

Benefit Comparison: Standard Medicaid and the Alternative Benefit Plan (ABP) under the NHHPP

Benefit	NH Standard Medicaid & NHHPP Medically Frail Opting Out of ABP	NHHPP Alternative Benefit Plan (ABP)	Is it a Medicaid Care Management Covered Service?	Comments
Acupuncture	NOT covered	NOT covered	No	
Adult Medical Daycare	Covered	NOT Covered	Standard Medicaid: Yes; ABP: No	
ALL Services When Traveling Outside the US	NOT covered	NOT covered	No	
Ambulatory Surgical Center (ASC)	Covered	Covered (with some exclusions)	Yes	Coverage excludes: (1) reversal of voluntary sterilization; (2) sclerotherapy for varicose veins and treatment of spider veins; (3) sex change treatment (except possibly under EPSDT); (4) corrective eye surgery (e.g., Lasik).
Bariatric Surgery	Covered	Covered	Yes	
Cardiac Rehab	Covered	Covered	Yes	
Chiropractic Care	NOT covered	Covered (annual 12 visit limit for adjustments)	Standard Medicaid: No; ABP: Yes	New benefit under ABP
Cosmetic Surgery	NOT covered	NOT covered	No	
Delivery and All Inpatient Services for Maternity Care	Covered	Covered	Yes	
Dental Services (19 and 20 year olds under EPSDT)	Covered	Covered	Standard Medicaid and ABP: Facility payments for dental procedures	NH Medicaid Fee-for-Service pays for all other covered dental services in Standard Medicaid and the ABP.
Dental Services (Age 21 -64 years)	Coverage limited to treatment of acute pain and infection and tooth extraction	Coverage limited to treatment of acute pain and infection and tooth extraction	Standard Medicaid and ABP: Facility payments for dental procedures	NH Medicaid Fee-for-Service pays for all other covered dental services in Standard Medicaid and the ABP.
Diagnostic Test (X-Ray and Lab Work)	Covered	Covered	Yes	
Durable Medical Equipment and Medical Supplies	Covered	Covered	Yes	

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Emergency Room Services	Covered	Covered	Yes	
Emergency Transportation/Ambulance	Covered	Covered	Yes	
Eyeglasses	Covered (with limit, see comment)	Covered (with limit, see comment)	Yes	One pair single vision lenses with frames is covered per year, provided that the refractive error is at least plus or minus .50 diopter according to the type of refractive error, in each eye. One pair of glasses with bifocal corrective lenses or one pair of glasses with corrective lenses for close vision and one pair of glasses with corrective lenses for distant vision if there is a refractive error of at least .50 diopter for both close and distant vision. Benefit is the same as described in the Medicaid State Plan.
Generic Drugs	Covered	Covered	Yes	7/6/14 - 10/31/14: No copays. Effective November 1, 2014: copays only where income >= 100% FPL. Generic copay \$1 for both Standard Medicaid & ABP. Standard Medicaid and the ABP have same exemptions for pregnant women, children, family planning products and Clozapine prescriptions.
Habilitation Services (PT/OT/ST)	Covered (Annual limit is 80 15-minute units combined across all therapies)	Covered (Annual limit is 80 15-minute units combined across all therapies)	Yes	Limit is across both rehabilitation and habilitation services and all therapies combined
Hearing Aids	Covered	Covered	Yes	
Home Health Care Services	Covered	Covered	Yes	
Hospice Services	Covered	Covered	Yes	
Imaging (CT/PET Scans, MRIs)	Covered	Covered	Yes	
Infertility Treatment	NOT covered	NOT covered	No	
Inpatient Hospital Services	Covered (with some exclusions)	Covered (with some exclusions)	Yes	Coverage excludes: (1) reversal of voluntary sterilization; (2) sclerotherapy for varicose veins and treatment of spider veins; (3) sex change treatment (except possibly under EPSDT); (4) corrective eye surgery (Lasik).
Inpatient Physician and Surgical Services	Covered	Covered	Yes	Coverage excludes: (1) reversal of voluntary sterilization; (2) sclerotherapy for varicose veins and treatment of spider veins; (3) sex change treatment (except possibly under EPSDT); (4) corrective eye surgery (Lasik).
Long-Term Services and Supports (Waiver Services)	Covered under Standard Medicaid Waivers but NOT covered for NHHPP Medically Frail in Standard Medicaid	NOT covered	No	

