

LEGAL NOTICE/PUBLIC NOTICE
STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BALTIMORE, MARYLAND

Subject: State Plan Amendment (Alternative Benefit Plan) for the Medicaid Expansion Population

Additional Information:

Pursuant to 42 CFR §440.305(d) and 42 CFR §440.386, notice is hereby given that the Secretary of the Maryland Department of Health and Mental Hygiene (the Department) intends to seek approval from the Centers for Medicare and Medicaid Services (CMS) of a state plan amendment to establish an Alternative Benefit Plan (ABP) authorized under section 1937 of the Social Security Act for individuals aged 19 to 64 years who are eligible for Medicaid pursuant to section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, the adult expansion population.

The Department is proposing an ABP that will provide the same benefits available in the Maryland Medicaid State Plan, including the same amount, scope and duration of the benefits therein, with the exception of habilitative services. The benefits under the approved ABP will be available to all individuals pursuant to section 1902(a)(10)(A)(i)(VIII) of the Social Security Act and will be delivered through managed care organizations. The ABP coverage will include essential health benefits (ambulatory services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, rehabilitation and habilitation services, prescription drugs, laboratory, preventive services and pediatric services) and all other additional services authorized in Maryland's Medicaid State Plan. Habilitative services available in the ABP will include physical, occupational and speech therapies. Any service limits or cost sharing currently authorized under the approved Medicaid State Plan will apply to the ABP, including copayments of up to three dollars for brand name prescription drugs and one dollar for generic prescription drugs or preferred drugs provided on a fee-for-service basis. Habilitative services were added to comply with minimum essential coverage standards to fulfill the essential health benefits. The proposed ABP will include the full range of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program benefits for individuals under the age of 21 years. Please refer to the Maryland Healthy Kids Program at: <http://dhmh.maryland.gov/epsdt/SitePages/Home.aspx> for more details on the EPSDT benefits available. Additional information regarding Medicaid-covered services that will be available in the ABP can be found in the Code of Maryland Regulations at: <http://www.dsd.state.md.us/comar/>.

Comments regarding the Department's proposed state plan amendment to establish an ABP for individuals aged 19 to 64 years who are eligible for Medicaid pursuant to section

1902(a)(10)(A)(i)(VIII) of the Social Security Act may be sent to the Maryland Department of Health and Mental Hygiene, Planning Administration, 201 West Preston Street, Suite 225, Baltimore, MD 21202 or emailed to tricia.rodny@maryland.gov. Correspondence should be directed to Tricia Roddy, Director of Planning by 5 pm on December 18.

Contact: Tricia Roddy (410) 767-5809



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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:

CareFirst Small Group Plan

The largest plan (by enrollment) in any of the three largest small group insurance products in the State's small group market

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

Secretary Approved- State Plan Adult Benefit



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Note- Program requires prior-authorization for physician services for certain inpatient services, such as Transplant Services

Benefit Provided:

Medical Care by Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Other Licensed Practitioners include nurse practitioners and nurse anesthetists

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

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

Remove

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Home Health Care Services: Nursing and Aid Service

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

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

Benefit Provided: Source:

Authorization: Provider Qualifications:

Amount Limit: Duration Limit:

Scope Limit:

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

Benefit Provided: Source:

Authorization: Provider Qualifications:

Amount Limit: Duration Limit:

Scope Limit:

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

Benefit Provided: Source:

Authorization: Provider Qualifications:



Alternative Benefit Plan

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Doctor certifies individual has six months or less to live (except for children)"/>		
Benefit Provided: <input type="text"/>	Source: <input type="text"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text"/>	
Amount Limit: <input type="text"/>	Duration Limit: <input type="text"/>	
Scope Limit: <input type="text"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 2: Emergency services		Collapse All <input type="checkbox"/>															
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Outpatient Hospital Services"/></td><td style="width: 50%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="border: none; text-align: right;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="3" style="border: none;"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><input style="width: 95%; height: 20px;" type="text"/></td></tr></table>			Benefit Provided: <input style="width: 95%;" type="text" value="Outpatient Hospital Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>		Scope Limit: <input style="width: 95%;" type="text" value="None"/>			<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input style="width: 95%; height: 20px;" type="text"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Outpatient Hospital Services"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>															
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>																
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>																
Scope Limit: <input style="width: 95%;" type="text" value="None"/>																	
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input style="width: 95%; height: 20px;" type="text"/>																	
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text" value="Any Other Medical Care: Em. Transportation"/></td><td style="width: 50%; border: none;">Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/></td><td style="border: none; text-align: right;"><input type="button" value="Remove"/></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text" value="None"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text" value="None"/></td></tr><tr><td colspan="3" style="border: none;"><p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p><input style="width: 95%; height: 20px;" type="text" value="In alignment with Medicaid State Plan"/></td></tr></table>			Benefit Provided: <input style="width: 95%;" type="text" value="Any Other Medical Care: Em. Transportation"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>	Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>		Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>		Scope Limit: <input style="width: 95%;" type="text" value="None"/>			<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input style="width: 95%; height: 20px;" type="text" value="In alignment with Medicaid State Plan"/>		
Benefit Provided: <input style="width: 95%;" type="text" value="Any Other Medical Care: Em. Transportation"/>	Source: <input style="width: 95%;" type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>															
Authorization: <input style="width: 95%;" type="text" value="None"/>	Provider Qualifications: <input style="width: 95%;" type="text" value="Medicaid State Plan"/>																
Amount Limit: <input style="width: 95%;" type="text" value="None"/>	Duration Limit: <input style="width: 95%;" type="text" value="None"/>																
Scope Limit: <input style="width: 95%;" type="text" value="None"/>																	
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input style="width: 95%; height: 20px;" type="text" value="In alignment with Medicaid State Plan"/>																	
<table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">Benefit Provided: <input style="width: 95%;" type="text"/></td><td style="width: 50%; border: none;">Source: <input style="width: 95%;" type="text"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Authorization: <input style="width: 95%;" type="text"/></td><td style="border: none;">Provider Qualifications: <input style="width: 95%;" type="text"/></td><td style="border: none;"></td></tr><tr><td style="border: none;">Amount Limit: <input style="width: 95%;" type="text"/></td><td style="border: none;">Duration Limit: <input style="width: 95%;" type="text"/></td><td style="border: none;"></td></tr><tr><td colspan="3" style="border: none;">Scope Limit: <input style="width: 95%;" type="text"/></td></tr></table>			Benefit Provided: <input style="width: 95%;" type="text"/>	Source: <input style="width: 95%;" type="text"/>		Authorization: <input style="width: 95%;" type="text"/>	Provider Qualifications: <input style="width: 95%;" type="text"/>		Amount Limit: <input style="width: 95%;" type="text"/>	Duration Limit: <input style="width: 95%;" type="text"/>		Scope Limit: <input style="width: 95%;" type="text"/>					
Benefit Provided: <input style="width: 95%;" type="text"/>	Source: <input style="width: 95%;" type="text"/>																
Authorization: <input style="width: 95%;" type="text"/>	Provider Qualifications: <input style="width: 95%;" type="text"/>																
Amount Limit: <input style="width: 95%;" type="text"/>	Duration Limit: <input style="width: 95%;" type="text"/>																
Scope Limit: <input style="width: 95%;" type="text"/>																	



Alternative Benefit Plan

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

Remove

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
<hr/>		
Benefit Provided: <input type="text" value="Inpatient Hospital Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Concurrent Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="All inpatient services are authorized"/>		
<hr/>		
Benefit Provided: <input type="text" value="Physician Services - Inpatient"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Note- Program requires authorization for physician services for certain inpatient services, such as Transplant Services."/>		
<hr/>		
Benefit Provided: <input type="text" value="Hospice Care"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Doctor certifies individual has six months or less to live (except for children)"/>		



