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State/Territory Name: Oklahoma

State Plan Amendment (SPA) #: 25-0003

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Medicaid and CHIP Operations Group

June 16, 2025

Christina Foss
State Medicaid Director
Oklahoma Health Care Authority
4345 North Lincoln Blvd.
Oklahoma City, OK 73105

Re: Oklahoma State Plan Amendment (SPA) – OK -25 -0003

Dear Director Foss:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25 – 0003. This amendment proposes to reduce the SoonerSelect choice period from 60 days to 30 days, and to clarify that members covered under the SoonerPlan program for family planning visits are excluded from the ABP and SoonerSelect.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1937 of the Social Security Act; 42 CFR Part 440, Subpart C, and Part 438.54. This letter informs you that Oklahoma's Medicaid SPA TN 25 – 0003 was approved on June 16, 2025, with an effective date of March 1, 2025.

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

If you have any questions, please contact Stacey Steiner at (469) 904-1068 or via email at Stacey.Steiner@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Kasie McCarty, OHCA
Heather Cox, OHCA

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Oklahoma

Transmittal Number:

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

OK-25-0003

Proposed Effective Date

03/01/2025 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act; 42 CFR Part 440, Subpart C, 42 CFR 438.54

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2025	\$ 0,00
Second Year	2026	\$ 0,00

Subject of Amendment

Shorten the choice period for SoonerSelect members from 60 days to 30 days and clarify that members covered under the SoonerPlan program for family planning services are excluded from the ABP and SoonerSelect.

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:

Heather Cox

Last Revision Date:

Jun 3, 2025

Submit Date:

Mar 26, 2025



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: OK - 25 - 0003

Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

- ☒ Managed care.
 - ☒ Managed Care Organizations (MCO).
 - ☐ Prepaid Inpatient Health Plans (PIHP).
 - ☒ Prepaid Ambulatory Health Plans (PAHP).
 - ☒ Primary Care Case Management (PCCM).
- ☒ Fee-for-service.
- ☐ Other service delivery system.

Managed Care Options

Managed Care Assurance

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

Managed Care Implementation

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

The OHCA began a 14-day expedited tribal and public notice process on June 16 2021 and concluded the process on June 30, 2021. ITU notice 2021-10 informed tribal partners of the proposal on June 16, 2021; the State also posted a public notice on the public website on June 16, 2021. A copy of the public notice and instructions about the public comment process is available at oklahoma.gov/ohca/policies-and-rules/public-notice. Further discussions with ITUs within the state will occur on July 6, 2021 at the bimonthly consultation.

Revised within TN-21-0031, effective 07/01/21

The State engaged stakeholders as part of its planning process for the new managed care delivery system, SoonerSelect Medical. The transition to a medical managed care delivery system was discussed at stakeholder meetings held on June 20, 2022, August 31, 2022, September 15, 2022, September 20, 2022, September 22, 2022, September 29, 2022, October 5, 2022, October 26, 2022, October 27, 2022, and November 5, 2022. Additional press conferences took place on June 23, 2022, July 26, 2022, August 31, 2022.

The State's SoonerSelect Medical and Children's Specialty RFPs were drafted in accordance with state procurement policies and the SoonerSelect MCE RFP was released on the State's Office of Management & Enterprise Services public website on November 10, 2022 with opportunities for managed care entities (MCEs) to submit bids through February 8, 2023.

The Agency conducted formal tribal consultation during the bi-monthly meeting on January 3, 2023; the State also posted a public notice on the public website on May 11, 2023. A copy of the public notice and instructions about the public comment process is



Alternative Benefit Plan

available at [oklahoma.gov/ohca/policies-and-rules/public-notice](https://www.oklahoma.gov/ohca/policies-and-rules/public-notice).

Revised within TN-23-0007, effective 04/01/24

MCO: Managed Care Organization

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

Yes

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

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

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

09/15/2023

Describe program below:

SoonerSelect and SoonerSelect Children's Specialty Plan are handled through risk-comprehensive contracts that are fully-capitated and require that the contractor be an MCO. Comprehensive means that the contractor is at risk for inpatient hospital services and any other mandatory State plan service in section 1905(a), or any three or more mandatory services in that section.

- ☐ The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

#type# Procurement or Selection Method

Indicate the method used to select #type#s:

- ☒ Competitive procurement method (RFP, RFA).
- ☐ Other procurement/selection method.

Describe the method used by the state/territory to procure or select the MCOs:

Other MCO-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization.

Yes

List the benefits or services that will be provided apart from the #type#, and explain how they will be provided. Add as many rows as needed.

