



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: OK - 22 - 0004

Benefits Description	ABP5
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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:	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		



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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-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



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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		



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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-A, section 9.

Add



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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



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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."/>		



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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	



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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 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.



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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



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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



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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		



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

Add



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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



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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



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11. Other Covered Benefits from Base Benchmark

Collapse All



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

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
Hospice - Duplication	Base Benchmark	

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

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:	Source:	<input type="button" value="Remove"/>
Private Duty Nursing (PDN) - Substitution	Base Benchmark	

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

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:	Source:	<input type="button" value="Remove"/>
Chiropractic Services - Substitution	Base Benchmark	

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

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:	Source:	<input type="button" value="Remove"/>
Substance Use Disorder Outpatient Services - Dup	Base Benchmark	

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

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:	Source:	<input type="button" value="Remove"/>
Substance Use Disorder Inpatient Services - Dup	Base Benchmark	

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

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.



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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

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



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

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

Other 1937 Benefit Provided:

Medically Necessary Extractions - Adult

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 10.

Other 1937 Benefit Provided:

Family planning

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

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: <input type="text" value="Bariatric Surgery"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Prior Authorization"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="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.
Reference approved State Plan, Attachment 3.1-A, section 5."/>		
Other 1937 Benefit Provided: <input type="text" value="Non-emergency transportation"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text"/>		
Other: <input type="text" value="Reference approved State Plan, Attachment 3.1-A, section 24a.
Reference approved State Plan, Attachment 3.1-D."/>		
Other 1937 Benefit Provided: <input type="text" value="Podiatric services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Authorization required in excess of limitation"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="4 office visits/month"/>	Duration Limit: <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 providers Medical Home (PCMH) is a service delivery model in which the State contracts directly with primary care providers (PCPs) throughout</p>		



Alternative Benefit Plan

the state to provide basic health care services. The PCCM is a managed care service delivery system and follows managed care rules. As part of the SoonerCare Choice coordinated care delivery service system, eligible members select a PCMH for primary care and care coordination. Providers are eligible to receive a per month (PMPM) care coordination payment for each enrolled beneficiary, based upon the services provided at the medical home.

American Indian/Alaskan Native (AI/AN) individuals eligible as Expansion Adult members who do not opt-in to the SoonerSelect managed care program 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. Additionally, these members are eligible to receive Health Management Program (HMP) and Health Access Network (HAN) support based on their health status and coordinated care needs.

Eligible members are enrolled into the PCCM other than during a period of presumptive eligibility.

Revised within TN-21-0031, effective 07/01/21
Revised within TN-23-0007, effective 02/01/24

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.



Alternative Benefit Plan

Amount limits can be exceeded based on medical necessity. Revised within TN-22-0004, effective 01/01/22.

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

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 - 23 - 0007

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. Further discussions with ITUs within the state will occur on July 6, 2021 at the bimonthly consultation.

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

The State engaged stakeholders as part of its planning process for the new managed care delivery system, SoonerSelect Medical. The transition to a medical managed care delivery system was discussed at stakeholder meetings held on June 20, 2022, August 31, 2022, September 15, 2022, September 20, 2022, September 22, 2022, September 29, 2022, October 5, 2022, October 26, 2022, October 27, 2022, and November 5, 2022. Additional press conferences took place on June 23, 2022, July 26, 2022, August 31, 2022.

The State's SoonerSelect Medical and Children's Specialty RFPs were drafted in accordance with state procurement policies and the SoonerSelect MCE RFP was released on the State's Office of Management & Enterprise Services public website on November 10, 2022 with opportunities for managed care entities (MCEs) to submit bids through February 8, 2023.

The Agency conducted formal tribal consultation during the bi-monthly meeting on January 3, 2023; the State also posted a public notice on the public website on May 11, 2023. A copy of the public notice and instructions about the public comment process is



Alternative Benefit Plan

available at oklahoma.gov/ohca/policies-and-rules/public-notice.

Revised within TN-23-0007, effective 04/01/23

MCO: Managed Care Organization

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

No

The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

MCO Procurement or Selection Method

Indicate the method used to select MCOs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

Describe the method used by the state/territory to procure or select the MCOs:

Other MCO-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the managed care organization.

Yes

List the benefits or services that will be provided apart from the MCO, and explain how they will be provided. Add as many rows as needed.

