

MassHealth covered services for NHP members

**Neighborhood Health Plan
Covered Services for MassHealth
Standard, CommonHealth, Family
Assistance, Basic, and Essential**

Issued and Effective February 1, 2012



nhp.org



**Neighborhood
Health Plan™**

Your health. Our promise.

Covered Services List

for Neighborhood Health Plan (NHP) Members with MassHealth Standard or CommonHealth Coverage

This is a list of covered services and benefits for MassHealth Standard and CommonHealth members enrolled in NHP.¹ The list indicates for all the services and benefits whether they are covered by MassHealth or NHP and if by NHP whether a prior authorization by NHP or a referral by your Primary Care Provider (PCP) is required.

You can also call the NHP Member Service Center at 1-800-462-5449 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for the NHP Member Service Center at the bottom of every page of this covered services list.

- For questions about behavioral health services, please call 1-800-414-2820 or TTY: 1-781-994-7660 for people with partial or total hearing loss.
- For more information about pharmacy services, go to NHP’s drug list at www.nhp.org or call the NHP Member Service Center at 1-800-462-5449 (TTY: 1-800-655-1761)
- 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 NHP 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 Standard & CommonHealth Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|-----------------------------|----------------------|---|--|
| 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 Member 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 |

¹ Members enrolled in MassHealth through either the Breast and Cervical Cancer Waiver or the HIV Waiver are eligible for the covered services under the Standard/CommonHealth benefit plan.

| MassHealth Standard & CommonHealth Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|-----------------------------|----------------------|---|--|
| 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, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital | No | Yes | Yes | No |
| Adult Day Health Services Center based services offered by adult day health providers may include: <ul style="list-style-type: none"> • Nursing services and health oversight • Assistance with activities of daily living • Nutritional and dietary services • Counseling services • Activities • Transportation | Yes | No | Yes | Yes |
| Adult Foster Care Services Residential based services offered by adult foster care providers may include: <ul style="list-style-type: none"> • Assistance with activities of daily living, instrumental activities of daily living and personal care • Supervision • Nursing oversight | Yes | No | Yes | Yes |
| Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services | No | Yes | Yes | No |
| Audiologist (Hearing) Services | No | Yes | No | Yes* |
| Chiropractor Services | No | Yes | Yes | Yes |
| Chronic Disease and Rehabilitation Inpatient Hospital Services² | No | Yes | Yes | No |

² If an NHP member needs more than 100 days of Chronic Disease and Rehabilitation Inpatient Hospital Services in a contract year, you will be disenrolled from NHP and will receive such services from MassHealth instead of NHP.

| MassHealth Standard & CommonHealth Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|------------------------------------|-----------------------------|--|---|
| 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 EPSDT • 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 Massachusetts Department of Public Health/MDPH | No | Yes | No | Yes* |
| Continuous Skilled Nursing Services Nursing services that require a nurse encounter of more than two continuous hours delivered by a home-health agency or an independent nurse provider | Yes | No | Yes | Yes |
| Day Habilitation Services Center based services for members with mental retardation or developmental disabilities offered by day habilitation providers may include: <ul style="list-style-type: none"> • Nursing services and health care supervision • Developmental skills training • Therapy services • Assistance with activities of daily living | Yes | No | No | Yes |
| Dental Services | | | | |
| <ul style="list-style-type: none"> • Emergency related dental care | No | Yes | No | No |
| <ul style="list-style-type: none"> • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition | No | Yes | Yes | Yes |
| <ul style="list-style-type: none"> • Other dental services³ | 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 |

³ 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.

| MassHealth Standard & CommonHealth Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| Early Intervention Services | No | Yes | No | No |
| Family Planning Services⁴ | No | Yes | No | No |
| Group Adult Foster Care Services Services provided by group adult foster care providers are offered in a group supported housing environment and may include: <ul style="list-style-type: none"> • Assistance with activities of daily living, instrumental activities of daily living and personal care • Supervision • Nursing oversight | Yes | No | Yes | Yes |
| Hearing Aid Services | No | Yes | Yes | Yes |
| Home Health Services | No | Yes | Yes | No |
| Hospice Services⁵ | No | Yes | Yes | No |
| Laboratory Services Including vaccines not covered by the Massachusetts Department of Public Health (MDPH) | No | Yes | No | No |
| Medical/Surgical Supplies | No | Yes | Yes | No |
| Nursing Facility Services⁶ | 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 |

⁴ An NHP member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of NHP's provider network.

