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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 22-0004

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

June 9, 2022

Melody Anthony State Medicaid Director 4345 N. Lincoln Blvd. Oklahoma City, OK 73105

Re: Oklahoma (OK) State Plan Amendment (SPA) 22-0004

Dear Ms. Anthony:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OK 22-0004. This amendment proposes to revise the state's Alternative Benefit Plan (ABP) to add: 1) coverage and reimbursement for alternative non-pharmacological treatments in an effort to reduce or prevent the use of opioid medications for Expansion Adult Medicaid members; 2) intermediate care facilities for individuals with intellectual disabilities (ICF/IID) services (other than such services in an institution for mental diseases) who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care; 3) coverage of routine patient costs for items and services furnished in connection with participation by members in qualifying clinical trials; and 4) to rename "skilled nursing" with "inpatient rehabilitation hospital".

We conducted our review of your submittal according to statutory requirements in Section 1937 of the Social Security Act and implementing regulations from 42 CFR 440.130, Subpart C. This letter is to inform you that OK Medicaid SPA 22-0004 was approved on June 8, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Stacey S. Steiner at 214-767-6479 or via email at stacey.steiner@cms.hhs.gov.

Sincerely,

James G. Scott, Director Division of Program Operations

Enclosures

cc: Traylor Rains Sandra Puebla Kasie McCarty

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Transmittal Number:

Oklahoma

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered. OK-22-0004

Proposed Effective Date

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

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act; 42 CFR Part 440, Subpart C

Federal Budget Impact

Federal Fiscal Year			Amount
First Year	2022	\$ 11990043.00	
Second Year	2023	\$ 15986723.00	

Subject of Amendment

ABP amendment to add: coverage and reimbursement for alternative non-pharmacological treatments in an effort to reduce or prevent the use of opioid medications for Expansion Adult Medicaid members; intermediate care facilities for individuals with intellectual disabilities (ICF/IID) services (other than such services in an institution for mental diseases) who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care; coverage of routine patient costs for items and services furnished in connection with participation by members in qualifying clinical trials; and rename "skilled nursing" with "inpatient rehabilitation hospital".

Lastly, revisions include appropriately renaming the inpatient rehabilitation hospital benefit by removing "skilled nursing" from the service/title description.

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:

The Governor's office does not review State Plan amendments.

Signature of State Agency Official

Submitted By:	Sandra Puebla
Last Revision Date:	Mar 22, 2022
Submit Date:	Mar 22, 2022



State Name: Oklahoma	Attachment 3.1-L-	OMB Control Number: 0938-1148
Transmittal Number: OK - 22 - 0004		-
Benefits Description		ABP5
The state/territory proposes a "Benchmark-Equivalent" benchmark-	efit package. No	
Benefits Included in Alternative Benefit Plan		
Enter the specific name of the base benchmark plan selected	1:	
Blue Cross Blue Shield of Oklahoma/Blue Options Gold 00	02 plan	
Enter the specific name of the section 1937 coverage option Approved."	selected, if other than Secretary-Appr	roved. Otherwise, enter "Secretary-
Secretary-approved		
L		



D		
Benefit Provided: Primary Care Visits to Treat Injury or Illness	Source: State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	1
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
4 visits/month	None	
Scope Limit:		
None		
Other information regarding this benefit, including the benchmark plan: Reference approved State Plan, Attachment 3.1-A, Amount limits can be exceeded based on medical n		
Benefit Provided:	Source:	Remove
Specialty Visits	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	1
Amount Limit:	Duration Limit:	
4 visits/month	None	ľ
Scope Limit:		I,
None		
Other information regarding this benefit, including to benchmark plan: Reference approved State Plan, Attachment 3.1-A, Amount limits can be exceeded based on medical n		
Den e fit Den vi de de	9	1
Benefit Provided: Other Practitioner Office Visits	Source: State Plan 1905(a)	Remove
		72
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	15
4 visits/month for PA and APRN visits	None	
Scope Limit:		1
None		
benchmark plan:	the specific name of the source plan if it is not the base	• ·
Reference approved State Plan, Attachment 3.1-A,	section 6.d.	



ource: tate Plan 1905(a) rovider Qualifications:	Remove
rovider Qualifications:	
Aedicaid State Plan	
uration Limit:	
None	
on 2.a.	
ource:	Remove
tate Plan 1905(a)	Remove
rovider Qualifications:	
Aedicaid State Plan	
uration Limit:	
None	
ecific name of the source plan if it is not the base on 2.a.	
ource:	Remove
tate Plan 1905(a)	
rovider Qualifications:	
Medicaid State Plan	
uration Limit:	
Jone	
	ecific name of the source plan if it is not the base n 2.a. purce: tate Plan 1905(a) rovider Qualifications: Indicaid State Plan uration Limit: fone ecific name of the source plan if it is not the base n 2.a. purce: tate Plan 1905(a) rovider Qualifications: Indicaid State Plan uration Limit: forme



Reference approved State Plan, Attachment 3.1-A, Reference approved State Plan, Attachment 3.1-A, Amount limits can be exceeded based on medical n	section 6.d.	
nefit Provided:	Source:	Remove
emotherapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan: Reference approved State Plan, Attachment 3.1-A,	the specific name of the source plan if it is not the base , section 2.a.	
nefit Provided: diation	Source:	Remove
diation		
Giation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
14 - 25 - 25 - 25		
Authorization:	Provider Qualifications:	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Authorization: None Amount Limit:	Provider Qualifications: Medicaid State Plan Duration Limit:	2
Authorization: None Amount Limit: None	Provider Qualifications: Medicaid State Plan Duration Limit:	
Authorization: None Amount Limit: None Scope Limit: None	Provider Qualifications: Medicaid State Plan Duration Limit:	
Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, including	Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	
Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan: Reference approved State Plan, Attachment 3.1-A,	Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base	Remove
Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan: Reference approved State Plan, Attachment 3.1-A, mefit Provided:	Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base , section 2.a.	Remove
Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan: Reference approved State Plan, Attachment 3.1-A, mefit Provided:	Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base section 2.a. Source:	Remove
Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan: Reference approved State Plan, Attachment 3.1-A, nefit Provided: utpatient Surgery Physician/Surgical Services	Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base section 2.a. Source: State Plan 1905(a)	Remove
Authorization: None Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan: Reference approved State Plan, Attachment 3.1-A, nefit Provided: utpatient Surgery Physician/Surgical Services Authorization:	Provider Qualifications: Medicaid State Plan Duration Limit: None the specific name of the source plan if it is not the base section 2.a. Source: State Plan 1905(a) Provider Qualifications:	Remove



None		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	
Reference approved State Plan, Attac	hment 3.1-A, section 2.a.	
efit Provided:	Source:	Remove
spice	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	780	
See "other information" box		
Uther information regarding this bene	fit, including the specific name of the source plan if it is not the base	
benchmark plan:	int, including the specific name of the source plan if it is not the base	
	ion 1905(o) of the Social Security Act	
supportive care to meet the special ne	In this/her families when a physician certifies that the member has a ancy of six months or less. The hospice program offers palliative and beeds arising out of the physical, emotional, and spiritual stresses which	
supportive care to meet the special ne are experienced during the final stage palliation and management of the me	ancy of six months or less. The hospice program offers palliative and eeds arising out of the physical, emotional, and spiritual stresses which es of illness and death. Hospice services must be related to the mber's illness, symptom control, or to enable the individual to	
supportive care to meet the special ne are experienced during the final stage palliation and management of the mer maintain activities of daily living and Hospice services are performed under an approved hospital hospice facility,	ancy of six months or less. The hospice program offers palliative and beeds arising out of the physical, emotional, and spiritual stresses which es of illness and death. Hospice services must be related to the mber's illness, symptom control, or to enable the individual to a basic functional skills. In the direction of the physician as per the member's plan of care and in , in-home hospice program, or nursing facility. A participating e's conditions of participation for hospices and have a valid provider	
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The election statement waives a member's right to other Medicaid benefits, except for care not related to the terminal illness and care provided by the attending physician.

