

COVERED SERVICES LIST FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH STANDARD OR COMMONHEALTH COVERAGE

This is a list of all covered services and benefits for MassHealth Standard and CommonHealth members enrolled in HNE Be Healthy¹. 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 “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 Standard & CommonHealth 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?
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

¹ Members enrolled in MassHealth through either the Breast and Cervical Cancer Waiver or the HIV Waiver are eligible for the covered services under the Standard/CommonHealth benefit plan.

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MassHealth Standard & CommonHealth 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?
Medical Services		
Abortion Services	No	No
Acupuncture Treatment For pain relief or anesthesia.	Yes PA required after the 20th visit. For PA please contact Optum Health at 888.676.7768.	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
Adult Day Health Services Center based services offered by adult day health providers may include: <ul style="list-style-type: none"> nursing services and health oversight therapy assistance with activities of daily living nutritional and dietary services counseling activities care management transportation 	Yes	No
Adult Foster Care Services Residential based services offered by adult foster care providers may include: <ul style="list-style-type: none"> assistance with activities of daily living, instrumental activities of daily living and personal care care management nursing services and oversight 	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
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 EPSDT 	No	No

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MassHealth Standard & CommonHealth 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?
<ul style="list-style-type: none"> • 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/immunization (HEP A and B) • diabetes self-management training 		
<p>Day Habilitation Services Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include:</p> <ul style="list-style-type: none"> • nursing services and health care supervision • developmental skills training • therapy services • assistance with activities of daily living 	No	No
<p>Dental Services</p> <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 the maintenance of oral health for children and adults. 	Yes	No
<p>Dialysis Services</p>	No	No
<p>Durable Medical Equipment - Including but not limited to the purchase or rental of medical equipment, replacement parts, and repair for such items</p>	Yes	No
<p>Early Intervention Services</p>	No	No
<p>Family Planning Services²</p>	No	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.

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MassHealth Standard & CommonHealth 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?
Group Adult Foster Care Services Services provided by group adult foster care providers are offered in a group supported housing environment and may include: <ul style="list-style-type: none"> • assistance with activities of daily living, instrumental activities of daily living and personal care • care management • nursing services and oversight 	Yes	No
Hearing Aid Services	Yes	No
Home Health Services	Yes	No
Hospice Services³	Yes	No
Infertility Diagnosis of infertility and treatment of underlying medical condition.	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 individuals 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 • 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 	Yes	No
Oxygen & Respiratory Therapy Equipment	No	No

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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MassHealth Standard & CommonHealth 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?
Personal Care Attendant Services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> • bathing • feeding • dressing • medication management 	Yes	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
Private Duty Nursing/Continuous Skilled Nursing A nursing visit of more than two continuous hours of nursing services. This service can be provided by either a home health agency or Independent Nurse.	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
Skilled Nursing Facility, Chronic Disease and Rehabilitation Hospital Services ⁴	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> • occupational therapy • physical therapy • speech/language therapy 	Yes	No

⁴ 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 Skilled Nursing, 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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MassHealth Standard & CommonHealth 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?
Transportation Services (Non-Emergency) <ul style="list-style-type: none"> • 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 • 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 	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; • bandage lenses; • Prescription and dispensing of ophthalmic materials, including eye glasses and other visual aids, excluding contacts 	Yes	No
Wigs – as prescribed by a physician related to a medical condition	Yes	no
Pharmacy Services See co-payment information at the end of this document.		
<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, such as: <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, such as: <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) ▪ enhanced acute treatment services for substance abuse ▪ clinical support services – substance abuse (Level III.5) ▪ transitional care unit 	Yes	No

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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 ▪ specialing – a one-to-one monitoring service 	No	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 ▪ narcotic-treatment services (including acupuncture) ▪ electro-convulsive therapy 	Yes	No
Intensive Home or Community Based Outpatient Services for Youth: <ul style="list-style-type: none"> ▪ Intensive Care Coordination (ICC) ▪ family support and training ▪ in-home therapy services ▪ in-home behavioral services ▪ therapeutic mentoring services 	Yes	No
Enrollees under age 21 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) 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

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<p>Diagnosis and Treatment Services HNE Be Healthy pays for all medically necessary services that are covered by federal Medicaid law, even if the services are not provided by HNE Be Healthy. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCP (or any other clinician) discovers a health condition, HNE Be Healthy will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and an HNE Be Healthy-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can seek assistance from HNE Be Healthy to determine what providers may be available in the network to provide these services, and how to use out of network providers, if necessary. Most of the time, these services are covered by your child’s MassHealth coverage type and are included as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask HNE Be Healthy for prior authorization for the service. HNE Be Healthy uses this process to determine if the service is medically necessary. HNE Be Healthy will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your Member Handbook under “Appeals and Grievances.” Talk to your child’s PCP, behavioral-health provider, or other specialist for help in getting these services.</p>	Yes	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, Standard/CommonHealth 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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