#### **Table of Contents**

#### **State/Territory Name: Rhode Island**

#### State Plan Amendment (SPA) #:13-0028

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services JFK Federal Building, Government Center Room 2275 Boston, Massachusetts 02203



#### Division of Medicaid and Children's Health Operations/Boston Regional Office

February 12, 2014

Steven M. Costantino, Secretary Executive Office of Health and Human Services State of Rhode Island and Providence Plantations 57 Howard Avenue, LP Building Cranston, RI 02920

Dear Secretary Costantino:

We are pleased to enclose a copy of approved Rhode Island State Plan Amendment (SPA) No.13-0028, submitted December 12, 2013. Effective, January 1, 2014, this SPA grants authority to provide the services designated therein under the State's Alternative Benefit Program. As approved, this SPA contains: ABP1, ABP2a, ABP3, ABP4, ABP5, ABP7, ABP8, ABP9, ABP10 and ABP11.

If you have any questions regarding this matter you may contact Lynn DelVecchio (617) 565-1201 or by e-mail at Lynn.DelVecchio@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal Associate Regional Administrator

Enclosure

Cc: Elena Nicolella, Medicaid Director Darren J. McDonald, Ph.D., Interdepartmental Project Manager

MD-S-30-RI

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

State/Territory name: Fransmittal Numbe		Rhode Island		
Please enter the Tr	ansmittal Number (TN) i			tion, YY = the last two digits of
13-028	r, ana 0000 = a four aigu	number with leading zer	os. The dashes must also be en	nerea.
managed Effective 1	Data			
Proposed Effective I 01/01/2014	(mm/dd/yy	VV)		
		2 <b>2</b> 7		
ederal Statute/Reg	ulation Citation			
1902(a)(10)(A)	(i)(VIII) of the Social S	Security Act		
ederal Budget Imp				
	Federal Fiscal Year		Amount	
First Year	2014	\$ 0.00		
Second Year	2015	\$ 0.00		
ubject of Amendm	ent			
Alternative Ben				
Governor's Office R	leview			
_	or's office reported no			
Commer Describe	nts of Governor's offi	ce received		
Describe	•			A
				-
No reply	received within 45 d	ays of submittal		
Other, a	s specified	-		
Describe		. 1	:4.4.C 2.000	

This amendment has not been reviewed specifically with the Governor's Office. Under the Rhode Island Medicaid State Plan, the Governor has elected not to review the details of state plan materials. However, in accordance with Rhode Island law and practice, the Governor is kept apprised of major changes in the state plan.

#### Signature of State Agency Official

Submitted By:	Jodi DiBernardo
Last Revision Date:	Feb 7, 2014
Submit Date:	Dec 12, 2013



Attachment 3.1L		Control Number: 09 Expiration date: 10	
Alternative Benefit Plan Populations			ABP1
Identify and define the population that will participate in the Alternative Benefit Plan.			
Alternative Benefit Plan Population Name: Adults without dependent children			
Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which targeting criteria used to further define the population.	may contain	n individuals that n	neet any
Eligibility Groups Included in the Alternative Benefit Plan Population:			
Eligibility Group:		Enrollment is mandatory or voluntary?	
+ Adult Group		Mandatory	X
Enrollment is available for all individuals in these eligibility group(s).			
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 collect valid OMB control number. The valid OMB control number for this information collection is 0938			

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.

V.20130917

Page 1 of 1



Attachment 3.1L	OMB Expiration date: 10/31/2014
Payment Methodology	ABP11
Alternative Benefit Plans - Payment Methodologies	
<ul> <li>The state/territory provides assurance that, for each benefit provided under an Alternative Benefit managed care, it will use the payment methodology in its approved state plan or hereby submits 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.</li> </ul>	1 0
An attachment is submitted.	

#### PRA Disclosure Statement

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OMB Control Number: 0938-1148



Attachment 3.1L	OMB Control Number: 0938-1148
	OMB Expiration date: 10/31/2014
General Assurances	ABP10
Economy and Efficiency of Plans	
The state/territory assures that Alternative Benefit Plan coverage is provided in accordance requirements and other economy and efficiency principles that would otherwise be applical through which the coverage and benefits are obtained.	
Economy and efficiency will be achieved using the same approach as used for Medicaid st	tate plan services.
Compliance with the Law	
The state/territory will continue to comply with all other provisions of the Social Security A territory plan under this title.	Act in the administration of the state/
The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the CFR 430.2 and 42 CFR 440.347(e).	ne non-discrimination requirements at 42
The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the Base Benchmark Plan and/or the Medicaid state plan.	the provider qualification requirements of

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Attachment 2.1	OMB Control Number: 0938-1148
Attachment 3.1L	OMB Expiration date: 10/31/2014
Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored with such coverage, with additional benefits and services provided through a Benchmark or Benchm Package.	
Provide a description of employer sponsored insurance, including the population covered, the a population, employer sponsored insurance activities including required contribution, cost-effect benefit information:	
RIte Share Premium Assistance program is used when cost effective (cost effectiveness test co The Medicaid program assists members by paying the employee/member portion of the ESI pr payments and services (e.g. Dental).	
The state/territory otherwise provides for payment of premiums. Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:	No
The state assures that ESI coverage is established in sections 3.2 and 4.22(h) of the state's approved beneficiary will receive a benefit package that includes a wrap of benefits around the employer-spo benefit package to which the beneficiary is entitled. The beneficiary will not be responsible for pay sharing that exceeds nominal levels as established in 42 CFR part 447 subpart A.	onsored insurance plan that equals the