Add	Name	Description	Remove
Add	Orthodontia – Child	Dental PAHP or Traditional State-Managed Fee-For-Service (FFS)	Remove
Add	Major Dental Care – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Tobacco Cessation 5-As Counseling 5-As Counseling – Child	Dental PAHP or Traditional State-Managed FFS	Remove



Alternative Benefit Plan

Add	Medically Necessary Extractions – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Diagnostic Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Preventive Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Restorative Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Non-surgical Periodontal Therapy – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Removable Prosthetics Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Outpatient Surgery Dentist/Surgical Services – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Tobacco Cessation 5-As Counseling 5-As Counseling – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	PCCM/PCMH Service Delivery Model	Traditional State-Managed FFS	Remove

MCO service delivery is provided on less than a statewide basis.

No

#type# Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan: Yes

Select all that apply:

- ☐ Individuals with other medical insurance.
- ☐ Individuals eligible for less than three months.
- ☐ Individuals in a retroactive period of Medicaid eligibility.
- ☒ Other:

General #type# Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- ☒ Mandatory participation.
- ☐ Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

Expansion adults will be mandatorily enrolled with a medical MCE; however, American Indian/Alaskan Native (AI/AN) expansion adults will have the option to voluntarily enroll in the SoonerSelect Medical program through an opt-in process.

Expansion adults will have thirty (30) days to select a medical MCE prior to the start of coverage under the SoonerSelect Medical program. Subsequent to program implementation, expansion adults will have an opportunity to select a medical MCE on their application. Expansion adults who do not make an election within the allowed timeframe will be automatically assigned to a medical MCE.

Expansion adults who apply within the first (1st) day of the month through the fifteenth (15th) day of the month will be enrolled



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effective on the first (1st) day of the following month. Expansion adults who select or are assigned to a medical MCE on the sixteenth (16th) day of the month through the last day of the month will be enrolled effective on the first day of the second following month.

Expansion adults may change their assigned medical MCE within ninety (90) days of enrollment or ninety (90) days within receiving notification of enrollment, whichever is later and may also change their medical MCE during the annual open enrollment period.

A medical MCE may not refuse an assignment or seek to disenroll an enrollee or otherwise discriminate against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability and may not use any policy or practice that has the effect of discriminating on the basis of race, color or national origin, sex, sexual orientation, gender identity, or disability. A medical MCE may not discriminate against an enrollee in enrollment, disenrollment, or re-enrollment on the basis of expectations that the individual will require frequent or high-cost care, or on the basis of health status or need for health care services or due to an adverse change in the individual's health.

Individuals during a period of presumptive eligibility are excluded from MCO enrollment.

Individuals that remain enrolled due to the continuous enrollment and maintenance of effort (MOE) requirement of Section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) are excluded from MCO enrollment.

Populations excluded from this ABP and MCO enrollment include: Medicare dual eligible individuals; Individuals enrolled in the Medicare Savings Program; individuals determined eligible for Medicaid on the basis of age, blindness, or disability; Medicaid beneficiaries who reside in nursing facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), with the exception of beneficiaries with a pending level of care determination; participants of a in Home and Community Based Services (HCBS) Waiver program; individuals infected with tuberculosis eligible for tuberculosis-related services under 42 C.F.R. § 435.21; individuals determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer under 42 C.F.R. § 435.213; undocumented persons eligible for Emergency Services only in accordance with 42 C.F.R. § 435.139; Insure Oklahoma Employee Sponsored Insurance (ESI) dependent Children in accordance with the Oklahoma Title XXI Children's Health Insurance Program (CHIP) State Plan; and Individuals within the Title XIX Soon-to-be-Sooners Separate CHIP (STBS S-CHIP) program, and individuals enrolled in the SoonerPlan program.

Revised within TN-23-0007, effective 04/01/24

Revised within TN-25-0003, effective 03/01/25

Additional Information: #type# (Optional)

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

PAHP: Prepaid Ambulatory Health Plan

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

Yes

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

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

Identify the date the managed care program was approved by CMS: 09/15/2023



Alternative Benefit Plan

Describe program below:

SoonerSelect Dental provides dental services to enrollees under a contract with the State agency, and on the basis of prepaid capitation payments, does not provide or arrange for, and is not otherwise responsible for the provision of any inpatient hospital or institutional services for its enrollees; and does not have a comprehensive risk contract.

- ☐ The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

#type# Procurement or Selection Method

Indicate the method used to select #type#s:

- ☒ Competitive procurement method (RFP, RFA).
- ☐ Other procurement/selection method.

Describe the method used by the state/territory to procure or select the PAHPs:

Other PAHP-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the PAHP.

