

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

CENTERS FOR MEDICARE AND MEDICAID SERVICES		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	16-004	Arizona
~		
FOR: Centers for Medicare and Medicaid Services	3. PROGRAM IDENTIFICATION: TIT	TLE XIX OF THE
FOR: Centers for Medicare and Medicald Services	SOCIAL SECURITY ACT (MEDIC.	AID)
	` `	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	August 6, 201	.6
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE O	CONSIDERED AS NEW PLAN	□ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	і итепитепі)
0. FEDERAL STATUTE/REGULATION CITATION:	/. FEDERAL BUDGET IMPACT:	
G (' 1005() C4 G '1G '/ A /	PEN 2017	
Section 1905(a) of the Social Security Act	FFY 2017 \$2,032,700	
42 CFR Part 440	FFY 2018 \$2,073,400	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	:
	,	
Att. 3.1-A, page 2	Same	
71 6		
10. SUBJECT OF AMENDMENT:		
Updates the State Plan to add services provided by a podiatri	st as an Other Licensed Practitione	r.
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
INO REPET RECEIVED WITHIN 43 DATS OF SODWITTAE		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCT OFFICIAL.	10. KETUKN TO.	
1		
1100	Monica Coury	
10000	801 E. Jefferson, MD#4200	
13. TYPED NAME:	Phoenix, Arizona 85034	
Monica Coury		
14. TITLE:	1	
Assistant Director		
15. DATE SUBMITTED:	1	
July 21, 2016	NEIGE LIGE ONLY	
FOR REGIONAL OF		
17. DATE RECEIVED:	18. DATE APPROVED:	
PLAN APPROVED – ON	E COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OF	FICIAL:
21. TYPED NAME:	22. TITLE:	
23. REMARKS:		

Revision: HCFA-PM-93-5 (MB)

May 1993

ATTACHMENT 3.1-A Page 2 OMB No.:

State/Territory: ARIZONA

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

4.a.	Nursing faci	lity ser als 21	rvices (other than se years of age or older	rvices in	an institution for mental diseases)
	Provided:	_	No limitations	<u>X</u>	With limitations*
4.b.	Early and pounder 21 year	eriodic ars of a	e screening, diagnost age, and treatment o	ic and tr f conditi	reatment services for individuals ons found.*
4.c.	Family plan	ning so	ervices and supplies	for indiv	viduals of child-bearing age.
	Provided:	_	No limitations	$\underline{\mathbf{X}}$	With limitations*
4.d.	Face-to-Face Women	e Toba	acco Cessation Couns	seling Se	ervices Benefit Package for Pregnant
	Provided:	$\underline{\mathbf{X}}$	No limitations	_	With limitations*
5.a.	Physicians's nursing facil			in the o	ffice, the patient's home, a hospital, a
	Provided:	_	No limitations	$\underline{\mathbf{X}}$	With limitations**
b.	Medical and 1905(a)(5)(B			d by a d	entist (in accordance with section
	Provided:	_	No limitations	$\underline{\mathbf{X}}$	With limitations*
6.	Medical care furnished by State law.	e and a	any other type of ren sed practitioners wit	nedial ca hin the s	are recognized under State law, scope of their practice as defined by
a.	Podiatrists'	service	es.		
	Provided: X Not pro	ovided	X No limitations	_	With limitations*
**Sol			n Limitations section rization by appropri		Attachment. by as defined in the Limitations section of this
Super <u>2013</u>	o. <u>13-001</u> 16-00 rsedes August 6, 2016 o. 10-006 13-00	App	roval Date		_Effective Date January 1,



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

OMB Control Number: 0938-1148



Essential Health Benefit 1: Ambulatory patient	services	Collapse All
Benefit Provided:	Source:	
Physician Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is no	t the base
Benefit Provided:	Source:	
Family Planning Services and Supplies	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, in benchmark plan:	ncluding the specific name of the source plan if it is no	t the base
Benefit Provided:	Source:	
Hospice Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
The state of the s	Same as Medicare	
Same as Medicare		



benchmark plan:		Remov
Benefit Provided:	Source:	
Outpatient hospital services	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	Ttomov
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:	100 Ellint	
health care facilities by licensed health care Other information regarding this benefit, is benchmark plan:	ncluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Fransportation: Non-Emergency	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
	n is available for transport to and from facilities where medical ceed 100 miles require prior authorization	
Other information regarding this benefit, i benchmark plan:	ncluding the specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Clinic Services: Non-Urgent	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	



