

Alternative Benefit Plan (ABP)
ABP Cost-Sharing & Comparison to Standard Medicaid Services

Most adults who qualify for the Medicaid category known as the “Other Adult Group” receive services under the New Mexico Alternative Benefit Plan (ABP). The ABP covers doctor visits, preventive care, hospital care, emergency department and urgent care, specialist visits, behavioral health care, substance abuse treatment, prescriptions, certain dental services, and more. Some recipients will have to pay small co-pays for certain services, depending on their income.

Medicaid recipients in the Other Adult Group who have special health care needs may qualify to receive Standard Medicaid services without any co-payments, except for unnecessary use of brand name drugs or the emergency department. Individuals who have a serious or complex medical condition, a terminal illness, a chronic substance use disorder, a serious mental illness, or a disability that significantly impairs their ability to perform one or more activities of daily living, may choose to receive services under the ABP *or* under Standard Medicaid.

Individuals who think they have special health care needs should contact their Centennial Care managed care organization (MCO). Native American individuals who are not enrolled with a Centennial Care MCO should call the Molina Third-Party Assessor (TPA) toll-free at (866) 916-3250. They will help to determine if the individual has special health care needs and is eligible to receive Standard Medicaid services. Individuals with special health care needs may choose whether they want to receive services under the ABP *or* under the Standard Medicaid program.

The table below offers a comparison of the ABP services package to the services that are covered under Standard Medicaid. Since individuals who have ABP coverage will always be ages 19-64, the comparison to Standard Medicaid coverage is for the same age range (ages 19 and above).

Benefit Category & Service	ABP Coverage (Recipients ages 19-64)	Standard Medicaid Coverage (For ages 19 and above)
<i>Outpatient Services</i>		
Acupuncture	Not covered The MCOs have the option to cover this service; check with the MCO.	Not covered The MCOs have the option to cover this service; check with the MCO.
Cancer clinical trials	Covered	Covered (Same as ABP)
Chiropractic services	Not covered The MCOs have the option to cover this service; check with the MCO.	Not covered The MCOs have the option to cover this service; check with the MCO.

Dental services (8.310.7 NMAC) <ul style="list-style-type: none"> • Diagnostic dental • Dental radiology • Preventive dental • Restorative dental • Prosthodontics (removable) • Oral surgery • Endodontic services for anterior teeth 	Covered Preventive dental services are covered based on a periodicity schedule	Covered (Same as ABP)
Dialysis	Covered	Covered (Same as ABP)
Hearing aids and hearing aid testing	Not covered, except for recipients age 19-20	Covered
Holter monitors and cardiac event monitors	Covered	Covered (Same as ABP)
Home health care and intravenous services	Covered Home health care is limited to 100 four-hour visits per year	Covered No limitation on number of visits
Hospice care services	Covered	Covered (Same as ABP)
Infertility treatment	Not covered	Not covered
Naprapathy	Not covered The MCOs have the option to cover this service; check with the MCO.	Not covered The MCOs have the option to cover this service; check with the MCO.
Non-emergency transportation	Covered	Covered (Same as ABP)
Outpatient diagnostic labs, x-ray and pathology	Covered	Covered (Same as ABP)
Outpatient surgery	Covered	Covered (Same as ABP)
Primary care to treat illness/injury	Covered	Covered (Same as ABP)
Radiation and chemotherapy	Covered	Covered (Same as ABP)
Special medical foods for inborn errors of metabolism	Not covered, except for recipients age 19-20	Coverage is the same as ABP (covered for recipients age 19-20 only)
Specialist visits	Covered	Covered (Same as ABP)
Telemedicine services	Covered	Covered (Same as ABP)
TMJ or CMJ treatment	Not covered	Not covered
Treatment of diabetes	Covered	Covered (Same as ABP)
Vision care for eye injury or disease	Covered Does not include vision refraction, except for	Covered Standard Medicaid covers vision refraction

