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State/Territory Name: Puerto Rico

State Plan Amendment (SPA) #: 24-0007

This file contains the following documents in the order listed:

- 1) NY Regional Office Approval Letter
- 2) Summary Page (with 179-like data)
- 3) Approved SPA Page

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

December 6, 2024

Dinorah Collazo
Medicaid Director
Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 24-0007

Dear Medicaid Director Collazo:

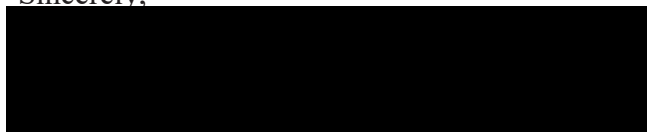
Enclosed please find a corrected approval package for your Puerto Rico State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0007. This Alternative Benefit Plan (ABP) SPA describes services for the adult expansion population, including home health, durable medical equipment, hospice, and non-emergency transportation services, to ensure that benefits for this population align with those for the rest of the adult population was originally approved on December 2, 2024. The approval package sent to Puerto Rico included the following errors:

- The Summary Page (CMS-179) is missing the Federal Fiscal Years and Amounts for the Federal Budget Impact and should read: First Year 2024, \$29,750,000, and Second Year 2025, \$119,000,000.
- The Submit Date on the Summary Page (CMS-179) was inadvertently changed. It has been corrected to read September 3, 2024.

The enclosed corrected package contains the original signed letter, the corrected Summary Page (CMS-179), and the approved SPA page.

If you have any questions, please contact Ivelisse Salce at (212) 616-2411 or via email at Ivelisse.Salce@cms.hhs.gov.

Sincerely,



Division of Program Operations

Enclosures

cc: Brandon Smith

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

December 2, 2024

Dinorah Collazo
Medicaid Director
Department of Health
P.O. Box 70184
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) 24-0007

Dear Medicaid Director Collazo:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Standard Alternative Benefit Plan (ABP) State Plan Amendment (SPA) submitted to CMS on September 3, 2024, under transmittal number (TN) 24-0007. This ABP SPA describes services for the adult expansion population, including home health, durable medical equipment, hospice, and non-emergency transportation services, to ensure that benefits for this population align with those for the rest of the adult population.

This letter informs you that Puerto Rico's Medicaid ABP SPA TN 24-0007 was approved on December 2, 2024, effective July 1, 2024. Enclosed are copies of the approved ABP pages to be incorporated into the Puerto Rico State Plan.

All requirements about ABPs must be met, including, but not limited to, benefits, payment rates, reimbursement methodologies, cost-sharing State Plan pages, and, if applicable, managed care delivery systems (waivers and contracts). Amendments to the state's approved Medicaid program (SPAs, waivers, contracts) may require corresponding modifications to the ABP if the change to the benefit in the approved State Plan will be mirrored in the ABP.

If you have any questions, please contact Ivelisse Salce at (212) 616-2411 or via email at Ivelisse.Salce@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Brandon Smith

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Puerto Rico**

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.

PR-24-0007

Proposed Effective Date

07/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1902(a)(1)(A)(i)(VII)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00 29,750,000
Second Year	2025	\$ 0.00 119,000,000

Subject of Amendment

To align the ABP with the benefit changes made to the State Plan effective July 1, 2024.

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:

Delegated to State Medicaid Director

Signature of State Agency Official

Submitted By: **Joselyn Drullard**

Last Revision Date: **Nov 27, 2024**

Submit Date: **Sep 03, 2024** ~~Nov 27, 2024~~

12/05/2024: The state authorized Pen and Ink changes to: (1) Add the Federal Fiscal Years and Amounts to the Federal Budget Impact to read: 2024 - \$29,750,000 and 2025 - \$119,000,000 and (2) Correct the Submit Date that was inadvertently changed to read, Sep 03, 2024.



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PR - 24 - 0007

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



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physician Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Item 5a. Physician Services		
<p>●ther information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p>		
See Attachment 3.1-A, Item 5a. Physician Services		

Benefit Provided:	Source:	Remove
Clinic Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Item 9. Clinic Services		
<p>●ther information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p>		
See Attachment 3.1-A, Item 9. Clinic Services		

Benefit Provided:	Source:	Remove
Other Licensed Providers	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A, Items 6a, Podiatrists, 6b. Optometrists, and 6d. ●ther Licensed Practitioners		



Alternative Benefit Plan

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

See Attachment 3.1-A, Items 6a, Podiatrists, 6b. Optometrists, and 6d. Other Licensed Practitioners

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:

Other Medical Services - Emergency Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A, Item 24e. Emergency hospital services

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

See Attachment 3.1-A, Item 24e. Emergency hospital services

Benefit Provided:

Other Medical Services - Emergency Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A, Item 24a. Transportation

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

See Attachment 3.1-A, Item 24a. Transportation

Benefit Provided:

Source:

Remove

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:



Alternative Benefit Plan

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

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Inpatient Hospital Services"/>	<input type="text" value="State Plan 1905(a)"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:	<input type="text" value="See Attachment 3.1-A, Item 1 Inpatient hospital services"/>	
<p>● other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value="See Attachment 3.1-A, Item 1. Inpatient hospital services"/>		

