

# COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH CAREPLUS COVERAGE

This is a list of all covered services and benefits for MassHealth CarePlus members enrolled in HNE Be Healthy. The list also indicates if a prior authorization is required by HNE Be Healthy and/or if a referral by your Primary Care Provider (PCP) is necessary. Please note that it is HNE Be Healthy's responsibility to coordinate all covered services listed below. It is your responsibility to always carry your HNE Be Healthy and your MassHealth identification cards and show them to your provider at all appointments.

You can call HNE Member Services for more information about services and benefits. Please see the telephone number and hours of operation for HNE Be Healthy Member Services at the bottom of every page of this covered services list.

- For questions about medical health services, please call HNE Be Healthy at 800.786.9999 or TTY: 800.439.2370 for people with partial or total hearing loss. See below for hours of operation.
- For questions about behavioral-health services, please call 800.495.0086 or TTY: 617.790.4130 for people with partial or total hearing loss.
- For more information about pharmacy services, go to HNE Be Healthy's medicine list at [www.HNE.com](http://www.HNE.com) or call HNE Member Services at 413.788.0123 or TTY: 800.439.2370 for people with partial hearing loss.
- For questions about dental services, please call DentaQuest Customer Service at 800.207.5019 or TTY: 800.466.7566 or Translation Services at 800.207.5019. Hours: 8:00 a.m. - 6:00 p.m.

"Yes" in either the "Authorization Required for Some or All of the Services?" or the "Primary Care Provider (PCP) Referral Required for Some or All of the Services?" column means that prior authorization, or a PCP referral (or both) is required for some or all of the services in the category. There is more information about authorizations and PCP referrals in your Member Handbook.

Please keep in mind that services and benefits change from time to time. This Covered Services List is for your general information only. Please call HNE Be Healthy for the most up to date information. MassHealth regulations control the services and benefits available to you. To access MassHealth regulations:

- Go to MassHealth's Web site [www.mass.gov/masshealth](http://www.mass.gov/masshealth); or
- Call MassHealth Customer Service at 800.841.2900 (TTY: 800.497.4648 for people with partial or total hearing loss) Monday through Friday from 8:00 a.m. – 5:00 p.m.

MassHealth CarePlus Covered Services for MCO Members	Authorization Required for Some or All of the Services? Yes/No?	Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?
<b>Emergency Services – Medical and Behavioral Health</b>		
<b>Emergency Transportation Services</b> – ambulance (air and land) transport that generally is not scheduled, but is needed on an Emergency basis, including Specialty Care Transport that is an ambulance transport of a critically injured or ill Enrollee from one facility to another, requiring care beyond the scope of a paramedic.	No	No
<b>Emergency Inpatient and Outpatient Services</b>	No	No
<b>Medical Services</b>		
<b>Abortion Services</b>	No	No

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<b>MassHealth CarePlus Covered Services for MCO Members</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Acupuncture Treatment</b> For pain relief or anesthesia.	Yes PA required after the 20th visit. For PA please contact Optum Health at 888.676.7768.	No
<b>Acute Inpatient Hospital Services</b> Includes all inpatient services such as daily physician intervention, surgery, obstetrics, radiology, laboratory and other diagnostic and treatment procedures and shall include Administratively Necessary Days.	Yes	No
<b>Ambulatory Surgery Services</b> - outpatient surgical, related diagnostic and medical and dental services	Yes	No
<b>Audiologist (Hearing) Services</b>	No	No
<b>Breast Pumps</b> – to expectant and new mothers as specifically prescribed by their attending physicians and consistent with the provisions of the Affordable Care Act of 2010.	No	No
<b>Chiropractic Services</b>	No	No
<b>Community Health Center Services</b> For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care*</li> <li>• health education</li> <li>• medical social services</li> <li>• nutrition services, including diabetes self-management training and medical nutrition therapy</li> <li>• tobacco cessation services</li> <li>• vaccines/immunization (HEP A and B)</li> <li>• diabetes self-management training</li> </ul>	No	No
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Emergency related dental care</li> <li>• Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition</li> <li>• Preventive and basic services for the prevention and control of dental diseases and the maintenance of oral health for adults.</li> </ul>	Yes	No
<b>Dialysis Services</b>	No	No
<b>Durable Medical Equipment</b> Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items.	Yes	No