Expansion adults under age 21 who elect hospice care will receive it concurrently with curative care for the terminal condition/illness, in accordance with section 2302 of the Affordable Care Act.

An individual or representative may revoke the election of hospice care at any time. Upon revoking the election of Medicaid coverage of hospice care for a particular election period, an individual resumes Medicaid coverage of the benefits waived when hospice care was elected. An individual may at any time elect to receive hospice coverage for any other hospice election periods for which he or she is eligible.

C. Requirements for coverage for each certification period

Certification of terminal illness

Certification of terminal illness is and includes a medical prognosis with a life expectancy of 6 months or less if the illness runs its normal course. The certificate of terminal illness is completed by the member's attending physician or the medical director of an interdisciplinary group and is supported by clinical information and other documentation in the medical record. The nurse practitioners serving as the attending physician may not certify the terminal illness.

Plan of care

A plan of care developed by the hospice interdisciplinary team must be established before services are provided. To be covered, services must be consistent with the plan of care. The plan of care should be submitted with the prior authorization request.

Re-evaluation for continuation for services

Re-evaluation by physician or nurse practitioner is required for continuation of services for each subsequent 90-day and/or 60-day certification periods. The hospice physician or nurse practitioner must have a face-to-face encounter with the member to determine if the member's terminal illness necessitates continuing hospice care services. The encounter must take place prior to the 180th day recertification and each subsequent recertification thereafter.

D. Covered Services

Hospice care includes nursing care, physician services, medical equipment and supplies, drugs for symptom control and pain relief, home health aide services; personal care services, physical, occupational and/or speech therapy, medical social services, dietary counseling and grief and bereavement counseling to the member and/or family. Services must be prior authorized. Bereavement counseling services are required but are not reimbursable.

Levels of Care

1. Routine hospice care Member is at home and is not receiving continuous care

2. Continuous Home Care

Member is not in an inpatient facility and receives hospice on a continuous basis at home (consists primarily of nursing care to achieve palliation and management of acute medical symptoms during a brief period of crisis only as necessary to maintain the terminally ill patient at home.) If less skilled care is needed on a continuous basis to enable the person to remain at home, this is covered as routine hospice care.

3. Inpatient respite care

Transmittal Number: OK-22-0004 <u>Approval Date: June 8, 2022</u> Supersedes Transmittal Number: OK- 21-0018



provided to individuals residing in a nursing ho4. General inpatient careMember receives general inpatient care in an ir	npatient facility for pain control or acute or chronic symptom In this situation, at home can mean a member's personal	
Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Prior Authorization		
Amount Limit:	Duration Limit:	
Scope Limit:		
Conter information regarding this benefit, includ benchmark plan:	ling the specific name of the source plan if it is not the base	
		Add



Benefit Provided:	Source:	Remove
Emergency Room Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	I
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	7.1	
None		
Other information regarding this benefit, inclubenchmark plan: Reference approved State Plan, Attachment 3	uding the specific name of the source plan if it is not 3.1-A, section 2.a.	t the base
Benefit Provided:	Source:	Remove
Emergency Transportation/Ambulance	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	5.63. 	
None		
Other information regarding this benefit, inclubenchmark plan: Reference approved State Plan, Attachment	uding the specific name of the source plan if it is not 3.1-D.	t the base
Benefit Provided:	Source:	Remove
Urgent Care Center	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
	None	
None	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 9.

Add



Benefit Provided:	Source:	Remove
Inpatient Hospital Services (Inpatient Stay)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	_]
No	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan: Reference approved State Plan, Attachment 3.1-	ng the specific name of the source plan if it is not the base A, section 1.	
Benefit Provided:	Source:	D
Inpatient Physician & Surgical Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	٦
Amount Limit:	Duration Limit:	
None	None	7
Scope Limit:		
Inpatient physician services: one visit per day p Inpatient surgical services: no limit.	er physician.	
Other information regarding this benefit, includin benchmark plan:	ng the specific name of the source plan if it is not the base	
Reference approved State Plan, Attachment 3.1- Reference approved State Plan, Attachment 3.1-		
Amount limits can be exceeded based on medica		
Benefit Provided:	Source:	2
Organ Transplants	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Authorization: Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	7



	hment 3.1-E.	
nefit Provided:	Source:	Remove
econstructive Surgery	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Non-cosmetic; breast reconstruction/ mastectomy which is medically neces	implantation/removal is covered only when it is a direct result of a	
nefît Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Other		
Amount Limit:	Duration Limit:	
Scope Limit:		



Benefit Provided:	Source:	Remove
Prenatal & Postnatal care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	2.1
None	None	
Scope Limit:		×3
None		
Other information regarding this benefit benchmark plan: Reference approved State Plan, Attachr Reference approved State Plan, Attachr	nent 3.1-A, section 5. nent 3.1-A, section 6.d. nent 3.1-A, section 17.	not the base
Reference approved State I fail, Attaching	init 5.1-rs, section 20 and section 21.	
Benefit Provided:	Source:	Remove
Delivery & Inpatient Services for Maternity	Y Care State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	76
None	None	
Scope Limit:		
None		
Other information regarding this benefit benchmark plan: Reference approved State Plan, Attachr	, including the specific name of the source plan if it is r	not the base
Reference approved State Plan, Attachr Reference approved State Plan, Attachr	nent 3.1-A, section 3. nent 3.1-A, section 5. nent 3.1-A, section 6.d. nent 3.1-A, section 17.	
Benefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
No		
	A-247)	



benchmark plan:		
nefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the base	



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

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.

enefit Provided:	Source:	Remove
Iental/Behavioral Health Outpatient 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, includin benchmark plan: Reference approved State Plan, Attachment 3.1-A Amount limits can be exceeded based on medica		
enefit Provided:	Source:	Remove
lental/Behavioral Health Inpatient Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, includin benchmark plan: Reference approved State Plan, Attachment 3.1-2 Amount limits can be exceeded based on medica		
enefit Provided:	Source:	Remove
ubstance Use Disorder Outpatient Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
No	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

Collapse All



None		
Other information regarding this benefit, inclu benchmark plan:	ding the specific name of the source plan if it is not	t the base
Reference approved State Plan, Attachment 3. Amount limits can be exceeded based on med Revised within TN-21-0014, effective 07/01/2	ical necessity.	
enefit Provided:	Source:	Remove
Substance Use Disorder Inpatient Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Soona Limit		
Scope Limit:		
None		t the base
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2	1-A, section 13.d.5. 21	
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3.	1-A, section 13.d.5.	t the base
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2	1-A, section 13.d.5. 21	
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 Benefit Provided:	1-A, section 13.d.5. 21 Source:	
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 Benefit Provided: Authorization:	1-A, section 13.d.5. 21 Source:	
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 Benefit Provided: Authorization: Other	Source: Provider Qualifications:	
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 Benefit Provided: Authorization: Other Amount Limit:	Source: Provider Qualifications:	
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 Benefit Provided: Authorization: Other Amount Limit: Scope Limit:	Source: Provider Qualifications:	Remove
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 Benefit Provided: Authorization: Other Amount Limit: Scope Limit:	Image: Source: Source: Provider Qualifications: Duration Limit:	Remove
None Other information regarding this benefit, inclu benchmark plan: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 Benefit Provided: Authorization: Other Amount Limit: Scope Limit: Other information regarding this benefit, inclu	Image: Source: Source: Provider Qualifications: Duration Limit:	Remove



