



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: OK - 21 - 0002

| Benefits Description | ABP5 |
|--|---------------------------------|
| The state/territory proposes a "Benchmark-Equivalent" benefit package. | <input type="text" value="No"/> |
| Benefits Included in Alternative Benefit Plan | |
| Enter the specific name of the base benchmark plan selected: | |
| <input type="text" value="Blue Cross Blue Shield of Oklahoma/Blue Options Gold 002 plan"/> | |
| Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved." | |
| <input type="text" value="Secretary-approved"/> | |



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Primary Care Visits to Treat Injury or Illness | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Authorization required in excess of limitation | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| 4 visits/month | 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: | | |
| Reference approved State Plan, Attachment 3.1-A, section 5. Amount limits can be exceeded based on medical necessity. | | |

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Specialty Visits | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Authorization required in excess of limitation | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| 4 visits/month | 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: | | |
| Reference approved State Plan, Attachment 3.1-A, section 5. Amount limits can be exceeded based on medical necessity. | | |

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Other Practitioner Office Visits | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Authorization required in excess of limitation | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| 4 visits/month for PA and APRN visits | 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:

Reference approved State Plan, Attachment 3.1-A, section 6.d.
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Outpatient Facility (ambulatory surgery ctr)

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Dialysis

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Allergy Testing

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

60 tests/3 years

Duration Limit:

None



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Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 5
Reference approved State Plan, Attachment 3.1-A, section 6.d.
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Chemotherapy

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Radiation

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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Benefit Provided:

Outpatient Surgery Physician/Surgical Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



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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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Emergency Room Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-A, section 2.a. | | |

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Emergency Transportation/Ambulance | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-D. | | |

| | | |
|--------------------|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Urgent Care Center | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | 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:

Reference approved State Plan, Attachment 3.1-A, section 9.

Add



Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services (Inpatient Stay)

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 1.

Benefit Provided:

Inpatient Physician & Surgical Services

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Inpatient physician services: one visit per day per physician.
Inpatient surgical services: no limit.

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

Reference approved State Plan, Attachment 3.1-A, section 5.
Reference approved State Plan, Attachment 3.1-A, section 1.
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Organ Transplants

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

All transplantation services, except kidney and cornea, must be prior authorized.



Alternative Benefit Plan

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

Reference approved State Plan, Attachment 3.1-E.

Benefit Provided:

Reconstructive Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Non-cosmetic; breast reconstruction/implantation/removal is covered only when it is a direct result of a mastectomy which is medically necessary.

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

Reference approved State Plan, Attachment 3.1-A, section 1.

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

| | | |
|---|--|---------------------------------------|
| Benefit Provided: | Source: | <input type="button" value="Remove"/> |
| <input type="text" value="Prenatal & Postnatal care"/> | <input type="text" value="State Plan 1905(a)"/> | |
| 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"/> | | |
| 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="Reference approved State Plan, Attachment 3.1-A, section 3. Reference approved State Plan, Attachment 3.1-A, section 5. Reference approved State Plan, Attachment 3.1-A, section 6.d. Reference approved State Plan, Attachment 3.1-A, section 17. Reference approved State Plan, Attachment 3.1-A, section 20 and section 21."/> | | |

| | | |
|--|--|---------------------------------------|
| Benefit Provided: | Source: | <input type="button" value="Remove"/> |
| <input type="text" value="Delivery & Inpatient Services for Maternity Care"/> | <input type="text" value="State Plan 1905(a)"/> | |
| 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"/> | | |
| 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="Reference approved State Plan, Attachment 3.1-A, section 1. Reference approved State Plan, Attachment 3.1-A, section 3. Reference approved State Plan, Attachment 3.1-A, section 5. Reference approved State Plan, Attachment 3.1-A, section 6.d. Reference approved State Plan, Attachment 3.1-A, section 17. Reference approved State Plan, Attachment 3.1-A, section 20."/> | | |



Alternative Benefit Plan

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

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Mental/Behavioral Health Outpatient Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-A, section 13.d.1. Amount limits can be exceeded based on medical necessity. | | |
| Benefit Provided: | Source: | Remove |
| Mental/Behavioral Health Inpatient Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-A, section 1. Amount limits can be exceeded based on medical necessity. | | |
| Benefit Provided: | Source: | Remove |
| Substance Use Disorder Outpatient Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |



Alternative Benefit Plan

Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 13.d.1.
Amount limits can be exceeded based on medical necessity.
Benefit added through TN-21-0014, effective 7.1.21

Benefit Provided:

Substance Use Disorder Inpatient 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:

Reference approved State Plan, Attachment 3.1-A, section 13.d.5.
Benefit added through TN-21-0014, effective 7.1.21

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed drugs.

