

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

received
4-7-14

Tom Betlach, Director
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

Dear Mr. Betlach:

Enclosed for your records is an approved copy of Arizona's Alternative Benefit Plan (ABP) state plan amendment AZ-14-0006. This ABP, which was submitted on March 17, 2014, meets all federal statutory and regulatory requirements for establishing an ABP. CMS is aware that Arizona currently utilizes an inpatient hospital limitation of 25 days per year for the new adult group and other Arizona Medicaid beneficiaries. That limitation will be removed on October 1, 2014, per Arizona's approved State Plan Amendment, AZ-13-014. The removal of this inpatient limit will complete Arizona's transition to the ABP as reflected in this approved SPA AZ-14-0006.

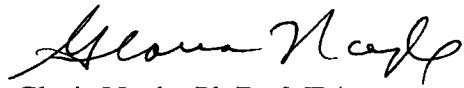
All requirements pertaining to ABPs must be met including, but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and managed care service delivery systems (State Plan amendments and contracts). Future amendments to Arizona's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved State plan will be mirrored in the ABP.

This ABP SPA is approved effective January 1st, 2014. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-L:
 - ABP 1, page 1
 - ABP 2a, page 1
 - ABP 3, pages 1-2
 - ABP 4, page 1
 - ABP 5, pages 1-43
 - ABP 7, pages 1-2
 - ABP 8, pages 1-2
 - ABP 9, pages 1
 - ABP 10, page 1
 - ABP 11, page 1

If you have any questions, please contact Cheryl Young at (415) 744-3598 or at cheryl.young@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Gloria Nagle". The signature is fluid and cursive, with the first name "Gloria" being more prominent than the last name "Nagle".

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Wakina Scott
HeeYoung Ansell

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.

14-0006

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1937 of the Social Security Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 5500.00
Second Year	2015	\$ 11200.00

Subject of Amendment

Benefits for ABP population

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:

Mar 27, 2014

Submit Date:

Mar 17, 2014



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Alternative Benefit Plan Populations ABPI

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

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

V.20130917



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A) ABP2a
(i)(VIII) of the Act

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

Yes

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

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

PRA Disclosure Statement

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

Attachment 3.1-L-

OMB Expiration date: 10/31/2014

Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package

ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

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

Assurances:

1. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The state assures the accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid state plan.



Alternative Benefit Plan

Selection of Base Benchmark Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option. No

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

Please refer to ABP5 for a comparison of benefits. Arizona will provide the New Adult Group with the full set of Medicaid benefits provided to the State's categorically eligible population. This approach will help minimize disruptions for individuals who move among different eligibility categories within the AHCCCS program.

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.20130801



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Alternative Benefit Plan Cost-Sharing

ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

No

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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

V.20131219



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefits Description

ABP5

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

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

United Health Care EPO

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

Secretary-Approved



Alternative Benefit Plan

Essential Health Benefit 1: Ambulatory patient services

Collapse All

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Benefit Provided:

Family Planning Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Same as Medicare

Duration Limit:

Same as Medicare

Scope Limit:

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



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		<input type="button" value="Remove"/>
<input type="text"/>		
Benefit Provided: Outpatient hospital services	Source: State Plan 1905(a)	<input type="button" value="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:		
<input type="text"/>		
Benefit Provided: Transportation: Non-Emergency	Source: State Plan 1905(a)	<input type="button" value="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:		
<input type="text"/>		
Benefit Provided: Clinic Services: Non-Urgent	Source: State Plan 1905(a)	
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limit	Duration Limit: No Limit	



Alternative Benefit Plan

Scope Limit:		
<input type="text" value="No Limit"/>		<input type="button" value="Remove"/>
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
Benefit Provided:	Source:	
<input type="text" value="Home health services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No Limit"/>	<input type="text" value="No Limit"/>	
Scope Limit:		
<input type="text" value="Home health services meet the requirements of 42 CFR 440.70."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
Benefit Provided:	Source:	
<input type="text" value="Med/surg services furnished by a dentist"/>	<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="Services not covered by this benefit: dental cleanings, routine dental exams, dental restorations including crowns and fillings and extractions, pulpotomies, root canals, and the construction or delivery of partial dentures."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="Services covered by a dentist must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw and include examination of the oral cavity, required radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures."/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

Benefit Provided:

Transportation: Emergency Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No limit

Duration Limit:

No limit

Scope Limit:

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

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

Benefit Provided:

Clinic Services: Urgent and Emergent Care

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limits

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

Benefit Provided:

Outpatient Hospital: Emergency Services

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

TN No: 14-0006
Arizona

Approval Date: 4/1/2014
Effective Date: 1/1/2014



Alternative Benefit Plan

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

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

Remove

Add



Alternative Benefit Plan

Essential Health Benefit 3: Hospitalization

Collapse All

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

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

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

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

Benefit Provided:

Organ Transplant Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

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

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

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

Benefit Provided:

Nursing Facility Services: Sub Acute or Rehab

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

90 days per contract year

Duration Limit:

none



Alternative Benefit Plan

Scope Limit: Nursing facility services are provided under acute care and the ALTCS transitional program when hospitalization would be necessary if nursing facility services are not provided.		Remove
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		
Benefit Provided: Non Emergency Transportation- In-Patient Only	Source: State Plan 1905(a)	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: Non-emergency ambulance transportation is available for transport to and from facilities where medical treatment is being provided. Non-emergency transportation is only for in-patient services.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Trips that exceed 100 miles require prior authorization		
		Add



Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

Benefit Provided:

Extended Services for Pregnant Woman

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

Benefit Provided:

Nurse-Midwife

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limits

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

Benefit Provided:

Inpatient Hospital: Maternity

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		<input type="button" value="Remove"/>
<input type="text"/>		
Benefit Provided:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Physician: Maternity"/>	<input type="text" value="State Plan 1905(a)"/>	
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="No Limit"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		
<input type="button" value="Add"/>		



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 border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 45%;">Benefit Provided: Rehab: Inv, Grp &/or Family Therapy and Counseling</td><td style="width: 35%;">Source: State Plan 1905(a)</td><td style="width: 20%; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td>Authorization: None</td><td>Provider Qualifications: Medicaid State Plan</td><td></td></tr><tr><td>Amount Limit: No Limit</td><td>Duration Limit: No Limit</td><td></td></tr><tr><td colspan="3">Scope Limit: 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr></table>		Benefit Provided: Rehab: Inv, Grp &/or Family Therapy and Counseling	Source: State Plan 1905(a)	<input type="button" value="Remove"/>	Authorization: None	Provider Qualifications: Medicaid State Plan		Amount Limit: No Limit	Duration Limit: No Limit		Scope Limit: BHT's are limited to providing this service under an ADHS/DBHS licensed agency.			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Benefit Provided: Rehab: Inv, Grp &/or Family Therapy and Counseling	Source: State Plan 1905(a)	<input type="button" value="Remove"/>														
Authorization: None	Provider Qualifications: Medicaid State Plan															
Amount Limit: No Limit	Duration Limit: No Limit															
Scope Limit: BHT's are limited to providing this service under an ADHS/DBHS licensed agency.																
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 45%;">Benefit Provided: Inpatient Hospital : Mental Health Services</td><td style="width: 35%;">Source: State Plan 1905(a)</td><td style="width: 20%; text-align: center;"><input type="button" value="Remove"/></td></tr><tr><td>Authorization: None</td><td>Provider Qualifications: Medicaid State Plan</td><td></td></tr><tr><td>Amount Limit: No Limit</td><td>Duration Limit: No Limit</td><td></td></tr><tr><td colspan="3">Scope Limit: Not IMD Facilities. 'The IMD payment exclusion applies'</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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></td></tr></table>		Benefit Provided: Inpatient Hospital : Mental Health Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>	Authorization: None	Provider Qualifications: Medicaid State Plan		Amount Limit: No Limit	Duration Limit: No Limit		Scope Limit: Not IMD Facilities. 'The IMD payment exclusion applies'			Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Benefit Provided: Inpatient Hospital : Mental Health Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>														
Authorization: None	Provider Qualifications: Medicaid State Plan															
Amount Limit: No Limit	Duration Limit: No Limit															
Scope Limit: Not IMD Facilities. 'The IMD payment exclusion applies'																
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 45%;">Benefit Provided: Inpatient Hospital: Substance Abuse Detoxification</td><td style="width: 35%;">Source: State Plan 1905(a)</td><td style="width: 20%;"></td></tr><tr><td>Authorization: None</td><td>Provider Qualifications: Medicaid State Plan</td><td></td></tr><tr><td>Amount Limit: No Limit</td><td>Duration Limit: No Limit</td><td></td></tr><tr><td colspan="3">Scope Limit: Not IMD Facilities. 'The IMD payment exclusion applies'</td></tr></table>		Benefit Provided: Inpatient Hospital: Substance Abuse Detoxification	Source: State Plan 1905(a)		Authorization: None	Provider Qualifications: Medicaid State Plan		Amount Limit: No Limit	Duration Limit: No Limit		Scope Limit: Not IMD Facilities. 'The IMD payment exclusion applies'					
Benefit Provided: Inpatient Hospital: Substance Abuse Detoxification	Source: State Plan 1905(a)															
Authorization: None	Provider Qualifications: Medicaid State Plan															
Amount Limit: No Limit	Duration Limit: No Limit															
Scope Limit: Not IMD Facilities. 'The IMD payment exclusion applies'																



