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State/Territory Name: Missouri

State Plan Amendment (SPA) #: 21-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898



Medicaid & CHIP Operations Group

December 17, 2021

Robert Knodell, Acting Director
Missouri Department of Social Services
Broadway State Office Building
P.O. Box 1527
Jefferson City, Missouri 65102

Dear Mr. Knodell:

On September 21, 2021, the Centers for Medicare & Medicaid Services (CMS) received Missouri State Plan Amendment (SPA) No. 21-0031. This SPA was submitted to add an Alternative Benefit Plan (ABP) to Missouri's State Plan to cover the Medicaid Expansion Population, which was implemented July 1, 2021.

We are pleased to inform you that SPA 21-0031 was approved on December 17, 2021, with an effective date of July 1, 2021, as requested by the state. Enclosed is a copy of the CMS 179 summary form, as well as the approved pages for incorporation into the Missouri State Plan.

All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and (if applicable) managed care service delivery systems (waivers and contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the changes to the benefit to the approved state plan will be mirrored in the ABP.

If you have any questions regarding this matter you may contact Deborah Read (816) 426-5925 or by e-mail at Deborah.read@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by Ruth
Hughes-S
Date: 2021.12.17 17:47:29
P'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Todd Richardson, SMD, MHD
Glenda Kremer, MHD
Jason Frandson, DBC
Sophia Hinojosa, DPO

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Missouri**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

21-0031

Proposed Effective Date

07/01/2021 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.119; 1902(a)(10)(A)(i)(VIII) of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2021	\$ 0.00
Second Year	2022	\$ 0.00

Subject of Amendment

Establish an alternative benefit plan for the adult expansion group eligible under the authority found at 42 CFR 435.119.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Signature of State Agency Official

Submitted By:

Marissa Crump

Last Revision Date:

Sep 21, 2021

Submit Date:

Sep 21, 2021



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

Add	Eligibility Group:	Enrollment is mandatory or voluntary?	Remove
Add	Adult Group	Mandatory	Remove

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

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.20181119



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act **ABP2a**

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan. Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

Missouri has fully aligned the benefits in the ABP with its approved Medicaid State Plan by using duplication, substitution and including remaining Medicaid State Plan services as other Section 1937 covered benefits while still meeting the requirements of all Essential Health Benefits.

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.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3.1

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:

Selection of EHB-Benchmark Plan

The state/territory must select an EHB-benchmark plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

EHB-benchmark plan name:

The EHB-benchmark plan is the same as the Section 1937 Coverage option:

Indicate the EHB-benchmark option as described at 45 CFR 156.111(b)(2)(B) the state/territory will use as its EHB-benchmark plan:

State/Territory is selecting one of the below options to design an EHB package that complies with the requirements for the individual insurance market under 45 CFR 156.100 through 156.125.

- State/Territory is selecting the EHB-benchmark plan used by the state/territory for the 2017 plan year.
- State/Territory is selecting one of the EHB-benchmark plans used for the 2017 plan year by another state/territory.
- State/ Territory selects the following EHB-benchmark plan used for the 2017 plan year but will replace coverage of one or more of the categories of EHB with coverage of the same category from the 2017 EHB-benchmark plan of one or more other states
- Select a set of benefits consistent with the 10 EHB categories to become the new EHB-benchmark plan. (Complete and submit the ABP5: Benefits Description form to describe the set of benefits.)

Type of EHB-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.



Alternative Benefit Plan

Assurances

- The state/territory assures the EHB plan meets the scope of benefits standards at 45 CFR 156.111(b), does not exceed generosity of most generous among a set of comparison plans, provides appropriate balance of coverage among 10 EHB categories, and the scope of benefits is equal to, or greater than, the scope of benefits provided under a typical employer plan as defined at 45 CFR 156.111(b)(2).
- The state/territory assures that all services in the EHB-benchmark plan have been accounted for throughout the benefit chart found in ABP 5.
- The state/territory assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid State Plan.

