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State/Territory Name: ND

State Plan Amendment (SPA) #: 25-0014

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Medicaid and CHIP Operations Group

July 8, 2025

Sarah Aker
Executive Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue, Dept. 325
Bismark, ND 58505

Re: North Dakota State Plan Amendment (SPA) – 25-0014

Dear Director Aker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-25-0014. This amendment proposes to align Alternative Benefit Plans (ABP) for 19–20-year-olds Medicaid expansion members.

We conducted our review of your submittal according to statutory requirements in 1902(a)(10)(A)(i)(VIII) of the Act. This letter informs you that North Dakota Medicaid SPA TN 25-0014 was approved on July 8, 2025, with an effective date of January 1, 2025.

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

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: LeeAnn Thiel

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name:North Dakota

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.

TN-25-0014

Proposed Effective Date

01/01/2025

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact	Federal Fiscal Year	Amount
First Year	<div>0</div>	<div>\$ 0.00</div>
Second Year	<div></div>	<div>\$ 0.00</div>

Subject of Amendment

Alignment ABP for Medicaid Expansion members ages 19 and 20.

Governor's Office Review

☐ Governor's office reported no comment

☐ Comments of Governor's office received

Describe:

☐ No reply received within 45 days of submittal

☒ Other, as specified

Describe:

Governor's office review is not required in North Dakota.

Signature of State Agency Official

Submitted By:

Krista Fremming

Last Revision Date:

Apr 11, 2025

Submit Date:

Apr 11, 2025



Alternative Benefit Plan

State Name: North Dakota

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: ND - 25 - 0014 - B

Benefits Description

ABP5

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

No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

BlueCare Gold 90 500

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

Secretary-Approved Coverage with benefits and limitations source from the North Dakota Medicaid State Plan.



Alternative Benefit Plan

☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:	Source:	Remove
Outpatient Hospital Surgical Center	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Exclusions include: surgical procedures that can be done in Practitioner's office (i.e. vasectomy, toe nail removal) and complications from a non-covered procedure or service.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a		

Benefit Provided:	Source:	Remove
Primary Care to Treat Illness/Injury	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A section 5.a; Attachment 3.1-B section 5.a		

Benefit Provided:	Source:	Remove
Specialty Visits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		



Alternative Benefit Plan

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

Attachment 3.1-A section 5.a; Attachment 3.1-B section 5.a

Benefit Provided:

Chiropractic

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

20 visits per calendar year

Duration Limit:

None

Scope Limit:

Exclusion: Joint manipulation outside of the spine is not covered.

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

Attachment 3.1-A section 6.c; Attachment 3.1-B section 6.c

Includes 2 x-rays per year.

Additional visits allowed with prior authorization.

Benefit Provided:

Chemotherapy Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a

Benefit Provided:

Radiation Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

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

Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a

Benefit Provided:

Anesthesia

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a

Benefit Provided:

Home Health Care Non Rehab

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

50 visits per member per calendar year

Duration Limit:

None

Scope Limit:

Exclusions: Eye drops or ointment instillations, Routine glucose monitoring and insulin administration, Routine foot care, Stasis ulcer maintenance care, Pediatric maintenance care, Routine medication setup,

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

Attachment 3.1-A section 7; Attachment 3.1-B section 7

Exclusions continued: Other services that become self-care activities after the member or family members or others have been taught how to do the procedure(s) in a reasonable amount of time, Light housekeeping, Transportation, Meal preparation, Laundry, Shopping, Childcare and Respite care.

Additional visits allowed with prior authorization which are valid for 60 days.



Alternative Benefit Plan

Benefit Provided:	Source:	Remove
Dialysis	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a		

Benefit Provided:	Source:	Remove
Other Licensed Practitioner - OLP	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A Item 6.d and Attachment 3.1-B Item 6.d <ul style="list-style-type: none">• Psychologists• Certified Registered Nurse Anesthetist• Nurse Practitioners who meet North Dakota's advanced educational and clinic practice requirements and who are certified in specialties in addition to family and pediatric nurse practitioner services.• Clinical Social worker• Registered Pharmacist• Physician Assistants and Clinical Nurse Specialists• Marriage and Family Therapists and Licensed Professional Clinical Counselors• Professional Counselor		

Add



Alternative Benefit Plan

☒ 2. Essential Health Benefit: Emergency services

Collapse All ☐

Benefit Provided:

Emergency Room Facility/Professional

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a

Benefit Provided:

Ambulance Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-D

Benefit Provided:

Urgent Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Exclusion: ND Medicaid does not cover any services received outside of the United States.



