



Alternative Benefit Plan

State Name: Alaska

Attachment 3.1-L-

OMB Control Number: 09381148

Transmittal Number: AK - 25 -0002-AB

OMB Expiration date: 10/31/2014

Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.

No

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

2014 Premera Blue Cross Blue Shield Alaska Heritage Select Envoy

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

☒ 1. Essential Health Benefit: Ambulatory patient services

Collapse All ☐

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

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

"Outpatient hospital services" excluded services not generally furnished by most hospitals in the state, such as outpatient psychiatric and substance abuse treatment services. All inpatient services require service authorization for medical necessity except when medical necessity has been predetermined and is published in policy. Any limitations can be exceeded with prior authorization.

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

A surgical procedure that could be considered experimental, investigative, or cosmetic is not covered, unless that procedure is medically necessary in the course of treatment for injury and illness and has been prior authorized.

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

Any physician services and supplies necessary for diagnosing and treating illness and injury. Certain services and procedures require service authorization.

Benefit Provided:

Other Licensed Practitioner Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

Some services subject to Service Authorization

Scope Limit:

See below.



Alternative Benefit Plan

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

Services provided under this benefit include those provided by other licensed practitioners such as Advanced Registered Nurses, psychologists, licensed mental health counselors, licensed social workers, licensed marriage and family therapists, dentists, dental hygienists, dietitians, nutritionists, radiological technicians, opticians, podiatrists, optometrists, audiologists, respiratory therapists, licensed midwives, and licensed advanced practice dental hygienists, all limited to scope of practice by state law. All medically necessary services for eligible recipients are reimbursed when delivered, ordered or prescribed by a provider within the scope of the provider's license or certification.

Benefit Provided:

Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below.

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

Ambulatory Surgical Centers cover ambulatory surgical services with service authorizations. End Stage Renal Dialysis Clinics cover dialysis and dialysis related services. Community Behavioral Health Clinics and Physician Behavioral Health Clinics services are provided under clinic services under the supervision of a physician.

Benefit Provided:

Family Planning Services and Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

Fertility services are not covered.

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

Family planning services means services and materials provided with the purpose of postponing, or avoiding pregnancy.

Benefit Provided:

Dental

Source:

State Plan 1905(a)

Remove



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Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

The adult medical benefits of this plan will only be provided for the dental services listed below. No limit for emergency services.

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

Dental services, necessary as a result of an accidental injury. Emergency care.

Benefit Provided:

Hospice Care

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below.

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

Hospice Care is provided in accordance with section 2302 of the Affordable Care Act.

Benefit Provided:

Personal Care Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

According to treatment plan

Duration Limit:

According to treatment plan

Scope Limit:

Allowable services must be defined in a service plan developed as a result of a functional assessment.

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

Covered services are limited to non-technical, hands on assistance with activities of daily living, problems with instrumental activities of daily living, and other problems that require trained care.



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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

☒ 2. Essential Health Benefit: Emergency services

Collapse All ☐

Benefit Provided:

Outpatient Hospital Services - Emergency

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:

Covers emergency services in the outpatient setting. Coverage includes facility, related professional services, diagnostics, treatment, and supplies. Certain services and procedures require retroactive approval to confirm emergency need. Non-covered services excluded.

Benefit Provided:

Outpatient Hospital Services- ER Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Retroactive Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

Covers emergency transportation to outpatient hospital setting for emergency care via ground or air ambulance. Ground ambulance covered one way trip at a time.

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

Emergency medical transportation is covered to the nearest facility offering emergency medical care.

Benefit Provided:

Physician - urgent care facilities

Source:

State Plan 1905(a)

Remove

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:

None

Add



Alternative Benefit Plan

☒ 3. Essential Health Benefit: Hospitalization

Collapse All ☐

Benefit Provided:

Inpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

All inpatient services require service authorization for medical necessity except when medical necessity has been predetermined and is published in policy. Providers should obtain Service Authorization first, except in the case of medical emergency.