No Limit		Remove
Other information regarding this benefit, including the benchmark plan:	ne specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Home health services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Home health services meet the requirements of 42 C	FR 440.70.	
benchmark plan:		
Benefit Provided:	Source:	D
Med/surg services furnished by a dentist	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
INT T'	No Limit	
No Limit		
Scope Limit:		
Scope Limit:	s, routine dental exams, dental restorations including	
Scope Limit: Services not covered by this benefit: dental cleanings crowns and fillings and extractions, pulpotomies, roc	s, routine dental exams, dental restorations including ot canals, and the construction or delivery of partial	
Scope Limit: Services not covered by this benefit: dental cleanings crowns and fillings and extractions, pulpotomies, roc dentures. Other information regarding this benefit, including th	s, routine dental exams, dental restorations including of canals, and the construction or delivery of partial the specific name of the source plan if it is not the base reatment of a medical condition such as acute pain, along the oral cavity, required radiographs, complex	



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



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.

Add



Essential Health Benefit 3: Hospitalization		Collapse All
Benefit Provided:	Source:	
Inpatient Hospital Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
Inpatient hospital services include services in inpatie persons < 21 years in accordance with 42 CFR 441.1		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Inpatient hospital services are services provided for e adequately treated on an ambulatory basis as defined Occupational Therapy and Speech, Hearing, and Lang	by the Medicaid state plan. This benefit includes	
Benefit Provided:	Source:	
Organ Transplant Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
AHCCCS doesn't cover the following transplants for pancreas transplants, including islet cell transplants, listed in the Medicaid state Plan.		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	_
Medically necessary transplant services meeting nation investigational organ or tissue transplants are available		
Benefit Provided:	Source:	
Nursing Facility Services: Sub Acute or Rehab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
90 days per contract year	none	



Nursing facility services are provided under acute hospitalization would be necessary if nursing facilities.		Remov
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
оспенных рын.		
enefit Provided:	Source:	
on Emergency Transportation- In-Patient Only	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Non-emergency ambulance transportation is avaitreatment is being provided.	lable for transport to and from facilities where medical	
Non-emergency transportation is only for in-patie	ent services.	
Other information regarding this benefit, including benchmark plan:	g the specific name of the source plan if it is not the base	
Trips that exceed 100 miles require prior authoriza	ation	

Add



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



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



Essential Health Benefit 5: Mental health and substance us behavioral health treatment	se disorder services including	Collapse All
Benefit Provided:	Source:	
Rehab: Inv, Grp &/or Family Therapy and Counseling	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
BHT's are limited to providing this service under an	ADHS/DBHS licensed agency.	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	7
Benefit Provided:	Source:	
Inpatient Hospital: Mental Health Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Not IMD Facilities. 'The IMD payment exclusion app	plies'	
Other information regarding this benefit, including th benchmark plan:	e specific name of the source plan if it is not the base	
Benefit Provided:	Source:	
Inpatient Hospital:Substance Abuse Detoxification	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
Not IMD Facilities. 'The IMD payment exclusion app	plies'	



benchmark plan:		Remov
Benefit Provided:	Source:	
Outpatient Hospital: Mental Health Services	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Not IMD Facilities		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
benchmark plan:	Source: State Plan 1905(a)	Remov
benchmark plan: Benefit Provided:	Source:	Remov
benchmark plan: Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation	Source: State Plan 1905(a)	Remov
benchmark plan: Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remov
benchmark plan: Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remov
benchmark plan: Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
benchmark plan: Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit: No Limit	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov
benchmark plan: Benefit Provided: Outpatient Hospital:Substance Abuse Rehabilitation Authorization: None Amount Limit: No Limit Scope Limit: Not IMD Facilities	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remov



Essential Health Benefit 6: Prescription drugs		
Benefit Provided:		
Coverage is at least the greater of one drug in each same number of prescription drugs in each category		, , ,
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	s or other:	
The State of Arizona's ABP prescription drug benestate plan for prescribed drugs.	efit plan is the same as u	nder the approved Medicaid



