

## **Table of Contents**

**State/Territory Name: OH**

**State Plan Amendment (SPA) #: 13-0032**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
233 N. Michigan Avenue, Suite 600  
Chicago, IL 60601-5519



**Division of Medicaid & Children's Health Operations**

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December 20, 2013

John McCarthy, Director  
Ohio Department of Medicaid (ODM)  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

**RE: Technical Correction to Ohio State Plan Amendment (SPA)  
Transmittal Number (TN) 13-0032**

Dear Mr. McCarthy:

This is a technical correction to Ohio SPA TN 13-0032 to reflect the correct page numbering for this SPA. This SPA was approved on December 16, 2013. Enclosed please find revised SPA pages for TN 13-0032 that have been corrected to reflect the new Attachment 3.1-L section of the State Plan.

If you have any questions, please contact me, or have your staff contact Christine Davidson, of my staff, at (312) 886-3642 or [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

Sincerely,

/s/

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Debbie Saxe, ODM  
Andy Jones, ODM  
Becky Jackson, ODM

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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December 16, 2013

John McCarthy, Director  
Ohio Department of Medicaid (ODM)  
P.O. Box 182709  
50 West Town Street, Suite 400  
Columbus, Ohio 43218

**RE: Ohio State Plan Amendment (SPA)  
Transmittal Number (TN) 13-0032**

Dear Mr. McCarthy:

Enclosed for your records is an approved copy of Ohio's Alternative Benefit Plan (ABP) state plan amendment TN 13-0032: Medicaid Alternative Benefit Plan. This ABP, which was submitted on November 18, 2013, meets all federal statutory and regulatory requirements for establishing an ABP.

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

This ABP SPA is approved effective January 1, 2014, as requested by the state.

If you have any questions concerning this state plan amendment, please contact me, or have your staff contact Christine Davidson, of my staff, at (312) 886-3642 or [christine.davidson@cms.hhs.gov](mailto:christine.davidson@cms.hhs.gov).

Sincerely,

/s/

Verlon Johnson  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: Debbie Saxe, ODM  
Andy Jones, ODM  
Becky Jackson, ODM

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

**State/Territory name:** Ohio

**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.*

OH-13-0032

**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	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**

Alternative Benefit Plan

**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:

State Medicaid Director is the Governor's designee.

**Signature of State Agency Official**

Submitted By: Andy Jones  
 Last Revision Date: Dec 13, 2013  
 Submit Date: Nov 18, 2013

<b>DATE RECEIVED:</b> 11/18/2013	<b>DATE APPROVED:</b> 12/16/2013
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
<b>EFFECTIVE DATE OF APPROVED MATERIAL:</b> 01/01/2014	<b>SIGNATURE OF REGIONAL OFFICIAL:</b>  /s/
<b>TYPED NAME</b> Verlon Johnson	<b>TITLE</b> Associate Regional Administrator



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## Alternative Benefit Plan Populations ABP1

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.20130724



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

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

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.

Benefits in the Alternative Benefit Plan are the same as offered in the Ohio Medicaid state plan with the following exceptions: quantitative limitations that were applied to Mental Health outpatient services, AOD Intensive outpatient services, and Psychologist services in the Ohio Medicaid state plan have been eliminated in the Alternative Benefit Plan. These services are found in Essential Health Benefits 5: Mental health and substance use disorders including behavioral health treatment in the Alternative Benefit 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.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## 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:

Benefits in the Alternative Benefit Plan are the same as offered in the Ohio Medicaid state plan with the following exceptions: quantitative limitations that were applied to Mental Health outpatient services, AOD Intensive outpatient services, and Psychologist services in the Ohio Medicaid state plan have been eliminated in the Alternative Benefit Plan. These services are found in Essential Health Benefits 5: Mental health and substance use disorders including behavioral health treatment in the Alternative Benefit Plan.

## Selection of Base Benchmark Plan



# Alternative Benefit 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):

- a. The state assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
- b. 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.

### 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-C-

## 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.20130807



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

Benefits Description	ABPS
The state/territory proposes a "Benchmark-Equivalent" benefit package. <input type="checkbox"/>	No
<b>Benefits Included in Alternative Benefit Plan</b>	
Enter the specific name of the base benchmark plan selected:	
Anthem Blue Access PPO	
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:

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:

Physician Services covered in the office, patient's home, hospital, or skilled nursing facility, or elsewhere. Services provided by Optometrists (diagnosis and treatment of condition of the eye including the ordering and dispensing of materials such as contact lenses, and low vision aids) are also included under physician services.

