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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 22-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 13, 2022

Adam Crum, Commissioner
Department of Health and Social Services
3601 C Street, Suite 902 Anchorage, AK 99503-7167

Re: Alaska State Plan Amendment (SPA) Transmittal Number 22-0004

Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0004. This amendment updates Alaska's Alternative Benefit Plan (ABP) to align with Alaska's Medicaid State Plan implementing the mandatory benefit under section 1905(a)(30) in accordance with Section 210 of the Consolidated Appropriations Act, 2021. Specifically, this SPA updates ABP5 to add the mandatory coverage for routine cost of items and services associated participation in qualifying clinical trials for all eligible beneficiaries under section 1937 of the Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Alaska Medicaid SPA 22-0004 was approved with an effective date of January 1, 2022

If you have any questions, please contact Maria Garza at 206-615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

 Digitally signed by Ruth
Hughes -S
Date: 2022.04.13
19:23:32 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Al Wall, Deputy Commissioner, a.wall@alaska.gov
Courtney King, SPA Coordinator, courtney.king@alaska.gov

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Alaska**

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.

AK-22-0004

Proposed Effective Date

01/01/2022 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2022	\$ 0.00
Second Year	2023	\$ 0.00

Subject of Amendment

Addition of language covering routine costs for qualifying clinical trials.

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:

Governor does not wish to comment.

Signature of State Agency Official

Submitted By:

Courtney King

Last Revision Date:

Mar 22, 2022

Submit Date:

Mar 22, 2022



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: 22 - 0004

OMB Expiration date: 10/31/2014

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:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

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.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: 22 - 0004

OMB Expiration date: 10/31/2014

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.

The benefits offered via the Alaska's Alternative Benefit Plan are equal to the benefits offered in the Alaska Medicaid State plan. See ABP5 for further detail.

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.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: 22 - 0004

OMB Expiration date: 10/31/2014

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

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 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:

Selection of Base Benchmark Plan

TN No. 22-0004
Supersedes TN No. 21-0004

Approval Date: April 13, 2022

Effective Date: January 1, 2022



Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option. Yes

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

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the accuracy of all information in ABP5 depicting amount, duration, and scope parameters of services authorized in the currently approved 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.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: 22 -0004

OMB Expiration date: 10/31/2014

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.

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: 22 - 0004

OMB Expiration date: 10/31/2014

Benefits Description	ABP5
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The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "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: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: See below		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: "Outpatient hospital services" excluded services not generally furnished by most hospitals in the state, such as outpatient psychiatric and substance abuse treatment services. All inpatient services require service authorization for medical necessity except when medical necessity has been predetermined and is published in policy. Any limitations can be exceeded with prior authorization.		

Benefit Provided: Physician Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None.	Duration Limit: None.	
Scope Limit: A surgical procedure that could be considered experimental, investigative, or cosmetic is not covered, unless that procedure is medically necessary in the course of treatment for injury and illness and has been prior authorized.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Any physician services and supplies necessary for diagnosing and treating illness and injury. Certain services and procedures require service authorization.		

Benefit Provided: Other Licensed Practitioner Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None.	Duration Limit: Some services subject to Service Authorization	
Scope Limit: See below.		



Alternative Benefit Plan

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

Services provided under this benefit include those provided by other licensed practitioners such as Advanced Registered Nurses, psychologists, licensed mental health counselors, licensed social workers, licensed marriage and family therapists, dentists, dental hygienists, dietitians, nutritionists, radiological technicians, opticians, podiatrists, optometrists, audiologists, respiratory therapists, licensed midwives, all limited to scope of practice by state law. All medically necessary services for eligible recipients are reimbursed when delivered, ordered or prescribed by a provider within the scope of the provider's license or certification.

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below.

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

Ambulatory Surgical Centers cover ambulatory surgical services with service authorizations. End Stage Renal Dialysis Clinics cover dialysis and dialysis related services. Community Behavioral Health Clinics and Physician Behavioral Health Clinics services are provided under clinic services under the supervision of a physician.