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

Coverage includes room and board and all ancillary services provided during dates of medical service. All hospitalizations must be physician prescribed. The maximum hospital length stay for any single admission is three days, except for psychiatric and maternal/newborn stays. A three day stay may be extended with a continued stay authorization based on medical necessity. General acute care hospitals, reimbursed under the Diagnosed Related Group (DRG) methodology, are exempt from continued stay authorizations.

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

☒ 4. Essential Health Benefit: Maternity and newborn care

Collapse All ☐

Benefit Provided:

Physician Services - Maternity and Newborn

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:

Comprehensive coverage for maternal and newborn care. This includes prenatal care, postnatal care and newborn care provided in hospital, free standing birth center, and ambulatory care setting within scope of practice as defined by law.

Benefit Provided:

Inpatient Hospital Services - Maternity

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

Covers prenatal services, delivery and post-partum as medically necessary.

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

Three day inpatient limit can be exceeded with prior authorization demonstrating medical necessity.

Add



Alternative Benefit Plan

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

Collapse All ☐

Benefit Provided:	Source:	Remove
Rehabilitation: Outpatient Mental/Behav. Health	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
No limits	No limits	
Scope Limit:		
Some services have non-quantitative service limits which may be exceeded if medically necessary. Criteria for establishing authorization limits include services that may be highly utilized and compliance with utilization control requirements.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Covers outpatient mental/behavioral health services including, assessments, psychiatry, therapy and treatment, therapeutic behavioral services, psychosocial rehabilitation recipient support, day treatment services and medication administration. These can occur in either office, or other outpatient or community settings.		

Benefit Provided:	Source:	Remove
Inpatient Hospital: Mental/Behavioral Health	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	No limitation.	
Scope Limit:		
Services provided through an institution for mental diseases (IMD) are restricted to Individuals under 21 or age 65 or older.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Criteria for establishing qualitative authorization limits include services that are high cost or highly utilized and compliance with utilization control requirements. Authorization for service is based on medical necessity.		

Benefit Provided:	Source:	Remove
Rehab: Outpatient Chemical Dependency Treatment	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None.	None.	



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Scope Limit:

Criteria for establishing qualitative authorization limits include services that are high cost or highly utilized and compliance with utilization control requirements. Authorization for service is based on medical necessity.

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

Covers assessments, alcohol and drug detoxification, therapeutic behavioral services, psychosocial rehabilitation recipient support, brief intervention. and medication administration.

Benefit Provided:

Rehab: Inpatient Chemical Dependency Treatment

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

Criteria for establishing qualitative authorization limits include services that are high cost or highly utilized and compliance with utilization requirements.

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

Covers screening, detoxification and counseling for patients who have been diagnosed with a substance abuse disorder. Patient placement is based on the American Society of Addiction Medicine to accurately assess individuals presenting for treatment. Inpatient care by practitioners practicing in their scope as defined by state law. Any limitations can be extended with a prior authorization.

Add



Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

Benefit Provided:

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

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

☒ Limit on days supply

Yes

State licensed

☐ Limit on number of prescriptions

☐ Limit on brand drugs

☒ Other coverage limits

☒ Preferred drug list

Coverage that exceeds the minimum requirements or other:

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



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

Collapse All ☐

Benefit Provided:

Home Health Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Home health services must be requested by the attending physician and must be prior authorized.

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

Covers home-based services: provided by a registered nurse who receives written orders from the recipient's physician for an ongoing basis, or after acute care.

Benefit Provided:

H.H.S. Supplies, equipment, appliances.

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

Some equipment and appliances must be prior authorized.

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

None

Benefit Provided:

Physical therapy and related services.

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

In accordance with Treatment Plan

Duration Limit:

In accordance with Treatment Plan

Scope Limit:

In accordance with Treatment Plan

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

Occupational therapy, physical therapy and speech therapy. These are rehabilitative and habilitative



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services. Any limits can be exceeded with prior authorization based on medical necessity.