Yes

List the benefits or services that will be provided apart from the #type#, and explain how they will be provided. Add as many rows as needed.

Add	Name	Description	Remove
Add	Primary Care Visits to Treat Injury or Illness	MCO or Traditional State-Managed FFS	Remove
Add	Specialty Visits	MCO or Traditional State-Managed FFS	Remove
Add	Other Practitioner Office Visits	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Facility (ambulatory surgery ctr)	MCO or Traditional State-Managed FFS	Remove
Add	Dialysis	MCO or Traditional State-Managed FFS	Remove
Add	Allergy Testing	MCO or Traditional State-Managed FFS	Remove
Add	Chemotherapy	MCO or Traditional State-Managed FFS	Remove
Add	Radiation	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Surgery Physician/Surgical Services	MCO or Traditional State-Managed FFS	Remove
Add	Hospice	MCO or Traditional State-Managed FFS	Remove
Add	Emergency Room Services	MCO or Traditional State-Managed FFS	Remove



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Add	Emergency Transportation/Ambulance	MCO or Traditional State-Managed FFS	Remove
Add	Urgent Care Center	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Hospital Services (Inpatient Stay)	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Physician & Surgical Services	MCO or Traditional State-Managed FFS	Remove
Add	Organ Transplants	MCO or Traditional State-Managed FFS	Remove
Add	Reconstructive Surgery	MCO or Traditional State-Managed FFS	Remove
Add	Prenatal & Postnatal care	MCO or Traditional State-Managed FFS	Remove
Add	Delivery & Inpatient Services for Maternity Care	MCO or Traditional State-Managed FFS	Remove
Add	Mental/Behavioral Health Outpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Mental/Behavioral Health Inpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Substance Use Disorder Outpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Substance Use Disorder Inpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Prescription drugs	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Rehabilitation Services	MCO or Traditional State-Managed FFS	Remove
Add	Home Health	MCO or Traditional State-Managed FFS	Remove
Add	Durable Medical Equipment	MCO or Traditional State-Managed FFS	Remove
Add	Prosthetic Devices	MCO or Traditional State-Managed FFS	Remove
Add	Orthotic Devices	MCO or Traditional State-Managed FFS	Remove
Add	Habilitation Services	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Rehab Hospital	MCO or Traditional State-Managed FFS	Remove
Add	Imaging (CT/PET scans, MRIs)	MCO or Traditional State-Managed FFS	Remove
Add	Laboratory Outpatient & Professional Services	MCO or Traditional State-Managed FFS	Remove



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Add	X-rays & Diagnostic Imaging	MCO or Traditional State-Managed FFS	Remove
Add	Diabetes Education	MCO or Traditional State-Managed FFS	Remove
Add	Preventive Care/Screening/Immunization	MCO or Traditional State-Managed FFS	Remove
Add	Nutritional Services	MCO or Traditional State-Managed FFS	Remove
Add	State Plan EPSDT Benefits	MCO or Traditional State-Managed FFS	Remove
Add	Nursing facility services	MCO (for up to 60 days pending a level of care determination) or Traditional State-Managed FFS	Remove
Add	Family planning	MCO or Traditional State-Managed FFS	Remove
Add	Bariatric Surgery	MCO or Traditional State-Managed FFS	Remove
Add	Non-emergency transportation	MCO or Traditional State-Managed FFS	Remove
Add	Podiatric services	MCO or Traditional State-Managed FFS	Remove
Add	Eye care to treat a medical or surgical condition	MCO or Traditional State-Managed FFS	Remove
Add	Meals and Lodging	MCO or Traditional State-Managed FFS	Remove
Add	Personal Care Services	MCO or Traditional State-Managed FFS	Remove
Add	Medication-Assisted Treatment Services	MCO or Traditional State-Managed FFS	Remove
Add	Infusion Therapy	MCO or Traditional State-Managed FFS	Remove
Add	PCCM/PCMH Service Delivery Model	MCO or Traditional State-Managed FFS	Remove
Add	ICF/IID services	MCO (for up to 60 days pending a level of care determination) or Traditional State-Managed FFS	Remove
Add	Alternative Treatment for Pain Management	MCO or Traditional State-Managed FFS	Remove
Add	Routine Patient Cost in Qualifying Clinical Trials	MCO or Traditional State-Managed FFS	Remove

PAHP service delivery is provided on less than a statewide basis.

