AmeriHealth Caritas Family of Companies
Medicaid Policy and Procedure

Supersedes:	State-specific ACFC Health Plan versions of this policy	**Policy Number:**	UM.500
Subject:	**Covered Benefits and Services**		
Department(s):	Utilization Management	**Current Effective Date:**	12/2023
		Last Review Date:	12/2022
		Original Effective Date:	11/11/2022
		Next Review Date:	12/2024

Applicable Lines of Business:

☒**100**: Keystone First
☒ **500**: AmeriHealth Caritas Pennsylvania
☒ **2100**: AmeriHealth Caritas Louisiana
☒ **2400**: Select Health of South Carolina
☒ **2600**: Blue Cross Complete
☒ **5400/5410**: AmeriHealth Caritas District Of Columbia
☒ **6400:** AmeriHealth Caritas Florida
☒ **7100**: AmeriHealth Caritas Delaware
☒ **7200:** Community HealthChoices (KFCHC, ACPCHC)
☒ **900**: AmeriHealth Caritas New Hampshire
☒ **1200:** AmeriHealth Caritas North Carolina
☒ **7700:** AmeriHealth Caritas Ohio

Scope
This policy applies to the following AmeriHealth Caritas Family of Companies (ACFC) business operations.

Member is defined as enrollee, participant,recipient or beneficiary.

As necessary to comply with local state regulations, the contents of this policy may be copied into a stand-alone document for a specific business operation.

Purpose

To outline the benefits and services provided by ACFC and how those benefits address member needs with respect to health impairments, growth, and development and functional capacity. For services subject to review under the Utilization Management medical benefit, UM review is performed through the evaluation of a member's relevant clinical information against established clinical criteria that meet professional standards of care.

Policy
ACFC's Population Health 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 state specific Core Benefits and Services as identified in the contract, combined with supportive health education, connections to community services and evaluation of outcomes, and

access to ACFC-specific value-added services, In Lieu of Services, and programs, ACFC provides the infrastructure necessary to help ensure:

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

ACFC covers benefits consistent with state Medicaid requirements. ACFC will cover and ensure members have timely access to all medically necessary services described in state specific contract and/or regulations and the services listed within this document, in an amount, duration, and scope that is no less than the amount, duration, and scope for the same services furnished to members under fee-for-service.

A summary of ACFC covered services are described in Attachment A of this policy (this is not meant to be an exhaustive list and are only a summary of the services included in the contract):

- Attachment A: Covered services as outlined by the State Medicaid Regulations and identified in the contract

ACFC clinical services (Population Health Management, Utilization Management, and Quality Management) and supplemental benefits are designed to overlay and support the State Medicaid core benefits to facilitate:

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

Services provided by ACFC are designed to be sufficient in an amount, duration, and scope that is reasonably expected to achieve the purpose for which the services are furnished. ACFC does employ utilization management techniques, including referrals, notifications and Medical Necessity review (using the state specific definition of Medical Necessity), to evaluate the appropriateness of services. ACFC 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.

ACFC does not object to coverage of service on the basis of moral or religious grounds. If a network hospital elects not to provide specific Medicaid-covered hospital services because of an objection on moral or religious grounds, ACFC will ensure that those hospital services are available to our members through another network hospital in the specificed county/region.

ACFC will follow the state and federal regulations/requirements that relate to EPSDT service program. ACFC will provide Medically Necessary services to all ACFC members under the age of twenty-one (21) beginning at birth, which are necessary to treat or ameliorate defects, physical or behavioral health, and conditions identified by an EPSDT screen, in accordance with policies, protocols, and the Medical Necessity criteria specific to EPSDT set forth in Section V.C.2. Early and Periodic Screening, Diagnostic and Treatment, 42 U.S.C. § 1396d(r), and 42 C.F.R. § 441.50-62 and the needs of the child.

ACFC adheres to the requirements of the federal Women's Health and Cancer Rights Act of 1998 (WHCRA), to provide protections to patients who choose to have breast reconstruction relating to a mastectomy, including coverage of:

a. All stages of reconstruction of the breast on which the mastectomy has been performed;
b. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
c. Prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedema.