⁵ An NHP member can get hospice care (under age 21 must also provide curative treatment) from NHP or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from NHP and receive all of your health care services from MassHealth.

⁶ If an NHP member needs more than 100 days of Nursing Facility Services in a contract year, you will be disenrolled from NHP and will receive such services from MassHealth instead of NHP.

| MassHealth Standard & CommonHealth Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| 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 | Yes* |
| Oxygen & Respiratory Therapy Equipment | No | Yes | Yes | No |
| Personal Care Attendant (PCA) Services Consumer directed services to assist members with activities of daily living and instrumental activities of daily living, for example: <ul style="list-style-type: none"> • Bathing • Feeding • Dressing • Medication management | Yes | No | Yes | Yes |
| 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 | Yes* |
| Podiatrist Services (Foot Care) | No | Yes | No | Yes* |
| 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 |

| MassHealth Standard & CommonHealth Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| Therapy Services For example: <ul style="list-style-type: none"> • Occupational therapy • Physical therapy • Speech/language therapy | No | Yes | Yes | No |
| Transportation Services (Non-Emergency) | | | | |
| <ul style="list-style-type: none"> • Non-emergency transportation by land ambulance, chair car, taxi, and common carriers to and from covered medical care in Massachusetts or within 50 miles or less of the Massachusetts border | Yes | No | Yes | No |
| <ul style="list-style-type: none"> • Non-emergent to out-of-state location – ambulance and other common carriers that generally are pre-arranged to transport an Enrollee to a service that is located outside a 50-mile radius of the Massachusetts border | No | Yes | Yes | No |
| Vision Care | | | | |
| For example: | | | | |
| <ul style="list-style-type: none"> • Comprehensive eye exams | No | Yes | No | Yes* |
| <ul style="list-style-type: none"> • Vision training | No | Yes | No | Yes* |
| <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 | No |
| Pharmacy Services (Medications)—See copayment information at the end of this section | | | | |
| 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 |

| MassHealth Standard & CommonHealth Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| 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 • Specializing— 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 • Psychological testing or special education psychological testing • Narcotic-treatment services (including acupuncture) • Electro-convulsive therapy | No | Yes | Yes | No |
| Intensive Home or Community Based Outpatient Services for Youth, such as: <ul style="list-style-type: none"> • Intensive care coordination (ICC) • Family support and training • In-home therapy services • In-home behavioral services • Therapeutic mentoring services | No | Yes | Yes | No |

| MassHealth Standard & CommonHealth Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|-----------------------------|----------------------|---|--|
| Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services. There is more information about EPSDT Services in the section of the Member Handbook describing “Additional services for children.” | | | | |
| Screening 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 that are needed to find out if there are any health problems. These screenings include health, vision, dental, hearing, behavioral-health, developmental, and immunization status screenings. MassHealth pays PCPs for these checkups. At well-child checkups, PCPs can find and treat small problems before they become big ones. More information about the schedule for checkups is in your Member Handbook under “Additional services for children.” In addition to regular checkups, children should also visit their PCP any time there is a concern about their medical or behavioral health, even if it is not time for a regular checkup. Children under age 21 are also entitled to get regular visits with a dental provider. | No | Yes | No | No |
| Diagnosis and Treatment Services NHP pays for all medically necessary services ⁷ that are covered by federal Medicaid law, even if the services are not provided by NHP. This coverage includes health care, diagnostic services, treatment, and other measures needed to correct or improve defects and physical and mental illnesses and conditions. When a PCP (or any other clinician) discovers a health condition, NHP will pay for any medically necessary treatment covered under Medicaid law if it is delivered by a provider who is qualified and willing to provide the service and an NHP-enrolled physician, nurse practitioner, or nurse midwife supports, in writing, the medical necessity of the service. You and your PCP can seek assistance from NHP to determine what providers may be available in the network to provide these services, and how to use out of network providers, if necessary. Most of the time, these services are covered by your child’s MassHealth coverage type and are included as a covered service elsewhere in this list. If the service is not already covered or is not listed elsewhere on this list, the clinician or provider who will deliver the service can ask NHP for prior authorization for the service. NHP uses this process to determine if the service is medically necessary. NHP will pay for the service if prior authorization is given. If prior authorization is denied, you have the right to appeal. More information about appeals is in your Member Handbook under “Appeals and grievances.” Talk to your child’s PCP, behavioral-health provider, or other specialist for help in getting these services. | No | Yes | Yes | Yes* |

⁷ NHP pays for all medically necessary MassHealth covered services.