Add	Benefit/service	Description of how the benefit/service will be provided	Remove
Add	Orthodontia – Child	Dental PAHP or Traditional State-Managed Fee-For-Service (FFS)	Remove
Add	Major Dental Care – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Tobacco Cessation 5-As Counseling 5-As Counseling – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Medically Necessary Extractions – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Diagnostic Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Preventive Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Restorative Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Non-surgical Periodontal Therapy – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Removable Prosthetics Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Outpatient Surgery Dentist/Surgical Services – Adult	Dental PAHP or Traditional State-Managed FFS	Remove



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Add	Tobacco Cessation 5-As Counseling 5-As Counseling – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	PCCM/PCMH Service Delivery Model	Traditional State-Managed FFS	Remove

MCO service delivery is provided on less than a statewide basis.

MCO Participation Exclusions

Individuals are excluded from MCO participation in the Alternative Benefit Plan:

Select all that apply:

- Individuals with other medical insurance.
- Individuals eligible for less than three months.
- Individuals in a retroactive period of Medicaid eligibility.
- Other:

General MCO Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- Mandatory participation.
- Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in MCOs:

Expansion adults will be mandatorily enrolled with a medical MCE; however, American Indian/Alaskan Native (AI/AN) expansion adults will have the option to voluntarily enroll in the SoonerSelect Medical program through an opt-in process.

Expansion adults will have sixty (60) days to select a medical MCE prior to the start of coverage under the SoonerSelect Medical program. Subsequent to program implementation, expansion adults will have an opportunity to select a medical MCE on their application. Expansion adults who do not make an election within the allowed timeframe will be automatically assigned to a medical MCE.

Expansion adults who apply within the first (1st) day of the month through the fifteenth (15th) day of the month will be enrolled effective on the first (1st) day of the following month. Expansion adults who select or are assigned to a dental PAHP on the sixteenth (16th) day of the month through the last day of the month will be enrolled effective on the first day of the second following month.

Expansion adults may change their assigned medical MCE within ninety (90) days of enrollment or ninety (90) days within receiving notification of enrollment, whichever is later and may also change their medical MCE during the annual open enrollment period.

A medical MCE may not refuse an assignment or seek to disenroll an enrollee or otherwise discriminate against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability and may not use any policy or practice that has the effect of discriminating on the basis of race, color or national origin, sex, sexual orientation, gender identity, or disability. A medical MCE may not discriminate against an enrollee in enrollment, disenrollment, or re-enrollment on the basis of expectations that the individual will require frequent or high-cost care, or on the basis of health status or need for health care services or due to an adverse change in the individual's health.

Individuals during a period of presumptive eligibility are excluded from MCO enrollment.



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Individuals that remain enrolled due to the continuous enrollment and maintenance of effort (MOE) requirement of Section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) are excluded from MCO enrollment.

Populations excluded from this ABP and MCO enrollment include: Medicare dual eligible individuals; Individuals enrolled in the Medicare Savings Program; individuals determined eligible for Medicaid on the basis of age, blindness, or disability; Medicaid beneficiaries who reside in nursing facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), with the exception of beneficiaries with a pending level of care determination; participants of a in Home and Community Based Services (HCBS) Waiver program; individuals infected with tuberculosis eligible for tuberculosis-related services under 42 C.F.R. § 435.21; individuals determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer under 42 C.F.R. § 435.213; undocumented persons eligible for Emergency Services only in accordance with 42 C.F.R. § 435.139; Insure Oklahoma Employee Sponsored Insurance (ESI) dependent Children in accordance with the Oklahoma Title XXI Children’s Health Insurance Program (CHIP) State Plan; and Individuals within the Title XIX Soon-to-be-Sooners Separate CHIP (STBS S-CHIP) program.

Revised within TN-23-0007, effective 04/01/23

Additional Information: MCO (Optional)

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

PAHP: Prepaid Ambulatory Health Plan

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

No

The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

PAHP Procurement or Selection Method

Indicate the method used to select PAHPs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

Describe the method used by the state/territory to procure or select the PAHPs:

Other PAHP-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the PAHP.

Yes

List the benefits or services that will be provided apart from the PAHP, and explain how they will be provided. Add as many rows as needed.

