Government of the Virgin Islands of the United States
DEPARTMENT OF HUMAN SERVICES
Medicaid Division

Medicaid Program Public Notice
Dental Services Limit Update for Members

September 14, 2026

The U.S. Virgin Islands (USVI) Department of Human Services (DHS) is issuing this Public Notice of its intention to submit a Medicaid State Plan Amendment (SPA) and an Alternative Benefit Plan (ABP) amendment to the Centers for Medicare & Medicaid Services (CMS) in compliance with 42 CFR 440.386. DHS is seeking CMS approval to implement a dental services annual limit of $3500 per member per calendar year for individuals age 21 and older beginning January 1, 2027. Preventive dental services, emergency dental services, and dentures will be exempt from this annual limit.

At the time the ABP is amended, DHS will review the entire ABP and make necessary updates to align language in the ABP to the State Plan.

The anticipated effective date of the SPA and ABP amendment is October 1, 2026. It is estimated that the SPA and ABP amendment will not result in any increase in annual aggregate Medicaid expenditures.

USVI assures that all beneficiaries under age 21 enrolled in the ABP will receive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services consistent with sections 1905(a)(4)(B) and 1905(r) of the Social Security Act. Medically necessary services required to correct or ameliorate physical and mental illnesses and conditions identified through EPSDT screening services will be provided regardless of whether such services are included in the Alternative Benefit Plan benefit package.

There is no public meeting scheduled regarding this notice. A copy of the proposed Medicaid SPA and ABP amendment describing the proposed service limit is available for review at: https://dhs.vi.gov/. Any interested party wishing to request a written copy of the SPA or ABP amendment, or wishing to submit comments may do so by sending an email to map.publiccomment@dhs.vi.gov, calling the Department of Human Services at (340) 774-0930, or by submitting a request in writing to the following address:

USVI Department of Human Services
Attn: Director, Medicaid Program
1303 Hospital Ground – Knud Hansen Complex-Building A
St. Thomas, US Virgin Islands 00802

DHS invites your comments on this proposal which must be received by DHS within 30 days of the date of this notice.

AMOUNT, DURATION AND SCOPE OF ASSISTANCE: CATEGORICALLY NEEDY GROUP

5. Physician's Services

The term physicians' services includes services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist under the plan.

Limited to services provided by the staff of the Department of Health Clinics and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services. Physician services are provided to Medicare/Medicaid recipients as specified in the Buy-in Agreement.

6. Podiatry

Limited to services provided by the staff of the Department of Health Clinics and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services.

7. Home Health Care Services.

Limited to services provided by the Home Care program operated by the Department of Health. No requirement for prior authorization except for requests for medical supplies, equipment and appliances.

9. Clinic Services (Other than Hospital)

Limited to services provided by the clinics operated by the Department of Health and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-Island services, or by the Medical Assistance prog-ram at the Department of Human Services for off-island services.

10. Dental Services

Medically necessary dental services are covered when:

- consistent with generally accepted standards of dental practice;
- clinically appropriate in type, frequency, extent, site, and duration;
- not primarily for convenience or cosmetic purposes; and
- the least costly, effective alternative when multiple appropriate options exist.

Coverage of dental services is generally limited to services furnished by Department of Health clinics and Federally Qualified Health Centers (FQHCs). Some services may require prior authorization.

Dental services provided by other qualified dental providers are covered only with prior authorization from the Department of Human Services Medical Assistance Program, except that preventive dental services and emergency dental services may be provided without prior authorization.

For purposes of this section:

- Preventive Dental Services means services intended to promote oral health, prevent dental disease, and identify oral conditions at an early stage. Preventive dental services include, but are not limited to, oral examinations, prophylaxis (cleanings), fluoride treatments, sealants, oral health education, and other clinically appropriate services designed to prevent the development or progression of dental disease.
- Emergency Dental Services means services necessary to evaluate, stabilize, or treat acute dental conditions involving severe pain, infection, swelling, bleeding, trauma, or other circumstances requiring immediate dental intervention.

A. For members under 21 years of age:

Dental services are provided in accordance with Early Periodic, Screening, Diagnosis and Treatment (EPSDT), consistent with 42 C.F.R. Part 441, Subpart B. Prior authorization may be required for some services.