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		<input type="text"/>	<input type="button" value="Remove"/>
Benefit Provided:	Source:	<input type="text"/>	<input type="button" value="Remove"/>
Outpatient Hospital: Mental Health Services	State Plan 1905(a)		
Authorization:	Provider Qualifications:	<input type="text"/>	
None	Medicaid State Plan		
Amount Limit:	Duration Limit:	<input type="text"/>	
No Limit	No Limit		
Scope Limit:	<input type="text"/>		
Not IMD Facilities			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			
Benefit Provided:	Source:	<input type="text"/>	<input type="button" value="Remove"/>
Outpatient Hospital: Substance Abuse Rehabilitation	State Plan 1905(a)		
Authorization:	Provider Qualifications:	<input type="text"/>	
None	Medicaid State Plan		
Amount Limit:	Duration Limit:	<input type="text"/>	
No Limit	No Limit		
Scope Limit:	<input type="text"/>		
Not IMD Facilities			
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			
			<input type="button" value="Add"/>



Alternative Benefit Plan

Essential Health Benefit 6: Prescription drugs

Benefit Provided:

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

Prescription Drug Limits (Check all that apply.):

- Limit on days supply
- Limit on number of prescriptions
- Limit on brand drugs
- Other coverage limits
- Preferred drug list

Authorization:

No

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Arizona's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for prescribed drugs.



Alternative Benefit Plan

Essential Health Benefit 7: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

Physical therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 Outpatient Visits Per Year

Duration Limit:

None.

Scope Limit:

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

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

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

Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

See Other Information

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

Covered prosthetic devices for members 21 and older do not include hearing aids, 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.

Benefit Provided:

Medical supplies, equipment & appliances for home

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

TN No: 14-0006
Arizona

Approval Date: 4/1/2014
Effective Date: 1/1/2014



Alternative Benefit Plan

Scope Limit:

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

Remove

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

Benefit Provided:

Rehab: Psychosocial Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

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

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

Benefit Provided:

Rehab: Home Care Training to Home Care Client

Source:

State Plan 1905(a)

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limits

Duration Limit:

No Limits

Scope Limit:

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

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

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



Alternative Benefit Plan

<input type="text"/>		<input type="button" value="Remove"/>
Benefit Provided: <input type="text" value="Rehab: Supported Employment Services"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limit"/>	Duration Limit: <input type="text" value="No Limit"/>	
Scope Limit: <input type="text" value="BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="These services are designed to assist a person or group of persons with a medical/behavioral health condition that enables a member to function in the workplace. These services include supporting the member's ability to manage mental health related symptoms, facilitate recovery from mental illness; assist with personal, community and social competencies, and to aid members to establish and navigate environmental supports."/>		
Benefit Provided: <input type="text" value="Rehab: Health Promotion"/>	Source: <input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization: <input type="text" value="None"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="No Limits"/>	Duration Limit: <input type="text" value="No Limits"/>	
Scope Limit: <input type="text" value="BHT's and BHPP's are limited to providing this service under an ADHS/OBHL licensed agency or a State Certified Community Service Agency."/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text" value="Education and training provided to a group of persons and/or their families related to the enrolled member's treatment plan on health related topics such as the nature of illness, relapse and symptom management, medication management, stress management, safe sex practices, HIV education and healthy lifestyles"/>		
		<input type="button" value="Add"/>



Alternative Benefit Plan

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



Alternative Benefit Plan

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

Collapse All

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

Benefit Provided:	Source:	
<input type="text" value="Preventative Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No Limit"/>	<input type="text" value="No Limit"/>	
Scope Limit:		
<input type="text" value="No Limit"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="A and B services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM) are included in this benefit."/>		

Benefit Provided:	Source:	
<input type="text" value="Screening Services"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="None"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="No Limit"/>	<input type="text" value="No Limit"/>	
Scope Limit:		
<input type="text" value="No Limit"/>		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text" value="A and B services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM) are included in this benefit."/>		

Benefit Provided:	Source:
<input type="text" value="Rehab Services: Peer Support Services"/>	<input type="text" value="State Plan 1905(a)"/>