In accordance with 42 CFR 438.210, the ACFC may exclude or place appropriate limits on service coverage, as specified in state Medicaid contracts,with the exception of emergency and post-stabilization services. ACFC must provide coverage and payment for emergency and post-stabilization services, including behavioral health post stabilization services, in accordance with 42 CFR 438.114.

ACFC is not required to pay for services not covered by State Medicaid except when otherwise specified in the state specific contract and/or state regulation.

All information with PHI is handled in accordance with Policy 168.213 *Safeguards to Avoid Unauthorized Use or Disclosure of Protected Health Information, Personally Identifiable Information, and/or Certain Sensitive Demographic Data* and related policies listed in the Related Procedures section, unless otherwise required by Law or regulation.

Definitions

Medically Necessary: medically necessary services or supplies:

- Are proper and needed for the diagnosis or treatment of your medical condition.
- Are provided for the diagnosis, direct care, and treatment of your medical condition.
- Meet the standards of good medical practice in the local area and are not mainly for the convenience of you or your doctor.

Procedure

1. Information on Core Benefits and Services, ACFC Supplemental Benefits, ACFC In Lieu of Services, and ACFC Clinical Service Programs (Integrated Care Management, Utilization Management and Quality Assurance Performance Improvement) is provided to members and Providers through the Member Handbook, Provider Handbook and ACFC web site.

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

3. ACFC will permit members to self-refer for family planning services and supplies allowed under Title X of the Public Health Services Act (Title X services) provided by a qualified family planning provider.

4. ACFC will not reduce or deny a requested service due to moral or religious objections. If the service is not covered, ACFC will document if a requested service is not a covered service.

5. In Lieu Of Services (ILOS)
    a. ACFC will submit requests for approval of any ILOS to the state specific Medicaid oversight regulator prior to providing the ILOS. The proposal to the state specific Medicaid oversight regulator will :

i. demonstrate that any Lieu Of Service is a medically appropriate and cost effective substitute for a service covered under the Medicaid state plan.
ii. include a cost-benefit analysis for any In Lieu Of Service it proposes to provide, including how the proposed service would be a medically appropriate and cost-effective substitute for a service covered under the Medicaid state plan.

b. ILOS must be prior approved by the state Medicaid regulator in writing.
c. ILOS policies, where available, are accessible to members and providers on the ACFC health plan's website.
d. ACFC will monitor the cost-effectiveness of each approved ILOS through tracking utilization and expenditures and will report on the results of its monitoring as required by its contract.
e. Members will not be required to utilize ILOS.

Related Policies
Policy UM.001 *Glossary of Terms*
See also - Policy 168.200 *Authorization to Use or Disclose PHI*
See also - Policy 168.212 *Facsimile Machines and Transmission of Protected Health Information*
See also - Policy 168.213 *Safeguards to Avoid Unauthorized Use or Disclosure of Protected Health Information, Personally Identifiable Information, and/or Certain Sensitive Demographic Data*
See also - Policy 168.227 *Use and Disclosure of Protected Health Information without Member Consent or Authorization*
See also - Policy 168.235 *HIPAA Privacy Definitions*
See also - Policy 591.001 *Records Retention Policy & Schedule*

Source Documents & References
MCO Standards for Accreditation - National Committee for Quality Assurance (NCQA), Utilization Management Standards
Title X Service Grants can be reviewed at:
https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants

Attachments
Attachment A: Covered Services

Approved by

Vanessa M. Johnson
Vice President, Utilization Management Operations
Date: December 2023

Lenaye Lawyer
Vice President, Medical Affairs
Date: December 2023

Revision Date	Revision
12/2023	Annual Review. No changes to the policies scope or intent.

AmeriHealth Caritas Family of Companies

Medicaid Policy Addendum

Territory: AmeriHealth Caritas Louisiana

Addendum Number: UM-A.500.LA

Subject: Covered Benefits and Services

Department(s): Utilization Management

Current Effective Date: 8/14/2024

Last Review Date: 08/14/2024

Original Effective Date: 05/16/2023

Next Review Date: 08/2025

POLICY

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

- Core benefits and services as outlined by Louisiana Department of Health and specified in Attachment A
- Behavioral Health & Substance Use Disorder Benefits specified in Attachment B
- Applied Behavior Analysis Therapy specified in Attachment C
- In Lieu of Services specified in Attachment D
- Population Health Care Management programs, including Complex Case Management, Maternity Management, Chronic Condition Management and Health Promotion
- Utilization Management
- Quality Management

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 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. ACLA shall submit all In Lieu of Services for LDH approval in accordance to the MCO Manual.

