

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Arizona**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

14-0010

Proposed Effective Date

10/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2015	\$ 822600.00
Second Year	2016	\$ 852800.00

Subject of Amendment

Updates benefits to add insulin pumps

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Theresa Gonzales**
 Last Revision Date: **Sep 9, 2014**
 Submit Date: **Sep 9, 2014**



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description	ABP5
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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

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

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

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

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

<input checked="" type="checkbox"/> Essential Health Benefit 5: Mental health and substance use disorder services including behavioral health treatment	Collapse All <input type="checkbox"/>																														
<table style="width: 100%;"><tr><td style="width: 50%;">Benefit Provided:</td><td style="width: 30%;">Source:</td><td style="width: 20%;"></td></tr><tr><td><input type="text" value="Rehab: Inv, Grp &/or Family Therapy and Counseling"/></td><td><input type="text" value="State Plan 1905(a)"/></td><td style="text-align: right;"><input type="button" value="Remove"/></td></tr><tr><td>Authorization:</td><td>Provider Qualifications:</td><td></td></tr><tr><td><input type="text" value="None"/></td><td><input type="text" value="Medicaid State Plan"/></td><td></td></tr><tr><td>Amount Limit:</td><td>Duration Limit:</td><td></td></tr><tr><td><input type="text" value="No Limit"/></td><td><input type="text" value="No Limit"/></td><td></td></tr><tr><td>Scope Limit:</td><td colspan="2"></td></tr><tr><td colspan="3"><input type="text" value="BHT's are limited to providing this service under an ADHS/DBHS licensed agency."/></td></tr><tr><td colspan="3">Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>		Benefit Provided:	Source:		<input type="text" value="Rehab: Inv, Grp &/or Family Therapy and Counseling"/>	<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="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:			<input type="text"/>		
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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
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

No

State licensed

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

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

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Other laboratory and x-ray services.

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:

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.

Add



Alternative Benefit Plan

Authorization: None	Provider Qualifications: Medicaid State Plan	Remove
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: Services provided by persons who have been consumers of the behavioral health system and who are at least 18 years old.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 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.		

Benefit Provided: Rehab Services: Family Support/Home Care Training	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: 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.		

Benefit Provided: Rehab Services Living Skills Training	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State 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.

Other practitioners' services: Other practitioners' services

Add



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



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

<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Breast Reconstruction and Prostheses-Duplication"/></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: <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."/></p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Mental Health Services-Duplication"/></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: <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."/></p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient Mental Health Services-Duplication"/></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: <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."/></p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Outpatient SA Rehabilitation Services-Duplication"/></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: <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."/></p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Residential MH/SA Treatment Services-Duplication"/></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: <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"/></p>	<p>Source: Base Benchmark</p>



Alternative Benefit Plan

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

Remove

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.

Base Benchmark Benefit that was Substituted:

Source:

Durable Medical Equipment (DME)-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:

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:

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.



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

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 Spltments/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

Base Benchmark Benefit that was Substituted:	Source:
Temporomandibular Joint (TMJ) Disorder-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:	
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:	Source:
Pancreas Only Transplant Services- Substitution	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:	
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 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: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
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: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
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)."/> 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: 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

<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

Amount Limit: No Limit	Duration Limit: No Limit	Remove
Scope Limit: No Limit		
Other: No prior authorization required		
Other 1937 Benefit Provided: Certified pediatric or family nurse practitioner's	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: No prior authorization required		
Other 1937 Benefit Provided: Licensed/State-approved freestanding birth centers	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: No prior authorization required		
Other 1937 Benefit Provided: Licensed/State-recognized profs in freestanding BC	Source: Section 1937 Coverage Option Benchmark Benefit Package	



Alternative Benefit Plan

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

Collapse All

PRA Disclosure Statement

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

V.20130917

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12a. Prescribed drugs.

Medicare Part D drugs are not covered for full benefit dual eligible members, as coverage is provided through Medicare Part D PDPs and MAPDs

Prescription drugs for covered transplantation services shall be provided in accordance with AHCCCS transplantation policies.

AHCCCS only covers over-the-counter medications in place of a covered prescription medication that is clinically appropriate, equally safe and effective, and less costly than the covered prescription medication.

In compliance with Section 1927(b) of the Social Security Act (the Act), the State collects drug rebates in accordance with established policy for drug rebate agreements as provided in Exhibit 12(a) to Attachment 3.1-A.

12c. Prosthetic devices.

Prosthetic devices are limited to devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portions of the body and which are medically necessary to the rehabilitation of the member.

Covered prosthetic devices for members age 21 and older do not include hearing aids, cochlear implants, bone anchored hearing aids, ~~insulin pumps~~, 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.

Orthotic devices, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body, are not covered except under the following circumstances: Halos to treat cervical fracture instead of surgery; Walking boots instead of surgery or serial casting; Knee orthotics for crutch dependent ambulation instead of a wheelchair.

12d. Eyeglasses.

Eye examinations for prescriptive lenses and the provision of prescriptive lenses under EPSDT services.

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

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

13a. Diagnostic Services.

Genetic testing is not covered unless the results 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.

TN No. ~~14-00314-xxx~~

Supersedes

Approval Date: _____

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