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 antihyperlipidemics (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 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 describe above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid.

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

Call the NHP Member Service Center at 1-800-462-5449 (TTY: 1-800-655-1761 for people with partial or total hearing loss) for more information about copayment exceptions. NHP will coordinate your MassHealth covered services.

Excluded Services

Please refer to your NHP Member Handbook for a listing of excluded services.

* If you have selected a PCP that is affiliated with Harvard Vanguard Medical Associates (HVMA), you are required to obtain a referral if you choose to receive medical care from an NHP specialist outside of HVMA. Some services never require a referral even when they are outside HVMA. They are:

- Emergency services
- A Gynecologist or Obstetrician for routine, preventive, or urgent care;
- Family planning services provided by an NHP provider or a MassHealth family planning clinic;
- Outpatient and diversionary Behavioral Health Services; or
- Routine Covered Dental Services.

Covered Services List

for Neighborhood Health Plan (NHP) Members with MassHealth Family Assistance Coverage

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

You can also call the NHP Member Service Center at 1-800-462-5449 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for the NHP Member Service Center at the bottom of every page of this covered services list.

- For questions about behavioral health services, please call 1-800-414-2820 or TTY: 1-781-994-7660 for people with partial or total hearing loss.
- For more information about pharmacy services, go to NHP's drug list at www.nhp.org or call the NHP Member Service Center at 1-800-462-5449 (TTY: 1-800-655-1761)
- 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 NHP 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 Family Assistance Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|-----------------------------|----------------------|---|--|
| 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 Member 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 |

| MassHealth Family Assistance Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|-----------------------------|----------------------|---|--|
| 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, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital. | No | Yes | Yes | No |
| Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services | No | Yes | Yes | No |
| Audiologist (Hearing) Services | No | Yes | No | Yes* |
| Chiropractor Services | No | Yes | Yes | Yes |
| Chronic Disease and Rehabilitation Inpatient Hospital Services¹ | No | Yes | Yes | 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 Massachusetts Department of Public Health (MDPH) | No | Yes | No | Yes* |

¹ If an NHP member needs more than 100 days of Chronic Disease and Rehabilitation Inpatient Hospital Services in a contract year, you will be disenrolled from NHP and will receive such services from MassHealth instead of NHP.

| MassHealth Family Assistance Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| Dental Services | | | | |
| • Emergency related dental care | No | Yes | No | No |
| • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition | No | Yes | Yes | Yes |
| • Other dental services ² | 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 |
| Early Intervention Services | No | Yes | No | No |
| Family Planning Services ³ | Yes | Yes | No | No |
| Hearing Aid Services | No | Yes | Yes | Yes |
| Home Health Services | No | Yes | Yes | No |
| Hospice Services ⁴ | No | Yes | Yes | No |
| Laboratory Services Including vaccines not covered by Massachusetts Department of Public Health (MDPH) | No | Yes | No | No |
| 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 |

² 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.

³ An NHP member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of NHP's provider network.

⁴ An NHP member can get hospice care (under age 21 must also provide curative treatment) from NHP or MassHealth. If you choose to receive hospice care from MassHealth you will be disenrolled from NHP and receive all of your health care services from MassHealth.