Benefit Provided:

Family Planning Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

Fertility services are not covered.

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

Family planning services means services and materials provided with the purpose of postponing, or avoiding pregnancy.

Benefit Provided:

Dental

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

The adult medical benefits of this plan will only be provided for the dental services listed below. No limit for emergency services.

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

Dental services, necessary as a result of an accidental injury. Emergency care.

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below.

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

Hospice Care is provided in accordance with section 2302 of the Affordable Care Act.

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

According to treatment plan

Duration Limit:

According to treatment plan

Scope Limit:

Allowable services must be defined in a service plan developed as a result of a functional assessment.

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

Covered services are limited to non-technical, hands on assistance with activities of daily living, problems with instrumental activities of daily living, and other problems that require trained care.



Alternative Benefit Plan

Benefit Provided:	Source:	Remove
<input type="text"/>	<input type="text"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text"/>	
Amount Limit:	Duration Limit:	
<input type="text"/>	<input type="text"/>	
Scope Limit:	<input type="text"/>	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
Add		



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient Hospital Services - Emergency	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	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:		
Covers emergency services in the outpatient setting. Coverage includes facility, related professional services, diagnostics, treatment, and supplies. Certain services and procedures require retroactive approval to confirm emergency need. Non-covered services excluded.		

Benefit Provided:	Source:	Remove
Outpatient Hospital Services- ER Transportation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Retroactive Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	None.	
Scope Limit:		
Covers emergency transportation to outpatient hospital setting for emergency care via ground or air ambulance. Ground ambulance covered one way trip at a time.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Emergency medical transportation is covered to the nearest facility offering emergency medical care.		

Benefit Provided:	Source:	Remove
Physician - urgent care facilities	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	None.	
Scope Limit:		
None.		



Alternative Benefit Plan

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

None

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

All inpatient services require service authorization for medical necessity except when medical necessity has been predetermined and is published in policy. Providers should obtain Service Authorization first, except in the case of medical emergency.

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

Coverage includes room and board and all ancillary services provided during dates of medical service. All hospitalizations must be physician prescribed. The maximum hospital length stay for any single admission is three days, except for psychiatric and maternal/newborn stays. A three day stay may be extended with a continued stay authorization based on medical necessity.

Benefit Provided:

Source:

Remove

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Physician Services - Maternity and Newborn	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	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:		
Comprehensive coverage for maternal and newborn care. This includes prenatal care, postnatal care and newborn care provided in hospital, free standing birth center, and ambulatory care setting within scope of practice as defined by law.		

Benefit Provided:	Source:	Remove
Inpatient Hospital Services - Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	None.	
Scope Limit:		
Covers prenatal services, delivery and post-partum as medically necessary.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Three day inpatient limit can be exceeded with prior authorization demonstrating medical necessity.		

Add



Alternative Benefit Plan

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

Benefit Provided: Rehabilitation: Outpatient Mental/Behav. Health	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limits	Duration Limit: No limits	
Scope Limit: Some services have non-quantitative service limits which may be exceeded if medically necessary. Criteria for establishing authorization limits include services that may be highly utilized and compliance with utilization control requirements.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Covers outpatient mental/behavioral health services including, assessments, psychiatry, therapy and treatment, therapeutic behavioral services, psychosocial rehabilitation recipient support, day treatment services and medication administration. These can occur in either office, or other outpatient or community settings.		

Benefit Provided: Inpatient Hospital: Mental/Behavioral Health	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None.	Duration Limit: No limitation.	
Scope Limit: Services provided through an institution for mental diseases (IMD) are restricted to Individuals under 21 or age 65 or older.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Criteria for establishing qualitative authorization limits include services that are high cost or highly utilized and compliance with utilization control requirements. Authorization for service is based on medical necessity.		

Benefit Provided: Rehab: Outpatient Chemical Dependency Treatment	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None.	Duration Limit: None.	



Alternative Benefit Plan

Scope Limit:

Criteria for establishing qualitative authorization limits include services that are high cost or highly utilized and compliance with utilization control requirements. Authorization for service is based on medical necessity.