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

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

Authorization:

No

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

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



Alternative Benefit Plan

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

Collapse All

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

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Outpatient Rehabilitation Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| 15 visits/year for each OT, PT, & ST | 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: | | |
| Reference approved State Plan, Attachment 3.1-A, section 2.a. The benefit amount limits exceed the quantity limits within the base benchmark. | | |

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Home Health | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Prior Authorization | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| Provided by Home Health agencies | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-A, section 7. | | |

| | | |
|---------------------------|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Durable Medical Equipment | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |



Alternative Benefit Plan

Scope Limit:

None

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

Some items may require prior authorization.
Reference approved State Plan, Attachment 3.1-A, section 12.c.
Reference approved State Plan, Attachment 3.1-A, section 7.

Benefit Provided:

Prosthetic Devices

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:

Some items may require prior authorization.
Reference approved State Plan, Attachment 3.1-A, section 12.c.

Benefit Provided:

Orthotic Devices

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:

Some items may require prior authorization.
Reference approved State Plan, Attachment 3.1-A, section 12.c.

Benefit Provided:

Habilitation Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

15 visits/year for each OT, PT, & ST

Duration Limit:

None

Scope Limit:

Provided only in outpatient hospitals

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

Reference approved State Plan, Attachment 3.1-A, section 2.a.
The benefit amount limits exceed the quantity limits within the base benchmark.

Benefit Provided:

Skilled Nursing/Inpatient Rehab Hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

90 days per individual per State Fiscal Year (SFY)

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:

Reference approved State Plan, Attachment 3.1-A, section 1.
Amount limits can be exceeded based on medical necessity.

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Imaging (CT/PET scans, MRIs) | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Prior Authorization | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-A, section 2.a. Reference approved State Plan, Attachment 3.1-A, section 3. | | |

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Laboratory Outpatient & Professional Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-A, section 2.a. Reference approved State Plan, Attachment 3.1-A, section 3. | | |

| | | |
|-----------------------------|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| X-rays & Diagnostic Imaging | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Other | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | 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:

Reference approved State Plan, Attachment 3.1-A, section 2.a.
Reference approved State Plan, Attachment 3.1-A, section 3.

Add



Alternative Benefit Plan

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

Collapse All

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

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Diabetes Education | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Prior Authorization | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| 10 hours/first year; 2 hours/subsequent year | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-A, section 6.d. Amount limits can be exceeded based on medical necessity. | | |

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Preventive Care/Screening/Immunization | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| None | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| None | None | |
| Scope Limit: | | |
| None | | |
| Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: | | |
| Reference approved State Plan, Attachment 3.1-A, section 5. Reference approved State Plan, Attachment 3.1-A, section 6.d. | | |

| | | |
|--|--------------------------|--------|
| Benefit Provided: | Source: | Remove |
| Nutritional Services | State Plan 1905(a) | |
| Authorization: | Provider Qualifications: | |
| Authorization required in excess of limitation | Medicaid State Plan | |
| Amount Limit: | Duration Limit: | |
| 6 hours/year | None | |



Alternative Benefit Plan

Scope Limit:

None

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

Reference approved State Plan, Attachment 3.1-A, section 6.d.
Amount limits can be exceeded based on medical necessity.

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

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:

Reference approved State Plan, Attachment 3.1-A, section 4.b.

Add



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted:

Hospice - Substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Hospice services are a base benchmark benefit substituted with 1945 health home services covered under the State Plan, Attachment 3.1-H and are within 14, other 1937 covered benefits that are not essential health benefits.

Base Benchmark Benefit that was Substituted:

Private Duty Nursing (PDN) - Substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

PDN services are a base benchmark benefit substituted with skilled nursing under the home health services benefit covered under the State Plan, Attachment 3.1-A, section 7 and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Chiropractic Services - Substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Chiropractic services are a base benchmark benefit substituted with rehabilitation occupational therapy, physical therapy, and speech therapy services in the outpatient hospital setting covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Outpatient Services - Dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substance use disorder outpatient services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 13.d.1. and are within EHB 5, mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Substance Use Disorder Inpatient Services - Dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substance use disorder inpatient services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 13.d.5. and are within EHB 5, mental health and substance use disorder services including behavioral health treatment.