	recipients age 19-20	and routine vision services
Vision hardware (eyeglasses or contact lenses)	Covered only following the removal of cataracts from one or both eyes. Vision hardware covered for recipients age 19-20 following a periodicity schedule.	Covered Contact lenses require prior authorization
Emergency Services		
Emergency ground or air ambulance services	Covered	Covered (Same as ABP)
Emergency department services/facilities	Covered	Covered (Same as ABP)
Urgent care services/facilities	Covered	Covered (Same as ABP)
Hospitalization		
Bariatric surgery	Covered Limited to one per lifetime	Covered No limitation on number of surgeries, as long as medical necessity is met
Inpatient medical and surgical care	Covered	Covered (Same as ABP)
Organ and tissue transplants	Covered Limited to two per lifetime	Covered No limitation on number of transplants, as long as medical necessity is met
Reconstructive surgery for the correction of disorders that result from accidental injury, congenital defects or disease	Covered	Covered (Same as ABP)
Maternity Care		
Delivery and inpatient maternity services	Covered	Covered (Same as ABP)
Non-hospital births	Covered	Covered (Same as ABP)
Pre- and post-natal care	Covered	Covered (Same as ABP)
Mental/Behavioral Health & Substance Use Disorder Services		
Inpatient hospital services in a psychiatric unit of a general hospital, including inpatient substance abuse detoxification	Covered	Covered (Same as ABP)
Medication-assisted therapy for opioid addiction	Covered	Covered (Same as ABP)
Outpatient behavioral health professional services (includes evaluation, testing, assessment, medication management and	Covered	Covered (Same as ABP)

therapy)		
Outpatient services for alcoholism and drug dependency, including Intensive Outpatient Program (IOP)	Covered	Covered (Same as ABP)
Assertive Community Treatment (ACT)	Covered	Covered (Same as ABP)
Psychosocial Rehabilitation (PSR)	Covered	Covered (Same as ABP)
Electroconvulsive Therapy (ECT)	Covered	Not covered The MCOs have the option to cover this service; check with the MCO.
Behavioral health supportive services (family support, recovery services, respite services)	Not covered	Covered when provided through a MCO
Medications		
Prescription medicines	Covered	Covered (Same as ABP)
Over-the-counter medicines	Coverage limited to prenatal drug items, and low-dose aspirin as preventive for cardiac conditions. Other OTC items may be considered for coverage only when the item is considered more medically or economically appropriate than the prescription drugs, contraceptive drugs and devices and items for treating diabetes.	Coverage limitations same as ABP
Rehabilitative & Habilitative Services and Devices		
Autism spectrum disorder	Covered for recipients age 19 or younger; or age 22 or younger when enrolled in high school. Includes physical, occupational and speech therapy and applied behavioral analysis.	Coverage ends at age 21
Cardiovascular rehabilitation	Covered Limited to 36 visits per cardiac event	Covered No limitation on visits as long as medical necessity is met
Durable medical equipment (DME), medical supplies, orthotic appliances and prosthetic	Covered Requires a provider's prescription.	Coverage is the same as ABP, except that most medically necessary disposable medical

devices, including repair or replacement	DME is limited to a periodicity schedule and must be medically necessary. Disposable medical supplies are limited to diabetic and contraceptive supplies. Foot orthotics including shoes and arch supports are only covered when an integral part of a leg brace, or are diabetic shoes.	supplies are also covered when prescribed by a practitioner.
Inpatient rehabilitative facilities	Covered Skilled nursing or acute rehabilitation facility	Covered (Same as ABP)
Internal prosthetics	Covered	Covered (Same as ABP)
Physical, speech and occupational therapy (rehabilitative and habilitative services)	Covered Short-term therapy limited to two consecutive months per condition. Long-term therapies are not covered	Rehabilitative services covered. No limitation on duration of therapy as long as medical necessity is met. Habilitation services are not covered.
Pulmonary therapy	Covered Limited to 36 visits per year	Covered No limitation on duration of therapy as long as medical necessity is met.
Skilled nursing	Covered primarily through home health agencies; subject to home health benefit limitations (100 four-hour visits per year).	Covered through home health agencies. No limitation on number of visits as long as medical necessity is met.
Laboratory and Radiology Services		
Diagnostic imaging	Covered	Covered (Same as ABP)
Lab tests, x-ray services and pathology	Covered	Covered (Same as ABP)
Preventive & Wellness Services and Chronic Disease Management		
Allergy testing and injections	Covered	Covered (Same as ABP)
Annual consultation to discuss lifestyle and behavior that promote health and well-being	Covered	Covered for age 19-20.
Annual physical exam	Covered Eye refractions, eyeglasses and contact lenses, are not covered, except for age 19-20. Hearing aids and hearing aid testing are not covered, except for age 19-20.	Periodic physical exams are only covered for age 19-20. Additional annual physical exams may be provided through a MCO. Vision services, including refractions, eyeglasses and contact lenses, are covered but are limited to