#type# Participation Exclusions

Individuals are excluded from PAHP participation in the Alternative Benefit Plan:

Select all that apply:



Alternative Benefit Plan

- ☐ Individuals with other medical insurance.
- ☐ Individuals eligible for less than three months.
- ☐ Individuals in a retroactive period of Medicaid eligibility.
- ☒ Other:

General #type# Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- ☒ Mandatory participation.
- ☐ Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in PAHPs:

Expansion adults will be mandatorily enrolled with a dental PAHP; however, American Indian/Alaskan Native (AI/AN) expansion adults will have the option to voluntarily enroll in the SoonerSelect Dental program through an opt-in process.

Expansion adults will have thirty (30) days to select a dental PAHP prior to the start of coverage under the SoonerSelect Dental program. Subsequent to program implementation, expansion adults will have an opportunity to select a CE on their application. Expansion adults who do not make an election within the allowed timeframe will be automatically assigned to a dental PAHP.

Expansion adults who applies within the first (1st) day of the month through the fifteenth (15th) day of the month will be enrolled effective on the first (1st) day of the following month. Expansion adults who select or are assigned to a dental PAHP on the sixteenth (16th) day of the month through the last day of the month will be enrolled effective on the first day of the second following month.

Expansion adults may change their assigned dental PAHP within ninety (90) days of enrollment or ninety (90) days within receiving notification of enrollment, whichever is later and may also change their dental PAHP during the annual open enrollment period.

A dental PAHP may not refuse an assignment or seek to disenroll an enrollee or otherwise discriminate against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability and may not use any policy or practice that has the effect of discriminating on the basis of race, color or national origin, sex, sexual orientation, gender identity, or disability. A dental PAHP may not discriminate against an enrollee in enrollment, disenrollment, or re-enrollment on the basis of expectations that the individual will require frequent or high-cost care, or on the basis of health status or need for health care services or due to an adverse change in the individual's health.

Individuals during a period of presumptive eligibility are excluded from PAHP enrollment.

Individuals that remain enrolled due to the continuous enrollment and maintenance of effort (MOE) requirement of Section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) are excluded from PAHP enrollment.

Populations excluded from this ABP and PAHP enrollment include: Medicare dual eligible individuals; Individuals enrolled in the Medicare Savings Program; individuals determined eligible for Medicaid on the basis of age, blindness, or disability; Medicaid beneficiaries who reside in nursing facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), with the exception of beneficiaries with a pending level of care determination; participants of a in Home and Community Based Services (HCBS) Waiver program; individuals infected with tuberculosis eligible for tuberculosis-related services under 42 C.F.R. § 435.21; individuals determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer under 42 C.F.R. § 435.213; undocumented persons eligible for Emergency Services only in accordance with 42 C.F.R. § 435.139; Insure Oklahoma Employee Sponsored Insurance (ESI) dependent Children in accordance with the Oklahoma Title XXI Children's Health Insurance Program (CHIP) State Plan; and Individuals within the Title XIX Soon-to-be-Sooners Separate CHIP (STBS S-CHIP) program, and individuals enrolled in the SoonerPlan program.



Alternative Benefit Plan

Revised within TN-23-0007, effective 02/01/24
Revised within TN-25-0003, effective 03/01/25

Additional Information: #type# (Optional)

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

The State is seeking to establish the PAHP delivery model for the provision of dental services. Medical services will continue to be provided via the traditional state-managed fee-for-service delivery system.

Revised within TN-23-0007, effective 02/01/24

PCCM: Primary Care Case Management

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

No

- ☒ The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

#type# Procurement or Selection Method

Indicate the method used to select #type#s:

- ☐ Competitive procurement method (RFP, RFA).
☒ Other procurement/selection method.

Describe the method used by the state/territory to procure or select the PCCMs:

Primary care case managers (PCCM) contract directly with the State as primary care providers to furnish case management services to AI/AN expansion adult members who do not opt-in to managed care.

Revised within TN-23-0007, effective 02/01/24

Other PCCM-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the PCCM.

Yes

List the benefits or services that will be provided apart from the #type#, and explain how they will be provided. Add as many rows as needed.