Alternative Benefit Plan

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

Attachment 3.1-A section 9; Attachment 3.1-B section 9

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Medical and Surgical Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 1; Attachment 3.1-B section 1

Exclusions: Admission Kits, Ambulance Charges, Patient Convenience Items, Barber/Beauty, Postage, Biofeedback, Private Room, Books/Tapes, Social Services, Guest Tray, Take Home Drugs, Late Discharge, Take Home Supplies, Leave of Absence Room, Tax, Lif

Benefit Provided:

Bariatric Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limit 1 per lifetime

Duration Limit:

None

Scope Limit:

Medical necessity must be met.

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

Attachment 3.1-A section 1 and section 5.a; Attachment 3.1-B section 1 and section 5.a
Limits can be exceeded if prior authorized and determined medically necessary by the state.

Benefit Provided:

Transplants

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Procedure must be medically necessary and not specified as experimental.



Alternative Benefit Plan

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

Attachment 3.1-E

Benefit Provided:

Anesthesia

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Coverage of services when personally furnished by an anesthesiologist or CRNA

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

Attachment 3.1-A section 1; Attachment 3.1-B section 1

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 18; Attachment 3.1-B section 18

A member must be certified as terminally ill to be eligible for coverage of hospice care. Hospice care may continue until a member is no longer certified as terminally ill or until the member or representative revokes the election of hospice.

Benefit Provided:

Reconstructive Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Surgery to restore bodily function or correct deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes.

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

Attachment 3.1-A section 1; Attachment 3.1-B section 1

Add



Alternative Benefit Plan

☒ 4. Essential Health Benefit: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Delivery and Maternity Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 1, section 3, section 5, section 6.d, section 17, section 20;
Attachment 3.1-B section 1, section 3, section 5, section 6.d, section 17, section 20

Benefit Provided:

Pre and Postnatal Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 3, section 5, section 6.d, section 17, section 20;
Attachment 3.1-B section 3, section 5, section 6.d, section 17, section 20

Add



Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:	Source:	Remove
Mental Health Inpatient Treatment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A section 1; Attachment 3.1-B section 1		

Benefit Provided:	Source:	Remove
Substance Use Disorder Inpatient Treatment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A section 1; Attachment 3.1-B section 1		

Benefit Provided:	Source:	Remove
Mental Health Outpatient Treatment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

None

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

Attachment 3.1-A section 13d; Attachment 3.1-B section 13d

Benefit Provided:

Substance Abuse Disorder Outpatient Treatment

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 13d; Attachment 3.1-B section 13d

Add



Alternative Benefit Plan

☒ 6. Essential Health Benefit: Prescription drugs

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

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

No

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The state's ABP prescription drug benefit is the same as the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:	Source:	Remove
Outpatient Rehabilitation Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Reference approved State Plan, Attachment 3.1-A, section 2.a Includes PT, OT and ST		

Benefit Provided:	Source:	Remove
Cardiac Rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Limited to Plan Guidelines	None	
Scope Limit:		
Coverage up to 36 sessions consisting typically of three sessions per week in a single 12-week period.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a Limits can be exceeded if prior authorized and determined medically necessary by the state.		

Benefit Provided:	Source:	Remove
Durable Medical Equipment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Limited to Plan Guidelines	None	



Alternative Benefit Plan

Scope Limit:

Prior authorization and/or limitations may apply to certain items per the Plan guidelines

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

Attachment 3.1-A section 7.c; Attachment 3.1-B section 7.c

Limits can be exceeded if prior authorized and determined medically necessary by the state.

Benefit Provided:

Prosthetics and Orthotics

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limited to Plan Guidelines

Duration Limit:

None

Scope Limit:

Prior authorization and/or limitations may apply to certain items per the Plan guidelines

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

Attachment 3.1-A section 12.c; Attachment 3.1-B section 12.c

Limits can be exceeded if prior authorized and determined medically necessary by the state.

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

50 visits per member per calendar year

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 7; Attachment 3.1-B section 7

Limits can be exceeded if prior authorized and determined medically necessary by the state.