		a set periodicity schedule.
Chronic disease management	Covered through primary care provider services. Additional benefits may be available when provided through a MCO.	Covered through primary care provider services. Additional benefits may be available when provided through a MCO.
Diabetes equipment, supplies and education	Covered	Covered (Same as ABP)
Genetic evaluation and testing	Covered Triple serum test and genetic testing for the diagnosis or treatment of a current illness	Covered (same as ABP)
Immunizations	Covered Includes ACIP-recommended vaccines	Covered (Same as ABP)
Insertion and/or removal of contraceptive devices	Covered	Covered (Same as ABP)
Nutritional evaluations and counseling	Covered Dietary evaluation and counseling as medical management of a documented disease, including obesity.	Not covered, except for age 19-20 and during pregnancy. Additional benefits may be available when provided through a MCO.
Osteoporosis diagnosis, treatment and management	Covered	Covered (Same as ABP)
Periodic glaucoma eye test (age 35 or older)	Covered	Covered (Same as ABP)
Periodic colorectal examination (age 35 or older)	Covered	Covered (Same as ABP)
Periodic mammograms (age 35 or older)	Covered	Covered (Same as ABP)
Periodic stool examination (age 40 or older)	Covered	Covered only when medically indicated
Periodic test to determine blood hemoglobin, blood pressure, blood glucose level and blood cholesterol level or a fractionated cholesterol level	Covered	Covered (Same as ABP)
Podiatry and routine foot care	Covered when medically necessary	Covered (Same as ABP)
Preventive care	Covered Includes US Preventive Services Task Force "A" & "B" recommendations; preventive care and screening recommendations of the HRSA Bright Futures program; and preventive services for women recommended by the	Coverage is limited. Many screening services are covered when appropriate based on age or family history. Additional benefits may be available when provided through a MCO.

	Institutes of Medicine	
Screening pap tests	Covered	Covered (Same as ABP)
Sleep studies	Not covered, except for age 19-20	Covered
Smoking cessation treatment	Covered Diagnosis, counseling and prescription medicines	Covered only for recipients age 21 and under, and for pregnant women. Additional benefits may be available when provided through a MCO.
Voluntary family planning services	Covered	Covered (Same as ABP)
Weight loss programs	Not covered The MCOs have the option to cover this service; check with the MCO.	Not covered The MCOs have the option to cover this service; check with the MCO.
Long-Term Services & Supports		
Community benefits	Not covered	Covered when the requirements to access these services are met, including nursing facility level of care (NF LOC) criteria
Nursing facility care	Not covered, except as a step down level of care from a hospital prior to being discharged to home when skilled nursing services on a short-term basis are medically necessary.	
Mi Via	Not covered	

ABP Co-Pays

Co-pays will be charged based on the recipient's income level. There are some exceptions to co-pays, including:

- Services provided to Native American recipients;
- Services provided by an Indian Health Service (IHS), tribal 638 or urban Indian facility;
- Emergency services;
- Family planning services, drugs, procedures, supplies and devices;
- Hospice services;
- Services provided to pregnant women;
- Prenatal and postpartum care and deliveries, and prenatal drug items;
- Mental health/behavioral health and substance abuse services, including psychotropic drug items;
- Preventive services; and

- Provider preventable conditions.

When an individual has reached the co-pay maximum of five percent of family income, co-pays will not be charged.

	Income 100% of Federal Poverty Level (FPL) or Below	Income 101-138% of Federal Poverty Level (FPL)	Individual with Special Health Care Needs Regardless of Income Level (Same as Standard Medicaid Coverage)
Prescription medicines	\$0	\$3 <ul style="list-style-type: none"> • Does not apply when the co-pay for a brand-name medicine is charged. • Some medicines are exempt, including family planning drugs (contraceptives), prenatal drug items and some behavioral health medicines. 	\$0
Brand-name prescriptions (when there is a less expensive generic equivalent medicine)	\$3 <ul style="list-style-type: none"> • Psychotropic drug items are exempt from the brand-name drug co-pay. 	\$8 <ul style="list-style-type: none"> • Psychotropic drug items are exempt from the brand-name drug co-pay 	\$3 <ul style="list-style-type: none"> • Psychotropic drug items are exempt from the brand-name drug co-pay.
Outpatient office visits	\$0	\$8 <ul style="list-style-type: none"> • See exceptions to cost-sharing, above. 	\$0
Non-emergency use of the emergency department	\$8	\$8	\$8
Inpatient hospital admission	\$0	\$25 <ul style="list-style-type: none"> • See exceptions to cost-sharing, above. 	\$0

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