Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

	ansmittal I		90 where ST= the state abbreviation, i eros. The dashes must also be entered	
Proposed Effective I	Date			
01/01/2014		(mm/d d/yyyy)		
Federal Statute/Reg	ulation C	Citation		
Section 1937 of	the Socia	al Security Act		
Federal Budget Imp		l Fiscal Year	Amount	
First Year	2014		MARKON MA	
Second Year		\$ 11200.00		
	eview or's office ots of Gov	reported no comment vernor's office received		

	s specifie	within 45 days of submittal		, A
Signature of State A	gonav Ot	Ff. i.o.l		
Submitted By:	•	Theresa Gonz	nles	
Last Revision		Mar 17, 2014	iies	
Submit Date:		Mar 17, 2014		
		·		



	•	OMB Control Number: 0938-1148
Attachment 3.1-C-		OMB Expiration date: 10/31/2014
Alternative Benefit Plan Populations		ABP1
Identify and define the population that will part	icipate in the Alternative Benefit Plan.	
Alternative Benefit Plan Population Name:	New Adult Group	
targeting criteria used to further define the popular		contain individuals that meet any
Eligibility Groups Included in the Alternative B	enefit Plan Population:	
	Eligibility Group:	Enrollment is mandatory or voluntary?
+ Adult Group		Mandatory X
Enrollment is available for all individuals in the	ese eligibility group(s).	
Geographic Area		
The Alternative Benefit Plan population will inc	·	Yes

PRA Disclosure Statement

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V.20130917



Attachment 3.1-C- OMB Control Number: 0938-1148
OMB Expiration date: 10/31/2014

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) (i)(VIII) of the Act

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

ABP2a

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

The State has a rich benefit package and has served adults 19-64 since 2000. The majority of base bench mark benefits are a duplication of benefits that exist in the current state plan. Benefits provided by the base bench mark plan that are not included in the state plan were substituted for state plan benefits not provided by the base bench mark plan. The EHB categories where substitution occurred met the standard of actuarial equivalence.

PRA Disclosure Statement

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V.20130917



OMB Control Number: 0938-1148 Attachment 3.1-C-OMB Expiration date: 10/31/2014 Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3 Select one of the following: C The state/territory is amending one existing benefit package for the population defined in Section 1. The state/territory is creating a single new benefit package for the population defined in Section 1. AHCCCS ABP Name of benefit package: Selection of the Section 1937 Coverage Option The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one): Benchmark Benefit Package. C Benchmark-Equivalent Benefit Package. The state/territory will provide the following Benchmark Benefit Package (check one that applies): The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP). C State employee coverage that is offered and generally available to state employees (State Employee Coverage): A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO): Secretary-Approved Coverage. • The state/territory offers benefits based on the approved state plan. The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages. The state/territory offers the benefits provided in the approved state plan. Benefits include all those provided in the approved state plan plus additional benefits. C Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope. C The state/territory offers only a partial list of benefits provided in the approved state plan. The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits. Please briefly identify the benefits, the source of benefits and any limitations:

Please refer to ABP5 for the source of benefits and a description of limitations.

services authorized in the currently approved Medicaid state plan.

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart

2. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of

Assurances:

found in ABP5.



different eligibility categories within the AHCCCS program.

Alternative Benefit Plan

Selection of Base Benchmark Plan
The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.
The Base Benchmark Plan is the same as the Section 1937 Coverage option. No
Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:
C Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
• Any of the largest three state employee health benefit plans by enrollment.
Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
C Largest insured commercial non-Medicaid HMO.
Plan name: AHCCCS ABP
Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):
Please refer to ABP5 for a comparison of benefits. Arizona will provide the New Adult Group with the full set of Medicaid benefits provided to the State's categorically eligible population. This approach will help minimize disruptions for individuals who move among

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V.20130801



	OMB Control Number: 0938-1148
Attachment 3.1-L-	OMB Expiration date: 10/31/2014
Alternative Benefit Plan Cost-Sharing	ABP4
Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.	
Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise decost sharing must comply with Section 1916 of the Social Security Act.	scribed in the state plan. Any such
The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other Attachment 4.18-A.	r than that described in No
Other Information Related to Cost Sharing Requirements (optional):	

PRA Disclosure Statement

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V.20131219



_	OMB Control Number: 0938-1148
Attachment 3.1-C-	OMB Expiration date: 10/31/2014
Benefits Description	ABP5
The state/territory proposes a "Benchmark-Equivalent" benefit package. No	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
United Health Care EPO	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved "Secretary-Approved."	d. Otherwise, enter
Secretary-Approved	
	<u> </u>



Essential Health Benefit 1: Ambulatory patient se	rvices	Collapse All
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, includenchmark plan:	uding the specific name of the source plan if it is n	not the base
Benefit Provided:	Source:	
Family Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, includenchmark plan:	uding the specific name of the source plan if it is n	ot the base
Benefit Provided:	Source:	
Hospice Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
Same as Medicare	Same as Medicare	
Scope Limit:		
Same as Medicare As required by section 2	302 of the Affordable Care Act, individuals less	



benchmark plan:		Remove
Benefit Provided:	Source:	
Outpatient hospital services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Outpatient hospital services are services ordinarily health care facilities by licensed health care provid		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Transportation: Non-Emergency	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Non-emergency ambulance transportation is availa treatment is being provided. Trips that exceed 100	ble for transport to and from facilities where medical miles require prior authorization	
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	S	
Clinic Services: Non-Urgent	Source:	
	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	