 6. Essential Health Benefit: Prescription drugs The state/territory assures that the ABP prescription State Plan for prescribed drugs. 	on drug benefit plan is the s	same as under the approved Medicaid
Benefit Provided:		
Coverage is at least the greater of one drug in each same number of prescription drugs in each categories.		
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
\square Limit on days supply	No	State licensed
Limit on number of prescriptions	·]	
Limit on brand drugs		
Other coverage limits		
Preferred drug list		
Coverage that exceeds the minimum requirements	or other:	
The state's ABP prescription drug benefit is the sa drugs.	me as the approved Medica	aid state plan for prescribed



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 imits 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.

enefit Provided:	Source:	Remove
Outpatient Rehabilitation Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
15 visits/year for each OT, PT, & ST	None	
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan: Reference approved State Plan, Attachment 3. The benefit amount limits exceed the quantity		
enefit Provided:	Source:	Remove
lome Health	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
No	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Provided by Home Health agencies		
Other information regarding this benefit, includ benchmark plan: Reference approved State Plan, Attachment 3.	ling the specific name of the source plan if it is not the base 1-A, section 7.	
enefit Provided:	Source:	Remove
Durable Medical Equipment	State Plan 1905(a)	L
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Scope Limit:		
None		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the	base
Some items may require prior authoric Reference approved State Plan, Attac Reference approved State Plan, Attac	hment 3.1-A, section 12.c.	
enefit Provided: Prosthetic Devices	Source:	Remove
Tostiletic Devices	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this bene benchmark plan: Some items may require prior authori Reference approved State Plan, Attac		base
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac enefit Provided:	zation. hment 3.1-A, section 12.c. Source:	base
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a)	
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac enefit Provided: Orthotic Devices Authorization:	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications:	
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac enefit Provided: Drthotic Devices	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a)	
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac enefit Provided: Orthotic Devices Authorization:	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications:	
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac enefit Provided: Orthotic Devices Authorization: Prior Authorization	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac enefit Provided: Orthotic Devices Authorization: Prior Authorization Amount Limit:	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac enefit Provided: Orthotic Devices Authorization: Prior Authorization Amount Limit: None	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac Senefit Provided: Orthotic Devices Authorization: Prior Authorization Amount Limit: None Scope Limit: None Other information regarding this bene benchmark plan:	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None fit, including the specific name of the source plan if it is not the l	Remove
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac Senefit Provided: Orthotic Devices Authorization: Prior Authorization Amount Limit: None Scope Limit: None Other information regarding this bene	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None fit, including the specific name of the source plan if it is not the limit zation.	Remove
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benchmark plan: Some items may require prior authori Reference approved State Plan, Attac enefit Provided: Orthotic Devices Authorization: Prior Authorization Amount Limit: None Scope Limit: None Other information regarding this bene benchmark plan: Some items may require prior authori Reference approved State Plan, Attac	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None fit, including the specific name of the source plan if it is not the limit zation. hment 3.1-A, section 12.c.	Remove
benchmark plan: Some items may require prior authori Reference approved State Plan, Attac Senefit Provided: Orthotic Devices Authorization: Prior Authorization Amount Limit: None Scope Limit: None Other information regarding this bene benchmark plan: Some items may require prior authori Reference approved State Plan, Attac	zation. hment 3.1-A, section 12.c. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None fit, including the specific name of the source plan if it is not the zation. hment 3.1-A, section 12.c. Source:	Remove



	Duration Limit:	
15 visits/year for each OT, PT, & ST	None	
Scope Limit:		
Provided only in outpatient hospitals		
Other information regarding this benefit, including the benchmark plan: Reference approved State Plan, Attachment 3.1-A, so The benefit amount limits exceed the quantity limits		
The benefit amount mints exceed the quantity mints	within the base benchmark.	
enefit Provided:	Source:	Remove
patient Rehab Hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	5
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
90 days per individual per State Fiscal Year (SFY)	None	
Scope Limit:		
None		
benchmark plan:	he specific name of the source plan if it is not the base	
	ection 1.	
benchmark plan: Reference approved State Plan, Attachment 3.1-A, s Amount limits can be exceeded based on medical ne	ection 1.	Remove
benchmark plan: Reference approved State Plan, Attachment 3.1-A, s Amount limits can be exceeded based on medical ne 01/01/22.	ecction 1. eccessity. Revised within TN-22-0004, effective	Remove
benchmark plan: Reference approved State Plan, Attachment 3.1-A, s Amount limits can be exceeded based on medical ne 01/01/22.	Source:	Remove
benchmark plan: Reference approved State Plan, Attachment 3.1-A, s Amount limits can be exceeded based on medical ne 01/01/22. enefit Provided: Authorization:	Source:	Remove
benchmark plan: Reference approved State Plan, Attachment 3.1-A, s Amount limits can be exceeded based on medical ne 01/01/22. enefit Provided: Authorization: Authorization required in excess of limitation Amount Limit:	Source: Provider Qualifications:	Remove
benchmark plan: Reference approved State Plan, Attachment 3.1-A, s Amount limits can be exceeded based on medical ne 01/01/22. enefit Provided: Authorization: Authorization required in excess of limitation	Source: Provider Qualifications:	Remove
benchmark plan: Reference approved State Plan, Attachment 3.1-A, s Amount limits can be exceeded based on medical ne 01/01/22. enefit Provided: Authorization: Authorization required in excess of limitation Amount Limit: Scope Limit:	Source: Provider Qualifications:	Remove
benchmark plan: Reference approved State Plan, Attachment 3.1-A, s Amount limits can be exceeded based on medical ne 01/01/22. enefit Provided: Authorization: Authorization required in excess of limitation Amount Limit: Scope Limit: Other information regarding this benefit, including th	Source: Provider Qualifications: Duration Limit:	Remove



Benefit Provided:	Source:	Remove
Imaging (CT/PET scans, MRIs)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	1
Amount Limit:	Duration Limit:	5.
None	None	1
Scope Limit:		
None		1
Other information regarding this benefit, i benchmark plan: Reference approved State Plan, Attachme Reference approved State Plan, Attachme]
Benefit Provided:	Source:	Remove
Laboratory Outpatient & Professional Service	es State Plan 1905(a)	
Authorization:	Provider Qualifications:	74 14
Other	Medicaid State Plan]
Amount Limit:	Duration Limit:	74 5A
None	None]
Scope Limit:		
None]
Other information regarding this benefit, i benchmark plan: Reference approved State Plan, Attachme Reference approved State Plan, Attachme]
Benefit Provided:	Source:	Remove
X-rays & Diagnostic Imaging	State Plan 1905(a)	
Authorization:	Provider Qualifications:	40
Other	Medicaid State Plan]
Amount Limit:	Duration Limit:	-
None	None	
Scope Limit:		-
None		
Other information regarding this benefit, i benchmark plan:	ncluding the specific name of the source plan if it is not the base	



Reference approved State Plan, Attachment 3.1-A, section 3.

