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**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: 23-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 13, 2024

Elizabeth Matney  
Medicaid Director  
Iowa Department of Human Services  
1305 East Walnut Street  
Des Moines, IA 50319

Re: Iowa State Plan Amendment (SPA) 23-0011

Dear Iowa Medicaid Director Matney:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This amendment proposes to eliminate the Dental Healthy Behaviors requirement and remove the basic dental benefit package from the Alternative Benefit Plan (ABP).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulation Section 42 C.F.R. subsection 440.386. This letter is to inform you that Iowa Medicaid SPA 23-0011 was approved on March 13, 2024, with an effective date of July 1, 2023.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at [Lee.Herko@cms.hhs.gov](mailto:Lee.Herko@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by  
James G. Scott -S  
Date: 2024.03.13  
16:32:44 -05'00'

James G. Scott, Director  
Division of Program Operations

cc: Jennifer Steenblock  
Jeanette Brandner

# Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: **Iowa**

**Transmittal Number:**

*Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.*

IA-23-0011

**Proposed Effective Date**

07/01/2023 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 440.386

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	23	\$ 0.00
Second Year	24	\$ 0.00

**Subject of Amendment**

Remove basic dental benefit package under the Alternative Benefit Plan (ABP). Dental healthy behaviors requirement eliminated.

**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: **Jennifer Steenblock**  
 Last Revision Date: **Mar 6, 2024**  
 Submit Date: **Sep 25, 2023**



# Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: IA - 23 - 0011

<b>Benefits Description</b>	<b>ABP5</b>
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The state/territory proposes a "Benchmark-Equivalent" benefit package.

### Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

The "Benefit Provided" field lists the name of each benefit the same way it was described in the Section 1115 Waiver. If the name (but same benefit) was different in the Base Benchmark State Employees plan documents, this benefit name is stated in the "other description" field in all of ABP5, if applicable for that particular benefit.

Dental services will be provided through contract(s) with PAHP(s).

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



# Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Primary Care Illness/Injury Physician Services	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Athletic Trainers are not covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Physicians and Practitioners.		

Benefit Provided:	Source:	Remove
Specialty Physician Services	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Physicians and Practitioners NOTE: Iowa's Benchmark does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.		

Benefit Provided:	Source:	Remove
Home Health Services	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		

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



# Alternative Benefit Plan

Not Covered: Custodial home care services and supplies, which help with daily living activities. This type of care does not require the continuing attention and assistance of licensed medical or trained paramedical personnel. Some examples of custodial care are assistance in walking and getting in and out of bed; aid in bathing, dressing, feeding and other forms of assistance with normal bodily functions; preparation of special diets; and supervision of medication that can usually be self-administered. In order for care to be approved, must be approved by physician.

Benefit Provided:	Source:	Remove
Chiropractors	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
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:	Remove
Surgery - Outpatient	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
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:	Remove
Second Surgical Opinion	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	





# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Allergy Testing and Injections

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Allergy Testing and Treatment

Benefit Provided:

Chemotherapy - Outpatient

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

IV Infusion Services

Source:

Base Benchmark State Employees

Remove



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Prescription Drugs

Benefit Provided:

Radiation Therapy - Outpatient

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Dialysis - Outpatient

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered as an inpatient in a hospital or in a Medicare approved dialysis center (outpatient).

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





# Alternative Benefit Plan

Benefit Provided:

Anesthesia

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Ambulatory anesthesia is used for surgical procedures where the patient does not need to stay overnight in the hospital. The same anesthetics that are used in the operating room setting are used in the ambulatory setting, including general, regional and local anesthetics. Sedation anesthetics are also given in the ambulatory setting.

Benefit Provided:

Urgent Care/Walkin Centers

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Used for sudden illness or injury and who need to see a doctor right away. Clinics are often called minor emergency, urgent care, or immediate care centers.

Benefit Provided:

Access to Clinical Trials

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The state assures:



# Alternative Benefit Plan

1. Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial. 2. A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2). 3. A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3). General Condition of Coverage

Benefit Provided:

Genetic Testing

Source:

Base Benchmark State Employees

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Genetic testing for purely informational purposes is not covered.

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

Genetic molecular testing (specific gene identification) and related counseling are covered when both of the following are met: Appropriate candidate for a test under medically recognized standards, and outcome of the test is expected to determine a covered course of treatment or prevention.

NOTE: Iowa's Benchmark does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.

