

Covered Services

You may receive covered services that are performed, prescribed or directed by a participating provider. As an Enrollee, you must receive your healthcare services from a participating PCP or medical provider. It is your responsibility to make sure that your healthcare PCP or health care provider participates in the plan. You can look in your provider directory. The network changes, you also may call Better Health Enrollee Services to verify the provider you choose is a Better Health PCP or participating medical provider of services.

In addition, if one of our providers in our network does not want to perform a service or make a referral of service because of moral or religious objections, neither the provider nor Better Health is required to provide information on how and where to obtain the service.

Covered Services

Limitations

Child Checkup

Medicaid – Covered Services:

Health and Development History

Examination

Physical assessment

Nutritional assessment

Routine immunizations update

10 visits during the first two years, then one visit per year from 2 to 20 years of age

Laboratory tests (including lead Screening)

Vision screening

No co-pay

Hearing screening

*Hearing Aids are limited to one per ear in 3 yrs.

Dental Screening

Health Education and Development Assessment

Children's Dental

Medicaid – Covered Services:

All routine, surgical, fillings, extractions, orthodontic, dentures and repairs under 21 years of age

Adult Dental

Medicaid – Covered Services:

Basic dental services for adult's Age 21 years or older

Adult services include medically necessary emergency dental procedures to alleviate pain limited to emergency or infection.

Covered Services**Limitations**

Adult Dental (cont.)

Emergency dental shall be limited to emergency oral examinations, necessary radiographs, extractions, incisions and drainage of abscesses

Basic dental services for adults
Age 21 years or older

Adult dental services also shall include dentures, partial dentures (one upper and lower per lifetime) and related services

Physician-Professional Services

Medicaid – Covered Services:

Physician visits
may include: ARNP/PA

Preventive care visits
Diagnosis

Enrollee responsible for \$2 co-pay a visit

Treatment and/or services

Newborns

Coverage for first three months of life (newborn must be enrolled in Better Health)

Independent Lab and X-ray Services

Medicaid – Covered Services:

No co-pay

Requires PCP referral

Adult Health Screening

Medicaid – Covered Services:

One visit per year
Enrollee responsible for \$ 2 co-pay a visit

Outpatient Hospital Services

Emergency room visits

No approval required/notify your PCP or
Call 911

Non-Emergency visits

Enrollee responsible for \$3 co-pay a visit
\$1,500.00/yr combined

Covered Services**Limitations**

Outpatient Hospital Services (cont.)

Lab tests and X-rays

Enrollee responsible for \$1 co-pay a visit
PCP Approval RequiredMedical supplies
(including cast and splints)Medicaid-covered services
No co-pay

Oxygen and blood transfusion

Outpatient surgical procedures

Physical therapy

Inpatient Hospital Services

Services are covered and include but are not limited to, rehabilitation hospital care (which are counted as inpatient hospital days), medical supplies, diagnostic and therapeutic services use of facilities, drugs and biologicals, room and board, nursing care and all supplies and equipment necessary to provide adequate care in a hospital setting.

Inpatient services do not include inpatient care for psychiatric, mental health (Baker Act and non-Baker Act), and substance abuse. **(Refer to Behavioral Health Care Page 22)**

Inpatient services require authorization.***Limitations**

Medicaid reimbursement for inpatient hospital care for adults age 21 and older is limited to 45 days per state fiscal year (July 1 through June 30). There is no limit on the number of days that Medicaid can reimburse for recipients under age 21.

The Enrollee is responsible for a \$3 co-payment for each admission to a hospital unless the recipient is exempt.

Emergency Services

Includes post-stabilization services

Provides emergency transportation (ambulance)
to the hospitalPost-stabilization services are covered without
prior authorization (services that are medically
necessary after an emergency medical condition
has been stabilized)

No co-pay

Covered Services	Limitations
<p>Transportation (to and from Medical Care)</p> <p>To and from appointments and Non-emergency care</p>	<p>Medicaid – Covered Services:</p> <p>No co-pay</p>
<p>Prescribed Drug Services</p>	
<p>Prescription drugs and pharmacy</p>	<p>Use the Medicaid Preferred Drug Listing (PDL) Enrollee must use a Medicaid participating pharmacy.</p> <p>Medicaid does not reimburse for any over the counter products, (see PDL for Exceptions)</p>
<p>Smoking Cessation</p>	<p>*Limitations (1) course of nicotine replacement therapy of (12) weeks of duration per year which may include patches or nicotine gum. Enrollee needs to coordinate with plan for services.</p>
<p>Diabetes Supplies & Education</p>	<p>Medicaid - Covered Services and Supplies:</p>
<p>Medically appropriate and necessary equipment, supplies and services used to treat diabetes, including outpatient self-management training and educational services</p>	<p>No co-pay</p>
<p>Supply Visit and Supplies</p>	<p>Medicaid – Covered Services:</p>
<p>Home Care</p>	
<p>Dialysis Facility Services (Freestanding)</p>	<p>Medicaid - Covered Services and Supplies:</p>
<p>Includes labs, dialysis, supplies and ancillary</p>	<p>one treatment per Enrollee per day up to three times per week.</p>
<p>*Limitations</p>	<p>Home dialysis limited to one treatment per Enrollee per day. If the Enrollee requires additional treatment, the Enrollee’s PCP or nephrologists’ must make the determination and authorization will be given.</p>

Covered Services**Limitations**

Durable Medical Equipment (DME) and Prosthetics

Durable medical equipment used in the home.