Add	Name	Description	Remove
Add	Primary Care Visits to Treat Injury or Illness	MCO or Traditional State-Managed FFS	Remove
Add	Specialty Visits	MCO or Traditional State-Managed FFS	Remove
Add	Other Practitioner Office Visits	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Facility (ambulatory surgery ctr)	MCO or Traditional State-Managed FFS	Remove
Add	Dialysis	MCO or Traditional State-Managed FFS	Remove
Add	Allergy Testing	MCO or Traditional State-Managed FFS	Remove



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Add	Chemotherapy	MCO or Traditional State-Managed FFS	Remove
Add	Radiation	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Surgery Physician/Surgical Services	MCO or Traditional State-Managed FFS	Remove
Add	Hospice	MCO or Traditional State-Managed FFS	Remove
Add	Emergency Room Services	MCO or Traditional State-Managed FFS	Remove
Add	Emergency Transportation/Ambulance	MCO or Traditional State-Managed FFS	Remove
Add	Urgent Care Center	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Hospital Services (Inpatient Stay)	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Physician & Surgical Services	MCO or Traditional State-Managed FFS	Remove
Add	Organ Transplants	MCO or Traditional State-Managed FFS	Remove
Add	Reconstructive Surgery	MCO or Traditional State-Managed FFS	Remove
Add	Prenatal & Postnatal care	MCO or Traditional State-Managed FFS	Remove
Add	Delivery & Inpatient Services for Maternity Care	MCO or Traditional State-Managed FFS	Remove
Add	Mental/Behavioral Health Outpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Mental/Behavioral Health Inpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Substance Use Disorder Outpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Substance Use Disorder Inpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Prescription drugs	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Rehabilitation Services	MCO or Traditional State-Managed FFS	Remove
Add	Home Health	MCO or Traditional State-Managed FFS	Remove
Add	Durable Medical Equipment	MCO or Traditional State-Managed FFS	Remove
Add	Prosthetic Devices	MCO or Traditional State-Managed FFS	Remove



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Add	Orthotic Devices	MCO or Traditional State-Managed FFS	Remove
Add	Habilitation Services	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Rehab Hospital	MCO or Traditional State-Managed FFS	Remove
Add	Imaging (CT/PET scans, MRIs)	MCO or Traditional State-Managed FFS	Remove
Add	Laboratory Outpatient & Professional Services	MCO or Traditional State-Managed FFS	Remove
Add	X-rays & Diagnostic Imaging	MCO or Traditional State-Managed FFS	Remove
Add	Diabetes Education	MCO or Traditional State-Managed FFS	Remove
Add	Preventive Care/Screening/Immunization	MCO or Traditional State-Managed FFS	Remove
Add	Nutritional Services	MCO or Traditional State-Managed FFS	Remove
Add	State Plan EPSDT Benefits	MCO or Traditional State-Managed FFS	Remove
Add	Nursing facility services	MCO (for up to 60 days pending a level of care determination) or Traditional State-Managed Fee-For-Service	Remove
Add	Family planning	MCO or Traditional State-Managed FFS	Remove
Add	Bariatric Surgery	MCO or Traditional State-Managed FFS	Remove
Add	Non-emergency transportation	MCO or Traditional State-Managed FFS	Remove
Add	Podiatric services	MCO or Traditional State-Managed FFS	Remove
Add	Eye care to treat a medical or surgical condition	MCO or Traditional State-Managed FFS	Remove
Add	Meals and Lodging	MCO or Traditional State-Managed FFS	Remove
Add	Personal Care Services	MCO or Traditional State-Managed FFS	Remove
Add	Medication-Assisted Treatment Services	MCO or Traditional State-Managed FFS	Remove
Add	Infusion Therapy	MCO or Traditional State-Managed FFS	Remove
Add	ICF/IID services	MCO (for up to 60 days pending a level of care determination) or Traditional State-Managed Fee-For-Service	Remove
Add	Alternative Treatment for Pain Management	MCO or Traditional State-Managed FFS	Remove



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Add	Routine Patient Cost in Qualifying Clinical Trials	MCO or Traditional State-Managed FFS	Remove
Add	Orthodontia – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Major Dental Care – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Tobacco Cessation 5-As Counseling 5-As Counseling – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Medically Necessary Extractions – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Diagnostic Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Preventive Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Restorative Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Non-surgical Periodontal Therapy – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Removable Prosthetics Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Outpatient Surgery Dentist/Surgical Services – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Tobacco Cessation 5-As Counseling 5-As Counseling – Adult	Dental PAHP or Traditional State-Managed FFS	Remove

PCCM service delivery is provided on less than a statewide basis.

PCCM Payments

Specify how payment for services is handled:

- ☒ Per member/per month case management fee paid to PCCM provider.
- ☐ Other:

Additional Information: #type# (Optional)

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

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- ☒ Traditional state-managed fee-for-service
- ☐ Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.



Alternative Benefit Plan

With the exception of medical services provided by medical MCOs and dental services provided by dental PAHPs, the services provided under the ABP are provided under the Medicaid State Plan and are paid in the same manner as those services provided in the Medicaid state plan, Attachment 4.19.

Revised within TN-23-0007, effective 02/01/24

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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

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