

HEALTH PLUS (HP) SUMMARY OF COVERED SERVICES

	Child Health Plus (B)	Family Health Plus	Health Care Plus (M/MC) Non-SMI	Health Care Plus (M/MC) SSI & SSI Related
AIDS Adult Day Care	Not Covered	Not Covered	FFS	FFS
Ambulatory Care Professional Services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Audiology Services (Also see Hearing Aid Services)	Covered by HP (one exam per CY and more if deficiencies are detected)	Covered by HP	Covered by HP	Covered by HP
Chemical Dependence (Alcohol and Substance Abuse) Services - Inpatient	Covered by HP - Up to 30 days per CY combined for inpatient mental health services and inpatient detoxification. Partial hospitalization may be provided in lieu of inpatient mental health treatment.	Covered by HP - Up to 30 days per CY combined for inpatient mental health and chemical dependence services.	Covered by HP See attached chart for detail on behavioral health benefit package.	FFS See attached chart for detail on behavioral health benefit package.
Chemical Dependence (Alcohol and Substance Abuse) Outpatient	Covered by HP - Up to combined 60 visits per CY for diagnosis and treatment of mental health alcoholism and substance abuse. May include family therapy.	Covered by HP - Up to combined 60 visits per CY for diagnosis and treatment of mental health alcoholism and substance abuse.	FFS (except outpatient detoxification which is covered by HP)	FFS (except outpatient detoxification which is covered by HP)

	Child Health Plus (B)	Family Health Plus	Health Care Plus (MMC) Non-SSI	Health Care Plus (MMC) SSI & SSI Related
Child/Teen Health Plan (Also known as EPPDST)	C/THP not applicable to CHP B. Component services may be covered.	Covered by HP for members under 21	Covered by HP for members under 21	Covered by HP for members under 21
Chiropractic Care	Not Covered	Not Covered	Not Covered by HP or FFS	Not Covered by HP or FFS
Cosmetic Surgery	Not Covered	Not Covered	Not Covered by HP or FFS (unless medically necessary for conditions that cause acute suffering, endanger life, result in illness or infirmity, interfere with normal activity, or threaten a significant handicap).	Not Covered by HP or FFS (unless medically necessary for conditions that cause acute suffering, endanger life, result in illness or infirmity, interfere with normal activity, or threaten a significant handicap).
Court Ordered Services (if part of the benefit package)	Covered by HP if medically necessary and in benefit package.	Covered by HP if part of the benefit package, not solely for administrative purposes	Covered by HP if part of the benefit package, not solely for administrative purposes	Covered by HP if part of the benefit package, not solely for administrative purposes
Dental Services- Emergency, Preventive, and Routine	Covered by HP (excludes orthodontia)	Covered by HP (excludes orthodontia)	Covered by HP (excludes orthodontia) FFS covers some orthodontia	Covered by HP (excludes orthodontia) FFS covers some orthodontia

	Child Health Plus (B)	Family Health Plus	Health Care Plus (MMC) Non-SSI	Health Care Plus (MMC) SSI & SSI Related
Detoxification Services – Inpatient detoxification and Medically Supervised Inpatient Withdrawal Services	Covered by HP, part of 30 day per CY inpatient Mental Health and Chemical Dependence benefit	Covered by HP if medically necessary	Covered by HP (Medically Supervised Inpatient Withdrawal Services covered FFS when ordered by LDSS under Welfare Reform)	Covered by HP (Medically Supervised Inpatient Withdrawal Services covered FFS
Detoxification Services – Medically Supervised Outpatient Withdrawal Services	Covered by HP, part of 60 visits per CY benefit for outpatient Mental Health and Chemical Dependence services.	Covered by HP if medically necessary	Covered by HP (Covered FFS when ordered by LDSS under Welfare Reform)	Covered by HP (Covered FFS when ordered by LDSS under Welfare Reform)
Diabetic Education and Home Visits	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Diabetic Equipment and Supplies	Covered by HP (includes insulin)	Covered by HP (includes insulin)	Covered FFS (pharmacy benefit) DME covered by plan	Covered FFS (pharmacy benefit) DME covered by plan
Durable Equipment	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Emergency Services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Enteral Formula	Covered by HP	Covered by HP	FFS (Pharmacy benefit)	FFS (Pharmacy benefit)
Experimental or Investigational Treatment	Not Covered by HP	Covered by HP on Case by Case Basis	Covered by HP on Case by Case Basis	Covered by HP on Case by Case Basis
Eye Care	See Vision care	See Vision care	See Vision care	See Vision care