Benefit Provided:

Outpatient hospital services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

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:

Services included under this benefit also include urgent care services provided in outpatient settings such as outpatient clinics, physicians offices. Pre certification is required on outpatient hysterectomies.

Benefit Provided:

Private duty nursing services

Source:

State Plan 1905(a)

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

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:		Remove
Level of care is required by the treating physician. Medicaid beneficiaries have three avenues from which to access PDN: post hospitalization services up to 60 days duration and 56 hours per week upon discharge from a 3 day or more covered inpatient stay; for those up to the age of 21 who have a medically necessary PDN authorization; and for those age 21 and over can access PDN with authorization.		
Benefit Provided:	Source:	Remove
Home health services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
14 hours a week	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:		
No more than a total of eight hours per day with a visit constituting no more than four hours in length.		
Benefit Provided:	Source:	Remove
Other licensed practitioner services:Chiropractor	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Authorization required in excess of limitation	Medicaid State Plan	
Amount Limit:	Duration Limit:	
15 dates of services (adults) annual	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:		
For recipients under age 21 limits include 30 dates of service per 12 month period and services beyond the limit may be provided if medically necessary; for recipients age 21 and over 15 dates of service per 12 month period.		
Benefit Provided:	Source:	
Other laboratory & x-ray: x-ray services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	



# Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove	
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: Hospice care	Source: State Plan 1905(a)	Remove	
Authorization: Prior Authorization	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 attending physician and Hospice physician are required to certify that the beneficiary has six months or less in which to live if the illness runs its normal course.	
Benefit Provided: Other licensed practitioner services	Source: State Plan 1905(a)	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: Services included under this benefit include those provided by other practitioners such as Pharmacists, Physician Assistants, Mechanotherapists and Advanced Practice Nurses not otherwise described.	
			Add



# Alternative Benefit Plan

Essential Health Benefit 2: Emergency services

Collapse All

**Benefit Provided:**

Other Medical Services:Emergency Hospital Services

**Source:**

State Plan 1905(a)

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:**

Other Medical Services: Transportation/Ambulance

**Source:**

State Plan 1905(a)

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:

Add



# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 3: Hospitalization		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b>	<b>Source:</b>	<input type="button" value="Remove"/>
Inpatient hospital services	State Plan 1905(a)	
<b>Authorization:</b>	<b>Provider Qualifications:</b>	
Other	Medicaid State Plan	
<b>Amount Limit:</b>	<b>Duration Limit:</b>	
None	None	
<b>Scope Limit:</b>		
None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b>		
Certain specific items and services are covered with prior authorization. For example, services such as the treatment of obesity, and plastic or cosmetic surgery must be proven to meet a medical need prior to services being rendered.		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Essential Health Benefit 4: Maternity and newborn care

Collapse All

**Benefit Provided:**

Physician services: maternity

**Source:**

State Plan 1905(a)

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:**

Inpatient hospital services: maternity

**Source:**

State Plan 1905(a)

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:**

Outpatient hospital: maternity

**Source:**

State Plan 1905(a)

**Authorization:**

None

**Provider Qualifications:**

Medicaid State Plan

**Amount Limit:**

None

**Duration Limit:**

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:

Remove

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"/>
<hr/>	
<b>Benefit Provided:</b> <input type="text" value="Rehabilitation Services: Mental Health outpatient"/>	<b>Source:</b> <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="None"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>
<b>Scope Limit:</b> <input type="text" value="None"/>	
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> <input type="text"/>	
<hr/>	
<b>Benefit Provided:</b> <input type="text" value="Rehabilitation Services: AOD Intensive outpatient"/>	<b>Source:</b> <input type="text" value="State Plan 1905(a)"/> <input type="button" value="Remove"/>
<b>Authorization:</b> <input type="text" value="None"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>
<b>Scope Limit:</b> <input type="text" value="None"/>	
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> <input type="text" value="Rehabilitation services for alcohol and other drug addiction are covered as intensive outpatient services in a certified treatment program and may also include ambulatory detoxification."/>	
<hr/>	
<b>Benefit Provided:</b> <input type="text" value="Rehabilitation Services: Mental Health Inpatient"/>	<b>Source:</b> <input type="text" value="State Plan 1905(a)"/>
<b>Authorization:</b> <input type="text" value="Other"/>	<b>Provider Qualifications:</b> <input type="text" value="Medicaid State Plan"/>
<b>Amount Limit:</b> <input type="text" value="None"/>	<b>Duration Limit:</b> <input type="text" value="None"/>
<b>Scope Limit:</b> <input type="text" value="Inpatient services related to mental health disorders."/>	



