

## **Table of Contents**

**State/Territory Name: Puerto Rico**

**State Plan Amendment (SPA) #: 25-0006**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 3, 2026

Carlos A. Santiago Rosario  
Medicaid Director  
Puerto Rico Department of Health  
P.O. Box 70184  
San Juan, PR 00936-8184

Re: Puerto Rico State Plan Amendment (SPA) - PR-25-0006

Dear Director Santiago:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0006. This amendment aligns the Alternative Benefit Plan (ABP) with the Medicaid State Plan by removing the September 30, 2025, sunset date for the Medication-Assisted Treatment (MAT) benefit, making it permanent for the expansion group.

We conducted our review of your submittal in accordance with the statutory requirements of Title XIX of the Social Security Act and section 1905(a)(29). This letter informs you that Puerto Rico's Medicaid SPA TN 25-0006 was approved on March 3, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and the approved State Plan Amendment pages to be incorporated into the Puerto Rico State Plan.

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

Sincerely,

A large black rectangular redaction box covers the signature of Wendy E. Hill Petras.

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

Enclosures

|   |  |                                |
|---|--|--------------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTER FOR MEDICARE &amp; MEDICAID SERVICES</b> | <b>1. TRANSMITTAL NUMBER</b><br>2 5 — 0 0 0 6  | <b>2. STATE</b><br>Puerto Rico |
|   | <b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b><br>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |                                |
| <b>TO: REGIONAL ADMINISTRATOR</b><br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  | <b>4. PROPOSED EFFECTIVE DATE</b><br>October 1, 2025   |                                |

**5. TYPE OF PLAN MATERIAL (Check One)**

NEW STATE PLAN     
  AMENDMENT TO CONSIDERED AS NEW PLAN     
  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

|   |  |
|---|--|
| <b>6. FEDERAL STATUTE/REGULATION CITATION</b><br><br>Section 1905(a)(29) of the Social Security Act | <b>7. FEDERAL BUDGET IMPACT</b><br>a. FFY 2026 \$ 0<br>b. FFY 2027 \$ 0  |
| <b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</b><br><br>ABP 5<br>General information         | <b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</b><br><br>ABP 5<br>General information |

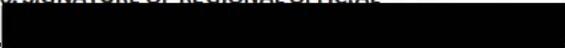
Extends coverage of MAT beyond the September 30, 2025, expiration date.

**11. GOVERNOR'S REVIEW (Check One)**

GOVERNOR'S OFFICE REPORTED NO COMMENT     
  OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED     
 Designated to the State Medicaid Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|   |  |
|---|--|
| <b>12. SIGNATURE OF STATE AGENCY OFFICIAL</b><br><br>Carlos Santiago Rosario | <b>16. RETURN TO</b><br>PUERTO RICO MEDICAID PROGRAM<br>PUERTO RICO DEPARTMENT OF HEALTH<br>PO BOX 70184<br>SAN JUAN PR 00936-8184 |
| <b>14. TITLE</b><br>Executive Medicaid Director   |  |
| <b>15. DATE SUBMITTED</b><br>December 29, 2025  |  |

|   |   |
|---|---|
| <b>FOR REGIONAL OFFICE USE ONLY</b>           |   |
| <b>17. DATE RECEIVED</b><br>December 29, 2025 | <b>18. DATE APPROVED</b><br>March 3, 2026 |

|   |   |
|---|---|
| <b>PLAN APPROVED – ONE COPY ATTACHED</b>                          |   |
| <b>19. EFFECTIVE DATE OF APPROVED MATERIAL</b><br>October 1, 2025 | <b>20. SIGNATURE OF REGIONAL OFFICIAL</b><br> |
| <b>21. TYPED NAME</b><br>Wendy E. Hill Petras                     | <b>22. TITLE</b><br>Acting Director, Division of Program Operations   |
| <b>23. REMARKS</b>  |   |



# ABP General Information

State Name:

Transmittal Number:

## General Information

Submission Title:

### Description:

Section 201 of the Consolidated Appropriations Act, 2024, made the mandatory Medication Assisted Treatment (MAT) benefit at section 1905(a)(29) of the Act permanent by amending the section to remove the end date of "September 30, 2025." This SPA submission removes reference to the September 30, 2025 end date and references the description of MAT coverage in Attachment 3.1-A of the State Plan.

## Public Notice

The state attests that this SPA does not make a substantive change and therefore does not require the state to provide public notice in accordance with 42 CFR 440.386.

Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

Date public notice was issued

The state/territory assures that it has provided the public with advance notice of the amendment and reasonable opportunity to comment.

The state/territory assures that it has included in the notice a description of the method for assuring compliance with 42CFR 440.345 related to full access to EPSDT services.

The state/territory assures that it has included in the notice a description of the method for complying with the provisions of section 5006(e) of the American Recovery and Reinvestment Act of 2009.

The state/territory assures that it has performed any required tribal consultation.