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Long-Term/Custodial Nursing Home Care	Covered	NOT covered	No	Nursing home care available if client chooses Standard Medicaid and meets LTC eligibility criteria
Mental/Behavioral Health Inpatient Services	Covered	Covered	Yes	
Mental/Behavioral Health Outpatient Services	Covered	Covered	Yes	
Non-Emergency Medical Transportation	Covered	Covered	Yes	
Non-Preferred Brand Drugs	Covered	Covered	Yes	7/6/14 - 10/31/14: No copays. Effective November 1, 2014: copays only where income $\geq$ 100% FPL. Brand drug copay \$2 for Standard Medicaid and \$4 for ABP. Standard Medicaid and the ABP have same exemptions for pregnant women, children, family planning products and Clozapine prescriptions.
Other Practitioner Office Visit (APRN, Physician Assistant, Certified Midwife, podiatrist)	Covered	Covered	Yes	
Outpatient Facility Fee	Covered (with some exclusions)	Covered (with some exclusions)	Yes	Coverage excludes: (1) reversal of voluntary sterilization; (2) sclerotherapy for varicose veins and treatment of spider veins; (3) sex change treatment (except possibly under EPSDT); (4) corrective eye surgery (e.g., Lasik).
Outpatient Hospital Physician/Surgical Services	Covered (with some exclusions)	Covered (with some exclusions)	Yes	Coverage excludes: (1) reversal of voluntary sterilization; (2) sclerotherapy for varicose veins and treatment of spider veins; (3) sex change treatment (except possibly under EPSDT); (4) corrective eye surgery (e.g., Lasik).
Outpatient Rehabilitation Services (PT/OT/ST)	Covered (annual 80, 15 min units limit combined across all therapies)	Covered (annual 80, 15 min units limit combined across all therapies)	Yes	Limit is across both rehabilitation and habilitation and all therapies combined
Personal Care Attendant	Covered	Covered only for 19 & 20 year olds	Yes	
Preferred Brand Drugs	Covered	Covered	Yes	7/6/14 - 10/31/14: No copays. Effective November 1, 2014: copays only where income $\geq$ 100% FPL. Brand drug copay \$2 for Standard Medicaid and \$4 for ABP. Standard Medicaid and the ABP have the same exemptions for pregnant women, children, family planning products and Clozapine prescriptions.
Prenatal and Postnatal Care	Covered	Covered	Yes	
Preventive Care/Screening/Immunizations	Covered	Covered	Yes	

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Primary Care Visit to Treat an Injury or Illness	Covered	Covered	Yes	
Private Duty Nursing	Covered	Covered only for 19 & 20 year olds	Yes	
Psychotherapy	Covered	Covered	Yes	No service limit in either plan. Standard Medicaid's psychotherapy service limit was eliminated as of 8/15/14.
Respiratory Therapy	Covered	Covered	Yes	
Routine Eye Exam	Covered	Covered	Yes	Under ABP, eye exam limited to once every 2 years; does not preclude eye care provider visit for an exam if client thinks vision has changed.
Routine Foot Care (Podiatry)	Covered (annual 4 visit limit)	Covered (annual 4 visit limit)	Yes	
Skilled Nursing Facility	Covered	Covered (with 100 day annual limit)	No	NH Medicaid Fee-for-Service pays Skilled Nursing Facility charges for both Standard Medicaid and the ABP.
Specialist Visit	Covered	Covered	Yes	
Specialty Drugs	Covered	Covered	Yes	7/6/14 - 10/31/14: No copays. Effective November 1, 2014: copays only where income >= 100% FPL. Brand drug copay \$2 for Standard Medicaid and \$4 for ABP. Exemptions for pregnant women, children etc. same for Standard Medicaid and ABP.
Substance Abuse Disorder Inpatient Services	NOT covered	Covered	Standard Medicaid: No; ABP: Yes	New benefit under ABP
Substance Abuse Disorder Outpatient Services	NOT covered (except existing limited benefits, e.g., methadone treatment)	Covered	Standard Medicaid: No; ABP: Yes	New benefit under ABP
Transplants	Covered	Covered	Yes	
Urgent Care Centers or Facilities	Covered	Covered	Yes	
Weight Loss Programs	NOT covered	NOT covered	No	