Benefit Provided:

Dental Treatment for Accidental Injury

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Care must be completed within 6 months of .....

Scope Limit:

See Other Information below for Covered and Not Covered services.

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

Duration limit continued: injury. Treatment must have occurred while the member was covered under this group health plan.

Covered Services:

Anesthesia (general) and hospital or ambulatory surgical facility services related to covered dental services if: Based on a determination by a licensed dentist and treating physician, one or more medical conditions that would create significant or undue medical risk in the course of delivery of any necessary dental treatment or surgery if not rendered in a hospital or ambulatory surgical facility.

Impacted teeth removal (surgical) as an inpatient or outpatient of a facility only when a medical condition exists (such as hemophilia) that requires hospitalization.

Facial bone fracture reduction.

Incisions of accessory sinus, mouth, salivary glands, or ducts.



# Alternative Benefit Plan

Jaw dislocation manipulation.  
Orthodontic services required for surgical management of cleft palate.  
Treatment of abnormal changes in the mouth due to injury or disease.

Not Covered:  
General dentistry including, but not limited to, diagnostic and preventive services, restorative services, endodontic services, periodontal services, indirect fabrications, dentures and bridges, and orthodontic services unrelated to accidental injuries or surgical management of cleft palate.  
Injuries associated with or resulting from the act of chewing.  
Maxillary or mandibular tooth implants (osseo integration).

Benefit Provided:	Source:	Remove
Hospice Care - Outpatient	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Terminally ill patient and have a life expectancy of six months or less.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Terminally ill patients that have a life expectancy of six months or less. Services to provide comfort and support for persons in the last stages of a terminal illness and their families. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this benchmark plan), must receive hospice care concurrently with curative care.		

Benefit Provided:	Source:	Remove
Inhalation Therapy	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	60 visits per benefit year.	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Respiratory or breathing treatments to help restore or improve breathing function.		

Benefit Provided:	Source:	Remove
Medical and Surgical Supplies	Base Benchmark State Employees	



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Medical supplies and devices such as dressing and casts, oxygen and equipment needed to administer oxygen.

Add



# Alternative Benefit Plan

## 2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided: Emergency Room Services	Source: Base Benchmark State Employees	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Emergency Services		

Benefit Provided: Emergency Transportation-Ambulance & Air	Source: Base Benchmark State Employees	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: No other method of transportation is appropriate.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Scope limit continued: Services required to treat patient illness or injury are not available in the facility where the patient is currently receiving care if patient is an inpatient at a facility. Patient is transported to the nearest hospital or nursing facility in network with adequate facilities to treat condition. In emergency situation, patient may seek care at the nearest appropriate facility whether the facility is in or out of network.		

Add



# Alternative Benefit Plan

## 3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided:	Source:	Remove
General Inpatient Hospital Care	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Hospitals and Facilities		

Benefit Provided:	Source:	Remove
Inpatient Physician Services	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Inpatient Surgical Services	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		





# Alternative Benefit Plan

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

Hospitals and Facilities

Benefit Provided:

Non-cosmetic Reconstructive Services

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Cosmetic services, supples or drugs are not covered unless provided primarily to restore function lost or impaired as the result of an illness, accidental injury, or a birth defect including treatment for any .....

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

Scope Limit Continued: complications resulting from noncovered cosmetic procedures.  
Hospitals and Facilities

Benefit Provided:

Transplant Organ and Tissue

Source:

Base Benchmark State Employees

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered - certain bone marrow/stem cell transfers from a living donor, heart, heart/lung, kidney, liver, lung, pancreas, pancreas/kidney, small bowel.....

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

Scope continued: Not covered - transport of living donor, expenses related to purchase of organ, services/supplies related to mechanical or non-human organs, transplant services and supplies not listed in the Covered Services above. Any complications resulting from the Not Covered benefits listed would not be covered.  
Transplants

Benefit Provided:

Congenital abnormalities correction

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan





# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reconstructive Surgery

Benefit Provided:

Anesthesia - Inpatient

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Chemotherapy - Inpatient

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Radiation Therapy - Inpatient

Source:

Base Benchmark State Employees

Remove



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Breast Reconstruction

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Reconstructive Surgery

Benefit Provided:

Hospice Care - Inpatient

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Terminally ill patient and have a life expectancy of six months or less.

