

Healthfirst Medicaid and Personal Wellness Plan

Summary of your **HEALTH BENEFITS**



Large Provider Network

You can choose any PCP from our Healthfirst network. Our network includes specialists, hospitals, and pharmacies. For a complete list of Healthfirst network doctors, visit www.HFdocFinder.org.



Primary Care Services

Your PCP will be your main doctor, whom you'll see for most of your healthcare needs. These include checkups, treatments for colds and flus, health concerns, and health screenings.



Specialist Services

Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions, such as hypertension, diabetes, asthma, and arthritis. Some specialists require a referral from your PCP before seeing you.



Pharmacy

Your plan covers prescription drugs. For a list of prescription drugs covered in your plan, see the Formulary Guide that was mailed with this handbook.



Hospital Services

You are covered for hospital stays and outpatient services. These are services you get in the hospital without spending the night.



Lab and X-Ray Services

Covered services include blood tests and x-rays that help find the cause of illness.



Dental Care

Your dental benefits include comprehensive dental treatment.



Vision Care

Your vision benefits include routine eye exams and glasses.



Family Planning

You are covered for services that help you manage the timing of pregnancies.



Maternity and Pregnancy Care

You are covered for doctor visits before and after your baby is born. That includes hospital stays. Your baby will also be automatically enrolled into Medicaid.

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<u>Service Type</u>	<u>Covered Services</u>	<u>MEDICAID</u>	<u>HARP</u>
Medical Services	Adult Day Health Care	Covered	Covered
Medical Services	Adult Protective Services	Covered	Covered
Medical Services	Advance Imaging Services	Covered	Covered
Medical Services	AIDS Adult Day Health Care	Covered	Covered
Ambulatory Behavioral Health Services	Assertive Community Treatment (ACT)	Covered. Referrals required	Covered. Referrals required
Medical Services	Audiology, Hearing Aids Services & Products	Covered	Covered
Medical Services	Bariatric Surgery	Covered	Covered
Medical Services	BRCA Genetic Testing	Covered	Covered
Medical Services	Breast Cancer Surgery	Covered	Covered
BH Services	Buprenorphine Management: Naloxone, Suboxone	Covered	Covered
Medical Services	Cardiac Rehabilitation	Covered, as medically necessary	Covered, as medically necessary
BH Services	Care Coordination for the HARP Program and HARP-Eligible Enrollees in the HIV SNP Program	Not Covered	Not Covered
Medical Services	Cataract Surgery	Covered, as medically necessary	Covered, as medically necessary
Medical Services	Chiropractic Services	Not Covered	Not Covered
Medical Services	Cognitive skills development testing	Covered	Covered
Tier 2 (BHHCBS)	Community Psychiatric Support and Treatment (CPST)	Not Covered	Covered
BH Services	Services in Community Residences	Not Covered	Not Covered
Ambulatory Behavioral Health Services	Comprehensive Psychiatric Emergency Programs (CPEPs)	Covered	Covered
Medical Services	Consumer Directed Personal Assistance Services (CDPAS)	Covered	Covered
Ambulatory Behavioral Health Services	Continuing Day Treatment (CDT)	Covered	Covered

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Medical Services	Cosmetic Surgery	Covered, if medically necessary	Covered, if medically necessary
Medical/BH	Court-Ordered Services	Covered, pursuant to court order	Covered, pursuant to court order
Mainstream	Crisis Intervention Services	Covered. Mobile Crisis, Intensive Crisis Respite and Short Term	Covered. Mobile Crisis, Intensive Crisis Respite and Short Term
Medical Services	Day Treatment	Covered.	Covered
Medical Services	Dental and Orthodontic Services	Covered.	Covered
Medical Services	Durable Medical Equipment (DME)	Covered	Covered
Tier 1 (BHHCBS)	Education Support Services	Not Covered	Covered
Medical Services	Emergency Services	Covered	Covered
Medical Services	Emergency Transportation	Not Covered, Covered by Logisticare	Not Covered, Covered by Logisticare
Medical Services	EPSDT Services/Child Teen Health Program (C/THP)	Covered	Not Covered
Medical Services	Experimental and/or Investigational Treatment	Covered on a case by case basis	Covered on a case by case basis
Medical Services	Eye Care and Low Vision Services	Covered	Covered
Medical Services	Family Planning and Reproductive Health Services	Covered	Covered
Medical Services	Maternity and Pregnancy Care	Covered	Covered
Tier 2 (BHHCBS)	Family Support and Training	Not Covered	Covered
Medical/Specialist Services	Foot Care Services	Covered	Covered
Tier 2 (BHHCBS)	Habilitation Services	Not Covered	Covered
Medical Services	HIV and STI Screening, Counseling and Prevention	Covered	Covered
Medical Services	Home Delivered Meals	Covered only for those Enrollees transitioning from the LTHHCP and who received Home Delivered Meals while in the LTHHCP	Covered to transitioned LTHHCP in Medical Social Services
Medical Services	Home Health Services	Covered	Covered
Medical Services	Hospice	Covered	Covered
Medical/BH	Inpatient Hospital Services	Covered	Covered
Medical/BH	Inpatient Stay Pending Alternate Level of Medical Care	Covered	Covered