| MassHealth Family Assistance Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| 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 | Yes* |
| Oxygen & Respiratory Therapy Equipment | No | Yes | Yes | 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 | Yes* |
| Podiatrist Services (Foot Care) | No | Yes | No | Yes* |
| 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 or 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 |

| MassHealth Family Assistance Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| Vision Care For example: | | | | |
| • Comprehensive eye exams | No | Yes | No | Yes* |
| • Vision training | No | Yes | No | Yes* |
| • Eye glasses | Yes | No | Yes | No |
| • Contact lenses and other visual aids | Yes | No | Yes | No |
| Wigs - as prescribed by a physician related to a medical condition | No | Yes | Yes | No |
| Pharmacy Services (Medications)—See copayment information at the end of this section | | | | |
| 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: • 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: • 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: • Crisis assessment, intervention, and stabilization • Mobile crisis intervention for children under 21 • Medication evaluation • Specialing– a one-to-one monitoring service | No | Yes | No | No |

| MassHealth Family Assistance Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|------------------------------------|-----------------------------|--|---|
| 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 • Psychological testing or special education psychological testing • Narcotic-treatment services (including acupuncture) • Electro-convulsive therapy | No | Yes | Yes | No |
| 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 | | | | |
| <p>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.</p> | 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 antihyperlipidemics (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 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 describe above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid.

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

Call the NHP Member Service Center at 1-800-462-5449 (TTY: 1-800-655-1761 for people with partial or total hearing loss) for more information about copayment exceptions. NHP will coordinate your MassHealth covered services.

Excluded Services

Please refer to your NHP Member Handbook for a listing of excluded services.

* If you have selected a PCP that is affiliated with Harvard Vanguard Medical Associates (HVMA), you are required to obtain a referral if you choose to receive medical care from an NHP specialist outside of HVMA. Some services never require a referral even when they are outside HVMA. They are:

- Emergency services
- A Gynecologist or Obstetrician for routine, preventive, or urgent care;
- Family planning services provided by an NHP provider or a MassHealth family planning clinic;
- Outpatient and diversionary Behavioral Health Services; or
- Routine Covered Dental Services.

Covered Services List

for Neighborhood Health Plan (NHP) Members with MassHealth Basic Coverage

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

You can also call the NHP Member Service Center at 1-800-462-5449 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for the NHP Member Service Center at the bottom of every page of this covered services list.

- For questions about behavioral health services, please call 1-800-414-2820 or TTY: 1-781-994-7660 for people with partial or total hearing loss.
- For more information about pharmacy services, go to NHP's drug list at www.nhp.org or call the NHP Member Service Center at 1-800-462-5449 (TTY: 1-800-655-1761)
- 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 NHP 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 NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|------------------------------------|-----------------------------|--|---|
| 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 Member 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 |

| MassHealth Basic Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|-----------------------------|----------------------|---|--|
| 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, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital. | No | Yes | Yes | No |
| Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services | No | Yes | Yes | No |
| Audiologist (Hearing) Services | No | Yes | No | Yes* |
| Chiropractor Services | No | Yes | Yes | Yes |
| 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 | Yes* |
| Dental Services | | | | |
| <ul style="list-style-type: none"> • Emergency related dental care | No | Yes | No | No |
| <ul style="list-style-type: none"> • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition | No | Yes | Yes | Yes |
| <ul style="list-style-type: none"> • Other dental services¹ | Yes | No | 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.

| MassHealth Basic Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| 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 | Yes |
| Home Health Services | No | Yes | Yes | No |
| Laboratory Services Including vaccines not covered by the Massachusetts Department of Public Health (MDPH) | No | Yes | No | No |
| 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 | Yes* |
| Oxygen & Respiratory Therapy Equipment | No | Yes | Yes | No |

² An NHP member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of NHP's provider network.

| MassHealth Basic Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| 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 | Yes* |
| Podiatrist Services (Foot Care) | No | Yes | No | Yes* |
| 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 or 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 • Vision training • Eye glasses • Contact lenses and other visual aids | No | Yes | No | Yes* |
| | No | Yes | No | Yes* |
| | Yes | No | Yes | No |
| | Yes | No | Yes | No |
| Wigs – as prescribed by a physician related to a medical condition | No | Yes | Yes | No |

| MassHealth Basic Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|------------------------------------|-----------------------------|--|---|
| Pharmacy Services (Medications)—See copayment information at the end of this section | | | | |
| 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 • Specializing– 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 |

| MassHealth Basic Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|-----------------------------|----------------------|---|--|
| 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 • Psychological testing or special education psychological testing • Narcotic-treatment services (including acupuncture) • Electro-convulsive therapy | No | Yes | Yes | No |
| 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 | | | | |
| <p>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.</p> | 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 antihyperlipidemics (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 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 describe above, MassHealth members ages 19 and older have a co-payment cap (limit) on the co-payments pharmacies can charge each calendar year. The cap is the total amount of co-payments pharmacies have charged you, not what you paid.