# Alternative Benefit Plan

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

Certification for a hospital stay is conducted by an independent clinical utilization review vendor and occurs at the time of admission. The intent of the pre-certification process is to obtain clinical documentation of the admission and provide information that will facilitate the provision of services during the hospital stay. Covered mental health services do not include services provided to individuals aged 21-64 inclusive who reside in facilities that meet the Federal definition of an institution for the treatment of mental disease.

Remove

Benefit Provided:

Inpatient Hospital Services: AOD IP Detoxification

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Yes, see description below.

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

Coverage of inpatient days for treatment of chemical dependency is limited to coverage of services for detoxification. Rehabilitation services related to chemical dependencies are not covered in an inpatient setting, but are covered as intensive outpatient services in a certified treatment program, See Rehabilitation Services: AOD Intensive outpatient, above. Covered alcohol and other drug treatment services do not include services provided to individuals aged 21-64 inclusive who reside in facilities that meet the Federal definition of an institution for the treatment of mental disease.

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:

Yes

Provider Qualifications:

State licensed

Coverage that exceeds the minimum requirements or other:

The State of Ohio'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 and related services: PT

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 shared Rehab/Hab visits annually

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 following services are subject to limits under this benefit: Physical, Occupational, Speech Therapy- 30 dates of services per 12 month period for each service. Additional visits are available through the prior authorization process.

Benefit Provided:

Physical therapy and related services: OT

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 shared Rehab/Hab visits annually

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 following services are subject to limits under this benefit: Physical, Occupational, Speech Therapy- 30 dates of services per 12 month period for each service. Additional visits are available through the prior authorization process.

Benefit Provided:

Physical therapy and related services: ST

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

30 shared Rehab/Hab visits annually

Duration Limit:

None



# Alternative Benefit Plan

Scope Limit:		
<input type="text" value="None"/>		<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" value="The following services are subject to limits under this benefit: Physical, Occupational, Speech Therapy- 30 dates of services per 12 month period for each service. Additional visits are available through the prior authorization process. Audiology services are included under the State Plan speech therapy services benefit."/>		
Benefit Provided:	Source:	
<input type="text" value="Home health services: Medical supplies, equipment"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Prior Authorization"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="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" value="Home health services: Medical supplies, equipment, and appliances suitable for use in the home. Includes hearing aids."/>		
Benefit Provided:	Source:	
<input type="text" value="Nursing Facility"/>	<input type="text" value="State Plan 1905(a)"/>	<input type="button" value="Remove"/>
Authorization:	Provider Qualifications:	
<input type="text" value="Other"/>	<input type="text" value="Medicaid State Plan"/>	
Amount Limit:	Duration Limit:	
<input type="text" value="None"/>	<input type="text" value="None"/>	
Scope Limit:		
<input type="text" value="Rehabilitative"/>		
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="Beneficiary must meet level of care to be admitted to a skilled nursing facility."/>		
<input type="button" value="Add"/>		



# Alternative Benefit Plan

Essential Health Benefit 8: Laboratory services

Collapse All

Benefit Provided:

Other laboratory & and x-ray: Diagnostic Lab

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Yes, see description below.

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

The following lab services are not covered: lab services performed in conjunction with non-covered services, lab services performed for forensic reasons, paternity testing, and lab services performed in conjunction with an autopsy.

