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State/Territory Name: West Virginia

State Plan Amendment (SPA) #: 24-0006

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Medicaid and CHIP Operations Group

October 30, 2024

Cynthia Beane, MSW, LCSW
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

Re: West Virginia State Plan (SPA) 24-0006

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0006. This Alternative Benefit Plan (ABP) amendment submitted through the Medicaid Model Data Lab (MMDL No.: WV.0654.R00.06) on August 1, 2024, meets all federal statutory and regulatory requirements.

This ABP updates the coverage limit for diagnostic, preventative, and restorative dental services for adults aged 21 and older, excluding cosmetic services. It also aligns non-EHB adult dental coverage with changes approved in WV-24-0002.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 C.F.R 440.100. This letter informs you that West Virginia's SPA TN 24-0006 was approved on October 30, 2024, effective July 1, 2024.

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

If you have any questions, please contact Nicole Guess at (872) 287-1397 or via email at Nicole.Guess@cms.hhs.gov.

Sincerely,

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

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Sarah Young
Riley Romeo
Nora Dillard

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: West Virginia

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.

WV-24-0006

Proposed Effective Date

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

Federal Statute/Regulation Citation

ACA

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00
Second Year	2025	\$ 0.00

Subject of Amendment

Alternate Benefit Plan update to change the limit for adult dental services from \$1,000 per year for diagnostic, preventative, and restorative services to \$2,000 per two-year budget period.

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:

Not Required

Signature of State Agency Official

Submitted By: Sarah Young

Last Revision Date: Oct 29, 2024

Submit Date: Aug 1, 2024



Alternative Benefit Plan

State Name: West Virginia

Attachment 3.1-L-

☐

OMB Control Number: 0938-1148

Transmittal Number: WV - 24 - 0006

Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Highmark West Virginia: Super Blue Plus 2000

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

Secretary-Approved



Alternative Benefit Plan

☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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

Medical Office Visit/Office Consultation (Includes Specialist/Specialist Virtual Visit) - Applies to Charges for Visit only. Does not apply to other Services received during Visit.

Benefit Provided:

Podiatry: Other Licensed Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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

Benefit Provided:

Diagnostic x-ray

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

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:

For radiology services requiring prior authorization for medical necessity by the Utilization Management

TN: 24-0006

Approval Date: 4/30/2024

Effective Date: 07/01/2024

Supersedes TN: 21-0008-A



Alternative Benefit Plan

Contractor (UMC), the referring/treating provider must submit the appropriate CPT code with clinical documentation and any other pertinent information to be used for clinical justification of services by the UMC.

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

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:

Certain services require Prior Authorization and concurrent review for further services if identified as a high utilization/abuse. If services have been identified as having a high rate of utilization/abuse they will receive a more intense review and PA process.

An example of hospital outpatient services that require a PA would be surgical procedures: acne surgery - criteria requires review of less invasive procedures to ensure medical necessity; reconstruction procedures (jaw, nose, brow repair) to ensure medical necessity and not cosmetic; all unlisted surgical procedures to ensure there is no appropriate CPT code and that the procedure is not experimental/research.

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

Other

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:

If a person revokes 3 times they are no longer eligible for hospice.

Benefit Provided:

Chiropractic: Other Licensed Practitioner

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

24 treatments/year

Duration Limit:

none

Scope Limit:

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

Coverage of chiropractic services is limited to one treatment per day and not more than 12 treatments without prior Authorization. An additional 12 treatments per calendar year if medically necessary and Prior Authorized. 6 additional treatments per calendar year can be prior authorized if OT and PT services have not been utilized in combination with chiropractic services. Limits in the State Plan refer to the adult population only. Children are covered by EPSDT and are not subject to the hard limit applied to adults. Medicaid will require that prior approval for all ages be obtained by the provider for medically necessary services which are not covered or exceed the benefit limit addressed in the State Plan.

Benefit Provided:

Source:

Authorization:

Authorization required in excess of limitation

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:

Outpatient Hospital Services/Emergency Room

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:

Benefit Provided:

Any other medical care/transportation

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:

Must be to nearest appropriate provider.