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:

- Dental services with the exception of varnish provided in a primary care setting, surgical dental services, and emergency dental services;
- ICF/DD Services;
- Personal Care Services for those ages 21 and older (not including Personal Care Services for DOJ Agreement Target Population);
- Nursing Facility Services, with the exception of post-acute rehabilitative care provided at the discretion of ACLA as an in lieu of service to continued inpatient care.

Service/Program	ACLA State Distinction	Reference/Source
In Lieu of Services	ACLA shall submit all In Lieu of Services for LDH approval in accordance to the MCO Manual	*Louisiana Medicaid Managed Care Organization (MCO) Contract 2.4.4.3*
LDH Covered Benefits and Services- Physical Health	*See Attachment A- Physical Health Services*	*Louisiana Medicaid Managed Care Organization (MCO) Contract l- Attachment B: MCO Covered Services*
LDH Covered Benefits and Services- Behavioral Health	*See Attachment B- Behavioral Health Services*	*Louisiana Medicaid Managed Care Organization (MCO) Contract- Attachment B: MCO Covered Services*
LDH Covered Benefits and Services- Applied Behavioral Analysis	*See Attachment C- Applied Behavior Analysis Therapy (ABA)*	*Louisiana Medicaid Managed Care Organization (MCO) Contract- Attachment B: MCO Covered Services*
Physical and Behavioral Health in Lieu of Services (ILOS)	*See Attachment D- In Lieu of Services (ILOS)*	*Louisiana Medicaid Managed Care Organization (MCO) Contract- Attachment C2: In Lieu of Services*

Reference/Resource:
Louisiana Department of Health. Louisiana Medicaid Managed Care Organization Contract Section 2.4.4.3; 2.12; Attachment B: MCO Covered Services; Attachment C2: In Lieu of Services

Approved By:

Rodney Wise, MD.
Rodney Wise, MD
Market Chief Medical Officer (CMO)
Date

Loretta Dumontet, MD
Loretta Dumontet, MD
Behavioral Health Medical Director
Date

Date	Type	Revision
11/2022		Corporate Base policy created
04/26/2023		• policy format restructured to an enterprise policy with the state specific requirements placed in an addendum • In Lieu of Services approval submitted to LDH for approval • Covered services to align with MCO Contract Attachment B: MCO Covered Services
6/9/2023	Contract Update	Amendment 2 contract update: Moved Applied Behavior Analysis from Physical Health section to Attachment C: Applied Behavior Analysis

		Added Attachment D: In Lieu of Services
10/2023	Contract Update	Updated expansion of MCR and CBCS to ages 21 and under effective 4/1/2024
04/17/2024	Annual Review	• Statement included in the corporate base policy; removed: "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" • Attachment A-Physical Health o Removed- Advanced Practice Registered Nurse; cochlear implants; rural health clinic (RHC) services • Attachment B- Behavioral Health Services o Added dialectical behavior therapy (DBT) o Added Evidence-Based Programs (EBPs) specialized for high-risk populations • Attachment D: In Lieu of Services o Added: ▪ Integrated Behavioral Health Homes (IBBH) ▪ Population Health Management Programs ▪ Remote patient monitoring to BH list o Removed ▪ Removed limit on chiropractic services ▪ Residential SUD in freestanding facility (IMD) for adults 21-64 years old; repetitive statement ▪ Licensed Mental Health Professional services for all Medicaid eligible adults (age 21 and older)
8/2024	Annual Review	• Attachment A: updated laboratory and Radiology; updated telemedicine • Attachment B: added Vision of Hope Community Services and Integrated Behavioral Health Homes (effective date: 7/1/2023) • Attachment D: updated effective date of Remote Patient Monitoring; added Outpatient Lactation Support (effective date: 1/1/2024)

