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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 15-01 ABP

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
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

January 30, 2015

Ms. Dawn Stehle
Arkansas Medicaid Director
700 Main Street,
PO Box 1437
Little Rock, Arkansas 72203-1437

CMS Reference: AR SPA # 15-0001 ABP amendment

Dear Ms. Stehle:

We have reviewed the State's proposed amendment to the Arkansas State Plan submitted under Transmittal Number AR 15-0001, January 28, 2015. This state plan amendment requests limits on utilization of non-emergency transportation under the ABP SPA.

Based on the information submitted, we have approved the amendment AR 15-0001 for incorporation into the official Arkansas State Plan with an effective date change of February 1, 2015. A copy of the CMS-179 and the approved plan pages are enclosed with this letter. If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,



Bill Brooks
Associate Regional Administrator

cc: Glenda Higgs

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)**State/Territory**

name:

Arkansas

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.

AR-15-0001

Proposed Effective Date

02/01/2015

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1902(a)(10)(A)(i)(VIII)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 0.00
Second Year	2016	\$

Subject of Amendment

Access to Non-Emergency Medical Transportation

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:

Glenda Higgs

Last Revision Date:

Jan 28, 2015

Submit Date:

Jan 28, 2015

Date Received: 28 January, 2015

Date Approved: 30 January, 2015

Signature of Approving Official:

Printed Name and Title: BILL BROOKS, Associate Regional Administrator
 Division of Medicaid & Children's Health



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description **ABP5**

The state/territory proposes a “Benchmark-Equivalent” benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Arkansas's EHB base benchmark plan is composed of benefits offered through the Arkansas Blue Cross Blue Shield Health Advantage Point of Service (POS) Plan and is supplemented with the mental health and substance abuse benefits from the Second Largest Federal Employee Health Benefit plan (the QualChoice Federal Plan) and the CHIP plans for pediatric dental and vision. The State will provide through its fee-for-service Medicaid program supplemental benefits that are required for the ABP but not covered by qualified health plans—namely, non-emergency transportation and, for beneficiaries up to age 21 receiving the ABP through Qualified Health Plans (QHPs) under Arkansas's 1115 demonstration waiver, Arkansas Medicaid will provide supplemental coverage for EPSDT services that are not covered by the QHP. Beneficiaries will access these additional services through fee-for-service Medicaid, and beneficiaries will receive notices informing them of how to access the supplemental benefits. Since the QHPs must cover all EHBs, we anticipate that Arkansas will provide supplemental coverage for a small number of EPSDT benefits, such as pediatric vision and dental services.
For benefits provided by Qualified Health Plans, the state also authorizes benefit packages substantially equivalent/actuarially equivalent to the benefit package articulated in this document”.

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”

Secretary-Approved

State: Arkansas
Date Received: 28 January, 2015
Date Approved: 30 January, 2015
Date Effective: 1 February, 2015
Transmittal Number: AR 15-01

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Alternative Benefit P

State: Arkansas
Date Received: 28 January, 2015
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<input checked="" type="checkbox"/> Essential Health Benefit 1: Ambulatory patient services	Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input type="text" value="Primary Care Visit to Treat an Injury or Illness"/> Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>	
<p>Benefit Provided: <input type="text" value="Specialist Visit"/> Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>	
<p>Benefit Provided: <input type="text" value="Other Practitioner Office Visit (Nurse, PA, etc)"/> Source: <input type="text" value="Base Benchmark Small Group"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Includes but not limited to Nurse or Physician Assistants. An APN may not be able to perform certain services that a practitioner would subject to the Arkansas scope of practice and appropriate licensure requirements."/></p>	



Alternative Benefit I

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

Remove

Benefit Provided:

Outpatient Facility Fee (Ambulatory Surgery Ctr).

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See www.healthadvantage-hmo.com for a list of covered services.

Benefit Provided:

Outpatient Surgery Physician/Surgical Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

See www.healthadvantage-hmo.com for a list of covered services.

Benefit Provided:

Hospice Services

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

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Scope Limit:

None

Remove

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

In accordance with section 2302 of the Affordable Care Act, individuals under the age of 21, will receive hospice care concurrently with curative care. For individuals over age 21, individuals will not receive curative care concurrent with hospice services. Hospice care is multi-disciplinary and may include case management.

