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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 23-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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

March 2, 2026

Adela Flores-Brennan
Medicaid Director
Colorado Dept of Health Care Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203-1818

Re: Colorado State Plan Amendment (SPA) 23-0027

Dear Director Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0027. This amendment updates Colorado Medicaid's Alternative Benefit Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440 Subpart C. This letter informs you that Colorado's Medicaid SPA TN 23-0027 was approved on February 27, 2026, with an effective date of July 1, 2023.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Colorado State Plan.

If you have any questions, please contact Ronna Bach at Ronna.Bach1@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Erica Schaler, HCPF

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Colorado**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

CO-23-0027

Proposed Effective Date

07/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act Sections 1902(a)(10)(A)(i)(VIII);1937(a)(1)(A) and (B); 1937(a)(2);1937(b); 1902(a)(30)

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|-------------|---------------------|---------|
| First Year | 2023 | \$ 0.00 |
| Second Year | 2024 | \$ 0.00 |

Subject of Amendment

The Department will update the Alternative Benefit Plan (ABP) to align with the State Plan and all other rules and regulations. Effective July 1, 2023, the change will increase access to services included in the ABP as the Department

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: **Erica Schaler**
Last Revision Date: **Feb 27, 2026**
Submit Date: **Sep 29, 2023**



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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)

Populations exempted from mandatory enrollment such as the medically frail will be offered the choice of the state's approved Medicaid state plan package.

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.20130724



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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 Alternative Benefit Plan using the Essential Health Benefits and subject to 1937 is fully aligned with Colorado's approved Medicaid state plan in that the approved state plan will include the same coverage of the EHB preventive services. Furthermore, the mental health parity requirements will be met because there are no limitations and financial requirements applicable to mental health/substance use disorder (MH/SUD) benefits that are more restrictive than those applicable to medical/surgical benefits. MH/SUD benefits will have no limitations and are presumed to be no more restrictive than those applicable to medical/surgical benefits.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-L-

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.

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

Selection of Base Benchmark 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.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.



Alternative Benefit Plan

- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

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

Colorado chose to use the same base-benchmark for the ABP that the Colorado Marketplace is using for its qualified health plans. Indexing both Medicaid and QHPs to the same base-benchmark will help to ease transitions as clients churn across public and private coverage. To ease the transition of clients who churn across 1937 and 1905(a) coverage, Colorado will offer traditional state plan Medicaid benefits to the expansion population.

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.

The state assures the accuracy of all information in ABP5 depicting amount, scope and duration 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.20130801



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

| Benefits Description | ABP5 |
|--|------|
| The state/territory proposes a “Benchmark-Equivalent” benefit package. <input type="checkbox"/> No | |
| Benefits Included in Alternative Benefit Plan | |
| Enter the specific name of the base benchmark plan selected: | |
| <input type="text" value="Colorado 2024 - 2025 EHB Benchmark Plan"/> | |
| Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.” | |
| <input type="text" value="Secretary-Approved"/> | |



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Primary Care Illness/Injury

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A items 5.a. Physician Services; 2.a. Outpatient Hospital Services; 2.b. Rural Health Clinic; and 2.c. Federally Qualified Health Center.

Benefit Provided:

Specialist Visits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A items: 2.a. Outpatient Hospital Services; 5.a. Physician Services.

Benefit Provided:

Other Practitioner Office Visits (Nurse, PA)

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations



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 |
| Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 6.d. Other Licensed Practitioners. | | |
| Benefit Provided: | Source: | Remove |
| Outpatient Facility Fee (ASC) | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| No limitations | No limitations | |
| Scope Limit: | | |
| No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 9. Clinic Services. | | |
| Benefit Provided: | Source: | Remove |
| Outpatient Surgery Physician/Surgical Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| No limitations | No limitations | |
| Scope Limit: | | |
| No limitations | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services. | | |
| Benefit Provided: | Source: | Remove |
| Hospice care | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| No limitations | No limitations | |



Alternative Benefit Plan

Scope Limit:

Adults age 21+, not eligible to receive non-Hospice services for treatment of terminal illness. Child age 20 and under may receive additional services.

Remove

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 18. Hospice Care. A client aged 21 and over who has elected hospice is not eligible to receive curative services that are related to the treatment of the clients condition for which a diagnosis of terminal illness has been made. A client under the age of 21 is eligible to receive hospice services concurrently with services related to the treatment of the child's condition for which a diagnosis of terminal illness has been made. Members age 20 and younger will receive medically necessary services through EPSDT.

Benefit Provided:

Chemotherapy

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services.

Benefit Provided:

Radiation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services.

Benefit Provided:

Infusion Therapy

Source:

State Plan 1905(a)



Alternative Benefit Plan

| | | |
|--|--|---------------------------------------|
| Authorization: <input type="text" value="None"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | <input type="button" value="Remove"/> |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services."/> | | |
| Benefit Provided: <input type="text" value="Treatment for Temporomandibular Joint Disorders"/> | Source: <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="None"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services."/> | | |
| Benefit Provided: <input type="text" value="Allergy Testing"/> | Source: <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="None"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No Limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services."/> | | |
| <input type="button" value="Add"/> | | |



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Emergency Room Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 24.e. Emergency Hospital Services.

Benefit Provided:

Emergency Transportation / Ambulance Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 24.a. Transportation.

Benefit Provided:

Urgent Care Centers/Facilities

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations



Alternative Benefit Plan

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 2.a. Outpatient Hospital Services.

Remove

Add



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Includes cleft palate, bariatric surgery, dental anesthesia, dialysis (also available in outpatient hospital).
Non-emergency out of state 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:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 1.a. Inpatient Hospital Services.