Essential Health Benefit 7: Rehabilitative and habilitative	services and devices	Collapse All	
Benefit Provided:	Source:	_	
Physical therapy	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
30 Outpatient Visits Per Year	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 benchmark plan:	e specific name of the source plan if it is not the base	_	
The Physical Therapy benefit includes 15 visits per cover year habilitation services.	ontact year for rehabilitation and 15 visits per contract		
Benefit Provided:	Source:		
Prosthetic Devices	State Plan 1905(a)	Remove	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
No Limit	No Limit		
Scope Limit:			
See Other Information			
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base		
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:	Source:		
Medical supplies, equipment & appliances for home	State Plan 1905(a)		
Authorization:	Provider Qualifications:	_	
None	Medicaid State Plan		
Amount Limit:	Duration Limit:	_	
No Limit	No Limit		



i cisonal care items including items for personal ci	eanliness, body hygiene, and grooming are not covered	Remov
unless needed to treat a medical condition.		
Other information regarding this benefit, including benchmark plan:	the specific name of the source plan if it is not the base	
enefit Provided:	Source:	
ehab: Psychosocial Rehabilitation	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including	the specific name of the source plan if it is not the base	
benchmark plan:		
	skill, social and communication skills to persons to lth symptoms and/or restoration of an individual to his/poses of maximizing the person's ability to live	
promote the maximum reduction of behavioral healther best age appropriate functional level for the pur	th symptoms and/or restoration of an individual to his/	
promote the maximum reduction of behavioral healther best age appropriate functional level for the pur	th symptoms and/or restoration of an individual to his/	
promote the maximum reduction of behavioral healther best age appropriate functional level for the pur independently and function in the community.	hth symptoms and/or restoration of an individual to his/poses of maximizing the person's ability to live	
promote the maximum reduction of behavioral heal her best age appropriate functional level for the pur independently and function in the community. enefit Provided:	Ith symptoms and/or restoration of an individual to his/poses of maximizing the person's ability to live Source:	
promote the maximum reduction of behavioral head her best age appropriate functional level for the pur independently and function in the community. enefit Provided: ehab: Home Care Training to Home Care Client	Source: State Plan 1905(a)	
promote the maximum reduction of behavioral heal her best age appropriate functional level for the pur independently and function in the community. enefit Provided: ehab: Home Care Training to Home Care Client Authorization:	Source: State Plan 1905(a) Provider Qualifications:	
promote the maximum reduction of behavioral heal her best age appropriate functional level for the pur independently and function in the community. enefit Provided: ehab: Home Care Training to Home Care Client Authorization:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Medicaid State Plan	
promote the maximum reduction of behavioral heal her best age appropriate functional level for the pur independently and function in the community. enefit Provided: ehab: Home Care Training to Home Care Client Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
promote the maximum reduction of behavioral heal her best age appropriate functional level for the pur independently and function in the community. enefit Provided: ehab: Home Care Training to Home Care Client Authorization: None Amount Limit: No Limits Scope Limit: HCTC services can only be provided for no more to	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	
promote the maximum reduction of behavioral head her best age appropriate functional level for the purindependently and function in the community. enefit Provided: ehab: Home Care Training to Home Care Client Authorization: None Amount Limit: No Limits Scope Limit: HCTC services can only be provided for no more to licensed by ADHS/OBHL or home licensed by feed AHCCCS that they meet equivalent requirements.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits Source: Ithan three adults in an Adult Therapeutic Foster Home	



		Remov
Benefit Provided:	Source:	
Rehab: Supported Employment Services	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
BHT's and BHPP's are limited to providing the Certified Community Service Agency.	his service under an ADHS/OBHL licensed agency or a State	
Other information regarding this benefit, inclubenchmark plan:	uding the specific name of the source plan if it is not the base	
1 1,4 4 4 4 4	ated symptoms, facilitate recovery from mental illness; assist	
with personal, community and social compete environmental supports.	encies, and to aid members to establish and navigate	
environmental supports. Benefit Provided:	encies, and to aid members to establish and navigate	Remove
environmental supports. Benefit Provided:	Source:	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion	Source: State Plan 1905(a)	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remov
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit: No Limits Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
environmental supports. Benefit Provided: Rehab: Health Promotion Authorization: None Amount Limit: No Limits Scope Limit: BHT's and BHPP's are limited to providing the Certified Community Service Agency.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limits	Remove