Benefit Provided:

Radiation Therapy

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Infusion Therapy

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Renal Dialysis/Hemodialysis

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan



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Amount Limit: None	Duration Limit: None	Remove
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: Allergy Treatment	Source: Base Benchmark Small Group	Remove
Authorization: None	Provider Qualifications: State Plan & Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: Dental Surgery for Accidents	Source: Base Benchmark Small Group	Remove
Authorization: None	Provider Qualifications: State Plan & Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: For non diseased teeth.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: Oral Surgery	Source: Base Benchmark Small Group	

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Authorization: Prior Authorization	Provider Qualifications: State Plan & Public Employee/Commercial Plan	Remove
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: This benefit is in the CHIP Pediatric dental benefit.		
Benefit Provided: Outpatient Surgery	Source: Base Benchmark Small Group	Remove
Authorization: None	Provider Qualifications: State Plan & Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		
Benefit Provided: Chemotherapy	Source: Base Benchmark Small Group	Remove
Authorization: None	Provider Qualifications: Selected Public Employee/Commercial Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

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Benefit Provided: <input type="text" value="Cochlear Implants"/>		Source: <input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/>		
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="Lifetime maximum of one per ear."/>		
Scope Limit: <input type="text" value="None"/>			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>			
Benefit Provided: <input type="text" value="Diabetic Supplies"/>		Source: <input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/>		
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>		
Scope Limit: <input type="text" value="None"/>			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>			
			<input type="button" value="Add"/>

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Alternative Benefit

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Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Urgent Care Centers or Facilities

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Coverage is the same for In Network and Out of Network.

Benefit Provided:

Emergency Room Services

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Coverage is the same for In Network and Out of Network.

Benefit Provided:

Emergency Transportation/Ambulance

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

Ground \$1000 per trip. Air \$5000 per trip.

Duration Limit:

None

Scope Limit:

None

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Alternative Benefit Plan

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

While there is an amount limit per trip, there is no annual or lifetime limit or limit on number of services.

Remove

Add

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Alternative Benefit

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<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
<hr/>		
Benefit Provided:	Source:	
<input type="text" value="Inpatient Hospital Services (e.g., Hospital Stay)"/>	<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="State Plan & Public Employee/Commercial Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
<hr/>		
Benefit Provided:	Source:	
<input type="text" value="Inpatient Physician and Surgical Services"/>	<input type="text" value="Base Benchmark Small Group"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="State Plan & Public Employee/Commercial Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
<hr/>		
Benefit Provided:	Source:	
<input type="text" value="Transplants"/>	<input type="text" value="Base Benchmark Small Group"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="State Plan & Public Employee/Commercial Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="Certain transplants are allowed and some require prior authorization. Not needed for kidney and cornea."/>		

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Alternative Benefit Plan

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

Remove

Add

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Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care		Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input type="text" value="Prenatal and Postnatal Care"/> Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>		
<p>Benefit Provided: <input type="text" value="Delivery and All Inpatient Services for Maternity"/> Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Authorization: <input type="text" value="None"/> Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/></p> <p>Amount Limit: <input type="text" value="None"/> Duration Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="Treatment of infertility, including prescription drugs, is not a covered benefit. Infertility testing is a covered benefit."/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>		
		<input type="button" value="Add"/>

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Alternative Benefit

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

Collapse All

Benefit Provided:

Mental/Behavioral Health Outpatient Services

Source:

Base Benchmark Federal Employees

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The initial diagnostic services is not subject to pre-authorization but treatment plans may be subject to pre-authorization.

Benefit Provided:

Mental/Behavioral Health Inpatient Services

Source:

Base Benchmark Federal Employees

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

The treating facility must be a hospital

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

Benefit Provided:

Substance Abuse Disorder Outpatient Services

Source:

Base Benchmark Federal Employees

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

The initial diagnostic services is not subject to pre-authorization but treatment plans may be subject to pre-



Alternative Benefit Plan

<input type="text" value="authorization."/>		<input type="button" value="Remove"/>
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="Must have treatment plan pre-approved."/>		
Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Substance Abuse Disorder Inpatient Services"/>	<input type="text" value="Base Benchmark Federal Employees"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="State Plan & Public Employee/Commercial Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="The treating facility must be a hospital."/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
		<input type="button" value="Add"/>
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Alternative Benefit Plan

Essential Health Benefit 6: Prescription 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.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

Prior authorization applies only to drugs not on the formulary and specialty drugs. New prescription medications approved by the FDA are not covered under the evidence of coverage unless or until the medication is placed on the formulary.

