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State/Territory Name: Minnesota

State Plan Amendment (SPA) #13-0020

This file contains the following documents in the order listed:

1) Approval Letter

2) Summary Form (with 179-like data)

3) Approved SPA Pages
December 30, 2013

James Golden, State Medicaid Director
Minnesota Department of Human Services
P.O. Box 64983
St. Paul, MN 55164-0983

Dear Mr. Golden:

Enclosed for your records is an approved copy of the following State Plan Amendment:

   Transmittal #13-0020   -Alternative Benefit Plan For Adult Expansion Group
   --Effective Date: January 1, 2014

If you have any additional questions, please have a member of your staff contact Courtenay Savage at (312) 353-3721 or via e-mail at Courtenay.Savage@cms.hhs.gov.

Sincerely,

   /s/
   Verlon Johnson
   Associate Regional Administrator
   Division of Medicaid and Children’s Health Operations

cc: Ann Berg, MDHS
    Sean Barrett, MDHS

Enclosure
Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Minnesota

Transmittal Number:
Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST = the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.
MN-13-0020

Proposed Effective Date
01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation
42 CFR 440.305, 440.347

Federal Budget Impact

<table>
<thead>
<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>2014</td>
</tr>
<tr>
<td>Second Year</td>
<td>2015</td>
</tr>
</tbody>
</table>

Subject of Amendment
Alternative Benefit Plan

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:

Signature of State Agency Official
Submitted By: Sean Barrett
Last Revision Date: Dec 20, 2013
Submit Date: Nov 8, 2013

DATE RECEIVED: 11/8/13
DATE APPROVED: 12/30/13

PLAN APPROVED — ONE COPY ATTACHED
EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014
SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Verlon Johnson
TITLE: Associate Regional Administrator
REMARKS:
Alternative Benefit Plan

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name: Group VIII Adults

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>Enrollment is mandatory or voluntary?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Group</td>
<td>Mandatory</td>
</tr>
</tbody>
</table>

Enrollment is available for all individuals in these eligibility group(s). Yes

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory. Yes

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state’s approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state’s approved Medicaid state plan that is not subject to 1937 requirements.

In accordance with requirements of 42 CFR 440.330, the state submitted a comparison of the benefits available under this approved plan and the benefits available under a base benchmark plan as described in 45 CFR 156.100. The comparison demonstrated that the benefits under the approved state plan are as robust, if not more robust with regards to amount, duration, and scope, in each of the ten Essential Health Benefit categories as those provided by the base benchmark plan.

PRA Disclosure Statement

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

Select one of the following:

- ☐ The state/territory is amending one existing benefit package for the population defined in Section 1.
- ☐ The state/territory is creating a single new benefit package for the population defined in Section 1.

**Name of benefit package:** Group VIII Adults

### Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- ☐ Benchmark Benefit Package.
- ☐ Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- ☐ The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- ☐ State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- ☐ A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- ☐ Secretary-Approved Coverage.

- ☐ The state/territory offers benefits based on the approved state plan.
- ☐ The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
- ☐ The state/territory offers the benefits provided in the approved state plan.
- ☐ Benefits include all those provided in the approved state plan plus additional benefits.
- ☐ Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
- ☐ The state/territory offers only a partial list of benefits provided in the approved state plan.
- ☐ The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

**Please briefly identify the benefits, the source of benefits and any limitations:**

All benefits and applicable limitations are provided as outlined by the Minnesota State Plan under Title XIX of the Social Security Act, Medical Assistance Program in Section 3 - Services: General Provisions and Attachments 3.1-A and 3.1-B.

### Selection of Base Benchmark Plan

**TN:** MN-13-0020  
**ABP3**  
**Approval Date:** December 30, 2013  
**Effective Date:** January 1, 2014
Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option. No

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- ☐ Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- ☐ Any of the largest three state employee health benefit plans by enrollment.
- ☐ Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- ☐ Largest insured commercial non-Medicaid HMO.

Plan name: Health Partners 500 25 Open Access

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.