■ Essential Health Benefit 8: Laboratory services		Collapse All
Benefit Provided:	Source:	
Other laboratory and x-ray services.	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
See Other Information		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Laboratory, x-ray, and medical imaging services. Gengenetic tests are necessary to differentiate between tre determine specific diagnoses or syndromes when such medical treatment of the member.	atment options. Genetic testing is not covered to	
		Add



d additional preventive services for women recom-	children and adults recommended by HRSA's Bright Futures progression of the Institute of Medicine (IOM).	
Benefit Provided:	Source:	1
Preventative Services	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	1
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	1
No Limit	No Limit	
Scope Limit:		1
No Limit		
Other information regarding this benefit, in benchmark plan:	cluding the specific name of the source plan if it is not the base	
benefit.	by HRSA's Bright Futures program/project; and additional ed by the Institute of Medicine (IOM) are included in this	
benefit. Benefit Provided:	ed by the Institute of Medicine (IOM) are included in this Source:	Parrana
Benefit Provided: Screening Services	Source: State Plan 1905(a)	Remove
benefit. Benefit Provided: Screening Services Authorization:	Source: State Plan 1905(a) Provider Qualifications:	Remove
benefit. Benefit Provided: Screening Services Authorization: None	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benefit. Benefit Provided: Screening Services Authorization: None Amount Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benefit. Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan	Remove
benefit. Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit Scope Limit:	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
benefit. Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit Scope Limit: No Limit Other information regarding this benefit, incomendance of the content of the cont	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit Cluding the specific name of the source plan if it is not the base	Remove
Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit Scope Limit: No Limit Other information regarding this benefit, incompany the benchmark plan: "A" and "B" services recommended by the Committee for Immunization Practices (AC infants, children and adults recommended by	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit	Remove
Benefit Provided: Screening Services Authorization: None Amount Limit: No Limit Scope Limit: No Limit Other information regarding this benefit, in benchmark plan: "A" and "B" services recommended by the Committee for Immunization Practices (AC infants, children and adults recommended by preventive services for women recommended.	Source: State Plan 1905(a) Provider Qualifications: Medicaid State Plan Duration Limit: No Limit No Limit United States Preventive Services Task Force; Advisory CIP) recommended vaccines; preventive care and screening for by HRSA's Bright Futures program/project; and additional	Remove



Authorization:	Provider Qualifications:	
None	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
Services provided by persons who have been consun least 18 years old.	ners of the behavioral health system and who are at	
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
Peer support may involve assistance with more effect assisting with developing plans of care, accessing supservice barriers or assisting the member to understand coaching, role modeling and mentoring.	pports, partnering with professionals, overcoming	
Benefit Provided:	Source:	
Rehab Services: Family Support/Home Care Training	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
enhancement, or maintenance of the family functionic care for the member in the home and community who	en relevant to the member's treatment plan. May to adjust to the member's disability, developing skills derstanding the causes and treatment of behavioral	
Benefit Provided:	Source:	
Rehab Services Living Skills Training	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Tathorization.		



Amount Limit:	Duration Limit:	_
No Limit	No Limit	Remove
Scope Limit:		
No Limit		
Other information regarding this be benchmark plan:	enefit, including the specific name of the source plan if it is not the base	
appropriate independent living, soc	restoration, enhancement, maintenance, and assistance in obtaining age sial, and communication skills to members and/or their families in order to live and participate in the community and to function independently.	
Benefit Provided:	Source:	
espite	Secretary-Approved Other	Remove
Authorization:	Provider Qualifications:	_
None	Other	
Amount Limit:	Duration Limit:	_
600 hours per year	none	
Scope Limit:		
No Limit		
Other information regarding this be benchmark plan:	enefit, including the specific name of the source plan if it is not the base	_
The respite benefit is authorized un Health Care Cost Containment Sys	der the 1115 Research and Demonstration Waiver for the Arizona tem	
enefit Provided:	Source:	
ase Management	State Plan 1905(a)	Remov
Authorization:	Provider Qualifications:	
None	Other	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		_
No Limit		
Other information regarding this be	enefit, including the specific name of the source plan if it is not the base	_
benchmark plan:		_



nefit Provided:	Source:	
ner practitioners' srvs:Other practitioners' srv	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No Limit	No Limit	
Scope Limit:		
No Limit		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
I. Respiratory Therapists ii. Certified Nurse Practitioners iii. Certified Registered Nurse Anesthetists iv. Non-physician First Surgical Assistants and Physic v. Licensed midwives within the limitations provided and Procedures vi. Licensed affiliated practice dental hygienists practi Arizona's state practice act. vii. Licensed Pharmacists employed by an AHCCCS- acting within the scope of their practice may administ pneumococcal vaccines and anaphylaxis agents. viii. Non-physician behavioral health professionals, as	in the AHCCCS policy icing within the scope of registered pharmacy and er seasonal flu and	