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<b>MassHealth CarePlus Covered Services for MCO Members</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<b>Family Planning Services<sup>1</sup></b>	No	No
<b>Hearing Aid Services</b>	Yes	No
<b>Home Health Services</b>	Yes	No
<b>Hospice Services<sup>2</sup></b>	Yes	No
<b>Infertility</b> Diagnosis of infertility and treatment of underlying medical condition.	No	No
<b>Laboratory Services</b> All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
<b>Orthotic Services</b> Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body	Yes	No
<b>Outpatient Hospital Services</b> Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> <li>• outpatient surgical and related diagnostic, medical and dental services</li> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care*therapy services (physical, occupational and speech)</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> <li>• tobacco cessation services</li> </ul>	Yes	No
<b>Oxygen &amp; Respiratory Therapy Equipment</b>	No	No
<b>Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services</b> For example: <ul style="list-style-type: none"> <li>• office visits for primary care and specialists</li> <li>• OB/GYN and prenatal care*</li> <li>• diabetes self-management training</li> <li>• medical nutritional therapy</li> </ul>	No	No

<sup>1</sup> An HNE Be Healthy member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of HNE Be Healthy's provider network.

<sup>2</sup> An HNE Be Healthy member can get hospice care from HNE Be Healthy or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from HNE Be Healthy and receive all of your health care services from MassHealth.

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<b>MassHealth CarePlus Covered Services for MCO Members</b>	<b>Authorization Required for Some or All of the Services? Yes/No?</b>	<b>Primary Care Provider (PCP) Referral Required for Some or All of the Services? Yes/No?</b>
<ul style="list-style-type: none"> <li>tobacco cessation services</li> </ul>		
<b>Podiatrist Services (Foot Care)</b>	Yes	No
<b>Prosthetic Services</b>	Yes	No
<b>Radiology and Diagnostic Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>X-Rays</li> <li>Magnetic Resonance Imagery (MRI) and other imaging studies</li> <li>Radiation Oncology Services performed at Radiation Oncology Centers (ROCs) which are independent of an acute outpatient hospital or physician service.</li> </ul>	Yes	No
<b>Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services<sup>3</sup></b>	Yes	No
<b>Therapy Services</b> <b>For example:</b> <ul style="list-style-type: none"> <li>occupational therapy</li> <li>physical therapy</li> <li>speech/language therapy</li> </ul>	Yes	No
<b>Transportation Services (Non-Emergency)</b> <ul style="list-style-type: none"> <li>Non-emergency transportation by land ambulance, chair car, taxi, and common carriers that generally are pre-arranged to transport an Enrollee to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border</li> <li>Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border</li> </ul>	Yes	No
<b>Vision Care</b> <b>For example:</b> <ul style="list-style-type: none"> <li>comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary.</li> </ul>	Yes	No

<sup>3</sup> HNE Be Healthy covers up to 100 days of a combination of Skilled Nursing, Chronic Disease and Rehabilitation Hospital Services in a Contract Year. If you need Chronic Disease and Rehabilitation Hospital Services beyond the 100 days provided by your health plan, you will be disenrolled from HNE Be Healthy and receive such services from MassHealth on a fee-for-service basis. If you need Skilled Nursing Facility Services beyond the 100 days provided by your health plan, you may qualify for MassHealth Standard. Call MassHealth Customer Service to see if you qualify; if you do, you will be disenrolled from HNE Be Healthy and will receive such services from MassHealth instead of HNE Be Healthy. Call HNE Be Healthy or MassHealth Customer Service for more information.