Add



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

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
Diabetes Education	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
10 hours/first year; 2 hours/subsequent year	None	
Scope Limit:		
None		
Other information regarding this benefit, including benchmark plan: Reference approved State Plan, Attachment 3.1-A Amount limits can be exceeded based on medical		
Benefit Provided:	Source:	Remove
Preventive Care/Screening/Immunization	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 benchmark plan: Reference approved State Plan, Attachment 3.1-A Reference approved State Plan, Attachment 3.1-A	이 전에 2013년 1월 2013년 2013년 2013년 1월 2013	
senefit Provided:	Source:	Remove
Nutritional Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
No	Medicaid State Plan	
Amount Limit:	Duration Limit:	
6 hours/year	None	



None		
benchmark plan:	the specific name of the source plan if it is not the base	
Reference approved State Plan, Attachment 3.1-A, Amount limits can be exceeded based on medical n		
nefit Provided:	Source:	Remove
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation		
Amount Limit:	Duration Limit:	
Scope Limit:		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	



Benefit Provided:	Source:	Remove
Medicaid State Plan EPSDT Benefits	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, i benchmark plan:	including the specific name of the source plan if it is not the base	
Reference approved State Plan, Attachme	ent 3.1-A, section 4.b.	
Reference approved State Plan, Attachme	ent 3.1-A, section 4.b.	



11. Other Covered Benefits from Base Benchmark

Collapse All



	ation or Duplication	Collapse All 🗌
Base Benchmark Benefit that was Substituted:	Source:	Remove
Hospice - Duplication	Base Benchmark	
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse		1
Hospice services are a base benchmark benefit covere Services are for expansion adults only. Revised within TN-21-0018, effective 10/01/21	ed within EHB 1, Ambulatory patient services.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Private Duty Nursing (PDN) - Substitution	Base Benchmark	
Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse	ential Health Benefits:	- 1 1
PDN services are a base benchmark benefit substitute benefit covered under the State Plan, Attachment 3.1- habilitative services and devices.	d with skilled nursing under the home health services A, section 7 and are within EHB 7, rehabilitative and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Chiropractic Services - Substitution	Base Benchmark	
Explain the substitution or duplication, including indic		1
1937 benchmark benefit(s) included above under Esse	ential Health Benefits:	
Chiropractic services are a base benchmark benefit su	bstituted with rehabilitation occupational therapy, utpatient hospital setting covered under the State Plan,	1
Chiropractic services are a base benchmark benefit su physical therapy, and speech therapy services in the o	bstituted with rehabilitation occupational therapy, utpatient hospital setting covered under the State Plan,]
Chiropractic services are a base benchmark benefit su physical therapy, and speech therapy services in the o Attachment 3.1-A, section 2.a. and are within EHB 7,	bstituted with rehabilitation occupational therapy, utpatient hospital setting covered under the State Plan, rehabilitative and habilitative services and devices.	1
Chiropractic services are a base benchmark benefit su physical therapy, and speech therapy services in the o Attachment 3.1-A, section 2.a. and are within EHB 7, Base Benchmark Benefit that was Substituted:	bstituted with rehabilitation occupational therapy, outpatient hospital setting covered under the State Plan, rehabilitative and habilitative services and devices. Source: Base Benchmark cating the substituted benefit(s) or the duplicate section	Remove
Chiropractic services are a base benchmark benefit su physical therapy, and speech therapy services in the o Attachment 3.1-A, section 2.a. and are within EHB 7, Base Benchmark Benefit that was Substituted: Substance Use Disorder Outpatient Services - Dup Explain the substitution or duplication, including indic	bstituted with rehabilitation occupational therapy, outpatient hospital setting covered under the State Plan, rehabilitative and habilitative services and devices. Source: Base Benchmark cating the substituted benefit(s) or the duplicate section ential Health Benefits: benchmark benefit covered under the State Plan,	Remove
Chiropractic services are a base benchmark benefit su physical therapy, and speech therapy services in the o Attachment 3.1-A, section 2.a. and are within EHB 7, Base Benchmark Benefit that was Substituted: Substance Use Disorder Outpatient Services - Dup Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Substance use disorder outpatient services are a base Attachment 3.1-A, section 13.d.1. and are within EHB	bstituted with rehabilitation occupational therapy, outpatient hospital setting covered under the State Plan, rehabilitative and habilitative services and devices. Source: Base Benchmark cating the substituted benefit(s) or the duplicate section ential Health Benefits: benchmark benefit covered under the State Plan,	Remove
Chiropractic services are a base benchmark benefit su physical therapy, and speech therapy services in the o Attachment 3.1-A, section 2.a. and are within EHB 7, Base Benchmark Benefit that was Substituted: Substance Use Disorder Outpatient Services - Dup Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Substance use disorder outpatient services are a base Attachment 3.1-A, section 13.d.1. and are within EHF including behavioral health treatment.	bstituted with rehabilitation occupational therapy, outpatient hospital setting covered under the State Plan, rehabilitative and habilitative services and devices. Source: Base Benchmark cating the substituted benefit(s) or the duplicate section ential Health Benefits: benchmark benefit covered under the State Plan, 3 5, mental health and substance use disorder services	Remove
Chiropractic services are a base benchmark benefit su physical therapy, and speech therapy services in the o Attachment 3.1-A, section 2.a. and are within EHB 7, Base Benchmark Benefit that was Substituted: Substance Use Disorder Outpatient Services - Dup Explain the substitution or duplication, including indic 1937 benchmark benefit(s) included above under Esse Substance use disorder outpatient services are a base Attachment 3.1-A, section 13.d.1. and are within EHE including behavioral health treatment.	bstituted with rehabilitation occupational therapy, outpatient hospital setting covered under the State Plan, rehabilitative and habilitative services and devices. Source: Base Benchmark cating the substituted benefit(s) or the duplicate section ential Health Benefits: benchmark benefit covered under the State Plan, 3 5, mental health and substance use disorder services Source: Source: Base Benchmark cating the substituted benefit(s) or the duplicate section	Remove



