AmeriHealth Caritas Louisiana

Policy & Procedure			
Subject:	AmeriHealth Caritas Louisiana Covered Benefits and Services		
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POLICY

The covered benefits and services provided by ACLA include the following:

- Core benefits and services as outlined by Louisiana Department of Health and Hospitals, and specified in Attachment A
- Supplemental benefits provided through ACLA, and specified in Attachment B
- Behavioral Health & Substance Use Disorder Benefits specified in Attachment C
- Integrated HealthCare Management programs, including Complex Case Management, Maternity Management, Chronic Condition Management and Health Promotion
- Utilization Management
- Quality Management

ACLA clinical services (Integrated Health Care Management, Utilization Management and Quality Management), and supplemental benefits are designed to overlay and support the LDH core benefits to facilitate:

- The prevention, diagnosis and treatment of a member's disease, condition And/or disorder that results in health impairments and/or disability;
- The ability to achieve age-appropriate growth and development; and
- The ability to attain, maintain or regain functional capacity.

ACLA will not arbitrarily deny or reduce the amount, duration or scope of a required service because of the diagnosis, type of illness or condition of the Member. Services provided by ACLA are sufficient in an amount, duration and scope that is reasonably expected to achieve the purpose for which the services are furnished. ACLA does employ utilization management techniques, including referrals, notifications and Medical Necessity review (using the LDH definition of Medical Necessity), to evaluate the appropriateness of services. No medically necessary service limitation can be more restrictive than those that currently exist under the Louisiana Medicaid State Plan including quantitative and non-quantitative treatment limits. AmeriHealth Caritas may cover, in addition to services covered under the state plan, any

services necessary for compliance with the requirements for parity in mental health and substance abuse use disorder benefits in 42 CFR Part 438, Subpart K.

ACLA may offer additional benefits that are outside the scope of core benefits and services to individual members on a case-by-case basis, based on medical necessity, cost-effectiveness, the wishes of the member and/or member's family, the potential for improved health status of the member, and functional necessity. Cost-effective alternative services are services or settings that ACLA proposes as cost-effective alternatives to core benefits and services and LDH, in consultation with its actuary, determines to be permissible "in lieu of" services or settings to those included in the State Plan. The utilization and costs of these services are included in the capitation rate. When ACLA chooses to adopt or discontinue a cost-effective alternative service, LDH shall be notified sixty (60) calendar days in advance of the change.

Excluded services shall be defined as those services that members may obtain under the Louisiana State Plan or applicable waivers, and for which ACLA is not financially responsible. However ACLA is responsible for informing members on how to access excluded services, providing all required referrals and assisting in the coordination of scheduling such services. These services shall be paid for by LDH on a fee-for-service basis or other basis. Services include the following:

- Nursing Facility Services, with the exception of post-acute rehabilitative care provided at the discretion of ACLA as a cost effective alternative service to continued inpatient care.

PURPOSE

To outline the benefits and services provided by ACLA and how those benefits address Member needs with respect to health impairments, growth and development and functional capacity.

DEFINITIONS

See ACLA Policy #UM.001L – Glossary of Terms
See ACFC Policy #168.235 – HIPAA Definitions

PROCEDURE

1. ACLA's Integrated HealthCare Management, Utilization Management and Quality Assurance Performance Improvement programs provide assessment, planning, intervention and evaluation activities designed to assist members to Get Care, Stay Well and Build Healthy Communities. By facilitating the delivery of Medically Necessary LDH

Core Benefits and Services, combined with supportive health education, connections to community services and evaluation of outcomes, ACLA provides the infrastructure necessary to ensure:

- The prevention, diagnosis, and treatment of health impairments;
- The ability to achieve age-appropriate growth and development; and
- The ability to attain, maintains, or regains, functional capacity.

2. Information on Core Benefits and Services, ACLA Supplemental Benefits, and ACLA Clinical Service Programs (Integrated Care Management, Utilization Management and Quality Assurance Performance Improvement) is provided to Members, Practitioners and Providers through the Member Handbook, Provider Handbook and ACLA web site.

3. ACLA maintains written program descriptions for the Clinical Service Programs that outline the scope and components for each program.

4. When ACLA chooses to adopt or discontinue a cost-effective alternative service, LDH shall be notified sixty (60) calendar days in advance of the change. ACLA may offer additional benefits that are outside the scope of core benefits and services to individual members on a case-by-case basis, based on medical necessity, cost-effectiveness, the wishes of the member and/or member's family, the potential for improved health status of the member, and functional necessity. Members are not entitled to receive these services. Cost-effective alternative services may be provided because they are either:
    - Alternatives to covered services that are cost-effective; or
    - Preventative in nature and offered to avoid the development of conditions that would require more costly treatment in the future.