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Alternative Benefit

State: Arkansas
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Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Home Health Care Services

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

50 visits per member per contract year.

Scope Limit:

None

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

Benefit Provided:

Skilled Nursing Facility

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

Limited to 60 days per member per contract year

Scope Limit:

None

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

Benefit Provided:

Outpatient Rehabilitation Services

Source:

Base Benchmark Small Group

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

30 aggregate visits per member per contract year.

Scope Limit:

All therapies (speech, occupational, physical and chiropractic) combined in the limits.

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

Outpatient Therapy. Coverage is provided for outpatient therapy services when performed or prescribed by a Physician. Coverage for outpatient visits for physical therapy, occupational therapy, speech therapy and chiropractic services is limited to an aggregate maximum of thirty (30) visits per Member per Contract Year.

Remove

Benefit Provided:

Durable Medical Equipment

Source:

Base Benchmark Small Group

Remove

Authorization:

Prior Authorization

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Prior authorization is required if costs exceed \$5,000. Replacement of DME is covered only when necessitated by normal growth or when it exceeds its useful life. Single replacement of eyeglasses or contacts within the first 6 months following cataract surgery is covered.

Benefit Provided:

Inpatient Rehabilitative

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

60 days per member per contract year.

Scope Limit:

None

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

Benefit Provided:

Habilitation (Developmental Services)

Source:

Base Benchmark Small Group

Authorization:

Prior Authorization

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

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Alternative Benefit Plan

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="180 visits per contract year"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="Habilitation services are available to all individuals meeting the medical necessity criteria, not just those with an intellectual or developmental disability."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
		<input type="button" value="Add"/>

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Alternative Benefit Plan

<input type="checkbox"/> Essential Health Benefit 8: Laboratory services	Collapse All <input type="checkbox"/>
<p>Benefit Provided: <input type="text" value="Outpatient Diagnostic Test (X-Ray and Lab Work)"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>	
<p>Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	
<p>Benefit Provided: <input type="text" value="Advanced Diagnostic Imaging CT Scan, PET, MRI"/></p> <p>Authorization: <input type="text" value="Prior Authorization"/></p> <p>Amount Limit: <input type="text" value="None"/></p> <p>Scope Limit: <input type="text" value="None"/></p> <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/></p>	
<p>Source: <input type="text" value="Base Benchmark Small Group"/> <input type="button" value="Remove"/></p> <p>Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/></p> <p>Duration Limit: <input type="text" value="None"/></p>	
<input type="button" value="Add"/>	

State: Arkansas
Date Received: 28 January, 2015
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Alternative Benefit Plan

Essential Health Benefit 9: 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:

Preventative Care/Screening/Immunization

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

None

Duration Limit:

1 visit per year

Scope Limit:

None

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

Benefit Provided:

Diabetic Education Management

Source:

Base Benchmark Small Group

Remove

Authorization:

None

Provider Qualifications:

State Plan & Public Employee/Commercial Plan

Amount Limit:

\$250 per program

Duration Limit:

None

Scope Limit:

None

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

Add

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Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: <input type="text" value="State Plan Other"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="For individuals receiving coverage through the Private Option, QHP benefits are supplemented using fee-for-service Medicaid."/>		
<input type="button" value="Add"/>		

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Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All

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Alternative Benefit Plan

Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All

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Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All

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Alternative Benefit Plan

<input checked="" type="checkbox"/> Other 1937 Covered Benefits that are not Essential Health Benefits		Collapse All <input type="checkbox"/>
Other 1937 Benefit Provided: <input type="text" value="Non-Emergency Medical Transportation"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="State Plan & Public Employee/Commercial Plan"/>	
Amount Limit: <input type="text"/>	Duration Limit: <input type="text"/>	
Scope Limit: <input type="text" value="Authorization above the 8 legs may be exceeded through a prior authorization process. The 8 leg limit does not apply to individuals determined to be medically frail."/>		
Other: <input type="text"/>		
<input type="button" value="Add"/>		

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Alternative Benefit Plan

<input type="checkbox"/> 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

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.20130814

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