No Limit		Remove
,	cluding the specific name of the source plan if it is not the base	
benchmark plan:		
Benefit Provided:	Source:	
Home health services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Home health services meet the requirement	ts of 42 CFR 440.70.	
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
benchmark plan:	cluding the specific name of the source plan if it is not the base	
benchmark plan: Benefit Provided:	Source:	
benchmark plan: Benefit Provided:		Remove
benchmark plan:	Source:	Remove
benchmark plan: Benefit Provided: Med/surg services furnished by a dentist	Source: State Plan 1905(a)	Remove
benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization: None Amount Limit: No Limit Scope Limit: Services not covered by this benefit: dental	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benchmark plan: Benefit Provided: Med/surg services furnished by a dentist Authorization: None Amount Limit: No Limit Scope Limit: Services not covered by this benefit: dental crowns and fillings and extractions, pulpote dentures.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit I cleanings, routine dental exams, dental restorations including	Remove



Essential Health Benefit 2: Emergency services		Collapse All
Benefit Provided:	Source:	
Transportation: Emergency Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
	defined in the Medicaid State Plan including point of or obstacles to get person to nearest hospital, medical	
Other information regarding this benefit, includ benchmark plan:	ing the specific name of the source plan if it is not the bas	e
Benefit Provided:	Source:	
Clinic Services: Urgent and Emergent Care	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limits		
Other information regarding this benefit, includ benchmark plan:	ing the specific name of the source plan if it is not the bas	e
Benefit Provided:	Source:	
Outpatient Hospital: Emergency Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		



benchmark plan:	Remov
For EHB purposes this service includes urgent care that may be non-emergent, but is determined in accordance with AHCCCS to require prompt medical attention.	
	Add



Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	-
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Inpatient hospital services include services in inpersons < 21 years in accordance with 42 CFR 4	patient psychiatric facilities, provided to EPSDT eligible 41.150.	
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	-
	for evaluation or treatment of conditions that cannot be ned by the Medicaid state plan. This benefit includes Language Disorder Services for members 21+	
Benefit Provided:	Source:	
Organ Transplant Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
	s for persons 21+:Pancreas only transplants,Partial ints,Intestine transplants (Visceral), Any transplant not	
Other information regarding this benefit, including benchmark plan:	ng the specific name of the source plan if it is not the base	 1
Medically necessary transplant services meeting investigational organ or tissue transplants are ava	nationally recognized criteria for non-experimental,non- ilable to AHCCCS members.	
Benefit Provided:	Source:	
	1007()	
Nursing Facility Services: Sub Acute or Rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization:	Provider Qualifications:	



Nursing facility services are provided under acute hospitalization would be necessary if nursing facilities.		Remove
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Non Emergency Transportation- In-Patient Only	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Non-emergency ambulance transportation is avaitreatment is being provided.	lable for transport to and from facilities where medical	
Non-emergency transportation is only for in-patie	ent services.	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Trips that exceed 100 miles require prior authorization	ation	
		Add



Essential Health Benefit 4: Maternity and newborn	n care	Collapse All
Benefit Provided:	Source:	
Extended Services for Pregnant Woman	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, inclubenchmark plan:	uding the specific name of the source plan if it is not	the base
Benefit Provided:	Source:	
Nurse-Midwife	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limits		
Other information regarding this benefit, inclubenchmark plan:	uding the specific name of the source plan if it is not	the base
Benefit Provided:	Source:	
Inpatient Hospital: Maternity	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		



benchmark plan:		Remove
Benefit Provided:	Source:	
Physician: Maternity	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, benchmark plan:	including the specific name of the source plan if it is not the base	
		Add



Benefit Provided:	Source:	
Rehab: Inv, Grp &/or Family Therapy and Counseling	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
BHT's are limited to providing this service under an	ADHS/DBHS licensed agency.	
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base]
 Benefit Provided:	Source:	
Inpatient Hospital: Mental Health Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	,
No Limit	No Limit	
Scope Limit:		_
Not IMD Facilities. 'The IMD payment exclusion ap	plies'	
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Inpatient Hospital:Substance Abuse Detoxification	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	-
No Limit	No Limt]
Scope Limit:	J (
Not IMD Facilities. The IMD payment exclusion ap	plies']



benchmark plan:		Remove
Benefit Provided:	Source:	
Outpatient Hospital: Mental Health Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	•
No Limit	No Limit	
Scope Limit:		-
Not IMD Facilities		
benchmark plan:		
Benefit Provided:	Source:	Pamova
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation	State Plan 1905(a)	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization:	State Plan 1905(a) Provider Qualifications:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None	State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit:	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit: No Limit	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit: No Limit Scope Limit: Not IMD Facilities	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit: No Limit Scope Limit: Not IMD Facilities Other information regarding this benefit, including the second s	State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit	Remove



Essential Health Benefit 6: Prescription drugs		
Benefit Provided:		
Coverage is at least the greater of one drug in each same number of prescription drugs in each categor	• •	, , ,
Prescription Drug Limits (Check all that apply.):	Authorization:	Provider Qualifications:
Limit on days supply	No	State licensed
Limit on number of prescriptions		
☐ Limit on brand drugs		
Other coverage limits		
Preferred drug list		
Coverage that exceeds the minimum requirements	or other:	
The State will provide the same prescription drug population.	coverage as provided	to the traditional Medicaid