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

Covers assessments, alcohol and drug detoxification, therapeutic behavioral services, psychosocial rehabilitation recipient support, brief intervention. and medication administration.

Benefit Provided:

Rehab: Inpatient Chemical Dependency Treatment

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

Criteria for establishing qualitative authorization limits include services that are high cost or highly utilized and compliance with utilization requirements.

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

Covers screening, detoxification and counseling for patients who have been diagnosed with a substance abuse disorder. Patient placement is based on the American Society of Addiction Medicine to accurately assess individuals presenting for treatment. Inpatient care by practitioners practicing in their scope as defined by state law. Any limitations can be extended with a prior authorization.

Add



Alternative Benefit Plan

■ 6. Essential Health Benefit: 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:

The State of Alaska ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

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

Collapse All

Benefit Provided: Home Health Services	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Home health services must be requested by the attending physician and must be prior authorized.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Covers home-based services: provided by a registered nurse who receives written orders from the recipient's physician for an ongoing basis, or after acute care.		

Benefit Provided: H.H.S. Supplies, equipment, appliances.	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None.	Duration Limit: None.	
Scope Limit: Some equipment and appliances must be prior authorized.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: None		

Benefit Provided: Physical therapy and related services.	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: In accordance with Treatment Plan	Duration Limit: In accordance with Treatment Plan	
Scope Limit: In accordance with Treatment Plan		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Occupational therapy, physical therapy and speech therapy. These are rehabilitative and habilitative		



Alternative Benefit Plan

services. Any limits can be exceeded with prior authorization based on medical necessity.

Benefit Provided:

Nursing Facilities - Short term

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State 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:

60 days per year, limitations can be exceeded with authorization.

Benefit Provided:

Source:

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory and Radiology services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

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

Services are covered in outpatient and inpatient hospital setting, clinic/office setting and home setting. We cover any medically necessary laboratory services. Some procedures require service 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
Tobacco Cessation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	None.	
Scope Limit:		
Provided in accordance with 1905(a)(4)(d).		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
None		

Benefit Provided:	Source:	Remove
Preventive Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	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:		
We cover PAP smears, Mammograms. Evidence-based items or services with a rating of “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force (USPSTF). Also included are additional preventive care and screenings for women not described in this paragraph as provided for in comprehensive guidelines supported by the Health Resources and Services Administration. • Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control (CDC) and Prevention. • Evidence-informed infant, child and adolescent preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration. State provides a full complement of pediatric and adult vaccinations. 7 AAC 110.405		

Benefit Provided:	Source:	Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

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:

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:

Any Medicaid eligible child under 21 years of age, pursuant to Section 1905(r)(5) of the Social Security Act, has access to necessary health care, diagnostic services, treatment and other measures described in 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered in the State 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
<input type="text" value="Primary Care Visit to Treat an Injury or Illness"/>	<input type="text" value="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> <input type="text" value="Duplicate. The state plan duplicates this benefit in PHYSICIAN SERVICES . EHB # 1 Ambulatory Patient Services."/>		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
<input type="text" value="Specialist Visit"/>	<input type="text" value="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> <input type="text" value="Duplicate. The state plan duplicates this benefit in PHYSICIAN SERVICES . EHB # 1 Ambulatory Patient Services."/>		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
<input type="text" value="Other Practitioner Office Visit"/>	<input type="text" value="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> <input type="text" value="Duplicate. The state plan duplicates this benefit in other licensed practitioners. EHB # 1 Ambulatory Patient Services."/>		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
<input type="text" value="Outpatient Facility"/>	<input type="text" value="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> <input type="text" value="Duplicate. The state plan duplicates this outpatient hospital service benefit in outpatient hospital services and clinic services. EHB # 1 Ambulatory Patient Services."/>		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
<input type="text" value="Outpatient Surgery Physician/ Surgical Services"/>	<input type="text" value="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> <input type="text" value="Duplicate. The state plan duplicates this outpatient hospital service benefit in outpatient hospital services and clinic services. EHB # 1 Ambulatory Patient Services."/>		
<hr/>		
Base Benchmark Benefit that was Substituted:	Source:	Remove
<input type="text" value="Hospice Services"/>	<input type="text" value="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:

Duplicate. The state plan duplicates this benefit in HOPSICE CARE section 2302 of the ACA. EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Dental Services Emergent

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:

Duplicate. The state plan duplicates this benefit in DENTAL SERVICES. EHB # 1 Ambulatory Patient Services.

