

COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH FAMILY ASSISTANCE COVERAGE

This is a list of all covered services and benefits for MassHealth Family Assistance 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 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 "Prior 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; 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 Family Assistance Covered Services for MCO Members	Prior 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?
Emergency Services - Medical and Behavioral Health		
Emergency Transportation Services – 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
Emergency Inpatient and Outpatient Services	No	No

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MassHealth Family Assistance Covered Services for MCO Members	Prior 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?
Medical Services		
Abortion Services	No	No
Acute Inpatient Hospital Services 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
Ambulatory Surgery Services - outpatient, surgical, related diagnostic and medical and dental services	Yes	No
Audiologist (Hearing) Services	No	No
Breast Pumps – 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
Chiropractic Services	No	No
Chronic Disease and Rehabilitation Hospital Services ¹	Yes	No
Community Health Center Services For example: <ul style="list-style-type: none"> • office visits for primary care and specialists • OB/GYN and prenatal care • pediatric services, including PPHSD • health education • medical social services • nutrition services, including diabetes self-management training and medical nutrition therapy • tobacco cessation services • fluoride varnish to prevent tooth decay in children and teens • vaccines/immunizations (HEP A & B) • diabetes self-management training 	No	No
Dental Services <ul style="list-style-type: none"> • Emergency related dental care • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition • Preventive and basic services for the prevention and control of dental diseases and 	Yes	No

¹ HNE Be Healthy covers up to 100 days of a combination of 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. Call HNE Be Healthy or MassHealth Customer Service for more information.

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the maintenance of oral health for adults		
Dialysis Services	No	No
Durable Medical Equipment - Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items	Yes	No
Early Intervention Services	No	No
Family Planning Services ²	No	No
Hearing Aid Services	Yes	No
Home Health Services	Yes	No
Hospice Services ³	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition in certain cases. Please contact your MCO for additional information about coverage.	No	No
Intensive Early Intervention Services Provided to eligible children under three years of age who have a diagnosis of autism spectrum disorder.	No	No
Laboratory Services All services necessary for the diagnosis, treatment and prevention of disease, and for the maintenance of health.	Yes	No
Orthotic Services Braces (non-dental) and other mechanical or molded devices to support or correct any defect of form or function of the human body. For individual over age 21, certain limitations apply.	Yes	No
Outpatient Hospital Services Services provided at an outpatient hospital, for example: <ul style="list-style-type: none"> • outpatient surgical and related diagnostic, medical and dental services • office visits for primary care and specialists • OB/GYN and prenatal care 	Yes	No

² 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.

³ 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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<ul style="list-style-type: none"> therapy services (physical, occupational and speech) diabetes self-management training medical nutritional therapy tobacco cessation services fluoride varnish to prevent tooth decay in children and teens 		
Oxygen & Respiratory Therapy Equipment	No	No
Physician (primary and specialty), Nurse Practitioners acting as Primary Care Providers, and Nurse Midwife Services For example: <ul style="list-style-type: none"> office visits for primary care and specialists OB/GYN and prenatal care diabetes self-management training medical nutritional therapy tobacco cessation services fluoride varnish to prevent tooth decay in children and teens 	No	No
Podiatrist Services (Foot Care)	Yes	No
Prosthetic Services	Yes	No
Radiology and Diagnostic Services For example: <ul style="list-style-type: none"> X-Rays Magnetic Resonance Imagery (MRI) and other imaging studies Radiation Oncology Services performed at Radiation Oncology Centers (ROCs) which are independent of an acute outpatient hospital or physician service. 	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> occupational therapy physical therapy speech/language therapy 	Yes	No
Vision Care For example: <ul style="list-style-type: none"> comprehensive eye exams once every year for enrollees under 21 and once every 24 months for enrollees 21 and over, and whenever medically necessary. vision training ocular prosthesis contacts, when medically necessary, as a medical treatment for a medical condition such as keratoconus 	Yes	No

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<ul style="list-style-type: none"> • bandage lenses • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts 		
Wigs – as prescribed by a physician related to a medical condition	Yes	No
Pharmacy Services (Medications) See co-payment information on the last page.		
<ul style="list-style-type: none"> • Prescription Medicines • Over-the-Counter Medicines 	Yes	No
Behavioral Health (Mental Health and Substance Abuse) Services		
Non-24 Hour Diversionary Services: <ul style="list-style-type: none"> ▪ community support programs ▪ partial hospitalization ▪ Structured Outpatient Addiction Program (SOAP) ▪ Intensive Outpatient Program (IOP) ▪ psychiatric day treatment 	Yes	No
24 Hour Diversionary Services: <ul style="list-style-type: none"> ▪ crisis stabilization unit ▪ Community-Based Acute Treatment for children and adolescents (CBAT) ▪ acute treatment services for substance abuse (Level III.7) ▪ clinical support services – substance abuse (Level III.5) ▪ transitional care unit 	Yes	No
Emergency Services Program (ESP) Services: <ul style="list-style-type: none"> ▪ crisis assessment, intervention, and stabilization ▪ mobile crisis intervention for children under 21 ▪ medication evaluation ▪ specializing – a one-to-one monitoring service 	Yes	No
Inpatient Services: <ul style="list-style-type: none"> ▪ Inpatient mental health services ▪ Inpatient substance abuse services (Level IV) 	Yes	No
Outpatient Services, such as: <ul style="list-style-type: none"> ▪ individual, group, and family counseling ▪ medication visits ▪ family and case consultations ▪ collateral contacts for children under age 21 ▪ diagnostic evaluations ▪ psychological testing or special education psychological testing 	Yes	No

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<ul style="list-style-type: none"> ▪ narcotic-treatment services (including acupuncture) ▪ electro-convulsive therapy 		
Intensive Home or Community Based Outpatient Services for Youth: <ul style="list-style-type: none"> ▪ in-home therapy services 	Yes	No
Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) Services		
Screening Services Children who are under age 21 should go to their PCP for checkups even when they are well. As part of a well-child checkup, the PCP will perform screenings that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral-health, developmental, and immunization status screenings. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under "Additional services for children." In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider.	No	No

Copayments:

Most members who are age 21 and older 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:

- Members under age 21
- 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).

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Co-payment Cap

Unless you don't need to pay a co-payment as described above, Family Assistance members ages 21 and older 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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