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:

Preventive services

Source:

State Plan 1905(a)

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:

Add





# Alternative Benefit Plan

<input checked="" type="checkbox"/> Essential Health Benefit 10: Pediatric services including oral and vision care		Collapse All <input type="checkbox"/>
<b>Benefit Provided:</b> Medicaid State Plan EPSDT Benefits	<b>Source:</b> State Plan 1905(a)	<input type="button" value="Remove"/>
<b>Authorization:</b> None	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:</b> Authorization may be required for services in excess of limits and for Medicaid services not available to adults.		
		<input type="button" value="Add"/>



# Alternative Benefit Plan

Other Covered Benefits from Base Benchmark

Collapse All



# Alternative Benefit Plan

Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted:

Source:

Primary care visit treatment of illness or injury

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:

Duplication: covered under the Ohio Medicaid state plan as Physician services and Other licensed practitioner services under EHB 1: Ambulatory patient services.  
Base Benchmark Plan: no limitations

Base Benchmark Benefit that was Substituted:

Source:

Specialist visit

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:

Duplication: covered under the Ohio Medicaid state plan as Physician services under EHB 1: Ambulatory patient services.  
Base Benchmark Plan: no limitations

Base Benchmark Benefit that was Substituted:

Source:

Other practitioner office visit (RN, PA)

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:

Duplication: covered under the Ohio Medicaid state plan as Physician services and Other licensed practitioner services under EHB 1: Ambulatory patient services.  
Base benchmark Plan: no limitations

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Facility (e.g. Amb. Surgery Ctr.)

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:

Duplication: covered under the Ohio Medicaid state plan as Outpatient hospital services under EHB 1: Ambulatory patient services.  
Base Benchmark Plan: no limitations.

Base Benchmark Benefit that was Substituted:

Source:

Outpatient Surgery Physician Surgical Services

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:

Duplication: covered under the Ohio Medicaid state plan as Physician services under EHB 1: Ambulatory patient services.  
Base Benchmark Plan: no limitations.



# Alternative Benefit Plan

<p>Base Benchmark Benefit that was Substituted:</p> <p>Chiropractic care</p>	<p>Source:</p> <p>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>Duplication: covered under the Ohio Medicaid state plan as Other licensed practitioner services: Chiropractor under EHB 1: Ambulatory patient services. Base Benchmark Plan: 12 visits per 12 month period.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Outpatient Rehabilitation services</p>	<p>Source:</p> <p>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>Duplication: covered under the Ohio Medicaid state plan as Physical therapy and related services for PT, OT and ST under EHB 7: Rehabilitative and habilitative services and devices. Base Benchmark Plan: combination of 40 visits for PT and OT per 12 month period, Speech Therapy covered up to 20 visits in a 12 month period.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Hospice services</p>	<p>Source:</p> <p>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>Duplication: covered under the Ohio Medicaid state plan as Hospice care under EHB 1: Ambulatory patient services Base Benchmark coverage: Patient must have a life expectancy of six months or less, as confirmed by the attending physician. Covered services will continue if the patient lives longer than six months. Services include skilled nursing; diagnostic; PT, speech and inhalation therapies, if part of a treatment plan; medical supplies; counseling services; prescription drugs given by the Hospice; and home health aide.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Urgent Care Centers or Facilities</p>	<p>Source:</p> <p>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>Duplication: covered under the Ohio Medicaid state plan as Physician services and Outpatient hospital services under EHB 1. Ambulatory patient services. Base Benchmark Plan: no limitations.</p>		
<p>Base Benchmark Benefit that was Substituted:</p> <p>Home Care Services: Private Duty Nursing</p>	<p>Source:</p> <p>Base Benchmark</p>	
<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under the Ohio Medicaid state plan as Private duty nursing services under EHB 1. Ambulatory patient services. Translation of state plan maximum of 24 hours per day for 365 days to annual spending for comparison purposes to the Base Benchmark Plan limitations resulted in estimated maximum of more than \$230,000 per year with no lifetime maximum. This was calculated assuming that</p>		