B. For adult members aged 21 years and older:

Dental services for adult members aged 21 and older are limited to the following categories of service and may require prior authorization.

1. Emergency Dental Services
2. Diagnostic Services
3. Preventive Services
4. Restorative care
5. Endodontic services
6. Periodontal services
7. Prosthodontic services
8. Oral surgery

Beginning January 1, 2027, adult dental services are limited to a total of $3,500 per member per calendar year, which may be exceeded with prior authorization from the Department of Human Services Medical Assistance Program or its designee. The following services are not counted toward a member's annual dental services limit:

- Preventive dental services
- Emergency dental services
- Dentures, as described on Attachment 3.1 – A, Item 12(b)

11. Physical Therapy and Related Services

Limited to services provided by the clinics operated by the Department of Health and the Federally Qualified Health Centers, except by prior authorization by the primary care case manager at said sites for on-island services, or by the Medical Assistance program at the Department of Human Services for off-island services. Aged and disabled recipients under the Buy-In Agreement are covered under other specified procedures.

7. Home Health Services

Home health services provided to medically needy beneficiaries are the same as those provided to the categorically needy beneficiaries.

9. Clinic Services (Other than Hospital)

Clinic services provided to medically needy beneficiaries are the same as those provided to the categorically needy beneficiaries.

10. Dental Services

Dental services provided to medically needy beneficiaries are the same as those provided to the categorically needy beneficiaries.

Alternative Benefit Plan

State Name: U.S. Virgin Islands Attachment 3.1-L- OMB Control Number: 0938-1148

Transmittal Number: - -

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:

Blue Cross and Blue Shield Benefit Plan -Basic Option (FEHBP)

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: 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:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

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: None
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided: Certified Pediatric or Family Nurse Practitioner
Source: State Plan 1905(a)
Remove
Authorization: Other
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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided: Clinic Services

Source: State Plan 1905(a)

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided: Family Planning Services and Supplies

Source: State Plan 1905(a)

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided: Medical and Surgical Services by a Dentist

Source: State Plan 1905(a)

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided:

Other Licensed Practitioners: Podiatry Services

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided:

Dental Services (for Adults)

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

$3500

Duration Limit:

Annually

Scope Limit:

None

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

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided:

Home Health Services-Intermittent and Part-time RN

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Other

Alternative Benefit Plan

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided:
FQHCs

Source:
State Plan 1905(a)

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:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided:
Rural Health Clinics (RHC)

Source:
State Plan 1905(a)

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:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Add

Alternative Benefit Plan

■ 2. Essential Health Benefit: Emergency services Collapse All ☐

Benefit Provided: Emergency Hospital Services

Source: State Plan 1905(a)

Remove

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: None

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

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided: Other Medical Services - Emergency Transportation

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

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:
None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Add

Alternative Benefit Plan

■ 4. Essential Health Benefit: Maternity and newborn care Collapse All ☐

Remove

Benefit Provided: Nurse Midwife Services

Source: State Plan 1905(a)

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided: Inpatient Hospital Services -Maternity

Source: State Plan 1905(a)

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided: Physicians Services -Maternity

Source: State Plan 1905(a)

Authorization: Other

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State 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.

Remove

Benefit Provided: Inpatient Hospital Services - MH/SUD

Source: State Plan 1905(a)

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit: This benefit does not include services in an Institution for Mental Disease (IMD).

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

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided: Outpatient Hospital Services - MH/SUD

Source: State Plan 1905(a)

Authorization: Other

Provider Qualifications: Medicaid State Plan

Amount Limit: None

Duration Limit: None

Scope Limit:

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

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided: Physician Services- MH/SUD

Source: State Plan 1905(a)

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided:

Other Practitioner: Psychologist Services

Source:

State Plan 1905(a)

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided:

Clinic Services - MH/SUD

Source:

State Plan 1905(a)

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Remove

Benefit Provided:

FQHCs - MH/SUD

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State 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.):	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 U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