Benefit Provided:

Nursing Facilities - Short term

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

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:

60 days per year, limitations can be exceeded with authorization.

Benefit Provided:

Source:

Remove

Authorization:

Prior 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

☒ 8. Essential Health Benefit: Laboratory services

Collapse All ☐

Benefit Provided:

Laboratory and Radiology services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

See below

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

Services are covered in outpatient and inpatient hospital setting, clinic/office setting and home setting. We cover any medically necessary laboratory services. Some procedures require service authorization.

Add



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☒ 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:

Tobacco Cessation

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

Provided in accordance with 1905(a)(4)(d).

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

None

Benefit Provided:

Preventive Services

Source:

State Plan 1905(a)

Remove

Authorization:

Yes

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:

We cover PAP smears, Mammograms.

Evidence-based items or services with a rating of “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force (USPSTF). Also included are additional preventive care and screenings for women not described in this paragraph as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.

- Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control (CDC) and Prevention.

- Evidence-informed infant, child and adolescent preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration.

State provides a full complement of pediatric and adult vaccinations.

Benefit Provided:

Source:

Remove



Alternative Benefit Plan

Authorization:

Prior 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

☒ 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)

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:

Any Medicaid eligible child under 21 years of age, pursuant to Section 1905(r)(5) of the Social Security Act, has access to necessary health care, diagnostic services, treatment and other measures described in 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered in the State plan.

Add



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 Visit to Treat an Injury or Illness

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:

Duplicate. The state plan duplicates this benefit in PHYSICIAN SERVICES . EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Specialist Visit

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:

Duplicate. The state plan duplicates this benefit in PHYSICIAN SERVICES . EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Other Practitioner Office Visit

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:

Duplicate. The state plan duplicates this benefit in other licensed practitioners. EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Outpatient 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:

Duplicate. The state plan duplicates this outpatient hospital service benefit in outpatient hospital services and clinic services. EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Outpatient Surgery Physician/ Surgical 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:

Duplicate. The state plan duplicates this outpatient hospital service benefit in outpatient hospital services and clinic services. EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Hospice 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:

Duplicate. The state plan duplicates this benefit in HOPSICE CARE section 2302 of the ACA. EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Dental Services Emergent

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:

Duplicate. The state plan duplicates this benefit in DENTAL SERVICES. EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Urgent Care Centers or Facilities

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:

Duplicate. The state plan duplicates this benefit in PHYSICIAN SERVICES - Urgent Care facilities. EHB # 2 Emergency Services.

Base Benchmark Benefit that was Substituted:

Home Health Care 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:

Duplicate. The state plan duplicates this benefit in HOME HEALTH SERVICES. EHB # 7 Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Emergency Room 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:

Duplicate. The state plan duplicates this benefit in OUTPATIENT HOSPITAL SERVICES - Emergency. EHB # 2 Emergency services.

Base Benchmark Benefit that was Substituted:

Emergency Transportation/ Ambulance

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:

Duplicate. The state plan duplicates this benefit in Outpatient Hospital Services ER Transportation. EHB # 2 Emergency Services.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Inpatient Hospital 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: Duplicate. The state plan duplicates this benefit in INPATIENT HOSPITAL SERVICES including inpatient mental health services. EHB # 3 Hospitalization.		
Base Benchmark Benefit that was Substituted: Inpatient Physician and Surgical 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: Duplicate. The state plan duplicates this benefit in INPATIENT HOSPITAL SERVICES. EHB # 3 Hospitalization.		
Base Benchmark Benefit that was Substituted: Skilled Nursing 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: Duplicate. The state plan duplicates this benefit in NURSING FACILITY - Short Term. EHB # 7 Rehabilitative and habilitative services and devices.		
Base Benchmark Benefit that was Substituted: Prenatal and 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: Duplicate. The state plan duplicates this benefit in Physician services - Maternity and newborn. EHB # 4 Maternity and Newborn.		
Base Benchmark Benefit that was Substituted: Delivery and All Inpatient Services for Maternity	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: Duplicate. The state plan duplicates this benefit in Inpatient Hospital Services Maternity for pregnant women. EHB # 4 Maternity and Newborn.		
Base Benchmark Benefit that was Substituted: Mental/Behavioral Health Outpatient 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: Duplicate. The state plan duplicates this benefit in Rehabilitation Outpatient Mental/Behavioral Health		