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V.20130917

Page 1 of 1



	OMB Expiration date: 10/31/2014
Service Delivery Systems	ABP8
Provide detail on the type of delivery system(s) the state/territory will use for the Alterna benchmark-equivalent benefit package, including any variation by the participants' geogrammeters and the state of the s	
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 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed c Plan. This includes the requirement for CMS approval of contracts and rates pursuar	are services through this Alternative Benefit
✓ The state/territory certifies that it will comply with all applicable Medicaid laws and 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed c Plan. This includes the requirement for CMS approval of contracts and rates pursuar	are services through this Alternative Benefit
✓ The state/territory certifies that it will comply with all applicable Medicaid laws and 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed c	are services through this Alternative Benefit at to 42 CFR 438.6.
<ul> <li>The state/territory certifies that it will comply with all applicable Medicaid laws and 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed c Plan. This includes the requirement for CMS approval of contracts and rates pursuar</li> <li>Managed Care Implementation</li> <li>Please describe the implementation plan for the Alternative Benefit Plan under managed</li> </ul>	are services through this Alternative Benefit at to 42 CFR 438.6. I care including member, stakeholder, and ograms in Rhode Island. There is a statewide the Single State Agency.
<ul> <li>The state/territory certifies that it will comply with all applicable Medicaid laws and 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed c Plan. This includes the requirement for CMS approval of contracts and rates pursuar</li> <li>Managed Care Implementation</li> <li>Please describe the implementation plan for the Alternative Benefit Plan under managed provider outreach efforts.</li> <li>This new expansion population will be enrolled in existing Medicaid Managed Care prooutreach program including media and in person outreach workers.</li> <li>Consumer Advisory Committees are active in each MCO as well as through EOHHS, the state of the state of the state of the term of term of term of term of the term of ter</li></ul>	are services through this Alternative Benefit at to 42 CFR 438.6. I care including member, stakeholder, and ograms in Rhode Island. There is a statewide the Single State Agency.
<ul> <li>The state/territory certifies that it will comply with all applicable Medicaid laws and 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed c Plan. This includes the requirement for CMS approval of contracts and rates pursuar</li> <li>Managed Care Implementation</li> <li>Please describe the implementation plan for the Alternative Benefit Plan under managed provider outreach efforts.</li> <li>This new expansion population will be enrolled in existing Medicaid Managed Care prooutreach program including media and in person outreach workers.</li> <li>Consumer Advisory Committees are active in each MCO as well as through EOHHS, the MCOs have actively outreached to providers regarding these new members and hav</li> </ul>	are services through this Alternative Benefit at to 42 CFR 438.6. I care including member, stakeholder, and ograms in Rhode Island. There is a statewide the Single State Agency. We implemented the PCP rate bump.
<ul> <li>The state/territory certifies that it will comply with all applicable Medicaid laws and 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed c Plan. This includes the requirement for CMS approval of contracts and rates pursuar</li> <li>Managed Care Implementation</li> <li>Please describe the implementation plan for the Alternative Benefit Plan under managed provider outreach efforts.</li> <li>This new expansion population will be enrolled in existing Medicaid Managed Care prooutreach program including media and in person outreach workers.</li> <li>Consumer Advisory Committees are active in each MCO as well as through EOHHS, the MCOs have actively outreached to providers regarding these new members and hav</li> </ul>	are services through this Alternative Benefit at to 42 CFR 438.6. I care including member, stakeholder, and ograms in Rhode Island. There is a statewide the Single State Agency. We implemented the PCP rate bump.
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• Section 1115 demonstration.	
C Section 1937 Alternative (Benchmark) Benefit Plan state plan amo	endment.
Identify the date the managed care program was approved by CMS:	16 January 2009
Describe program below:	
RIte Care, RIte Share, and Rhody Health Partners	
Additional Information: MCO (Optional)	
Provide any additional details regarding this service delivery system (opt	tional):
PCCM: Primary Care Case Management	
The PCCM delivery system is the same as an already approved PCCM pr	rogram. Yes
The PCCM program is operating under (select one):	
C Section 1915(b) managed care waiver.	
• Section 1932(a) mandatory managed care state plan amendment.	
○ Section 1115 demonstration.	
C Section 1937 Alternative (Benchmark) Benefit Plan state plan amo	endment.
Identify the date the managed care program was approved by CMS:	10 September 2013
Describe program below:	
Connect Care Choice Community Partners	
Additional Information: PCCM (Optional)	
Provide any additional details regarding this service delivery system (opt	tional).

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Attachment 3.1L	OMB Control Number: 0938-1148
Benefits Assurances	OMB Expiration date: 10/31/2014 ABP7
	ADP /
EPSDT Assurances	
If the target population includes persons under 21, please complete the following assurances regar Prescription Drug Coverage Assurances below.	ding EPSDT. Otherwise, skip to the
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 (42 CFR 440.345).	for ensuring access to EPSDT services
The state/territory assures EPSDT services will be provided to individuals under 21 years of a territory plan under section 1902(a)(10)(A) of the Act.	ge who are covered under the state/
Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan of additional benefits to ensure EPSDT services:	or whether the state/territory will provide
• Through an Alternative Benefit Plan.	
○ Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services a	s defined in 1905(r).
Other Information regarding how ESPDT benefits will be provided to participants under 21 years	s of age (optional):
Prescription Drug Coverage Assurances	
✓ The state/territory assures that it meets the minimum requirements for prescription drug cover implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in a category and class or the same number of prescription drugs in each category and class as the	each United States Pharmacopeia (USP)
The state/territory assures that procedures are in place to allow a beneficiary to request and gap rescription drugs when not covered.	in access to clinically appropriate
✓ The state/territory assures that when it pays for outpatient prescription drugs covered under an requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, exclusion directly contrary to amount, duration and scope of coverage permitted under section 1937 of the section 1	cept for those requirements that are
The state/territory assures that when conducting prior authorization of prescription drugs under complies with prior authorization program requirements in section 1927(d)(5) of the Act.	er an Alternative Benefit Plan, it
Other Benefit Assurances	
The state/territory assures that substituted benefits are actuarially equivalent to the benefits the plan, and that the state/territory has actuarial certification for substituted benefits available for	
The state/territory assures that individuals will have access to services in Rural Health Clinics Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social S	
The state/territory assures that payment for RHC and FQHC services is made in accordance w 1902(bb) of the Social Security Act.	vith the requirements of section



- 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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Attachment 3.1L	OMB Control Number: 0938-1148
	OMB Expiration date: 10/31/2014
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:	
Blue Cross Blue Shield of Rhode Island Vantage Blue Plan	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved."	d. Otherwise, enter
Secretary Approved.	

Page 1 of 41



Essential Health Benefit 1: Ambulatory patient	nt services	Collapse All
Benefit Provided:	Source:	
Outpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it	is not the base
Benefit Provided:	Source:	
Transportation: Non-Emergency	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it	is not the base
Benefit Provided:	Source:	
Hospice Care Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	,
None	None	
L		
Scope Limit:		

Page 2 of 41



benchmark plan:		Remove
Lenefit Provided:	Source:	
'hysicians' Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:	cluding the specific name of the source plan if it is not the base	
	ssity, including primary care, specialty care, and obstetric care. al procedures of a cosmetic nature which must be performed for	
enefit Provided:	Source:	
ersonal Care Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
enefit Provided:	Source:	
ase Management	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	



		Remove
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Full State Plan Title: Case Management Services a	and TB-related Services - Case Management Services.	
Some case management services are limited to spe	ecific groups of individuals. Populations include:	
<ul> <li>employment.</li> <li>Pregnant or parenting adolescents (defined as ind</li> <li>People between ages 19 and 21 who meet the crioutlined in applicable state regulations.</li> <li>Adolescents who have been the victim of incest,</li> <li>People under age 21 eligible for EPSDT.</li> <li>People under age 21 who are determined to be at specific medical conditions, including but not limit metabolism, and are displaying delays in gross modevelopment.</li> <li>People under age 21 who are coming into contact</li> </ul>	ily living as personal relations, living arrangements, or dividuals who have not attained age 20). iteria for Special Education services (Part B services) as sexual molestation, or sexual assault. t risk for developmental disabilities on the basis of ited to genetic disorders, birth defects, inborn diseases of otor, fine motor language, social, or cognitive	
• People who have a documented HIV infection and	nd/or a diagnosis of AIDS.	
• People who have a documented HIV infection an enefit Provided:	nd/or a diagnosis of AIDS. Source:	
1		Remove
nefit Provided:	Source:	Remove
enefit Provided: her Licensed Practitioners - Podiatrist Services	Source: State Plan 1905(a)	Remove
nefit Provided: her Licensed Practitioners - Podiatrist Services Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
enefit Provided: her Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
enefit Provided: her Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
enefit Provided: her Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization Amount Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
enefit Provided: her Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization Amount Limit: None Scope Limit: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
nefit Provided: her Licensed Practitioners - Podiatrist Services Authorization: Prior Authorization Amount Limit: None Scope Limit: None Other information regarding this benefit, including benchmark plan:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: None	Remove



Essential Health Benefit 2: Emergency services	C	ollapse All 🗌
Benefit Provided:	Source:	
Outpatient Hospital: Emergency Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, include benchmark plan:	luding the specific name of the source plan if it is not the base	
Covered both in- and out-of-state, for emerge assess whether a condition warrants treatmen	ency services or when authorized by a provider, or in order to nt as an emergency service.	
Benefit Provided:	Source:	
Transportation: Emergency Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan:	luding the specific name of the source plan if it is not the base	
benchmark plan:	ency services or when authorized by a provider, or in order to	



Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	Up to 365 days per year based on medical necessity	
Scope Limit:		
Payment not made for inpatient hospital services rela purposes only.	ted to elective surgery performed for cosmetic	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	_
		Add

Page 6 of 41



Essential Health Benefit 4: Maternity and newbor	rn care	Collapse All
Benefit Provided:	Source:	
Nurse Midwife Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan:	luding the specific name of the source plan if it is not	the base
Benefit Provided:	Source:	
Inpatient Hospital Services: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, inc benchmark plan:	luding the specific name of the source plan if it is not	the base
Benefit Provided:	Source:	
Physicians' Services: Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		



benchmark plan:	Remove
Up to one annual and five GYN visits annually to a provider for family planning is covered without a PCP referral.	
	Add



	ial Health Benefit 5: Mental health and substance us oral health treatment	e disorder services including	Collapse All
Benef	fit Provided:	Source:	
Rehat	pilitative Services - Residential Services	State Plan 1905(a)	Remove
А	Authorization:	Provider Qualifications:	
Р	rior Authorization	Medicaid State Plan	
A	Amount Limit:	Duration Limit:	
Р	ayment for room and board is excluded	None	
S	cope Limit:		
S	ervices are provided in facilities of no more than size	xteen (16) beds	
	ther information regarding this benefit, including the enchmark plan:	e specific name of the source plan if it is not the base	
lir thu gr m hy tra na	hkage to the following based on each resident's indiverse erapeutic and rehabilitative services necessary for the oup counseling; Medication prescription, administration anagement; menu planning, meal preparation, and negiene; budgeting skills training and/or assistance; chaining; community resource information and access;	e resident to attain recovery; individual, family, and atton, education, cueing, and monitoring; behavioral utrition education; skill training regarding health and risis intervention; community and daily living skills	
Benef	îit Provided:	Source:	_
Rehat	o Services - Psychiatric Rehab Services	State Plan 1905(a)	
A	Authorization:	Provider Qualifications:	_
Р	Prior Authorization	Medicaid State Plan	
A	Amount Limit:	Duration Limit:	_
N	lone	None	
S	cope Limit:		_
	ervices are provided through Behavioral Health Org Iealthcare, Developmental Disabilities, and Hospital	anizations licensed by the Department of Behavioral s.	
	ther information regarding this benefit, including the enchmark plan:	e specific name of the source plan if it is not the base	_
in he sk ma ne	the client's individual treatment plan as approved by ealing arts: occupational therapy; development and n cills including grooming, personal hygiene, cooking, anagement, maintenance of the living environment,	naintenance of necessary community and daily living nutrition, health and mental health education, money development of appropriate personal support h isolation and withdrawal, development of the basic	7



community services.		D
		Remove
Benefit Provided:	Source:	
Rehab Services: CPST	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	older. Services are provided through Behavioral Health Behavioral Healthcare, Developmental Disabilities, and	
Other information regarding this benefit, inclue benchmark plan:	ding the specific name of the source plan if it is not the base	
identified in the person's individualized treatme	ot limited to, counseling, support, and treatment services ent plan; and assistance in further developing the	
and withdrawal brought on by behavioral healt	or her social support network to minimize social isolation th issues.	
and withdrawal brought on by behavioral healt		
and withdrawal brought on by behavioral healt	th issues.	Remove
and withdrawal brought on by behavioral healt	Source:	Remove
and withdrawal brought on by behavioral healt senefit Provided: tehab Services: Substance Abuse Residential	Source: State Plan 1905(a)	Remove
and withdrawal brought on by behavioral healt enefit Provided: tehab Services: Substance Abuse Residential Authorization:	th issues. Source: State Plan 1905(a) Provider Qualifications:	Remove
and withdrawal brought on by behavioral healt enefit Provided: tehab Services: Substance Abuse Residential Authorization: Prior Authorization	th issues. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
and withdrawal brought on by behavioral healt enefit Provided: tehab Services: Substance Abuse Residential Authorization: Prior Authorization Amount Limit:	th issues. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
and withdrawal brought on by behavioral healt Benefit Provided: Behab Services: Substance Abuse Residential Authorization: Prior Authorization Amount Limit: Payment for room and board is excluded Scope Limit: Services provided in non-institutional commu	th issues. Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
and withdrawal brought on by behavioral healt         Benefit Provided:         Behab Services: Substance Abuse Residential         Authorization:         Prior Authorization         Amount Limit:         Payment for room and board is excluded         Scope Limit:         Services provided in non-institutional commu         beds. Facilities and programs must be license         Developmental Disabilities, and Hospitals.	th issues.          Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None	Remove
and withdrawal brought on by behavioral healt         Benefit Provided:         Authorization:         Prior Authorization         Amount Limit:         Payment for room and board is excluded         Scope Limit:         Services provided in non-institutional commu         beds. Facilities and programs must be license         Developmental Disabilities, and Hospitals.         Other information regarding this benefit, include         benchmark plan:         Full State Plan Title: Rehabilitative Services: S         Services provided include individual and group	th issues.         Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         unity-based substance abuse treatment facilities of 16 or less ed by the Department of Behavioral Healthcare,         ding the specific name of the source plan if it is not the base         Substance Abuse Residential Services.         p counseling, psychological support, social guidance, family be medically necessary by a treatment plan approved by a	Remove
and withdrawal brought on by behavioral healt         Benefit Provided:         Authorization:         Prior Authorization         Amount Limit:         Payment for room and board is excluded         Scope Limit:         Services provided in non-institutional commu         beds. Facilities and programs must be license         Developmental Disabilities, and Hospitals.         Other information regarding this benefit, include         benchmark plan:         Full State Plan Title: Rehabilitative Services: Services provided include individual and group         counseling and peer support as determined to be	th issues.         Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         unity-based substance abuse treatment facilities of 16 or less ed by the Department of Behavioral Healthcare,         ding the specific name of the source plan if it is not the base         Substance Abuse Residential Services.         p counseling, psychological support, social guidance, family be medically necessary by a treatment plan approved by a	Remove

Page 10 of 41



Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are available to those individuals meeting <i>A</i> this level of care can be clinically justified and docu	ASAM PPC-2 criteria or to those individuals for whom mented.	
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	
Services provided with a primary purpose of evaluati related to substance abuse. Services are provided in program's clinical director. Covered services include counseling, and significant other counseling.		
Benefit Provided:	Source:	
Rehab Services: Substance Abuse Assessment	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are provided through entities licensed by th Developmental Disabilities, and Hospitals to provide treatment services.		
Other information regarding this benefit, including th benchmark plan:	ne specific name of the source plan if it is not the base	
Full State Plan Title: Rehabilitative Services: Substat An evaluation of at least 60-90 minutes duration whi assessment designed to determine the client's substan	ch includes a comprehensive biopsychosocial nce abuse history, diagnosis according to the latest ental Disorders (DSM), treatment needs, readiness for	
Benefit Provided:	Source:	
Rehab Services: Detoxification Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	



Services must be provided by facilities and programs licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals to provide detoxification services or narcotic treatment services.	Remove
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:	
Services include 24-hour residential detoxification services in a non-hospital setting; outpatient ambulatory detoxification services, and outpatient ambulatory narcotic detoxification services.	
	Add



Essential Health Benefit 6: Prescription drugs			
Benefit Provided:			
Coverage is at least the greater of one drug in each same number of prescription drugs in each categor	<u> </u>		
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:	
Limit on days supply	Yes	State licensed	
Limit on number of prescriptions			
$\square$ Limit on brand drugs			
Other coverage limits			
Preferred drug list			
Coverage that exceeds the minimum requirements	or other:		
The State of Rhode Island's ABP prescription drug Medicaid state plan for prescribed drugs.	benefit plan is the same a	s under the approved	



Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All
Benefit Provided:	Source:	
Home Health Services: Nursing	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Home Health Services do not include respite care, re-	lief care, or day care.	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Full State Plan Title: Home Health Services - Intermit Covered services include those services provided und including full-time, part-time, or intermittent skilled r well as physical therapy, occupational therapy, respira ordered by a physician. This service also includes me medical supplies for use at home.	er a written plan of care authorized by a physician nursing care and certified nursing assistant services as atory therapy and speech-language pathology, as	
Benefit Provided:	Source:	
Nursing Facility Services: Rehab	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	30 consecutive days	
Scope Limit:		_
Provided for individuals over age 21.		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
This benefit is intended for rehabilitative purposes. P covered under the Nursing Facility Services: Custodia		;
Benefit Provided:	Source:	
Home Health: Medical Supplies	State Plan 1905(a)	]
Authorization:	Provider Qualifications:	-
Prior Authorization	Medicaid State Plan	
	Duration Limit:	_
Amount Limit:		

Page 14 of 41



Scope Limit:		
	al entitled "Provisions for the Payment of Durable Medical Devices through the Rhode Island Medical Assistance	Remove
Other information regarding this benefit, includi benchmark plan:	ng the specific name of the source plan if it is not the base	
Full State Plan Title: Home Health: Medical Sup	pplies, Equipment, and Appliances.	
Benefit Provided:	Source:	
Home Health Services - Physical Therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Provided by a home health agency or medical re-	ehabilitation facility	
	ng the specific name of the source plan if it is not the base	
benchmark plan:	health aid and therapy visits in avcess of 8 per month	
	health aid, and therapy visits in excess of 8 per month.	
	e health aid, and therapy visits in excess of 8 per month.	
Prior authorization is required for nursing, home		Remove
Prior authorization is required for nursing, home Benefit Provided:	Source:	Remove
Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy	Source: State Plan 1905(a)	Remove
Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Prior authorization is required for nursing, home Benefit Provided: Home Health Services - Occupational Therapy Authorization: Prior Authorization Amount Limit: None	Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None	Remove
Prior authorization is required for nursing, home         Benefit Provided:         Home Health Services - Occupational Therapy         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:         Provided by a home health agency or medical region	Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None	Remove
Prior authorization is required for nursing, home         Benefit Provided:         Home Health Services - Occupational Therapy         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:         Provided by a home health agency or medical reprovided by a home health agency or medical re	Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         ehabilitation facility	Remove
Prior authorization is required for nursing, home         Benefit Provided:         Home Health Services - Occupational Therapy         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:         Provided by a home health agency or medical reprovided by a home health agency or medical representation         Other information regarding this benefit, includi benchmark plan:	Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         ehabilitation facility         ng the specific name of the source plan if it is not the base	Remove
Prior authorization is required for nursing, home         Benefit Provided:         Home Health Services - Occupational Therapy         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:         Provided by a home health agency or medical resolution         Other information regarding this benefit, includi benchmark plan:         Prior authorization is required for nursing, home	Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         ehabilitation facility         ng the specific name of the source plan if it is not the base         ehalth aid, and therapy visits in excess of 8 per month.	Remove
Prior authorization is required for nursing, home         Benefit Provided:         Home Health Services - Occupational Therapy         Authorization:         Prior Authorization         Amount Limit:         None         Scope Limit:         Provided by a home health agency or medical resources         Other information regarding this benefit, includi benchmark plan:         Prior authorization is required for nursing, home         Benefit Provided:	Source:         State Plan 1905(a)         Provider Qualifications:         Medicaid State Plan         Duration Limit:         None         ehabilitation facility         ng the specific name of the source plan if it is not the base         ehalth aid, and therapy visits in excess of 8 per month.         Source:	Remove



Amount Limit:	Duration Limit:	1
None	None	Remove
Scope Limit:		
Provided by a home health agency or medical r	ehabilitation facility	
Other information regarding this benefit, include benchmark plan:	ing the specific name of the source plan if it is not the base	
Prior authorization is required for nursing, home	e health aid, and therapy visits in excess of 8 per month.	
		Add

Page 16 of 41



Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Other Laboratory and X-Ray Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		_
Covered when ordered by a Health Plan physician/pr	rovider; including urine drug screens	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
		Add



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

Collapse All

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

Benefit Provided:	Source:	
Tobacco Cessation Counseling Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
benchmark plan:		
Benefit Provided:	Source:	
Family Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, include the benchmark plan:	uding the specific name of the source plan if it is not the base	
		Add



Essential Health Benefit 10: Pediatric services including oral and vision care Co		Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Provided to all children and young adults up to age 2	21.	
Other information regarding this benefit, including th benchmark plan:	e specific name of the source plan if it is not the base	
The prior authorization requirements which are applied provided in the Rhode Island Medical Assistance Pro		
		Add



Other Covered Benefits from Base Benchmark

Collapse All

Page 20 of 41



Base Benchmark Benefits Not Covered due to Substitutio	n or Duplication	Collapse All
Base Benchmark Benefit that was Substituted:	Source:	
Office Visits with PCP - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Office Visits with PCP were bundled along with Phy Patient Services" EHB category. The bundled servic existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Medical Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Emergency Medical Services were mapped to the "En a duplication of Outpatient Hospital: Emergency Services	mergency Services" EHB category. These services an vices from the existing Medicaid State Plan.	re
Base Benchmark Benefit that was Substituted:	Source:	
Surgery - Duplication	Base Benchmark	Remove
	$\Box$	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Surgery was bundled along with Inpatient Hospital S	nder Essential Health Benefits: ervices and mapped to the "Hospitalization" EHB ent Hospital Services and mapped to the "Ambulatory	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Surgery was bundled along with Inpatient Hospital S category. Furthermore, it was bundled with Outpatie Patient Services" EHB category. The bundled servic	nder Essential Health Benefits: ervices and mapped to the "Hospitalization" EHB ent Hospital Services and mapped to the "Ambulatory es are a duplication of services from the existing Source:	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Surgery was bundled along with Inpatient Hospital S category. Furthermore, it was bundled with Outpatie Patient Services" EHB category. The bundled servic Medicaid State Plan.	nder Essential Health Benefits: ervices and mapped to the "Hospitalization" EHB ent Hospital Services and mapped to the "Ambulatory es are a duplication of services from the existing	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Surgery was bundled along with Inpatient Hospital S category. Furthermore, it was bundled with Outpatie Patient Services" EHB category. The bundled servic Medicaid State Plan. Base Benchmark Benefit that was Substituted:	nder Essential Health Benefits: ervices and mapped to the "Hospitalization" EHB ent Hospital Services and mapped to the "Ambulatory es are a duplication of services from the existing Source: Base Benchmark icating the substituted benefit(s) or the duplicate	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Surgery was bundled along with Inpatient Hospital S category. Furthermore, it was bundled with Outpatie Patient Services" EHB category. The bundled servic Medicaid State Plan. Base Benchmark Benefit that was Substituted: Detoxification Services - Duplication Explain the substitution or duplication, including ind	nder Essential Health Benefits: ervices and mapped to the "Hospitalization" EHB ent Hospital Services and mapped to the "Ambulatory es are a duplication of services from the existing Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: habilitative Services: Detoxification Services and sorder Services" EHB. The bundled services are a	Remove
<ul> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Surgery was bundled along with Inpatient Hospital S category. Furthermore, it was bundled with Outpatie Patient Services" EHB category. The bundled servic Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Detoxification Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Detoxification Services were bundled along with Refmapped to the "Mental Health and Substance Use Discussion</li> </ul>	Ader Essential Health Benefits: ervices and mapped to the "Hospitalization" EHB ent Hospital Services and mapped to the "Ambulatory es are a duplication of services from the existing Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: habilitative Services: Detoxification Services and sorder Services" EHB. The bundled services are a a Services from the existing Medicaid State Plan. Source:	Remove
<ul> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Surgery was bundled along with Inpatient Hospital S category. Furthermore, it was bundled with Outpatie Patient Services" EHB category. The bundled servic Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Detoxification Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Detoxification Services were bundled along with Refmapped to the "Mental Health and Substance Use Diaduplication of Rehabilitative Services: Detoxification</li> </ul>	nder Essential Health Benefits: ervices and mapped to the "Hospitalization" EHB ent Hospital Services and mapped to the "Ambulatory es are a duplication of services from the existing Source: Base Benchmark icating the substituted benefit(s) or the duplicate nder Essential Health Benefits: habilitative Services: Detoxification Services and sorder Services" EHB. The bundled services are a n Services from the existing Medicaid State Plan.	Remove
<ul> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Surgery was bundled along with Inpatient Hospital S category. Furthermore, it was bundled with Outpatie Patient Services" EHB category. The bundled servic Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Detoxification Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur Detoxification Services were bundled along with Ref mapped to the "Mental Health and Substance Use Dis duplication of Rehabilitative Services: Detoxification</li> <li>Base Benchmark Benefit that was Substituted:</li> </ul>	ander Essential Health Benefits:         ervices and mapped to the "Hospitalization" EHB         ent Hospital Services and mapped to the "Ambulatory         es are a duplication of services from the existing         Source:         Base Benchmark         icating the substituted benefit(s) or the duplicate         nder Essential Health Benefits:         habilitative Services: Detoxification Services and         sorder Services" EHB. The bundled services are a         n Services from the existing Medicaid State Plan.         Source:         Base Benchmark	



Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Hair Prostheses - Duplication		Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Hair Prostheses were bundled along with Medical Su "Rehabilitative and Habilitative Services and Devices duplication of Medical Supplies, Equipment, and App		
Base Benchmark Benefit that was Substituted:	Source:	
Cardiac Rehab - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Cardiac Rehab was bundled along with Outpatient He Patient Services" EHB category. The bundled service existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Enteral Formula - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Enteral Formula was bundled along with Home Healt Appliances, and mapped to the "Rehabilitative and H bundled services are a duplication of Home Health Se Appliances from the existing Medicaid State Plan.	abilitative Services and Devices" EHB category. The	
Base Benchmark Benefit that was Substituted:	Source:	
Therapy Treatments - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Therapy Treatments were bundled along with Outpat Patient Services" EHB category. The bundled service from the existing Medicaid State Plan.	ient Hospital Services and mapped to the "Ambulatory es are a duplication of Outpatient Hospital Services	
Base Benchmark Benefit that was Substituted:	Source:	
Routine Check Ups - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Routine Check Ups were bundled along with Physicia Services" EHB category. The bundled services are a Medicaid State Plan.	ans' Services and mapped to the "Ambulatory Patient duplication of Physicians' Services from the existing	



Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Tests and Procedures Ordered by PCP - Duplication		Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	-	
	along with Outpatient Hospital Services and mapped The bundled services are a duplication of Outpatient lan.	
Base Benchmark Benefit that was Substituted:	Source:	
Immunizations - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Immunizations were bundled along with Prescribed I category. The bundled services are a duplication of I State Plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Human Leukocyte Antigen Testing - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Human Leukocyte Antigen Testing was bundled alor mapped to the "Laboratory services" EHB category. Laboratory and X-Ray Services from the existing Me	The bundled services are a duplication of Other	
Base Benchmark Benefit that was Substituted:	Source:	
Newborn Care - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Newborn Care was bundled along with Inpatient Hos "Maternity and Newborn Care" EHB category. The Services: Maternity from the existing Medicaid State	bundled services are a duplication of Inpatient Hospital	
Base Benchmark Benefit that was Substituted:	Source:	
Allergist Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Allergist Services were bundled along with Physician Services" EHB category. The bundled services are a Medicaid State Plan.	ns' Services and mapped to the "Ambulatory Patient duplication of Physicians' Services from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Dermatologist Services - Duplication	Base Benchmark	

Page 23 of 41



section 1937 benchmark benefit(s) included above under E Dermatologist Services were bundled along with Physician Patient Services" EHB category. The bundled services are	s' Services and mapped to the "Ambulatory	ove
existing Medicaid State Plan.		
Buse Benefitiant Benefit that was Substituted.	irce:	
Hearing Services - Duplication	se Benchmark	ove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E		
Hearing Services were bundled along with Physicians' Services" EHB category. The bundled services are a dupli Medicaid State Plan.		
Duse Deneminark Denemi that was Substituted.	irce:	
Preadmission Testing - Duplication Ba	se Benchmark Remo	ove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E		
Preadmission Testing was bundled along with Inpatient Ho "Hospitalization" EHB category. The bundled services are from the existing Medicaid State Plan.		
Duse Deneminark Denemi that was Substituted.	irce:	
Voluntary Sterilization - Duplication Ba	Remark	ove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E		
Voluntary Sterilization was bundled along with Outpatient "Ambulatory Patient Services" EHB category. The bundle Hospital Services from the existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted: Sou	irce:	
HIV Testing and Counseling - Duplication Ba	se Benchmark Remo	ove
Explain the substitution or duplication, including indicating section 1937 benchmark benefit(s) included above under E		
HIV Testing and Counseling was bundled along with Familtonia to the "Preventive and Wellness Services and Chronic Disc services are a duplication of the Family Planning Services Plan.	ease Management" EHB category. The bundled	
Buse Benefiniarit Benefit that was Substituted.	irce:	
Chiropractic Services - Substitution Ba	se Benchmark	



section 1937 benchmark benefit(s) included above und	der Essential Health Benefits:	Remove
Chiropractic Services were mapped to the "Ambulaton from the existing Medicaid State Plan were used for su		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Infertility Treatment Services - Substitution	Dase Denominark	Remove
Explain the substitution or duplication, including indices section 1937 benchmark benefit(s) included above under the section 1937 benchmark benefit(s) included above under the section secti		
IVF Services were mapped to the "Ambulatory Patien from the existing Medicaid State Plan were used for su		
Base Benchmark Benefit that was Substituted:	Source:	
Chronic Disease Management - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indices section 1937 benchmark benefit(s) included above under the section 1937 benchmark benefit(s) included above under the section section 1937 benchmark benefit(s) included above under the section se		
Chronic Disease Management was bundled along with Management Services and mapped to the "Ambulatory services are a duplication of services from the existing	y Patient Services" EHB category. The bundled	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und		
Inpatient Services were mapped to the "Hospitalizatio Inpatient Hospital Services from the existing Medicaid	n" EHB category. These services are a duplication of d State Plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und		
Outpatient Services were mapped to the "Ambulatory a duplication of Outpatient Hospital Services from the		
Base Benchmark Benefit that was Substituted:	Source:	
Skilled Nursing Care Facility - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indicesses section 1937 benchmark benefit(s) included above under the section 1937 benchmark benefit(s) included above under the section section 1937 benchmark benefit(s) included above under the section		
Skilled Nursing Care Facility was mapped to the "Reh EHB category. This service is a duplication of Nursin Medicaid State Plan.		



