

a. Use the benchmark-equivalent pathway to determine aggregate actuarial value of an ESI plan and compare it to the actuarial value of the HIP Link ABP, following the process described in 440.335 and 440.340, OR
b. Demonstrate actuarial equivalence on a benefit to benefit basis within the same EHB category for those different benefit/s offered in the ESI plan to those offered in the HIP Plink ABP

If the employee plan has the same set of benefits as the HIP Link base benchmark, but is more limited in its amount, duration and scope, the state will ensure that these services are provided to the level in the base benchmark through the HIP Link POWER account.

EPSDT services for 19 and 20 year olds are assured separately without limitations and are covered through the HIP Link member eligibility card and POWER account. All other benefits and limitations are detailed in ABP 5, the HIP 2.0 1115 demonstration, and the associated HIP Link protocol.

Selection of Base Benchmark Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option. No

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base 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.

Plan name: Anthem Blue PPO SG Option 6

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

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the base benchmark.

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.20131219