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



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:

Physician Services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A, Item 5a. Physician Services

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

See Attachment 3.1-A, Item 5a. Physician Services

Benefit Provided:

Inpatient Hospital services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A, Item 1. Inpatient hospital services

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

See Attachment 3.1-A, Item 1. Inpatient hospital services

Add



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Behavioral Health Outpatient - Rehab	State Plan Other	
Authorization:	Provider Qualifications:	
None	Other	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Puerto Rico covers individual and group counseling, substance abuse treatment, partial hospitalization, psychiatric care and medication management for enrollees identified as having behavioral health needs without limitation. Provider qualifications are mandated by Puerto Rico law and licensing requirements and include psychologists and psychiatrists.		

Benefit Provided:	Source:	Remove
Behavioral Health Inpatient - Rehab	State Plan Other	
Authorization:	Provider Qualifications:	
None	Other	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Inpatient Behavioral Health Services for Enrollees aged twenty-one (21) through sixty-four (64) are covered in an IMD setting for up to fifteen (15) days within the month for which the PMPM Payment would be made in accordance with 42 CFR 438.6(e). Prospective rate development for the PMPM Payments will account for utilization and cost of short term stays in an IMD in accordance with 42 CFR 438.6(e). Inpatient Behavioral Health Services for Enrollees aged sixty-five (65) and older are covered in accordance with the State Plan.		

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

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

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

See Attachment 3.1-A, Item 12a. Prescribed Drugs



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
Physical Therapy - Rehabilitation and Habilitation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See Attachment 3.1-A. Item 11a. Physical Therapy	Per year	
Scope Limit:		
See Attachment 3.1-A. Item 11a. Physical Therapy		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Physical therapy is applied as a habilitative and rehabilitative service as determined medically necessary. See Attachment 3.1-A. Item 11a. Physical Therapy		

Benefit Provided:	Source:	Remove
Home Health	State Plan Other	
Authorization:	Provider Qualifications:	
Other	Other	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Attachment 3.1-A. Item 7. Home Health Services		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
See Attachment 3.1-A. Item 7. Home Health Services		

Benefit Provided:	Source:	Remove
Chiropractic Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Yes	Medicaid State Plan	
Amount Limit:	Duration Limit:	
See below	See below	



Alternative Benefit Plan

Scope Limit:

See below

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

Chiropractic adjustments are provided as a habilitative and rehabilitative service as determined medically necessary. See Attachment 3.1-A, Item 6c. Chiropractors' Services.

Benefit Provided:

Respiratory Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Offered as a habilitative and rehabilitative service as determined medically necessary.

Benefit Provided:

Occupational Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A, Item 11b. Occupational Therapy

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

Offered as a habilitative and rehabilitative service as determined medically necessary. See Attachment 3.1-A, Item 11b. Occupational Therapy

Benefit Provided:

Speech Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 11c. Services for individuals with speech, hearing, and language disorders

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

Offered as a habilitative and rehabilitative service as determined medically necessary. See Attachment 3.1-A. Item 11c. Services for individuals with speech, hearing, and language disorders

Benefit Provided:

Source:

Remove

Authorization:

None

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Diagnostic Lab

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services

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

See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services

Benefit Provided:

Other lab and x-ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services

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

See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services

Add



Alternative Benefit Plan

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

Collapse All

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

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



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 4b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

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

See Attachment 3.1-A. Item 4b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted: Specialist Visit	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Physician Services- EHB 1. This service covers all ambulatory care providers.

Base Benchmark Benefit that was Substituted: Primary care visit treatments of injury or illness	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Physician services EHB1. This service covers all ambulatory care providers.

Base Benchmark Benefit that was Substituted: Other practitioner office visit	Source: Base Benchmark	<input type="button" value="Remove"/>
---	---------------------------	---------------------------------------

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

Duplication: covered under Medicaid state plan as Other Licensed Providers in EHB 1

Base Benchmark Benefit that was Substituted: Outpatient facility	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Clinic services EHB 1

Base Benchmark Benefit that was Substituted: Outpatient Surgery Physician Surgical Services	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Medicaid state plan as Physician Services EHB 1

Base Benchmark Benefit that was Substituted: Emergency Services	Source: Base Benchmark	<input type="button" value="Remove"/>
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Alternative Benefit Plan

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

Duplication: covered under Medicaid state plan as Other Medical Services -Emergency Services in EHB 2

Base Benchmark Benefit that was Substituted:

Emergency Transportation

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Other Medical Services - Emergency Transportation services EHB 2

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3

Base Benchmark Benefit that was Substituted:

Inpatient physician and surgical services

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3

Base Benchmark Benefit that was Substituted:

Skilled Nursing Facility

Source:

Base Benchmark

Remove

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

Base Benchmark Benefit that was Substituted:

Prenatal and Postnatal Care

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Physician Services EHB 4.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Delivery/Inpatient services for Maternity Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Medicaid state plan as Inpatient Hospital Services - Maternity EHB 4		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Medicaid state plan as Behavioral Health Outpatient EHB 5		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Inpatient Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Medicaid state plan as Behavioral Health Inpatient services EHB 5		
Base Benchmark Benefit that was Substituted: Substance Abuse Outpatient Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Medicaid state plan as Behavioral Health Outpatient EHB 5		
Base Benchmark Benefit that was Substituted: Substance Abuse Inpatient Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Medicaid state plan as Behavioral Health Inpatient services EHB 5		
Base Benchmark Benefit that was Substituted: Outpatient Rehabilitation Services	Source: Base Benchmark	Remove



Alternative Benefit Plan

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

Duplication: covered under Medicaid state plan as Rehabilitative and Habilitative services EHB 7

Base Benchmark Benefit that was Substituted:

Habilitation Services

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Physical Therapy services EHB 7 and Speech Therapy, Respiratory and Occupational Therapy.

Base Benchmark Benefit that was Substituted:

Diagnostic Tests

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as Laboratory Services services EHB 8 and Other Lab and X-Ray services EHB 8

Base Benchmark Benefit that was Substituted:

Preventative Care/Screening and Immunization

Source:

Base Benchmark

Remove

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

Duplication: Duplication: covered under Medicaid state plan as Preventive services EHB 9

Base Benchmark Benefit that was Substituted:

Routine Eye Exam for Children

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as EPSDT in EHB10

Base Benchmark Benefit that was Substituted:

Eyeglasses for Children

Source:

Base Benchmark

Remove

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

Duplication: covered under Medicaid state plan as EPSDT in EHB10



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Prescription Drugs	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Benchmark plan is the same as State Plan Coverage in Prescription Drugs EHB 6		
Base Benchmark Benefit that was Substituted: Chiropractic Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: covered under Chiropractic Care EHB 7		
Base Benchmark Benefit that was Substituted: Routine Foot Care	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under Physicians Services in EHB 1		
Base Benchmark Benefit that was Substituted: Transplant Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under Hospitalization EHB 3		
Base Benchmark Benefit that was Substituted: Bariatric Services	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Duplication: Covered under Hospitalization EHB 3		
Base Benchmark Benefit that was Substituted: Imaging	Source: Base Benchmark	Remove



Alternative Benefit Plan

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

Duplication: Covered under Diagnostic Lab EHB 8

Base Benchmark Benefit that was Substituted:

Home Health

Source:

Base Benchmark

Remove

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

Duplication: Covered under Medicaid state plan as Home Health Services EHB7.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Adult Dental

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-A. Item 10. Dental service

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 10. Dental service

Other:

See Attachment 3.1-A. Item 10. Dental service

Other 1937 Benefit Provided:

Federally Qualified Health Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 2c. Federal Qualified Health Center services

Other:

See Attachment 3.1-A. Item 2c. Federal Qualified Health Center services

Other 1937 Benefit Provided:

Family Planning Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 4c. Family planning services and supplies for individuals of child-bearing age

Other:

See Attachment 3.1-A. Item 4c. Family planning services and supplies for individuals of child-bearing age



Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="High Risk Pregnancy - Case Management"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Covers Medicaid eligible women identified as at-risk for pre-term birth or poor pregnancy outcome."/>		
Other: <input type="text"/>		
Other 1937 Benefit Provided: <input type="text" value="Extended Services for Pregnant Women"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="All medical and obstetrical services that are medically necessary due to complications of pregnancy including hospitalization beyond minimum stay terms."/>		
Other 1937 Benefit Provided: <input type="text" value="Tuberculosis Related Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="See Attachment 3.1-A. Item 19 Tuberculosis Related Services"/>		
Other: <input type="text" value="See Attachment 3.1-A. Item 19 Tuberculosis Related Services"/>		
TN: PR-24-0007 Supersedes TN: PR 23-0007		Approval Date: 12/02/2024 Effective Date: 07/01/2024



Alternative Benefit Plan

Other 1937 Benefit Provided:

Adult Vision Exam

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See Attachment 3.1-A. Item 6b. Optometrist service

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 6b. Optometrist services

Other:

See Attachment 3.1-A. Item 6b. Optometrist services

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limitations

Duration Limit:

No limitations

Scope Limit:

See Attachment 3.1-A, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

Other:

See Attachment 3.1-A, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials. Effective January 1, 2022.

Other 1937 Benefit Provided:

M.A.T. for Opioid Use Disorder (OUD)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Other

Duration Limit:

Other

Scope Limit:

MAT services, defined at section 1905(ee) and as covered under section 1905(a)(29) of the Social Security Act.



Alternative Benefit Plan

Other:

MAT is provided as defined in the approved state plan Description for Attachment 3.1-A. MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.

Other 1937 Benefit Provided:

Non-Emergency Medical Transportation (NEMT)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A. Item 24a. Transportation Services and Attachment 3.1-D

Other:

See Attachment 3.1-A. Item 24a. Transportation Services and Attachment 3.1-D

Other 1937 Benefit Provided:

Hospice

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See Attachment 3.1-A, Item 18, Hospice Care

Other:

See Attachment 3.1-A, Item 18, Hospice Care

Add



Alternative Benefit Plan

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

PRA Disclosure Statement

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

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