# General Information

## ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes **only** the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.
  - The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups. If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.
  - The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.
- Enrollment is mandatory for some or all participants. If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: PR - 25 - 0006

|                             |             |
|-----------------------------|-------------|
| <b>Benefits Description</b> | <b>ABP5</b> |
|-----------------------------|-------------|

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

**Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "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  |                          |        |
| 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:  | 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  |                          |        |
| 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 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, 6c. Chiropractors, and 6d. Other 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, 6c, Chiropractors, and 6d. Other Licensed Practitioners

Add



# Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:  | Source:                  | Remove |
| Other Medical Services - Emergency Hospital  | 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 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:  | Source:                  | Remove |
| Other Medical Services - Emergency Transportation  | 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 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   |                          |        |

Add



# Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

|  |   |        |
|--|---|--------|
| Benefit Provided:<br>Inpatient Hospital Services   | Source:<br>State Plan 1905(a)                   | Remove |
| Authorization:<br>None   | Provider Qualifications:<br>Medicaid State Plan |        |
| Amount Limit:<br>None  | Duration Limit:<br>None                         |        |
| Scope Limit:<br>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:<br>See Attachment 3.1 -A, Item 1. Inpatient hospital services |   |        |

Add



# Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

|  |                          |        |
|--|--------------------------|--------|
| Benefit Provided:  | Source:                  | Remove |
| Physician Services - Maternity   | 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  |                          |        |
| 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:  | Source:                  | Remove |
| Inpatient Hospital services - Maternity  | 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 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

Collapse All

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

|   |                          |                                       |
|---|--------------------------|---------------------------------------|
| Benefit Provided:   | Source:                  | <input type="button" value="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:                  | <input type="button" value="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. |                          |                                       |



# 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:          |        |
| 30 treatments per condition.   | Peryear                  |        |
| Scope Limit:   |                          |        |
| Combined limit of 30 sessions applies to habilitation and rehabilitation.  |                          |        |
| 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: |        |
| None                        | Medicaid State Plan      |        |
| Amount Limit:               | Duration Limit:          |        |
| 30 treatments per condition | Peryear                  |        |



# Alternative Benefit Plan

Scope Limit:

See Attachment 3.1-A, Item 6d. Chiropractors' Services.

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 6d. Chiropractors' Services.

Benefit Provided:

Respiratory Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

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

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

|  |   |        |
|--|---|--------|
| Benefit Provided:<br>Diagnostic Lab  | Source:<br>State Plan 1905(a)                   | Remove |
| Authorization:<br>Other  | Provider Qualifications:<br>Medicaid State Plan |        |
| Amount Limit:<br>None  | Duration Limit:<br>None                         |        |
| Scope Limit:<br>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:<br>See Attachment 3.1-A. Item 13a. Diagnostic services and Item 13b. Screening services |   |        |

|  |   |        |
|--|---|--------|
| Benefit Provided:<br>Other lab and x-ray Services  | Source:<br>State Plan 1905(a)                   | Remove |
| Authorization:<br>Other  | Provider Qualifications:<br>Medicaid State Plan |        |
| Amount Limit:<br>None  | Duration Limit:<br>None                         |        |
| Scope Limit:<br>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:<br>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:  | Source:                  | <input type="button" value="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:   |                          |                                       |
| 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. |                          |                                       |



# 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

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 1. This service covers all ambulatory care providers.

Base Benchmark: No limitations

Base Benchmark Benefit that was Substituted:

Primary care visit treatments of injury or illness

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 EHB1. This service covers all ambulatory care providers.

Base Benchmark plan: No limitations

Base Benchmark Benefit that was Substituted:

Other practitioner office visit

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 Licensed Providers in EHB 1

Base Benchmark: Excludes non physician professionals including nurse and physician assistant except those required by local law such as podiatrist, optometrist, clinical psychologists and chiropractors.

Base Benchmark Benefit that was Substituted:

Outpatient 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:

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

Base Benchmark: Excludes services rendered in an outpatient facility that may be performed in a physicians office.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician 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 Physician Services EHB 1

Base Benchmark: Excludes cosmetic surgery, procedures to re-establish the ability to procreate, induced abortion, experimental procedures, surgeries for sexual transformation, intravenous or inhalation analgesia.



# Alternative Benefit Plan

|   |                           |        |
|---|---------------------------|--------|
| Base Benchmark Benefit that was Substituted:<br>Emergency Services  | Source:<br>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:<br>Duplication: covered under Medicaid state plan as Other Medical Services -Emergency Services in EHB 2<br>Base Benchmark: No limitations.   |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Emergency Transportation  | Source:<br>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:<br>Duplication: covered under Medicaid state plan as Other Medical Services - Emergency Transportation services EHB 2<br>Base Benchmark: Covered as reimbursement up to \$80.00 per trip  |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Inpatient Hospital Services   | Source:<br>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:<br>Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3<br>Base Benchmark: Excludes services for personal comfort such as private rooms and for services or procedures that may be performed in an outpatient setting.   |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Inpatient physician and surgical services   | Source:<br>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:<br>Duplication: covered under Medicaid state plan as Inpatient Hospital Services EHB 3<br>Base Benchmark: No limitations  |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Skilled Nursing Facility  | Source:<br>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:<br>Base Benchmark: Limits Skilled Nursing services to 120 days only if initiated within 14 days of a hospitalization of at least 3 days and provided for the same condition as the hospitalization.<br>The substitution is based on unlimited respiratory therapy, occupational therapy and speech therapy identified in EHB 7. |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Prenatal and Postnatal Care   | Source:<br>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 Physician Services EHB 4.  
Base Benchmark: No Limitations

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: Delivery of baby 48 hour minimum for vaginal delivery and 96 hours for cesarean delivery.