PRA Disclosure Statement

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Alternative Benefit Plan

Attachment 3.1-L-

Alternative Benefit Plan Cost-Sharing

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

The state/territory is proposing “Secretary-Approved Coverage” as its section 1937 coverage option. Yes

**Secretary-Approved Benchmark Package: Benefit by Benefit Comparison Table**

The state/territory must provide a benefit by benefit comparison of the benefits in its proposed Secretary-Approved Alternative Benefit Plan with the benefits provided by one of the section 1937 Benchmark Benefit Packages or the standard full Medicaid state plan under Title XIX of the Act. Submit a document indicating which of these benefit packages will be used to make the comparison and include a chart comparing each benefit in the proposed Secretary-Approved benefit package with the same or similar benefit in the comparison benefit package, including any limitations on amount, duration and scope pertaining to the benefits in each benefit package.

An attachment is submitted.

**Benefits Included in Alternative Benefit Plan**

Enter the specific name of the base benchmark plan selected:

| Health Partners 500 25 Open Access |

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

| Secretary-Approved |
## Essential Health Benefit 1: Ambulatory patient services

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians' Services</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:** None  
**Provider Qualifications:** Medicaid State Plan  
**Amount Limit:** None  
**Duration Limit:** None  
**Scope Limit:** Services provided within the scope of practice as defined under state law.  

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

Some services may require authorization based on criteria consistently applied across all service categories.

---

## Essential Health Benefit 1: Ambulatory patient services

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Hospital Services</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:** Other  
**Provider Qualifications:** Medicaid State Plan  
**Amount Limit:** None  
**Duration Limit:** None  
**Scope Limit:** Services provided within the scope of practice as defined under state law.  

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

Some services may require authorization based on criteria consistently applied across all service categories.

---

## Essential Health Benefit 1: Ambulatory patient services

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Services</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:** None  
**Provider Qualifications:** Medicaid State Plan  
**Amount Limit:** None  
**Duration Limit:** None  
**Scope Limit:** Services provided within the scope of practice as defined under state law.
<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractor (OLP)</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>Authorization required in excess of limitation</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
<tr>
<td>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</td>
<td></td>
</tr>
<tr>
<td>Services beyond 6 manipulations per month or 24 per year require authorization. One annual evaluation allowed without prior authorization.</td>
<td></td>
</tr>
<tr>
<td>Hospice Services</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
<tr>
<td>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</td>
<td></td>
</tr>
<tr>
<td>Family Planning</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
Alternative Benefit Plan

Scope Limit:

Services provided within the scope of practice as defined under state law.

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

---

TN: MN-13-0020

Minnesota

Approval Date: December 30, 2013
Effective Date: January 1, 2014
## Essential Health Benefit 2: Emergency services

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Hospital Services (outpatient hospital)</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td></td>
</tr>
<tr>
<td>Medical services required for the immediate diagnosis and</td>
<td></td>
</tr>
<tr>
<td>treatment of medical conditions that, if not immediately</td>
<td></td>
</tr>
<tr>
<td>diagnosed and treated, could lead to serious physical or</td>
<td></td>
</tr>
<tr>
<td>mental disability or death or are necessary to alleviate</td>
<td></td>
</tr>
<tr>
<td>severe pain.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Transp./Ambulance (outpatient hospital)</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td></td>
</tr>
<tr>
<td>Services provided within the scope of practice as defined</td>
<td></td>
</tr>
<tr>
<td>under state law.</td>
<td></td>
</tr>
</tbody>
</table>

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

All air ambulance transportation originating outside of Minnesota or going to a destination outside of Minnesota must receive authorization. Does not include destinations to facilities located in neighboring states when the county of the neighboring state is contiguous to Minnesota.
## Essential Health Benefit 3: Hospitalization

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Services</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization:</th>
<th>Provider Qualifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Medicaid State Plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Limit:</th>
<th>Duration Limit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Scope Limit:**

Services provided within the scope of practice as defined under state law.