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

Amount Limit: No Limit	Duration Limit: No Limit	Remove
Scope Limit: No Limit		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: These services are provided for the restoration, enhancement, maintenance, and assistance in obtaining age appropriate independent living, social, and communication skills to members and/or their families in order to maximize the member's ability to live and participate in the community and to function independently.		
Benefit Provided: Respite	Source: Secretary-Approved Other	Remove
Authorization: None	Provider Qualifications: Other	
Amount Limit: 600 hours per year	Duration Limit: none	
Scope Limit: No Limit		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: The respite benefit is authorized under the 1115 Research and Demonstration Waiver for the Arizona Health Care Cost Containment System		
Benefit Provided: Case Management	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Other	
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: No Limit		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		



Alternative Benefit Plan

Benefit Provided:	Source:	
Other 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 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

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: Only provided to individuals under 21 years of age		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: EPSDT covered services include services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within the optional and mandatory categories of "Medical Assistance" as defined in the Medicaid Act. Services covered under EPSDT include categories of services in the Federal Law even when they are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.		
		<input type="button" value="Add"/>



Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

<input checked="" type="checkbox"/> Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Physician 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 style="width: 95%;" type="text" value="Physician Services for diagnostic and treatment services were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of physician services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Family Planning 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 style="width: 95%;" type="text" value="Family Planning Services for contraception and voluntary sterilization were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of family planning services and supplies for individuals of child bearing age from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Hospice 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 style="width: 95%;" type="text" value="Hospice Services that meet the physical, psychological, spiritual and social needs of dying persons and their families were mapped to the 'ambulatory patient services' EHB category. The services are a duplication of hospice care from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Ambulance 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 style="width: 95%;" type="text" value="Ambulance Services to/from an appropriate provider or facility for emergencies and non-emergency inter-facility transfer were mapped to the 'Ambulatory Services', 'Emergency Services', and 'Hospitalization' EHB categories. The services are a duplication of transportation: emergency services and transportation: non-emergency services from the existing state Medicaid plan."/>		
Base Benchmark Benefit that was Substituted: <input style="width: 90%;" type="text" value="Urgent 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 style="width: 95%;" type="text" value="Urgent Care for the medical, surgical, hospital and related health care services and testing which are not emergency services were bundled, along with emergency services and mapped to the 'emergency services' EHB category. The services are a duplication of clinic services: urgent and emergent care from the existing state Medicaid plan."/>		



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: Breast Reconstruction and Prostheses-Duplication</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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>Base Benchmark Benefit that was Substituted: Inpatient Mental Health Services-Duplication</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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>Base Benchmark Benefit that was Substituted: Outpatient Mental Health Services-Duplication</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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>Base Benchmark Benefit that was Substituted: Outpatient SA Rehabilitation Services-Duplication</p>	<p>Source: Base Benchmark</p>	<p>Remove</p>
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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>Base Benchmark Benefit that was Substituted: Residential MH/SA Treatment Services-Duplication</p>	<p>Source: Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>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>		



Alternative Benefit Plan

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

<p>Base Benchmark Benefit that was Substituted: Internal Prosthetic/Medical Appliances-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:</p> <p>Internal prosthetic/medical appliances are prosthetics and appliances as permanent or temporary internal aids and supports for nonfunctional body parts, were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of prosthetic devices from the existing state Medicaid plan.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted: Oxygen and the Oxygen Delivery System-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:</p> <p>Oxygen and the Oxygen Delivery System was mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of the home health benefit from the existing state Medicaid plan.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted: Medical Supplies-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:</p> <p>Medical supplies include Medically Appropriate supplies which may be considered disposable, however, are required for a Member in a course of treatment for a specific medical condition were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of medical supplies, equipment, and appliances suitable for use in the home from the existing state Medicaid plan.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted: Compression Garments-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:</p> <p>Compression garments for the treatment of lymphedema were mapped to the 'Rehabilitative and Habilitative Services and Devices' EHB category. The services are a duplication of medical supplies, equipment, and appliances suitable for use in the home from the existing state Medicaid plan.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>
<p>Base Benchmark Benefit that was Substituted: Immunizations-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:</p> <p>Immunizations were mapped to the 'preventative and wellness services and chronic disease management' EHB category. The services are a duplication of preventative services from the existing state Medicaid plan.</p>	<p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p>



Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Routine Physical- Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><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."/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Well Woman Examinations-Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><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."/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Well Man Examinations-Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><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."/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Home Health Services-Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><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."/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Mammograms-Duplication"/></p> <p>Source: Base Benchmark</p> <p><input type="button" value="Remove"/></p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><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."/></p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Nutritional Evaluation-Duplication"/></p> <p>Source: Base Benchmark</p> <p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p><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"/></p>
<p>TN No: 14-0006 Arizona</p> <p>Approval Date: 4/1/2014 Effective Date: 1/1/2014</p>



