

July 21, 2016

Brian Zolynas
Division of Medicaid and Children's Health Operations
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

RE: Arizona SPA #16-004, Services by a Podiatrist

Dear Mr. Zolynas:

Enclosed is Arizona State Plan Amendment (SPA) #16-004, Services Provided by a Podiatrist, which revises the State Plan to include services by a podiatrist, effective August 6, 2016.

If you have any questions about the enclosed SPA, please contact Theresa Gonzales at (602) 417-4732.

Sincerely,



Monica H. Coury
Assistant Director
Office of Intergovernmental Relations

cc: Jessica Woodard, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: Centers for Medicare and Medicaid Services		1. TRANSMITTAL NUMBER: 16-004	2. STATE Arizona
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE August 6, 2016	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a) of the Social Security Act 42 CFR Part 440		7. FEDERAL BUDGET IMPACT: FFY 2017 \$2,032,700 FFY 2018 \$2,073,400	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Updates the State Plan to add services provided by a podiatrist as an Other Licensed Practitioner.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Monica Coury 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034	
13. TYPED NAME: Monica Coury			
14. TITLE: Assistant Director			
15. DATE SUBMITTED: July 21, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED:	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

State/Territory: ARIZONA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: No limitations With limitations*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*
- 4.c. Family planning services and supplies for individuals of child-bearing age.
Provided: No limitations With limitations*
- 4.d. Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women
Provided: No limitations With limitations*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: No limitations With limitations**
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).
Provided: No limitations With limitations*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
Provided: No limitations With limitations*
 ~~Not provided~~

* Description provided in Limitations section of this Attachment.

**Sole limitation is authorization by appropriate entity as defined in the Limitations section of this Attachment.

TN No. 13-00116-004

Supersedes Approval Date _____ Effective Date January 1,

2013 August 6, 2016

TN No. 10-00613-001



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description

ABP5

The state/territory proposes a “Benchmark-Equivalent” benefit package. No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

United Health Care EPO

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

Secretary-Approved



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Benefit Provided:

Family Planning Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Same as Medicare

Duration Limit:

Same as Medicare

Scope Limit:

Same as Medicare. As required by section 2302 of the Affordable Care Act, individuals less than 21 years of age may receive concurrent curative and palliative hospice care treatment.



Alternative Benefit Plan

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

Remove

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Outpatient hospital services are services ordinarily provided in hospitals, clinics, offices and other health care facilities by licensed health care providers.

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

Benefit Provided:

Transportation: Non-Emergency

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Non-emergency ambulance transportation is available for transport to and from facilities where medical treatment is being provided. Trips that exceed 100 miles require prior authorization

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

Benefit Provided:

Clinic Services: Non-Urgent

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit



Alternative Benefit Plan

Scope Limit:

No Limit

Remove

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

Benefit Provided:

Home health services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Home health services meet the requirements of 42 CFR 440.70.

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

Benefit Provided:

Med/surg services furnished by a dentist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Services not covered by this benefit: dental cleanings, routine dental exams, dental restorations including crowns and fillings and extractions, pulpotomies, root canals, and the construction or delivery of partial dentures.

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

Services covered by a dentist must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw and include examination of the oral cavity, required radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures.

Add



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Transportation: Emergency Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

Air ambulance services are limited in scope as defined in the Medicaid State Plan including point of pickup inaccessible by ground, great distances or obstacles to get person to nearest hospital, medical condition requires faster transport.

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

Benefit Provided:

Clinic Services: Urgent and Emergent Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limits

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

Benefit Provided:

Outpatient Hospital: Emergency Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit



Alternative Benefit Plan

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

This service includes urgent care that may be non-emergent, but is determined in accordance with AHCCCS to require prompt medical attention.

Remove

Add



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Inpatient hospital services include services in inpatient psychiatric facilities, provided to EPSDT eligible persons < 21 years in accordance with 42 CFR 441.150.