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Base Benchmark Benefit that was Substituted:

Accidental Dental - substitution

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Accidental Dental is a base benchmark benefit substituted with medically necessary extractions covered under the State Plan, Attachment 3.1-A, section 10 and are within 14, other 1937 covered benefits that are not essential health benefits.

Base Benchmark Benefit that was Substituted:

Primary Care Visit to Treat Injury/Illness - Dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Primary care visits to treat injury or illness are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5 and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Specialist Visits - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Specialty visits are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5 and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visits - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Other practitioner office visits are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 6.d. and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Facility (Ambulatory Surgery Ctr) - Dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient facility fee (e.g., ambulatory surgery center) services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician/Surgical - Dup

Source:

Base Benchmark

Remove



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient surgery physician/surgical services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, Section 2.a. and are within EHB 1, ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Urgent care centers or facilities services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 9 and are within EHB 2, emergency services.

Base Benchmark Benefit that was Substituted:

Home Health Care Services - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Home health care services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 7 and are within EHB 7, rehabilitation and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Emergency Room Services - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Emergency room services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 2, emergency services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/Ambulance - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Emergency transportation/ambulance services are a base benchmark benefit covered under the State Plan, Attachment 3.1-D and are within EHB 2, emergency services.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Inpatient hospital services (inpatient stay) are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1 and are within EHB 3, hospitalization.



Alternative Benefit Plan

| | | |
|--|---------------------------|--------|
| Base Benchmark Benefit that was Substituted: Inpatient Physician & Surgical Services - Dup | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Inpatient physician & surgical services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1 & section 5 and are within EHB 3, hospitalization. | | |
| Base Benchmark Benefit that was Substituted: Skilled Nursing/Inpatient Rehab - Dup | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Skilled nursing services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1 and are within EHB 7, rehabilitative and habilitative services and devices. | | |
| Base Benchmark Benefit that was Substituted: Prenatal and Postnatal Care - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Prenatal and postnatal care is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 3, section 5, section 6.d., section 17, section 20, & section 21 and is within EHB 4, maternity and newborn care. | | |
| Base Benchmark Benefit that was Substituted: Delivery & Inpatient Services for Maternity - Dup | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Delivery & all inpatient services for maternity care is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1, section 3, section 5, section 6.d., section 17, & section 20 and is within EHB 4, maternity and newborn care. | | |
| Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient Services - Dup | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Mental/behavioral health outpatient services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 13.d.1. and are within EHB 5, mental health and substance use disorder services including behavioral health treatment. | | |
| Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Inpatient Services - Dup | Source: Base Benchmark | Remove |



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Mental/behavioral health inpatient services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1. and are within EHB 5, mental health and substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Habilitation Services - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Habilitation services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Durable medical equipment is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 12.c. & section 7 and is within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Hearing Aids for Children - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Hearing aids for children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs) - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Imaging (CT/PET Scans, MRIs) services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. & section 3 and are within EHB 8, laboratory services.

Base Benchmark Benefit that was Substituted:

Preventive Care/Screening/Immunization - Dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Preventive care/screening/immunization services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5 & section 6.d. and are within EHB 9, preventive and wellness services and chronic disease management.



Alternative Benefit Plan

| | | |
|---|---------------------------|--------|
| Base Benchmark Benefit that was Substituted: Routine Eye Exam for Children - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Routine eye exams for children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care. | | |
| Base Benchmark Benefit that was Substituted: Eye Glasses for Children - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Eye glasses for children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care. | | |
| Base Benchmark Benefit that was Substituted: Dental Check-Up for Children - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Dental check-up for children are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care. | | |
| Base Benchmark Benefit that was Substituted: Well Baby Visits and Care - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Well baby visits and care are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care. | | |
| Base Benchmark Benefit that was Substituted: Lab Outpatient & Professional Services - Dup | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Laboratory outpatient & professional services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. & section 3 and are within EHB 8, laboratory services. | | |
| Base Benchmark Benefit that was Substituted: X-rays and Diagnostic Imaging - Duplication | Source: Base Benchmark | Remove |



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

X-rays and diagnostic imaging services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. & section 3 and are within EHB 8, laboratory services.

Base Benchmark Benefit that was Substituted:

Basic Dental Care – Child - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and are within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Orthodontia – Child - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Basic dental care for children is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and is within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Major Dental Care – Child - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Major dental care for children is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 4.b. and is within EHB 10, pediatric services including oral and vision care.

Base Benchmark Benefit that was Substituted:

Transplant - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Transplant services are a base benchmark benefit covered under the State Plan, Attachment 3.1-E and are within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Dialysis - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Dialysis is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and is within EHB 1, ambulatory services.