Benefit Provided:

Habilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 2.a
Includes PT, OT and ST

Add



Alternative Benefit Plan

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

LAB, RADIOLOGY AND DIAGNOSTIC SERVICES

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 2.a and section 3; Attachment 3.1-B section 2.a and section 3

Add



Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:	Source:	Remove
Preventative Care/Screening/Immunizations	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A section 4.b and section 5.a; Attachment 3.1-B section 4.b and section 5.a		

Benefit Provided:	Source:	Remove
Medical Nutritional Therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
4 hours per calendar year	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Attachment 3.1-A section 13.c Limits can be exceeded if prior authorized and determined medically necessary by the state.		

Benefit Provided:	Source:	Remove
Tobacco Cessation Counseling Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

None

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

Attachment 3.1-A ; Attachment 3.1-B

Benefit Provided:

Allergy Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Does not cover the administration of oral preparations used to treat food allergies (e.g., food drops, etc.) or other allergy services not recognized as a medical standard for the provision of allergy immunotherapy.

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

Attachment 3.1-A section 5.a and section 6.d; Attachment 3.1-B section 5.a and section 6.d

Benefit Provided:

Family Planning

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Noncovered Services: Reversal of elective sterilization, Hysterectomies for the purpose of sterilization.

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

Attachment 3.1-A section 4.c; Attachment 3.1-B section 4.c

Benefit Provided:

Diabetes Equipment, Supplies, Education

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 6.d; Attachment 3.1-B section 6.d

Benefit Provided:

Wellness Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 4.b and section 5.a; Attachment 3.1-B section 4.b and section 5.a

Add



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b

Add



Alternative Benefit Plan

☐ 11. Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

☒ 12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Primary Care Visit to Treat Injury/Illness - Dup

Source:

Base Benchmark

Remove

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

Primary care visits to treat injury or illness are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5; Attachment 3.1-B, section 5.a and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Specialty Visits - Duplication

Source:

Base Benchmark

Remove

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

Specialty visits to treat injury or illness are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5; Attachment 3.1-B, section 5.a and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visits - Duplication

Source:

Base Benchmark

Remove

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

Other practitioner office visits are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 6.d. and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Facility (Ambulatory Surg Ctr) - Dup

Source:

Base Benchmark

Remove

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

Outpatient facility fee (e.g., ambulatory surgery center) services are a base benchmark benefit covered under the State Plan Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician/Surgical - Dup

Source:

Base Benchmark

Remove

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

Outpatient surgery physician/surgical services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a and are within EHB 1, ambulatory patient services.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Hospice Services - Duplication

Source:

Base Benchmark

Remove

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

Hospice services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 18; Attachment 3.1-B section 18 and are within EHB 3, hospitalization.

A member must be certified as terminally ill to be eligible for coverage of hospice care. Hospice care may continue until a member is no longer certified as terminally ill or until the member or representative revokes the election of hospice.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers - Duplication

Source:

Base Benchmark

Remove

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

Urgent Care services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 9; Attachment 3.1-B section 9 and are within EHB 2, emergency services.

Base Benchmark Benefit that was Substituted:

Home Health Care Services - Duplication

Source:

Base Benchmark

Remove

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

Home Health Care services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 7; Attachment 3.1-B section 7 and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Emergency Room Services - Duplication

Source:

Base Benchmark

Remove

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

Emergency room services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a and are within EHB 2, emergency services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance - Duplication

Source:

Base Benchmark

Remove

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

Emergency Transportation/Ambulance services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a and are within EHB 2, emergency services.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services - Duplication

Source:

Base Benchmark

Remove

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

Inpatient hospital services (inpatient stay) are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 1; Attachment 3.1-B section 1 and are within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Inpatient Physician and Surgical Services - Dup

Source:

Base Benchmark

Remove

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

Inpatient physician & surgical services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 1; Attachment 3.1-B section 1 and are within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Bariatric Surgery - Duplication

Source:

Base Benchmark

Remove

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

Bariatric services are a base benchmark benefit covered under the State Plan, Attachment 3.1-B section 1 and section 5.a and are within EHB 3, Hospitalization.