    Cost-effective alternative services are not required to be determined medically necessary except to the extent that they are provided as an alternative to covered services as defined by LDH. Even if medically necessary, cost-effective alternative services are not covered services and are provided only at the MCO's discretion. The member is not required to use the cost-effective alternative service.

5. When a member is identified as a candidate for excluded services a referral is sent to IHCM (Integrated Health Case Management) and/or RROT (Rapid Response Team) to inform the member on how to access excluded services and to assist in the coordination of scheduling these services.

REFERENCES (Cited Policies and Procedures and Source Documents)

SOURCE DOCUMENTS & REFERENCES

LA CCN-P Request for Proposals, Section 6.1.5 – 6.1.9

ATTACHMENTS

Attachment A – DHH Covered Benefits and Services

Attachment B –ACLA Supplemental Benefits

Attachment C – Specialized Behavioral Health Benefits and Services

[-End of Policy-]

Attachment A – DHH Covered Benefits and Services

DHH Covered Benefits and Services

- Ambulatory Surgical Services
- Ancillary Medical Services
- Audiology Services
- Basic Behavioral Health Services [screening, prevention, early intervention, medication management and referral services provided in the member's PCP or medical office by the member's practitioner as part of routine practitioner evaluation and management activities and all behavioral health services provided at Federally Qualified Healthcare Centers (FQHSs) and Rural Healthcare Centers (RHCs)]
- Chiropractic Services (Age 0-20)
- Clinic Services
- Communicable Disease Services
- Diagnostic Services
- Durable Medical Equipment, Prosthetics, Orthotics and Certain Supplies
- Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Electric Breast Pumps (4/1/2019)
- Emergency and Non-emergency Medical Transportation
- Emergency Dental Services
- Emergency Medical & Post Stabilization Services
- End Stage Renal Disease Services
- Eye Care and Vision Services
- Family Planning Services
- Federally Qualified Health Center (FQHC) Services (including behavioral services provided by FQHCs) Home Health Services
- Home Health-Extended Services (Age 0-20)
- Hospice Services
- Immunizations (Children and Adults)
- Inpatient Hospital Services
- Laboratory and Radiological Services
- Medical and Surgical Dental Service
- Nurse Midwife Services
- Nurse Practitioner Services (Pediatric and Family)
- Organ Transplant and Related Services
- Optometrist Services (Age 21 and Older, non-EPSDT)Outpatient Hospital Services
- Pediatric Day Healthcare Services
- Personal Care Services (Age 0-20)
- Pharmacy Services (Outpatient prescription medicines dispensed except those prescribed by a specialized behavioral health provider) Physician Services Podiatry Services

DHH Covered Benefits and Services

- Pregnancy-Related Services
- Private Duty Nursing Services
- Rehabilitative Services
- Rural Health Clinic Services
- Therapy Services (Physical, Occupational, Speech and Respiratory)

Attachment B –ACLA Supplemental Benefits

Benefit	Benefit Summary	Eligibility
Adult Vision	▪ $0 Copay - One routine eye exam every year ▪ $0 Copay - $100 allowance toward the purchase of eyeglasses (frame and lenses) every year	Adults 21 years and older
Enhanced Dental	▪ $0 Copay - Two dental examinations per year, with cleanings; one set of x-rays; up to $275 for fillings and/or extractions per year	Adults 21 years and older
Pain Management	A Care Manager will reach out to members who have gone to the emergency room three or more times in the last 12 months, or for continuation of pain management treatment for members transitioning from other pain programs for enrollment into the Living Beyond Pain program.	Adults 21 years and older
Adult Well PCP visit	$20 for a primary care provider visit within 90 days of enrollment, and annually after the first year	Adults 21 years and older
Wellness Screenings	$15 for lead screening for children birth – 2 years $10 for cervical cancer screening for women ages 21 – 64	Members birth – 2 years Women, ages 21-64
24x7 Nurse Hotline	▪ Dedicated toll free Nurse Advice line ▪ 24 x 7 access to RNs for symptom counseling and health information	All members
Bright Start maternity program	▪ Dedicated toll free hotline ▪ Free receiving blanket and matching cap, along with *Happiest Baby on the Block* DVD or book	All pregnant members meeting prenatal and post-partum care visit requirements