Essential Health Benefit 7: Rehabilitative and habilitative	e services and devices	Collapse All
Benefit Provided:	Source:	
Physical therapy	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
30 Outpatient Visits	Per Year	
Scope Limit:		
Out-patient physical therapy is limited to 15 visits p visits per contract year for habilitative purposes.	per contract year for rehabilitative purposes and 15	
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	_
The Physical Therapy benefit includes 15 visits per of year habilitation services.	contact year for rehabilitation and 15 visits per contrac	t
Benefit Provided:	Source:	
Prosthetic Devices	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
See Other Information		
Other information regarding this benefit, including the benchmark plan:	he specific name of the source plan if it is not the base	_
Covered prosthetic devices for members 21 and olde percussive vests, microprocessors for controlled join controlled joints for the lower limbs penile implants	its for the lower limbs, in addition to microprocessor-	
Benefit Provided:	Source:	
Medical supplies, equipment & appliances for home	State Plan 1905(a)	
A .1	Provider Qualifications:	
Authorization:	1 Tovider Qualifications.	
None	Medicaid State Plan	



unless needed to treat a medical condition. Other information regarding this benefit, including	the specific name of the source plan if it is not the base	
benchmark plan:	the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Rehab: Psychosocial Rehabilitation	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
ID -b -b ilia-ai C i 4 - 4b i - 1 1 4 lii		
	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Medicaid State Plan	
promote the maximum reduction of behavioral heal her best age appropriate functional level for the pulindependently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
promote the maximum reduction of behavioral heather best age appropriate functional level for the puindependently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	
promote the maximum reduction of behavioral heal her best age appropriate functional level for the pulindependently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
promote the maximum reduction of behavioral healther best age appropriate functional level for the pulindependently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None Amount Limit: No Limits Scope Limit: HCTC services can only be provided for no more licensed by ADHS/OBHL or home licensed by feahHCCCS that they meet equivalent requirements.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits than three adults in an Adult Therapeutic Foster Home derally recognized Indian tribes that attest to CMS via	
promote the maximum reduction of behavioral healther best age appropriate functional level for the pulindependently and function in the community. Benefit Provided: Rehab: Home Care Training to Home Care Client Authorization: None Amount Limit: No Limits Scope Limit: HCTC services can only be provided for no more licensed by ADHS/OBHL or home licensed by feahlects that they meet equivalent requirements.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits than three adults in an Adult Therapeutic Foster Home derally recognized Indian tribes that attest to CMS via	



· L		Remove
Benefit Provided:	Source:	
Rehab: Supported Employment Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
BHT's and BHPP's are limited to providing the Certified Community Service Agency.	nis service under an ADHS/OBHL licensed agency or a State	
Other information regarding this benefit, inclubenchmark plan:	ading the specific name of the source plan if it is not the base	
	ated symptoms, facilitate recovery from mental illness; assist	
environmental supports.	encies, and to aid members to establish and navigate	
environmental supports. Benefit Provided:		
environmental supports.	encies, and to aid members to establish and navigate	Remove
environmental supports. Benefit Provided:	Source:	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion	Source: State Plan 1905(a)	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit: No Limits Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit: No Limits Scope Limit: BHT's and BHPP's are limited to providing the Certified Community Service Agency.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit: No Limits Scope Limit: BHT's and BHPP's are limited to providing the Certified Community Service Agency. Other information regarding this benefit, inclubenchmark plan: Education and training provided to a group of treatment plan on health related topics such as	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits his service under an ADHS/OBHL licensed agency or a State	Remove



Benefit Provided:	Source:	
Other laboratory and x-ray services.	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
See Other Information		
Other information regarding this benefit, incohenchmark plan:	cluding the specific name of the source plan if it is not the base	
	vices. Genetic testing is not covered unless the result of the etween treatment options. Genetic testing is not covered to when such determination would not definitively alter the	
1-		



Benefit Provided:	Source:	
Preventative Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, includenchmark plan:	duding the specific name of the source plan if it is not the base	:
preventive services for women recommended	HRSA's Bright Futures program/project; and additional	
benefit.		
Benefit Provided:	Source:	
Benefit Provided: Screening Services	Source: State Plan 1905(a)	Remove
Benefit Provided: Screening Services Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
Benefit Provided: Screening Services	Source: State Plan 1905(a)	Remove
Benefit Provided: Screening Services Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Screening Services Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit Scope Limit: No Limit	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit Scope Limit: No Limit Other information regarding this benefit, includenchmark plan: "A" and "B" services recommended by the U Committee for Immunization Practices (ACII infants, children and adults recommended by	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit	
Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit Scope Limit: No Limit Other information regarding this benefit, includenchmark plan: "A" and "B" services recommended by the U Committee for Immunization Practices (ACD infants, children and adults recommended by preventive services for women recommended	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit No Limit uding the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the source plan if it is not the base with the specific name of the specific name	