Add



Alternative Benefit Plan

☒ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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

All inpatient services require prior authorization (PA). The State has a retroactive PA process in place for all inpatient hospital care as a result of entrance through ER (to include emergency and non-emergency) visits that result in inpatient care. This retroactive prior authorization process allows the facility 10 days to submit necessary information to determine medical necessity required for processing to allow authorization for these services.

In the event that the authorized inpatient stay exceeds the original authorization in scope, the provider will be required to submit an additional request for authorization for the continued stay or service modifications.

Add



Alternative Benefit Plan

☒ 4. Essential Health Benefit: Maternity and newborn care

Collapse All ☐

Benefit Provided:	Source:	Remove
Hospital Inpatient Services/maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
none		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Hospital Inpatient/maternity medical and surgical services for pregnancy and complications of pregnancy and miscarriage. These services for this benefit also include physician services covered in EHB 1		

Benefit Provided:	Source:	Remove
Hospital Outpatient Services/Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
none		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Outpatient/maternity medical and surgical services for pregnancy and complications of pregnancy and miscarriage. The services for this benefit also include physician services covered in EHB 1		

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
Physician: Outpatient Psychiatric Treatment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Retroactive Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
12 sessions per year	none	
Scope Limit:		
none		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services require Prior Authorization and concurrent review for further services if identified as a high utilization/abuse.		

Benefit Provided:	Source:	Remove
Rehab: Rehabilitative Psychiatric Treatment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
none		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
These services are aimed at those with severe mental illness. Full clinical review prior authorization is required for all services with no hard limits. WV has two levels of prior authorization, an initial level and a second more intense level for both MH and substance abuse services. In West Virginia most of these types of services are provided in the community mental health centers. These centers provide both individual and group psychotherapy services. At the State discretion services may require Prior Authorization if services have been identified as having a high rate of utilization/abuse.		

Benefit Provided:	Source:	Remove
Inpatient Hospital: Psychiatric Hospital Care	State Plan 1905(a)	

Authorization:	Provider Qualifications:
Prior Authorization	Medicaid State Plan

IR-24-0006

Approval Date: 10/30/2024

Effective Date: 07/01/2024

Supersedes IR: 21-0008-A



Alternative Benefit Plan

Amount Limit:

[5 day stay]

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:

Inpatient Hospital Services require Prior Authorization and concurrent review for further services. These services are not provided in facilities that are IMDs.

Benefit Provided:

[]

Source:

[]

Remove

Authorization:

[Yes]

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:

[]

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

☒ 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:

The State of West Virginia's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

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

Collapse All ☐

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

Benefit Provided:	Source:	<div>Remove</div>
Physical Therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits/yr combined PT/OT rehab/bab	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:

Visit totals include PT and OT combined for rehabilitative and babilitative services. Any additional visits require PA. (PA process is from the State Plan). EPDST services for children under 21 are not subject to these limitations.

Benefit Provided:	Source:	<div>Remove</div>
Occupational Therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits/yr combined PT/OT rehab/bab	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:

Visit totals include PT and OT combined for rehabilitative and babilitative services. Any additional visits require PA. (PA process is from the State Plan). EPDST services for children under 21 are not subject to these limitations.

Benefit Provided:	Source:	<div>Remove</div>
PT and related services: Speech Therapy	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
20 visits per year	none	

TN: 24-0006

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Effective Date: 07/01/2024

Supplemental TN: 24-0006-A



Alternative Benefit Plan

Scope Limit:

[none]

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

PA is required for every member to commence the first 20 ST visits but for additional visits past the 20 limit a more subsequent intense review is required for both rehabilitative and habilitative services. Services limits for members in the AB P population are combined for hab/rehab to reach the limit per year.

Benefit Provided:

[Rehab: Cardiac rehabilitation]

Source:

[State Plan 1905(a)]

Remove

Authorization:

[Prior Authorization]

Provider Qualifications:

[Medicaid State Plan]

Amount Limit:

[36 sessions in a 12 week period]

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:

Additional cardiac rehabilitation services may be medically necessary when the member has any of the following conditions:

Another documented myocardial infarction or extension of initial infarction, or

Another cardiovascular surgery or angioplasty; or

New evidence of ischemia or an exercise test, including thallium scan, or

New clinically significant coronary lesions documented by cardiac catheterization.