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

Certain inpatient hospital services, such as certain spinal fusion surgeries, may require authorization because other more appropriate treatments may exist.
## Essential Health Benefit 4: Maternity and newborn care

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity and Postpartum Care (Physician)</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td>Services provided within the scope of practice as defined under state law.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery and Inpatient Care (Inpatient Hospital)</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>None</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td>Services provided within the scope of practice as defined under state law.</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Therapy Management (OLP)</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:**
- Authorization required in excess of limitation

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

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

The service is available to all outpatient recipients not eligible for Medicare Part D who are taking three or more prescriptions to treat or prevent one or more chronic conditions. Follow-up encounters in excess of coverage thresholds may be authorized.

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Outpatient Services - Rehab</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:**
- Other

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

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

Some services may require authorization based on criteria consistently applied across all service categories.

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Inpatient Services - Rehab</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:**
- Authorization required in excess of limitation

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None
### Benefit Provided: Substance Abuse Outpatient Services - Rehab

**Source:** State Plan 1905(a)

**Authorization:**
- Other

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

**Other Information:**
- Some services may require authorization based on criteria consistently applied across all service categories.

### Benefit Provided: Substance Abuse Residential Services - Rehab

**Source:** State Plan 1905(a)

**Authorization:**
- Prior Authorization

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

**Other Information:**
- Residential substance abuse services must be authorized via an assessment of medical necessity. Services are not provided in an IMD.
## Essential Health Benefit 6: Prescription 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):**

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

**Authorization:**

Yes

**Provider Qualifications:**

State licensed

---

**Coverage that exceeds the minimum requirements or other:**

The State of Minnesota's Alternative Benefit Plan prescription drug benefit is the same as under the approved Medicaid state plan for prescribed drugs.
<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Services</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td>Services provided within the scope of practice as defined under state law.</td>
</tr>
<tr>
<td>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</td>
<td></td>
</tr>
<tr>
<td>Services include home health aide and skilled nurse visits which require authorization based on assessed need.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Supplies and Equipment (Home Health)</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>Other</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td>Services provided within the scope of practice as defined under state law.</td>
</tr>
<tr>
<td>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</td>
<td></td>
</tr>
<tr>
<td>Certain items such as diabetic supplies may require authorization when usage exceeds thresholds. Other items, such as a needle-free injection device may require prior authorization.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy</td>
<td>State Plan 1905(a)</td>
</tr>
<tr>
<td>Authorization:</td>
<td>Provider Qualifications:</td>
</tr>
<tr>
<td>Other</td>
<td>Medicaid State Plan</td>
</tr>
<tr>
<td>Amount Limit:</td>
<td>Duration Limit:</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Scope Limit:</td>
<td>Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.</td>
</tr>
</tbody>
</table>
### Alternative Benefit Plan

**Benefit Provided:** Occupational Therapy

<table>
<thead>
<tr>
<th>Source:</th>
<th>State Plan 1905(a)</th>
</tr>
</thead>
</table>

**Authorization:** Other

<table>
<thead>
<tr>
<th>Provider Qualifications:</th>
<th>Medicaid State Plan</th>
</tr>
</thead>
</table>

**Amount Limit:** None

<table>
<thead>
<tr>
<th>Duration Limit:</th>
<th>None</th>
</tr>
</thead>
</table>

**Scope Limit:**
Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.

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 authorization for continued services every 60 days.

**Benefit Provided:** Speech, Language, & Hearing Therapy

<table>
<thead>
<tr>
<th>Source:</th>
<th>State Plan 1905(a)</th>
</tr>
</thead>
</table>

**Authorization:** Other

<table>
<thead>
<tr>
<th>Provider Qualifications:</th>
<th>Medicaid State Plan</th>
</tr>
</thead>
</table>

**Amount Limit:** None

<table>
<thead>
<tr>
<th>Duration Limit:</th>
<th>None</th>
</tr>
</thead>
</table>

**Scope Limit:**
Rehabilitative and habilitative services are provided within the scope of practice as defined under state law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
Speech language therapy requires prior authorization and authorization for continued services every 60 days. Certain audiology services require authorization to provide services in excess of service thresholds.