Benefit	Benefit Summary	Eligibility
Prenatal exams	▪ $10 for attending prenatal doctor visits, up to $110	All pregnant members
Postpartum exam	▪ $25 for a postpartum visit	All pregnant members
Well-Child PCP visits	▪ $20 placed on Care Card for completing annual Well-child PCP visit	Children age birth - 20
Adult weight management	Every Calorie Counts: Members in the program get two visits with a registered dietitian each year; gym membership	Adults 21 years and older
Pediatric weight management	Every Calorie Counts: Members in the program get two visits with a registered dietitian each year; swimming lessons	Members under 21 years of age
Diabetic screening	▪ $10 each for completing the following exams: ○ Dilated eye exam ○ Cholesterol exam ○ A1C (blood sugar) exam	Diabetic members receiving annual diabetic screenings
Pharmacy copays	There are no copays for children, pregnant women, family planning supplies, members in the hospital, or Native American or Alaska Native members. For others, if the medicine is: $10 or less = **$0.50 copay** $10.01 – $25 = **$1 copay** $25.01 – $50 = **$2 copay** Over $50 = **$3 copay**	All members
Adult vaccinations	▪ HPV (human papillomavirus), pneumonia and the flu (influenza). ▪ Tdap (tetanus/diphtheria/whooping cough)	Adults 21 years and older
Extra medication supply for school	• Asthma inhaler • EpiPen® • Diabetes testing meter	School aged members

Benefit	Benefit Summary	Eligibility
Other Benefits	▪ GED registration fees voucher — receive a voucher to pay for the cost of taking the GED exam ▪ $10 for a completed health risk assessment; one per household ▪ Texting and social media programs ▪ Mobile apps	

Attachment C – Specialized Behavioral Health Benefits and Services

DHH Covered Benefits and Services

1. Addiction Services:
    a. Alcohol and/or Drug Assessments &Evaluations
    b. ASAM Level 1: Outpatient Treatment/Counseling
    c. ASAM Level 2.1: Intensive Outpatient Program (IOP)
    d. ASAM Level 2-D: Ambulatory Detoxification
    e. ASAM Level 3.1: Clinically Managed Low Intensity Residential Treatment (Halfway House)
    f. ASAM Level 3.2-D: Clinically Managed Residential Social Detoxification
    g. ASAM Level 3.3 Clinically Managed Medium Intensity Residential Treatment (Adults)
    h. ASAM Level 3.5 Clinically Managed High Intensity Residential Treatment
    i. ASAM Level 3.7 Monitored Intensive Residential Treatment (Adults)
    j. ASAM Level 3.7-D: Medically Monitored Residential Detoxification (Adults)
    k. ASAM Level 4-D: Medically Managed Intensive Addiction Disorder Treatment
2. Mental Health Rehabilitation Services (MHRS)
    a. Psychosocial Rehabilitation (PSR)
    b. Crisis Intervention
    c. Community Psychiatric Support and Treatment (CPST)
    d. Community Psychiatric Support and Treatment (CPST) specialized for high risk populations including:
        i. Assertive Community Treatment (ACT) (ages 18 and older)
        ii. Multisystem Therapy (MST) (under age 21)
        iii. Functional Family Therapy (FFT) (under age 21)
        iv. Homebuilders (HB) (under age 21)
    e. Crisis Stabilization
    f. Therapeutic Group Home (under age 21)
3. Applied Behavior Analysis (ABA)
4. Psychiatric Inpatient Services
5. Psychiatric Residential Treatment Facility (PRTF) (under age 21)
6. Behavioral health outpatient therapies and office visits provided by
    a. Psychiatrists
    b. Licensed Mental Health Professionals (LMHPs)
        i. Medical Psychologists
        ii. Licensed Psychologists
        iii. Licensed Clinical Social Workers (LCSW)
        iv. Licensed Professional Counselors (LPC)
        v. Licensed Marriage and Family Therapists (LMFT)
        vi. Licensed Addictions Counselors (LAC)
        vii. Advanced Practice Registered Nurse (APRN) (must be a nurse practitioner specialist in Adult Psychiatric & Mental Health, Family

DHH Covered Benefits and Services

Psychiatric & Mental Health, or a Certified Nurse Specialist in Psychosocial, Gerontological Psychiatric Mental Health, Adult Psychiatric & Mental Health, Child Adolescent Mental Health)

7. Federal Qualified Health Center (FQHC)
8. Methadone Treatment for Opiate Addiction (pending CMS approval)
9. Permanent Supportive Housing (PSH)