Benefit Provided:

[Rehab: Pulmonary Rehabilitation]

Source:

[State Plan 1905(a)]

Remove

Authorization:

[Prior Authorization]

Provider Qualifications:

[Medicaid State Plan]

Amount Limit:

[20 sessions]

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:

Pulmonary Rehabilitation Services require Prior Authorization and concurrent review for further services.

Benefit Provided:

[Home Health: Durable medical equipment]

Source:

[State Plan 1905(a)]

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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

Durable medical equipment must be prescribed by a Physician or Professional Other Provider acting within the scope of their license.

Benefit Provided:

Orthotics and prosthetics

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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

Orthotics and prosthetics must be prescribed by a Physician or Professional Other Provider acting within the scope of their license.

Benefit Provided:

Home Health

Source:

Base Benchmark Commercial HMO

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Selected Public Employee/Commercial Plan

Amount Limit:

100 visits per year

Duration Limit:

none

Scope Limit:

none

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

Review for the first 60 visits, beyond 60 visits full clinical criteria review required. 100 visits per year will be a hard limit on this service. Children are covered by EPSDT and are not subject to the hard limit applied to adults for this service.



Alternative Benefit Plan

Benefit Provided:

Other Services: Rehabilitation Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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

Inpatient Rehab Hospital Services required Prior Authorization and concurrent review for further services. If services are identified as having a high rate of utilization/abuse of services or over utilization they may require an additional level of review. All services require prior authorization for payment.

Add



Alternative Benefit Plan

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Laboratory Services and Testing

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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

Laboratory services are limited to those tests identified by CMS for which the individual provider is CLIA certified. Not all laboratory services require a PA, but many do require a PA to be reimbursed. Laboratory services require a written practitioner's order which includes the original signature of the member's treating provider, date ordered, member's diagnosis, and the specific test or procedure requested.

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:

Preventative Services: Diabetes Education

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:

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:

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:

Add



Alternative Benefit Plan

☐ 11. Other Covered Benefits from Base Benchmark

Collapse All ☐



Alternative Benefit Plan

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

Collapse All ☐

Base Benchmark Benefit that was Substituted:

Primary Care Visits to Treat an 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: Combined into one benefit titled Physician Services under Essential Health Benefit 1.

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: Combined into one benefit titled Physician Services under Essential Health Benefit 1.

Base Benchmark Benefit that was Substituted:

Primary Care Well Visits

Source:

Base Benchmark

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: These services are provided for ages under 21(19-20) per the Medicaid State Plan EPSDT Benefits. EPSDT coverage in Essential Health Benefit 10 is for all children under 21. These services are also duplicated in Physician Services under Essential Health Benefit 1 for all members 21-64.

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: Podiatry: Other Licensed Practitioner under Essential Health Benefit 1.

Duplication: Chiropractic: Other Licensed Practitioner under Essential Health Benefit 1. Under the base benchmark plan Limitations are for Physician and Outpatient Facility Services combined (per benefit period). Under the Base Benchmark Chiropractic (Spinal Manipulations, OT, PT, RT, and SP) have a combined limit of 30 visits/benefit period.

Base Benchmark Benefit that was Substituted:

Diagnostic Test (X-Ray and Lab Testing)

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: Diagnostic x-ray under Essential Health Benefit 1 and Laboratory Services and Testing under Essential Health Benefit 8.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Outpatient Hospital/Facility 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: Outpatient Hospital Services under Essential Health Benefit 1.

Base Benchmark Benefit that was Substituted:

Hospice

Source:

Base Benchmark

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: Hospice under Essential Health Benefit 1.

Base Benchmark Benefit that was Substituted:

Emergency Room 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: Outpatient Hospital Services/Emergency Room under Essential Health Benefit 2.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance

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: Any other medical care/Transportation under Essential Health Benefit 2.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital/Facility 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: Inpatient Hospital Services under Essential Health Benefit 3.

Base Benchmark Benefit that was Substituted:

Birth Center Care/Maternity 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: Hospital Inpatient Services/maternity under Essential Health Benefit 4.

Base Benchmark Benefit that was Substituted:

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: Outpatient Hospital Services/maternity under Essential Health Benefit 4.

Base Benchmark Benefit that was Substituted:

Outpatient Mental Health 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: Physician Outpatient Psychiatric Treatment under Essential Health Benefit 5.