**Benefit Provided:** Nursing Facility

<table>
<thead>
<tr>
<th>Source:</th>
<th>State Plan 1905(a)</th>
</tr>
</thead>
</table>

**Authorization:** Prior Authorization

<table>
<thead>
<tr>
<th>Provider Qualifications:</th>
<th>Medicaid State Plan</th>
</tr>
</thead>
</table>

**Amount Limit:** None

<table>
<thead>
<tr>
<th>Duration Limit:</th>
<th>None</th>
</tr>
</thead>
</table>
# Alternative Benefit Plan

<table>
<thead>
<tr>
<th>Scope Limit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services provided within the scope of practice as defined under state law for rehabilitative stays.</td>
</tr>
</tbody>
</table>

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

| Department authorization based on assessed need is required for all nursing facility admissions. | Remove |

Add
## Essential Health Benefit 8: Laboratory services

<table>
<thead>
<tr>
<th>Benefit Provided:</th>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab and X-ray Services</td>
<td>State Plan 1905(a)</td>
</tr>
</tbody>
</table>

**Authorization:**
- Other

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
- Certain services such as genetic mutation testing for breast and ovarian cancer susceptibility may require authorization.
### Essential Health Benefit 9: Preventive and wellness services and chronic disease management

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

<table>
<thead>
<tr>
<th>Benefit Provided: Preventive services</th>
<th>Source: State Plan 1905(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization: None</td>
<td></td>
</tr>
<tr>
<td>Provider Qualifications: Medicaid State Plan</td>
<td></td>
</tr>
<tr>
<td>Amount Limit: None</td>
<td></td>
</tr>
<tr>
<td>Duration Limit: None</td>
<td></td>
</tr>
<tr>
<td>Scope Limit: Services provided within the scope of practice as defined under state law.</td>
<td></td>
</tr>
</tbody>
</table>

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

Covered services include: “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).
### Essential Health Benefit 10: Pediatric services including oral and vision care

**Benefit Provided:**
- Medicaid State Plan EPSDT Benefits

**Source:**
- State Plan 1905(a)

**Authorization:**
- None

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

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

---

**TN:** MN-13-0020
**ABP5**

**Approval Date:** December 30, 2013
**Effective Date:** January 1, 2014
<table>
<thead>
<tr>
<th>Other Covered Benefits from Base Benchmark</th>
<th>Collapse All</th>
</tr>
</thead>
</table>

**TN: MN-13-0020**

**Minnesota**

**ABP5**

**Approval Date:** December 30, 2013

**Effective Date:** January 1, 2014
### Base Benchmark Benefits Not Covered due to Substitution or Duplication

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Visit - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Primary care visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Visit - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Specialist visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgery - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Outpatient surgery services are mapped to the ambulatory patient services EHB category. The services are a duplication of physician, outpatient hospital, and clinic services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care Visit - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Urgent care visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Loss Programs - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Weight loss programs are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port Wine Stain Removal - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

TN: MN-13-0020

Approval Date: December 30, 2013

Effective Date: January 1, 2014

ABP5

Minnesota
<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port wine stain removal services</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

Port wine stain removal services are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Practitioner Office Visit</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

Other practitioner office visits are mapped to the ambulatory patient services EHB category. The services are a duplication of physician and clinic services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Physician and Surgical Services</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

Inpatient physician and surgical services are mapped to the hospitalization services EHB category. The services are a duplication of inpatient hospital services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity and Postpartum Care</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

Maternity and postpartum care are mapped to the maternity and newborn care services EHB category. The services are a duplication of physician services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Behavioral Health Outpatient</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

Mental/behavioral health outpatient services were mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of outpatient mental/behavioral health services provided under the rehabilitative services benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Disorder Residential</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