Attachment A- Physical Health Services

- Ambulatory Surgical Services
- Audiology Services
- Chiropractic Services (Age 0-20)
- Durable Medical Equipment, Prosthetics, Orthotics and Certain Supplies
- Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Services (Ages 0-20)
- Emergency Services
- End Stage Renal Disease Services
- Eye Care and Vision Services
- Family Planning Services
- Federally Qualified Health Center (FQHC) Services
- Home Health-Extended Services (Ages 0-20)
- Home Health Services
- Hospice Services
- Immunizations
- Inpatient Hospital Services
- Laboratory and Radiology Services
- Limited Abortion Services
- Medical Transportation Services
- Outpatient Hospital Services
- Pediatric Day Healthcare Services (Ages 0-20)
- Personal Care Services (Ages 0-20)
- Pharmacy Services
- Physician/Professional Services
- Podiatry Services
- Pregnancy-Related Services
- Routine patient costs for items and services furnished in connection with participation in a qualifying clinical trial in accordance with Section 1905(gg) of the Social Security Act
- Telemedicine
- Therapy Services
- Tobacco Cessation Services

Attachment B- Behavioral Health Services

- Basic Behavioral Health Services.
- Specialized Behavioral Health Services
    - Licensed Practitioner Outpatient Therapy
        - Parent-Child Interaction Therapy (PCIT)
        - Child Parent Psychotherapy (CPP)
        - Preschool PTSD Treatment (PPT) and Youth PTSD Treatment (YPIT)
        - Triple P Positive Parenting Program
        - Trauma-Focused Cognitive Behavioral Therapy
        - Eye Movement Desensitization and Reprocessing (EMDR) Therapy
        - Dialectical Behavior Therapy (DBT)
    - Mental Health Rehabilitation Services
        - Community Psychiatric Support and Treatment (CPST)
        - Evidence-Based Programs (EBPs) specialized for high-risk populations, including:
            - Multi-Systemic Therapy (MST) (age 0-20)
            - Functional Family Therapy (FFT) (age 0-20)
            - Homebuilders® (age 0-20)
            - Assertive Community Treatment (age 18 and older)
        - Psychosocial Rehabilitation (PSR)
        - Crisis Intervention
        - Crisis Stabilization for Youth (age 0-20)
        - Crisis Stabilization Adults (age 21 and older)
    - Therapeutic Group Homes (TGH) (age 0-20)
    - Crisis Response Services
        - Mobile Crisis Response (MCR) (expansion to ages under 21 effective 4/1/2024)
        - Community Brief Crisis Support (CBCS) (expansion to ages under 21 effective 4/1/2024)
        - Behavioral Health Crisis Care (BHCC) (ages 21 and above)
    - Peer Support Services (age 21 and older)
    - Psychiatric Residential Treatment Facilities (PRTF) (age 0-20)
    - Inpatient Hospitalization in a Freestanding Psychiatric Hospital (age 0-20; 65 and older)
    - Inpatient Hospitalization in a Distinct Part Psychiatric Unit
    - Outpatient, Residential, and Inpatient Substance Use Disorder Services
    - Medication Assisted Treatment
    - Personal Care Services for DOJ Agreement Target Population (age 21 and older)
    - Individual Placement Support Services for DOJ Agreement Target Population (age 21 and older)

Attachment C: Applied Behavior Analysis Therapy (ABA)

- Applied Behavior Analysis Therapy (ABA) (age 0-20)

Attachment D: In Lieu of Services (ILOS)

Physical Health:

- Remote Patient Monitoring (effective date:7/1/2023)
- Hospital-based Care Coordination for pregnant and postpartum individuals with substance use disorder and their newborns
- Doula Services
- Chiropractic services (adults 21 and older)
- Outpatient Lactation Support (effective date: 1/1/2024)

Behavioral Health:

- Freestanding Psychiatric Hospital / IMD for adults ages 21-64
- Therapeutic Day Center (age 5-20)
- Mental Health Intensive Outpatient Program
- 23-Hour Observation Bed Services for all Medicaid Eligible Adults (Age 21 and Above)
- Injection Services Provided by Licensed Nurses to Adults (Age 21 and Above)
- Remote Patient Monitoring
- Population Health Management Programs
- Vision of Hope Community Services
- Integrated Behavioral Health Homes (effective date: 7/1/2023)