Benefit Provided:

Inpatient Physician and Surgical Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services.

Benefit Provided:

Reconstructive Surgery

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations



Alternative Benefit Plan

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services.

Remove

Benefit Provided:

Bariatric Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.a. Physician Services.

Benefit Provided:

Transplant

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-E Organ Transplant Services.

Benefit Provided:

Private Duty Nursing (Inpatient Hospital)

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations



Alternative Benefit Plan

Scope Limit:

No limitations

Remove

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 1.a. Inpatient Hospital Services.

Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care Collapse All

Benefit Provided:

Pre and Postnatal Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, attachment 3.1-A items 20 Extended Services for Pregnant Women; 21 Ambulatory Prenatal Care During Presumptive Eligibility.

Benefit Provided:

Delivery and All Inpatient Services for Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation

Scope Limit:

No limitation

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A items 1.a. Inpatient Hospital Services; 17 Nurse Midwife Services; 28.i and 28.ii. Licensed or Otherwise State-Approved Freestanding Birth Centers.

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Substance Use Disorder Assessment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.

Benefit Provided:

Individual and Family Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.

Benefit Provided:

Group Therapy

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations



Alternative Benefit Plan

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.

Remove

Benefit Provided:

Alcohol/Drug Screening Counseling

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.

Benefit Provided:

Withdrawal Management Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.

Benefit Provided:

Outpatient Individual Psychotherapy

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitation

Duration Limit:

No limitation



Alternative Benefit Plan

Scope Limit:

No limitation

Remove

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.

Benefit Provided:

Outpatient Brief Psychotherapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.

Benefit Provided:

Group Psychotherapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.

Benefit Provided:

Family Psychotherapy

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

| | | |
|---|---|---------------|
| <p>Amount Limit: No limitations</p> | <p>Duration Limit: No limitations</p> | <p>Remove</p> |
| <p>Scope Limit: No limitations</p> | | |
| <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.</p> | | |
| <p>Benefit Provided: Mental Health Assessment</p> | <p>Source: State Plan 1905(a)</p> | <p>Remove</p> |
| <p>Authorization: None</p> | <p>Provider Qualifications: Medicaid State Plan</p> | |
| <p>Amount Limit: No limitations</p> | <p>Duration Limit: No limitations</p> | |
| <p>Scope Limit: No limitations</p> | | |
| <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.</p> | | |
| <p>Benefit Provided: Pharmacologic Management</p> | <p>Source: State Plan 1905(a)</p> | <p>Remove</p> |
| <p>Authorization: None</p> | <p>Provider Qualifications: Medicaid State Plan</p> | |
| <p>Amount Limit: No limitations</p> | <p>Duration Limit: No limitations</p> | |
| <p>Scope Limit: No limitations</p> | | |
| <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.</p> | | |
| <p>Benefit Provided: Outpatient Day Treatment, Non-Residential</p> | <p>Source: State Plan 1905(a)</p> | |



Alternative Benefit Plan

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| <p>Authorization: Prior Authorization</p> | <p>Provider Qualifications: Medicaid State Plan</p> | <p>Remove</p> |
| <p>Amount Limit: No limitations</p> | <p>Duration Limit: No limitations</p> | |
| <p>Scope Limit: No limitations</p> | | |
| <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.d. Rehabilitative Services.</p> | | |
| <p>Benefit Provided: Emergency/Crisis Services</p> | <p>Source: State Plan 1905(a)</p> | <p>Remove</p> |
| <p>Authorization: None</p> | <p>Provider Qualifications: Medicaid State Plan</p> | |
| <p>Amount Limit: No limitations</p> | <p>Duration Limit: No limitations</p> | |
| <p>Scope Limit: No limitations</p> | | |
| <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference Approved State Plan Amendment, supplement to attachment 3.1-A section 13.d. Rehabilitative Services.</p> | | |
| <p>Benefit Provided: Clinic Services, Case Management</p> | <p>Source: State Plan 1905(a)</p> | <p>Remove</p> |
| <p>Authorization: None</p> | <p>Provider Qualifications: Medicaid State Plan</p> | |
| <p>Amount Limit: No limitations</p> | <p>Duration Limit: No limitations</p> | |
| <p>Scope Limit: No limitations</p> | | |
| <p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 19 Targeted Case Management.</p> | | |



Alternative Benefit Plan

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| Benefit Provided: | | Source: | |
| <input type="text" value="School-Based Mental Health Services"/> | | <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: | <input type="text" value="None"/> | Provider Qualifications: | <input type="text" value="Medicaid State Plan"/> |
| Amount Limit: | <input type="text" value="No limitations"/> | Duration Limit: | <input type="text" value="No limitations"/> |
| Scope Limit: | <input type="text" value="Only available to children with Individual Education Programs"/> | | |
| 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="Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 3.1(b)(I) School Health Services Program."/> | | | |
| Benefit Provided: | | Source: | |
| <input type="text" value="Substance Abuse Disorder Inpatient Services"/> | | <input type="text" value="State Plan 1905(a)"/> | <input type="button" value="Remove"/> |
| Authorization: | <input type="text" value="Other"/> | Provider Qualifications: | <input type="text" value="Medicaid State Plan"/> |
| Amount Limit: | <input type="text" value="No limitations"/> | Duration Limit: | <input type="text" value="No limitations"/> |
| Scope Limit: | <input type="text" value="No limitations"/> | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | | |
| <input type="text" value="Inpatient hospital does not require a prior authorization but residential inpatient treatment requires a prior authorization. Reference Approved State Plan Amendment, supplement to attachment 3.1-A items 1.a. Inpatient Hospital Services; and 13.d. Residential Substance Use Disorder Services."/> | | | |
| Benefit Provided: | | Source: | |
| <input type="text" value="Mental/Behavioral Health Inpatient Services"/> | | <input type="text" value="State Plan 1905(a)"/> | |
| Authorization: | <input type="text" value="Other"/> | Provider Qualifications: | <input type="text" value="Medicaid State Plan"/> |
| Amount Limit: | <input type="text" value="No limitations"/> | Duration Limit: | <input type="text" value="No limitations"/> |
| Scope Limit: | <input type="text" value="No limitations"/> | | |



Alternative Benefit Plan

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

These services may require a prior authorization. Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 1.b. Inpatient Hospital Services.