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.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

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

The Secretary-Approved Coverage will consist of the Medicaid-approved state plan benefits.

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

The State assures that all services in the base benchmark have been accounted for throughout the benefits 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



Alternative Benefit Plan

currently approved Medicaid State Plan.

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. 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.20190813



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Alternative Benefit Plan Cost-Sharing

ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

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.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="text" value="No"/>	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="Healthy Alliance Life Co (Anthem Blue Cross and Blue Shield)"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."	
<input type="text" value="Secretary-Approved"/>	



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided: Outpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Family Planning Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Physician Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Certain surgical procedure codes require prior authorization (i.e., bariatric surgery).

Benefit Provided:

Podiatrist Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Limited to medical, surgical and mechanical services for the foot or any area not above the ankle joint.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Service limitations apply in the area of physical medicine, hospital visits, house calls, nursing homes, surgery, anesthesia, laboratory, radiology and injections.

Benefit Provided:

Nurse Practitioners/Clinical Nurse Specialist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Physician Assistant

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations



Alternative Benefit Plan

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Assistant Physician

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

May only provide primary care services and vaccines within the scope of a collaborative practice arrangement.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Chiropractor

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 per year

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Additional services in excess of 20 per year will be provided if medically necessary.

Benefit Provided:

Anesthesiologist Assistant

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Dental Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Specific service limits

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Dental services are limited to the following categories of service and certain services require prior authorization: trauma of the mouth, jaw, teeth or other continuous sites as a result of injury. Certain services have specific quantity limitations.

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

Two 90-day periods with subsequent 60-day periods

Scope Limit:

Limited to participants with a physician certification of a life expectancy of 6 months or less

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Participants aged 21 and over who have elected hospice waive services related to care, treatment or services related to their terminal illness unless approved by the hospice and attending physician. Hospice services for a child under the age of 21 may be concurrent with care related to the curative treatment of the child's condition for which a diagnosis of a terminal illness has been made.

Benefit Provided:

Non Emergency Medical Transportation (NEMT)

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Covered when no free appropriate transportation is available.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

NEMT covers transportation for eligible participants to and from covered services. This service is provided through a broker for fee-for-service participants and through the Managed Care Organizations for participants in managed care. Transportation is arranged through the most appropriate mode (non-emergent ambulance, stretcher van, para-lift van, bus service, multi-passenger van, taxi, public transit/bus tokens, and gas reimbursement for private vehicles). Transportation is covered when the participant does not have access to free appropriate transportation to and from a covered service provide located within travel standards (with some exceptions). Participants are limited to three transportation legs (2 stops) per day unless authorized. NEMT is not covered to a pharmacy, to a durable medical equipment provider that provides free delivery or mail order services, for programs and services that include transportation, for services in an individualized education plan, for services provided in the home, for discharges from a nursing home, or for case management services. Ancillary services (meals and lodging) may be covered for adults and children, and one parent/guardian, if necessary, to accompany a child if the medical appointment requires an overnight stay; and if volunteer, community or other ancillary services are not available free of charge.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided: Emergency Medical Technicians	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Paramedics	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Transportation	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: Emergency ambulance service is provided when an emergency medical situation exists, the participant is transported to the nearest appropriate hospital or emergency room, and the patient could not be safely transported by any other means.		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Certified days

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Admission certification is required for inpatient hospital stays unless exempt.

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Some services such as transplants, bariatric surgery and others require prior authorization.

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Nurse Mid-Wife Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

Six weeks post delivery

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Family Nurse/Pediatric Nurse Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Free Standing Birth Center

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Services limited to labor and delivery.