Add



■ Essential Health Benefit 10: Pediatric services including or	Collapse All	
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source:	Damana
	State Plan 1905(a)	Remove
Authorization:	Provider Qualifications:	_
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		_
Only provided to individuals under 21 years of age		
Other information regarding this benefit, including the benchmark plan:	e specific name of the source plan if it is not the base	
EPSDT covered services include services that correct and illnesses discovered by the screening process whe mandatory categories of "Medical Assistance" as defi EPSDT include categories of services in the Federal I in the AHCCCS State Plan, AHCCCS statutes, rules, necessary and cost effective.	en those services fall within the optional and ned in the Medicaid Act. Services covered under Law even when they are not listed as covered services	
		Add

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Other Covered Benefits from Base Benchmark	Collapse All



		D 11 12	C 11 A 11 🗔
\boxtimes	Base Benchmark Benefits Not Covered due to Substitution	*	Collapse All
	Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
	Physician Services- Duplication	Dase Deficilliar	Remove
	Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under the control of th		_
	Physician Services for diagnostic and treatment service EHB category. The services are a duplication of physical services are a duplication of physical services.		
	Base Benchmark Benefit that was Substituted:	Source:	
	Family Planning Services-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above uncompared to the substitution of duplication, including indication, included above uncompared in including indication.		
	Family Planning Services for contraception and volun patient services' EHB category. The services are a dup individuals of child bearing age from the existing state	plication of family planning services and supplies for	
	Base Benchmark Benefit that was Substituted:	Source:	
	Hospice Services-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above uncompared to the substitution of the subst		
	Hospice Services that meet the physical, psychological their families were mapped to the 'ambulatory patient duplication of hospice care from the existing state Me	services' EHB category. The services are a	
	Base Benchmark Benefit that was Substituted:	Source:	
	Ambulance Services-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section 1937 benchmark benefit(s) included above uncompared to the section of the sectio		
	Ambulance Services to/from an appropriate provider of facility transfer were mapped to the 'Ambulatory Serv EHB categories. The services are a duplication of transnon-emergency services from the existing state Medical Control of the Control of th	rices', 'Emergency Services', and 'Hospitalization' asportation: emergency services and transportation:	
	Base Benchmark Benefit that was Substituted:	Source:	
	Urgent Care-Duplication	Base Benchmark	Remove
	Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above uncertainty.		
	Urgent Care for the medical, surgical, hospital and rel emergency services were bundled, along with emerge EHB category. The services are a duplication of clinic state Medicaid plan.	ncy services and mapped to the 'emergency services'	o o



Base Benchmark Benefit that was Substituted:	Source:	
Emergency Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Emergency services for the sudden onset of medical of symptoms were bundled, along with urgent care and in The bundled services are a duplication of outpatient his state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Hospital Services- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Inpatient hospital services for services that cannot be another Participating Health Care Facility were mapp are a duplication of inpatient hospital from the existin	ed to the 'hospitalization' EHB category. The services	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Facility Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Outpatient facility services for services provided on a patient services' EHB category. The services are a dup existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Organ Transplant Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indi section 1937 benchmark benefit(s) included above un		
Organ transplant services (not including pancreas only tissue were mapped to the 'hospitalization' EHB categ services from the existing state Medicaid plan.	y transplants) for the transplant of human organs and gory. The services are a duplication of organ transplant	
Base Benchmark Benefit that was Substituted:	Source:	
Subacute Care-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Subacute care including but not limited to hospital-ba nursing facilities were mapped to the 'hospitalization' nursing facility: sub acute or rehab services from the	EHB category. The services are a duplication of	