Authorization:	Provider Qualifications:	
None	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Services provided by persons who have been consum- least 18 years old.	ners of the behavioral health system and who are at	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Peer support may involve assistance with more effect assisting with developing plans of care, accessing sup service barriers or assisting the member to understand coaching, role modeling and mentoring.	ports, partnering with professionals, overcoming	
Benefit Provided:	Source:	
Rehab Services: Family Support/Home Care Training	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
These services include face to face interactions with a enhancement, or maintenance of the family functioning care for the member in the home and community whe involve support activities such as assisting the family to effectively interact and/or manage the member, unchealth issues, understanding and effectively utilizing to member.	n relevant to the member's treatment plan. May to adjust to the member's disability, developing skills derstanding the causes and treatment of behavioral	
Benefit Provided:	Source:	
Rehab Services Living Skills Training	State Plan 1905(a)	
Authorization:	Provider Qualifications:	



Amount Limit:	Duration Limit:	
No Limit	No Limit	Remove
Scope Limit:		
No Limit		
Other information regarding this bene benchmark plan:	fit, including the specific name of the source plan if it is not the b	ase
appropriate independent living, social	storation, enhancement, maintenance, and assistance in obtaining and communication skills to members and/or their families in or we and participate in the community and to function independently	der
enefit Provided:	Source:	
espite	Secretary-Approved Other	Remove
Authorization:	Provider Qualifications:	
None	Other	
Amount Limit:	Duration Limit:	
600 hours	per year	
Scope Limit:		
No Limit		
benchmark plan:	fit, including the specific name of the source plan if it is not the b the 1115 Research and Demonstration Waiver for the Arizona	ase
enefit Provided:	Source:	
ase Management	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	<u> </u>
None	Other	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Scope Limit: No Limit		



nefit Provided:	Source:	1
ner practitioners' srvs:Other practitioners' srv	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		1
No Limit		
Other information regarding this benefit, includin benchmark plan:	g the specific name of the source plan if it is not the base	
Other practitioners' services provided by:		
I. Respiratory Therapists		
ii. Certified Nurse Practitioners		
iii. Certified Registered Nurse Anesthetists		
iv. Non-physician First Surgical Assistants and Pl v. Licensed midwives within the limitations provi		
and Procedures	ided in the Aricces policy	
vi. Licensed affiliated practice dental hygienists p	racticing within the scope of	
Arizona's state practice act.	ractioning within the scope of	
vii. Licensed Pharmacists employed by an AHCC	CCS-registered pharmacy and	
acting within the scope of their practice may adm		
pneumococcal vaccines and anaphylaxis agents.		
viii. Non-physician behavioral health professiona		
provided by the following state-licensed practition		
assistants, psychologists, counselors, registered no		
marriage and family therapists, and substance abu	ise counselors.	
Other practitioners' services: Other practitioners'	services	
		Add

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Essential Health Benefit 10: Pediatric services in	cluding oral and vision care	Collapse All
Benefit Provided:	Source:	
Medicaid State Plan EPSDT Benefits	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
Only provided to individuals under 21 year	s of age	
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
	at correct or ameliorate physical and mental defects, conditions ocess when those services fall within the optional and	,



Other Covered Benefits from Base Benchmark	Collapse All



X	Base Benchmark Benefits Not Covered due to Substitution	n or Duplication	Collapse All
	Base Benchmark Benefit that was Substituted:	Source:	
	Physician Services- Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		_
	Physician Services for diagnostic and treatment servi EHB category. The services are a duplication of phys		
	Base Benchmark Benefit that was Substituted:	Source:	
	Family Planning Services-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indesection 1937 benchmark benefit(s) included above un		_
	Family Planning Services for contraception and volume patient services' EHB category. The services are a duindividuals of child bearing age from the existing states.	plication of family planning services and supplies for	
-	Base Benchmark Benefit that was Substituted:	Source:	
	Hospice Services-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un	ication, including indicating the substituted benefit(s) or the duplicate t(s) included above under Essential Health Benefits:	
	Hospice Services that meet the physical, psychologic their families were mapped to the 'ambulatory patient duplication of hospice care from the existing state Mo	services' EHB category. The services are a	
	Base Benchmark Benefit that was Substituted:	Source:	
	Ambulance Services-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
	Ambulance Services to/from an appropriate provider facility transfer were mapped to the 'emergency servi transportation: emergency services and transportation Medicaid plan.	ces' EHB category. The services are a duplication of	
	Base Benchmark Benefit that was Substituted:	Source:	
	Urgent Care-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		_
	Urgent Care for the medical, surgical, hospital and re emergency services were bundled, along with emerge EHB category. The services are a duplication of clini	ency services and mapped to the 'emergency services'	



Base Benchmark Benefit that was Substituted:	Source:	
Emergency Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
symptoms were bundled, along with urgent care and	or behavioral conditions that manifests itself by acute mapped to the 'emergency services' EHB category. hospital:emergency hospital services from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Hospital Services- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	- · · · · · · · · · · · · · · · · · · ·	
Inpatient hospital services for services that cannot be another Participating Health Care Facility were mappare a duplication of inpatient hospital from the existing	ped to the 'hospitalization' EHB category. The services	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Facility Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Outpatient facility services for services provided on a patient services' EHB category. The services are a duexisting state Medicaid plan.	an outpatient basis were mapped to the 'ambulatory	
Base Benchmark Benefit that was Substituted:	Source:	
Organ Transplant Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
	ly transplants) for the transplant of human organs and gory. The services are a duplication of organ transplant	
Base Benchmark Benefit that was Substituted: Subacute Care-Duplication	Source: Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up	•	ACOMICYO
	ased skilled nursing facilities and free standing skilled	