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: Home Health Services- PT/OT/ST/Audiology
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:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided: Home Health Svcs - Med. Supp, Equip & Appliances
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:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided: Orthopedic and Prosthetic Devices
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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided:

PT & Related Services -Physical Therapy

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided:

PT & Related Services - Occupational Therapy

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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Benefit Provided:

PT & Related Services - Speech, Hearing & Language

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

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

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Add

Alternative Benefit Plan

☑ 8. Essential Health Benefit: Laboratory services Collapse All ☐

Remove

Benefit Provided:
Other Laboratory and X-Ray Services

Source:
State Plan 1905(a)

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:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State 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:
Preventive Care

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:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State 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: 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:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid 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: Treatment Therapies
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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Physician or Outpatient Hospital Services in EHB 1: Ambulatory patient services and Inpatient Hospital Services in EHB 3: Hospitalization. Treatment Therapies include, for example, chemotherapy and radiation therapy, renal dialysis, and outpatient cardiac rehab.

Base Benchmark Benefit that was Substituted: Outpatient Hospital or Ambulatory Surgical Center
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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Outpatient Hospital Services in EHB I: Ambulatory Patient Services.

Base Benchmark Benefit that was Substituted: Diagnostic and Treatment 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Physician Services, Certified Pediatric or Family Nurse Practitioner, Clinic Services, and FQHCs in EHB I: Ambulatory patient services.

Base Benchmark Benefit that was Substituted: Allergy 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Physician Services, Clinics and FQHCs in EHB l: Ambulatory patient services.

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Physician Services in EHB l: Ambulatory patient services.

Base Benchmark Benefit that was Substituted: Surgical Procedures
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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Physician Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted: Family Planning

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Family Planning Services and Supplies in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted: Oral and Maxillofacial 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Medical and Surgical Services provided by a Dentist and Physician Services in EHB I: Ambulatory patient services.

Base Benchmark Benefit that was Substituted: Home Health 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:

Duplication: Covered under the US Virgin Islands State Plan as Home Health Services-Intermittent and Part-time RN in EHB 1: Ambulatory patient services.
The base benchmark is limited to 25 visits per year, up to two hours per visit.

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as OLP: Podiatry Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted: Educational Classes and Programs

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan in EHB 9: Preventive and wellness services and chronic disease management.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Alternative Treatments

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:

Duplication: Since this benefit includes only acupuncture by a physician, it is covered under the US Virgin Islands Medicaid State Plan as Physician Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted: Chiropractic

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:

Substitution: Dental Services (for Adults) from the US Virgin Islands Medicaid State plan was used as a substitute for Chiropractic in EHB 1: Ambulatory patient services. The base benchmark covers one office visit per CY and one set of X-rays per CY.

Base Benchmark Benefit that was Substituted: Infertility 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:

Substitution: Dental Services (for Adults) from the US Virgin Islands Medicaid State plan was used as a substitute for Infertility Treatment in EHB 1: Ambulatory patient care. The base benchmark covers diagnosis and treatment of infertility except for assisted reproductive technology (ART) procedures.

Base Benchmark Benefit that was Substituted: Manipulative Treatment

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:

Duplication: Manipulative Treatment by a physician is covered under the US Virgin Islands Medicaid State Plan as a Physician Service in EHB 1: Ambulatory patient services. The base benchmark covers 20 visits per year.

Base Benchmark Benefit that was Substituted: Accidental Injury

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Emergency Hospital Services in EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted: Medical Emergency

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Emergency Hospital Services in EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted: 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Other Medical Services - Emergency Transportation in EHB 2: Emergency Services.

Base Benchmark Benefit that was Substituted: Inpatient 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization.

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted: Reconstructive 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted: Maternity 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan through Nurse Midwife Services, Inpatient Hospital Services - Maternity and Physician Services -Maternity in EHB 4: Maternity and Newborn Care.

Alternative Benefit Plan

Base Benchmark Benefit that was Substituted: Lab, X-Ray and Other Diagnostic Tests
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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Other Laboratory and X-Ray services in EHB 8: Laboratory services.