Alternative Benefit Plan

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

Remove

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 4: Maternity and newborn care		Collapse All <input type="checkbox"/>
Benefit Provided: <input type="text" value="Inpatient Hospital Care - Maternity and Newborn"/>		
Source: <input type="text" value="State Plan 1905(a)"/>		<input type="button" value="Remove"/>
Authorization: <input type="text" value="Concurrent Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value="All inpatient services are authorized"/>		
Benefit Provided: <input type="text" value="Physician Services - Maternity and Newborn"/>		
Source: <input type="text" value="State Plan 1905(a)"/>		<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="Note- Program requires authorization for physician services for certain inpatient services, such as Transplant Services. There is no authorization requirement for normal maternity care."/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text"/>		
Benefit Provided: <input type="text" value="Clinic Services - Maternity and Newborn"/>		
Source: <input type="text" value="State Plan 1905(a)"/>		
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		



Alternative Benefit Plan

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

Remove

Benefit Provided:

Free Standing Birth Center Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Services furnished by Nurse Midwife

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Source:

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:



Alternative Benefit Plan

Scope Limit:

Remove

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

Add



Alternative Benefit Plan

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

Benefit Provided: <input type="text" value="Outpatient Hospital Services - Mental Health/Subs"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%;" type="text"/>		

Benefit Provided: <input type="text" value="Physician Services - Mental Health/Sub"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input style="width: 100%;" type="text"/>		

Benefit Provided: <input type="text" value="Clinic Services - Mental Health and Methadone"/>	Source: <input type="text" value="State Plan 1905(a)"/>	
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		



Alternative Benefit Plan

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

Remove

Benefit Provided:

Medical Care Furnished by Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Other Licensed Practitioners include clinical professional counselors, psychologists, and clinical social workers

Benefit Provided:

Inpatient Hospital Services - Mental Health / Subs

Source:

State Plan 1905(a)

Remove

Authorization:

Concurrent Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Source:

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:



Alternative Benefit Plan

Scope Limit:

Remove

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

Add



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical Therapy and Related Services - Rehab.

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The services provided include Physical Therapy, Occupational Therapy, and Speech Therapy. All services available in hospital inpatient and outpatient departments and home health setting. Physical Therapy is covered in an outpatient setting in the community. These services are provided for rehabilitation.

Benefit Provided:

Home Health Services - DME/DMS

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Durable Medical Equipment that costs \$1,000 or more must be prior-authorized. Durable Medical Supplies that cost \$500 or more must be prior-authorized

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Remove

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

Benefit Provided:

Nursing Facility Services: Rehabilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Need to meet nursing level of care criteria. Services are limited to those required for short-term rehabilitation, not custodial care. Rehabilitation services is defined as services provided in the nursing home for 100 days or less.

Benefit Provided:

Habilitation Services - Physical Therapy and Other

Source:

State Plan Other

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Services will only be provided to the adults covered under Section 1902(a)(10)(A)(i)(VIII). Services provided will include Physical Therapy, Occupational Therapy, and Speech Therapy. All services will be provided in hospital inpatient and outpatient departments and home health setting. Physical therapy is covered in an outpatient setting in the community.



Alternative Benefit Plan

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



Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Other Laboratory and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

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:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Physician services are listed because these providers authorize these services under the State Plan.

Benefit Provided:

Medical Care by Other Licensed Practitioners

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Medical Care by Other Licensed Practitioners are listed because these providers authorize these services under the State Plan. These providers include nurse practitioners and nutritionists/dietitians.