Base Benchmark Benefit that was Substituted:	Source:	
Maternity Care Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Maternity care services include medical, surgical and delivery and during the postpartum period were map The services are a duplication of extended services for plan.	ped to the 'maternity and newborn care' EHB category.	
Base Benchmark Benefit that was Substituted:	Source:	
Prenatal Care and Program Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
	surgical and hospital care for the term of the pregnancy IB category. The services are a duplication of extended Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Midwife Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Midwife services provided by a certified midwife we category. The services are a duplication of nurse-mid		
Base Benchmark Benefit that was Substituted:	Source:	
Cosmetic Surgery-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Cosmetic Surgery for reconstructive surgery that condiagnosed services required for the prompt repair of EHB category. The service is a duplication of inpatie plan.	accidental injury was mapped to the 'hospitalization'	
Base Benchmark Benefit that was Substituted:	Source:	
Bariatric Surgery -Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Bariatric Surgery for individuals with a BMI > 35, at were previously unsuccessful with medical treatment category. The service is a duplication of inpatient hos	for obesity was mapped to the 'hospitalization' EHB	



Base Benchmark Benefit that was Substituted:	Source:	
Breast Reconstruction and Prostheses-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
	ng a mastectomy were mapped to the 'hospitalization' attient hospital services and prosthetics from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Mental Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Inpatient Mental Health Services provided by a partimental health during an inpatient stay were mapped services/behavioral health treatment EHB category. mental health services from the existing state Medica	to the 'mental health and substance abuse disorder The services are a duplication of inpatient hospital:	·
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Mental Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
mental health on an outpatient basis in an individual, mapped to the 'mental health and substance abuse dis		
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient SA Rehabilitation Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
and diagnosis of abuse or addiction to alcohol and/or		
Base Benchmark Benefit that was Substituted:	Source:	
Residential MH/SA Treatment Services-Duplication	Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above up		
Residential MH/SA Treatment Services for voluntary mental health and substance abuse treatment were m	· ·	



disorder services/behavioral health treatment' EHB category. The services are a duplication of individual, group and/or family therapy and counseling: services from the existing state Medicaid plan.	
group and or raining words, and countering, our recent and onlying state recent a prairie	Remove
Base Benchmark Benefit that was Substituted: Source:	
SA Detoxification Services-Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Substance Abuse Detoxification Services for detoxification and related medical ancillary services when required for the diagnosis and treatment of addiction to alcohol and/or drugs, and medication management when provided in conjunction with a consultation were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of inpatient hospital: substance abuse detoxification services from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Diagnostic Testing,Lab and Radiology 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:	
Diagnostic testing, including labratory and radiology services were mapped to the 'laboratory services' EHB category. The services are a duplication of other laboratory and x-ray services from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Short-term Rehabilitative Therapy-OP-Substitution 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:	
Short term rehabilitative services including PT, OT, SP, and cardiac rehabilitation limited to 60 visits per member per year were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations.	
Base Benchmark Benefit that was Substituted: Source:	
Foot Orthotics-Substitution Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Foot Orthotics as defined by section 7.20 diabetic services and supplies were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations.	
Base Benchmark Benefit that was Substituted: External Prosthetic Appliances-Duplication Source: Base Benchmark	



Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
External prosthetic appliances used as a replacement or substitute for a missing body part and are necessary for the alleviation or correction of illness, injury, congenital defect, or alopecia as a result of chemotherapy, radiation therapy, and second or third degree burns were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of prosthetic devices from the existing state Medicaid plan.	Remove
Base Benchmark Benefit that was Substituted: Source:	
Durable Medical Equipment (DME)-Duplication Base Benchmark 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:	
DME services for the medical or surgical treatment of an illness or injury were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of medical supplies, equipment, and appliances suitable for use in the home from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Source:	
Chiropractic Care Services- Substitution Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Chiropractic services including the conservative management of neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain and improve function were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes.	
Base Benchmark Benefit that was Substituted: Source:	
Hearing Aids- Substitution 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 aid devices limited to \$1,500 per ear, per plan year were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes.	
Base Benchmark Benefit that was Substituted: Source:	
Ostomy Supplies-Duplication Base Benchmark	Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	ı
Ostomy supplies which are medically appropriate for care and cleaning of a temporary or permanent ostomy were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of medical supplies, equipment, and appliances suitable for use in the home from the existing state Medicaid plan.	



Base Benchmark Benefit that was Substituted:	Source:	
Internal Prosthetic/Medical Appliances-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	•	
Internal prosthetic/medical appliances are prosthetics aids and supports for nonfunctional body parts, were Services and Devices' EHB category. The services are state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Oxygen and the Oxygen Delivery System-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Oxygen and the Oxygen Delivery System was mapped chronic disease management' EHB category. The serthe existing state Medicaid plan.	ed to the 'preventative and wellness services and vices are a duplication of the home health benefit from	
Base Benchmark Benefit that was Substituted:	Source:	
Medical Supplies-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Medical supplies include Medically Appropriate supplier required for a Member in a course of treatment for 'Rehabilitative and Habilitative Services and Devices medical supplies, equipment, and appliances suitable plan.	or a specific medical condition were mapped to the 'EHB category. The services are a duplication of	
Base Benchmark Benefit that was Substituted:	Source:	
Compression Garments-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Compression garments for the treatment of lymphede Habilitative Services and Devices' EHB category. Th equipment, and appliances suitable for use in the hon	e services are a duplication of medical supplies,	
Base Benchmark Benefit that was Substituted:	Source:	
Immunizations-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Immunizations were mapped to the 'preventative and EHB category. The services are a duplication of prev		



Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Routine Physical- Duplication		Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Routine physical, periodic routine health examination EHB category. The services are a duplication of physical		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Well Woman Examinations-Duplication	Base Benefittark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Well woman examinations were mapped to the 'ambu are a duplication of physician services from the existing		
Base Benchmark Benefit that was Substituted:	Source:	
Well Man Examinations-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Well man examinations were mapped to the 'ambulated duplication of physician services from the existing states."	ory patient services' EHB category. The services are a tee Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Home Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Home health services were mapped to the 'ambulatory duplication of home health services from the existing		
Base Benchmark Benefit that was Substituted:	Source:	
Mammograms-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Mammograms for routine and diagnostic breast care values services and chronic disease management' EHB categorices from the existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Nutritional Evaluation-Duplication	Base Benchmark	
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Nutritional evaluation and counseling when dietary as chronic disease/condition were mapped to the 'preven		



management' EHB category. The services are a dupli existing state Medicaid plan.	cation of other practitioners' services from the	
existing state incureate plant.		Remove
Base Benchmark Benefit that was Substituted:	Source:	
Prostate Screening- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Prostate screening services were mapped to the 'prev- management' EHB category. The services are a dupli Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Cochlear Implants- Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur	· , , ,	
Cochlear implants were mapped to the 'preventative a management' EHB category. Respite care, peer supportraining from the existing state Medicaid plan were under the contract of the contract	ort, family support/home care training and living skills	
Base Benchmark Benefit that was Substituted:	Source:	
Allergy Testing-Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un	- · · · · · · · · · · · · · · · · · · ·	
Allergy testing were mapped to the 'preventative and EHB category. Respite care, peer support, family sup the existing state Medicaid plan were used for substit	port/home care training and living skills training from	
Base Benchmark Benefit that was Substituted:	Source:	
Antigen Admin Desensitization/trtmnt-Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Antigen administration desensitization/treatment wer and chronic disease management' EHB category. Res training and living skills training from the existing sta		
Base Benchmark Benefit that was Substituted:	Source:	
Generic Drugs-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Generic Drugs were mapped to ' prescription drug' El prescription drug plan from the existing state Medica	• •	



Base Benchmark Benefit that was Substituted:	Source: Source: Base Benchmark	
Formulary Brand Drugs- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above to		
Formulary Brand Drugs were mapped to 'prescription f the prescription drug plan from the existing state	on drug' EHB category. The services are a duplication Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Non-Formulary Brand Drugs- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
Non-Formulary Brand Drugs were mapped to 'pres duplication of the prescription drug plan from the expression drug plan from th		
Base Benchmark Benefit that was Substituted:	Source:	
Case Management-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
	eventative and wellness services and chronic disease elication of case management services from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Cancer Clinical Trials-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
Cancer Clinical Trials were mapped to the 'ambulat duplication of physician services from the existing	ory patient services' EHB category. The services are a state Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Diabetic Services and Supplies-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
Diabetic Services and Supplies were mapped to the services are a duplication of physician services from		
Base Benchmark Benefit that was Substituted:	Source:	
Medical Foods/Metabolic Spplments/Gastric Form Dup	Base Benchmark	
Explain the substitution or duplication, including in section 1937 benchmark benefit(s) included above		
	· · · · · · · · · · · · · · · · · · ·	1



testage. The services are a facility of		
category. The services are a duplication of prescription	n drug services from the existing state Medicaid plan.	
		Remove
Base Benchmark Benefit that was Substituted:	Source:	
ABA for Autism- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und		
ABA for Autism were mapped to the "Rehabilitative a The services are a duplication of rehabilitative service		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Clinic Services: Non-Urgent-Duplication	Base Bellelilliark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above und		
Clinic Services: Non-Urgent for medical services prov 'ambulatory patient services' EHB category. The services from the existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Dental Services – Accident Only-Duplication	base Benefithank	Remove
Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und		
Dental Services – Accident Only for the treatment of a were mapped to the 'emergency services' EHB catego hospital services from the existing state Medicaid plan	ry. The services are a duplication of emergency	
Base Benchmark Benefit that was Substituted:	Source:	
Orthognathic Surgery-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und		
Orthognathic treatment/surgery are dental and orthodo nature or change the occlusion of the teeth (external or services' EHB category. The services are a duplication Medicaid plan.	r intra-oral) were mapped to the 'ambulatory patient	
Base Benchmark Benefit that was Substituted:	Source:	
Dental Confinements/Anesthesia-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indic section 1937 benchmark benefit(s) included above und		
Dental Confinements/Anesthesia were mapped to the 'services are a duplication of outpatient hospital services		
	· · · · · · · · · · · · · · · · · · ·	



Base Benchmark Benefit that was Substituted: Temporomandibular Joint (TMJ) Disorder-Duplication Base Benchmark 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:	
Temporomandibular Joint (TMJ) Disorder were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of medical and surgical services furnished by a dentist from the existing state Medicaid plan.	
Base Benchmark Benefit that was Substituted: Pancreas Only Transplant Services- Substitution Source: Base Benchmark	Remove :
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:	
Pancreas only transplant services were mapped to the 'hospitalization' EHB category. NEMT only for inpatient services from the existing state Medicaid plan were used for substitution purposes.	
	Add



