

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

July 22, 2024

Dr. Sejal Hathi, Director
Oregon Health Authority
500 Summer Street Northeast, E-15
Salem, OR 97301-1097

RE: Oregon State Plan Amendment (SPA) Transmittal Number OR-24-0014

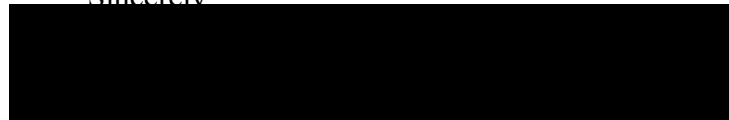
Dear Director Hathi:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) OR-24-0014. This Alternative Benefit Plan (ABP) amendment aligns the Affordable Care Act (ACA) adult benefit plan with Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements at section 1905(a)(13)(B) of the Social Security Act. This letter is to inform you that OR-24-0014 was approved on July 22, 2024, with an effective date of April 1, 2024.

If there are any questions concerning this approval, please contact me or you may contact Maria Garza, Acting Oregon State Lead, at maria.garza@cms.hhs.gov or at (206) 615-2542.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Vivian Levy, Interim Director, Oregon Health Authority
Jesse Anderson, State Plan Coordinator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: Oregon

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.

OR-24-0014

Proposed Effective Date

04/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A), 1905(a)(29), 1927, 1915(k) and 1915(i) of the Act

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 0.00
Second Year	2025	\$ 0.00

Subject of Amendment

Technical revision to align ABP coverage with the Medicaid state plan coverages.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received
- No reply received within 45 days of submittal
- Other, as specified

Describe:

Describe:

Governor does not wish to review SPAs.

Signature of State Agency Official

Submitted By: Jesse Anderson
 Last Revision Date: Jul 15, 2024
 Submit Date: Jun 18, 2024



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: OR - 24 - 0014

Benefits Description	ABP5
The state/territory proposes a “Benchmark-Equivalent” benefit package. <input type="text" value="No"/>	
Benefits Included in Alternative Benefit Plan	
Enter the specific name of the base benchmark plan selected:	
<input type="text" value="PacificSource Preferred CoDeduct Value 3000 35 70"/>	
Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter “Secretary-Approved.”	
<input type="text" value="Secretary-Approved."/>	



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:	Source:	Remove
Physician services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Services provided within the scope of practice as defined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Oregon utilizes a Patient Centered Primary Care type medical home model. The primary care provider is a gatekeeper for specialty care however, some services or procedures may require a prior authorization such as transplants; MRI; bariatric surgeries, etc		

Benefit Provided:	Source:	Remove
Nurse Practitioner	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Services provided within the scope of practice as defined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Nurse Practitioners under state law function autonomously and generally follow a model similar to a Patient Centered Primary Care home. The primary care provider is a gatekeeper for specialty care however, some services or procedures may require a prior authorization such as transplants; MRI; bariatric surgeries, etc		

Benefit Provided:	Source:	Remove
Chiropractor (OLP)	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Services provided within the scope of practice as defined under state law.	



Alternative Benefit Plan

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:

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:

Benefit Provided:

Source:

Remove

Authorization:

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:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:



Alternative Benefit Plan

Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Benefit Provided:

Tobacco cessation

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Benefit Provided:

Hospice

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

90-day period with subsequent 60-day periods

Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Certification of terminal illness required from physician, informed consent, etc. Concurrent care is provided to children, includes age 19 & 20.

Benefit Provided:

Source:

Remove

Authorization:

None

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:

Add



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided: Outpatient hospital services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services provided within the scope of practice as defined under state law.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Emergency-Physician services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services provided within the scope of practice as defined under state law.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Emergency medical transportation-outpatient hospit	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services provided within the scope of practice as defined under state law.		