Base Benchmark Benefit that was Substituted:	Source:	Remove
Accidental Dental - substitution	Base Benchmark	
1937 benchmark benefit(s) included above under E Accidental Dental is a base benchmark benefit sub	ostituted with medically necessary extractions covered	
not essential health benefits.	0 and are within 14, other 1937 covered benefits that are	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Primary Care Visit to Treat Injury/Illness - Dup	Base Benchmark	
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
Primary care visits to treat injury or illness are a back Attachment 3.1-A, section 5 and are within EHB 1	ase benchmark benefit covered under the State Plan, I, ambulatory patient services.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Specialist Visits - Duplication	Base Benchmark	Kemove
1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
Specialty visits are a base benchmark benefit cove are within EHB 1, ambulatory patient services.	ered under the State Plan, Attachment 3.1-A, section 5 and	
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted:		Remove
are within EHB 1, ambulatory patient services.	ered under the State Plan, Attachment 3.1-A, section 5 and	Remove
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication	Source: Base Benchmark ndicating the substituted benefit(s) or the duplicate section	Remove
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: In benefit covered under the State Plan, Attachment 3.1-	Remove
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Other practitioner office visits are a base benchma	Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: In benefit covered under the State Plan, Attachment 3.1-	
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Other practitioner office visits are a base benchma A, section 6.d. and are within EHB 1, ambulatory	Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: Ink benefit covered under the State Plan, Attachment 3.1- patient services.	Remove
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Other practitioner office visits are a base benchma A, section 6.d. and are within EHB 1, ambulatory Base Benchmark Benefit that was Substituted: Outpatient Facility (Ambulatory Surgery Ctr) - Dup	Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: urk benefit covered under the State Plan, Attachment 3.1- patient services. Source: Base Benchmark ndicating the substituted benefit(s) or the duplicate section	
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Other practitioner office visits are a base benchma A, section 6.d. and are within EHB 1, ambulatory Base Benchmark Benefit that was Substituted: Outpatient Facility (Ambulatory Surgery Ctr) - Dup Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Outpatient facility fee (e.g., ambulatory surgery ce	Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: urk benefit covered under the State Plan, Attachment 3.1- patient services. Source: Base Benchmark ndicating the substituted benefit(s) or the duplicate section	
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Other practitioner office visits are a base benchma A, section 6.d. and are within EHB 1, ambulatory Base Benchmark Benefit that was Substituted: Outpatient Facility (Ambulatory Surgery Ctr) - Dup Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Outpatient facility fee (e.g., ambulatory surgery ce under the State Plan, Attachment 3.1-A, section 2. Base Benchmark Benefit that was Substituted:	Bred under the State Plan, Attachment 3.1-A, section 5 and Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1- patient services. Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Sector Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: enter) services are a base benchmark benefit covered	
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Other practitioner office visits are a base benchma A, section 6.d. and are within EHB 1, ambulatory Base Benchmark Benefit that was Substituted: Outpatient Facility (Ambulatory Surgery Ctr) - Dup Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Outpatient facility fee (e.g., ambulatory surgery ce under the State Plan, Attachment 3.1-A, section 2.	Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1- patient services. Source: Base Benchmark ndicating the substituted benefit(s) or the duplicate section Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: endicating the substituted benefit(s) or the duplicate section Essential Health Benefits: enter) services are a base benchmark benefit covered a. and are within EHB 1, ambulatory patient services.	Remove
are within EHB 1, ambulatory patient services. Base Benchmark Benefit that was Substituted: Other Practitioner Office Visits - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Other practitioner office visits are a base benchma A, section 6.d. and are within EHB 1, ambulatory Base Benchmark Benefit that was Substituted: Outpatient Facility (Ambulatory Surgery Ctr) - Dup Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E Outpatient facility fee (e.g., ambulatory surgery ce under the State Plan, Attachment 3.1-A, section 2. Base Benchmark Benefit that was Substituted: Outpatient Surgery Physician/Surgical - Dup	Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: Introduction of the substituted benefit(s) or the duplicate section Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section Sential Health Benefits: Indicating the substituted benefit(s) or the duplicate section Sential Health Benefits: enter) services are a base benchmark benefit covered a. and are within EHB 1, ambulatory patient services. Source: Base Benchmark Indicating the substituted benefit(s) or the duplicate section	Remove



Supersedes Transmittal Number: OK- 21-0018

Atta	chment 3.1-A, Section 2.a. and are within EHB		
	nchmark Benefit that was Substituted:	Source:	Remove
Jrgent (Care Centers or Facilities - Duplication	Base Benchmark	-
1937	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ent care centers or facilities services are a base b		
	chment 3.1-A, section 9 and are within EHB 2, a	소 해외 안에 벗겨 들었다. 그는 것 같아요? 아파 이 것 같아. 이 것 같아. 아랍니다. 그는 것 같아. 아랍니다. 그는 것이 같아. 아랍니다. 아들에 들어 있는 것이 같아. 가 있다. 그는 것이 가 있다. 그는 것이 같아. 아랍니다. 그는 한 것이 같아. 아랍니다. 그는 것이 같아. 그는 것이 같아. 아랍니다. 그는 것이 같아. 그는 것이 것	
	nchmark Benefit that was Substituted:	Source:	Remove
Home H	lealth Care Services - Duplication	Base Benchmark	
1937 Hom	benchmark benefit(s) included above under Ess	efit covered under the State Plan, Attachment 3.1-A,	
Base Ber	nchmark Benefit that was Substituted:	Source:	Remove
P	new Deeres Complete Developetion		
Expl 1937	benchmark benefit(s) included above under Ess		
Expl 1937 Eme secti	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency room services are a base benchmark ben ion 2.a. and are within EHB 2, emergency service	icating the substituted benefit(s) or the duplicate section sential Health Benefits: efit covered under the State Plan, Attachment 3.1-A, ses.	
Expl 1937 Eme secti	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency room services are a base benchmark ben	icating the substituted benefit(s) or the duplicate section sential Health Benefits: efit covered under the State Plan, Attachment 3.1-A, ses.	Remove
Expl 1937 Eme secti Base Ber Emerger Expl 1937 Eme	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency room services are a base benchmark ben ion 2.a. and are within EHB 2, emergency service nchmark Benefit that was Substituted: ncy Transportation/Ambulance - Duplication ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess	icating the substituted benefit(s) or the duplicate section sential Health Benefits: efit covered under the State Plan, Attachment 3.1-A, ses. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits: base benchmark benefit covered under the State Plan,	Remove
Expl 1937 Eme secti Base Ben Emerger Expl 1937 Eme Atta	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency room services are a base benchmark ben ion 2.a. and are within EHB 2, emergency service nchmark Benefit that was Substituted: ncy Transportation/Ambulance - Duplication ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency transportation/ambulance services are a	icating the substituted benefit(s) or the duplicate section sential Health Benefits: efit covered under the State Plan, Attachment 3.1-A, ses. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits: base benchmark benefit covered under the State Plan,	Remove
Expl. 1937 Eme secti Base Ben Emerger Expl. 1937 Eme Atta	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency room services are a base benchmark ben ion 2.a. and are within EHB 2, emergency service inchmark Benefit that was Substituted: ncy Transportation/Ambulance - Duplication ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency transportation/ambulance services are a chment 3.1-D and are within EHB 2, emergency	icating the substituted benefit(s) or the duplicate section sential Health Benefits: efit covered under the State Plan, Attachment 3.1-A, ses. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits: base benchmark benefit covered under the State Plan, y services.	
Expl. 1937 Eme secti Base Ben Emerger Expl. 1937 Eme Atta Base Ben Inpatien Expl. 1937	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency room services are a base benchmark ben ion 2.a. and are within EHB 2, emergency service inchmark Benefit that was Substituted: ncy Transportation/Ambulance - Duplication ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency transportation/ambulance services are a chment 3.1-D and are within EHB 2, emergency nchmark Benefit that was Substituted: t Hospital Services - Duplication ain the substitution or duplication, including ind	icating the substituted benefit(s) or the duplicate section sential Health Benefits: efit covered under the State Plan, Attachment 3.1-A, ses. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits: base benchmark benefit covered under the State Plan, rescruces. Source: Base Benchmark icating the substituted benefit (s) or the duplicate section sential Health Benefits: base benchmark benefit covered under the State Plan, rescruces. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits:	
Expl 1937 Eme secti Base Ben Emerger Expl 1937 Eme Atta Base Ben npatien Expl 1937 Inpa	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency room services are a base benchmark ben ion 2.a. and are within EHB 2, emergency service inchmark Benefit that was Substituted: ncy Transportation/Ambulance - Duplication ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency transportation/ambulance services are a chment 3.1-D and are within EHB 2, emergency nchmark Benefit that was Substituted: t Hospital Services - Duplication ain the substitution or duplication, including ind	icating the substituted benefit(s) or the duplicate section sential Health Benefits: efit covered under the State Plan, Attachment 3.1-A, ses. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits: base benchmark benefit covered under the State Plan, vervices. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section services. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section services. base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits: benchmark benefit covered under the State Plan,	
Expl. 1937 Eme secti Base Ber Emerger Expl. 1937 Eme Atta Base Ber Inpatien Expl. 1937 Inpa	ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency room services are a base benchmark ben ion 2.a. and are within EHB 2, emergency service inchmark Benefit that was Substituted: ncy Transportation/Ambulance - Duplication ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess ergency transportation/ambulance services are a chment 3.1-D and are within EHB 2, emergency inchmark Benefit that was Substituted: t Hospital Services - Duplication ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess then the substitution or duplication ain the substitution or duplication, including ind benchmark benefit(s) included above under Ess tient hospital services (inpatient stay) are a base	icating the substituted benefit(s) or the duplicate section sential Health Benefits: efit covered under the State Plan, Attachment 3.1-A, ses. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits: base benchmark benefit covered under the State Plan, vervices. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section services. Source: Base Benchmark icating the substituted benefit(s) or the duplicate section services. base Benchmark icating the substituted benefit(s) or the duplicate section sential Health Benefits: benchmark benefit covered under the State Plan,	