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

Inpatient hospital services are services provided for evaluation or treatment of conditions that cannot be adequately treated on an ambulatory basis as defined by the Medicaid state plan. This benefit includes Occupational Therapy and Speech, Hearing, and Language Disorder Services for members 21+

Benefit Provided:

Organ Transplant Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

AHCCCS doesn't cover the following transplants for persons 21+:Pancreas only transplants,Partial pancreas transplants, including islet cell transplants,Intestine transplants (Visceral), Any transplant not listed in the Medicaid state Plan.

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

Medically necessary transplant services meeting nationally recognized criteria for non-experimental,non-investigational organ or tissue transplants are available to AHCCCS members.

Benefit Provided:

Nursing Facility Services: Sub Acute or Rehab

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

90 days per contract year

Duration Limit:

none



Alternative Benefit Plan

Scope Limit:

Nursing facility services are provided under acute care and the ALTCS transitional program when hospitalization would be necessary if nursing facility services are not provided.

Remove

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

Benefit Provided:

Non Emergency Transportation- In-Patient Only

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Non-emergency ambulance transportation is available for transport to and from facilities where medical treatment is being provided.

Non-emergency transportation is only for in-patient services.

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

Trips that exceed 100 miles require prior authorization

Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Extended Services for Pregnant Woman

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Benefit Provided:

Nurse-Midwife

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limits

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

Benefit Provided:

Inpatient Hospital: Maternity

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit



Alternative Benefit Plan

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

Remove

Benefit Provided:

Physician: Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Rehab: Inv, Grp &/or Family Therapy and Counseling

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration 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 specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Inpatient Hospital : Mental Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Not IMD Facilities. 'The IMD payment exclusion applies'

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

Benefit Provided:

Inpatient Hospital: Substance Abuse Detoxification

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Not IMD Facilities. 'The IMD payment exclusion applies'



Alternative Benefit Plan

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

Remove

Benefit Provided:

Outpatient Hospital: Mental Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Not IMD Facilities

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

Benefit Provided:

Outpatient Hospital: Substance Abuse Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Not IMD Facilities

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

Add



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.): 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 of Arizona's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 Outpatient Visits Per Year

Duration Limit:

None.

Scope Limit:

Out-patient physical therapy is limited to 15 visits per contract year for rehabilitative purposes and 15 visits per contract year for habilitative purposes.

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

The Physical Therapy benefit includes 15 visits per contact year for rehabilitation and 15 visits per contract year habilitation services.

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

See Other Information

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

Covered prosthetic devices for members 21 and older do not include hearing aids, percussive vests, microprocessors for controlled joints for the lower limbs, in addition to microprocessor-controlled joints for the lower limbs penile implants and vacuum devices.

Benefit Provided:

Medical supplies, equipment & appliances for home

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit



Alternative Benefit Plan

Scope Limit:

Personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition.

Remove

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

Benefit Provided:

Rehab: Psychosocial Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Rehabilitative Services to teach independent living skill, social and communication skills to persons to promote the maximum reduction of behavioral health symptoms and/or restoration of an individual to his/her best age appropriate functional level for the purposes of maximizing the person's ability to live independently and function in the community.

Benefit Provided:

Rehab: Home Care Training to Home Care Client

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limits

Duration Limit:

No Limits

Scope Limit:

HCTC services can only be provided for no more than three adults in an Adult Therapeutic Foster Home licensed by ADHS/OBHL or home licensed by federally recognized Indian tribes that attest to CMS via AHCCCS that they meet equivalent requirements.

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

These services are provided by behavioral health therapeutic home providers and are designed to maximize the member's ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services (such as living skills and health promotion) indicated by the member's treatment plan as appropriate.



Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Benefit Provided: <input type="text" value="Rehab: Supported Employment Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limit"/>	Duration Limit: <input type="text" value="No Limit"/>	
Scope Limit: <input type="text" value="BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency."/>		
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="These services are designed to assist a person or group of persons with a medical/behavioral health condition that enables a member to function in the workplace. These services include supporting the member's ability to manage mental health related symptoms, facilitate recovery from mental illness; assist with personal, community and social competencies, and to aid members to establish and navigate environmental supports."/>		
Benefit Provided: <input type="text" value="Rehab: Health Promotion"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limits"/>	Duration Limit: <input type="text" value="No Limits"/>	
Scope Limit: <input type="text" value="BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency."/>		
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="Education and training provided to a group of persons and/or their families related to the enrolled member's treatment plan on health related topics such as the nature of illness, relapse and symptom management, medication management, stress management, safe sex practices, HIV education and healthy lifestyles"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 8: Laboratory services		Collapse All <input type="checkbox"/>
Benefit Provided:	Source:	
<input type="text" value="Other laboratory and x-ray services."/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No Limit"/>	<input type="text" value="No Limit"/>	
Scope Limit:		
<input type="text" value="See Other Information"/>		
<p>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</p> <input type="text" value="Laboratory, x-ray, and medical imaging services. Genetic testing is not covered unless the result of the genetic tests are necessary to differentiate between treatment options. Genetic testing is not covered to determine specific diagnoses or syndromes when such determination would not definitively alter the medical treatment of the member."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:

Preventative Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

“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) are included in this benefit.

Benefit Provided:

Screening Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

“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) are included in this benefit.

Benefit Provided:

Rehab Services: Peer Support Services

Source:

State Plan 1905(a)



Alternative Benefit Plan

<p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="No Limit"/></p> <p>Scope Limit: <input type="text" value="Services provided by persons who have been consumers of the behavioral health system and who are at least 18 years old."/></p> <p>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="Peer support may involve assistance with more effectively utilizing the service delivery system such as assisting with developing plans of care, accessing supports, partnering with professionals, overcoming service barriers or assisting the member to understand and cope with the member's disability, behavior coaching, role modeling and mentoring."/></p>	<p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="No Limit"/></p>	<p><input type="button" value="Remove"/></p>
<p>Benefit Provided: <input type="text" value="Rehab Services: Family Support/Home Care Training"/></p> <p>Authorization: <input type="text" value="None"/></p> <p>Amount Limit: <input type="text" value="No Limit"/></p> <p>Scope Limit: <input type="text" value="No Limit"/></p> <p>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="These services include face to face interactions with a member's family and are directed toward restoration, enhancement, or maintenance of the family functioning to increase their ability to effectively interact and care for the member in the home and community when relevant to the member's treatment plan. May involve support activities such as assisting the family to adjust to the member's disability, developing skills to effectively interact and/or manage the member, understanding the causes and treatment of behavioral health issues, understanding and effectively utilizing the system, or planning long term care for the member."/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p> <p>Duration Limit: <input type="text" value="No Limit"/></p>	<p><input type="button" value="Remove"/></p>
<p>Benefit Provided: <input type="text" value="Rehab Services Living Skills Training"/></p> <p>Authorization: <input type="text" value="None"/></p>	<p>Source: <input type="text" value="State Plan 1905(a)"/></p> <p>Provider Qualifications: <input type="text" value="Medicaid State Plan"/></p>	



Alternative Benefit Plan

Amount Limit: No Limit	Duration Limit: No Limit	Remove
Scope Limit: No Limit		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: These services are provided for the restoration, enhancement, maintenance, and assistance in obtaining age appropriate independent living, social, and communication skills to members and/or their families in order to maximize the member's ability to live and participate in the community and to function independently.		
Benefit Provided: Respite	Source: Secretary-Approved Other	Remove
Authorization: None	Provider Qualifications: Other	
Amount Limit: 600 hours per year	Duration Limit: none	
Scope Limit: No Limit		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: The respite benefit is authorized under the 1115 Research and Demonstration Waiver for the Arizona Health Care Cost Containment System		
Benefit Provided: Case Management	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Other	
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: No Limit		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		



Alternative Benefit Plan

Benefit Provided:

Other practitioners' srvs:Other practitioners' srv

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Other practitioners' services provided by:

- I. Respiratory Therapists
- ii. Certified Nurse Practitioners
- iii. Certified Registered Nurse Anesthetists
- iv. Non-physician First Surgical Assistants and Physician Assistants
- v. Licensed midwives within the limitations provided in the AHCCCS policy and Procedures
- vi. Licensed affiliated practice dental hygienists practicing within the scope of Arizona's state practice act.
- vii. Licensed Pharmacists employed by an AHCCCS-registered pharmacy and acting within the scope of their practice may administer seasonal flu and pneumococcal vaccines and anaphylaxis agents.
- viii. Non-physician behavioral health professionals, as defined in rule, when the services are provided by the following state-licensed practitioners: social workers, physician assistants, psychologists, counselors, registered nurses, psychiatric nurse practitioners, marriage and family therapists, and substance abuse counselors.
- ix. Podiatry services that are performed by a podiatrist who is licensed pursuant to A.R.S title 32, chapter 7 and ordered by a primary care physician or primary care practitioner

Other practitioners' services: Other practitioners' services

Add



Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

Only provided to individuals under 21 years of age

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

EPSDT covered services include 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.

Add



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication	Collapse All <input type="checkbox"/>									
<table style="width: 100%;"><tr><td style="width: 50%;">Base Benchmark Benefit that was Substituted:</td><td style="width: 50%;">Source:</td></tr><tr><td><input type="text" value="Physician Services- Duplication"/></td><td>Base Benchmark</td></tr><tr><td colspan="2" style="text-align: right;"><input type="button" value="Remove"/></td></tr><tr><td colspan="2">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:</td></tr><tr><td colspan="2"><input type="text" value="Physician Services for diagnostic and treatment services were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of physician services from the existing state Medicaid plan."/></td></tr></table>	Base Benchmark Benefit that was Substituted:	Source:	<input type="text" value="Physician Services- Duplication"/>	Base Benchmark	<input type="button" value="Remove"/>		Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		<input type="text" value="Physician Services for diagnostic and treatment services were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of physician services from the existing state Medicaid plan."/>	
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<input type="text" value="Family Planning Services-Duplication"/>	Base Benchmark									
<input type="button" value="Remove"/>										
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Base Benchmark Benefit that was Substituted:	Source:									
<input type="text" value="Hospice Services-Duplication"/>	Base Benchmark									
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Base Benchmark Benefit that was Substituted:	Source:									
<input type="text" value="Ambulance Services-Duplication"/>	Base Benchmark									
<input type="button" value="Remove"/>										
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Base Benchmark Benefit that was Substituted:	Source:									
<input type="text" value="Urgent Care-Duplication"/>	Base Benchmark									
<input type="button" value="Remove"/>										
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:										
<input type="text" value="Urgent Care for the medical, surgical, hospital and related health care services and testing which are not emergency services were bundled, along with emergency services and mapped to the 'emergency services' EHB category. The services are a duplication of clinic services: urgent and emergent care from the existing state Medicaid plan."/>										