Benefit Provided:

Home Health Care Services - DME/DMS - Diabetes

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	<input type="button" value="Remove"/>
Scope Limit: <input type="text" value="None"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Durable Medical Equipment that costs \$1,000 or more must be prior-authorized. Durable Medical Supplies that cost \$500 or more must be prior-authorized"/>		
Benefit Provided: <input type="text"/>	Source: <input type="text"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text"/>	
Amount Limit: <input type="text"/>	Duration Limit: <input type="text"/>	
Scope Limit: <input type="text"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
<input type="button" value="Add"/>		



Alternative Benefit Plan

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

Collapse All

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:
State Plan 1905(a)

Remove

Authorization:
None

Provider Qualifications:
Medicaid State Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

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

Benefit Provided:
Medicaid State Plan EPSDT Benefits

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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

Add



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Primary Care Visit - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Primary Care Visits to treat injury or an illness were mapped with the 'ambulatory patient services' EHB category. The bundled services are a duplication of Physician Services and Other Licensed Providers from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Specialist Visit - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Specialist Visits were mapped with the 'ambulatory patient services' EHB category. The services are a duplication of Physician Services, Other Licensed Providers, and Clinic Services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mastectomy Related Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Mastectomy Related Services were mapped with the 'ambulatory patient services' EHB category. The services are a duplication of Physician, Home Health, and Outpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Facility Fee - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Outpatient Facility Fee was mapped with the 'ambulatory patient' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Surgery Physician/Surgical Services"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Outpatient Surgery Physician/Surgical Services were mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Urgent Care Facilities"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Urgent Care Facilities were mapped to the 'ambulatory patient' EHB category. The services are a duplication of outpatient hospital services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Admin. of Injectable Prescrip. Drugs - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Administration of Injectable Prescription Drugs by a Health Care Provider was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Routine Gynecological Care - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Routine Gynecological Care was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician Services and Medical Care by Other Licensed Providers in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Renal Dialysis - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Renal Dialysis was mapped to the 'ambulatory patient' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Chemotherapy, Radiation, and Infus. - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Chemotherapy, Radiation Therapy, Infusion Therapy mapped to the 'ambulatory patient' EHB category. The services are a duplication of Physician and Outpatient Hospital Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Clinical Trial Patient Cost Services - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Clinical Trial Patient Cost Services were mapped to the 'ambulatory patient' EHB category. The services are a duplication of Prescribe Drugs in the existing State Plan.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Other Practitioner Office Visits - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Other Practitioner Office Visits were mapped to 'ambulatory patient' EHB category. The services are a duplication of Medical Care Furnished by Licensed Practitioners within the scope of their practice in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Home Health Services were mapped with the 'ambulatory patient services' EHB category. The services are a duplication of Home Health Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Room Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Emergency Room Services were mapped with the 'Emergency Room Services' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Room Transportation - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Emergency Room Transportation were mapped with the 'Emergency Room Services' EHB category. The services are a duplication of Any Other Medical Care in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Inpatient Hospital Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Physician/Surgical Services -Duplication"/>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Inpatient Physician and Surgical Services were mapped with the 'Hospitalization' EHB category. The"/>		