Substance abuse disorder residential services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of residential substance use disorder services provided under the rehabilitative services benefit in the approved Medicaid state plan.
### Alternative Benefit Plan

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Habilitation Services - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Habilitation services are mapped to the rehabilitative and habilitative services and devices EHB category. The service is a duplication of physical therapy, occupational therapy, and speech, language and hearing therapy services from the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/Behavioral Health Residential - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Residential Mental/behavioral health services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of residential and outpatient mental/behavioral health services provided under the rehabilitative services benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Disorder Outpatient - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Outpatient substance abuse disorder outpatient services are mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The services are a duplication of substance use disorder services provided under the rehabilitative services benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Aids - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Hearing aid services were mapped to the rehabilitative and habilitative services and devices EHB category. The service is a duplication of durable medical supplies and equipment provided under the home health benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted:</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Testing - duplication</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

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:

Diagnostic testing services were bundled with imaging services and mapped to the laboratory services EHB category. The bundled services are a duplication of lab and x-ray services from the approved Medicaid state plan.
### Alternative Benefit Plan

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Source</th>
<th>Substitution Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging</td>
<td>Base Benchmark</td>
<td>Diagnostic testing services were bundled with imaging services and mapped to the laboratory services EHB category. The bundled services are a duplication of lab and x-ray services from the approved Medicaid state plan.</td>
</tr>
<tr>
<td>Health Education</td>
<td>Base Benchmark</td>
<td>Health education services are mapped to the preventive and wellness services and chronic disease management EHB category. The services are a duplication of preventive health services provided under the approved Medicaid state plan.</td>
</tr>
<tr>
<td>Emergency Trans. / Ambulance</td>
<td>Base Benchmark</td>
<td>Emergency transportation and ambulance services services are mapped to the emergency services EHB category. The services are a duplication of outpatient hospital services from the approved Medicaid state plan.</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Base Benchmark</td>
<td>Preventive care, screenings, and immunization services are mapped to the preventive and wellness services and chronic disease management EHB category. The services are a duplication of preventive services from the approved Medicaid state plan.</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Base Benchmark</td>
<td>Hospice services are mapped to the ambulatory services EHB category. The services are a duplication of hospice services from the approved Medicaid state plan.</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>
Alternative Benefit Plan

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source:</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning services are mapped to the ambulatory services EHB category. The services are a duplication of family planning services from the approved Medicaid state plan.</td>
<td>Base Benchmark</td>
<td></td>
</tr>
<tr>
<td>Home Health Care Services - duplication</td>
<td>Base Benchmark</td>
<td>Remove</td>
</tr>
<tr>
<td>Home health care services are mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of home health services from the approved Medicaid state plan.</td>
<td>Base Benchmark</td>
<td></td>
</tr>
<tr>
<td>Emergency Hospital Services - duplication</td>
<td>Base Benchmark</td>
<td>Remove</td>
</tr>
<tr>
<td>Emergency hospital services services are mapped to the emergency services EHB category. The services are a duplication of outpatient hospital services from the approved Medicaid state plan.</td>
<td>Base Benchmark</td>
<td></td>
</tr>
<tr>
<td>Chiropractor - duplication</td>
<td>Base Benchmark</td>
<td>Remove</td>
</tr>
<tr>
<td>Chiropractor services are mapped to the ambulatory services EHB category. The services are a duplication of chiropractor services from the approved Medicaid state plan.</td>
<td>Base Benchmark</td>
<td></td>
</tr>
<tr>
<td>Medication Management - duplication</td>
<td>Base Benchmark</td>
<td>Remove</td>
</tr>
<tr>
<td>Medication management services were mapped to the mental health and substance use disorder services including behavioral health treatment EHB category. The service is a duplication of medication therapy management (OLP) services from the approved Medicaid state plan.</td>
<td>Base Benchmark</td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment - duplication</td>
<td>Base Benchmark</td>
<td>Remove</td>
</tr>
<tr>
<td>Durable medical equipment is mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of the home health medical supplies, equipment and supplies benefit in the approved Medicaid state plan.</td>
<td>Base Benchmark</td>
<td></td>
</tr>
</tbody>
</table>