Base Benchmark Benefit that was Substituted: Hospice - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Hospice was mapped to the "Ambulatory Patient Serv of Hospice Care Services from the existing Medicaid	vices" EHB category. These services are a duplication State Plan.	
Base Benchmark Benefit that was Substituted: Coordinated Cancer Care - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Coordinated Cancer Care was bundled along with Ca Management Services and mapped to the "Ambulator services are a duplication of services from the existin	y Patient Services" EHB category. The bundled	
Base Benchmark Benefit that was Substituted: Diabetic Services - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Diabetic Services were bundled along with Case Man Management Services and mapped to the "Ambulator services are a duplication of services from the existin	y Patient Services" EHB category. The bundled	
Base Benchmark Benefit that was Substituted: Hemophilia Services - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Hemophilia Services were bundled along with Case M Management Services and mapped to the "Ambulator services are a duplication of services from the existin	Aanagement and TB-Related Services - Case y Patient Services" EHB category. The bundled	
Base Benchmark Benefit that was Substituted: Lyme Disease Diagnosis and Treatment - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Lyme Disease Diagnosis and Treatment was bundled "Ambulatory Patient Services" EHB. The bundled se Medicaid State Plan.	0 1	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	

Page 26 of 41



Explain the substitution or duplication, including indicating the substituted benefit(s) estimates a section 1937 benchmark benefit(s) included above under Essential Health Benefits:	or the duplicate
Asthma Education was bundled along with Case Management and TB-Related Service Management Services and mapped to the "Ambulatory Patient Services" EHB categor services are a duplication of services from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted:     Source:       Maternity Care - Duplication     Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) esection 1937 benchmark benefit(s) included above under Essential Health Benefits:	or the duplicate
Maternity Care was mapped to the "Maternity and Newborn Care" EHB category. Th duplication of Inpatient Hospital Services: Maternity from the existing Medicaid State	
Base Benchmark Benefit that was Substituted: Source:	
Diagnostic Laboratory Services - Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) esection 1937 benchmark benefit(s) included above under Essential Health Benefits:	or the duplicate
Diagnostic Laboratory Services were bundled along with Other Laboratory and X-Ray mapped to the "Laboratory Services" EHB category. These services are a duplication and X-Ray Services from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted: Source:	
Radiology and Imaging Services - Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) a section 1937 benchmark benefit(s) included above under Essential Health Benefits:	or the duplicate
Radiology and Imaging Services were bundled along with Other Laboratory and X-Ra mapped to the "Laboratory Services" EHB category. These services are a duplication and X-Ray Services from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted: Source:	
Durable Medical Equipment - Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) a section 1937 benchmark benefit(s) included above under Essential Health Benefits:	or the duplicate
DME was mapped to the "Rehabilitative and Habilitative Services and Chronic Diseas category. This service is a duplication of Home Health Services - Medical Supplies, F Appliances from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted: Source:	
Rehab: Physical Therapy - Duplication Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) a section 1937 benchmark benefit(s) included above under Essential Health Benefits:	or the duplicate
Rehab: Physical Therapy was bundled along with Outpatient Hospital Services and ma	apped to the

Page 27 of 41



"Rehabilitative and Habilitative Services and Devices Outpatient Hospital Services from the existing Medic		Remove
Base Benchmark Benefit that was Substituted: Rehab: Occupational Therapy - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un	÷	
Rehab: Occupational Therapy was bundled along with "Rehabilitative and Habilitative Services and Devices Outpatient Hospital Services from the existing Medic	s" EHB category. This service is a duplication of	
Base Benchmark Benefit that was Substituted:	Source:	
Rehab: Speech Therapy - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Rehab: Speech Therapy was bundled along with Outp "Rehabilitative and Habilitative Services and Devices Outpatient Hospital Services from the existing Medic	s" EHB category. This service is a duplication of	
Base Benchmark Benefit that was Substituted:	Source:	
Prescription Drugs - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Prescription Drugs were mapped to the "Prescription duplication of Prescription Drugs from the existing M		
Base Benchmark Benefit that was Substituted:	Source:	
Non-prescription drugs - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Non-Prescription Drugs were bundled along with Pre- Drugs" EHB category. These services are a duplication State Plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Transportation - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Emergency Transportation was bundled along with T Services" EHB category. This service is a duplication Plan.	ransportation and mapped to the "Emergency	



Base Benchmark Benefit that was Substituted:	Source:	
Non-emergency Transportation - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Non-Emergency Transportation was bundled along v Patient Services" EHB category. This service is a du State Plan.	with Transportation and mapped to the "Ambulatory uplication of Transportation from the existing Medicaid	
Base Benchmark Benefit that was Substituted:	Source:	
Emergency Dental Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Emergency Dental Services were bundled along with Patient Services" EHB category. The bundled servic existing Medicaid State Plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Home Health Care Services - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind		
section 1937 benchmark benefit(s) included above un		
section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel	nder Essential Health Benefits:	
section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel EHB category. This service is a duplication of Home	nder Essential Health Benefits: habilitative and Habilitative Services and Devices" e Health Services - Home Health Aide Services from Source:	
section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel EHB category. This service is a duplication of Home the existing Medicaid State Plan.	nder Essential Health Benefits: habilitative and Habilitative Services and Devices" e Health Services - Home Health Aide Services from	Remove
section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Ref EHB category. This service is a duplication of Home the existing Medicaid State Plan. Base Benchmark Benefit that was Substituted:	nder Essential Health Benefits: habilitative and Habilitative Services and Devices" e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate	Remove
section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel EHB category. This service is a duplication of Home the existing Medicaid State Plan. Base Benchmark Benefit that was Substituted: Skilled Nursing Services - Duplication Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	nder Essential Health Benefits: habilitative and Habilitative Services and Devices" e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate nder Essential Health Benefits: bilitative and Habilitative Services and Devices" EHB	Remove
section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel EHB category. This service is a duplication of Home the existing Medicaid State Plan. Base Benchmark Benefit that was Substituted: Skilled Nursing Services - Duplication Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Skilled Nursing Services were mapped to the "Rehab category. This service is a duplication of Home Heal	Inder Essential Health Benefits: habilitative and Habilitative Services and Devices" e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate nder Essential Health Benefits: bilitative and Habilitative Services and Devices" EHB lth Services - Intermittent and Part-time Nursing Source:	Remove
<ul> <li>section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel EHB category. This service is a duplication of Home the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Skilled Nursing Services were mapped to the "Rehab category. This service is a duplication of Home Heal Services from the existing Medicaid State Plan.</li> </ul>	Inder Essential Health Benefits: habilitative and Habilitative Services and Devices" e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate nder Essential Health Benefits: bilitative and Habilitative Services and Devices" EHB lth Services - Intermittent and Part-time Nursing	Remove
<ul> <li>section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel EHB category. This service is a duplication of Home the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Skilled Nursing Services were mapped to the "Rehab category. This service is a duplication of Home Heat Services from the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> </ul>	Inder Essential Health Benefits: habilitative and Habilitative Services and Devices" e Health Services - Home Health Aide Services from Source: Base Benchmark licating the substituted benefit(s) or the duplicate nder Essential Health Benefits: bilitative and Habilitative Services and Devices" EHB lth Services - Intermittent and Part-time Nursing Source: Base Benchmark licating the substituted benefit(s) or the duplicate	
<ul> <li>section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel EHB category. This service is a duplication of Home the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Skilled Nursing Services were mapped to the "Rehab category. This service is a duplication of Home Heal Services from the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Experimental and/or Investigational Treatment-Sub Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un</li> </ul>	Inder Essential Health Benefits:         habilitative and Habilitative Services and Devices"         e Health Services - Home Health Aide Services from         Source:         Base Benchmark         licating the substituted benefit(s) or the duplicate         nder Essential Health Benefits:         pilitative and Habilitative Services and Devices" EHB         lth Services - Intermittent and Part-time Nursing         Source:         Base Benchmark         licating the substituted benefit(s) or the duplicate         nder Essential Health Benefits:         emapped to the "Ambulatory Patient Services" EHB	
<ul> <li>section 1937 benchmark benefit(s) included above un Home Health Care Services were mapped to the "Rel EHB category. This service is a duplication of Home the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Skilled Nursing Services - Duplication</li> <li>Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Skilled Nursing Services were mapped to the "Rehab category. This service is a duplication of Home Heal Services from the existing Medicaid State Plan.</li> <li>Base Benchmark Benefit that was Substituted:</li> <li>Experimental and/or Investigational Treatment-Sub Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un</li> </ul>	Inder Essential Health Benefits:         habilitative and Habilitative Services and Devices"         e Health Services - Home Health Aide Services from         Source:         Base Benchmark         licating the substituted benefit(s) or the duplicate         nder Essential Health Benefits:         pilitative and Habilitative Services and Devices" EHB         lth Services - Intermittent and Part-time Nursing         Source:         Base Benchmark         licating the substituted benefit(s) or the duplicate         nder Essential Health Benefits:         emapped to the "Ambulatory Patient Services" EHB	