Alternative Benefit Plan

Services. EHB # 5 Mental Health and Substance Use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Mental/Behavioral Health Inpatient 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:

Duplicate. The state plan duplicates this benefit in INPATIENT Hospital Mental/Behavioral Services. EHB # 5 Mental Health and Substance use disorder services including behavioral health treatment.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Inpatient 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:

Duplicate. The state plan duplicates this benefit in Rehab: Inpatient Chemical Dependency Treatment. EHB # 5 Mental Health and Substance Abuse services.

Base Benchmark Benefit that was Substituted:

Substance Abuse Disorder Outpatient 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:

Duplicate. The state plan duplicates this benefit in Rehab: Outpatient Chemical Dependency Treatment. EHB # 5 Mental Health and Substance Abuse services.

Base Benchmark Benefit that was Substituted:

Outpatient Rehabilitation 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:

Duplicate. The state plan duplicates this benefit in physical therapy and related services. EHB # 7 Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Habilitation 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:

Duplicate. The state plan duplicates this benefit in the state plan under DIAGNOSTIC, SCREENING, PREVENTIVE, REHABILITATIVE SERVICES including physical therapy and related services. EHB # 7 Rehabilitative and Habilitative services and devices.



Alternative Benefit Plan

Base Benchmark Benefit that was Substituted:

Chiropractic 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:

This benefit is being substituted for Personal Care Services. EHB # 1 Ambulatory patient services.

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:

Duplicate. The state plan duplicates this benefit in HHS Supplies, equipment, appliances. EHB # 7 Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Diagnostic Test (X-Ray and Lab Work)

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:

Duplicate. The state plan duplicates this benefit in LABORATORY AND RADIOLOGY SERVICES. EHB # 8 Laboratory services.

Base Benchmark Benefit that was Substituted:

Imaging (CT/PET Scans, MRIs)

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:

Duplicate. The state plan duplicates this benefit in LABORATORY AND RADIOLOGY SERVICES including mammograms. EHB # 8 Laboratory services.

Base Benchmark Benefit that was Substituted:

Family Planning Services and Supplies.

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:

Duplicate. The state plan duplicates this benefit in Family Planning Services and Supplies. EHB # 1 Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted:

Other Licensed Practitioners

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:



Alternative Benefit Plan

Duplicate. The state plan duplicates this benefit in physical therapy and related services. EHB # 7 Rehabilitative and habilitative services and devices.

Base Benchmark Benefit that was Substituted:

Preventive and wellness 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:

Duplicate. The state plan duplicates this benefit in tobacco cessation and preventive services. EHB # 9. Preventive services.

Base Benchmark Benefit that was Substituted:

Contraception and 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:

Duplicate. The state plan duplicates this benefit in Family Planning Services. EHB # 1. Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Neurodevelopmental 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:

Duplicate. The state plan duplicates this benefit in EPSDT. EHB # 10 Pediatric Services.

Base Benchmark Benefit that was Substituted:

Acupuncture

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:

Substitute. This benefit is being substituted for Personal Care Services. EHB # 1 Ambulatory Patient Services.

Add



Alternative Benefit Plan

☒ 13. Other Base Benchmark Benefits Not Covered

Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Non-Emergency Care When traveling Outside the U.S.

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

Non-covered in accordance with federal statute.