DOH Approved 12-04; Amended 10/1/05; Updated 12/27/05

	Child Health Plus (B)	Family Health Plus	Health Care Plus (MMC) Non-SSI	Health Care Plus (MMC) SSI & SSI Related
Family Planning and Reproductive Health Services	Covered by HP	Covered by HP	Covered by HP – HCP members can also receive these services FFS from any Medicaid provider	Covered by HP – HCP members can also receive these services FFS from any Medicaid provider
Fertility Treatments	Not Covered by HP	Not Covered by HP	Not Covered HP or FFS	Not Covered HP or FFS
Foot Care	Covered by HP, if due to illness or injury or part of an otherwise covered service	Covered by HP, if due to illness or injury or part of an otherwise covered service	Covered by HP, if due to illness or injury or part of an otherwise covered service	Covered by HP, if due to illness or injury or part of an otherwise covered service
Hearing Aid Services and Products	Covered by HP, including hearing aids, supplies, and batteries	Covered by HP, including hearing aids, supplies, and batteries	Covered by HP (excludes hearing aid batteries which are covered FFS under the pharmacy benefit)	Covered by HP (excludes hearing aid batteries which are covered FFS under the pharmacy benefit)
HIV testing and Counseling	Covered by HP	Covered by HP	Covered by HP - HCP members can also receive these services as part of a family planning visit from any Medicaid provider.	Covered by HP - HCP members can also receive these services as part of a family planning visit from any Medicaid provider.
Home Health Care Services from Certified Home Health Agency	Covered by HP - 40 visits/CY in lieu of hospital or SNF	Covered by HP 40 visits/CY in lieu of hospital or SNF	Covered by HP as medically necessary.	Covered by HP as medically necessary.
Hospice Services from licensed Article 40 Hospice	Covered by HP	Covered by HP	FFS	FFS
Hospital Inpatient Services	Covered by HP	Covered by HP	Covered by HP (subject to stop-loss)	Covered by HP (subject to stop-loss)

	Child Health Plus (B)	Family Health Plus	Health Care Plus (MMC) Non-SSI	Health Care Plus (MMC) SSI & SSI Related
ICF/Development Disabilities	Not Covered by HP	Not Covered by HP	FFS	FFS
Laboratory Services	Covered by HP	Covered by HP	Covered by HP, except for HIV phenotype and genotype tests (covered FFS)	Covered by HP, except for HIV phenotype and genotype tests (covered FFS)
Long Term Care	See Nursing Home	See Nursing Home	See Nursing Home	See Nursing Home
Maternity Care	Covered by HP	Covered by HP	Covered	Covered
Medical /Surgical Supplies other than those provided during office or home visit	Not covered by HP, except for diabetic and oxygen supplies	Not Covered by HP, except for diabetic supplies and smoking cessation supplies	FFS	FFS
Mental Health Inpatient Treatment and Rehabilitation Services (Also see Detoxification)	Covered by HP - Up to 30 days per CY for inpatient mental health services and inpatient detoxification. Partial hospitalization may be provided in lieu of inpatient mental health treatment.	Covered by HP- Up to 30 days per CY combined with alcohol and substance abuse services	Covered by HP See attached chart for detail on behavioral health benefit package.	FFS See attached chart for detail on behavioral health benefit package.

	Child Health Plus (B)	Family Health Plus	Health Care Plus (MMIC) Non-SSI	Health Care Plus (MMIC) SSI & SSI Related
Mental Health Outpatient Services (Also see Detoxification)	Covered by HP - Up to combined 60 visits per CY for diagnosis and treatment of mental health alcoholism and substance abuse. May include family therapy.	Covered by HP - Up to combined 60 visits per CY for diagnosis and treatment of mental health and alcohol and substance abuse.	Outpatient Mental Health Services Covered by HP See attached chart for detail on behavioral health benefit package.	FFS See attached chart for detail on behavioral health benefit package.
Methadone Maintenance	Not Covered by HP	Covered by HP under limited circumstances See attached chart for detail on behavioral health benefit package	FFS	FFS
Midwife services	Covered by HP	Covered by HP	Covered by HP	Covered by HP
Nursing Home	See Residential Health Care Facility	See Residential Health Care Facility	See Residential Health Care Facility	See Residential Health Care Facility