Alternative Benefit Plan

| | | |
|--|---------------------------|--------|
| Base Benchmark Benefit that was Substituted: Allergy Testing - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Allergy testing is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 5 & section 6.d. and is within EHB 1, ambulatory services. | | |
| Base Benchmark Benefit that was Substituted: Chemotherapy - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Chemotherapy is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and is within EHB 1, ambulatory services. | | |
| Base Benchmark Benefit that was Substituted: Radiation - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Radiation is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and is within EHB 1, ambulatory services. | | |
| Base Benchmark Benefit that was Substituted: Diabetes Education - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Diabetes education is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 6.d. and is within EHB 9, preventive and wellness services and chronic disease management. | | |
| Base Benchmark Benefit that was Substituted: Prosthetic Devices - Duplication | Source: Base Benchmark | Remove |
| Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Prosthetic devices is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 12.c. and is within EHB 7, rehabilitative and habilitative services and devices. | | |
| Base Benchmark Benefit that was Substituted: Nutritional Counseling - Duplication | Source: Base Benchmark | Remove |



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Nutritional counseling is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 6.d. and is within EHB 9, preventive and wellness services and chronic disease management.

Base Benchmark Benefit that was Substituted:

Reconstructive Surgery - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Reconstructive surgery is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 1 and is within EHB 3, hospitalization.

Base Benchmark Benefit that was Substituted:

Rehabilitation Speech Therapy - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Rehabilitation speech therapy services are a base benchmark benefit duplicated with outpatient rehabilitation services covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Rehab Occupational & Physical Therapy - Dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Rehabilitation occupational and physical therapy services are a base benchmark benefit duplicated with outpatient rehabilitation services covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation Services - Dup

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient rehabilitation services are a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 2.a. and are within EHB 7, rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Orthotic Devices - Duplication

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Orthotic devices is a base benchmark benefit covered under the State Plan, Attachment 3.1-A, section 12.c. and is within EHB 7, rehabilitative and habilitative services and devices.



Alternative Benefit Plan

| | |
|--|------------------------------------|
| | <input type="button" value="Add"/> |
|--|------------------------------------|



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

| | | |
|--|--|---------------------------------------|
| Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Orthodontia - Adult"/> | Source: <input type="text" value="Base Benchmark"/> | <input type="button" value="Remove"/> |
| Explain why the state/territory chose not to include this benefit: <input type="text" value="It is not a mandatory benefit"/> | | |
| Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Infusion Therapy"/> | Source: <input type="text" value="Base Benchmark"/> | <input type="button" value="Remove"/> |
| Explain why the state/territory chose not to include this benefit: <input type="text" value="It is not a mandatory benefit"/> | | |
| <input type="button" value="Add"/> | | |



Alternative Benefit Plan

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

Collapse All

Remove

Other 1937 Benefit Provided:

Basic Dental- Adult

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:

Services are subject to prior authorization. Reference Approved State Plan Amendment, Attachment 4.19-B Page 5
1. Examinations
2. Fluoride
3. Dental fillings
Benefit added through TN-21-0014, effective 7.1.21

Remove

Other 1937 Benefit Provided:

Medically Necessary Extractions - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.

Remove

Other 1937 Benefit Provided:

Family planning

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 4.c.

Other 1937 Benefit Provided:

Bariatric Surgery

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Bariatric surgery is not covered for the treatment of obesity alone.

Other:

Reference approved State Plan, Attachment 3.1-A, section 1.
Reference approved State Plan, Attachment 3.1-A, section 5.

Other 1937 Benefit Provided:

Non-emergency transportation

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:

Reference approved State Plan, Attachment 3.1-A, section 24a.
Reference approved State Plan, Attachment 3.1-D .

Other 1937 Benefit Provided:

1945 Health Homes

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-H.

Other 1937 Benefit Provided:

Podiatric services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 office visits/month

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 6.a.

Other 1937 Benefit Provided:

Eye care to treat a medical or surgical condition

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 office visits/month

Duration Limit:

None

Scope Limit:

Services are to treat to treat a medical or surgical condition only.

Other:

Reference approved State Plan, Attachment 3.1-A, section 6.b.

Other 1937 Benefit Provided:

Meals and Lodging

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Payment for lodging and/or meals assistance for an eligible member and an approved medical escort, if needed, is provided only when medically necessary in connection with transportation to and from SoonerCare compensable services.

Other:

Reference approved State Plan, Attachment 4.19-B, transportation, section C, meals and lodging.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-B, section 24.f.