Alternative Benefit Plan

<input type="text" value="services are a duplication of Physician Services in the existing State Plan."/>		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="Bariatric Surgery - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Bariatric Services were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital and Physician Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Hospice Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Hospice Services were mapped with the 'Hospitalization and Ambulatory' EHB categories. The services are a duplication of Hospice Services in the existing State Plan. Services are provided in nursing homes and home settings."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Organ and Tissue Transplant - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Organ and Tissue Transplant were mapped with the 'Hospitalization' EHB category. The services are a duplication of Inpatient Hospital and Physician Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="General Anesthesia and Assoc. Dental Care - Duplic"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="General Anesthesia and Associated Dental Care were mapped with the 'Hospitalization' EHB category. The services are a duplication of Physician Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal and Postnatal Care - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Prenatal and Postnatal Care were mapped with the 'Maternity and Newborn Care' EHB category. The services are a duplication of Physician Services and Services Provided by a Nurse Midwife in the existing State Plan."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Newborn Care - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Newborn Care was mapped with the 'Maternity and Newborn Care' EHB category. The services are a duplication of Physician Services, Services Provided by a Nurse Midwife, Inpatient Hospital Services, and Free-Standing Birth Center Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Elective Abortions - Not allowable under Medicaid"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Elective Abortions were mapped with the 'Maternity and Newborn Care' EHB category. Federal dollars are not eligible for these services; therefore, it is not used in the comparison analysis"/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Circumcision - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Circumcision was mapped with the 'Maternity and Newborn Care' EHB category. The services are a duplication of Physician Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental Health Outpatient Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Mental Health Outpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mental Health Inpatient Services - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Mental Health Inpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Inpatient Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Use Disorder Inpatient Services - Duplic"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Substance Use Disorder Inpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Inpatient Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Substance Use Disorder Outpatient Services - Dupli</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Substance Use Disorder Outpatient Services were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Hospital Outpatient Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Profess. Services by Licensed Men. Sub Pract - Dup</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Professional Services by Licensed Mental Health and Substance Abuse Practitioners were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Physician, Medical Care Provided by Licens. Practitioners, and Clinics in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Diagnostic for Mental/Substance Disorders - Duplic</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Diagnostic for Mental/Substance Disorders were mapped with the 'Mental Health and Substance Abuse Disorder Services' EHB category. The services are a duplication of Other Laboratory in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Generic Drugs - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Generic Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Preferred Drugs - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Preferred Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Non-Preferred Drugs Brand - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Non-Preferred Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Specialty Drugs - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Specialty Drugs were mapped with the 'Prescription Drugs' EHB category. The services are a duplication of Prescribed Drugs in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Test (X-Ray and Lab Work) - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Diagnostic Test (X-Ray and Lab Work) were mapped with the 'Laboratory Services' EHB category. The services are a duplication of Other Laboratory and X-ray Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Imaging (CT/PET Scans, MRIs) - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Imaging (CT/PET Scans, MRIs) were mapped with the 'Laboratory Services' EHB category. The services are a duplication of Other Laboratory and X-ray Services in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care/Screening - Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Preventive Care/Screening were mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician Services, Medical Care by Other Licensed Practitioners, and Other Diagnostic, Screenings, and Prevention in the existing State Plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Immunizations- Duplication"/>	Source: Base Benchmark	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Immunizations were mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Other, Diagnostic, Screening, Preventive, and Rehabilitation Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Osteoporosis Prevention - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Osteoporosis Prevention was mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Diabetes Equipment, Sup.and Self Mana. - Duplica</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Diabetes Equipment, Supplies, and Self-Management was mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Home Health Services DME/DMS in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Medical Foods - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Medical Foods were mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Home Health Services - DME/DMS in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Allergy Related Services - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Allergy Related Services (care delivered in medical offices for treatment of illness or injury) were mapped with the 'Preventive and Wellness Services and Chronic Disease Management' EHB category. The services are a duplication of Physician, Pharmacy, and Home Health Care - DME Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Child Preventive and Routine Care - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Child Preventive and Routine Care were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Routine Eye Exam - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Routine Eye Exam was mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services and Physician Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Eye Glasses for Children - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Eye Glasses for Children were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Eyeglasses Prescribed by a Physician Skilled in Diseases of the Eye or by an Optometrist in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Dental Check-Up for Children - Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Dental Check-Up for Children were mapped with the 'Pediatric Services, Including Oral and Vision' EHB category. The services are a duplication of Early and Periodic Screening, Diagnostic, and Treatment Services and Dental Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient Rehabilitation Services -Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Outpatient Rehabilitation Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Physical Therapy and Related Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Habilitation Services - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Habilitation Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Physical Therapy and Related Services in the existing State Plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Durable Medical Equipment - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Durable Medicaid Equipment was mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Home Health Care Services - DME/DMS in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Skilled Nursing - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Skilled Nursing Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The Essential Health Benefit limits nursing home services to 100 days. The services are a duplication of nursing facility services provided for rehabilitation purposes (100 days or less) in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient Cardiac Rehabilitation - Duplication</p> <p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Outpatient Cardiac Rehabilitation Services were mapped with the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of Outpatient Hospital Services in the existing State Plan.</p>	
<p>Base Benchmark Benefit that was Substituted:</p> <p>Infertility Treatment Services - Substitution</p> <p>Source:</p> <p>Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>IVF services were mapped to the 'ambulatory patient services' category. Services not covered under this category include: in vitro fertilization, ovum transplants, and gamete intra-fallopian tube transfer, zygote intrafallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures. Personal care and Community First Choice services from the existing State Plan were used for substitution purposes.</p>	