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

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



Alternative Benefit Plan

Other Base Benchmark Benefits Not Covered

Collapse All



Alternative Benefit Plan

Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided:

Medically Necessary Termination of Pregnancy

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limits

Duration Limit:

No Limits

Scope Limit:

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:

Inpatient Hospital Services: Medically Necessary Termination of Pregnancy

No authorization required

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit

Scope Limit:

No Limit

Other:

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

No authorization required

Other 1937 Benefit Provided:

Federally qualified health center (FQHC)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Provider Qualifications:

Medicaid State Plan

Amount Limit:

No Limit

Duration Limit:

No Limit



Alternative Benefit Plan

Scope Limit: Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).		<input type="button" value="Remove"/>
Other: Federally qualified health center (FQHC): Federally qualified health center (FQHC) No authorization required		
Other 1937 Benefit Provided: Optometrists' Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: 	Provider Qualifications: Medicaid State Plan	
Amount Limit: No limit	Duration Limit: No limit	
Scope Limit: No Limit		
Other: Medical care and any type of remedial care recognized under State Law- Optometrists' Services: Optometrists' Services No authorization required		
Other 1937 Benefit Provided: Eyeglasses	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: 	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limit	Duration Limit: No Limit	
Scope Limit: Adult Services are limited to eyeglasses and contact lenses as the sole prosthetic device after a cataract extraction.		
Other: Medical care and any type of remedial care recognized under State Law- Optometrists' Services: Eyeglasses Arizona Health Care Cost Containment System No authorization required		



Alternative Benefit Plan

Other 1937 Benefit Provided: Rehab: Screening/Evaluation/Assessment	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limits	Duration Limit: No Limits	
Scope Limit: 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,		
Other: 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		
Other 1937 Benefit Provided: Non-Emergency Transportation OP (Non Ambulance)	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text"/>	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.		
Other: This is limited to NEMT for out-patient services Trips that exceed 100 miles require prior authorization		
Other 1937 Benefit Provided: Face-to Face Tobacco Cessation Counseling Service	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text"/>	Provider Qualifications: Medicaid State Plan	
Amount Limit: No Limit	Duration Limit: No Limit	



Alternative Benefit Plan

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



Alternative Benefit Plan

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

Authorization:	Provider Qualifications:	
<input type="text"/>	Medicaid State Plan	<input type="button" value="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		
		<input type="button" value="Add"/>



Alternative Benefit Plan

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

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Benefits Assurances

ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

Yes

- The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).
- The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.
Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:
 - Through an Alternative Benefit Plan.
 - Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how EPSDT benefits will be provided to participants under 21 years of age (optional):

The ABP is fully aligned with the State plan which includes the following EPSDT covered services: services that correct or ameliorate physical and mental defects, conditions, and illnesses discovered by the screening process when those services fall within the optional and mandatory categories of "Medical Assistance" as defined in the Medicaid Act. Services covered under EPSDT include categories of services in the Federal Law even when they are not listed as covered services in the AHCCCS State Plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

Prescription Drug Coverage Assurances

- The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.
- The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.
- The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.
- The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

- The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.
- The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.



Alternative Benefit Plan

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

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

AHCCCS has implemented a managed care delivery system for Medicaid benefits since 1982. We will utilize the existing systems, infrastructure and resources for the implementation of the ABP.

MCO: Managed Care Organization

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

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:



Alternative Benefit Plan

Describe program below:

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

Additional Information: MCO (Optional)

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

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

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

Additional Information: Fee-For-Service (Optional)

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

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Employer Sponsored Insurance and Payment of Premiums	ABP9
The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.	<input type="checkbox"/> No
The state/territory otherwise provides for payment of premiums.	<input type="checkbox"/> No
Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:	
<div style="border: 1px solid black; height: 50px;"></div>	

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

General Assurances

ABP10

Economy and Efficiency of Plans

- The state/territory assures that Alternative Benefit Plan coverage is provided in accordance with Federal upper payment limit requirements and other economy and efficiency principles that would otherwise be applicable to the services or delivery system through which the coverage and benefits are obtained.

Economy and efficiency will be achieved using the same approach as used for Medicaid state plan services.

Yes

Compliance with the Law

- The state/territory will continue to comply with all other provisions of the Social Security Act in the administration of the state/territory plan under this title.
- The state/territory assures that Alternative Benefit Plan benefits designs shall conform to the non-discrimination requirements at 42 CFR 430.2 and 42 CFR 440.347(e).
- The state/territory assures that all providers of Alternative Benefit Plan benefits shall meet the provider qualification requirements of the Base Benchmark Plan and/or the Medicaid state plan.

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



Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-L-

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

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