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



Base Benchmark Benefit that was Substituted:	Source:	
Breast Reconstruction and Prostheses-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
	ng a mastectomy were mapped to the 'Hospitalization' B categories. The services are a duplication of inpatient ate Medicaid plan.	
Base Benchmark Benefit that was Substituted:	Source:	
Inpatient Mental Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Inpatient Mental Health Services provided by a partic mental health during an inpatient stay were mapped to services/behavioral health treatment' EHB category. The mental health services from the existing state Medical	o the 'mental health and substance abuse disorder The services are a duplication of inpatient hospital:	
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient Mental Health Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
mental health on an outpatient basis in an individual, mapped to the 'mental health and substance abuse dis		
Base Benchmark Benefit that was Substituted:	Source:	
Outpatient SA Rehabilitation Services-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un	. , , , , , , , , , , , , , , , , , , ,	
Outpatient Substance Abuse Rehabilitation Services pand diagnosis of abuse or addiction to alcohol and/or structured group or intensive outpatient therapy prograbuse disorder services/behavioral health treatment Eoutpatient hospital: substance abuse rehabilitation services/	ram were mapped to the 'mental health and substance EHB category. The services are a duplication of	
Base Benchmark Benefit that was Substituted:	Source:	
Residential MH/SA Treatment Services-Duplication	Base Benchmark	
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Residential MH/SA Treatment Services for voluntary mental health and substance abuse treatment were ma		



Base Benchmark Benefit that was Substituted: SA Detoxification Services-Duplication Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Substance Abuse Detoxification Services for detoxification and related medical ancillary services when required for the diagnosis and treatment of addiction to alcohol and/or drugs, and medication management when provided in conjunction with a consultation were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of inpatient hospital: substance abuse detoxification services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Diagnostic Testing, Lab and Radiology Services- Dup 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: Source: Base Benchmark Benefit that was Substituted: Base Benchmark Benefit that was Substituted: Source: Short-term Rehabilitative Therapy-OP-Substitution Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Short-term rehabilitative Therapy-OP-Substitution Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Short term rehabilitative appeal to the Rehabilitative and Habilitative Scrices and Devices EHB category. Health promotion, home care training to home care elient, supported employment services and supples were mapped to the Rehabilitative and Habilitative Scrices and Supples were mapped to the Rehabilitative and Habilitative Scrices and Supples were mapped to the Rehabilitative and H	disorder services/behavioral health treatment' EHB ca	ategory. The services are a duplication of individual	
Base Benchmark Benefit that was Substituted: SA Detoxfication Services-Duplication Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Substance Abuse Detoxification Services for detoxification and related medical ancillary services when required for the diagnosis and treatment of addiction to alcohol and/or drugs, and medication management when provided in conjunction with a consultation were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment 'EHB category,' The services are a duplication of inpatient hospital' substance abuse detoxification services from the existing state Medicaid plan. Base Benchmark Benefit (that was Substituted: Diagnostic Testing, Lab and Radiology Services- Dup Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Diagnostic testing, including labratory and radiology services were mapped to the Taboratory services' EHB category. The services are a duplication of other laboratory and x-ray services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Source: Base Benchmark Short-term Rehabilitative Therapy-OP-Substitution Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Short term rehabilitative services including PT, OT, SP, and cardiac rehabilitation limited to 60 visits per member per year were mapped to the Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations. Base			Remove
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Substance Abuse Detoxification Services for detoxification and related medical ancillary services when required for the diagnosis and treatment of addiction to alcohol and/or drugs, and medication management when provided in conjunction with a consultation were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment EHB category. The services are a duplication of inpatient hospital: substance abuse detoxification services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Diagnostic Testing, Lab and Radiology Services- Dup Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Diagnostic testing, including labratory and radiology services were mapped to the 'laboratory services' EHB category. The services are a duplication of other laboratory and x-ray services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Source: Short-term Rehabilitative Therapy-OP-Substitution Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Short term rehabilitative services including PT, OT, SP, and cardiac rehabilitation Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations. Base Benchmark Benefit that was Substituted: Source: Base Benchmark Base Benchmark Benefit that was Substituted: Base Benchmark Benchmark Benefit that was Substituted: Base Benchmark		C	
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Substance Abuse Detoxification Services for detoxification and related medical ancillary services when required for the diagnosis and treatment of addiction to alcohol and/or drugs, and medication management when provided in conjunction with a consultation were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of inpatient hospital: substance abuse detoxification services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Diagnostic Testing, Lab and Radiology Services-Dup Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Diagnostic testing, including labratory and radiology services were mapped to the 'laboratory services' EHB category. The services are a duplication of other laboratory and x-ray services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Source: Base Benchmark 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: 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. Base Benchmark Base Benchmark Remove Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: 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 promotio			Remove
required for the diagnosis and treatment of addiction to alcohol and/or drugs, and medication management when provided in conjunction with a consultation were mapped to the 'mental health and substance abuse disorder services/behavioral health treatment' EHB category. The services are a duplication of inpatient hospital: substance abuse detoxification services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Diagnostic Testing, Lab and Radiology Services- Dup Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Diagnostic testing, including labratory and radiology services were mapped to the 'laboratory services' EHB category. The services are a duplication of other laboratory and x-ray services from the existing state Medicaid plan. Base Benchmark Benefit that was Substituted: Source: Short-term Rehabilitative Therapy-OP-Substitution Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Short term rehabilitative services including PT, OT, SP, and cardiac rehabilitation limited to 60 visits per member per year were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitations. Base Benchmark Benefit that was Substituted: Source: Foot Orthotics-Substitution Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Foot Orthotics as defined by section 7.20 diabetic services and supplies were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supp	1		
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits: Foot Orthotics as defined by section 7.20 diabetic services and supplies were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations. Base Benchmark Benefit that was Substituted: Source: Base Benchmark	Base Benchmark Benefit that was Substituted:		
section 1937 benchmark benefit(s) included above under Essential Health Benefits: Foot Orthotics as defined by section 7.20 diabetic services and supplies were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations. Base Benchmark Benefit that was Substituted: Source: Base Benchmark	Foot Orthotics-Substitution	Base Benchmark	Remove
and Habilitative Services and Devices' EHB category. Health promotion, home care training to home care client, supported employment services and psychosocial rehabilitation from the existing Medicaid plan were used for substitution purposes related to benefit limitations. Base Benchmark Benefit that was Substituted: Source: Base Benchmark	· · · · · · · · · · · · · · · · · · ·		
Base Benchmark	and Habilitative Services and Devices' EHB category client, supported employment services and psychosoc	r. Health promotion, home care training to home care cial rehabilitation from the existing Medicaid 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. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Durable Medical Equipment (DME)-Duplication 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: Base Benchmark Chiropractic Care Services- Substitution 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. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Hearing Aids- Substitution 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. Source: Base Benchmark Benefit that was Substituted: Base Benchmark Ostomy Supplies-Duplication 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.