Approval Date: December 30, 2013
Effective Date: January 1, 2014
### Alternative Benefit Plan

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source: Base Benchmark</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delivery and Inpatient Care - duplication</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

Delivery and inpatient care is mapped to the maternity and newborn care EHB category. The services are a duplication of the inpatient hospital services benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source: Base Benchmark</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drugs - duplication</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

Prescription drugs are mapped to the prescription drugs EHB category. The services are a duplication of the prescribed drugs benefit in the approved Medicaid state plan.

<table>
<thead>
<tr>
<th>Base Benchmark Benefit that was Substituted</th>
<th>Source: Base Benchmark</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing Facility - duplication</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:**

Nursing facility rehabilitation stay benefits are mapped to the rehabilitative and habilitative services and devices EHB category. The services are a duplication of the nursing facilities benefit in the approved state plan.
### Other Base Benchmark Benefits Not Covered

| Base Benchmark Benefit not Included in the Alternative Benefit Plan: | Source:  
Routine Eye Exam (Adult) | Base Benchmark |
|---------------------------------------------------------------|-----------------|

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

Routine eye exams for adults is excluded from the EHB under 45 CFR 156.115(d).
### Alternative Benefit Plan

**Other 1937 Covered Benefits that are not Essential Health Benefits**

<table>
<thead>
<tr>
<th>Benefit Provided</th>
<th>Source</th>
<th>Authorization</th>
<th>Provider Qualifications</th>
<th>Amount Limit</th>
<th>Duration Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Dental</td>
<td>Section 1937 Coverage Option Benchmark Benefit Package</td>
<td>Authorization required in excess of limitation</td>
<td>Medicaid State Plan</td>
<td>No</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/IID Services</td>
<td>Section 1937 Coverage Option Benchmark Benefit Package</td>
<td>Prior Authorization</td>
<td>Medicaid State Plan</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Podiatrist Services (OLP)</td>
<td>Section 1937 Coverage Option Benchmark Benefit Package</td>
<td>Authorization required in excess of limitation</td>
<td>Medicaid State Plan</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Scope Limit:**

- Adult dental services are generally limited to the prevention and amelioration of dental disease states.

**Other:**

- Certain services, such as bite wing x-rays, require authorization to provide services in excess of thresholds. Providers must seek authorization to provide bite wing x-rays in excess of one series per calendar year.

- Department authorization based on assessed need is required for all ICF/IID services.

- Services provided within the scope of practice as defined under state law.
## Alternative Benefit Plan

### Other 1937 Benefit Provided:
**Freestanding Birth Centers**

**Source:** Section 1937 Coverage Option Benchmark Benefit Package

**Authorization:**

**Provider Qualifications:** Medicaid State Plan

**Amount Limit:** None

**Duration Limit:** None

**Scope Limit:**

*Services provided within the scope of practice as defined under state law.*

### Other 1937 Benefit Provided:
**Mental Health Targeted Case Management**

**Source:** Section 1937 Coverage Option Benchmark Benefit Package

**Authorization:**

**Provider Qualifications:** Medicaid State Plan

**Amount Limit:** None

**Duration Limit:** None

**Scope Limit:**

*Services provided within the scope of practice as defined under state law.*

**Other:**

*Recipients must be diagnosed with severe and persistent mental illness, be referred for services by a medical professional or other interested party, and be determined eligible every 36 months by a county or tribal entity.*

### Other 1937 Benefit Provided:
**Private Duty Nursing**

**Source:** Section 1937 Coverage Option Benchmark Benefit Package

**Authorization:**

**Provider Qualifications:** Medicaid State Plan

**Amount Limit:** None

**Duration Limit:** None
Alternative Benefit Plan

Scope Limit:
Services provided within the scope of practice as defined under state law.

Other:
Department authorization based on assessed need is required for all private duty nursing services.