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility - Duplication

Source:

Base Benchmark

Remove

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

Skilled Nursing Facility services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 24.d and are within EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care - Duplication

Source:

Base Benchmark

Remove

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

Prenatal and Postnatal Care services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 1, section 3, section 5, section 6.d, section 17, section 20; Attachment 3.1-B section 1, section 3, section 5, section 6.d, section 17, section 20 and are within EHB 4, Maternity and newborn care.

Base Benchmark Benefit that was Substituted:

Delivery & Inpatient Services for Maternity - Dup

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Prenatal and Postnatal Care services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 1, section 3, section 5, section 6.d, section 17, section 20; Attachment 3.1-B section 1, section 3, section 5, section 6.d, section 17, section 20 and are within EHB 4, Maternity and newborn care.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Outpatient Services - Dup

Source:

Base Benchmark

Remove

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

Mental/Behavioral Health Outpatient Services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 13d; Attachment 3.1-B section 13d and are within EHB 5, Mental health and substance use disorder services.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient Services - Dup

Source:

Base Benchmark

Remove

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

Mental/Behavioral Health Outpatient Services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 1; Attachment 3.1-B section 1 and are within EHB 5, Mental health and substance use disorder services.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient Services - Dup

Source:

Base Benchmark

Remove

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

Mental/Behavioral Health Outpatient Services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 13d; Attachment 3.1-B section 13d and are within EHB 5, Mental health and substance use disorder services.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Inpatient Services - Dup

Source:

Base Benchmark

Remove

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

Mental/Behavioral Health Outpatient Services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 1; Attachment 3.1-B section 1 and are within EHB 5, Mental health and substance use disorder services.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services - Dup

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Outpatient rehabilitation services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Chiropractic Care - Duplication

Source:

Base Benchmark

Remove

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

Chiropractic services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 6.c; Attachment 3.1-B section 6.c and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment - Duplication

Source:

Base Benchmark

Remove

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

Durable Medical Equipment services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 7.c; Attachment 3.1-B section 7.c and are within EHB 7, Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs) - Duplication

Source:

Base Benchmark

Remove

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

Imaging services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a and section 3; Attachment 3.1-B section 2.a and section 3 and are within EHB 8, Laboratory services.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening/Immunization - Dup

Source:

Base Benchmark

Remove

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

Preventative care/screening/immunization services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b and section 5.a; Attachment 3.1-B section 4.b and section 5.a and are within EHB 9, Preventive and wellness service and chronic disease management.

Base Benchmark Benefit that was Substituted:

Routine Eye Exam for Children - Duplication

Source:

Base Benchmark

Remove

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

Routine Eye Exam for Children are a base benchmark benefit covered under the State Plan, Attachment



Alternative Benefit Plan

3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Eye Glasses for Children - Duplication

Source:

Base Benchmark

Remove

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

Routine Eye Exam for Children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Dental Check-Up for Children - Duplication

Source:

Base Benchmark

Remove

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

Dental Check-up for Children is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Habilitation Services - Duplication

Source:

Base Benchmark

Remove

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

Habilitation services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Well Baby Visits and Care - Duplication

Source:

Base Benchmark

Remove

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

Well baby visits and care are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Lab Outpatient and Professional Services - Dup

Source:

Base Benchmark

Remove

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

Imaging (CT/PET Scans, MRIs) services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a and section 3; Attachment 3.1-B section 2.a and section 3 and are within EHB 8, laboratory services.



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Base Benchmark Benefit that was Substituted:

X-rays and Diagnostic Imaging - Duplication

Source:

Base Benchmark

Remove

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

Imaging (CT/PET Scans, MRIs) services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a and section 3; Attachment 3.1-B section 2.a and section 3 and are within EHB 8, laboratory services.

Base Benchmark Benefit that was Substituted:

Basic Dental Care - Child - Duplication

Source:

Base Benchmark

Remove

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

Basic Dental Care are a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Orthodontia - Child - Duplication

Source:

Base Benchmark

Remove

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

Orthodontia care is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Major Dental Care - Child - Duplication

Source:

Base Benchmark

Remove

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

Major Dental care is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Transplant - Duplication

Source:

Base Benchmark

Remove

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

Transplant services are a base benchmark benefit covered under the State Plan, Attachment 3.1- E and are within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Accidental Dental - Duplication

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Accidental Dental care is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Dialysis - Duplication

Source:

Base Benchmark

Remove

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

Dialysis is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a and is within EHB 1, ambulatory services.