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:

Duplicate. The state plan duplicates this benefit in PHYSICIAN SERVICES - Urgent Care facilities. EHB # 2 Emergency Services.

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:

Duplicate. The state plan duplicates this benefit in HOME HEALTH SERVICES. EHB # 7 Rehabilitative and habilitative services and devices.

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:

Duplicate. The state plan duplicates this benefit in OUTPATIENT HOSPITAL SERVICES - Emergency. EHB # 2 Emergency services.

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:

Duplicate. The state plan duplicates this benefit in Outpatient Hospital Services ER Transportation. EHB # 2 Emergency Services.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Source:

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:

Base Benchmark Benefit that was Substituted: Source:

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:

Base Benchmark Benefit that was Substituted: Source:

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:

Base Benchmark Benefit that was Substituted: Source:

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:

Base Benchmark Benefit that was Substituted: Source:

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:

Base Benchmark Benefit that was Substituted: Source:

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:



Alternative Benefit Plan

Services. EHB # 5 Mental Health and Substance Use disorder services including behavioral health treatment.

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:

Duplicate. The state plan duplicates this benefit in INPATIENT Hospital Mental/Behavioral Services. EHB # 5 Mental Health and Substance use disorder services including behavioral health treatment.

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:

Duplicate. The state plan duplicates this benefit in Rehab: Inpatient Chemical Dependency Treatment. EHB # 5 Mental Health and Substance Abuse services.

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:

Duplicate. The state plan duplicates this benefit in Rehab: Outpatient Chemical Dependency Treatment. EHB # 5 Mental Health and Substance Abuse services.

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:

Duplicate. The state plan duplicates this benefit in physical therapy and related services. EHB # 7 Rehabilitative and habilitative services and devices.

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:

Duplicate. The state plan duplicates this benefit in the state plan under DIAGNOSTIC, SCREENING, PREVENTIVE, REHABILITATIVE SERVICES including physical therapy and related services. EHB # 7 Rehabilitative and Habilitative services and devices.



Alternative Benefit Plan

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: This benefit is being substituted for Personal Care Services. EHB # 1 Ambulatory patient services.		
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: Duplicate. The state plan duplicates this benefit in HHS Supplies, equipment, appliances. EHB # 7 Rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Diagnostic Test (X-Ray and Lab Work)	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: Duplicate. The state plan duplicates this benefit in LABORATORY AND RADIOLOGY SERVICES. EHB # 8 Laboratory services.		
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: Duplicate. The state plan duplicates this benefit in LABORATORY AND RADIOLOGY SERVICES including mammograms. EHB # 8 Laboratory services.		
Base Benchmark Benefit that was Substituted: Family Planning Services and Supplies.	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: Duplicate. The state plan duplicates this benefit in Family Planning Services and Supplies. EHB # 1 Ambulatory Patient Services.		
Base Benchmark Benefit that was Substituted: Other Licensed Practitioners	Source: Base Benchmark	Remove



Alternative Benefit Plan

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

Duplicate. The state plan duplicates this benefit in physical therapy and related services. EHB # 7 Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Preventive and wellness 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:

Duplicate. The state plan duplicates this benefit in tobacco cessation and preventive services. EHB # 9. Preventive services.

Base Benchmark Benefit that was Substituted:

Contraception and Sterilization

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:

Duplicate. The state plan duplicates this benefit in Family Planning Services. EHB # 1. Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Neurodevelopmental 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:

Duplicate. The state plan duplicates this benefit in EPSDT. EHB # 10 Pediatric Services.