Other 1937 Benefit Provided:

Medication-Assisted Treatment Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-B, section 29.
Benefit added through TN-21-0014, effective 7.1.21



Alternative Benefit Plan

| | | | |
|--|--------------------------|--|--------|
| Other 1937 Benefit Provided: | | Source: | Remove |
| Routine Dental- Adult | | Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: | Provider Qualifications: | | |
| Prior Authorization | Medicaid State Plan | | |
| Amount Limit: | Duration Limit: | | |
| None | None | | |
| Scope Limit: | | | |
| None | | | |
| Other: | | | |
| Services are subject to prior authorization. Reference Approved State Plan Amendment, Attachment 4.19-B Page 5 | | | |
| 1. X-rays | | | |
| 2. Dental cleanings | | | |
| Benefit added through TN-21-0014, effective 7.1.21 | | | |
| Other 1937 Benefit Provided: | | Source: | Remove |
| Major Dental Care - Adult | | Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: | Provider Qualifications: | | |
| Prior Authorization | Medicaid State Plan | | |
| Amount Limit: | Duration Limit: | | |
| None | None | | |
| Scope Limit: | | | |
| None | | | |
| Other: | | | |
| Services are subject to prior authorization. Reference Approved State Plan Amendment, Attachment 4.19-B Page 5 | | | |
| 1. Dentures | | | |
| 2. Partial dentures | | | |
| Benefit added through TN-21-0014, effective 7.1.21 | | | |
| Other 1937 Benefit Provided: | | Source: | Remove |
| PCCM/PCMH care coordinated service delivery | | Section 1937 Coverage Option Benchmark Benefit Package | |
| Authorization: | Provider Qualifications: | | |
| Other | Other | | |
| Amount Limit: | Duration Limit: | | |
| None | None | | |



Alternative Benefit Plan

Scope Limit:

None

Other:

Reference approved section 1115(a) SoonerCare Medicaid demonstration
Benefit added through TN-21-0031, effective 7.1.21

Add



Alternative Benefit Plan

| | |
|---|---------------------------------------|
| <input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.) | Collapse All <input type="checkbox"/> |
|---|---------------------------------------|

PRA Disclosure Statement

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children’s Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20190808



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: OK - 21 - 0031

Service Delivery Systems

ABP8

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

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

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

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

Managed Care Implementation

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

The OHCA began a 14-day expedited tribal and public notice process on June 16 2021 and concluded the process on June 30, 2021. ITU notice 2021-10 informed tribal partners of the proposal on June 16, 2021; the State also posted a public notice on the public website on June 16, 2021. A copy of the public notice and instructions about the public comment process is available at oklahoma.gov/ohca/policies-and-rules/public-notice.

PCCM: Primary Care Case Management

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

Yes

The PCCM program is operating under (select one):

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

Identify the date the managed care program was approved by CMS:



Alternative Benefit Plan

Describe program below:

The demonstration operates under a Primary Care Case Management (PCCM), Patient Centered Medical Home (PCMH) service delivery model in which the State contracts directly with primary care providers (PCPs) throughout the state to provide basic health care services. As part of the SoonerCare Choice coordinated care delivery system, Expansion Adult members will select a PCMH for primary care and care coordination. Additionally, Expansion Adult members will be eligible to receive Health Management Program (HMP) and Health Access Network (HAN) support based on their health status and coordinated care needs. Providers will be eligible to receive a per member per month (PMPM) care coordination payment for each enrolled beneficiary, based upon the services provided at the medical home. The demonstration provides for a modification of the service delivery system for family and child populations and some aged and disabled populations.

Eligible expansion adults will be mandatorily enrolled into the PCCM.

Populations excluded from mandatory enrollment include American Indian/Alaskan Native (AI/AN) members. Eligible AI/AN members enrolled in the PCCM may elect to enroll with an Indian Health Services (IHS), tribal, or urban Indian (I/T/U) clinic as their primary care provider. This voluntary enrollment links American Indian members with these providers for primary care/case management services.

Excluded populations from the PCCM include expansion adults during a period of presumptive eligibility.

Additional Information: PCCM (Optional)

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

Fee-For-Service Options

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

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

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

All services provided under the ABP are provided under the Medicaid State Plan and are paid in the same manner as those services provided in the Medicaid state plan, Attachment 4.19.

Additional Information: Fee-For-Service (Optional)

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

Services provided under the ABP are provided under the Medicaid State Plan and are paid in the same manner as those services provided in the Medicaid state plan, Attachment 4.19.

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.