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Emergency services for the sudden onset of medical or behavioral conditions that manifests itself by acute symptoms were bundled, along with urgent care and mapped to the 'emergency services' EHB category. The bundled services are a duplication of outpatient hospital:emergency hospital services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital Services- Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Inpatient hospital services for services that cannot be adequately treated on an ambulatory basis or in another Participating Health Care Facility were mapped to the 'hospitalization' EHB category. The services are a duplication of inpatient hospital from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Facility Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Outpatient facility services for services provided on an outpatient basis were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Organ Transplant Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Organ transplant services (not including pancreas only transplants) for the transplant of human organs and tissue were mapped to the 'hospitalization' EHB category. The services are a duplication of organ transplant services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Subacute Care-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Subacute care including but not limited to hospital-based skilled nursing facilities and free standing skilled nursing facilities were mapped to the 'hospitalization' EHB category. The services are a duplication of nursing facility: sub acute or rehab services from the existing state Medicaid plan."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Maternity Care Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Maternity care services include medical, surgical and hospital care for the term of the pregnancy, upon delivery and during the postpartum period were mapped to the 'maternity and newborn care' EHB category. The services are a duplication of extended services for pregnant women from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Prenatal Care and Program Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Prenatal care and program services include medical, surgical and hospital care for the term of the pregnancy were mapped to the 'maternity and newborn care' EHB category. The services are a duplication of extended services for pregnant women from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Midwife Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Midwife services provided by a certified midwife were mapped to the 'maternity and newborn care' EHB category. The services are a duplication of nurse-midwife services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Cosmetic Surgery-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Cosmetic Surgery for reconstructive surgery that constitutes necessary care and treatment of medically diagnosed services required for the prompt repair of accidental injury was mapped to the 'hospitalization' EHB category. The service is a duplication of inpatient hospital services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Bariatric Surgery -Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Bariatric Surgery for individuals with a BMI > 35, at least one co-morbidity related to obesity and who were previously unsuccessful with medical treatment for obesity was mapped to the 'hospitalization' EHB category. The service is a duplication of inpatient hospital services from the existing state Medicaid plan."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Breast Reconstruction and Prostheses-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Breast Reconstruction and Breast Prostheses following a mastectomy were mapped to the 'Hospitalization' and 'Rehabilitative and Habilitative and Devices EHB categories. The services are a duplication of inpatient hospital services and prosthetics from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Mental Health Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Inpatient Mental Health Services provided by a participating hospital for the treatment and evaluation of mental health during an inpatient stay were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of inpatient hospital: mental health services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Mental Health Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Outpatient Mental Health Services provided by a participating providers for the treatment and evaluation of mental health on an outpatient basis in an individual, group or structured group therapy program were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of outpatient hospital: mental health services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient SA Rehabilitation Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Outpatient Substance Abuse Rehabilitation Services provided by a participating provider for the treatment and diagnosis of abuse or addiction to alcohol and/or drugs on an outpatient basis in an individual, group, structured group or intensive outpatient therapy program were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of outpatient hospital: substance abuse rehabilitation services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Residential MH/SA Treatment Services-Duplication"/>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Residential MH/SA Treatment Services for voluntary and court-ordered residential substance abuse for mental health and substance abuse treatment were mapped to the 'mental health and substance abuse"/>		



Alternative Benefit Plan

<p>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.</p>		<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted:</p> <p>SA Detoxification Services-Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Diagnostic Testing,Lab and Radiology Services- Dup</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Diagnostic testing, including laboratory 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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Short-term Rehabilitative Therapy-OP-Substitution</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Foot Orthotics-Substitution</p>	<p>Source:</p> <p>Base Benchmark</p>	<input type="button" value="Remove"/>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>External Prosthetic Appliances-Duplication</p>	<p>Source:</p> <p>Base Benchmark</p>	



Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Durable Medical Equipment (DME)-Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Chiropractic Care Services- Substitution</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Hearing Aids- Substitution</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted:</p> <p>Ostomy Supplies-Duplication</p> <p>Source:</p> <p>Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Internal Prosthetic/Medical Appliances-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Internal prosthetic/medical appliances are prosthetics and appliances as permanent or temporary internal aids and supports for nonfunctional body parts, 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."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Oxygen and the Oxygen Delivery System-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Oxygen and the Oxygen Delivery System was mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of the home health benefit from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Medical Supplies-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Medical supplies include Medically Appropriate supplies which may be considered disposable, however, are required for a Member in a course of treatment for a specific medical condition 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: <input type="text" value="Compression Garments-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Compression garments for the treatment of lymphedema 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: <input type="text" value="Immunizations-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Immunizations were mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of preventative services from the existing state Medicaid plan."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Routine Physical- Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Routine physical, periodic routine health examinations were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of physician services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Well Woman Examinations-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Well woman examinations were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of physician services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Well Man Examinations-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Well man examinations were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of physician services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Services-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Home health services were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of home health services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Mammograms-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Mammograms for routine and diagnostic breast care were mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of preventative services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Nutritional Evaluation-Duplication"/>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Nutritional evaluation and counseling when dietary adjustment has a therapeutic role of a diagnosed chronic disease/condition were mapped to the 'preventative and wellness services and chronic disease"/>		