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:	Source:	Remove
Behavioral Health Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services are performed by licensed professional counselors, licensed clinical social workers, licensed marital and family therapists, licensed psychologists, school psychologists and nurse practitioners/clinical nurse specialists.		
Benefit Provided:	Source:	Remove
Community Psychiatric Rehabilitation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Benefit Provided:	Source:	Remove
Comprehensive Substance Treatment & Rehab (CSTAP)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	



Alternative Benefit Plan

Scope Limit:

Limited to participants assessed to need a particular level of CSTAR services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Certified Community Behavioral Health Organization

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Inpatient Psychiatric Facility Services (under 22)

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Only for participants under age 22.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services are limited to participants medically certified as requiring this level of care in accordance 42 CFR 441.152. Participants ages 19-20 may receive this benefit. Services are limited to under age 21, but if receiving the service immediately prior to age 21 the service may not extend beyond the earlier of the date the services are no longer required or the date the participant turns age 22.

Benefit Provided:

Inpatient Hospital - Detoxification

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Detoxification services, the acute phase of alcohol or drug abuse, are covered. Alcohol and drug rehabilitation services are not covered as inpatient services.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Inpatient stays must be certified. Initial certification is for three days but may be extended to five days if medically necessary. Additional days may be certified after physician review.

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

Missouri ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescription drugs.

Clinical Edits and PDL Documents <https://dss.mo.gov/mhd/cs/pharmacy/pages/clinedit.htm>

Other Prior Authorization information <https://dss.mo.gov/mhd/cs/pharmacy/pages/frequpdat.htm>



Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Inpatient hospital - Rehabilitative	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Admission certification is required for all inpatient hospital stays. The rehabilitative hospital services are acute care hospitals and are not IMD.		

Benefit Provided:	Source:	Remove
Skilled Nursing Facility Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
No limitations		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Level of care and pre-admission screening requirements must be met.		

Benefit Provided:	Source:	Remove
Durable Medical Equipment/Prosthetics	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Specific item have quantity limitations	No limitations	



Alternative Benefit Plan

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Specific items require prior authorization. Specific items have quantity limitations. All items require a prescription by a qualified prescriber.

Benefit Provided:

Complementary Med and Alternatives to Pain Mgmt

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 hours/120 units

Duration Limit:

Calendar Year

Scope Limit:

Includes physical therapy, chiropractic and acupuncture services

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Limits apply to either a single service or services combined per rolling calendar year. Additional hours/units may be approved if determined medically necessary after clinical review.

Benefit Provided:

Outpatient Hospital Cardiac Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Home Health

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

100 visits per calendar year

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The combination skilled nurse visits and home health aide visits is limited to 100 per calendar year.

Benefit Provided:

Habilitative Services

Source:

Other state-defined

Remove

Authorization:

None

Provider Qualifications:

Other

Amount Limit:

20 Visits

Duration Limit:

No limitation

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Covered services include physical therapy, occupational therapy and speech-language pathology. Services shall be provided by qualified providers in accordance with 42 CFR 440.110. The combination of habilitative physical and occupational therapy and speech-language pathology shall be limited to 20 visits per year. There is no lifetime limit on habilitative services.

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Average Nursing Facility Cost

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Personal care services are medically oriented services provided in the individual's home, community or licensed residential care facility I or II to assist with activities of daily living and/or instrumental activities of daily living. Personal care services are provided in accordance with a service plan approved by the state or ordered by a physician. Individuals must be assessed as meeting nursing facility level of care.



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory and X-ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Some procedures require prior authorization.

Add



Alternative Benefit Plan

9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	Remove
Preventive Care/Screening/Immunization	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limitations	No limitations	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Diabetes Prevention Program Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
26 sessions	12 months	
Scope Limit:		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
An additional 12 months of service with a maximum of 4 additional sessions may be prior authorized.		