Alternative Benefit Plan

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

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided: Inpatient Hospital	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services provided within the scope of practice as defined under state law.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Some procedures or services may require a prior authorization such as transplants; MRI; bariatric surgeries, etc. The Physician is responsible to obtain the authorization for the procedure.		

Benefit Provided: Physician-inpatient services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services provided within the scope of practice as defined under state law.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Some procedures or services may require a prior authorization such as transplants; MRI; bariatric surgeries, etc. The Physician is responsible to obtain the authorization for the procedure.		

Add



Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided:	Source:	Remove
Maternity care-Physician services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as defined under state law.		
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
Maternity care-Nurse Practitioner	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as defined under state law.		
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
Maternity care-Nurse Midwife services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as defined under state law.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		



Alternative Benefit Plan

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:

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:

Add



Alternative Benefit Plan

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

Collapse All

The state/territory assures that it does not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits in the same classification.

Benefit Provided:	Source:	Remove
Inpatient hospital-MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Services provided within the scope of practice as defined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
These hospital services are provided in an acute care hospital and are not an IMD facility		

Benefit Provided:	Source:	Remove
Outpatient hospital-MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Services provided within the scope of practice as defined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Most outpatient hospital services would not be rehabilitative or habilitative and would be acute situations taking them to an outpatient ED. Most rehabilitative or habilitative would be provided in residential facilities or office settings.		

Benefit Provided:	Source:	Remove
Physician services-MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

Services provided within the scope of practice as defined under state law.

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

Benefit Provided:

Nurse Practitioner- MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

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:

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

- The state/territory assures that the ABP prescription drug benefit plan is the same as under the approved Medicaid State Plan for prescribed 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:



Alternative Benefit Plan

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

Collapse All

- The state/territory assures that it is not imposing limits on habilitative services and devices that are more stringent than limits on rehabilitative services (45 CFR 156.115(a)(5)(ii)). Further, the state/territory understands that separate coverage limits must also be established for rehabilitative and habilitative services and devices. Combined rehabilitative and habilitative limits are allowed, if these limits can be exceeded based on medical necessity.

Benefit Provided:	Source:	Remove
Inpatient hospital-Rehabilitative	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Services provided within the scope of practice as defined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Rehabilitative-these hospital services are acute care hospitals and are not an IMD.		

Benefit Provided:	Source:	Remove
Physical, speech & occupational therapy-Rehab/Hab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Services provided within the scope of practice as defined under state law.	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services and limits per plan of care, some services require authorization, limits can be exceeded when medically necessary.		

Benefit Provided:	Source:	Remove
Home health-Rehab/Hab	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	



Alternative Benefit Plan

Scope Limit:

Services provided within the scope of practice as defined under state law

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

Service authorization varies, this benefit includes DME, PT,OT, speech services provided in a home setting. Services and limits per plan of care, some services require authorization, limits can be exceeded when medically necessary.

Benefit Provided:

Prosthetic devices-Rehab/Hab

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law

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

Some prosthetic devices require prior authorization. These include but are not limited to lumbar orthotics, spinal orthotics, orthopedic shoe, shoulder-elbow orthotics. Limits can be exceeded when medically necessary.

Benefit Provided:

Eye glasses

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limits for non pregnant adults age 21 and over

Duration Limit:

Limits for non pregnant adults age 21 and over

Scope Limit:

Services provided within the scope of practice as defined under state law

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

Limits to non-pregnant adults age 21 and over:
Routine vision services for the sole purpose of eyeglasses, are not covered. Coverage does include emergency eye exams and treatment and Non-emergency visual services with specific medical diagnoses.

Benefit Provided:

Dentures

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limits for age 21 and older

Duration Limit:

Limits for age 21 and older

Scope Limit:

Services provided within the scope of practice as defined under state law

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

Dentures are used to replace, correct, or support a full or partial set of teeth. For ages 21 and older, full dentures are limited to 1 every 10 years and partial dentures are limited to 1 every 5 years, exceptions are made when dentally appropriate.