Inpatient physician & surgical services are a base Attachment 3.1-A, section 1 & section 5 and are	e benchmark benefit covered under the State Plan, within EHB 3, hospitalization.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Inpatient Rehab - Dup	Base Benchmark	
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
	enefit covered under the State Plan, Attachment 3.1-A, d habilitative services and devices. Revised within TN-22-	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Prenatal and Postnatal Care - Duplication	Base Benchmark	
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
	benefit covered under the State Plan, Attachment 3.1-A, ion 20, & section 21 and is within EHB 4, maternity and	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Delivery & Inpatient Services for Maternity - Dup	Base Benchmark	
1937 benchmark benefit(s) included above under Delivery & all inpatient services for maternity ca	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: are is a base benchmark benefit covered under the State tion 5, section 6.d., section 17, & section 20 and is within	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Mental/Behavioral Health Outpatient Services - Dup		Remove
1937 benchmark benefit(s) included above under Mental/behavioral health outpatient services are	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: a base benchmark benefit covered under the State Plan, EHB 5, mental health and substance use disorder services	
Base Benchmark Benefit that was Substituted:	Source:	Remove
	Base Benchmark	
Mental/Behavioral Health Inpatient Services - Dup Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: base benchmark benefit covered under the State Plan,	



Base Benchmark Benefit that was Substituted:	Source:	Remove
Habilitation Services - Duplication	Base Benchmark	
1937 benchmark benefit(s) included above under		
2.a. and are within EHB 7, rehabilitative and habi	it covered under the State Plan, Attachment 3.1-A, section ilitative services and devices.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Durable Medical Equipment - Duplication	Base Benchmark	
1937 benchmark benefit(s) included above under	benefit covered under the State Plan, Attachment 3.1-A,	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Hearing Aids for Children - Duplication	Base Benchmark	Itemove
1937 benchmark benefit(s) included above under	enefit covered under the State Plan, Attachment 3.1-A,	
1937 benchmark benefit(s) included above under l Hearing aids for children are a base benchmark be section 4.b. and are within EHB 10, pediatric serv	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care.	D
1937 benchmark benefit(s) included above under I Hearing aids for children are a base benchmark be section 4.b. and are within EHB 10, pediatric serv Base Benchmark Benefit that was Substituted:	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A,	Remove
 1937 benchmark benefit(s) included above under in Hearing aids for children are a base benchmark benefit section 4.b. and are within EHB 10, pediatric servers Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs) - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under in Imaging (CT/PET Scans, MRIs) services are a base 	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: use benchmark benefit covered under the State Plan,	Remove
1937 benchmark benefit(s) included above under h Hearing aids for children are a base benchmark be section 4.b. and are within EHB 10, pediatric serv Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs) - Duplication Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under h	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: use benchmark benefit covered under the State Plan,	Remove
 1937 benchmark benefit(s) included above under benefit and a section 4.b. and are within EHB 10, pediatric servers. Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs) - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under benefit(s) included above under benefit (s) included above under benefit (s) services are a base. Base Benchmark Benefit that was Substituted: 	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: use benchmark benefit covered under the State Plan, re within EHB 8, laboratory services. Source:	Remove
 1937 benchmark benefit(s) included above under benefit and a section 4.b. and are within EHB 10, pediatric servers. Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs) - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under benefit(s) included above under benefit (s) included above under benefit (s) services are a base. Base Benchmark Benefit that was Substituted: 	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: use benchmark benefit covered under the State Plan, re within EHB 8, laboratory services.	
 1937 benchmark benefit(s) included above under 1 Hearing aids for children are a base benchmark be section 4.b. and are within EHB 10, pediatric serv Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs) - Duplication Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under 1 Imaging (CT/PET Scans, MRIs) services are a ba Attachment 3.1-A, section 2.a. & section 3 and ar Base Benchmark Benefit that was Substituted: Preventive Care/Screening/Immunization - Dup 	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: se benchmark benefit covered under the State Plan, re within EHB 8, laboratory services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section	
 1937 benchmark benefit(s) included above under hearing aids for children are a base benchmark besection 4.b. and are within EHB 10, pediatric servers. Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs) - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under hearing (CT/PET Scans, MRIs) services are a base. Attachment 3.1-A, section 2.a. & section 3 and ar Base Benchmark Benefit that was Substituted: Preventive Care/Screening/Immunization - Dup Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under hearing in the substitution or duplication. 	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: se benchmark benefit covered under the State Plan, re within EHB 8, laboratory services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section	
 1937 benchmark benefit(s) included above under 1 Hearing aids for children are a base benchmark be section 4.b. and are within EHB 10, pediatric serv Base Benchmark Benefit that was Substituted: Imaging (CT/PET Scans, MRIs) - Duplication Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under 1 Imaging (CT/PET Scans, MRIs) services are a ba Attachment 3.1-A, section 2.a. & section 3 and ar Base Benchmark Benefit that was Substituted: Preventive Care/Screening/Immunization - Dup Explain the substitution or duplication, including i 1937 benchmark benefit(s) included above under 1 	Essential Health Benefits: enefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: use benchmark benefit covered under the State Plan, re within EHB 8, laboratory services. Source: Base Benchmark indicating the substituted benefit(s) or the duplicate section Essential Health Benefits: are a base benchmark benefit covered under the State	



Routine eye exams for children are a base benchm A, section 4.b. and are within EHB 10, pediatric se	ark benefit covered under the State Plan, Attachment 3.1- ervices including oral and vision care.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Eye Glasses for Children - Duplication	Base Benchmark	
Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
Eye glasses for children are a base benchmark ben section 4.b. and are within EHB 10, pediatric servi	efit covered under the State Plan, Attachment 3.1-A, ices including oral and vision care.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Dental Check-Up for Children - Duplication	Base Benchmark	
1937 benchmark benefit(s) included above under E	c benefit covered under the State Plan, Attachment 3.1-A,	
Base Benchmark Benefit that was Substituted: Well Baby Visits and Care - Duplication	Source:	Remove
Explain the substitution or duplication, including in	Base Benchmark ndicating the substituted benefit(s) or the duplicate section	
1937 benchmark benefit(s) included above under E Well baby visits and care are a base benchmark be section 4.b. and are within EHB 10, pediatric servi	nefit covered under the State Plan, Attachment 3.1-A,	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Lab Outpatient & Professional Services - Dup	Base Benchmark	remove
1937 benchmark benefit(s) included above under E Laboratory outpatient & professional services are	a base benchmark benefit covered under the State Plan,	
Attachment 3.1-A, section 2.a. & section 3 and are	e within EHB 8, laboratory services.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
	Base Benchmark	
X-rays and Diagnostic Imaging - Duplication		
X-rays and Diagnostic Imaging - Duplication Explain the substitution or duplication, including in 1937 benchmark benefit(s) included above under E	ndicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	