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Tier 2 (BHHCBS)	Intensive Crisis Respite	Not Covered	Covered
Ambulatory Behavioral Health Services	Intensive Psychiatric Rehabilitation Treatment (IPRT):	Covered	Covered
Tier 1 (BHHCBS)	Intensive Supported Employment (ISE)	Not Covered	Covered
Medical Services	Laboratory Services HIV phenotypic, virtual phenotypic and genotypic drug resistance tests and viral tropism testing	Covered	Covered
BH Services	LDSS Mandated SUD Services	Covered, pursuant to Welfare Reform / LDSS mandate	Covered, pursuant to Welfare Reform / LDSS mandate
Medical Services	Maternal Depression Screening	Covered	Covered
Medical Services	Medical Social Services	Covered only for those Enrollees transitioning from the LTHHCP and who received Medical Social Services while in the LTHHCP	Covered to transitioned LTHHCP in Medical Social Services
BH Services	Mental Health Services	Covered.	Covered
Medical Services	Midwifery Services	Covered	Covered
(HCBS)	Non-Emergency Transportation	Covered by Logisticare	Covered by Logisticare
Medical Services	Nurse Practitioner Services	Covered	Covered
Medical Services	Observation Services	Covered	Covered
Tier 1 (BHHCBS)	Ongoing Supported Employment	Not Covered	Covered
Ambulatory Behavioral Health Services	Partial Hospitalization	Covered	Covered
Tier 1 (BHHCBS)	Peer Supports - Empowerment Services	Not Covered	Covered
Medical Services	Personal Care Services	Covered. When only Level I services provided, limited to 8 hours per week.	Covered. When only Level I services provided, limited to 8 hours per week.
BH Services	Personal Emergency Response System (PERS)	Covered	Covered

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Ambulatory Behavioral Health Services	Personalized Recovery Oriented Services (PROS) i. Community Rehabilitation and Support (CRS): ii. Intensive Rehabilitation (IR) iii. Ongoing Rehabilitation and Support (ORS) iv. Clinical Treatment:	Covered in 3 phases. • Pre-Admission • Admission • Active Rehabilitation	Covered in 3 phases. • Pre-Admission • Admission • Active Rehabilitation
Medical Services	Physician Services	Covered	Covered
Medical Services	Podiatry Services	Covered if diabetic	Covered if diabetic
Medical Services	Post-Stabilization Care Services	Covered	Covered
Pharmacy Services	Prescription and Non- Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula	Covered. Long Acting Injectable	Covered. Long Acting Injectable
Medical Services	Preventive Health Services	Covered	Covered
Tier 1 (BHCBS)	Pre-vocational Services	Not Covered	Covered
Medical Services	Private Duty Nursing Services	Covered	Covered
Medical Services	Prosthetic/Orthotic Services/Orthopedic Footwear	Covered, orthopedic footwear and compression stockings	Covered, orthopedic footwear and compression stockings
Tier 2 (BHCBS)	Psychosocial Rehabilitation (PSR)	Not Covered	Covered
Medical/Pharmacy Services	Psychotropic Medications	Covered • Risperidone microspheres • Paliperidone palmitate • Olanzapine • Aripiprazole • Haldol (haloperidol) • Invega Sustenna Paliperidone • Prolixin • Zyprexa Relprevv (Non-Formulary) • Invega Trinza (Non-Formulary) • Abilify Maintena • Risperdal Consta	Covered • Risperidone microspheres • Paliperidone palmitate • Olanzapine • Aripiprazole • Haldol (haloperidol) • Invega Sustenna Paliperidone • Prolixin • Zyprexa Relprevv (Non-Formulary) • Invega Trinza (Non-Formulary) • Abilify Maintena • Risperdal Consta
Medical Services	Radiology Services	Covered	Covered

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Medical/Specialist Services	Rehabilitation Services	Covered. Outpatient physical, occupational and speech therapy limited to 20 visits each per calendar year. Limits do not apply to Enrollees under age 21, Enrollees who are developmentally disabled, and Enrollees with traumatic brain injury.	Covered. Outpatient physical, occupational and speech therapy limited to 20 visits each per calendar year. Limits do not apply to Enrollees under age 21, Enrollees who are developmentally disabled, and Enrollees with traumatic brain injury.
Medical Services	Renal Dialysis	Covered	Covered
Medical Services	Residential Health Care Facility (Nursing Home) Services (RHCF)	Covered	Not Covered
Medical Services	Second Medical/ Surgical Opinion	Covered	Covered
Tier 2 (BHHCBS)	Short-term Crisis Respite	Covered	Covered
Medical Services	Smoking Cessation Products • Bupropion • Chantix • Nicotine Replacement Therapy	Covered	Covered
BH Services	SUD Inpatient Detoxification Services	Covered	Covered
BH Services	Substance Use Management: • Vivitrol • Naltrexone	Covered	Covered
BH Services	SUD Inpatient Rehabilitation and Treatment Services	Covered	Covered
BH Services	SUD Medically Supervised Outpatient Withdrawal	Covered	Covered
BH Services	SUD Outpatient (Includes outpatient clinic; outpatient rehabilitation; and opioid treatment)	Covered	Covered
BH Services	SUD Residential Addiction Treatment Services	Covered	Covered
Tier 1 (BHHCBS)	Transitional Employment	Covered	Covered
Medical Services	Tuberculosis Directly Observed Therapy	Covered	Covered
Medical Services	Urgent Care	Covered	Covered