Benefit Provided:

Nursing Facility services-Skilled

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Level of care needs

Duration Limit:

Level of care needs

Scope Limit:

Services provided within the scope of practice as defined under state law

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

Screening and assessment to determine level of care needs.

Add



Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Laboratory & X-ray

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law

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

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
Preventive services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	Add
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services provided within the scope of practice as defined under state law		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		



Alternative Benefit Plan

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

Benefit Provided: Medicaid State Plan EPSDT Benefits	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Services provided within the scope of practice as defined under state law		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		



Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All



Alternative Benefit Plan

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

Base Benchmark Benefit that was Substituted: Primary care to treat illness/injury	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Primary care to treat illness/injury were bundled, along with specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services and nurse practitioner services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Specialty visits	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Specialist visits were bundled, along with Primary care to treat illness/injury and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services and nurse practitioner services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Outpatient surgery	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Outpatient surgery were bundled, along with Primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted: Acupuncture	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Acupuncture services were bundled, along with Primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services and nurse practitioner services from the existing state Medicaid plan

Base Benchmark Benefit that was Substituted: Chiropractic	Source: Base Benchmark	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Chiropractic services were bundled, along with primary care to treat illness/injury and specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of chiropractic (OLP) services from the existing state Medicaid plan



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Naturopath

Source:

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:

Naturopathic services were bundled, along with Primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Chemotherapy services

Source:

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:

Chemotherapy services were bundled, along with primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Radiation therapy

Source:

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:

Radiation therapy services were bundled, along with primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Sterilization

Source:

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:

Sterilization services were bundled, along with primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Home health care

Source:

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:

Home health care services were bundled, and mapped to the 'rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of Home Health-Rehab services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Telemedical services

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Telemedical services were bundled, along with primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Care for disease of the eye

Source:

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:

Care for disease of the eye were bundled, along with primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician and optometrist (OLP) services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Foot care

Source:

Base Benchmark

Remove

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

Foot care services were bundled, along with primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of physician and podiatrist (OLP) services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Medical contraceptives

Source:

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:

Medical contraceptives services were bundled, along with primary care to treat illness/injury, specialist visits and mapped to the 'ambulatory patient services' EHB category. The bundled services are a duplication of family planning services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Emergency room-facility

Source:

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:

Emergency room - facility services were bundled, along with emergency room visits and mapped to the 'emergency services' EHB category. The bundled services are a duplication of Emergency Hospital - Outpatient services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Emergency room-physician

Source:

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:

Emergency room-physician services were bundled, along with primary care to treat illness/injury, specialist



Alternative Benefit Plan

visits and mapped to the 'emergency services' EHB category. The bundled services are a duplication of emergency-physician services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Emergency medical transportation

Source:

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:

Emergency medical transportation were bundled, along with emergency room visits and mapped to the 'emergency services' EHB category. The bundled services are a duplication of Emergency medical transportation-Outpatient hospital from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Inpatient medical and surgical care

Source:

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:

Inpatient medical and surgical care were bundled, along with inpatient hospital visits and mapped to the 'hospitalization' EHB category. The bundled services are a duplication of inpatient hospital services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Bariatric surgery

Source:

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:

Bariatric surgery services were bundled, along with Inpatient medical and surgical care and mapped to the 'hospitalization' EHB category. The bundled services are a duplication of inpatient hospital services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Anesthesia

Source:

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:

Anesthesia services were bundled, along with Inpatient medical and surgical care and mapped to the 'hospitalization' EHB category. The bundled services are a duplication of inpatient hospital and physician-inpatient from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Breast reconstruction (non-cosmetic)

Source:

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:

Breast reconstruction (non-cosmetic) services were bundled, along with Inpatient medical and surgical care and mapped to the 'hospitalization' EHB category. The bundled services are a duplication of inpatient hospital and physician-inpatient services from the existing state Medicaid plan.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Blood transfusion