Remove

Add



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:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 12.a. Prescribed Drugs.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Durable Medical Equipment

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 7.c. Home Health Services.

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 12.c. Prosthetic Devices.

Benefit Provided:

Hearing Aids

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Limited to members 20 and under



Alternative Benefit Plan

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 11.c. Audiology Services.

Remove

Benefit Provided:

Home Health Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

Limited - See explanation of limit below

Scope Limit:

No limitations

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

Acute Home Health members can receive an unlimited amount of services in a 60-day period and can have additional acute periods if they develop a new issue or exacerbation of a current issues. Long-Term Home Health members are prior authorized for 6-12 months but a member can get an unlimited numbers of PARs.

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 7.a. - e.

Benefit Provided:

Rehabilitative Speech Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Other

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Prior authorization is required for services to exceed 12 sessions per rolling 12-month period.

Reference approved State Plan Amendment, supplement to attachment 3.1-A item 11.c. Speech Therapies.

Benefit Provided:

Rehabilitative Occupational and Physical Therapy

Source:

State Plan 1905(a)

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Other



Alternative Benefit Plan

Amount Limit:

48 units per 12 months of PT/OT.

Duration Limit:

No limitation

Remove

Scope Limit:

No limitations

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

Limited to 48 units of service per rolling 12 months. Additional services may be prior authorized for units beyond 48.

Reference approved State Plan Amendment, supplement to attachment 3.1-A item 11.a. - b. Physical and Occupational Therapies.

Benefit Provided:

Oupatient Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Diagnostic procedures provided by an audiologist for the purpose of determining general hearing levels or for the distribution of a hearing device are not a covered benefit, except for clients ages 20 and under.

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 11.a. - c. Physical, Occupational, and Speech Therapies.

Benefit Provided:

Habilitation Services

Source:

Other state-defined

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Limited to members age 21 and over.

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

Diagnostic procedures provided by an audiologist for the purpose of determining general hearing levels or for the distribution of a hearing device are not a covered benefit, except for clients ages 20 and under. PT/OT is limited to 48 units of service per 12 months. Additional services may be prior authorized for units



Alternative Benefit Plan

beyond 48. Speech therapy is limited to 12 sessions per 12 months without prior authorization. Additional services may be prior authorized beyond 12 sessions.

Reference approved State Plan Amendment, supplement 3.1-A, item 11.a. - c. Physical, Occupational, and Speech Therapies.

Remove

Add



Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Laboratory Outpatient and Professional Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 3.a. Other Laboratory and X-Ray Services.

Benefit Provided:

X-Rays and Diagnostic Imaging

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 3.a. Other Laboratory and X-Ray Services.

Benefit Provided:

Imaging (CT/PET Scans, MRIs)

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations



Alternative Benefit Plan

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 3.a. Other Laboratory and X-Ray Services.

Remove

Add



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:

Preventive Care/Screening/Immunization

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference approved State Plan Amendment, supplement 3.1-A, items 13.c. Preventive Services and 13.b. Screening Services.

Benefit Provided:

Nutritional Counseling

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

No limitations

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

Reference approved State Plan Amendment, supplement 3.1-A, item 5.a. Physician Services.

Benefit Provided:

Diabetes Education

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations



Alternative Benefit Plan

Scope Limit:

No limitations

Remove

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

Reference approved State Plan Amendment, supplement 3.1-A, item 5.a. Physician Services.

Add



Alternative Benefit Plan

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

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
No limitations

Duration Limit:
No limitations

Scope Limit:
No limitations

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

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 4.b. EPSDT authorization does not differ from the authorization requirements of the benefit being accessed. This will not prevent EPSDT individuals from receiving medically necessary services. For Eyeglasses for Children reference approved State Plan Amendment, supplement 3.1-A, item 12.d.b. Eyeglasses and Contact Lenses. Contacts are a covered benefit when eyeglasses will not suffice to treat the condition.

Add



Alternative Benefit Plan

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| <input type="checkbox"/> Other Covered Benefits from Base Benchmark | Collapse All <input type="checkbox"/> |
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Alternative Benefit Plan

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| <input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication | | Collapse All <input type="checkbox"/> |
| Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Primary Care - Illness/Injury"/> | Source: Base Benchmark | <input type="button" value="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: <input style="width: 95%;" type="text" value='Duplication - This base benchmark benefit is covered under state plan benefit "Outpatient Hospital Services" and "Physician Services" placed within EHB 1.'/> | | |
| Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Specialist Visit"/> | Source: Base Benchmark | <input type="button" value="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: <input style="width: 95%;" type="text" value='Duplication - This base benchmark benefit is covered under state plan benefit "Outpatient Hospital Services" and "Physician Services" placed within EHB 1.'/> | | |
| Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Other Practitioner Office Visits (Nurse/PA)"/> | Source: Base Benchmark | <input type="button" value="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: <input style="width: 95%;" type="text" value='Duplication - This base benchmark benefit is covered under state plan benefits "Other Licensed Practitioners" placed within EHB 1.'/> | | |
| Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Facility Fee (ASC)"/> | Source: Base Benchmark | <input type="button" value="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: <input style="width: 95%;" type="text" value='Duplication - This base benchmark benefit is covered under state plan benefit "Clinic Services" placed within EHB 1.'/> | | |
| Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Outpatient Surgery Physician/Surgical Services"/> | Source: Base Benchmark | <input type="button" value="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: <input style="width: 95%;" type="text" value='Duplication - This base benchmark benefit is covered under state plan benefits "Physician Services" placed within EHB 1.'/> | | |
| Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Chemotherapy"/> | Source: Base Benchmark | |