# Alternative Benefit Plan

<p>two four hour base rate payments of \$52.20 plus 96 unit rates per 15 minutes over the base rate of 4 hours at \$5.69 per 15 minute unit could be paid per day over a year. Base Benchmark Plan: covered under the Home Health Services benefit. Limitation on annual spending of \$50,000 and lifetime maximum of \$100,000.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Home Care Services: Home Health"/></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: <input type="text" value="Duplication: covered under the Ohio Medicaid state plan as Home Health under EHB 1. Ambulatory patient services.&lt;br/&gt;Base Benchmark Plan: 100 visits, Network and Non-Network combined. Services must be authorized and approved by the attending physician."/></p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Services"/></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: <input type="text" value="Duplication: covered under the Ohio Medicaid state plan as Other Medical Services:Emergency Hospital Services under EHB 2. Emergency Services.&lt;br/&gt;Base Benchmark Plan: no limitations."/></p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Emergency Transportation/Ambulance"/></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: <input type="text" value="Duplication: covered under the Ohio Medicaid state plan as Other Medical Services: Transportation/ Ambulance under EHB 2. Emergency Services.&lt;br/&gt;Base Benchmark Plan: no limitations."/></p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Hospital Services"/></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: <input type="text" value="Duplication: covered under the Ohio Medicaid state plan as Inpatient hospital services under EHB 3. Hospitalization.&lt;br/&gt;Base Benchmark Plan: no limitations. Coverage of Inpatient treatment of biologically based mental illness is provided to the same extent and degree as for the treatment of physical illness."/></p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Inpatient Physician and Surgical services"/></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: <input type="text" value="Duplication: covered under the Ohio Medicaid state plan as Physician services under EHB 1: Ambulatory"/></p>	



# Alternative Benefit Plan

<p>patient services. Base Benchmark Plan: no limitations.</p>		<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: Skilled Nursing Facility</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>Duplication: covered under the Ohio Medicaid state plan as Nursing Facility services under EHB 7: Rehabilitative and habilitative services and devices. Base Benchmark Plan: 90 days per benefit period.</p>		
<p>Base Benchmark Benefit that was Substituted: Pre-natal and Post Natal Care</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>Duplication: covered under the Ohio Medicaid state plan as Physician services: maternity and Outpatient hospital: maternity under EHB 4: Maternity and newborn care Base Benchmark Plan: no limitations.</p>		
<p>Base Benchmark Benefit that was Substituted: Delivery/ Inpatient Services for Maternity Care</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>Duplication: covered under the Ohio Medicaid state plan as Inpatient hospital services: maternity under EHB 4: Maternity and newborn care Base Benchmark Plan: no limitations.</p>		
<p>Base Benchmark Benefit that was Substituted: Generic Drugs</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>Duplication: covered under the Ohio Medicaid state plan under EHB 6: Prescription drugs. Base Benchmark Plan: Covered services will be limited based on Medical Necessity, quantity and/or age limits established by the Plan. Certain limitations within the Generic, Preferred, and Non-preferred drug categories include, but are not limited to, contraceptive devices, human growth hormone, compound drugs unless one component requires a prescription, drugs to reduce or eliminate the dependency on, or addiction to tobacco and tobacco products, over the counter drugs and drugs used in fertility treatment. Prior authorization using Step Therapy is a utilization control device for certain drugs within the Generic, Preferred, and Non-preferred drug categories.</p>		
<p>Base Benchmark Benefit that was Substituted: Preferred Brand Drugs</p>	<p>Source: Base Benchmark</p>	



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under the Ohio Medicaid state plan under EHB 6: Prescription drugs. Base Benchmark Plan: see limits detailed in Generic drug category above.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Non-Preferred Brand Drugs"/></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>Duplication: covered under the Ohio Medicaid state plan under EHB 6: Prescription drugs. Base Benchmark Plan: see limits detailed in Generic drug category above.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Habilitation services"/></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>Duplication: covered under the Ohio Medicaid state plan as Physical therapy and related services: PT, OT and ST under EHB 7: Rehabilitative and habilitative services and devices. Base Benchmark Plan: combination of PT and OT 40 visits per 12 month period, Speech Therapy is covered up to 20 visits in a 12 month period.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Durable Medical Equipment"/></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>Duplication: covered under the Ohio Medicaid state plan as Home health services: Medical supplies, equipment, and appliances suitable for use in the home under EHB 7: Rehabilitative and habilitative services and devices. Base Benchmark Plan: Authorization required. Non-covered services include, but are not limited to: dentures, dental appliances, orthopedics shoes.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Diagnostic Test (x-ray and lab work)"/></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>Duplication: covered under the Ohio Medicaid state plan as Other laboratory &amp; x-ray: x-ray services under EHB 1: Ambulatory patient services, and as Other laboratory &amp; and x-ray: Diagnostic Lab under EHB 8: Laboratory services. Base Benchmark Plan: The only service not covered is diagnostic tests for infertility.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Imaging (CT/PET Scans, MRIs)"/></p> <p>Source: Base Benchmark</p>	



# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under the Ohio Medicaid state plan as Other laboratory and x-ray: x-ray services under EHB 1: Ambulatory patient services. Base Benchmark Plan: no limitations.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Preventive Care/screening/immunization"/></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>Duplication: covered under the Ohio Medicaid state plan as Preventive services under EHB 9: Preventive and wellness services and chronic disease management. Base Benchmark Plan: no limitations.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Routine Eye Exam for Children"/></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>Duplication: covered under the Ohio Medicaid state plan as EPSDT under EHB 10: Pediatric services including oral and vision care. Base Benchmark Plan: One visit per year. Non-covered services: orthoptic training.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Eyeglasses for Children"/></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>Duplication: covered under the Ohio Medicaid state plan as EPSDT under EHB 10: Pediatric services including oral and vision care. Base Benchmark Plan: One pair of glasses (lenses and frames) per year.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Dental Check-ups for Children"/></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>Duplication: covered under the Ohio Medicaid state plan as EPSDT under EHB 10: Pediatric services including oral and vision care. Base Benchmark Plan: One check-up every six months. Non-covered services: dental restorations, unless related to an accident or injury.</p>	<p>Remove</p>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Outpatient Services"/></p> <p>Source: Base Benchmark</p>	





# Alternative Benefit Plan

<p>Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:</p> <p>Duplication: covered under the Ohio Medicaid state plan as Rehabilitation Services: Mental Health Outpatient under EHB 5: Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Plan: Limitation for Mental/Behavioral Health Outpatient Services is 30 visits annually, combined with Substance Abuse Disorder Outpatient Services visits.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Mental/Behavioral Health Inpatient Services"/></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>Duplication: covered under the Ohio Medicaid state plan as Rehabilitation Services: Mental Health Inpatient under EHB 5: Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Plan: Limitation for Mental/Behavioral Health Inpatient Services is 30 days annually, combined with Substance Abuse Disorder Inpatient Services days.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Outpatient Services"/></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>Duplication: covered under the Ohio Medicaid state plan as Rehabilitation Services: AOD Intensive outpatient under EHB 5: Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Plan: Limitation for Substance Abuse Disorder Outpatient Services is 30 visits annually, combined with Mental/Behavioral Health Outpatient Services visits.</p>	<input type="button" value="Remove"/>
<p>Base Benchmark Benefit that was Substituted: <input type="text" value="Substance Abuse Disorder Inpatient Services"/></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>Duplication: covered under the Ohio Medicaid state plan as Inpatient Hospital Services: AOD IP Detoxification under EHB 5: Mental health and substance use disorder services including behavioral health treatment. Base Benchmark Plan: Limitation for Substance Abuse Disorder Inpatient Services is 30 days annually, combined with Mental/Behavioral Health Inpatient Services days.</p>	<input type="button" value="Remove"/>
	<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:

Dental Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Yes

Duration Limit:

None

Scope Limit:

None

Other:

The dental benefit for beneficiaries 21 years of age and older includes one annual routine exam and cleaning; x-rays; oral surgery services; simple and complex extractions; fillings; denture services; crowns, posts, and related services; general anesthesia; periodontics; orthodontics; and endodontics, including root canal procedures. Dentures require prior authorization.

Other 1937 Benefit Provided:

Nursing Facility

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Long term custodial care

Other:

Must meet institutional level of care.

Other 1937 Benefit Provided:

Other licensed practitioner: Podiatry

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Provider Qualifications:

Authorization:

Other

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Yes, see description below.



# Alternative Benefit Plan

Other:

The following podiatric services are not covered by the program: coverage of debridement of nails is limited to a maximum of one treatment within a 60-day period; General anesthesia services provided by a podiatrist are not covered; Coverage of physical medicine services provided by a podiatrist is limited to acute conditions or periods or acute exacerbation of chronic disease. Beneficiaries younger than age twenty-one can access other podiatrists' services without limitation when such services are medically necessary. No other authorization process.

Remove

Other 1937 Benefit Provided:

Eyeglasses

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Yes, see description below.