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

Call the NHP Member Service Center at 1-800-462-5449 (TTY: 1-800-655-1761 for people with partial or total hearing loss) for more information about copayment exceptions. NHP will coordinate your MassHealth covered services.

Excluded Services

Please refer to your NHP Member Handbook for a listing of excluded services.

* If you have selected a PCP that is affiliated with Harvard Vanguard Medical Associates (HVMA), you are required to obtain a referral if you choose to receive medical care from an NHP specialist outside of HVMA. Some services never require a referral even when they are outside HVMA. They are:

- Emergency services
- A Gynecologist or Obstetrician for routine, preventive, or urgent care;
- Family planning services provided by an NHP provider or a MassHealth family planning clinic;
- Outpatient and diversionary Behavioral Health Services; or
- Routine Covered Dental Services.

Covered Services List

for Neighborhood Health Plan (NHP) Members with MassHealth Essential Coverage

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

You can also call the NHP Member Service Center at 1-800-462-5449 for more information about services and benefits or to ask questions. See the telephone number and hours of operation for the NHP Member Service Center at the bottom of every page of this covered services list.

- For questions about behavioral health services, please call 1-800-414-2820 or TTY: 1-781-994-7660 for people with partial or total hearing loss.
- For more information about pharmacy services, go to NHP's drug list at www.nhp.org or call the NHP Member Service Center at 1-800-462-5449 (TTY: 1-800-655-1761)
- 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 NHP 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 Essential Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| 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 Member 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 |

| MassHealth Essential Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|-----------------------------|----------------------|---|--|
| 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, freestanding psychiatric hospitals, or in a rehabilitation unit within a DPH-licensed acute hospital. | No | Yes | Yes | No |
| Ambulatory Surgery Services - outpatient, same-day surgical, diagnostic and medical services | No | Yes | Yes | 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 Massachusetts Department of Public Health (MDPH) | No | Yes | No | Yes* |
| Dental Services | | | | |
| <ul style="list-style-type: none"> • Emergency related dental care | No | Yes | No | No |
| <ul style="list-style-type: none"> • Oral surgery performed in an outpatient hospital or ambulatory surgery setting which is medically necessary to treat an underlying medical condition | No | Yes | Yes | Yes |
| <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 |

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.

| MassHealth Essential Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|---|------------------------------------|-----------------------------|--|---|
| Family Planning Services² | No | Yes | No | No |
| Laboratory Services Vaccines not covered by Massachusetts Department of Public Health (MDPH) | No | Yes | No | No |
| Medical/Surgical Supplies | 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 | Yes* |
| Oxygen & Respiratory Therapy Equipment | No | Yes | Yes | 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 | Yes* |
| Podiatrist Services (Foot Care) | No | Yes | No | Yes* |
| 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 |

² An NHP member may obtain family planning services at any MassHealth family planning services provider, even if it is outside of NHP's provider network.

| MassHealth Essential Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|------------------------------------|-----------------------------|--|---|
| 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 | Yes* |
| <ul style="list-style-type: none"> • Vision training | No | Yes | No | Yes* |
| Wigs – as prescribed by a physician related to a medical condition | No | Yes | Yes | No |
| Pharmacy Services (Medications)—See copayment information at the end of this section | | | | |
| 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 |

| MassHealth Essential Covered Services for NHP Members | MassHealth Covered Service? | NHP Covered Service? | Prior Authorization Required for Some or All of the Services? | Primary Care Provider (PCP) Referral Required for Some or All of the Services? |
|--|------------------------------------|-----------------------------|--|---|
| 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 • 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 • Psychological testing or special education psychological testing • Narcotic-treatment services (including acupuncture) • Electro-convulsive therapy | No | Yes | Yes | No |
| 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 | | | | |
| <p>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.</p> | No | Yes | No | No |

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Members who do NOT have copayments:

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- 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.

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- Outpatient and diversionary Behavioral Health Services; or
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