



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: OK - 22 - 0004

## Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

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



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Primary Care Visits to Treat Injury or Illness

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 visits/month

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 5.  
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Specialty Visits

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 visits/month

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 5.  
Amount limits can be exceeded based on medical necessity.

Benefit Provided:

Other Practitioner Office Visits

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

4 visits/month for PA and APRN visits

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:

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.

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See "other information" box

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

Hospice care in accordance with section 1905(o) of the Social Security Act

Hospice services are provided as a comprehensive, holistic program of palliative and/or comfort care and support for terminally ill members and his/her families when a physician certifies that the member has a terminal illness and has a life expectancy of six months or less. The hospice program offers palliative and supportive care to meet the special needs arising out of the physical, emotional, and spiritual stresses which are experienced during the final stages of illness and death. Hospice services must be related to the palliation and management of the member's illness, symptom control, or to enable the individual to maintain activities of daily living and basic functional skills.

Hospice services are performed under the direction of the physician as per the member's plan of care and in an approved hospital hospice facility, in-home hospice program, or nursing facility. A participating hospice provider must meet Medicare's conditions of participation for hospices and have a valid provider agreement with the State Medicaid Agency.

**A. Election periods**

Hospice care is initially available for two 90-day certification periods then for an unlimited number of 60-day certification periods during the remainder of the member's lifetime.

**Prior authorization**

Each certification period requires a new prior authorization.

**B. Election statement**

The form must be completed, dated, and signed by the member or legal representative. The election of benefits stays in effect as long as the participant remains in hospice, does not revoke the election, and is not

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discharged from hospice for other reasons. Reasons for discharge may include: the participant is no longer considered terminally ill, the participant transfers to another hospice, the participant moves out of the hospice service area, or the participant is not receiving the required or expected care from the hospice provider.

The election statement waives a member's right to other Medicaid benefits, except for care not related to the terminal illness and care provided by the attending physician.

Expansion adults under age 21 who elect hospice care will receive it concurrently with curative care for the terminal condition/illness, in accordance with section 2302 of the Affordable Care Act.

An individual or representative may revoke the election of hospice care at any time. Upon revoking the election of Medicaid coverage of hospice care for a particular election period, an individual resumes Medicaid coverage of the benefits waived when hospice care was elected. An individual may at any time elect to receive hospice coverage for any other hospice election periods for which he or she is eligible.

## C. Requirements for coverage for each certification period

### Certification of terminal illness

Certification of terminal illness is and includes a medical prognosis with a life expectancy of 6 months or less if the illness runs its normal course. The certificate of terminal illness is completed by the member's attending physician or the medical director of an interdisciplinary group and is supported by clinical information and other documentation in the medical record. The nurse practitioners serving as the attending physician may not certify the terminal illness.

### Plan of care

A plan of care developed by the hospice interdisciplinary team must be established before services are provided. To be covered, services must be consistent with the plan of care. The plan of care should be submitted with the prior authorization request.

### Re-evaluation for continuation for services

Re-evaluation by physician or nurse practitioner is required for continuation of services for each subsequent 90-day and/or 60-day certification periods. The hospice physician or nurse practitioner must have a face-to-face encounter with the member to determine if the member's terminal illness necessitates continuing hospice care services. The encounter must take place prior to the 180th day recertification and each subsequent recertification thereafter.

## D. Covered Services

Hospice care includes nursing care, physician services, medical equipment and supplies, drugs for symptom control and pain relief, home health aide services; personal care services, physical, occupational and/or speech therapy, medical social services, dietary counseling and grief and bereavement counseling to the member and/or family. Services must be prior authorized. Bereavement counseling services are required but are not reimbursable.

### Levels of Care

#### 1. Routine hospice care

Member is at home and is not receiving continuous care

#### 2. Continuous Home Care

Member is not in an inpatient facility and receives hospice on a continuous basis at home (consists primarily of nursing care to achieve palliation and management of acute medical symptoms during a brief period of crisis only as necessary to maintain the terminally ill patient at home.) If less skilled care is



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needed on a continuous basis to enable the person to remain at home, this is covered as routine hospice care.

3. Inpatient respite care

Member receives care in an approved facility on a short-term basis for respite. Inpatient respite care is not provided to individuals residing in a nursing home.”

4. General inpatient care

Member receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management that cannot be managed at home. In this situation, at home can mean a member’s personal home, an assisted living facility, or a nursing home.

TN-21-0018, effective 10/01/21

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.



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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:

Prenatal & Postnatal care

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 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:

Delivery & Inpatient Services for Maternity Care

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 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.

Add



# Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	Remove
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.  
Revised within TN-21-0014, effective 07/01/21

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.  
Revised within TN-21-0014, effective 07/01/21

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	
Scope Limit:		





# 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:

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. Revised within TN-22-0004, effective 01/01/22.