Duration Limit:

None

Scope Limit:

Yes, see description below.

Other:

Adults one pair (lenses and frames) every 24 months. May get additional pair with prior authorization to determine medical necessity for additional service. No spare eyeglasses or replacements due to personal preference. No trimmed frames.

Other 1937 Benefit Provided:

Targeted Case Management

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Yes, see description below.

Other:

Target groups include those receiving AOD treatment services, those who have a psychiatric illness and are in need of coordinated services, those with a developmental disability, and those individuals eligible for and participating in Ohio's Help Me Grow Home Visiting Program. No other authorization process.

Other 1937 Benefit Provided:

Rehabilitation Services: Comm. Psych. Sup. Treat.

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



# Alternative Benefit Plan

<b>Amount Limit:</b> 104 hours: group and individual annually	<b>Duration Limit:</b> None	<b>Remove</b>
<b>Scope Limit:</b> Yes, see description below.		
<b>Other:</b> Community Psychiatric Support Treatment (CPST) is an array of services delivered by community based, mobile individuals or multidisciplinary teams of professionals intended to identify and address the individualized mental health needs of clients of all ages, including the client's family and care givers. The purpose of CPST is to provide specific, measurable individualized services focused on the client's ability to succeed in the community. Additional CPST services beyond the established limits may be allowed when medically necessary and approved through the prior authorization process.		
<b>Other 1937 Benefit Provided:</b> Health Home Services for SPMI	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	<b>Remove</b>
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Yes, see description below.		
<b>Other:</b> Ohio has an approved state plan for the provision of Health Homes services for Medicaid covered adults and children who meet the State's definition of serious and persistent mental illness. Services are currently delivered in five Ohio counties through Community Mental Health Centers that are licensed through the Ohio Department of Mental Health and Addiction Services. Health Homes services are designed to improve the integration of physical and behavioral health care, to lower the rate of hospital ED utilization, reduce hospital admissions and re-admissions, reduce healthcare costs, decrease the reliance on long term care facilities, improve the experience of care, the quality of life for persons with serious and persistent mental illness and improve their health outcomes. No other authorization process.		
<b>Other 1937 Benefit Provided:</b> ICF/IID	<b>Source:</b> Section 1937 Coverage Option Benchmark Benefit Package	
<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> Yes, see description below.		



# Alternative Benefit Plan

Other: <input type="text" value="Must meet institutional level of care."/> <input type="button" value="Remove"/>	
Other 1937 Benefit Provided: <input type="text" value="Federally Qualified Health Centers"/> Authorization: <input type="text" value="Other"/> Amount Limit: <input type="text" value="None"/> Scope Limit: <input type="text" value="None"/> Other: <input type="text" value="No other authorization process."/>	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: <input type="text" value="Medicaid State Plan"/> Duration Limit: <input type="text" value="None"/> <input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Rural Health Clinic services"/> Authorization: <input type="text" value="Other"/> Amount Limit: <input type="text" value="None"/> Scope Limit: <input type="text" value="None"/> Other: <input type="text" value="No other authorization process."/>	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: <input type="text" value="Medicaid State Plan"/> Duration Limit: <input type="text" value="None"/> <input type="button" value="Remove"/>
Other 1937 Benefit Provided: <input type="text" value="Clinic services"/> Authorization: <input type="text" value="Other"/> Amount Limit: <input type="text" value="None"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package Provider Qualifications: <input type="text" value="Medicaid State Plan"/> Duration Limit: <input type="text" value="None"/>



# Alternative Benefit Plan

Scope Limit: <input type="text" value="None"/>		<input type="button" value="Remove"/>
Other: <input type="text" value="No other authorization process."/>		
Other 1937 Benefit Provided: <input type="text" value="Physician services: Routine eye exam non-pediatric"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="one exam"/>	Duration Limit: <input type="text" value="annually"/>	
Scope Limit: <input type="text" value="None."/>		
Other: <input type="text" value="No other authorization process."/>		
Other 1937 Benefit Provided: <input type="text" value="Free standing birthing centers"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	
Amount Limit: <input type="text" value="None"/>	Duration Limit: <input type="text" value="None"/>	
Scope Limit: <input type="text" value="None"/>		
Other: <input type="text" value="No other authorization process."/>		
Other 1937 Benefit Provided: <input type="text" value="Family planning services"/>	Source: Section 1937 Coverage Option Benchmark Benefit Package	
Authorization: <input type="text" value="Other"/>	Provider Qualifications: <input type="text" value="Medicaid State Plan"/>	