Add	Benefit/service	Description of how the benefit/service will be provided	Remove
Add	Primary Care Visits to Treat Injury or Illness	MCO or Traditional State-Managed FFS	Remove
Add	Specialty Visits	MCO or Traditional State-Managed FFS	Remove
Add	Other Practitioner Office Visits	MCO or Traditional State-Managed FFS	Remove



Alternative Benefit Plan

Add	Outpatient Facility (ambulatory surgery ctr)	MCO or Traditional State-Managed FFS	Remove
Add	Dialysis	MCO or Traditional State-Managed FFS	Remove
Add	Allergy Testing	MCO or Traditional State-Managed FFS	Remove
Add	Chemotherapy	MCO or Traditional State-Managed FFS	Remove
Add	Radiation	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Surgery Physician/Surgical Services	MCO or Traditional State-Managed FFS	Remove
Add	Hospice	MCO or Traditional State-Managed FFS	Remove
Add	Emergency Room Services	MCO or Traditional State-Managed FFS	Remove
Add	Emergency Transportation/Ambulance	MCO or Traditional State-Managed FFS	Remove
Add	Urgent Care Center	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Hospital Services (Inpatient Stay)	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Physician & Surgical Services	MCO or Traditional State-Managed FFS	Remove
Add	Organ Transplants	MCO or Traditional State-Managed FFS	Remove
Add	Reconstructive Surgery	MCO or Traditional State-Managed FFS	Remove
Add	Prenatal & Postnatal care	MCO or Traditional State-Managed FFS	Remove
Add	Delivery & Inpatient Services for Maternity Care	MCO or Traditional State-Managed FFS	Remove
Add	Mental/Behavioral Health Outpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Mental/Behavioral Health Inpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Substance Use Disorder Outpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Substance Use Disorder Inpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Prescription drugs	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Rehabilitation Services	MCO or Traditional State-Managed FFS	Remove



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Add	Home Health	MCO or Traditional State-Managed FFS	Remove
Add	Durable Medical Equipment	MCO or Traditional State-Managed FFS	Remove
Add	Prosthetic Devices	MCO or Traditional State-Managed FFS	Remove
Add	Orthotic Devices	MCO or Traditional State-Managed FFS	Remove
Add	Habilitation Services	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Rehab Hospital	MCO or Traditional State-Managed FFS	Remove
Add	Imaging (CT/PET scans, MRIs)	MCO or Traditional State-Managed FFS	Remove
Add	Laboratory Outpatient & Professional Services	MCO or Traditional State-Managed FFS	Remove
Add	X-rays & Diagnostic Imaging	MCO or Traditional State-Managed FFS	Remove
Add	Diabetes Education	MCO or Traditional State-Managed FFS	Remove
Add	Preventive Care/Screening/ Immunization	MCO or Traditional State-Managed FFS	Remove
Add	Nutritional Services	MCO or Traditional State-Managed FFS	Remove
Add	State Plan EPSDT Benefits	MCO or Traditional State-Managed FFS	Remove
Add	Nursing facility services	MCO (for up to 60 days pending a level of care determination) or Traditional State-Managed FFS	Remove
Add	Family planning	MCO or Traditional State-Managed FFS	Remove
Add	Bariatric Surgery	MCO or Traditional State-Managed FFS	Remove
Add	Non-emergency transportation	MCO or Traditional State-Managed FFS	Remove
Add	Podiatric services	MCO or Traditional State-Managed FFS	Remove
Add	Eye care to treat a medical or surgical condition	MCO or Traditional State-Managed FFS	Remove
Add	Meals and Lodging	MCO or Traditional State-Managed FFS	Remove
Add	Personal Care Services	MCO or Traditional State-Managed FFS	Remove
Add	Medication-Assisted Treatment Services	MCO or Traditional State-Managed FFS	Remove



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Add	Infusion Therapy	MCO or Traditional State-Managed FFS	Remove
Add	PCCM/PCMH Service Delivery Model	MCO or Traditional State-Managed FFS	Remove
Add	ICF/IID services	MCO (for up to 60 days pending a level of care determination) or Traditional State-Managed FFS	Remove
Add	Alternative Treatment for Pain Management	MCO or Traditional State-Managed FFS	Remove
Add	Routine Patient Cost in Qualifying Clinical Trials	MCO or Traditional State-Managed FFS	Remove

PAHP service delivery is provided on less than a statewide basis.

PAHP Participation Exclusions

Individuals are excluded from PAHP participation in the Alternative Benefit Plan:

Select all that apply:

- Individuals with other medical insurance.
- Individuals eligible for less than three months.
- Individuals in a retroactive period of Medicaid eligibility.
- Other:

General PAHP Participation Requirements

Indicate if participation in the managed care is mandatory or voluntary:

- Mandatory participation.
- Voluntary participation. Indicate the method for effectuating enrollment:

Describe method of enrollment in PAHPs:

Expansion adults will be mandatorily enrolled with a dental PAHP; however, American Indian/Alaskan Native (AI/AN) expansion adults will have the option to voluntarily enroll in the SoonerSelect Dental program through an opt-in process.