Alternative Benefit Plan

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| <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Physician Services" placed within EHB 1.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Radiation</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefits "Physician Services" placed within EHB 1.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Infusion Therapy</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefits "Physician Services" placed within EHB 1.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Gender Affirming Care</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under the following state plan 1905(a) benefits "Inpatient Services", "Outpatient Services", "Physician Services", "Other Licensed Practitioners", "Prescribed Drugs", and "Rehabilitative Services" and placed within EHB 1, EHB3, EHB5, EHB6, and EHB7. Gender Affirming Care will no longer be covered as an EHB after December 31, 2025. Effective January 1, 2026, Gender affirming care will be covered as an Other 1937 service (see pages 52 and 53).</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Allergy Testing</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Physician Services" placed within EHB 1.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Emergency Room Services</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Emergency Hospital Services" placed within EHB 2.</p> | <p>Remove</p> |



Alternative Benefit Plan

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| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Urgent Care Centers/Facilities"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <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> <p><input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefit 'Outpatient Hospital Services' placed within EHB 2."/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Physician and Surgical Services"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <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> <p><input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefits 'Physician Services' within EHB 3."/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Bariatric Surgery"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <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> <p><input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefit 'Physician Services' placed within EHB 3."/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Private Duty Nursing (Inpatient Hospital)"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <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> <p><input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefit 'Inpatient Hospital Services' placed within EHB 3."/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Pre and Postnatal Care"/></p> | <p>Source: Base Benchmark</p> | <input type="button" value="Remove"/> |
| <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> <p><input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefits 'Extended Services for Pregnant Women' and 'Ambulatory Prenatal Care During Presumptive Eligibility' placed within EHB 4."/></p> | | |
| <p>Base Benchmark Benefit that was Substituted: <input type="text" value="Delivery and All Inpatient Services for Maternity"/></p> | <p>Source: Base Benchmark</p> | |
| <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> <p><input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefits 'Inpatient Hospital Services', 'Nurse Midwife Services', and 'Otherwise State-Approved Freestanding Birth Centers' placed within EHB 4."/></p> | | |



Alternative Benefit Plan

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| <input type="text" value="within EHB 4."/> | | <input type="button" value="Remove"/> |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Generic Drugs"/> | Source: Base Benchmark | <input type="button" value="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: <input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefit 'Prescribed Drugs' placed within EHB 6."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Preferred Brand Drugs"/> | Source: Base Benchmark | <input type="button" value="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: <input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefit 'Prescribed Drugs' placed within EHB 6."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Non-Preferred brand Drugs"/> | Source: Base Benchmark | <input type="button" value="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: <input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefit 'Prescribed Drugs' placed within EHB 6."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Specialty Drugs"/> | Source: Base Benchmark | <input type="button" value="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: <input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefit 'Prescribed Drugs' placed within EHB 6."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Hearing Aids"/> | Source: Base Benchmark | <input type="button" value="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: <input type="text" value="Duplication - This base benchmark benefit is covered under state plan benefit 'Audiology Services' placed within EHB 7."/> | | |
| Base Benchmark Benefit that was Substituted: <input type="text" value="Laboratory Outpatient and Professional Services"/> | Source: Base Benchmark | |



Alternative Benefit Plan

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| <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Other Laboratory and X-Ray Services" placed within EHB 8.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>X-Rays and Diagnostic Imaging</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Other Laboratory and X-Ray Services" placed within EHB 8.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Imaging (CT/PET Scans/MRI's)</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Other Laboratory and X-Ray Services" placed within EHB 8.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Preventive Care/Screening/Immunization</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefits "Preventive Services" and "Screening Services" placed within EHB 9.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Nutritional Counseling</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Physician Services" placed within EHB 9.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Diabetes Education</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Physician Services" placed within EHB 9.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Well Baby Visits and Care</p> <p>Source:</p> <p>Base Benchmark</p> | |



Alternative Benefit Plan

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| <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "EPSDT" placed within EHB 10.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Dental Checkup for Children</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "EPSDT" placed within EHB 10.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Infertility Treatment</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Substitution - FQHC as part of Primary Care is being substituted for this base benchmark benefit.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Acupuncture</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Substitution - RHC as part of Primary Care is being substituted for this base benchmark benefit.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Chiropractic Care</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Substitution - FQHC as part of Primary Care is being substituted for this base benchmark benefit.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Hospice Care</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Hospice Care" placed within EHB 1.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Treatment for Temporomandibular Joint Disorders</p> <p>Source:</p> <p>Base Benchmark</p> | |



Alternative Benefit Plan

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| <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Physician Services" placed within EHB 1.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Emergency Transportation/Ambulance Services</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Transportation" placed within EHB 2.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Inpatient Hospital Services</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Inpatient Hospital Services" placed within EHB 3.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Reconstructive Surgery</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Physician Services" placed within EHB 3.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Transplant</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Organ Transplant Services" placed within EHB 3.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Substance Abuse Disorder Outpatient Services</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Rehabilitative Services" placed within EHB 5.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services</p> <p>Source: Base Benchmark</p> | |