Add



Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/>	12. Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Primary Care Visit to Treat an Illness or Injury	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
Duplication - This base benchmark benefit is covered under Physician Services and Nurse Practitioner/Clinical Nurse Specialist placed within EHB-1.		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Specialist visit	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
Duplication - This base benchmark benefit is covered under Physician Services and Family Planning Services placed within EHB-1.		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Other Practitioner Office Visit	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
Duplication - This base benchmark benefit is covered under Nurse Practitioner/Clinical Nurse Specialist, Physician Assistant, Assistant Physician, and Anesthesiologist Assistant placed within EHB-1.		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Facility Fee	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
Duplication - This base benchmark benefit is covered under Outpatient Hospital Services and Clinic Services placed within EHB-1.		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Outpatient Surgery Physician/Surgical Services	Base Benchmark	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p>		
Duplication - This base benchmark benefit is covered under Physician Services, Clinic Services and Outpatient Hospital Services placed within EHB-1.		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Hospice Services	Base Benchmark	



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Hospice Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Private-Duty Nursing

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution - This base benchmark benefit is substituted with Non-Emergency Medical Transportation placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Clinic and Outpatient Hospital placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Home Health Care Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Home Health Services placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Emergency Room Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Outpatient Hospital Services placed within EHB-2.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Transportation, Paramedics and Emergency Medical Technicians placed within EHB-2.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Inpatient Hospital Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Inpatient Hospital placed within EHB-3; and Inpatient Rehabilitation placed within EHB-7.		
Base Benchmark Benefit that was Substituted: Inpatient Physician and Surgical Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Physician Services placed within EHB-3.		
Base Benchmark Benefit that was Substituted: Skilled Nursing Facility	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Skilled Nursing Facility placed within EHB-7.		
Base Benchmark Benefit that was Substituted: Prenatal and Postnatal Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Physician Services, Nurse Practitioner/Clinical Nurse Specialist, Assistant Physician and Physician Assistant placed within EHB-1; and Family Nurse Practitioner/Pediatric Nurse Practitioner placed within EHB-4.		
Base Benchmark Benefit that was Substituted: Delivery and All Inpatient Services for Maternity	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Inpatient Hospital placed within EHB-3; Nurse Mid-Wife and Free Standing Birth Center covered under EHB-4; and Physician Services placed within EHB-1.		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services	Source: Base Benchmark	Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Behavioral Health Services (performed by licensed professional counselors, licensed clinical social workers, licensed marital and family therapists, psychologists, school psychologists, nurse practitioner/clinical nurse specialist), Community Psychiatric Rehabilitation, and Community Behavioral Health Organizations (CCBHO) placed within EHB-5; and Physician Services (psychiatrists), Outpatient Hospital Services and Clinic Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Inpatient Hospital placed under EHB-3; Physician Services placed under EHB-1; and Inpatient Psychiatric Facility Services (under age 22) placed within EHB-5.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Comprehensive Substance and Rehabilitation Services and Certified Community Behavioral Health Organizations (CCBHO) services placed within EHB-5.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Inpatient Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Inpatient Hospital-Detoxification Services placed within EHB-5.

Base Benchmark Benefit that was Substituted:

Generic Drugs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication- This base benchmark benefit is covered under Outpatient Drugs placed within EHB-6.

Base Benchmark Benefit that was Substituted:

Preferred Brand Drugs

Source:

Base Benchmark

Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Outpatient Drugs placed within EHB-6.

Base Benchmark Benefit that was Substituted:

Non-Preferred Brand Drugs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Outpatient Drugs placed within EHB-6.

Base Benchmark Benefit that was Substituted:

Specialty Drugs

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Outpatient Drugs placed within EHB-6.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

This base benchmark benefit is covered under Outpatient Hospital Cardiac Rehabilitation and Home Health placed within EHB-7; and Community Psychiatric Rehabilitation and Comprehensive Substance Treatment and Rehabilitation Services placed within EHB-5.

