

COVERED SERVICES LISTS FOR HNE BE HEALTHY MEMBERS WITH MASSHEALTH BASIC COVERAGE

This is a list of covered services and benefits for MassHealth Basic members enrolled in HNE Be Healthy. The list indicates for all the services and benefits whether they are covered by MassHealth or HNE Be Healthy and if by HNE Be Healthy whether a prior authorization by HNE Be Healthy or a referral by your Primary Care Provider (PCP) is required.

You can also call HNE Member Services at 1-800-786-9999 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for HNE Member Services at the bottom of every page of this covered services list.

- For questions about behavioral-health services, please call 1-800-495-0086 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 drug list at www.HNE.com or call HNE Member Services at 1-413-788-0123
- For questions about dental services, please call 1-800-207-5019

A "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 are 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 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss) Monday through Friday from 8:00 AM – 5:00 PM.

MassHealth Basic Covered Services for HNE Be Healthy Members	MassHealth Covered Service? Yes/No	HNE Be Healthy Covered Service? Yes/No	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				
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	Yes	No	No
Emergency Inpatient and Outpatient Services	No	Yes	No	No
Medical Services				
Abortion Services	No	Yes	No	No
Acute Inpatient Hospital Services For MassHealth Members age 21 years of age and older this benefit is limited to acute hospital inpatient services of up to 20 days per admission, excluding Administratively Necessary Days and stays in a Department of Mental Health (DMH)-licensed acute psychiatric unit within a Department of Public Health (DPH)-licensed acute hospital,	No	Yes	Yes	No

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freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital.				
Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services	No	Yes	No	No
Audiologist (Hearing) Services	No	Yes	No	No
Chiropractor Services	No	Yes	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 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 not covered by the Massachusetts Department of Public Health (MDPH) 	No	Yes	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 	No	Yes	No Yes	No
<ul style="list-style-type: none"> • Other dental services¹ 	Yes	No	Yes	No
Dialysis Services	No	Yes	No	No
Durable Medical Equipment - The purchase or rental of medical equipment, replacement parts, and repair for such items	No	Yes	Yes	No
Family Planning Services²	No	Yes	No	No
Hearing Aid Services	No	Yes	Yes	No
Home Health Services	No	Yes	Yes	No
Laboratory Services Including vaccines not covered by the Massachusetts Department of Public Health (MDPH)	No	Yes	Yes	No

¹ Members 21 and over are only eligible for emergency and preventative dental services. For more information contact DentaQuest Customer Service at 1-800-207-5019.

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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Medical/Surgical Supplies	No	Yes	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	No	Yes	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 	No	Yes	Yes	No
Oxygen & Respiratory Therapy Equipment	No	Yes	No	No
Physician, Nurse Practitioner, 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	Yes	No	No
Podiatrist Services (Foot Care)	No	Yes	Yes	No
Prosthetic Services	No	Yes	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 	No	Yes	Yes	No
Therapy Services For example: <ul style="list-style-type: none"> • occupational therapy • physical therapy • speech/language therapy 	No	Yes	Yes	No
Vision Care For example: <ul style="list-style-type: none"> • comprehensive eye exams 	No	Yes	No	No

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<ul style="list-style-type: none"> • vision training 	No	Yes	No	No
<ul style="list-style-type: none"> • eye glasses 	Yes	No	Yes	No
<ul style="list-style-type: none"> • contact lenses and other visual aids 	Yes	No	Yes	No
Wigs – as prescribed by a physician related to a medical condition	No	Yes	Yes	Yes
Pharmacy Services (Medications) → See copayment information on the last page.				
Prescription Drugs	No	Yes	Yes	No
Over-the-Counter Medicines	No	Yes	No	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 	No	Yes	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) ▪ clinical support services – substance abuse (Level III.5) ▪ transitional care unit 	No	Yes	Yes	No
Emergency Services (Inpatient and Outpatient)	No	Yes	No	No
Emergency Services Program (ESP) Services, such as: <ul style="list-style-type: none"> ▪ crisis assessment, intervention, and stabilization ▪ mobile crisis intervention for children under 21 ▪ medication evaluation ▪ special one-to-one service ▪ specialing - a one-to-one monitoring service 	No	Yes	No	No
Inpatient Services, such as: <ul style="list-style-type: none"> ▪ Inpatient mental health services ▪ Inpatient substance abuse services (Level IV) 	No	Yes	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 	No	Yes	Yes	No

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<ul style="list-style-type: none"> ▪ psychological testing or special education psychological testing ▪ narcotic-treatment services (including acupuncture) ▪ electro-convulsive therapy 				
Intensive Home or Community Based Outpatient Services for Youth, such as: <ul style="list-style-type: none"> ▪ in-home therapy services 	No	Yes	Yes	No
Preventive Pediatric Healthcare Screenings and Diagnostic (PPHSD) 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 to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral health, and others. More information about the schedule for checkups is in your Member Handbook under "Additional services for children." In addition to regular check-ups, children should also visit their PCP any time there is a concern about their health. Children under age 21 are also entitled to get regular visits with a dental provider.	No	Yes	No	No

Copayments:

Most members who are age 19 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; and
- \$3.65 for both first time prescriptions and refills of covered brand-name drugs.

Members who do NOT have any copayments:

These members do not have any copayments:

- Members under age 19;
- Members enrolled in MassHealth because they were in the care and custody of the Department of Children and Families (DCF) when they turned 18, and their MassHealth coverage was continued;
- 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; and
- 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, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacists can charge each calendar year. The cap is the total amount of co-payments pharmacists have charged you, not what you have paid.

- The co-payment cap from January 1 – December 31, 2011 is \$200
- The co-payment cap from January 1 – December 31, 2012 will be \$250.

Call HNE Member Services at 1-413-788-0123 (TTY: 1-800-439-2370 for people with partial or total hearing loss) for more information about copayment exceptions. HNE Be Healthy will coordinate your MassHealth covered services.