Alternative Benefit Plan

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| <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Rehabilitative Services" placed within EHB 5.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Substance Abuse Disorder Inpatient Services</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefits "Inpatient Hospital Services" and "Residential Substance Use Disorder Services" placed within EHB 5.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Inpatient Services</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Inpatient Hospital Services" placed within EHB 5.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Durable Medical Equipment</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Home Health Services" placed within EHB 7.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Prosthetic Devices</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Prosthetic Devices" placed within EHB 7.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Home Health Care Services</p> <p>Source: Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Home Health Services" placed within EHB 7.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted: Rehabilitative Speech Therapy</p> <p>Source: Base Benchmark</p> | |



Alternative Benefit Plan

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| <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Speech Therapies" placed within EHB 7.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Rehabilitative Occ and Rehabilitative Phys Therapy</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Physical and Occupational Therapies" placed within EHB 7.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient Rehabilitation Services</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit " Physical, Occupational, and Speech Therapies" placed within EHB 7.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Habilitative Services</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Physical, Occupational, and Speech Therapies" placed within EHB 7.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Routine Eye Exam for Children</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "EPSDT" placed within EHB 10.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Eye Glasses for Children</p> <p>Source:</p> <p>Base Benchmark</p> <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "Eyeglasses and Contact Lenses" placed within EHB 10.</p> | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Basic Dental Care - Children</p> <p>Source:</p> <p>Base Benchmark</p> | |



Alternative Benefit Plan

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| <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "EPSDT" placed within EHB 10.</p> | | <p>Remove</p> |
| <p>Base Benchmark Benefit that was Substituted:</p> <p>Major Dental Care - Child</p> | <p>Source:</p> <p>Base Benchmark</p> | <p>Remove</p> |
| <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> <p>Duplication - This base benchmark benefit is covered under state plan benefit "EPSDT" placed within EHB 10.</p> | | |
| | | <p>Add</p> |



Alternative Benefit Plan

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| <input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered | Collapse All <input type="checkbox"/> |
| Base Benchmark Benefit not Included in the Alternative Benefit Plan: | Source: Base Benchmark |
| <input type="text" value="Adult Vision Exams"/> | <input type="button" value="Remove"/> |
| Explain why the state/territory chose not to include this benefit: | |
| <input type="text" value="These base benchmark services are excepted benefits pursuant to 45 CFR 156.115. Other optometrists' services are covered within Other 1937 Covered Benefits that are not Essential Health Benefits."/> | |
| | <input type="button" value="Add"/> |



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

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| Other 1937 Benefit Provided: <input type="text" value="Routine Dental Services - Age 21 and Older"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package |
| Authorization: <input type="text" value="Prior Authorization"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> |
| Scope Limit: <input type="text" value="No limitations"/> | |
| Other: <input type="text" value="Approved State Plan Amendment, 3.1-A item 10 Dental Services."/> | |

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|---|---|
| Other 1937 Benefit Provided: <input type="text" value="Routine Eye Exam - Age 21 and Older"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> |
| Scope Limit: <input type="text" value="See note below"/> | |
| Other: <div style="border: 1px solid black; padding: 5px;"><p>Covers:</p><ol style="list-style-type: none">1. Comprehensive Eye Exam (CEE)<ol style="list-style-type: none">a) Limited to one (1) comprehensive eye exam per client, per calendar year.2. Post-Comprehensive Eye Exam Follow-Up Visit Covered if determined medically necessary by the state to address a change in client's condition.<p>Frames and Lenses – Adult Clients</p><ol style="list-style-type: none">1. Frames and lenses are covered for an Adult Client if:<ol style="list-style-type: none">a) Client has previously undergone eye surgery; andb) Determined medically necessary by the state.2. Covered frames and lenses for an Adult Client are limited to:<ol style="list-style-type: none">a) One (1) eyeglasses frame; andb) Up to two (2) lenses that are:<ol style="list-style-type: none">i) Single or multi-focal;ii) Clear glass or plastic; andiii) Without filters or coatings.3. Limited to one (1) pair of eyeglasses per Adult Client, per 24-month period.</div> | |



Alternative Benefit Plan

Approved State Plan Amendment, 3.1-A section 6.b. Ophthalmologist or Optometrist Services.

Remove

Other 1937 Benefit Provided:

Accidental Dental / Medical and Surgical Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

Services reimbursable under Accidental Dental / Medical and Surgical Services are those available under adult dental benefit

Other:

Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 5.b. Medical and Surgical Services Furnished by a Dentist.

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 note below

Duration Limit:

No limitations

Scope Limit:

For ages 21 and older

Other:

Amount Limit:
Complete dentures 1 set every 7 years
Partial dentures 1 set every 7 years

Reference Approved State Plan Amendment, attachment 3.1-A item 12.b. Dentures.