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

inpatient services in a hospice facility. Services to provide comfort and support for persons in the last stages of a terminal illness and their families. In accordance with Section 2302 of the Affordable Care Act, individuals under age 21 (age 19 and 20 for purposes of this population), must receive hospice care concurrently with curative care.



# Alternative Benefit Plan

Benefit Provided:

Hospice Respite - Inpatient

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Limited to 15 days per lifetime for inpatient ...

Scope Limit:

None

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

Duration continued: hospice respite care (can take place in a nursing home or hospital). Hospice respite care must be used in increments of not more than 5 days at a time.

Benefit Provided:

Dialysis - Inpatient

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Covered as an inpatient in a hospital or in a Medicare approved dialysis center (outpatient)

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

Benefit Provided:

Source:

Remove

Authorization:

Yes

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

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



# Alternative Benefit Plan

	<input type="button" value="Add"/>
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# Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Maternity/Preg-Pre&Post Care-deliv,inpat nutrition	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Maternity care and newborn care not covered if mother is a surrogate mother. Would not cover a person for surrogate only purposes. If individual meets requirements for coverage under the new adult group she would be covered in that group.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
If length of stay is less than 48 or 96 hours, a follow-up postpartum home visit by an RN is covered.		

Benefit Provided:	Source:	Remove
Midwife Services	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Physicians and Practitioners		

Add



# Alternative Benefit Plan

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

Collapse All

Benefit Provided:	Source:	Remove
Mental Health/Behavioral Health Inpatient Treatment	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Residential Facility services are not covered.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Mental Health Services Iowa assures that mental health services covered in this alternative benefit plan will not be provided in an institution for mental diseases.		

Benefit Provided:	Source:	Remove
Mental Health/Behavioral Health Outpatient Treatment	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	None	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Mental Health Services Iowa assures that mental health services covered in this alternative benefit plan will not be provided in an institution for mental diseases.		

Benefit Provided:	Source:	Remove
Substance Abuse Inpatient Treatment	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Residential Facility services are not covered	



# Alternative Benefit Plan

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

Chemical Dependency Treatment

Iowa assures that substance abuse services covered in this alternative benefit plan will not be provided in an institution for mental diseases.

Benefit Provided:

Substance Abuse Outpatient Treatment

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Chemical Dependency Treatment

Iowa assures that substance abuse services covered in this alternative benefit plan will not be provided in an institution for mental diseases.

Add





# Alternative Benefit Plan

## 6. Essential Health Benefit: Prescription drugs

### Benefit Provided:

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

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

Iowa's ABP prescription drug benefit plan is the same (duplication of plan) as the approved Medicaid state plan for prescribed drugs.

NOTE: Some medications do require prior authorization, for example, to verify that a prescription drug is part of a specific treatment plan and is medically necessary.



# Alternative Benefit Plan

## 7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:	Source:	Remove
Physical Therapy,Occupational Therapy,Speech Thera	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	Each therapy limited to 60 visits per year.	
Scope Limit:		
Rehabilitative speech therapy services are covered ....		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Scope Limit continued: when related to a specific illness, injury, or impairment and involve the mechanics of phonation, articulation or swallowing. Services must be provided by a licensed or certified speech pathologist. Speech therapy requires prior approval.		
Not Covered: Physical therapy and occupational therapy provided as an inpatient in the absence of a separate medical condition that requires hospitalization. Speech therapy not provided by licensed or certified speech therapist.		
PT, OT and ST are considered rehab/hab services. The 60 visit limit is combined between habilitation and rehabilitation; however, the limit may be exceeded based on medical necessity.		

Benefit Provided:	Source:	Remove
Durable Medical Equipment	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Home/Durable Medical Equipment NOTE: Iowa's ABP does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.		

Benefit Provided:	Source:	Remove
Prosthetic Devices	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	



# Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Eye glasses, air conduction hearing aids or examinations or fittings are not covered. Elastic stockings or bandages including trusses, lumbar braces, garter belts and similar items that can be purchased without a prescription are not covered.

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

Benefit Provided:

Cardiac Rehabilitation

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Pulmonary rehabilitation

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

Benefit Provided:

Skilled Nursing

Source:

Base Benchmark State Employees

Remove



# Alternative Benefit Plan

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

120 days per benefit year for services in .....

Scope Limit:

None

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

Duration limit continued: a hospital or nursing facility.

