



Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient Hospital: Emergency Care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<input type="text"/>		

Benefit Provided:	Source:	Remove
Transportation: Ambulance	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Coverage is in accordance with Att. 3.1-A Item 24a.		

Benefit Provided:	Source:	Remove
EMT, AEMT, and Paramedic Provider Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
See Att. 3.1-A Item 6(D)12, 13, and 14.		



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

Coverage is in accordance with Att. 3.1-A Item 6(D)12, 13, and 14.

Add