Expansion adults will have sixty (60) days to select a dental PAHP prior to the start of coverage under the SoonerSelect Dental program. Subsequent to program implementation, expansion adults will have an opportunity to select a CE on their application. Expansion adults who do not make an election within the allowed timeframe will be automatically assigned to a dental PAHP.

Expansion adults who applies within the first (1st) day of the month through the fifteenth (15th) day of the month will be enrolled effective on the first (1st) day of the following month. Expansion adults who select or are assigned to a dental PAHP on the sixteenth (16th) day of the month through the last day of the month will be enrolled effective on the first day of the second following month.

Expansion adults may change their assigned dental PAHP within ninety (90) days of enrollment or ninety (90) days within receiving notification of enrollment, whichever is later and may also change their dental PAHP during the annual open enrollment period.

A dental PAHP may not refuse an assignment or seek to disenroll an enrollee or otherwise discriminate against individuals eligible to enroll on the basis of race, color, national origin, sex, sexual orientation, gender identity, or disability and may not use any policy or practice that has the effect of discriminating on the basis of race, color or national origin, sex, sexual orientation, gender identity, or disability. A dental PAHP may not discriminate against an enrollee in enrollment, disenrollment, or re-enrollment on the basis of



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expectations that the individual will require frequent or high-cost care, or on the basis of health status or need for health care services or due to an adverse change in the individual's health.

Individuals during a period of presumptive eligibility are excluded from PAHP enrollment.

Individuals that remain enrolled due to the continuous enrollment and maintenance of effort (MOE) requirement of Section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) are excluded from PAHP enrollment.

Populations excluded from this ABP and PAHP enrollment include: Medicare dual eligible individuals; Individuals enrolled in the Medicare Savings Program; individuals determined eligible for Medicaid on the basis of age, blindness, or disability; Medicaid beneficiaries who reside in nursing facilities (NF) or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), with the exception of beneficiaries with a pending level of care determination; participants of a in Home and Community Based Services (HCBS) Waiver program; individuals infected with tuberculosis eligible for tuberculosis-related services under 42 C.F.R. § 435.21; individuals determined eligible for SoonerCare on the basis of needing treatment for breast or cervical cancer under 42 C.F.R. § 435.213; undocumented persons eligible for Emergency Services only in accordance with 42 C.F.R. § 435.139; Insure Oklahoma Employee Sponsored Insurance (ESI) dependent Children in accordance with the Oklahoma Title XXI Children's Health Insurance Program (CHIP) State Plan; and Individuals within the Title XIX Soon-to-be-Sooners Separate CHIP (STBS S-CHIP) program.

Revised within TN-23-0007, effective 02/01/23

Additional Information: PAHP (Optional)

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

The State is seeking to establish the PAHP delivery model for the provision of dental services. Medical services will continue to be provided via the traditional state-managed fee-for-service delivery system.

Revised within TN-23-0007, effective 02/01/23

PCCM: Primary Care Case Management

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

No

The Alternative Benefit Plan will be provided through primary care case management (PCCM) consistent with applicable managed care requirements (42 CFR Part 438, section 1903(m) of the Social Security Act, and section 1932 of the Social Security Act).

PCCM Procurement or Selection Method

Indicate the method used to select PCCMs:

- Competitive procurement method (RFP, RFA).
- Other procurement/selection method.

Describe the method used by the state/territory to procure or select the PCCMs:

Primary care case managers (PCCM) contract directly with the State as primary care providers to furnish case management services to AI/AN expansion adult members who do not opt-in to managed care.

Revised within TN-23-0007, effective 02/01/23

Other PCCM-Based Service Delivery System Characteristics

One or more of the Alternative Benefit Plan benefits or services will be provided apart from the PCCM.

Yes



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List the benefits or services that will be provided apart from the PCCM, and explain how they will be provided. Add as many rows as needed.

Add	Benefit/service	Description of how the benefit/service will be provided	Remove
Add	Primary Care Visits to Treat Injury or Illness	MCO or Traditional State-Managed FFS	Remove
Add	Specialty Visits	MCO or Traditional State-Managed FFS	Remove
Add	Other Practitioner Office Visits	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Facility (ambulatory surgery ctr)	MCO or Traditional State-Managed FFS	Remove
Add	Dialysis	MCO or Traditional State-Managed FFS	Remove
Add	Allergy Testing	MCO or Traditional State-Managed FFS	Remove
Add	Chemotherapy	MCO or Traditional State-Managed FFS	Remove
Add	Radiation	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Surgery Physician/Surgical Services	MCO or Traditional State-Managed FFS	Remove
Add	Hospice	MCO or Traditional State-Managed FFS	Remove
Add	Emergency Room Services	MCO or Traditional State-Managed FFS	Remove
Add	Emergency Transportation/Ambulance	MCO or Traditional State-Managed FFS	Remove
Add	Urgent Care Center	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Hospital Services (Inpatient Stay)	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Physician & Surgical Services	MCO or Traditional State-Managed FFS	Remove
Add	Organ Transplants	MCO or Traditional State-Managed FFS	Remove
Add	Reconstructive Surgery	MCO or Traditional State-Managed FFS	Remove
Add	Prenatal & Postnatal care	MCO or Traditional State-Managed FFS	Remove
Add	Delivery & Inpatient Services for Maternity Care	MCO or Traditional State-Managed FFS	Remove
Add	Mental/Behavioral Health Outpatient Services	MCO or Traditional State-Managed FFS	Remove