Add



# Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided: Laboratory Services	Source: Base Benchmark State Employees	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  		

Benefit Provided: X-ray Services	Source: Base Benchmark State Employees	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  		

Benefit Provided: Imaging - MRI, CT and PET	Source: Base Benchmark State Employees	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Some procedures require prior approval.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:  		



# Alternative Benefit Plan

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

X-ray Services

Benefit Provided:

Sleep Studies

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Treatment for snoring not covered without diagnosis of sleep apnea.

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

Sleep Apnea Treatment

Benefit Provided:

Diagnostic Genetic Tests

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Genetic molecular testing and related counseling are covered if appropriate candidate for a test under medically recognized standards (i.e. family background, past diagnosis etc.) and outcome of test is.....

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

Scope Limit Continued: expected to determine a covered course of treatment or prevention and is not merely informational.

Benefit Provided:

Pathology

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None





# Alternative Benefit Plan

Scope Limit:

None

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

X-ray and Laboratory Services

Add





# Alternative Benefit Plan

9. Essential Health Benefit: 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:	Remove
Hearing Exam - Adult	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	One hearing exam per benefit year.	
Scope Limit:		
Hearing aids are not covered.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Hearing Services		

Benefit Provided:	Source:	Remove
Diabetes-med necessary equip & supplies	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Insulin and Diabetic Supplies NOTE: Iowa's Benchmark does not mention prior authorizations for this service but Iowa will be following Medicaid prior authorization guidelines where only some services will require prior authorization.		

Benefit Provided:	Source:	Remove
Prostate cancer screening	Base Benchmark State Employees	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	one exam per year	



# Alternative Benefit Plan

Scope Limit:

Men age 50-64

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

X-ray and Laboratory Services

Benefit Provided:

Foot care

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Must be related to medical condition. Routine foot care is not covered.

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

Add



# Alternative Benefit Plan

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

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

Base Benchmark State Employees

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Age 19 and 20 will receive EPSDT services.

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

Add



# Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 12. Base Benchmark Benefits Not Covered due to Substitution or Duplication		Collapse All <input type="checkbox"/>
Base Benchmark Benefit that was Substituted: Prescription Drugs	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: Iowa's ABP prescription drug benefit plan is the same (duplication of plan) as the approved Medicaid state plan for prescribed drugs.		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

<input checked="" type="checkbox"/> 13. Other Base Benchmark Benefits Not Covered		Collapse All <input type="checkbox"/>
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source:	Remove
Adult Vision	Base Benchmark	
Explain why the state/territory chose not to include this benefit:		
Adult vision is covered in the base benchmark plan but it is an excepted benefit and therefore not an Essential Health Benefit.		
Base Benchmark Benefit not Included in the Alternative Benefit Plan:	Source:	Remove
Newborn Child Coverage	Base Benchmark	
Explain why the state/territory chose not to include this benefit:		
This service is covered under the base benchmark plan but is not applicable for the new adult group population that is for ages 19-64. The adult member must enroll the newborn child for coverage.		
		Add



# Alternative Benefit Plan

14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided: Dental Coverage	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: Authorization required in excess of limitation	Provider Qualifications: Other	
Amount Limit: See "Other"	Duration Limit: Based on each service - see below	
Scope Limit: See "Other"		

**Other:**

In addition to the limitations listed below, dental services are limited to one thousand dollars (\$1,000.00) per State Fiscal Year (July 1 - June 30). This limitation does not apply to the following services: preventive, diagnostic, emergency, anesthesia in conjunction with approved oral surgery codes or fabrication of removable dentures. The following limitations also apply to dental services but may be exceeded based on medical necessity. Enrollees under 21 years of age will be eligible for medically necessary dental services in accordance with federal EPSDT requirements.

**1. Preventive Services**

- a. Oral prophylaxis, including necessary scaling and polishing. Limitation: Once in a six month period except for persons who, because of physical or mental disability, need more frequent care.
- b. Topical application of fluoride. Limitation: Once in a 90 day period (this does not include the use of fluoride prophylaxis paste as fluoride treatment).
- c. Pit and fissure sealants. Limitation: Covered on first and second deciduous and permanent molars only for enrollees through 21 years of age and for others who have a physical or mental disability that impairs their ability to maintain adequate oral hygiene.

