

ABP4 – Alternative Benefit Plan Cost-Sharing

Statute: 1902(a)(14), 1916, 1916A

Regulations: 42 CFR Part 447, Subpart A

INTRODUCTION

In this fillable PDF (state plan page) the state/territory provides assurances related to the imposition of any cost-sharing or premium requirements on beneficiaries participating in the Alternative Benefit Plan (ABP) and indicates if it includes cost-sharing that is different from that in its approved Medicaid state plan for individuals with income greater than the federal poverty level (FPL).

BACKGROUND

States and territories may impose cost-sharing and/or premiums on individuals participating in ABPs. Any cost sharing currently described in the state plan will be applicable to an ABP. However, under the authority of section 1916A of the Act, states and territories may apply different cost-sharing to individuals participating in an ABP, or a subset of such individuals, who have income greater than 100% of the FPL. States and territories may not impose different cost-sharing requirements on individuals participating in an ABP who have income at or below 100% of the FPL. This state plan page includes assurances concerning the state/territory's compliance with these requirements.

In addition, because of Essential Health Benefit (EHB) requirements or the selection of a particular section 1937 coverage option, ABPs may include benefits that are not included in the state/territory's approved, Medicaid state plan. States and territories may need to define cost-sharing requirements for these benefits. This state plan page addresses this circumstance.

TECHNICAL GUIDANCE

The state/territory must acknowledge the first assurance that any cost-sharing described in Attachment 4.18-A of its approved Medicaid state plan applies to the ABP. This is done by selecting the assurance. Attachment 4.18-A is used to describe cost-sharing requirements for mandatory and optional eligibility groups (excluding medically needy) under section 1916 of the Act. The state/territory must apply these requirements to ABPs in the same manner as they are applied to benefits under its approved (non-section 1937) state plan.

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Review Criteria

The state/territory must affirm that it will apply the cost-sharing requirements described in Attachment 4.18-A in its approved Medicaid state plan to individuals participating in the ABP by selecting the assurance. If the state/territory does not select the assurance the SPA cannot be approved.

Next, there is a statement advising the state/territory that it may submit a revised Attachment 4.18-A to include cost-sharing for benefits or services that are not otherwise described in its approved Medicaid state plan.

The state/territory must then indicate, **Yes** or **No**, if the ABP for individuals with income over 100% of the FPL includes cost-sharing other than that described in Attachment 4.18-A in its approved Medicaid state plan.

- If **Yes**, an assurance appears for the state/territory to affirm that it has completed and attached to the SPA submission Attachment 4.18-F to indicate these cost-sharing requirements that are different from those in its approved state plan.

Review Criteria

If the state/territory answers the statement Yes, it must attach to the SPA submission Attachment 4.18-F to indicate the cost-sharing requirements that are different from those in its approved Medicaid state plan. If the state/territory answers Yes, and Attachment 4.18-F is not attached, the SPA cannot be approved.

Finally, the state/territory, at its option, may provide additional information concerning the Alternative Benefit Plan's cost-sharing requirements in the text box provided.