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<ul style="list-style-type: none"> <li>• vision training</li> <li>• ocular prosthesis</li> <li>• contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus; and</li> <li>• bandage lenses</li> <li>• Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts</li> </ul>		
<b>Wigs</b> – as prescribed by a physician related to a medical condition	No	No
<b>Pharmacy Services (Medications)</b> See co-payment information on the last page.		
<ul style="list-style-type: none"> <li>• Prescription Medicines</li> <li>• Over-the-Counter Medicines</li> </ul>	Yes	No
<b>Behavioral Health (Mental Health and Substance Abuse) Services</b>		
<b>Non-24 Hour Diversionary Services</b> <ul style="list-style-type: none"> <li>▪ community support programs</li> <li>▪ partial hospitalization</li> <li>▪ Structured Outpatient Addiction Program (SOAP)</li> <li>▪ Intensive Outpatient Program (IOP)</li> <li>▪ psychiatric day treatment</li> </ul>	Yes	No
<b>24 Hour Diversionary Services</b> <ul style="list-style-type: none"> <li>▪ crisis stabilization unit</li> <li>▪ acute treatment services for substance abuse (Level III.7)</li> <li>▪ clinical support services – substance abuse (Level III.5)</li> </ul>	Yes	No
<b>Emergency Services Program (ESP) Services:</b> <ul style="list-style-type: none"> <li>▪ crisis assessment, intervention, and stabilization</li> <li>▪ medication evaluation</li> <li>▪ specialing - a one-to-one monitoring service</li> </ul>	Yes	No
<b>Inpatient Services:</b> <ul style="list-style-type: none"> <li>▪ Inpatient mental health services</li> <li>▪ Inpatient substance abuse services (Level IV)</li> </ul>	Yes	No
<b>Outpatient Services, such as:</b> <ul style="list-style-type: none"> <li>▪ individual, group, and family counseling</li> <li>▪ medication visits</li> <li>▪ family and case consultations</li> <li>▪ diagnostic evaluations</li> <li>▪ psychological testing narcotic-treatment services (including acupuncture)</li> <li>▪ electro-convulsive therapy</li> </ul>	Yes	No

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**\*If you are pregnant, you should contact MassHealth or HNE Be Healthy because you will qualify for additional benefits due to your pregnancy.**

**Copayments:**

Most members must pay the following pharmacy copayments:

- \$1 for certain covered generic drugs mainly used for diabetes, high blood pressure, and high cholesterol. These drugs are called antihyperglycemics (such as metformin), antihypertensives (such as lisinopril), and antilyperlipidemics (such as simvastatin)
- \$3.65 for certain over-the-counter (OTC) drugs for which you have a prescription from the doctor
- \$3.65 for both first-time prescriptions and refills for certain covered generic and OTC drugs
- \$3.65 for both first time prescriptions and refills of covered brand-name drugs

**Members who do NOT have pharmacy copayments:**

These members do not have any copayments:

- Pregnant women, or women whose pregnancy ended less than 60 days ago (you must tell the pharmacist about your pregnancy)
- Members who are in hospice care
- American Indian or Alaska Native who is currently receiving or has ever received an item or service furnished by the Indian Health Service, an Indian Tribe, a tribal organization, or an urban Indian organization, or through referral, in accordance with federal law
- Members who are receiving inpatient care in an acute hospital, nursing facility, chronic disease hospital, rehabilitation hospital, or intermediate-care facility for the developmentally delayed.

In addition, members do not have to pay copayments for family planning supplies (birth control).

**Co-payment Cap**

Unless you don't need to pay a co-payment as described above, CarePlus have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid. Call HNE Member Services for more information.

**Excluded Services**

Except as otherwise noted or determined Medically Necessary, the following services are not covered under MassHealth and as such are not covered by HNE Be Healthy.

1. Cosmetic surgery, except as determined by HNE Be Healthy to be necessary for:
  - a. Correction or repair of damage following an injury or illness
  - b. Mammoplasty following a mastectomy
  - c. Any other medical necessity as determined by HNE Be Healthy

All such services determined by HNE Be Healthy to be Medically Necessary shall constitute an MCO Covered Service under the Contract.

2. Treatment for infertility, including but not limited to in-vitro fertilization and gamete intrafallopian tube (GIFT) procedures.
3. Experimental treatment
4. Personal comfort items including air conditioners, radios, telephones, and televisions
5. A service or supply which is not provided by or at the direction of a Network Provider, except for:
  - a. Emergency Services
  - b. Family Planning Services
  - c. Non-covered laboratory services

Call HNE Member Services at **800.786.9999** (TTY: 800.439.2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.

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