Alternative Benefit Plan

<p>management' EHB category. The services are a duplication of other practitioners' services from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Prostate Screening- Duplication</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Prostate screening services were mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of screening services from the existing state Medicaid plan.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Cochlear Implants- Substitution</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Cochlear implants were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Allergy Testing-Substitution</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Allergy testing were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Antigen Admin Desensitization/trtmnt-Substitution</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Antigen administration desensitization/treatment were mapped to the 'preventative and wellness services and chronic disease management' EHB category. Respite care, peer support, family support/home care training and living skills training from the existing state Medicaid plan were used for substitution purposes.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Generic Drugs-Duplication</p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Generic Drugs were mapped to 'prescription drug' EHB category. The services are a duplication of the prescription drug plan from the existing state Medicaid plan.</p>	<p>Remove</p>



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Formulary Brand Drugs- Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Formulary Brand Drugs were mapped to 'prescription drug' EHB category. The services are a duplication of the prescription drug plan from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Non-Formulary Brand Drugs- Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Non-Formulary Brand Drugs were mapped to 'prescription drug' EHB category. The services are a duplication of the prescription drug plan from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Case Management-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Case Management services were mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of case management services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Cancer Clinical Trials-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Cancer Clinical Trials were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of physician services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Diabetic Services and Supplies-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Diabetic Services and Supplies were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of physician services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Medical Foods/Metabolic Splmnts/Gastric Form Dup"/>	Source: Base Benchmark	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Medical Foods/Metabolic Supplements/Gastric Formula were mapped to the 'prescription drugs' EHB"/>		



Alternative Benefit Plan

<input type="text" value="category. The services are a duplication of prescription drug services from the existing state Medicaid plan."/>		<input type="button" value="Remove"/>
Base Benchmark Benefit that was Substituted: <input type="text" value="ABA for Autism- Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="ABA for Autism were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of rehabilitative services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Clinic Services: Non-Urgent-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Clinic Services: Non-Urgent for medical services provided in an ambulatory clinic were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of Clinic Services: Non-Urgent from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Dental Services – Accident Only-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Dental Services – Accident Only for the treatment of a fractured jaw or an injury to sound natural teeth were mapped to the ' emergency services' EHB category. The services are a duplication of emergency hospital services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Orthognathic Surgery-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Orthognathic treatment/surgery are dental and orthodontic services and/or appliances that are orthodontic in nature or change the occlusion of the teeth (external or intra-oral) were mapped to the ' ambulatory patient services' EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input type="text" value="Dental Confinements/Anesthesia-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Dental Confinements/Anesthesia were mapped to the ' ambulatory patient services' EHB category. The services are a duplication of outpatient hospital services from the existing state Medicaid plan."/>		



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: <input type="text" value="Temporomandibular Joint (TMJ) Disorder-Duplication"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="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: <input type="text" value="Pancreas Only Transplant Services- Substitution"/>	Source: Base Benchmark	<input type="button" value="Remove"/>
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: <input type="text" value="Pancreas only transplant services were mapped to the 'hospitalization' EHB category. NEMT only for in-patient services from the existing state Medicaid plan were used for substitution purposes."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits Collapse All

Other 1937 Benefit Provided: <input type="text" value="Medically Necessary Termination of Pregnancy"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>
Amount Limit: <input type="text" value="No Limits"/>	Duration Limit: <input type="text" value="No Limits"/>
Scope Limit: <input type="text" value="Only when the pregnancy is the result of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy."/>	
Other: <input type="text" value="Inpatient Hospital Services: Medically Necessary Termination of Pregnancy"/> <input type="text" value="No authorization required"/>	

Other 1937 Benefit Provided: <input type="text" value="Rural Health Clinic Services"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>
Amount Limit: <input type="text" value="No Limit"/>	Duration Limit: <input type="text" value="No Limit"/>
Scope Limit: <input type="text" value="No Limit"/>	
Other: <input type="text" value="Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan)."/> <input type="text" value="Rural Health Clinic Services:Rural Health Clinic Services"/> <input type="text" value="No authorization required"/>	