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Add	Mental/Behavioral Health Inpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Substance Use Disorder Outpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Substance Use Disorder Inpatient Services	MCO or Traditional State-Managed FFS	Remove
Add	Prescription drugs	MCO or Traditional State-Managed FFS	Remove
Add	Outpatient Rehabilitation Services	MCO or Traditional State-Managed FFS	Remove
Add	Home Health	MCO or Traditional State-Managed FFS	Remove
Add	Durable Medical Equipment	MCO or Traditional State-Managed FFS	Remove
Add	Prosthetic Devices	MCO or Traditional State-Managed FFS	Remove
Add	Orthotic Devices	MCO or Traditional State-Managed FFS	Remove
Add	Habilitation Services	MCO or Traditional State-Managed FFS	Remove
Add	Inpatient Rehab Hospital	MCO or Traditional State-Managed FFS	Remove
Add	Imaging (CT/PET scans, MRIs)	MCO or Traditional State-Managed FFS	Remove
Add	Laboratory Outpatient & Professional Services	MCO or Traditional State-Managed FFS	Remove
Add	X-rays & Diagnostic Imaging	MCO or Traditional State-Managed FFS	Remove
Add	Diabetes Education	MCO or Traditional State-Managed FFS	Remove
Add	Preventive Care/Screening/Immunization	MCO or Traditional State-Managed FFS	Remove
Add	Nutritional Services	MCO or Traditional State-Managed FFS	Remove
Add	State Plan EPSDT Benefits	MCO or Traditional State-Managed FFS	Remove
Add	Nursing facility services	MCO (for up to 60 days pending a level of care determination) or Traditional State-Managed Fee-For-Service	Remove
Add	Family planning	MCO or Traditional State-Managed FFS	Remove
Add	Bariatric Surgery	MCO or Traditional State-Managed FFS	Remove
Add	Non-emergency transportation	MCO or Traditional State-Managed FFS	Remove



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Add	Podiatric services	MCO or Traditional State-Managed FFS	Remove
Add	Eye care to treat a medical or surgical condition	MCO or Traditional State-Managed FFS	Remove
Add	Meals and Lodging	MCO or Traditional State-Managed FFS	Remove
Add	Personal Care Services	MCO or Traditional State-Managed FFS	Remove
Add	Medication-Assisted Treatment Services	MCO or Traditional State-Managed FFS	Remove
Add	Infusion Therapy	MCO or Traditional State-Managed FFS	Remove
Add	ICF/IID services	MCO (for up to 60 days pending a level of care determination) or Traditional State-Managed Fee-For-Service	Remove
Add	Alternative Treatment for Pain Management	MCO or Traditional State-Managed FFS	Remove
Add	Routine Patient Cost in Qualifying Clinical Trials	MCO or Traditional State-Managed FFS	Remove
Add	Orthodontia – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Major Dental Care – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Tobacco Cessation 5-As Counseling 5-As Counseling – Child	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Medically Necessary Extractions – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Diagnostic Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Preventive Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Restorative Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Non-surgical Periodontal Therapy – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Removable Prosthetics Dental – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Outpatient Surgery Dentist/Surgical Services – Adult	Dental PAHP or Traditional State-Managed FFS	Remove
Add	Tobacco Cessation 5-As Counseling 5-As Counseling – Adult	Dental PAHP or Traditional State-Managed FFS	Remove

PCCM service delivery is provided on less than a statewide basis.

PCCM Payments



Alternative Benefit Plan

Specify how payment for services is handled:

- Per member/per month case management fee paid to PCCM provider.
- Other:

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.

With the exception of medical services provided by medical MCOs and dental services provided by dental PAHPs, the 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.

Revised within TN-23-0007, effective 02/01/23

Additional Information: Fee-For-Service (Optional)

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

PRA Disclosure Statement

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

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