Base Benchmark Benefit not Included in the Alternative Benefit Plan:

Vision

Source:

Base Benchmark

Remove

Explain why the state/territory chose not to include this benefit:

Adult routine vision.

Add



Alternative Benefit Plan

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

Collapse All ☐

Other 1937 Benefit Provided:

Physician Collaborator, Mid-level 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:

None.

Other:

Physician Assistants, Advanced Nurse Practitioners, Certified Nurse Anesthetists, Nurse Mid-Wives.

Other 1937 Benefit Provided:

Dental - Adult

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below.

Duration Limit:

See below.

Scope Limit:

Covers comprehensive dental services. Some services require prior authorization. There is an annual limit of \$1,150 per recipient 21 years of age or older that can be exceeded due to medical necessity.

Other:

Dental services for recipients age 21 or older are limited to the immediate relief of pain or acute infection and diagnostic radiographs, extractions and alveoplasty. Dental services including the following are allowed up to \$1150 per year: diagnostic exams, preventive care, restorative care, endodontics, periodontics, prosthodontics, oral surgery, professional consultation.

Other 1937 Benefit Provided:

Non emergency transportation

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

The nearest facility offering medical care.

Scope Limit:

Non-emergency transportation to the nearest facility (or Indian Health Facility) offering medical care.



Alternative Benefit Plan

Other:

For non-emergency transportation prior authorization is required.

Other 1937 Benefit Provided:

ICF/IID

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Yes

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Any limitations can be extended with prior authorization.

Other:

Provided in accordance with section 1902(a)(31)(A).

Other 1937 Benefit Provided:

Targeted Case Management

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:

None

Other:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Other 1937 Benefit Provided:

Long Term NF

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

Scope Limit:

None.

Other:

Long term skilled nursing.

Other 1937 Benefit Provided:

Extended Services for pregnant women

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:

None

Other:

Any limitations can be extended with service authorizations.

Other 1937 Benefit Provided:

Federally Qualified Health Center

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:

None

Other:

Any limitations can be exceeded with prior authorization.

Other 1937 Benefit Provided:

Rural Health Clinic Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Any limitations can be exceeded with prior authorization.

Other 1937 Benefit Provided:

Vision

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:

Annual vision examinations and eyeglasses biennially. Limitations can be exceeded with prior authorization based on medical necessity.

Other 1937 Benefit Provided:

Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

See below

Scope Limit:

There is an annual limit of \$1,150 per recipient 21 years of age and older. This can be exceeded in cases of medical necessity.

Other:

Other 1937 Benefit Provided:

Medication Assisted Treatment - for OUD

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

Other:

Any limits may be exceeded with prior authorization.

MAT is provided as defined in the approved state plan 3.1-A and, if applicable, 3.1B pages.

MAT is provided in accordance with 1905(a)(29) for the period beginning October 1, 2020, and ending September 30, 2025.

Other 1937 Benefit Provided:

Routine Patient Cost in Qualifying Clinical Trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

varies

Duration Limit:

varies

Scope Limit:

varies

Other:

See Alaska's Medicaid state plan, Attachment 3.1-A, item 30, coverage of routine patient costs in qualifying clinical trials.

Other 1937 Benefit Provided:

Non-routine ACIP Recommended Vaccinations

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:

1) Alaska covers the non-routine ACIP recommended vaccines and vaccine administration described in section 1905(a)(13)(B) of the Act.

2) As changes are made to ACIP recommendations, the coverage and billing codes will be updated to comply with those revisions.



Alternative Benefit Plan

Other 1937 Benefit Provided:

1915(K) Community First Choice

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Varies

Duration Limit:

Varies

Scope Limit:

Varies

Other:

Effective 1/01/2018. See Alaska's Medicaid State Plan, Attachment 3.1-K, Community First Choice

Add



Alternative Benefit Plan

- ☐ 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 ☐

PRA Disclosure Statement

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