Page 29 of 41



<ul> <li>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:</li> <li>Diagnosis and Treatment of Infertility was mapped to the "Ambulatory Patient Services" EHB category. Personal Care Services from the existing Medicaid State Plan were used for substitution purposes.</li> </ul>	Remove
Base Benchmark Benefit that was Substituted:     Source:       Assisted Reproductive Technology Procedures - Sub     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:	
Assisted Reproductive Technology Procedures were mapped to the "Ambulatory Patient Services" EHB category. Personal Care Services from the existing Medicaid State Plan were used for substitution purposes.	
Base Benchmark Benefit that was Substituted:     Source:       Family Planning: Contraception - Duplication     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:	
Family Planning: Contraception was bundled along with Family Planning Services and Supplies and mapped to the "Preventive and Wellness Services and Chronic Disease Management" EHB category. The bundled services are a duplication of the Family Planning Services and Supplies from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted: Source:	
Family Planning: Abortion - Duplication 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:	
Family Planning: Abortion was bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan. The state conforms to the Hyde Amendment and does not cover abortions except in cases of rape, incest, or when the mother's life is at risk.	
Base Benchmark Benefit that was Substituted: Source:	
Midwifery Services - Duplication 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:	
Midwifery Services were mapped to the "Maternity and Newborn Care" EHB category. These services are a duplication of Nurse Midwife Services from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted: Source:	
Smoking Cessation Programs - Duplication         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:	1
Smoking Cessation Programs were mapped to the "Preventive and Wellness Services and Chronic Disease	

Page 30 of 41



Management" EHB category. These services are a duplication of Face-to-Face Tobacco Cessation Counseling Services from the existing Medicaid State Plan.	Remove
Base Benchmark Benefit that was Substituted:       Source:         Foot Care Services - Duplication       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:	Remove
Foot Care Services were bundled along with Other Licensed Practitioners - Podiatrists' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of the Other Licensed Practitioners - Podiatrists' Services from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted:     Source:       Foot Care related to a specific condition - Duplic     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:	
Foot Care Related to a Specific Condition was bundled along with Other Licensed Practitioners - Podiatrists' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled service is a duplication of the Other Licensed Practitioners - Podiatrists' Services from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted:     Source:       Routine Foot Care - Duplication     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:	
Routine Foot Care was bundled along with Other Licensed Practitioners - Podiatrists' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled service is a duplication of the Other Licensed Practitioners - Podiatrists' Services from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted:     Source:       Nutritional Counseling - Duplication     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:	
Nutritional Counseling was bundled along with Physicians' Services and mapped to the "Ambulatory Patient Services" EHB category. The bundled services are a duplication of Physicians' Services from the existing Medicaid State Plan.	
Base Benchmark Benefit that was Substituted:     Source:       Mental Health Treatment: Inpatient - Duplication     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:	
Mental Health Treatment: Inpatient was bundled along with Rehabilitative Services - Residential Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled	

Page 31 of 41



State Plan.	- Residential Services from the existing Medicaid	Domous
		Remove
Base Benchmark Benefit that was Substituted: Mental Health Treatment: Outpatient - Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including indicess section 1937 benchmark benefit(s) included above under the substitution of the substit		
Mental Health Treatment: Outpatient was bundled alo Rehabilitative Services and mapped to the "Mental He category. The bundled service is a duplication of the Services from the existing Medicaid State Plan.	ealth and Substance Use Disorder Services" EHB	
Base Benchmark Benefit that was Substituted: Mental Health Treatment: Provider Office - Dup	Source: Base Benchmark	Remove
Explain the substitution or duplication, including india section 1937 benchmark benefit(s) included above und		
Mental Health Treatment: Provider's Home or Office Community Psychiatric Supportive Treatment and ma Disorder Services" EHB category. The bundled service Community Psychiatric Supportive Treatment from the	pped to the "Mental Health and Substance Use ce is a duplication of the Rehabilitative Services:	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	D
Chemical Dependency Srv: Inpatient - Duplication Explain the substitution or duplication, including india section 1937 benchmark benefit(s) included above und		Remove
Chemical Dependency Services: Inpatient was bundle Abuse Residential Services and mapped to the "Menta category. The bundled service is a duplication of the Services from the existing Medicaid State Plan.	al Health and Substance Use Disorder Services" EHB	
Base Benchmark Benefit that was Substituted:	Source:	
Chemical Dependency Srv: Outpatient - Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including india	cating the substituted benefit(s) or the duplicate der Essential Health Benefits:	
section 1937 benchmark benefit(s) included above une		
Chemical Dependency Services: Outpatient was bund Counseling Services and mapped to the "Mental Healt category. The bundled service is a duplication of the Services from the existing Medicaid State Plan.	th and Substance Use Disorder Services" EHB	



<ul> <li>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:</li> <li>Chemical Dependency Services: Provider's Home or Office was bundled along with Rehabilitative Services: Substance Abuse Assessment Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services: Substance Abuse Assessment Services from the existing Medicaid State Plan.</li> </ul>	Remove
Base Benchmark Benefit that was Substituted:     Source:       Detoxification Services: Inpatient - Duplication     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:	
Detoxification Services: Inpatient was bundled along with Rehabilitative Services: Detoxification Services and mapped to the "Mental Health and Substance Use Disorder Services" EHB category. The bundled service is a duplication of the Rehabilitative Services: Detoxification Services from the existing Medicaid	
State Plan.	
State Plan.         Base Benchmark Benefit that was Substituted:       Source:         Base Benchmark	Remove
State Plan.       Base Benchmark Benefit that was Substituted:   Source:	Remove
State Plan.         Base Benchmark Benefit that was Substituted:       Source:         Detoxification Services: Residential - Duplication       Base Benchmark         Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate	Remove



] Other Base Benchmark Benefits Not Covered		Collapse All
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Early Intervention Services		
Explain why the state/territory chose not to include thi	s benefit:	
Early Intervention Services target young children. The Island's Alternative Benefit Plan covers only adults bet		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Pediatric Care		
Explain why the state/territory chose not to include thi	s benefit:	
Pediatric Care applies to children under age 18. That p Island's Alternative Benefit Plan covers only adults be		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source: Base Benchmark	Remove
Routine Vision Services		
Explain why the state/territory chose not to include thi	s benefit:	
This benefit is not considered an EHB.		
		Add



Other 1937 Covered Benefits that are not Essential Heal	Ith Benefits	Collapse All
Other 1937 Benefit Provided: Medical and Surgical Services Provided by Dentist	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
Authorization:	Package Provider Qualifications:	
Prior Authorization	Medicaid State Plan	7
	Duration Limit:	
Amount Limit:	None	7
	INOIRE	
Scope Limit:		7
Other:		7
Other 1937 Benefit Provided:	Source:	
Tuberculosis-Related Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	7
Amount Limit:	Duration Limit:	
None	None	7
Scope Limit:		
None		7
Other:		
	nd TB-Related Services - Special TB-Related Services	7
i un state i fan i file. Case management services a	in The Related betwees "Special The Related betwees	
Other 1937 Benefit Provided:	Source:	
ICF-IID	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
None	None	7
Scope Limit:	•	
None		
Other:		
Full State Plan Title: Intermediate Care Facility Ser	rvices for Individuals with Intellectual Disabilities.	