Base Benchmark Benefit that was Substituted:

Habilitation Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Habilitative Services placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Chiropractic Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Chiropractor placed within EHB-1.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Durable Medical Equipment	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Durable Medical Equipment/Prosthetics placed within EHB-7.		
Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs)	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Laboratory and X-Ray Services placed under EHB-8.		
Base Benchmark Benefit that was Substituted: Preventive Care/Screening/Immunization	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base-benchmark service is covered under Physician Services, Assistant Physician, Physician Assistant, Nurse Practitioner/Clinical Nurse Specialist placed within EHB-1, Preventive Care/Screening/Immunization and Diabetes Prevention Services placed within EHB-9, EPSDT Services placed within EHB-10.		
Base Benchmark Benefit that was Substituted: Routine Foot Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Podiatrist Services placed within EHB-1.		
Base Benchmark Benefit that was Substituted: Routine Eye Exam for Children	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under EPSDT placed within EHB-10.		
Base Benchmark Benefit that was Substituted: Eye Glasses for Children	Source: Base Benchmark	Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under EPSDT placed within EHB-10.

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under EPSDT placed within EHB-10.

Base Benchmark Benefit that was Substituted:

Rehabilitative Speech Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: This base benchmark benefit is substituted with Personal Care Services placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Rehabilitative Occupational and Physical Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Complementary Medicine and Alternatives to Chronic Pain Management placed within EHB-7.

Substitution - This base benchmark benefit is substituted with Personal Care Services placed within EHB-7.

Base Benchmark Benefit that was Substituted:

Laboratory Outpatient and Professional Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Laboratory and X-Ray Services placed within EHB-8, and Physician Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Laboratory and X-Ray Services placed within EHB-8, and Physician Services placed within EHB-1.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Basic Dental Care - Child	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under EPSDT Services placed within EHB-10.		
Base Benchmark Benefit that was Substituted: Orthodontia - Child	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under EPSDT Services placed within EHB-10.		
Base Benchmark Benefit that was Substituted: Major Dental Care - Child	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under EPSDT Services placed within EHB-10.		
Base Benchmark Benefit that was Substituted: Transplant	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Clinic Services and Physician Services placed within EHB-1, and Inpatient Hospital placed within EHB-3.		
Base Benchmark Benefit that was Substituted: Accidental Dental	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Dental Services placed within EHB-1.		
Base Benchmark Benefit that was Substituted: Dialysis	Source: Base Benchmark	Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Clinic Services and Outpatient Hospital Services placed within EHB-1, and Inpatient Hospital placed within EHB-3.

Base Benchmark Benefit that was Substituted:

Allergy Testing

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Physician Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Chemotherapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Outpatient Hospital, Clinic and Physician Services placed within EHB-1.

Base Benchmark Benefit that was Substituted:

Radiation

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Outpatient Hospital, Clinic and Physician Services placed within EHB-1, and Laboratory and X-Ray Services placed within EHB-8.

Base Benchmark Benefit that was Substituted:

Diabetes Education

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Diabetes Prevention Program Services placed within EHB-9.

Base Benchmark Benefit that was Substituted:

Prosthetic Devices

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication - This base benchmark benefit is covered under Durable Medical Equipment/Prosthetics placed within EHB-7.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Infusion Therapy	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Outpatient Hospital Services and Clinic Services placed within EHB-1, and Home Health placed within EHB-7.		
Base Benchmark Benefit that was Substituted: Treatment for Temporomandibular Joint Disorders	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Physician Services placed within EHB-1.		
Base Benchmark Benefit that was Substituted: Nutritional Counseling	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Diabetes Prevention Program Services placed within EHB-9, and Physician Services, Nurse Practitioner/Clinical Nurse Specialist, Assistant Physician and Physician Assistant placed within EHB-1.		
Base Benchmark Benefit that was Substituted: Reconstructive Surgery	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication - This base benchmark benefit is covered under Physician Services, Outpatient Hospital, and Clinic Services placed within EHB-1, and Inpatient Hospital placed within EHB-3.		
Add		



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <input type="text" value="Hearing Aids"/>	<p>Source:</p> <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain why the state/territory chose not to include this benefit:</p> <input type="text" value="Service is not covered in the base-benchmark for adults or children older than newborns."/>		
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan:</p> <input type="text" value="Well Baby Visits and Care"/>	<p>Source:</p> <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
<p>Explain why the state/territory chose not to include this benefit:</p> <input type="text" value="This ABP is for participants in the age range of 19-64."/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Other 1937 Benefit Provided:

Federally Qualified Health Center (FQHC)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Other 1937 Benefit Provided:

Long-Term Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Level of care and pre-admission screening requirements must be met.