Medicaid - Covered Services and Supplies:

Medical necessity for DME must be documented by a prescription, a statement of medical necessity, a plan of care, or a hospital discharge. The documentation must be signed by the physician and include specific information of equipment needed, the duration of the need and the Enrollees' diagnosis.

Home Healthcare Services

Does not include homemaker services, Meals on Wheels, companion, sitter or social services

*Private duty for persons 21 years and younger must be authorized

Services provided by registered nurse or licensed practical nurse, private-duty nursing, personal care services, therapy (OT, PT, SP), medical supplies, appliances and DME

Limited to four visits by nurses and/or aides per day and 60 visits by nurses and/or aides per lifetime

No Co-pay

Prosthetic Devices

Heart pacemakers, artificial Limbs and eyes

Medicaid - Covered Services and Supplies:

Some customized orthotics and prosthetics can be authorized for patients in nursing facilities and for persons 21 years of age or younger

Dressings

Splints, casts and braces

Medicaid – Covered Services and Supplies:

Behavioral Health Services

Medicaid – Covered Services:

Counseling and referral services by a Participating Psychiatrist or a community health center.

No PCP or a referral is required.

No co-pay

Covered Services**Limitations**

Therapy Services

Includes physical, respiratory occupational and speech therapies

Medicaid – Covered Services:

Evaluations and visits up to a maximum 14 units per week and daily treatment may not exceed 4 units of service per day.

Hearing Services (Adult & Child)

Diagnostic testing, hearing aids, hearing aid evaluations, hearing aid fitting and dispensing, hearing aid repairs and accessories (within limits)

Medicaid – Covered Services:

One hearing aid per ear per three years, if medically necessary

Cochlear implant services

One per lifetime

Newborn hearing screening

Prior to discharge

Vision Care and Medical Eye Care (Adult & Child)

Contact lenses are limited to Enrollees who have unilateral aphakia or bilateral aphakia

Eyeglasses are limited to two pairs of glasses per Enrollee per year

Podiatry Services

Routine foot care if the Enrollee is under a physicians care for a disease metabolic, circulatory impairment, or has conditions of desensitization of the legs.

Medicaid – Covered Services:

One new-patient evaluation and management every three years.

All elective Surgical procedures require authorization, except for Recipients under 21 who have been screened in the Child Health Check Up program within 12 months of the date of surgery.

Podiatrist office, inpatient hospital, outpatient emergency room department of a hospital, ambulatory surgical center, nursing facility, intermediate care facility for the developmentally disabled, boarding home, enrollees home, or other custodial care facility.

*24 visits per year

Enrollee responsible for \$2 co-pay per visit

No referrals for up to four visits per year

Covered Services	Limitations
Podiatry Services (cont.)	Limited to one visit per day, not to exceed two per month (except for emergencies). One long-term care or custodial facility service per month, per provider or group with a referral.
Chiropractic Services	Medicaid – Covered Services: No referral needed Includes a new-patient visit, manipulation of the spine and spinal X-rays Limited to one visit per day, total of 24 during a calendar year; Medicaid does not reimburse for massage or heat treatments. Enrollee responsible for \$1 co-pay per visit
Dermatology Services	No authorization required 24 visits per calendar year
Transplant Services	Medicaid - Covered Organ Transplant: Covers pre-and post-transplant services for transplants even if the transplant itself is not a covered service. Adult heart, liver and lung transplants require prior authorization. Donor services for solid or bone marrow transplant procedures even if the donor is Medicaid eligible is not covered.
Family Planning Services	Medicaid – Covered Services: No referral needed. This service can be obtained by any Better Health provider and does not require prior authorization.
Interpreter Services	
Includes services for vision or hearing-impaired	Services are free of charge for all foreign languages

Refer to The Medicaid Covered Summary of Services Program:

Long Term Care: Must be ordered by a PCP. There are three levels of nursing facility care skilled and intermediate I and II, the CARES unit recommends the level of care for Enrollees. The Department of Health, Children Medical Services, (CMAT) recommends the level of care for Enrollees under the age of 21.

Hospice: Once an Enrollee is placed to receive Hospice Care, Medicaid will not reimburse for other Medicaid services that treat the terminal condition. Medicaid will cover services that are required for conditions that are totally unrelated to the terminal condition.