Base Benchmark Benefit that was Substituted:	Source:	Remove
Basic Dental Care – Child - Duplication	Base Benchmark	
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde	g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits:	
are a base benchmark benefit covered under the EHB 10, pediatric services including oral and v	State Plan, Attachment 3.1-A, section 4.b. and are within ision care.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Orthodontia – Child - Duplication	Base Benchmark	
1937 benchmark benefit(s) included above under		
Basic dental care for children is a base benchma section 4.b. and is within EHB 10, pediatric serv	ark benefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Major Dental Care - Child - Duplication	Base Benchmark	
1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm	ark benefit covered under the State Plan, Attachment 3.1-A,	
1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm section 4.b. and is within EHB 10, pediatric serv	r Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care.	
1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm	r Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1-A,	Remove
 1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm section 4.b. and is within EHB 10, pediatric serv Base Benchmark Benefit that was Substituted: Transplant - Duplication Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde 	r Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section	Remove
 1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm section 4.b. and is within EHB 10, pediatric serv Base Benchmark Benefit that was Substituted: Transplant - Duplication Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde Transplant services are a base benchmark benefit 	r Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits:	Remove
 1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm section 4.b. and is within EHB 10, pediatric server Base Benchmark Benefit that was Substituted: Transplant - Duplication Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde Transplant services are a base benchmark benefit within EHB 3, hospitalization. 	r Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits: it covered under the State Plan, Attachment 3.1-E and are	
 1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm section 4.b. and is within EHB 10, pediatric server Base Benchmark Benefit that was Substituted: Transplant - Duplication Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde Transplant services are a base benchmark benefit within EHB 3, hospitalization. Base Benchmark Benefit that was Substituted: Dialysis - Duplication Explain the substitution or duplication, including 1937 benchmark benefit (s) included above unde 	r Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits: it covered under the State Plan, Attachment 3.1-E and are Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section	Remove
 1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm section 4.b. and is within EHB 10, pediatric server Base Benchmark Benefit that was Substituted: Transplant - Duplication Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde Transplant services are a base benchmark benefit within EHB 3, hospitalization. Base Benchmark Benefit that was Substituted: Dialysis - Duplication Explain the substitution or duplication, including 1937 benchmark benefit (s) included above unde 	r Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits: it covered under the State Plan, Attachment 3.1-E and are Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits:	
 1937 benchmark benefit(s) included above unde Major dental care for children is a base benchm section 4.b. and is within EHB 10, pediatric servers Base Benchmark Benefit that was Substituted: Transplant - Duplication Explain the substitution or duplication, including 1937 benchmark benefit(s) included above unde Transplant services are a base benchmark benefit within EHB 3, hospitalization. Base Benchmark Benefit that was Substituted: Dialysis - Duplication Explain the substitution or duplication, including 1937 benchmark benefit (s) included above unde Dialysis is a base benchmark benefit (s) included above unde 	r Essential Health Benefits: ark benefit covered under the State Plan, Attachment 3.1-A, vices including oral and vision care. Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits: it covered under the State Plan, Attachment 3.1-E and are Source: Base Benchmark g indicating the substituted benefit(s) or the duplicate section r Essential Health Benefits:	



Allergy testing is a base benchmark benefit cover section 6.d. and is within EHB 1, ambulatory ser	red under the State Plan, Attachment 3.1-A, section 5 & vices.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Chemotherapy - Duplication	Base Benchmark	25
1937 benchmark benefit(s) included above under		
Chemotherapy is a base benchmark benefit cover and is within EHB 1, ambulatory services.	red under the State Plan, Attachment 3.1-A, section 2.a.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Radiation - Duplication	Base Benchmark	
1937 benchmark benefit(s) included above under		
Radiation is a base benchmark benefit covered un within EHB 1, ambulatory services.	nder the State Plan, Attachment 3.1-A, section 2.a. and is	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Diabetes Education - Duplication	Base Benchmark	
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
Diabetes education is a base benchmark benefit of 6.d. and is within EHB 9, preventive and wellnes	covered under the State Plan, Attachment 3.1-A, section as services and chronic disease management.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Prosthetic Devices - Duplication	Base Benchmark	
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under	indicating the substituted benefit(s) or the duplicate section Essential Health Benefits:	
Prosthetic devices is a base benchmark benefit co 12.c. and is within EHB 7, rehabilitative and hab	overed under the State Plan, Attachment 3.1-A, section ilitative services and devices.	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Nutritional Counseling - Duplication	Base Benchmark	
Explain the substitution or duplication, including 1937 benchmark benefit(s) included above under		



Reconstructive Surgery - Duplication		Remove
V 02 01	Base Benchmark	
Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess Reconstructive surgery is a base benchmark benefit section 1 and is within EHB 3, hospitalization.		
Base Benchmark Benefit that was Substituted:	Source:	Remove
Rehabilitation Speech Therapy - Duplication	Base Benchmark	6
Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess	licating the substituted benefit(s) or the duplicate section sential Health Benefits:	
Rehabilitation speech therapy services are a base ber rehabilitation services covered under the State Plan, rehabilitative and habilitative services and devices.	nchmark benefit duplicated with outpatient , Attachment 3.1-A, section 2.a. and are within EHB 7,	
Base Benchmark Benefit that was Substituted:	Source:	Remove
Rehab Occupational & Physical Therapy - Dup	Base Benchmark	
within EHB 7, rehabilitative and habilitative service	s and devices	
Dere Derekarente Dere Et that was Suit stitute to		
Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services - Dup	Source:	Remove
Outpatient Rehabilitation Services - Dup Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess	Source: Base Benchmark licating the substituted benefit(s) or the duplicate section sential Health Benefits: mark benefit covered under the State Plan, Attachment	Remove
Outpatient Rehabilitation Services – Dup Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess Outpatient rehabilitation services are a base benchm	Source: Base Benchmark licating the substituted benefit(s) or the duplicate section sential Health Benefits: mark benefit covered under the State Plan, Attachment	
Outpatient Rehabilitation Services - Dup Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess Outpatient rehabilitation services are a base benchm 3.1-A, section 2.a. and are within EHB 7, rehabilitat	Source: Base Benchmark licating the substituted benefit(s) or the duplicate section sential Health Benefits: tark benefit covered under the State Plan, Attachment tive and habilitative services and devices.	Remove
Outpatient Rehabilitation Services - Dup Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess Outpatient rehabilitation services are a base benchm 3.1-A, section 2.a. and are within EHB 7, rehabilitat Base Benchmark Benefit that was Substituted: Orthotic Devices - Duplication	Source: Base Benchmark licating the substituted benefit(s) or the duplicate section sential Health Benefits: wark benefit covered under the State Plan, Attachment tive and habilitative services and devices. Source: Base Benchmark licating the substituted benefit(s) or the duplicate section	
Outpatient Rehabilitation Services - Dup Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess Outpatient rehabilitation services are a base benchm 3.1-A, section 2.a. and are within EHB 7, rehabilitat Base Benchmark Benefit that was Substituted: Orthotic Devices - Duplication Explain the substitution or duplication, including ind 1937 benchmark benefit(s) included above under Ess	Source: Base Benchmark licating the substituted benefit(s) or the duplicate section sential Health Benefits: tark benefit covered under the State Plan, Attachment tive and habilitative services and devices. Source: Base Benchmark licating the substituted benefit(s) or the duplicate section sential Health Benefits: advance: Base Benchmark licating the substituted benefit(s) or the duplicate section sential Health Benefits: advance the State Plan, Attachment 3.1-A, section 12.c.	