SPA Number: 21-0051

Approval Date: December 17, 2021

Superseded Page: NEW

Effective Date: July 1, 2021



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Skilled Nursing Facility for Under 21"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="No limitations"/>	
Scope Limit: <input type="text" value="Participants under age 21"/>		
Other: <input type="text" value="Certification by the State Medical Consultant as requiring a skilled nursing level of care"/>		
Other 1937 Benefit Provided: <input type="text" value="Intermediate Care Facility Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="No limitations"/>	
Scope Limit: <input type="text" value="No limitations"/>		
Other: <input type="text" value="Level of care and pre-admission screening requirements must be met."/>		
Other 1937 Benefit Provided: <input type="text" value="Intermediate Care Facility for Mentally Retarded"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="No limitatins"/>	
Scope Limit: <input type="text" value="No limitations"/>		



Alternative Benefit Plan

Other:

Level of care and pre-admission screening requirements must be met.

Other 1937 Benefit Provided:

Optometrist

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One exam per year unless authorized

Duration Limit:

No limitation

Scope Limit:

No limitation

Other:

Additional examination may be authorized if medically necessary.

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

One pair every two years

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Additional lenses may be authorized if medically necessary.

Other 1937 Benefit Provided:

Dental - basic

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Specific service limitations

Duration Limit:

No limitations



Alternative Benefit Plan

Scope Limit:

No limitations

Other:

Dental services are limited to the following categories of service and certain services require prior authorization: trauma of the mouth, jaw, teeth or other continuous sites as a result of injury; treatment of a disease/medical condition without which the health of the individual would be adversely affected; preventive services; restorative services; periodontal treatment; oral surgery; extractions; radiographs; pain evaluation and relief; infection control; and general anesthesia. Certain services have specific quantity limitations.

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies by service

Duration Limit:

During pregnancy and 60 days post partum

Scope Limit:

Varies by service

Other:

Other 1937 Benefit Provided:

Targeted Case Management for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

During pregnancy and 60 days post partum

Scope Limit:

No limitations

Other:

Other 1937 Benefit Provided:

PACE

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

Other:

Individuals must be age 55 or over and meet nursing home level of care.

Other 1937 Benefit Provided:

Targeted Case Management-Developmental Disability

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Individuals with a developmental disability

Other:

Other 1937 Benefit Provided:

Targeted Case Management - Youth - Mental Health

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

Children and youth with a serious psychiatric disorder

Other:



Alternative Benefit Plan

Other 1937 Benefit Provided: Targeted Case Management - Adult - Mental Health	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: Individuals ages 16 and over suffering from chronic mental illness		
Other: 		
Other 1937 Benefit Provided: Community Mental Health Center - Health Home	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: No limitations		
Other: Meet criteria as specified in the Medicaid State Plan.		
Other 1937 Benefit Provided: Primary Care Health Home	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limitations	Duration Limit: No limitations	
Scope Limit: No limitations		
Other: Meet criteria as specified in the Medicaid State Plan.		



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Medication Therapy Management Service"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No limitations"/>	Duration Limit: <input type="text" value="No limitations"/>	
Scope Limit: <input type="text" value="No limitation"/>		
Other: <input type="text" value="Medication Therapy Management (MTM) services are initiated by a rules engine that juries an individual's claim history, including medication and diagnostic information in conjunction with nationally recognized evidence-based practices, and flags individuals for potential MTM intervention."/>		
Other 1937 Benefit Provided: <input type="text" value="Smoking Cessation Treatment Program"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="two twelve week quit attempts per lifetime"/>	Duration Limit: <input type="text" value="twelve weeks"/>	
Scope Limit: <input type="text" value="no limitations"/>		
Other: <input type="text" value="Individuals are allowed two twelve week quit attempts per lifetime. Pregnant women may have two twelve week quit attempts per pregnancy."/>		
Other 1937 Benefit Provided: <input type="text" value="Medication Assisted Treatment"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="Other"/>	
Scope Limit: <input type="text" value="See Other"/>		



Alternative Benefit Plan

Other:

MAT is provided as defined in the approved state plan 3.1A pages.
MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020 and ending September 30, 2025.