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted:</p> <input type="text" value="Acupuncture and Chiropractic Care - Substitution"/>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <input type="text" value="Acupuncture and Chiropractic Care were mapped to the 'ambulatory patient services' category. Chiropractic services are limited to 20 visits per condition per contract year. Federally-Qualified Health Center Services from the existing State Plan were used for substitution purposes."/>		
<p>Base Benchmark Benefit that was Substituted:</p> <input type="text"/>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <input type="text"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Other Base Benchmark Benefits Not Covered	Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Newborn hearing screen"/>	Source: Base Benchmark <input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input type="text" value="The ABP is a benefit package for the new adults under 1902(a)(10)(A)(i)(VIII). Children and newborns will not be enrolled in this benefit plan."/>	<input type="button" value="Add"/>



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Medical Care by Other Licensed Practitioners

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Other:

Other Licensed Practitioners include podiatrists.

Other 1937 Benefit Provided:

Family Planning Services and Supplies

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Amount Limit:

None

Provider Qualifications:

Medicaid State Plan

Duration Limit:

None

Scope Limit:

None

Other:

Other 1937 Benefit Provided:

Case Managment

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Medicaid State Plan

Authorization:

Other

Amount Limit:

Yes - Mental Health, HIV, DD all have diff. Limits

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other: Limited to individuals with serious emotional disturbance at risk of or needs continued treatment to prevent inpatient psychiatric treatment, treatment in an RTC or an out-of-home placement; prevent inpatient psych treat, homelessness, or incarcerati		Remove
Other 1937 Benefit Provided: Counseling and Pharm. For Cessation of Tobacco	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: [Empty]	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: [Empty]		
Other 1937 Benefit Provided: Health Homes	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: As long as individuals meet the participation requirements and receives services from a qualified provider		
Other: [Empty]		
Other 1937 Benefit Provided: Non -Emergency Transportation	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	



Alternative Benefit Plan

Scope Limit:	
<input type="text"/>	<input type="button" value="Remove"/>
Other:	
<input type="text"/>	
Other 1937 Benefit Provided:	Source:
<input type="text" value="Adult Hearing Screening"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	Duration Limit:
<input type="text" value="None"/>	<input type="text" value="None"/>
Scope Limit:	
<input type="text" value="None - See below"/>	
Other:	
<input type="text" value="Screening to exam hearing loss and medically necessary audiometric testing"/>	
Other 1937 Benefit Provided:	Source:
<input type="text" value="Adult Eye Exams"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>
Amount Limit:	Duration Limit:
<input type="text" value="Every Two Years"/>	<input type="text" value="None"/>
Scope Limit:	
<input type="text" value="None"/>	
Other:	
<input type="text"/>	
Other 1937 Benefit Provided:	Source:
<input type="text" value="Mobile Treatment"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization:	Provider Qualifications:
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>



Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove
Scope Limit: None		
Other: Usually prior-authorization but in an emergency can provide services for short period of times		
Other 1937 Benefit Provided: Psychiatric Rehabilitation Program	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications:	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other:		
Other 1937 Benefit Provided: Outpatient Mental Health Clinic Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other:		
Other 1937 Benefit Provided: Nursing Home Custodial Care	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="Need to meet nursing level of care criteria."/>		
Other 1937 Benefit Provided: <input type="text"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text"/>	
Amount Limit: <input type="text"/>	Duration Limit: <input type="text"/>	
Scope Limit: <input type="text"/>		
Other: <input type="text"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

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

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