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	



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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 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 - 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:

Hospice services are a base benchmark benefit covered within EHB 1, Ambulatory patient services. Services are for expansion adults only. Revised within TN-21-0018, effective 10/01/21

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: 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: Inpatient rehab 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. Revised within TN-22-0004, effective 01/01/22.		
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"/>
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# Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered Collapse All

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



# Alternative Benefit Plan

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

Collapse All

Remove

Other 1937 Benefit Provided:

Nursing facility services

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 4.a.  
Revised within TN-21-0014, effective 07/01/21.

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

Scope Limit:

None

Other:

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



# Alternative Benefit Plan

<input type="text"/>		
Other 1937 Benefit Provided:	Source:	<a href="#">Remove</a>
<input type="text" value="Bariatric Surgery"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<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="Bariatric surgery is not covered for the treatment of obesity alone."/>		
Other:		
<input type="text" value="Reference approved State Plan, Attachment 3.1-A, section 1.&lt;br/&gt;Reference approved State Plan, Attachment 3.1-A, section 5."/>		
Other 1937 Benefit Provided:	Source:	<a href="#">Remove</a>
<input type="text" value="Non-emergency transportation"/>	<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"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text"/>		
Other:		
<input type="text" value="Reference approved State Plan, Attachment 3.1-A, section 24a.&lt;br/&gt;Reference approved State Plan, Attachment 3.1-D."/>		
Other 1937 Benefit Provided:	Source:	<a href="#">Remove</a>
<input type="text" value="Podiatric services"/>	<input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	
Authorization:	Provider Qualifications:	
<input type="text" value="Authorization required in excess of limitation"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="4 office visits/month"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="None"/>		



# Alternative Benefit Plan

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

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



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, 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-A, section 29.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Infusion Therapy

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-A, section 2.a. and section 5.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Diagnostic Dental - Adult

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:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Preventive Dental - Adult

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:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.  
Revised within TN-21-0014, effective 07/01/21

Other 1937 Benefit Provided:

Restorative Dental - Adult

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:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 10.  
Revised within TN-21-0014, effective 07/01/21





# Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Non-surgical Periodontal Therapy - Adult</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization:</p> <p>Prior Authorization</p>	<p>Provider Qualifications:</p> <p>Medicaid State Plan</p>	
<p>Amount Limit:</p> <p>None</p>	<p>Duration Limit:</p> <p>None</p>	
<p>Scope Limit:</p> <p>None</p>		
<p>Other:</p> <p>Reference approved State Plan, Attachment 3.1-A, section 10. Revised within TN-21-0014, effective 07/01/21</p>		
<p>Other 1937 Benefit Provided:</p> <p>Removable Prosthetics Dental - Adult</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization:</p> <p>Prior Authorization</p>	<p>Provider Qualifications:</p> <p>Medicaid State Plan</p>	
<p>Amount Limit:</p> <p>None</p>	<p>Duration Limit:</p> <p>None</p>	
<p>Scope Limit:</p> <p>None</p>		
<p>Other:</p> <p>Reference approved State Plan, Attachment 3.1-A, section 10. Revised within TN-21-0014, effective 07/01/21</p>		
<p>Other 1937 Benefit Provided:</p> <p>PCCM/PCMH Service Delivery Model</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p>	<p>Remove</p>
<p>Authorization:</p> <p>Other</p>	<p>Provider Qualifications:</p> <p>Other</p>	
<p>Amount Limit:</p> <p>None</p>	<p>Duration Limit:</p> <p>None</p>	
<p>Scope Limit:</p> <p>None</p>		
<p>Other:</p> <p>The 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</p>		



# Alternative Benefit Plan

provide basic health care services. The PCCM is a managed care service delivery and follows managed care rules. As part of the SoonerCare Choice coordinated care delivery system, Expansion Adult members select a PCMH for primary care and care coordination. Additionally, Expansion Adult members are eligible to receive Health Management Program (HMP) and Health Access Network (HAN) support based on their health status and coordinated care needs. Providers are 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.

Eligible expansion adults are enrolled into the PCCM other than during a period of presumptive eligibility. Eligible AI/AN members may elect to enroll in the PCCM with a SoonerCare Choice provider, or an Indian Health Services (IHS), tribal, or urban Indian (I/T/U) clinic SoonerCare Choice provider as their primary care provider.

Revised within TN-21-0031, effective 07/01/21

Other 1937 Benefit Provided:

ICF/IID services

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:

None

Other:

Reference approved State Plan Section 3.1-A, section 15. Revised within TN-22-0004, effective 01/01/22.

Other 1937 Benefit Provided:

Alternative Treatment for Pain Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

48 units for PT; 12 visits for chiropractic

Duration Limit:

None

Scope Limit:

None

Other:

Reference approved State Plan, Attachment 3.1-A, section 13.d.6.  
Amount limits can be exceeded based on medical necessity. Revised within TN-22-0004, effective 01/01/22.



# Alternative Benefit Plan

Other 1937 Benefit Provided: Routine Patient Cost in Qualifying Clinical Trials	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: None		
Other: Reference approved State Plan, Attachment 3.1-A, section 30. Revised within TN-22-0004, effective 01/01/22.		
		Add



# Alternative Benefit Plan

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

Collapse All

## PRA Disclosure Statement

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