Source:

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:

Blood transfusions services were bundled, along with Inpatient medical and surgical care and mapped to the 'hospitalization' EHB category. The bundled services are a duplication of inpatient hospital and physician-inpatient services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Hospice/respice care

Source:

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:

Hospice / respice care services were bundled, along with primary care to treat illness/injury, specialist visits and mapped to the 'Ambulatory patient services' EHB category. The bundled services are a duplication of hospice services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Pre & postnatal care

Source:

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:

Pre- & postnatal care services were bundled, along with Maternity services and mapped to the 'maternity and newborn care' EHB category. The bundled services are a duplication of maternity care-physician, maternity care-nurse practitioner, nurse midwife services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Delivery & inpatient maternity services

Source:

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:

Delivery & inpatient maternity services were bundled, along with Maternity services and mapped to the 'hospitalization' EHB category. The bundled services are a duplication of inpatient hospital services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Inpatient hospital - mental/behavioral health

Source:

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:

Inpatient hospital - mental/behavioral health services were bundled, and mapped to the 'Mental Health and substance use disorder services, including behavioral health treatment' EHB category. The bundled services are a duplication of Inpatient hospital-MH/SUD, physician-MH/SUD, nurse practitioner-MH/SUD, services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Outpatient hospital - mental/behavioral health

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Outpatient hospital - mental/behavioral health services were bundled, and mapped to the 'Mental Health and substance use disorder services, including behavioral health treatment' EHB category. The bundled services are a duplication of Outpatient hospital-MH/SUD, physician services-MH/SUD and nurse practitioner-MH/SUD services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Inpatient hospital - chemical dependency

Source:

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:

Inpatient hospital - chemical dependency services were bundled, and mapped to the 'Mental Health and substance use disorder services, including behavioral health treatment' EHB category. The bundled services are a duplication of Inpatient hospital-MH/SUD, physician services-MH/SUD and nurse practitioner-MH/SUD services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Outpatient hospital - chemical dependency

Source:

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:

Outpatient hospital - chemical dependency services were bundled, and mapped to the 'Mental Health and substance use disorder services, including behavioral health treatment' EHB category. The bundled services are a duplication of Outpatient hospital-MH/SUD, physician services-MH/SUD and nurse practitioner-MH/SUD services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Detoxification

Source:

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:

Detoxification services were bundled, and mapped to the 'Mental Health and substance use disorder services, including behavioral health treatment' EHB category. The bundled services are a duplication of inpatient hospital, outpatient hospital, physician services and nurse practitioner services and the mental health and substance use disorder section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Inpatient rehabilitation

Source:

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:

Inpatient rehabilitation services were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of inpatient hospital, rehabilitative section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Physical, speech & occupational therapy

Source:

Base Benchmark

Remove



Alternative Benefit Plan

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

Physical, speech & occupational therapy (outpatient) services were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of Physical, speech & occupational therapy from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Durable medical equipment

Source:

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:

Durable medical equipment were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of home health-medical supplies from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Prosthetics

Source:

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:

Prosthetics were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of prosthetic devices and home health-Rehab/Hab from the existing state Medicaid plan

Base Benchmark Benefit that was Substituted:

Orthotics

Source:

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:

Orthotics were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of prosthetic devices and home health-Rehab/Hab from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Hearing aids

Source:

Base Benchmark

Remove

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

Hearing aids were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of physical, speech & occupational therapy, language disorders section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Cochlear Implants

Source:

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:

Cochlear Implants were bundled, and mapped to the 'Rehabilitative and habilitative services and devices'



Alternative Benefit Plan

EHB category. The bundled services are a duplication of prosthetic devices, physical, speech & occupational therapy, language disorders section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Lab tests, x-ray services, & pathology

Source:

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:

Lab tests, x-ray services, & pathology were bundled, and mapped to the 'Laboratory services' EHB category. The bundled services are a duplication of Laboratory and X-ray section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Imaging / diagnostics (e.g., MRI, CT ,PET scan)