Maternity Services

Maternity services include the following:

- Nursing assessment and counseling
- Florida's Healthy Start Prenatal Risk Screening
- Nutritional assessments
- Delivery and follow-up care
- Florida's Healthy Start Infant (Postnatal) Screening and follow-up care

As soon as you know, you are pregnant and right after your baby is born, please call your Choice Counselor and Better Health Enrollee Services so that one of our case managers can help you get the care you need.

Better Health will provide coverage for the first three months of your baby's life. It is your responsibility to call your Choice Counselor to get Medicaid benefits for your baby.

The Women, Infant and Children (WIC) Program includes referrals for all pregnant, breast-feeding and postpartum women, and infants and children up to 5 years of age. Contact your Medicaid Choice Counselor for more information.

Other Programs to Benefit Your Health

Stop Smoking

If you are ready to stop smoking, call Better Health Enrollee Services at (800) 514-4561 for a list of programs nearest you.

Alcohol or Substance Abuse

If you have a problem with alcohol or drugs, talk to your provider. You can get substance abuse help from these 12-step programs:

Alcoholics Anonymous – Broward

(954) 462-0265

(800) 821-4357

Narcotic Anonymous – Broward

(954) 476-9297

(800) 488-3784

Alcohol and Drug Help Line

(800) 821-4357

Domestic Violence

Is someone hurting you? You are not alone. You have choices. Call the Florida Domestic Violence Hotline at 800-500-1119 anytime, 24 hours a day, and seven days a week.

Poison Control

Call the national poison center number at **800-222-1222**; if you think you or your child have been poisoned.

Enhanced Benefits Program

As a Enrollee of Better Health, you are eligible to earn and use credits in a new program call the Enhanced Benefits Account Program. This program is designed to reward you for taking part in activities that can improve your health. These activities, known as “healthy behaviors,” will earn credits that you can later use to buy health-related items at the pharmacy. You earn credits by taking part in a healthy behavior. Better Health, a community center, or other organizations may offer healthy behaviors.

What is a Healthy Behavior?

Examples of approved healthy behaviors include dental, vision and primary care PCP visits for adults and children. Other healthy behaviors include such things as getting flu shots and participating in stop smoking classes or alcohol and drug treatment programs.

For a list of current, approved healthy behaviors, call the Enhanced Benefits Call Center at **(866) 421-8474** or go to the Florida Medicaid Web site at:

http://ahca.myflorida.com/Medicaid/Enhanced_Benefits/index.shtml

Earning Credits

You may earn credit for each healthy behavior. Each behavior has different limits during the year.

- The maximum credit is \$125 per year. (July 1 through June 30)
- Deposits will be recorded on the first day of each month
- It may take up to 90 days after you complete a healthy behavior for the credits to show up in your account.

- You may also call the Enhanced Benefits Call Center to find out if you have credits.

The program records your participation in two ways:

- When you visit the PCP and have a procedure that is an approved healthy behavior, your PCP reports this to Better Health so you will earn your credits.
- You submit an Enhanced Benefits Universal Form to Better Health that shows you participated in an approved healthy behavior not covered by Better Health.

Using your credits

- You must provide your Florida Medicaid ID number and a picture ID.
- Take the approved item or items to the pharmacy counter at the drug store to check out
- Credits in your account may be used to buy certain health-related items, including first aid supplies, cough and cold medication, dental supplies, and many other over-the-counter items. See the list of health related products and supplies provided on the Florida Medicaid Web site at:
http://ahca.myflorida.com/Medicaid/Enhanced_Benefits/index.shtml
- If you want to use your credits to buy an approved health-related product or supply, you must wait until the program sends you an account balance letter stating that credits are in your account.
- It may take up to 90 days after you complete a healthy behavior for the credits to show up in your account.
- You may use your credits at any Florida Medicaid-participating pharmacy.

Five easy steps to earn and use credits

1. You participate in an approved healthy behavior.
2. You submit a completed Enhanced Benefits Universal Form or your PCP submits a claim to your health plan.
3. Better Health report and submits information to Florida Medicaid.
4. Medicaid approves your credits and up date's your account and mail you a statement.
5. You may begin using the credits you may have earned to buy approved items from the purchase lists.

Enhanced Benefits Universal Form

The Enhanced Benefits Universal Form is used to record an approved healthy behavior that is not covered by Better Health. Such healthy behaviors include disease management programs, alcohol and drug treatment programs, programs to stop smoking, weigh loss and exercise programs and flu shots for adults. You can find out which of these programs are free by calling Better Health Enrollee Services at (800) 541-4561

The Enhanced Benefits Universal Form is available on the Florida Medicaid Reform Web site at:

http://ahca.myflorida.com/Medicaid/Enhanced_Benefits/index.shtml

Or call the **Enhanced Benefits Call Center: (866) 421-8474**