13. Other Base Benchmark Benefits Not CoveredBase Benchmark Benefit not Included in the Alternative Benefit Plan:	Source:	
Orthodontia - Adult	Base Benchmark	Remove
Explain why the state/territory chose not to include this benefit: It is not a mandatory benefit		
		Add



ther 1937 Benefit Provided:	Courses	
Iursing facility services	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
ausing racinty services	Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	7
Amount Limit:	Duration Limit:	
None	None	7
Scope Limit:		
None		
Other:		
Reference approved State Plan, Attachment 3.	1-A, section 4.a.	
Revised within TN-21-0014, effective 07/01/2		
	-	
ther 1937 Benefit Provided: Medically Necessary Extractions - Adult	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Activity increasing Extractions - Adult	Package	
Authorization:	Provider Qualifications:	(
No	Medicaid State Plan	1
Amount Limit:	Duration Limit:	
None	None	1
Scope Limit:		
None		1
Other:		
Reference approved State Plan, Attachment 3.	1-A. section 10.	1 I
		1
ther 1937 Benefit Provided:	Source:	Remove
amily planning	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	1
L Amount Limit:	Duration Limit:	
See below	None	٦
Scope Limit: None		7
rione		
Other: Reference approved State Plan, Attachment 3.	1 A	7

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ther 1937 Benefit Provided:	Source:	Remove
Bariatric Surgery	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	20 S	
Bariatric surgery is not covered for the t	reatment of obesity alone.	
Other:		
Reference approved State Plan, Attachm Reference approved State Plan, Attachm		
ther 1937 Benefit Provided:	Source:	Remove
Jon-emergency transportation	Section 1937 Coverage Option Benchmark Benefit Package	Kemove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Other:		
Reference approved State Plan, Attachm Reference approved State Plan, Attachm		
ther 1937 Benefit Provided: odiatric services	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package	
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit:	Duration Limit:	
4 office visits/month	None	
Scope Limit:	1	
None		



Other 1937 Benefit Provided:	Source:	Remove
Eye care to treat a medical or surgical condition	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
4 office visits/month	None	
Scope Limit:	Jako a	
Services are to treat to treat a medical or surgical of	condition only.	
Other:		
Reference approved State Plan, Attachment 3.1-A,	section 6.b.	
Other 1937 Benefit Provided:	Source:	Remove
Meals and Lodging	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit: Payment for lodging and/or meals assistance for an needed, is provided only when medically necessar SoonerCare compensable services.	n eligible member and an approved medical escort, if y in connection with transportation to and from	
Other:		
Reference approved State Plan, Attachment 4.19-B	s, transportation, section C, meals and lodging.	
Other 1937 Benefit Provided:	Source:	Remove
Personal Care Services	Section 1937 Coverage Option Benchmark Benefit Package	8
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit: None	Duration Limit:	



None		
Other: Reference approved State Plan, Attachment 3.	1-A section 24 f	
Reference approved State Fian, Attachment 5.	1-A, Section 24.1.	
ther 1937 Benefit Provided:	Source:	Remove
Medication-Assisted Treatment Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
01		
Other: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2		
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided:	1 Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: nfusion Therapy	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided:	1 Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: nfusion Therapy Authorization:	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: infusion Therapy Authorization: Other	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: nfusion Therapy Authorization: Other Amount Limit:	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: nfusion Therapy Authorization: Other Amount Limit: None	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: nfusion Therapy Authorization: Other Amount Limit: None Scope Limit: None Other:	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: nfusion Therapy Authorization: Other Amount Limit: None Scope Limit: None	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None 1-A, section 2.a. and section 5.	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 wher 1937 Benefit Provided: nfusion Therapy Authorization: Other Amount Limit: None Scope Limit: None Other: Reference approved State Plan, Attachment 3. Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None 1-A, section 2.a. and section 5.	
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 other 1937 Benefit Provided: nfusion Therapy Authorization: Other Amount Limit: None Scope Limit: None Other: Reference approved State Plan, Attachment 3. Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 other 1937 Benefit Provided:	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None 1-A, section 2.a. and section 5.	Remove
Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 Other 1937 Benefit Provided: Authorization: Other Amount Limit: None Scope Limit: None Other: Reference approved State Plan, Attachment 3.	1 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None 1-A, section 2.a. and section 5. 1 Source: Section 1937 Coverage Option Benchmark Benefit	



Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2		
ther 1937 Benefit Provided:	Source:	Remove
reventive Dental - Adult	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Scope Limit: None Other: Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2		
None Other: Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided:	21 Source:	Remove
None Other: Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2	21	Remove
None Other: Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided:	21 Source: Section 1937 Coverage Option Benchmark Benefit	Remove
None Other: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: estorative Dental - Adult	21 Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
None Other: Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: estorative Dental - Adult Authorization:	21 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
None Other: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: estorative Dental - Adult Authorization: Prior Authorization	21 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
None Other: Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: estorative Dental - Adult Authorization: Prior Authorization Amount Limit:	21 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: estorative Dental - Adult Authorization: Prior Authorization Amount Limit: None	21 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
None Other: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: estorative Dental - Adult Authorization: Prior Authorization Amount Limit: None Scope Limit: None Other:	21 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove
None Other: Reference approved State Plan, Attachment 3. Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: estorative Dental - Adult Authorization: Prior Authorization Amount Limit: None Scope Limit: None	21 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None .1-A, section 10.	Remove
None Other: Reference approved State Plan, Attachment 3 Revised within TN-21-0014, effective 07/01/2 ther 1937 Benefit Provided: estorative Dental - Adult Authorization: Prior Authorization Amount Limit: None Scope Limit: None Other: Reference approved State Plan, Attachment 3	21 Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: None .1-A, section 10.	Remove



Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Reference approved State Plan, Attachment 2 Revised within TN-21-0014, effective 07/01	10 23	
ther 1937 Benefit Provided:	Source:	Remove
emovable Prosthetics Dental - Adult	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Reference approved State Plan, Attachment a Revised within TN-21-0014, effective 07/01.		
ther 1937 Benefit Provided:	Source:	Remove
CCM/PCMH Service Delivery Model	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Other	
Amount Limit:	Duration Limit:	
None	None	
A		
Scope Limit:		
Scope Limit: None		
None		
None Other: The Primary Care Case Management (PCCM model in which the State contracts directly w provide basic health care services. The PCCI care rules. As part of the SoonerCare Choice select a PCMH for primary care and care coor to receive Health Management Program (HM	A)/ Patient Centered Medical Home (PCMH) service delivery with primary care providers (PCPs) throughout the state to M is a managed care service delivery and follows managed e coordinated care delivery system, Expansion Adult members ordination. Additionally, Expansion Adult members are eligible AP) and Heath Access Network (HAN) support based on their poviders are eligible to receive a per member per month (PMPM)	



care coordination payment for each enrolled ben home.	eficiary, based upon the services provided at the medical	
Eligible AI/AN members may elect to enroll in t	CCM other than during a period of presumptive eligibility. he PCCM with a SoonerCare Choice provider, or an Indian Γ/U) clinic SoonerCare Choice provider as their primary	
Revised within TN-21-0031, effective 07/01/21		
ther 1937 Benefit Provided:	Source:	Remove
CF/IID services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
ther 1937 Benefit Provided: Alternative Treatment for Pain Management	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
48 units for PT; 12 visits for chiropractic	None	
Scope Limit:		
None		
Other: Reference approved State Plan, Attachment 3.1- Amount limits can be exceeded based on medica 01/01/22.	A, section 13.d.6. I necessity. Revised within TN-22-0004, effective	
ther 1937 Benefit Provided:	S	-
Routine Patient Cost in Qualifying Clinical Trials	Source: Section 1937 Coverage Option Benchmark Benefit	Remove



Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Reference approved State Plan, Attachment 3.1-A Revised within TN-22-0004, effective 01/01/22.	, section 30.	
er 1937 Benefit Provided:	Source:	Remove
	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization		
Amount Limit:	Duration Limit:	
Scope Limit:		
Scope Limit: Other:		



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.

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