Source:

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:

Imaging / diagnostics (e.g., MRI, CT ,PET scan) were bundled, and mapped to the 'Laboratory services' EHB category. The bundled services are a duplication of Laboratory and X-ray section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Genetic testing

Source:

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:

Genetic testing services were bundled, and mapped to the 'Laboratory services' EHB category. The bundled services are a duplication of Laboratory and X-ray section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Preventive services

Source:

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:

Preventive care services were bundled, and mapped to the 'Preventive and wellness services and chronic disease management' EHB category. The bundled services are a duplication of Preventive services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Smoking/Tobacco cessation program

Source:

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:

Smoking/Tobacco cessation program were bundled, and mapped to the 'Ambulatory patient services' EHB category. The bundled services are a duplication of tobacco cessation sections from the existing state Medicaid plan



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Eyeglasses

Source:

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:

Eyeglasses were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of eyeglasses section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Dentures

Source:

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:

Dentures were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of dentures section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Skilled nursing

Source:

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:

Skilled Nursings were bundled, and mapped to the 'Rehabilitative and habilitative services and devices' EHB category. The bundled services are a duplication of Skilled Nursing Facility section from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Outpatient hospital

Source:

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:

Outpatient hospital - facility services were bundled, and mapped to the 'Outpatient hospital' EHB category. The bundled services are a duplication of Hospital - Outpatient services from the existing state Medicaid plan.

Base Benchmark Benefit that was Substituted:

Organ & tissue transplants

Source:

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:

Organ & tissue transplants were bundled, along with Inpatient medical and surgical care and mapped to the 'hospitalization' EHB category. The bundled services are a duplication of inpatient hospital services from the existing state Medicaid plan.

Add



Alternative Benefit Plan

13. Other Base Benchmark Benefits Not Covered

Collapse All

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:

Newborn services are billed separately through the newborn's Medicaid ID.

Add



Alternative Benefit Plan

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

Collapse All

Other 1937 Benefit Provided:

Dental

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Limits for age 21 and older

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

Dental services for adults include the prevention and amelioration of dental disease states, limits on denture, crown, and periodontal coverage. Pregnant women receive some additional services.

Other 1937 Benefit Provided:

Clinical services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

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:

Services provided within the scope of practice as defined under state law.

Other:



Alternative Benefit Plan

Services provided within the scope of practice as defined under state law or Administrative rule. Targeted groups are HIV/AIDS, EI/ECSE, Babies First, Nurse Home visiting program, Tribal members, Children Who Are the Responsibility of Child Welfare, Self sufficiency and Substance Use Disorder.

Other 1937 Benefit Provided:

Non emergency medical transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law or Administrative rule.

Other:

NEMT provided through a brokerage system authorized under an 1115 waiver.

Other 1937 Benefit Provided:

Private duty nursing services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

Must meet the level of service criteria and nursing services must be medically appropriate and based on a physician's order.

Other 1937 Benefit Provided:

Intermediate care facility services -ICF/IDD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.



Alternative Benefit Plan

Other:

Level of care assessment

Other 1937 Benefit Provided:

Extended services for pregnant women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

An initial needs assessment to assess the basic needs of the expectant mother and develop a client service plan (CSP) to optimize pregnancy outcomes. The program is referred to as the Maternity Case Management program.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

Authorized based upon the plan of treatment or service plan. Personal Care Services include Activities of Daily Living (ADLs) as outlined in the Medicaid state plan.

Other 1937 Benefit Provided:

Nursing Facility Services-Long Term

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Level of care need

Duration Limit:

Level of care need



Alternative Benefit Plan

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

Screening and assessment to determine level of care needs.

Other 1937 Benefit Provided:

PACE

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

Participants eligible for PACE are 55 or older, meet the state's criteria for long-term care eligibility with a service priority level of 1-13, and are Medicaid eligible.