# Alternative Benefit Plan

Amount Limit: None	Duration Limit: None	Remove
Scope Limit: None		
Other: No other authorization process.		
Other 1937 Benefit Provided: Other licensed practitioner services: Psychologist	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other: No other authorization process.		
Other 1937 Benefit Provided: Ext Svcs to Preg Women: Targeted Case Mgt	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Medicaid eligible pregnant women who have been identified by a physician to be at risk of pre-term birth or poor pregnancy outcome.		
Other: Care coordination that facilitates patient access to services and minimizes fragmentation of care. No other authorization process.		
Other 1937 Benefit Provided: Tobacco cessation	Source: Section 1937 Coverage Option Benchmark Benefit Package	





# Alternative Benefit Plan

<b>Authorization:</b> Other	<b>Provider Qualifications:</b> Medicaid State Plan	<b>Remove</b>
<b>Amount Limit:</b> None	<b>Duration Limit:</b> None	
<b>Scope Limit:</b> None		
<b>Other:</b> Tobacco cessation is covered for pregnant women and all other beneficiaries. No other authorization process.		
		<b>Add</b>



# Alternative Benefit Plan

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

Collapse All

### PRA Disclosure Statement

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

V.20130814



# Alternative Benefit Plan

OMB Control Number: 0938-1148

OMB Expiration date: 10/31/2014

Attachment 3.1-C-

## 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 ESPDT benefits will be provided to participants under 21 years of age (optional):

### 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.
- 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.



# Alternative Benefit Plan

- 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

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# Alternative Benefit Plan

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## 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.

Childless Adult Group may be enrolled in the Medicaid State Plan FFS delivery system for up to 2 months until they can be transitioned to the Ohio Medicaid Managed Care delivery system.

### 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:

Ohio has provided managed care since 1978 and operated a mandatory enrollment program since 1989. Currently, the majority of Ohio's Medicaid beneficiaries are enrolled in Medicaid managed care plans (MCPs). Approximately 1.7 million out of 2.3 million total Medicaid eligibles are covered under Medicaid managed care. The managed care beneficiaries are comprised of Covered Families and Children (CFC) and Aged, Blind, and Disabled (ABD) populations, including approximately 37,000 children with special health care needs. There are five managed care plans serving Medicaid beneficiaries across the state by way of three service regions. As a result, Medicaid managed care beneficiaries have a greater choice in selecting a plan that best suits their individual health care needs.

The Bureau of Managed Care has primary oversight for the monitoring of the MCPs. Other bureaus within ODM oversee managed care functions such as clinical, rate-setting and financial performance monitoring and assessment. Managed care has been implemented as a means to improve access to health care, continuity of care and quality of care for Medicaid beneficiaries, provider accountability and cost predictability. As a supplement to Ohio's existing 1932(a) authority, effective July 1, 2013, Ohio added SSI children under the age of 21 to the Medicaid managed care program under a 1915(b) waiver approved by CMS. CMS has also approved a 1915(b)(c) waiver, for an effective date of March 1, 2014 that will allow the enrollment of Medicaid-Medicare duals in managed care through the Integrated Care Delivery System (ICDS) Demonstration.

## 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 FFS delivery system is used as a transitional method for delivering care to the Childless Adult group until they are enrolled in one of the Ohio Medicaid managed care plans (MCPs). MCPs must provide Medicaid-covered behavioral health services for members. However, services provided through the publicly funded community behavioral health system are carved-out of the capitation rates. Behavioral health services provided in publicly funded community behavioral health centers are paid for on a fee for service basis and are not the responsibility of the MCPs. MCP members are allowed to directly access behavioral health services provided through the publicly funded community behavioral system or the MCPs. The initial fee-for-service period for beneficiaries to select or be assigned to an MCP will be the same timeframe outlined in Ohio's federally-approved managed care SPA.

## Additional Information: Fee-For-Service (Optional)

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



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## 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.

No

The state/territory otherwise provides for payment of premiums.

No

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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## 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.

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# Alternative Benefit Plan

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## 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.

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