Base Benchmark Benefit that was Substituted:

Allergy Testing - Duplication

Source:

Base Benchmark

Remove

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

Allergy testing is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 5.a and section 6.d; Attachment 3.1-B section 5.a and section 6.d and is within EHB 9, Preventive and wellness services and chronic disease management.

Base Benchmark Benefit that was Substituted:

Chemotherapy - Duplication

Source:

Base Benchmark

Remove

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

Chemotherapy is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a and is within EHB 1, ambulatory services.

Base Benchmark Benefit that was Substituted:

Radiation - Duplication

Source:

Base Benchmark

Remove

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

Radiation is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2.a; Attachment 3.1-B section 2.a and is within EHB 1, ambulatory services.

Base Benchmark Benefit that was Substituted:

Diabetes Education - Duplication

Source:

Base Benchmark

Remove

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

Diabetes education is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 13.c. and is within EHB 9, preventive and wellness services and chronic disease management.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Prosthetic Devices - Duplication

Source:

Base Benchmark

Remove

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

Prosthetic devices is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 12.c; Attachment 3.1-B section 12.c and is within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Infusion Therapy - Duplication

Source:

Base Benchmark

Remove

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

Infusion therapy is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 2 and section 5.a EHB 1, Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Treatment for TMJ - Duplication

Source:

Base Benchmark

Remove

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

Treatment for TJM is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 4.b; Attachment 3.1-B section 4.b and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Nutritional Counseling - Duplication

Source:

Base Benchmark

Remove

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

Nutritional Counseling is a base benchmark benefit covered under Medical Nutritional Therapy under the State Plan, Attachment 3.1-A section 13.c. and is within EHB 9, preventive and wellness services and chronic disease management.

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery - Duplication

Source:

Base Benchmark

Remove

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

Reconstructive surgery is a base benchmark benefit covered under the State Plan, Attachment 3.1-A section 1; Attachment 3.1-B section 1 and is within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Rehabilitation Speech Therapy - Duplication

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Rehabilitation speech therapy services are a base benchmark benefit duplicated with outpatient rehabilitation services covered under the State Plan, Attachments 3.1-A section 13 and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Rehab Occupational & Physical Therap - Duplication

Source:

Base Benchmark

Remove

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

Rehabilitation occupational and physical services are a base benchmark benefit duplicated with outpatient rehabilitation services covered under the State Plan, Attachments 3.1-A section 13 and are within EHB 7, rehabilitative and habilitative services and devices.

Add



Alternative Benefit Plan

☐ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐



Alternative Benefit Plan

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

Collapse All ☐

Other 1937 Benefit Provided:

Non-emergency transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 24a.
Reference approved State Plan, Attachment 3.1-D.

Other 1937 Benefit Provided:

Podiatric services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 6.a.

Other 1937 Benefit Provided:

Optometrist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 per year

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 6.b



Alternative Benefit Plan

Limit can be exceed if medically necessary.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 26.

Other 1937 Benefit Provided:

Medication Therapy Mgmt Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Maximum of 4 MTM encounters per 365 days.

Other:

Reference approved State Plan, Attachment 3.1-A, section 13.C
Limit can be exceed if medically necessary.

Other 1937 Benefit Provided:

ICF/IID services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other:

Reference approved State Plan Section 3.1-A, section 15.

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 30.

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 19
3 Types: Ind with Behavioral Health Condition, Ind in CW system, and High Risk Pregnant Women

Other 1937 Benefit Provided:

Medication Assisted Treatment Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, Supplement 8
Revised within TN 20-0026 effective 10/01/2020.

MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.

Other 1937 Benefit Provided:

Nursing Facility - Long Term Care

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 24.d

Other 1937 Benefit Provided:

1915(i) Behavioral Health HCBS

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Attachment 3.1-i

Services must be determined medically necessary by the state.

The service are limited to individuals with a behavioral health diagnosis along with a completed WHODAS assessment reviewed and approved by the state.

Other 1937 Benefit Provided:

Other Licensed Practitioners - OLP



Alternative Benefit Plan

Source:

Remove

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Attachment 3.1-A Item 6.d and Attachment 3.1-B Item 6.d

- Licensed Registered Nurse
- Licensed School Psychologist

Add



Alternative Benefit Plan

☐ 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)

Collapse All ☐

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808