Other 1937 Benefit Provided:
Personal Care Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
Yes

Duration Limit:
No

Scope Limit:
Services provided within the scope of practice as defined under state law.

Other:
Department authorization based on assessed need is required for all personal care attendant services.

Other 1937 Benefit Provided:
Nursing Facility Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Prior Authorization

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
Services provided within the scope of practice as defined under state law for long term stays.

Other:
Department authorization based on assessed need is required for all nursing facility admissions.

Other 1937 Benefit Provided:
Dentures

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan
Alternative Benefit Plan

Amount Limit: None
Duration Limit: None

Scope Limit:
Services provided within the scope of practice as defined under state law.

Other:
Initial placement or replacement of removable dentures is limited to one time every six years for a recipient unless the dentures are misplaced, stolen or damaged due to circumstances beyond the recipient's control, or the dentures cannot be modified or altered to meet the client's dental needs.

Other 1937 Benefit Provided:
FQHC/RHC Services

Source: Section 1937 Coverage Option Benchmark Benefit Package

Authorization:
Other

Provider Qualifications:
Medicaid State Plan

Amount Limit: None
Duration Limit: None

Scope Limit:
Services provided within the scope of practice as defined under state law.

Other:
Some services may require authorization based on criteria consistently applied across all service categories and applicable to all providers of similar services.

Other 1937 Benefit Provided:
Routine Eye Exam (Adult)

Source: Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Provider Qualifications:
Medicaid State Plan

Amount Limit: None
Duration Limit: None

Scope Limit:
Services provided within the scope of practice as defined under state law.

Other:

Other 1937 Benefit Provided:
Acupuncture Services (OLP)

Source: Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Provider Qualifications:
Medicaid State Plan

Amount Limit: None
Duration Limit: None

Scope Limit:
Services provided within the scope of practice as defined under state law.

Other:

Approval Date: December 30, 2013
Effective Date: January 1, 2014

TN: MN-13-0020
Minnesota
### Alternative Benefit Plan

**Authorization:**
- Authorization required in excess of limitation

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

**Other:**
- Acupuncture services in excess of 40 units requires authorization.

---

### Other 1937 Benefit Provided:

<table>
<thead>
<tr>
<th>Service</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Midwife</td>
<td>Section 1937 Coverage OptionBenchmark Benefit Package</td>
</tr>
</tbody>
</table>

**Authorization:**

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

**Other:**

---

### Other 1937 Benefit Provided:

<table>
<thead>
<tr>
<th>Service</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyeglasses</td>
<td>Section 1937 Coverage OptionBenchmark Benefit Package</td>
</tr>
</tbody>
</table>

**Authorization:**

**Provider Qualifications:**
- Medicaid State Plan

**Amount Limit:**
- None

**Duration Limit:**
- None

**Scope Limit:**
- Services provided within the scope of practice as defined under state law.

**Other:**
- Certain vision therapies require authorization.
Alternative Benefit Plan

Other 1937 Benefit Provided: Child Welfare TCM
Source: Section 1937 Coverage Option Benchmark Benefit Package
Authorization: Prior Authorization
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: Services provided within the scope of practice as defined under state law.
Other:
Child welfare targeted case management services are available to individuals under the age of 21 with an assessed need.

Other 1937 Benefit Provided: Relocation Service Coordination TCM
Source: Section 1937 Coverage Option Benchmark Benefit Package
Authorization: Other
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: Services provided within the scope of practice as defined under state law.
Other:
Relocation coordination services are provided to recipients residing in inpatient hospitals, nursing facilities, and intermediate care facilities for persons with intellectual disabilities (ICF/IID) who choose to move from an institution to the community.

Other 1937 Benefit Provided: Vulnerable Adult TCM
Source: Section 1937 Coverage Option Benchmark Benefit Package
Authorization: Other
Provider Qualifications: Medicaid State Plan
Amount Limit: None
Duration Limit: None
Scope Limit: Services provided within the scope of practice as defined under state law.
Other:
Targeted case management services are provided to certain vulnerable adults not receiving services through...
a home and community based services waiver.
Alternative Benefit Plan

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.)