Other 1937 Benefit Provided:

Biosychosocial Treatment of Obesity

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

See other

Other:

Biopsychosocial Treatment of Obesity Services provide integrated medical nutrition therapy and behavioral health services, coordinated by the primary care or referring physician, or other licensed practitioner of the healing arts, to facilitate behavior changes to manage obesity and associated co-morbidities.

Add



Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children’s Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. 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.20190808



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Benefits Assurances

ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

- Through an Alternative Benefit Plan.
- Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.



Alternative Benefit Plan

- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

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.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

Missouri has operated a managed care delivery system for many years so already has contracted Managed Care Organizations (MCO) with established provider networks throughout the state. They already provide services to an adult group that is similar to the Adult Expansion Group (AEG). MO HealthNet (MHD) is working closely with the contracted MCOs to ensure that networks are sufficient to accommodate additional participants. The MHD is also reviewing the MCO's readiness to receive enrollment and to ensure their member handbook contains updated member information such as enrollee rights, enrollment and disenrollment, how to obtain services and how to file a grievance. Missouri is using a "Team of Teams" approach to ensure that all state departments whose programs are touched by the AEG are receiving timely information, can provide input to the program design, and, make adjustments to their own programs as needed. Other stakeholders are kept informed through meetings and other communications regarding the implementation of the program. Provider bulletins will be sent and FAQs will be posted on the MO HealthNet website closer to the implementation date.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

- The Alternative Benefit Plan will be provided through a managed care organization (MCO) consistent with applicable managed care requirements (42 CFR Part 438, and sections 1903(m), 1932 and 1937 of the Social Security Act).

MCO Procurement or Selection Method

Indicate the method used to select MCOs:

Approval Date: December 17, 2021

Superseded Page: NEW

Effective Date: July 1, 2021



Alternative Benefit Plan

Competitive procurement method (RFP, RFA).

Other procurement/selection method.

Describe the method used by the state/territory to procure or select the MCOs:

Other MCO-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization.

MCO service delivery is provided on less than a statewide basis.

MCO Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan:

General MCO Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

Mandatory participation.

Voluntary participation. Indicate the method for effectuating enrollment:

Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

Traditional state-managed fee-for-service

Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

The MO HealthNet fee-for-service (FFS) system provides services statewide to Medicaid eligible individuals in the Aged, Blind and Disabled population. Individuals who qualify for and choose to opt out of managed care are also served through FFS. This option will be available to participants in the new AEG group that qualify. If the AEG participant opts out of managed care and is in FFS, all of their services will be provided through FFS.

Additional Information: Fee-For-Service (Optional)

Provide any additional details regarding this service delivery system (optional):



Alternative Benefit Plan

PRA Disclosure Statement

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V.20181119



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Employer Sponsored Insurance and Payment of Premiums

ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:

The Health Insurance Premium Payment (HIPP) Program is available to MO HealthNet participants who choose to apply and are found to be cost effective. Our cost effectiveness tool takes into consideration demographic factors such as gender, age, and location and uses this information to create an estimate of what this participant would cost MO HealthNet throughout the year. The tool is updated annually to create accurate estimates. If that estimate is more than the cost of premiums, cost sharing, benefits wrap and administrative costs of administering the HIPP Program, they are approved for the HIPP Program. The state assures that ESI coverage is established in sections 3.2 and attachment 4.22(c) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled under Medicaid. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

PRA Disclosure Statement

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V.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

General Assurances **ABP10**

Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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.20160722



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: MO - 21 - 0031

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

PRA Disclosure Statement

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V.20160722