**2. Diagnostic Services**

- a. Comprehensive evaluation. Limitation: maximum of 1 every 3 years per dentist.
- b. Periodic evaluation. Limitation: maximum of 2 per 12 months, 6 months apart.
- c. Full mouth radiograph survey consisting of a minimum of 14 periapical films and bitewing films. Limitation: Once in a 5 year period, except when medically necessary to evaluate development, and to detect anomalies, injuries and disease. Full mouth radiograph surveys are not payable under the age of six.
- d. Supplemental bitewing films. Limitation: Once in a 12-month period.
- e. Single periapical films, intraoral radiograph, occlusal, extraoral radiograph, posterior-anterior and lateral skull and facial bone radiograph, survey film, temporomandibular joint radiograph, and cephalometric film when medically necessary.

**3. Restorative Services**

- a. Treatment of dental caries in those areas which require immediate attention. Limitation: Restoration of incipient or nonactive carious lesions are not covered.
- b. Amalgam alloy and composite resin-type filling materials. Limitation: Once for the same restoration in a two-year period. An amalgam restoration is covered following a sedative filling in the same tooth only if the sedative filling was placed more than 30 days previously.
- c. Stainless steel crowns when a more conservative procedure would not be serviceable. Limitation: Stainless steel crowns with a resin window are limited to anterior teeth.
- d. Laboratory fabricated crowns. Prior Authorization is required. Limitation: Noble metals are limited to individuals who are allergic to other restorative materials.
- e. Cast post and core, post and composite or amalgam in addition to a crown. Limitation: Covered if a tooth





# Alternative Benefit Plan

is functional and the integrity of the tooth would be jeopardized by no post support.

4. Periodontal Services - Full mouth debridement. Limitation: Once every 24 months and is not allowed on the same date of service when prophylaxis or other periodontal services are provided. Periodontal treatment procedures require prior authorization.

5. Endodontic Services - Covered when there is fair to good prognosis for maintaining the tooth. Endodontic retreatment requires prior authorization.

6. Orthodontic Services - Covered for a severe handicapping malocclusion. Prior authorization is required. Limitation: not covered for enrollees 21 years of age and over.

7. Implants.

Covered when a conventional denture cannot be used due to missing significant oral structures as a result of cancer, traumatic injuries, or developmental defects such as cleft palate. Prior authorization is required.

Other 1937 Benefit Provided:

Adult Vision

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

One routine vision exam per benefit year

Scope Limit:

Not covered - Surgery to correct a refractive error, eyeglasses or contact lenses including charges related to their fitting, prescribing of corrective lenses, eye examinations for the fitting of eye wear.

Other:

No prior authorization is required for exam.

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Other

Amount Limit:

See "Other"

Duration Limit:

Based on each service - see "Other"

Scope Limit:

See "Other"

Other:

Dentures, including repairs and adjustments are covered under the Medicaid state plan based on medical necessity and subject to the following limitations. The denture limitations described below may be exceeded based on medical necessity and with prior authorization.



# Alternative Benefit Plan

- a. An immediate denture or a first-time complete denture including six months' post-delivery care when provided to establish masticatory function. Limitations: Immediate and first-time complete dentures are covered only once following the removal of teeth it replaces.
- b. Removable and fixed partial dentures require prior authorization. Limitation: A missing anterior tooth must have adequate space for replacement with a partial denture. Partial dentures replacing missing posterior teeth are not covered when there are at least eight posterior teeth in occlusion. Fixed partial dentures are covered only for members who have a physical or mental condition that precludes the use of a removable partial denture, or who have a full denture in one arch and a fixed partial denture replacing posterior teeth is required to balance occlusion in the opposing arch.
- c. Replacement dentures. Limitation: Replacement of immediate, complete, removable and fixed partial dentures requires prior authorization and is limited to once in a five year period. Prior authorization may be obtained if replacement is medically necessary prior to the expiration of the five-year period. Prior authorization is also allowed for more than one denture replacement per arch within five years when the member has a medical condition that necessitates thorough mastication. Replacement due to resorption is not covered.
- d. Relines. Limitation: Chairside relines and laboratory processed relines are covered only once per prosthesis every 12 months.
- e. Tissue conditioning. Limitation: Covered twice per prosthesis in a 12-month period.
- f. Repairs. Limitation: Only two repairs per prosthesis in a 12-month period.
- g. Obturator. Limitation: For surgically excised palatal tissue or deficient velopharyngeal function of cleft palate patients.
- h. Adjustments to a complete or removable partial denture. Limitation: If medically necessary after six months' post-delivery care.

Add



# Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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### PRA Disclosure Statement

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