Other 1937 Benefit Provided: <input type="text" value="Federally qualified health center (FQHC)"/>	Source: <input type="text" value="Section 1937 Coverage Option Benchmark Benefit Package"/>
Authorization: <input type="text"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>
Amount Limit: <input type="text" value="No Limit"/>	Duration Limit: <input type="text" value="No Limit"/>



Alternative Benefit Plan

Scope Limit:

Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Remove

Other:

Federally qualified health center (FQHC): Federally qualified health center (FQHC)
No authorization required

Other 1937 Benefit Provided:

Optometrists' Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

No Limit

Other:

Medical care and any type of remedial care recognized under State Law- Optometrists' Services:
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:

No Limit

Duration Limit:

No Limit

Scope Limit:

Adult Services are limited to eyeglasses and contact lenses as the sole prosthetic device after a cataract extraction.

Other:

Medical care and any type of remedial care recognized under State Law- Optometrists' Services: Eyeglasses
Arizona Health Care Cost Containment System
No authorization required



Alternative Benefit Plan

<p>Other 1937 Benefit Provided:</p> <p>Rehab: Screening/Evaluation/Assessment</p> <p>Authorization:</p> <p>Amount Limit:</p> <p>No Limits</p> <p>Scope Limit:</p> <p>These services can only be provided in the following settings: office, home, urgent care facility, inpatient hospital, outpatient hospital, emergency room, inpatient psychiatric facility, community mental health center, rural health clinic,</p> <p>Other:</p> <p>outpatient clinic, including Federally Qualified Health Centers (FQHCs), rural substance abuse transitional agency, homeless shelter, medical day program, therapeutic day program, Level 2 behavioral health group home, and Level 3 behavioral health group home. No authorization required</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>No Limits</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Non-Emergency Transportation OP (Non Ambulance)</p> <p>Authorization:</p> <p>Amount Limit:</p> <p>No Limit</p> <p>Scope Limit:</p> <p>Non-emergency ambulance transportation is available for transport to and from facilities where medical treatment is being provided.</p> <p>Other:</p> <p>This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorization</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>No Limit</p>	<p>Remove</p>
<p>Other 1937 Benefit Provided:</p> <p>Face-to Face Tobacco Cessation Counseling Service</p> <p>Authorization:</p> <p>Amount Limit:</p> <p>No Limit</p>	<p>Source:</p> <p>Section 1937 Coverage Option Benchmark Benefit Package</p> <p>Provider Qualifications:</p> <p>Medicaid State Plan</p> <p>Duration Limit:</p> <p>No Limit</p>	



Alternative Benefit Plan

Scope Limit: No Limit		Remove
Other: No authorization required Family Planning Services: Face-to Face Tobacco Cessation Counseling Service		
Other 1937 Benefit Provided: Tobacco Cessation for Pregnant Women	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: 	Provider Qualifications: Medicaid State Plan	
Amount Limit: At least four counseling sessions per quit attempt	Duration Limit: None	
Scope Limit: Cost sharing not imposed for Tobacco Cessation Services for pregnant women		
Other: No authorization required Tobacco Cessation for Pregnant Women: Face-to-Face Tobacco Cessation for Pregnant Women		
Other 1937 Benefit Provided: Nursing facility- custodial	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: 	Provider Qualifications: Medicaid State Plan	
Amount Limit: 90 days per contract year	Duration Limit: None	
Scope Limit: Benefit is for when hospitalization would be necessary if nursing facility services were not provided		
Other: No prior authorization required		
Other 1937 Benefit Provided: ICF-IDD	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: 	Provider Qualifications: Medicaid State Plan	



Alternative Benefit Plan

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



Alternative Benefit Plan

Authorization:	Provider Qualifications:	
<input type="text"/>	<input type="text" value="Medicaid State Plan"/>	<input type="button" value="Remove"/>
Amount Limit:	Duration Limit:	
<input type="text" value="No Limit"/>	<input type="text" value="No Limit"/>	
Scope Limit:		
<input type="text" value="No Limit"/>		
Other:		
<input type="text" value="Licensed or otherwise state-recognized covered professionals providing services in the freestanding birth center
No prior authorization required"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

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

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V.20130917