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



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



existing state Medicaid plan.		Remove
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	_
Prostate Screening- Duplication Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		Remove
Prostate screening services were mapped to the 'preve management' EHB category. The services are a duplic Medicaid plan.	entative and wellness services and chronic disease	
Base Benchmark Benefit that was Substituted:	Source:	
Cochlear Implants- Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Cochlear implants were mapped to the 'preventative a management' EHB category. Respite care, peer supportraining from the existing state Medicaid plan were us	ort, family support/home care training and living skills	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Allergy Testing-Substitution	Base Benefilmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Allergy testing were mapped to the 'preventative and EHB category. Respite care, peer support, family sup the existing state Medicaid plan were used for substitution.	port/home care training and living skills training from	
Base Benchmark Benefit that was Substituted:	Source:	
Antigen Admin Desensitization/trtmnt-Substitution	Base Benchmark	Remove
Explain the substitution or duplication, including indisection 1937 benchmark benefit(s) included above un		
Antigen administration desensitization/treatment were and chronic disease management EHB category. Restraining and living skills training from the existing state.		
Base Benchmark Benefit that was Substituted:	Source:	
Generic Drugs-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un		
Generic Drugs were mapped to 'prescription drug' EI	HB category. The services are a duplication of the id plan.	



	G	
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
Formulary Brand Drugs- Duplication	Buse Benefittark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Formulary Brand Drugs were mapped to 'prescription of the prescription drug plan from the existing state N		
Base Benchmark Benefit that was Substituted:	Source:	
Non-Formulary Brand Drugs- Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above un		
Non-Formulary Brand Drugs were mapped to 'prescribed duplication of the prescription drug plan from the exist."		
Base Benchmark Benefit that was Substituted:	Source:	
Case Management-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Case Management services were mapped to the 'prev management' EHB category. The services are a dupli state Medicaid plan.	entative and wellness services and chronic disease cation of case management services from the existing	
Base Benchmark Benefit that was Substituted:	Source:	
Cancer Clinical Trials-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Cancer Clinical Trials were mapped to the 'ambulator duplication of physician services from the existing statement of the services from the services from the existing statement of the services from the services		
Base Benchmark Benefit that was Substituted:	Source:	
Diabetic Services and Supplies-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Diabetic Services and Supplies were mapped to the 'a services are a duplication of physician services from		
Base Benchmark Benefit that was Substituted:	Source:	
Medical Foods/Metabolic Spplments/Gastric Form Dup	Base Benchmark	
Explain the substitution or duplication, including ind section 1937 benchmark benefit(s) included above ur		
Medical Foods/Metabolic Supplements/Gastric Form	ula were mapped to the 'prescription drugs' EHB	