		Remove
Other 1937 Benefit Provided: Rural Health Clinics	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
	Package Provider Qualifications:	Remove
Authorization:	Medicaid State Plan	
Prior Authorization		
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
Federally Qualified Health Centers	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Other 1937 Benefit Provided:	Source:	
Other Licensed Practitioners-Optometrists' Serv	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Vision services for adults over 21 years of age an	nd older.	



Other: Includes eyeglasses. Vision services for children under 21 years of age is covered under EHB10.		Remove
Other 1937 Benefit Provided: Certified Pediatric or Family Nurse Practioner	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other:		
Full State Plan Title: Certified Pediatric or Family N	Nurse Practitioners' Services	
Other 1937 Benefit Provided:	Source:	
Rehab Services: Clinician's Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
	hat are part of another community mental health service, ents, crisis intervention services, or services defined as	
Other:		
Clinician's Services refer to services rendered to eli Services include, but are not limited to, assessment assessment and evaluation; individual and group the	and evaluation; psychological and neuropsychological	
Other 1937 Benefit Provided:	Source:	
Rehab Services: Crisis Intervention Services	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	

Page 37 of 41



Scope Limit:		
Services are provided through Behavioral Health Organizations licensed by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals.		
Other:		
Behavioral health emergency, crisis intervention, an term behavioral healthcare interventions provided to situation. These services continue until the crisis is referred for appropriate stabilization and/or ongoing	stabilized or the individual is safely transferred or	
Other 1937 Benefit Provided:	Source:	
Rehab Services: Adult Medical Day Care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are provided through Behavioral Health O Healthcare, Developmental Disabilities, and Hospit	rganizations licensed by the Department of Behavioral als.	
Other:		
Rehabilitative Services: Adult Medical Day Care Se developmental disability, severe disability related to resulting in physical and/or social isolation detrimen monitoring and supervision for health reasons.		
Other 1937 Benefit Provided:	Source:	
Rehab Services: Day/Evening Treatment	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services are provided through entities licensed by the Department of Behavioral Healthcare, Development abuse treatment services.	÷	
Other:		
Services are provided with a primary purpose of eva with substance abuse provided in an ambulatory sett day, 4 or more days per week. Services are available for this level of care or, alternatively, to those indivi justified and documented. Services are provided in a	ing at a high level of intensity, minimum 4 hour per e to those individuals meeting ASAM PPC-2 criteria duals for whom this level of care can be clinically	

Page 38 of 41



program's clinical director.		
		Remove
Other 1937 Benefit Provided:	Source:	
Nursing Facility Services: Custodial Care	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Provided for individuals over age 21.		
Other:		
This benefit is provided for long-term custodial ca	are.	
Other 1937 Benefit Provided:	Source:	
Dental Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Dental Services for adults 21 years of age or olde	er	
Other:		
	for all services except for emergency and palliative and x-rays required to achieve a proper diagnosis. Dental ered under EHB 10.	
Other 1937 Benefit Provided:	Source:	
Cessation of Tobacco Use by Pregnant Women	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Scope Limit:		
None		Remove
Other:		
Other 1937 Benefit Provided:	Source:	
Outpatient Hospital Services: Therapy	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Benefit applies to rehabilitative and habilitative trea	atments.	
Other:		
Therapies include physical therapy, occupational the	erapy, and speech therapy.	
		Add

Page 40 of 41



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

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.

V.20130917

Page 41 of 41



Attack as a 2-11	ONID CONTOI NUMBER: 0958-1148
Attachment 3.1L	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Cost-Sharing	ABP4
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 de cost sharing must comply with Section 1916 of the Social Security Act.	escribed in the state plan. Any such
The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other Attachment 4.18-A.	r than that described in No
Other Information Related to Cost Sharing Requirements (optional):	

#### PRA Disclosure Statement

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V.20130917

OMD Control Number 0020 1140

Page 1 of 1



Attachment 3.1L	achment 3.1L OMB Control Number: 0938- OMB Expiration date: 10/31/2	
Selection of Benchmark Bene	efit Package or Benchmark-Equivalent Benefit Package AB	<b>P3</b>
Select one of the following:		
○ The state/territory is amendi	ing one existing benefit package for the population defined in Section 1.	
• The state/territory is creating	g a single new benefit package for the population defined in Section 1.	
Name of benefit package:	Rhode Island Benefit Plan	
Selection of the Section 1937 Cover	rage Option	
	ion 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark- nis Alternative Benefit Plan (check one):	
• Benchmark Benefit Package.		
O Benchmark-Equivalent Benef		
	ide the following Benchmark Benefit Package (check one that applies):	
C The Standard Blue Program (FEHBP).	Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benef.	ït
○ State employee cov	verage that is offered and generally available to state employees (State Employee Coverage):	
A commercial HM0 HMO):	O with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercia	ıl
Secretary-Approved	d Coverage.	
• The state/territ	tory offers benefits based on the approved state plan.	
	tory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan ges, or the approved state plan, or from a combination of these benefit packages.	
○ The state/t	territory offers the benefits provided in the approved state plan.	
○ Benefits in	nclude all those provided in the approved state plan plus additional benefits.	
○ Benefits at	re the same as provided in the approved state plan but in a different amount, duration and/or scope	e.
○ The state/t	territory offers only a partial list of benefits provided in the approved state plan.	
○ The state/t	territory offers a partial list of benefits provided in the approved state plan plus additional benefits	<b>.</b>
Please briefly iden	ntify the benefits, the source of benefits and any limitations:	
The benefits corre	espond to the state's existing Rhody Health Partners package of Medicaid State Plan benefits.	
Selection of Base Benchmark 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.		
C Largest insured commercial non-Medicaid HMO.		
Plan name: Blue Cross Blue Shield of RI Vantage Blue Plan		
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 in ABP 5. The state assures the accuracy of all the information in ABP 5 depicting amount, duration, and scope parameters of services authorized in the currently approved Medicaid state plan.		

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V.20131219



	OMB Control Number	r: 0938-1148
Attachment 3.1L	OMB Expiration date	: 10/31/2014
Voluntary Benefit Package Selection Assurances - Eligibility Group under Sec	ction 1902(a)(10)(A)	ABP2a
(i)(VIII) of the Act		11D1 24
The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Heal requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that i requirements. Therefore the state/territory is deemed to have met the requirements for voluntary ch individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.	s not subject to 1937	Yes
Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential I requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that	5	
That state has ensured alignment between its Medicaid State Plan and the Alternative Benefit Plan and services in both places. Amount, duration, and scope of the benefits correspond because it is t places.	• • • •	

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