Base Benchmark Benefit that was Substituted: Hospice 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan through EHB 1: Ambulatory patient services and as Inpatient Hospital Services in EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted: Durable Medical Equipment (DME)
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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Home Health services -Medical Supplies, Equipment and Appliances in EHB 7: Rehabilitative and Habilitative services and devices.

Base Benchmark Benefit that was Substituted: Hearing Services (testing, treatment,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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Physician Services, Clinic Services and Outpatient Hospital Services in EHB 1: Ambulatory patient services; and as PT and Related Services - Speech, Hearing & Language in EHB 7: Rehabilitative Habilitative services and devices.

Base Benchmark Benefit that was Substituted: Medical 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan benefit as Home Health Services - Medical Supplies, Equipment and Appliances in EHB 7: Rehabilitative and Habilitative services and devices.

Base Benchmark Benefit that was Substituted: Orthopedic and Prosthetic Devices
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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Orthopedic and Prosthetic Devices in EHB 7: Rehabilitative and Habilitative services and devices.

Base Benchmark Benefit that was Substituted: PT, OT, ST and Cognitive 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Outpatient Hospital Services in EHB 1: Ambulatory patient services; as Home Health Services- PT/OT/ST/Audiology, PT and Related Services- Physical Therapy, PT and Related Services- Occupational Therapy, and PT and Related Services -Speech, Hearing & Language in EHB 7: Rehabilitative and Habilitative services and devices.
The base benchmark benefit is limited to 50/PT/OT/ST visits combined per calendar year.

Base Benchmark Benefit that was Substituted: Inpatient Hospital or Other Covered 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Inpatient Hospital Services - MH/SUD in EHB 5: MH and SUD services.

Base Benchmark Benefit that was Substituted: Outpatient Hospital or Other Covered 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Outpatient Hospital Services - MH/SUD and Clinic Services- MH/SUD in EHB 5: MH and SUD services.

Base Benchmark Benefit that was Substituted: Professional 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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Outpatient Hospital Services - MH/SUD, Physician Services - MH/SUD, Other Practitioner: Psychologist Services, Clinic Services - MH, SUD, and FQHCs- MH/SUD in EHB 5: MH and SUD services.

Base Benchmark Benefit that was Substituted: Covered Medications and Supplies

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as Prescribed Drugs in EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted: Preventive Care, Adult

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan in EHB 9: Preventive and wellness services and chronic disease management.

Base Benchmark Benefit that was Substituted: Preventive Care, Children

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:

Duplication: Covered under the US Virgin Islands Medicaid State Plan as EPSDT in EHB I 0: Pediatric services including oral and vision care.

Add

Alternative Benefit Plan

☒ 13. Other Base Benchmark Benefits Not Covered Collapse All ☐

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Vision Services (testing, treatment and supplies)

Source: Base Benchmark

Remove

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

Routine non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)

Base Benchmark Benefit not Included in the Alternative Benefit Plan: Dental Benefit

Source: Base Benchmark

Remove

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

Non-pediatric routine dental services are an excepted benefit pursuant to 45 CFR 156.115(d)

Add

Alternative Benefit Plan

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

Other 1937 Benefit Provided: Non-Emergency Medical Transportation (NEMT)
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: The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Other 1937 Benefit Provided: Eyeglasses
Source: Section 1937 Coverage Option Benchmark Benefit Package
Remove
Authorization: Other
Provider Qualifications: Other
Amount Limit: None
Duration Limit: None
Scope Limit: None
Other: The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Other 1937 Benefit Provided: Dentures
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: The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Other 1937 Benefit Provided:
Nursing Facility Services

Source:
Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:
Other

Provider Qualifications:
Other

Amount Limit:
None

Duration Limit:
None

Scope Limit:
None

Other:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Other 1937 Benefit Provided:
Physicians' Services: Optometrists' 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:
None

Other:
The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Other 1937 Benefit Provided:
Respiratory 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:
None

Alternative Benefit Plan

Other:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Other 1937 Benefit Provided:

Home Heath Services - Home Health Aide

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Other

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

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:

None

Other:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

Other 1937 Benefit Provided:

Hospice 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:

None

Other:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

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:

None

Other:

The U.S. Virgin Islands ABP benefit is the same as under the approved Medicaid State Plan.

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

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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