Other 1937 Benefit Provided:

Basic Dental Care - Ages 21 and Older

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations



Alternative Benefit Plan

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| Scope Limit: No limitations | | Remove |
| Other: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 10 Dental Services. | | |
| Other 1937 Benefit Provided: Major Dental Care - Ages 21 and Older | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 10 Dental Services. | | |
| Other 1937 Benefit Provided: Orthodontia - Ages 20 and Younger | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitation | Duration Limit: No limitation | |
| Scope Limit: Medically Necessary only in accordance with EPSDT. Available to members ages 20 and younger | | |
| Other: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 4.b. EPSDT. | | |
| Other 1937 Benefit Provided: Private Duty Nursing | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | |



Alternative Benefit Plan

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| <p>Amount Limit: 23 hours per day</p> | <p>Duration Limit: No limitations</p> | <p>Remove</p> |
| <p>Scope Limit: Children up to ages 20 and younger may have up to 24 hours per day</p> | | |
| <p>Other: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 8 Private Duty Nursing.</p> | | |
| <p>Other 1937 Benefit Provided: Face-to-face Tobacco Use Cessation Counseling Serv</p> | <p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> | <p>Remove</p> |
| <p>Authorization: Prior Authorization</p> | <p>Provider Qualifications: Medicaid State Plan</p> | |
| <p>Amount Limit: See note below</p> | <p>Duration Limit: No limitation</p> | |
| <p>Scope Limit: Pregnant persons</p> | | |
| <p>Other: Amount Limit: Intermediate Counseling 5 units per year; Intensive Counseling 3 units per year Reference Approved State Plan Amendment, attachment 3.1-A item 4.d. Tobacco Cessation for Pregnant Persons.</p> | | |
| <p>Other 1937 Benefit Provided: ICF/IID</p> | <p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> | <p>Remove</p> |
| <p>Authorization: Other</p> | <p>Provider Qualifications: Medicaid State Plan</p> | |
| <p>Amount Limit: No limitations</p> | <p>Duration Limit: No limitations</p> | |
| <p>Scope Limit: No limitations</p> | | |
| <p>Other: Reference Approved State Plan Amendment, supplement to attachment 3.1-A items 14.c. and 15 Intermediate Care Facilities Services.</p> | | |



Alternative Benefit Plan

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| <p>Other 1937 Benefit Provided:</p> <p>Pediatric of Family Nurse Practitioner Services</p> <p>Authorization:</p> <p>Prior Authorization</p> <p>Amount Limit:</p> <p>No limitation</p> <p>Scope Limit:</p> <p>No limitation</p> <p>Other:</p> <p>Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 24.g. Any Other Medical Care.</p> | <p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>No limitation</p> | <p>Remove</p> |
| <p>Other 1937 Benefit Provided:</p> <p>Personal Care Services</p> <p>Authorization:</p> <p>Prior Authorization</p> <p>Amount Limit:</p> <p>No limitation</p> <p>Scope Limit:</p> <p>Only available to children ages 20 and younger</p> <p>Other:</p> <p>Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 4.b. EPSDT.</p> | <p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>No limitation</p> | <p>Remove</p> |
| <p>Other 1937 Benefit Provided:</p> <p>Pediatric Behavioral Therapy</p> <p>Authorization:</p> <p>Prior Authorization</p> <p>Amount Limit:</p> <p>No limitation</p> <p>Scope Limit:</p> <p>Only available to members ages 20 and younger</p> <p>Other:</p> <p>Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 4.b. EPSDT.</p> | <p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>No limitation</p> | |



Alternative Benefit Plan

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| <input type="text"/> | | <input type="button" value="Remove"/> |
| Other 1937 Benefit Provided: <input type="text" value="Screening, Brief Intervention, Referral to Treatme"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="2 full screens, 4 brief interventions per SFY"/> | Duration Limit: <input type="text" value="Per SFY"/> | |
| Scope Limit: <input type="text" value="No limitation"/> | | |
| Other: <input type="text" value="Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 13.c. Preventive Services."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Non-Emergent Medical Transportaion"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Prior Authorization"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitation"/> | Duration Limit: <input type="text" value="No limitation"/> | |
| Scope Limit: <input type="text" value="No limitation"/> | | |
| Other: <input type="text" value="Reference approved State Plan Amendment supplement 3.1-A item 24.a. Transportation."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Mobile Crisis Response"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitation"/> | Duration Limit: <input type="text" value="No limitation"/> | |
| Scope Limit: <input type="text" value="No limitation"/> | | |



Alternative Benefit Plan

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| Other: <input type="text" value="No prior authorization is required. Reference approved State Plan Amendment supplement 3.1-A item 13.d. Rehabilitative Services."/> | | <input type="button" value="Remove"/> |
| Other 1937 Benefit Provided: <input type="text" value="Secure Transportation"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitation"/> | Duration Limit: <input type="text" value="No limitation"/> | |
| Scope Limit: <input type="text" value="No limitation"/> | | |
| Other: <input type="text" value="No prior authorization is required. Reference approved State Plan Amendment supplement 3.1-A item 24.b. Transportation."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Family Planning Services and Supplies"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitation"/> | Duration Limit: <input type="text" value="No limitation"/> | |
| Scope Limit: <input type="text" value="No limitation"/> | | |
| Other: <input type="text" value="Reference approved State Plan Amendment supplement 3.1-A item 4.c. Family Planning Services and Supplies."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Nurse Home Visitor Program"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitation"/> | Duration Limit: <input type="text" value="No limitation"/> | |



Alternative Benefit Plan

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| Scope Limit: <input type="text" value="No limitation"/> | | <input type="button" value="Remove"/> |
| Other: <input type="text" value="Reference approved State Plan Amendment supplement 3.1-A item 20 Extended Services for Pregnant Women."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Certified Pediatric or Family Nurse Practitioner"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitation"/> | Duration Limit: <input type="text" value="No limitation"/> | |
| Scope Limit: <input type="text" value="No limitation"/> | | |
| Other: <input type="text" value="Reference approved State Plan Amendment supplement 3.1-A item 23 Certified Pediatric or Family Nurse Practitioner Services."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="PACE"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Prior Authorization"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitation"/> | Duration Limit: <input type="text" value="No limitation"/> | |
| Scope Limit: <input type="text" value="No limitation"/> | | |
| Other: <input type="text" value="Reference approved State Plan Amendment supplement 3.1-A item 27 PACE."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Qualifying Clinical Trials"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |



Alternative Benefit Plan

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| <p>Amount Limit: No limitation</p> | <p>Duration Limit: No limitation</p> | <p>Remove</p> |
| <p>Scope Limit: No limitation</p> | | |
| <p>Other: Reference approved State Plan Amendment supplement 3.1-A item 30 Coverage of Routine Patient Cost in Qualifying Clinical Trials.</p> | | |
| <p>Other 1937 Benefit Provided: Vaccines</p> | <p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> | <p>Remove</p> |
| <p>Authorization: Other</p> | <p>Provider Qualifications: Medicaid State Plan</p> | |
| <p>Amount Limit: No limitation</p> | <p>Duration Limit: No limitation</p> | |
| <p>Scope Limit: No limitation</p> | | |
| <p>Other: No prior authorization is required. Reference approved State Plan Amendment supplement 3.1-A item 13.c. Preventive Services.</p> | | |
| <p>Other 1937 Benefit Provided: TCM for Nurse Home Visitor Program</p> | <p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> | <p>Remove</p> |
| <p>Authorization: Prior Authorization</p> | <p>Provider Qualifications: Medicaid State Plan</p> | |
| <p>Amount Limit: No limitations</p> | <p>Duration Limit: 2 Years - Up to child's second birthday</p> | |
| <p>Scope Limit: No limitations</p> | | |
| <p>Other: Reference approved State Plan Amendment supplement 3.1-A item 19.a. Targeted Case Management for Nurse Home Visitor Program.</p> | | |
| <p>Other 1937 Benefit Provided: TCM for Substance Abuse Treatment</p> | <p>Source: Section 1937 Coverage Option Benchmark Benefit Package</p> | |



Alternative Benefit Plan

| | | |
|---|--|---------------------------------------|
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | <input type="button" value="Remove"/> |
| Amount Limit: <input type="text" value="Limited to 1 hour per day"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other: <input type="text" value="No prior authorization required. Reference approved State Plan Amendment supplement 3.1-A item 19.a. Targeted Case Management for Substance Abuse Treatment."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="TCM for Behavioral Health"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No Limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other: <input type="text" value="No prior authorization required. Reference approved State Plan Amendment supplement 3.1-A item 1915.b. Targeted Case Management for Behavioral Health."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Lactation Support Services"/> | Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/> | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No Limitations"/> | Duration Limit: <input type="text" value="No Limitations"/> | |
| Scope Limit: <input type="text" value="No Limitations"/> | | |
| Other: <input type="text" value="No prior authorization is required. Reference Approved State Plan Amendment supplement 3.1-A item 13.c.2. Lactation Support Services."/> | | |



Alternative Benefit Plan

| | | |
|---|---|---------------------------------------|
| Other 1937 Benefit Provided: <input type="text" value="Community Health Worker (CHW)"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other: <input type="text" value="No prior authorization is required. Reference Approved State Plan Amendment supplement 3.1-A item 13.c. Preventative Services. CHW services do not go into effect until July 1, 2025."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Doula Services"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | <input type="button" value="Remove"/> |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="See policy information"/> | Duration Limit: <input type="text" value="See policy information"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |
| Other: <input type="text" value="Prenatal services are limited to 12 units per pregnancy, and postpartum services are limited to 12 units per pregnancy. One unit of service is equivalent to 15 minutes. Labor support is limited to one unit, per diem, per pregnancy. Any service limits may be exceeded based on medical necessity. Reference Approved State Plan Amendment supplement 3.1-A item 13.c. Preventative Services."/> | | |
| Other 1937 Benefit Provided: <input type="text" value="Medication-Assisted Treatment"/> | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: <input type="text" value="Other"/> | Provider Qualifications: <input type="text" value="Medicaid State Plan"/> | |
| Amount Limit: <input type="text" value="No limitations"/> | Duration Limit: <input type="text" value="No limitations"/> | |
| Scope Limit: <input type="text" value="No limitations"/> | | |



Alternative Benefit Plan

| | | |
|--|---|--------|
| Other: Reference Approved State Plan Amendment supplement to attachment 3.1-A item 13.d. Rehabilitative Services. | | Remove |
| Other 1937 Benefit Provided: Other Licensed Practitioners | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No limitations | Duration Limit: No limitations | |
| Scope Limit: No limitations | | |
| Other: Reference Approved State Plan Amendment supplement to attachment 3.1-A item 6.d. Other Licensed Practitioners. | | |
| Other 1937 Benefit Provided: Skilled Nursing Facility | Source: Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization: Prior Authorization | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No Limitations | Duration Limit: No Limitations | |
| Scope Limit: Full benefit Medicare Medicaid enrollees: first 100 days is paid by Medicare, then transition to long-term Medicaid service. | | |
| Other: Reference Approved State Plan Amendment, supplement to attachment 3.1-A item 4.a. and 24.d. Nursing Facility Services. | | |
| Other 1937 Benefit Provided: Gender Affirming Care | Source: Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: Other | Provider Qualifications: Medicaid State Plan | |
| Amount Limit: No Limitations | Duration Limit: No Limitations | |



Alternative Benefit Plan

Scope Limit:

No Limitations

Remove

Other:

This base benchmark benefit is covered under the following state plan 1905(a) benefits "Inpatient Services", "Outpatient Services", "Physician Services", "Other Licensed Practitioners", "Prescribed Drugs", and "Rehabilitative Services" as of January 1, 2026.

Add



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"/> |
|---|---------------------------------------|

PRA Disclosure Statement

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V.20130814



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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. Yes

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 ESPDT 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.