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### EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age. **Yes**

- The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

- The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

- Through an Alternative Benefit Plan.

- Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional):

| Services to individuals under age 21, including all EPSDT services, will be provided in accordance with the state's approved Medicaid state plan. |

### Prescription Drug Coverage Assurances

- The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

- The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

- The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

- The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

### Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.

The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.

The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.

The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.

The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits 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).

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V.20130807
Alternative Benefit Plan

Service Delivery Systems

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

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

Select one or more service delivery systems:

- Managed care.
  - Managed Care Organizations (MCO).
  - Prepaid Inpatient Health Plans (PIHP).
  - Prepaid Ambulatory Health Plans (PAHP).
  - Primary Care Case Management (PCCM).

- Fee-for-service.

- Other service delivery system.

Managed Care Options

Managed Care Assurance

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

Managed Care Implementation

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

See approved Section 1932(a) pages in Attachment 3.1-F for a description of the implementation plan.

MCO: Managed Care Organization

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

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

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

Identify the date the managed care program was approved by CMS: Mar 26, 2012
Describe program below:

Beneficiaries will receive coverage through a managed care organization as described in the state's approved Medicaid state plan. American Indians as defined in 25 U.S.C. 1603(c) will receive coverage through a managed care organization as described in the state's approved PMAP+ waiver approved on August 1, 2011.

Additional Information: MCO (Optional)

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

Fee-For-Service Options

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

☐ Traditional state-managed fee-for-service

☐ Services managed under an administrative services organization (ASO) arrangement

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

Payments will be made in compliance with the state's approved Medicaid state plan. Existing managed care service carve outs for child welfare targeted case management, targeted case management for vulnerable/developmentally disabled adults, relocation service coordination, ICF-DD services, nursing home services, abortion services, and services identified in an enrollee's individual education plan (IEP) will carry over and be reimbursed fee for service. During the 30 day managed care selection period, individuals will receive coverage via a fee for service delivery system.

Additional Information: Fee-For-Service (Optional)

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

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# Alternative Benefit Plan

## Employer Sponsored Insurance and Payment of Premiums

<table>
<thead>
<tr>
<th>The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a description of employer sponsored insurance, including the population covered, the amount of premium assistance by population, employer sponsored insurance activities including required contribution, cost-effectiveness test requirements, and benefit information:</td>
<td></td>
</tr>
<tr>
<td>The state’s cost effective health insurance reimbursement program, that includes employer sponsored insurance, authorized under Section 1906 of the Act is described in Attachment 4.22-C of the approved state plan. The cost effective insurance program applies to all state plan eligibility groups.</td>
<td></td>
</tr>
<tr>
<td>The state/territory otherwise provides for payment of premiums.</td>
<td>Yes</td>
</tr>
<tr>
<td>Provide a description including the population covered, the amount of premium assistance by population, required contributions, cost-effectiveness test requirements, and benefits information.</td>
<td></td>
</tr>
<tr>
<td>For a Medicaid beneficiary who receives coverage in a health plan in the individual market through the state’s approved Medicaid state plan that provides premium assistance under section 1905(a) and regulations codified at 42 CFR §435.1015, the state assures that the Medicaid beneficiary will receive all benefits for which the individual is covered under the State plan that are not available through the individual health plan. The beneficiary will not be responsible for payment of premiums or other cost sharing that exceeds nominal levels as established at 42 CFR part 447 subpart A.</td>
<td></td>
</tr>
</tbody>
</table>

### Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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### General Assurances

#### Economy and Efficiency of Plans

☑️ The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

#### Compliance with the Law

☑️ The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.

☑️ The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).

☑️ The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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V.20130807
### Payment Methodology

<table>
<thead>
<tr>
<th>ABP11</th>
<th>Alternative Benefit Plans - Payment Methodologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.</td>
</tr>
</tbody>
</table>

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