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: Limited to 15 units per year for group therapy.

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: Limited to 90 days per year.

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: Limited to 15 units per year for each type of service including group therapy, psychiatrist, clinical psychologist and collateral visits.

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: Limited to 90 days per year.



# Alternative Benefit Plan

|   |                           |        |
|---|---------------------------|--------|
| Base Benchmark Benefit that was Substituted:<br>Outpatient Rehabilitation Services  | Source:<br>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:<br>Duplication: covered under Medicaid state plan as Rehabilitative and Habilitative services EHB 7<br>Base Benchmark: Limited to 20 physical therapy sessions per year. Does not include occupational, speech therapies, prosthetics and implants orthopedics or cardiac rehabilitation. |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Habilitation Services   | Source:<br>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:<br>Duplication: covered under Medicaid state plan as Physical Therapy services EHB 7 and Speech Therapy, Respiratory and Occupational Therapy.<br>Base Benchmark: Limited to 20 physical therapy sessions per year.   |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Diagnostic Tests  | Source:<br>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:<br>Duplication: covered under Medicaid state plan as Laboratory Services services EHB 8 and Other Lab and X-Ray services EHB 8<br>Base Benchmark: No limitations  |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Preventative Care/Screening and Immunization  | Source:<br>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:<br>Duplication: Duplication: covered under Medicaid state plan as Preventive services EHB 9<br>Base Benchmark: No limitations   |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Routine Eye Exam for Children   | Source:<br>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:<br>Duplication: covered under Medicaid state plan as EPSDT in EHB10<br>Base Benchmark: Limited to routine exam per year   |                           |        |
| Base Benchmark Benefit that was Substituted:<br>Eyeglasses for Children   | Source:<br>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 EPSDT in EHB10  
Base Benchmark: Limited to 1 per year

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



# Alternative Benefit Plan

|  |   |                                       |
|--|---|---------------------------------------|
| Base Benchmark Benefit that was Substituted:   | Source:                                     | <input type="button" value="Remove"/> |
| <input type="text" value="Imaging"/>   | <input type="text" value="Base Benchmark"/> |                                       |
| <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> |   |                                       |
| <input type="text" value="Duplication: Covered under Diagnostic Lab EHB 8"/>   |   |                                       |
|  |   | <input type="button" value="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:<br>High Risk Pregnancy - Case Management  | Source:<br>Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization:<br>Other  | Provider Qualifications:<br>Medicaid State Plan                   |        |
| Amount Limit:<br>None  | Duration Limit:<br>None   |        |
| Scope Limit:<br>Covers Medicaid eligible women identified as at-risk for pre-term birth or poor pregnancy outcome.   |   |        |
| Other:<br><input type="text"/>   |   |        |
| Other 1937 Benefit Provided:<br>Extended Services for Pregnant Women   | Source:<br>Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization:<br>Prior Authorization  | Provider Qualifications:<br>Medicaid State Plan                   |        |
| Amount Limit:<br>None  | Duration Limit:<br>None   |        |
| Scope Limit:<br>None   |   |        |
| Other:<br>All medical and obstetrical services that are medically necessary due to complications of pregnancy including hospitalization beyond minimum stay terms. |   |        |
| Other 1937 Benefit Provided:<br>Tuberculosis Related Services  | Source:<br>Section 1937 Coverage Option Benchmark Benefit Package | Remove |
| Authorization:<br>Prior Authorization  | Provider Qualifications:<br>Medicaid State Plan                   |        |
| Amount Limit:<br>None  | Duration Limit:<br>None   |        |
| Scope Limit:<br>See Attachment 3.1-A. Item 19 Tuberculosis Related Services  |   |        |



# Alternative Benefit Plan

Other:

See Attachment 3.1-A. Item 19 Tuberculosis Related Services

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



# Alternative Benefit Plan

Scope Limit:

See Attachment 3.1-A, 1905(a)(29) Medication Assisted Treatment (MAT)

Other:

MAT is provided as defined in the approved state plan Attachment 3.1-A and in accordance with section 1905(a)(29) of the SSA.

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-D

Other:

See 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

|  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(1)(A)(i)(VIII) of the Act.) | Collapse All <input type="checkbox"/> |
|--|---------------------------------------|

### 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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