Other Base Benchmark Benefits Not Covered	Collapse All



Other 1937 Covered Benefits that are not Essential He	aun benefits	Collapse All
Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	
Medically Necessary Termination of Pregnancy	Package	Remove
Authorization:	Provider Qualifications:	_
	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limits	No Limits	
Scope Limit:		_
	incest; or in the case where a woman suffers from a ness, including a life-endangering physical condition	
Other:		_
Inpatient Hospital Services: Medically Necessary	Termination of Pregnancy	
No authorization required		
Other 1937 Benefit Provided:	Source:	
Rural Health Clinic Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
No Limit		
Other:		_
Rural health clinic services and other ambulatory otherwise included in the State plan). Rural Health Clinic Services:Rural Health Clinic No authorization required	services furnished by a rural health clinic (which are Services	
Other 1937 Benefit Provided:	Source:	
Federally qualified health center (FQHC)	Section 1937 Coverage Option Benchmark Benefit Package	
Authorization:	Provider Qualifications:	_
	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	



	C) services and other ambulatory services that are covered under the ordance with section 4231 of the State Medicaid Manual (HCFA-	Remove
Pub. 45-4).	Munice with section 4231 of the State Medicald Manual (Her A-	
Other:		
Federally qualified health center (FOHC	C): Federally qualified health center (FQHC)	
No authorization required		
Other 1937 Benefit Provided:	Source:	
Optometrists' Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
No Limit		
Other:		
Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
1 1111 0 0111		
No Limit	No Limit	
	No Limit	
No Limit Scope Limit:	No Limit s and contact lenses as the sole prosthetic device after a cataract	
No Limit Scope Limit: Adult Services are limited to eyeglasses		



Other 1937 Benefit Provided:	Source:	
Rehab: Screening/Evaluation/Assessment	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limits	No Limits	
Scope Limit:		
These services can only be provided in the followin hospital, outpatient hospital, emergency room, inpa- center, rural health clinic,	ng settings: office, home, urgent care facility, inpatient tient psychiatric facility, community mental health	
Other:		
	Ith Centers (FQHCs), rural substance abuse transitional rapeutic day program, Level 2 behavioral health group	
Other 1937 Benefit Provided:	Source:	
Non-Emergency Transportation OP (Non Ambulance)	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Non-emergency ambulance transportation is available treatment is being provided.	ble for transport to and from facilities where medical	
Other:		
This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorization	on	
Other 1937 Benefit Provided:	Source:	
Face-to Face Tobacco Cessation Counseling Service	Section 1937 Coverage Option Benchmark Benefit	
	Package	
Authorization:	Package Provider Qualifications:	
Authorization:		
Authorization: Amount Limit:	Provider Qualifications:	



No Limit		Remove
Other:		
No authorization required Family Planning Services: Face-to Face Tobac	cco Cessation Counseling Service	
Other 1937 Benefit Provided: Tobacco Cessation for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
Tatalon Edition	Medicaid State Plan	
Amount Limit:	Duration Limit:	
At least four counseling sessions	per quit attempt	
Scope Limit:	L	
Cost sharing not imposed for Tobacco Cessat	tion Services for pregnant women	
Other:		
Tobacco Cessation for Pregnant Women: Face Other 1937 Benefit Provided:	e-to-Face Tobacco Cessation for Pregnant Women Source:	
Alumina Capilita anatadial	Section 1937 Coverage Option Benchmark Benefit	Daire
Nursing facility- custodial	Package	Remove
Authorization:	Package Provider Qualifications:	Remove
		Remove
	Provider Qualifications:	Remove
Authorization:	Provider Qualifications: Medicaid State Plan	Remove
Authorization: Amount Limit:	Provider Qualifications: Medicaid State Plan Duration Limit:	Kemove
Authorization: Amount Limit: 90 days Scope Limit:	Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Authorization: Amount Limit: 90 days Scope Limit:	Provider Qualifications: Medicaid State Plan Duration Limit: per contract year	Remove
Authorization: Amount Limit: 90 days Scope Limit: Benefit is for when hospitalization would be a	Provider Qualifications: Medicaid State Plan Duration Limit: per contract year	Remove
Authorization: Amount Limit: 90 days Scope Limit: Benefit is for when hospitalization would be a Other:	Provider Qualifications: Medicaid State Plan Duration Limit: per contract year necessary if nursing facility services were not provided Source:	Remove
Authorization: Amount Limit: 90 days Scope Limit: Benefit is for when hospitalization would be a Other: No prior authorization required	Provider Qualifications: Medicaid State Plan Duration Limit: per contract year necessary if nursing facility services were not provided	Remove
Authorization: Amount Limit: 90 days Scope Limit: Benefit is for when hospitalization would be a Other: No prior authorization required Other 1937 Benefit Provided:	Provider Qualifications: Medicaid State Plan Duration Limit: per contract year necessary if nursing facility services were not provided Source: Section 1937 Coverage Option Benchmark Benefit	Remove