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.



Alternative Benefit Plan

- 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).

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).

Fee-for-service.

Other service delivery system.

Managed Care Options

Managed Care Assurance

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

Managed Care Implementation

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

The ABP is delivered to eligible members, through managed care programs and the Regional Accountable Entity (RAE) program, in the same manner as traditional Medicaid members.

MCO: Managed Care Organization

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

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:



Alternative Benefit Plan

Describe program below:

The Department of Health Care Policy and Financing (HCPF) has contracts for two capitated MCOs. These MCOs functioned as a formal part of the State's managed care delivery system, the Accountable Care Collaborative (ACC), within two geographic regions of the State. The MCOs are held accountable for improving health outcomes and Member satisfaction, incorporating value-based payments for providers around achieving these goals, and maximizing the integration of behavioral health and physical health services within the ACC infrastructure.

Denver Health Medicaid Choice (DHMC) operates in Region 5 of the state under a full-risk capitated contract. HCPF is required, via state legislation, to offer DHMC an MCO contract. Through a subcontract, all behavioral health services for DHMC members are provided through a behavioral health PIHP operated by RAE Region 5, which covers the service area in which DHMC operates. Other specific services are carved out of the capitation, such as NEMT, which is covered directly by HCPF through fee-for-service payments.

Rocky Mountain Health Plans Prime (PRIME) operates as part of the Region 1 contract as a physical health managed care capitation plan operating in part of Region 1. PRIME enrolls adults or members with a disability who live in select counties within Region 1. PRIME members have their behavioral health benefits covered by PRIME a behavioral health PIHP operating in Region 1.

The ACC utilizes a mandatory, passive enrollment model. The state limits disenrollment, but members in an MCO may request disenrollment as required by regulation and CMS policy and procedure.

Additional Information: MCO (Optional)

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

PIHP: Prepaid Inpatient Health Plan

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

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

July 1, 2018

Describe program below:

The 1915(b) waiver authorizes a hybrid Prepaid Inpatient Health Plan (PIHP) and Primary Care Case Management Entity (PCCME) that is called a Regional Accountable Entity (RAE). There are seven RAEs in the state which cover seven distinct regions. Members are assigned to a RAE based upon their geographic location and PCMP selection, either by choice of provider or history of utilization.

The PIHP component of the RAE is used to provide a capitated behavioral health benefit to encourage the effective utilization of the full continuum of behavioral health services and the creation of health neighborhoods. Designed to encourage community based services, reduce utilization of more restrictive inpatient settings, and provide wraparound services and social supports. The structure of the RAE is also intended to further support integration of physical and behavioral health benefits for members who need it most.

The ACC utilizes a mandatory, passive enrollment model.



Alternative Benefit Plan

Additional Information: PIHP (Optional)

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

PCCM: Primary Care Case Management

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

Yes

The PCCM program is operating under (select one):

- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

The 1915(b) waiver authorizes a hybrid Prepaid Inpatient Health Plan (PIHP) and Primary Care Case Management Entity (PCCME) that is called a Regional Accountable Entity (RAE). There are seven RAEs in the state which cover seven distinct regions. Members are assigned to a RAE based upon their geographic location and PCMP selection, either by choice of provider or history of utilization.

The PCCME component of the RAE is designed to function as a medical home for members, providing whole-person, coordinated care. Administrative payments, in the form of a per-member-per-month payment to the RAEs, are used to facilitate the coordination of care, provider support and management of whole-person care. The administrative payment funds activities such as: maintaining a network of PCMPs to be accountable for member well-being and health health outcomes; providing tools to help providers deliver evidence-based, cost-effective care, and participation in alternative payment models (APMs); coordination of care at provider level or through the RAE, particularly for members with complex or chronic conditions; providing health improvement, case management and affordability programs; accessing local networks of providers and community-based organizations.

Additionally, the PCCME has the opportunity to earn value-based or outcomes-based payments such as Key Performance Indicators (KPIs) or Shared Savings. KPIs are designed to assess the overall health of ACC program and reward improvement in the regional delivery system as a whole. KPIs are selected to highlight progress toward building a coordinated, community-based approach to meet member health needs and reduce costs. Unused KPI funds go into a pool of funds available for additional performance measure or for participating in state and federal initiatives.

The ACC utilizes a mandatory, passive enrollment model.

Additional Information: PCCM (Optional)

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



Alternative Benefit Plan

PRA Disclosure Statement

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V.20130718



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.

Yes

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

The Medicaid agency pays all premiums deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan as specified in the qualified employer sponsored coverage without regard to limitations specified in section 1916 or section 1916A of the Act for eligible individuals under age 19 who have access to and elect to enroll in such coverage The eligible individual is entitled to services covered by the State plan which are not included in the employer sponsored coverage.

When coverage for eligible family members under age 19 is not possible unless an ineligible parent enrolls, the Medicaid agency pays premiums for enrollment of the ineligible parent and at the parent option other ineligible family members the agency also pays deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan for the ineligible parent.

To determine cost effectiveness, the Medicaid agency determines whether the annual cost of an applicant's commercial health insurance is less than the estimated total cost of the applicant's annual medical expenses, out-of-pocket costs, and administrative costs. If the commercial health insurance is less, the client is eligible for this program. For qualified employer sponsored coverage the employer must contribute at least 40 percent of the premium cost.

The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved Medicaid state plan. The beneficiary will receive a benefit package that includes a wrap of benefits around the employer sponsored insurance plan that equals the benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

PRA Disclosure Statement

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Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.

Yes

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.

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V.20130807



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

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.

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V.20130807