category. The services are a duplication of prescriptio	n drug cornicas from the existing state Medicaid plan	
eategory. The services are a duplication of prescription	if drug services from the existing state viculeard plan.	Damaria
		Remove
Base Benchmark Benefit that was Substituted:	Source: Base Benchmark	
ABA for Autism- Duplication	Buse Benefithark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above under		
ABA for Autism were mapped to the "Rehabilitative a The services are a duplication of rehabilitative services	ē :	
Base Benchmark Benefit that was Substituted:	Source:	
Clinic Services: Non-Urgent-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un		
Clinic Services: Non-Urgent for medical services provambulatory patient services' EHB category. The servifrom the existing state Medicaid plan.		
Base Benchmark Benefit that was Substituted:	Source:	
Dental Services – Accident Only-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indissection 1937 benchmark benefit(s) included above un	-	
Dental Services – Accident Only for the treatment of a were mapped to the 'emergency services' EHB category hospital services from the existing state Medicaid plant	ory. The services are a duplication of emergency	
Base Benchmark Benefit that was Substituted:	Source:	
Orthognathic Surgery-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un		
nature or change the occlusion of the teeth (external o	ontic services and/or appliances that are orthodontic in or intra-oral) were mapped to the 'ambulatory patient of outpatient hospital services from the existing state	
Base Benchmark Benefit that was Substituted:	Source:	
Dental Confinements/Anesthesia-Duplication	Base Benchmark	Remove
Explain the substitution or duplication, including indication 1937 benchmark benefit(s) included above un	-	
	' ambulatory patient services' EHB category. The	



Base Benchmark Benefit that was Substituted:

Source:

Temporomandibular Joint (TMJ) Disorder-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:

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

Remove

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

Pancreas only transplant services were mapped to the 'hospitalization' EHB category. NEMT only for inpatient services from the existing state Medicaid plan were used for substitution purposes.

Add



Other Base Benchmark Benefits Not Covered	Collapse All



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



Pub. 45-4).		
Other:		
Federally qualified health center (FQI No authorization required	HC): Federally qualified health center (FQHC)	
Other 1937 Benefit Provided:	Source:	
Optometrists' Services	Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization:	Provider Qualifications:	
	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limit	No limit	
Scope Limit:		
Scope Limit: No Limit		
No Limit Other: Medical care and any type of remedia	l care recognized under State Law- Optometrists' Services:	
No Limit Other: Medical care and any type of remedia Optometrists' Services No authorization required	l care recognized under State Law- Optometrists' Services: Source:	
No Limit Other: Medical care and any type of remedia Optometrists' Services		Remove
No Limit Other: Medical care and any type of remedia Optometrists' Services No authorization required Other 1937 Benefit Provided:	Source: Section 1937 Coverage Option Benchmark Benefit	Remove
No Limit Other: Medical care and any type of remedia Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
No Limit Other: Medical care and any type of remedia Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications:	Remove
No Limit Other: Medical care and any type of remedia Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan	Remove
No Limit Other: Medical care and any type of remedia Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization: Amount Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
No Limit Other: Medical care and any type of remedia Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization: Amount Limit: No Limit Scope Limit:	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit:	Remove
No Limit Other: Medical care and any type of remedia Optometrists' Services No authorization required Other 1937 Benefit Provided: Eyeglasses Authorization: Amount Limit: No Limit Scope Limit: Adult Services are limited to eyeglas	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: Medicaid State Plan Duration Limit: No Limit	Remove



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



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



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



Authorization:	Provider Qualifications:	
	Medicaid State Plan	Remove
Amount Limit:	Duration Limit:	_
No Limit	No Limit	
Scope Limit:		
No Limit		
Other:		
Licensed or otherwise state-recognized covered	professionals providing services in the freestanding birth	
center		
No prior authorization required		
		Add



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

PRA Disclosure Statement

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

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