Amount Limit:	Duration Limit:	
No Limit	No Limit	Remove
Scope Limit:		
No Limit		
Other:		
No prior authorization required		
Other 1937 Benefit Provided:	Source:	
Certified pediatric or family nurse practitioner's	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
	······································	
No Limit		
Other:		
	Source:	
Other: No prior authorization required	Section 1937 Coverage Option Benchmark Benefit	Remove
Other: No prior authorization required Other 1937 Benefit Provided:		Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit: No Limit	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit: No Limit Scope Limit:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit: No Limit Scope Limit: No Limit	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
Other: No prior authorization required Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers Authorization: Amount Limit: No Limit Scope Limit: No Limit Other:	Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove



Authorization:	Provider Qualifications:	
	Medicaid State Plan	Remov
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
No Limit]
Other:		-
Licensed or otherwise state-recognizenter No prior authorization required	zed covered professionals providing services in the freestanding birth	
		J
		Add



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

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Attachment 3.1-C-OMB Expiration date: 10/31/2014 Benefits Assurances ABP7 **EPSDT Assurances** If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below. The alternative benefit plan includes beneficiaries under 21 years of age. Yes The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345). The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/ territory plan under section 1902(a)(10)(A) of the Act. Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services: • Through an Alternative Benefit Plan. C Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r). Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional): The ABP is fully aligned with the State plan which includes the following EPSDT covered services: services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within the optional and mandatory categories of "Medical Assistance" as defined in the Medicaid Act. Services covered under EPSDT include categories of services in the Federal Law even when they are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective. Prescription Drug Coverage Assurances [7] The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark. The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered. The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act. The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act. Other Benefit Assurances The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS. The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FOHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

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✓	The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902 (bb) of the Social Security Act.
√	The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
V	The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937 (b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
√	The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
√	The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
V	The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

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	OMB Control Number: 0938-1148
Attachment 3.1-C-	OMB Expiration date: 10/31/2014
Service Delivery Systems	ABP8
Provide detail on the type of delivery system(s) the state/territory will u benchmark-equivalent benefit package, including any variation by the p	
Type of service delivery system(s) the state/territory will use for this Al	ternative 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 M 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in properties. This includes the requirement for CMS approval of contracts	viding managed care services through this Alternative Benefit
Managed Care Implementation	
Please describe the implementation plan for the Alternative Benefit Plaprovider outreach efforts.	an under managed care including member, stakeholder, and
AHCCCS has implemented a managed care delivery system for Medic infrastructure and resources for the implementation of the ABP.	aid benefits since 1982. We will utilize the existing systems,
MCO: Managed Care Organization	
The managed care delivery system is the same as an already approved in	nanaged care program. Yes
The managed care program is operating under (select one):	
C Section 1915(a) voluntary managed care program.	
C Section 1915(b) managed care waiver.	
C Section 1932(a) mandatory managed care state plan amendment	
© Section 1115 demonstration.	
C Section 1937 Alternative (Benchmark) Benefit Plan state plan a	mendment.
Identify the date the managed care program was approved by CMS	Dec 27, 2013



Decoribe	program	helow
レしるしけしし	DIOELAIN	UCIOW.

The Arizona Health Care Cost Containment System (AHCCCS), the State's Medicaid Agency, uses federal, state, and county funds to provide health care coverage to the State's acute, long-term care Medicaid populations and low-income groups. Since 1982, when it became the first statewide Medicaid managed care system in the nation, AHCCCS has operated under a federal Research and Demonstration 1115 Waiver authority that allows for the operation of a total managed care model. AHCCCS makes prospective capitation payments to contracted health plans responsible for the delivery of care to members. The result is a managed care system that mainstreams recipients, allows them to select their providers, and encourages quality care and preventive services. The new adult group is included in the managed care program.

Additional	Information:	MCO	(Optional)
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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
- C 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.

The American Indian/Alaska Native population cannot be mandated to enroll in managed care. The AHCCCS Administration manages a fee-for-service program for those AI/AN members who do not elect to enroll in an MCO. The AHCCCS Administration pays claims for the care provided to AI/AN FFS members both at IHS/638 facilities and non- IHS/638 facilities. The AHCCCS Administration also pays claims for MCO enrolled AI/AN members who elect to receive care at IHS/638 facilities.

Additional Information: Fee-For-Service (Optional)

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

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OMB Control Number: 0	0938-1148
Attachment 3.1-C- OMB Expiration date: 1	0/31/2014
Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	No
The state/territory otherwise provides for payment of premiums.	No
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:	
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Attachment 3.1-C-	OMB Expiration date: 10/31/2014	
General Assurances ABI		
Economy and Efficiency of Plans	The state of the s	
The state/territory assures that Alternative Benefit Plan coverage is provided in requirements and other economy and efficiency principles that would otherwise through which the coverage and benefits are obtained.		
Economy and efficiency will be achieved using the same approach as used for	Medicaid state plan services.	
Compliance with the Law		
The state/territory will continue to comply with all other provisions of the Social territory plan under this title.	al Security Act in the administration of the state/	
The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).		
The state/territory assures that all providers of Alternative Benefit Plan benefits the Base Benchmark Plan and/or the Medicaid state plan.	shall meet the provider qualification requirements of	

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	OMB Control Number: 0938-1148
Attachment 3.1-C-	OMB Expiration date: 10/31/2014
Payment Methodology	ABP11
Alternative Benefit Plans - Payment Methodologies	
The state/territory provides assurance that, for each benefit provided under a managed care, it will use the payment methodology in its approved state pla 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology to the mattachment is submit attachment is submit to the payment methodology to the payme	an or hereby submits state plan amendment Attachment for the benefit.

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