Base Benchmark Benefit that was Substituted:

Acupuncture

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:

Substitute. This benefit is being substituted for Personal Care Services. EHB # 1 Ambulatory Patient Services.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Non-Emergency Care When traveling Outside the U.S."/></p> <p>Explain why the state/territory chose not to include this benefit: <input type="text" value="Non-covered in accordance with federal statute."/></p>	<p>Source: <input type="text" value="Base Benchmark"/></p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Vision"/></p> <p>Explain why the state/territory chose not to include this benefit: <input type="text" value="Adult routine vision."/></p>	<p>Source: <input type="text" value="Base Benchmark"/></p>	<input type="button" value="Remove"/>
<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:

Physician Collaborator, Mid-level services

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:

None.

Other:

Physician Assistants, Advance Nurse Practitioners, Certified Nurse Anesthetists, Nurse Mid-Wives.

Other 1937 Benefit Provided:

Dental - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below.

Duration Limit:

See below.

Scope Limit:

Covers comprehensive dental services. Some services require prior authorization. There is an annual limit of \$1,150 per recipient 21 years of age or older that can be exceeded due to medical necessity.

Other:

Dental services for recipients age 21 or older are limited to the immediate relief of pain or acute infection and diagnostic radiographs, extractions and alveoplasty. Dental services including the following are allowed up to \$1150 per year: diagnostic exams, preventive care, restorative care, endodontics, periodontics, prosthodontics, oral surgery, professional consultation.

Other 1937 Benefit Provided:

Non emergency transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

The nearest facility offering medical care.

Scope Limit:

Non-emergency transportation to the nearest facility (or Indian Health Facility) offering medical care.



Alternative Benefit Plan

Other:

For non-emergency transportation prior authorization is required.

Other 1937 Benefit Provided:

ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Any limitations can be extended with prior authorization.

Other:

Provided in accordance with section 1902(a)(31)(A).

Other 1937 Benefit Provided:

Targeted Case Management

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:

None

Other:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Other 1937 Benefit Provided:

Long Term NF

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None.

Other:

Long term skilled nursing.

Other 1937 Benefit Provided:

Extended Services for pregnant women

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:

None

Other:

Any limitations can be extended with service authorizations.

Other 1937 Benefit Provided:

Federally Qualified Health Center

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:

None

Other:

Any limitations can be exceeded with prior authorization.

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Any limitations can be exceeded with prior authorization.

Other 1937 Benefit Provided:

Vision

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

One pair of eyeglasses (an additional pair with authorizations), a complete vision exam, additional vision exams with a service authorization per calendar year.

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

There is an annual limit of \$1,150 per recipient 21 years of age and older. This can be exceeded in cases of medical necessity.

Other:

Other 1937 Benefit Provided:

Medication Assisted Treatment - for OUD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

Other:

Any limits may be exceeded with prior authorization.

MAT is provided as defined in the approved state plan 3.1-A and, if applicable, 3.1B 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:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

varies

Duration Limit:

varies

Scope Limit:

varies

Other:

See Alaska's Medicaid state plan, Attachment 3.1-A, item 30, coverage of routine patient costs in qualifying clinical trials.

Other 1937 Benefit Provided:

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

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

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.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: - -

OMB Expiration date: 10/31/2014

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

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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: - -

OMB Expiration date: 10/31/2014

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.
- Fee-for-service.
- Other service delivery system.

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 Alaska Medicaid program provides benefits to Medicaid eligible individuals, and services are provided by enrolled Medicaid providers. The State of Alaska processes Medicaid claims through its Medicaid Management Information System. All services are paid in accordance with the state plan through a fee for service delivery system with Alaska Medicaid paying qualified providers for services.

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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V.20140417



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: - -

OMB Expiration date: 10/31/2014

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.

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.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: ___ - ___ - ___

OMB Expiration date: 10/31/2014

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

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V.20140415



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: - -

OMB Expiration date: 10/31/2014

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.20140415