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

See applicable Attachment 3.1-B & Attachment 4.19-B for coverage and reimbursement of Routine Costs in Qualifying Clinical Trials in Oregon's Medicaid State Plan.

Other 1937 Benefit Provided:

Preventive Svcs: Community Violence Prevention svc

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

Same as Medicaid State Plan

Duration Limit:

Same as Medicaid State Plan

Scope Limit:

Same as Medicaid State Plan, Attachment 3.1-A

Other:

As described in Attachment 3.1-A of the Medicaid State Plan. Community violence prevention services are a new category of service within the preventive services Medicaid State Plan benefit category pursuant to 42 CFR 440.130(c). The purpose of this service is to help mitigate and prevent community violence and its effects on Medicaid members.

See Attachment 3.1-A for details regarding this benefit, including service description and provider qualifications.

Other 1937 Benefit Provided:

Preventive Service: Vaccine coverage

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Same as the Medicaid State Plan

Duration Limit:

Same as the Medicaid State Plan

Scope Limit:

Same as the Medicaid State Plan, Supplement 4 to Attachment 3.1-A

Other:

As described in Supplement 4 to Attachment 3.1-A of the Medicaid State Plan, Oregon covers the non-routine ACIP recommended vaccines and vaccine administration described in section 1905(a)(13)(B) of the Act.

Oregon has a method to ensure that, as changes are made to ACIP recommendations, we will update the coverage and billing codes to comply with those revisions.

Other 1937 Benefit Provided:

Medication Assisted Treatment (MAT)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Same as Medicaid State Plan, Supplement 5 to Attachment 3.1-A

Other:

Confirming coverage for mandatory MAT benefit for drugs and biological products and related counseling services and behavioral therapy under the SUPPORT Act under EHB 5: Mental Health and Substance Use



Alternative Benefit Plan

Disorder services including behavioral health treatment and EHB 6: Prescription Drugs.
MAT is provided as defined in the approved state plan Supplement 5 to Attachment 3.1-A and in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.

Other 1937 Benefit Provided:

1915(i) HCBS for persons w. CMI

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Other

Duration Limit:

Other

Scope Limit:

Same as Medicaid State Plan, Attachment 3.1-i

Other:

For those members meeting the eligibility criteria in relation to the 1915(i) HCBS for persons with chronic mental illness (CMI) as specified in Attachment 3.1-i of the approved Oregon State Medicaid plan effective 1/1/22.

Other 1937 Benefit Provided:

Community First Choice 1915(k)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

see limits Attachment 3.1-K

Duration Limit:

None

Scope Limit:

Same as Medicaid State Plan, Attachment 3.1-k

Other:

Refer to Attachment 3.1-k of the Oregon approved Medicaid State Plan for details of this benefit. effective beginning 7/1/18.

Other 1937 Benefit Provided:

OLP: midlevel practitioner services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

Services provided within the scope of practice as defined under state law.

Other:

Medicaid State Plan Title: Medical care and or other remedial care provided by licensed practitioners. Includes services by registered or certified practitioners supervised by licensed practitioners as described in the approved Oregon Medicaid State plan Attachment 3.1-A, section 6.d. OLP providers added: Behavior Analyst (BCBA) and Assistant Behavior Analyst (BCaBA) effective 1/1/15; Denturists; Dental hygienists with an Expanded Practice Dental Hygienist Permit (EPDHP) effective 7/1/16; Dietitian, (RDN) and (RD) effective 7/1/22; Genetic counselors effective 7/1/22; Peer specialist effective 1/1/23; Gambling addiction counselors effective 1/1/23; EMTs and Pharmacists effective 7/1/23; certified recovery mentors effective 10/1/23; school counselor, psychologist effective 1/1/24

Other 1937 Benefit Provided:

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other:

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

Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) for the purpose of standardizing data. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children’s Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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