Base Benchmark Benefit that was Substituted:

Outpatient Substance Abuse 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: Physician Outpatient Psychiatric Treatment under Essential Health Benefit 5.

Base Benchmark Benefit that was Substituted:

Rehabilitative Psychiatric Treatment

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: Rehab: Rehabilitative Psychiatric Treatment under Essential Health Benefit 5.

Base Benchmark Benefit that was Substituted:

Inpatient Mental Health Care 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: Inpatient Hospital Psychiatric Care under Essential Health Benefit 5.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Inpatient Substance Abuse Case 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: Inpatient Hospital: Psychiatric Hospital Care under Essential Health Benefits 5.

Base Benchmark Benefit that was Substituted:

Prescription Drugs/Retail Pharmacy

Source:

Base Benchmark

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: Prescription Drugs under Essential Health Benefit 6

Base Benchmark Benefit that was Substituted:

Speech Therapy

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: PT and related services: Speech Therapy under Essential Health Benefit 7.

Base Benchmark Benefit that was Substituted:

Respiratory, Hyperbaric and Pulmonary Therapy

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: This one service under the Base Benchmark is duplicated under both Rehab: Cardiac Rehabilitation and Rehab: Pulmonary Rehabilitation under Essential Health Benefit 7.

Base Benchmark Benefit that was Substituted:

Durable medical equipment and Oxygen at home

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: Home Health; Durable medical equipment under Essential Health Benefit 7.

Base Benchmark Benefit that was Substituted:

Orthotic Devices and Prosthetic Appliances

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: Orthotics and prosthetics under Essential Health Benefit 7.

Base Benchmark Benefit that was Substituted:

Diabetes Education

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: Preventative Services: Diabetes Education under Essential Health Benefit 9.

Base Benchmark Benefit that was Substituted:

Eye Glasses 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: Medicaid State Plan EPSDT under Essential Health Benefit 10.

Base Benchmark Benefit that was Substituted:

Dental Check-up 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: Medicaid State Plan EPSDT under Essential Health Benefit 10.

Base Benchmark Benefit that was Substituted:

Occupational Therapy

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: Occupational Therapy is under Essential Health Benefit 7.

Base Benchmark Benefit that was Substituted:

Physical Therapy

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: Physical Therapy is under Essential Health Benefit 7.



Alternative Benefit Plan

Add



Alternative Benefit Plan

☒ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Well Baby Care

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

The AB P population is for the new adult group, ages 19-64. As such "Well Baby Care" is for ages 0-6, therefore, would not apply to this population.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Well Child Care

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

The AB P population is for the new adult group, ages 19-64. As such "Well Child Care" is for ages 6-17, therefore, would not apply to this population.

Add



Alternative Benefit Plan

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

Collapse All ☐

Other 1937 Benefit Provided:

Family Planning Services and Supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

Other:

No authorization required.

Other 1937 Benefit Provided:

Preventative Services: Nutritional Education

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

Other:

No authorization required.

Other 1937 Benefit Provided:

Tobacco Cessation Counseling for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

2 per year of each code 99406 and 99407

Duration Limit:

none

Scope Limit:

none

Other:

No authorization required.

FN: 24-0006

Approval Date: 10/30/2024

Effective Date: 07/01/2024

Supersedes FN: 21-0009-A



Alternative Benefit Plan

Other 1937 Benefit Provided:

Adult Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

\$2000

Duration Limit:

two calendar years

Scope Limit:

Adults age 21 and over are covered for diagnostic, preventative, and restorative dental services, excluding cosmetic services. Members must pay for services over the \$2,000 limit in the two calendar year period.

Other:

Prior Authorization may be required for restorative/replacement procedures. Dental service limits provided under EPSDT can be exceeded based on medical necessity. Emergency, diagnostic, preventative, and restorative dental services (excluding cosmetic services) are covered for adults aged 21 and older. Diagnostic, preventative, and restorative dental services are limited to up to \$2,000 per two-year budget period. Members must pay for services over the \$2,000 limit. Services provided to West Virginia Medicaid members can only be billed up to the West Virginia Medicaid fee schedule, whether those services are billed to West Virginia Medicaid and/or the member. Any amount that is the member's responsibility must be explained to the member prior to beginning services.

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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