

STATE OF VERMONT  
AGENCY OF HUMAN SERVICES

P A T H

Department of Prevention, Assistance, Transition, and Health Access

FROM: John Michael Hall, Commissioner  
for the Secretary

BULLETIN NO.: 03-05

DATE: 9/26/03

SUBJECT: VHAP Managed Care and VHAP-Limited Procedures Updates

CHANGES ADOPTED EFFECTIVE 10/1/03

INSTRUCTIONS

- Maintain Manual - See instructions below.**
- Proposed Regulation - Retain bulletin and attachments until you receive Manual Maintenance Bulletin: \_\_\_\_\_**
- Information or Instructions - Retain until \_\_\_\_\_**

MANUAL REFERENCE(S):

TOC P-4003	P-4003 B11	TOC P-4005	P-4005 B9
P-4003 A	P-4003 B12	P-4005 A	P-4005 B11
P-4003 B1	P-4003 B13	P-4005 B1	P-4005 B18
P-4003 B3	P-4003 B14	P-4005 B4	P-4005 B20
P-4003 B4	P-4003 C1	P-4005 B5	P-4005 B21
P-4003 B5	P-4003 C2	P-4005 B6	P-4005 C1
P-4003 B6	P-4003 C3	P-4005 B7	P-4005 C2
P-4003 B7	P-4003 C4	P-4005 B8	P-4005 C3
			P-4005 C4

This bulletin revises procedures to reflect changes in the VHAP Managed Care and VHAP-Limited programs.

- Updates lettering and numbering sequences to accommodate changes made in this bulletin by changes to P-4003 sections (B)(3)(e) – (j) and B(6)-(11). Sections referenced below assume the current, not updated, sequencing.
- Adds emergency and urgent hospital admissions coverage to VHAP-Limited by changes to the following P-4003 sections: (A), (B)(1)(a), (B)(3), (B)(3)(a), (B)(3)(c), (B)(7), (B)(8), and (C)(42).

- Defines emergency, urgent, and inpatient hospitalizations by changes to P-4003(A) and P-4005(A).
- Clarifies covered outpatient mental health and chemical dependency benefits and removes a \$500 annual cap on mental health benefits by changes to sections: P-4003 (A), (B)(7), and (B)(8).
- Clarifies smoking cessation benefits, and removes prescription quantity limits by revisions to P-4003 (B)(10).
- Removes elective hospital admissions, chiropractic, dental services and eyewear from VHAP coverage by changes to the following P-4005 sections: (A), (B)(1), (B)(3)(e), (B)(3)(f), (B)(7), (B)(8) and (B)(12).
- Clarifies general exclusions to be consistent with rule M152.1(D) by changes to P-4003(C) and P-4005(C).
- Updates the table of contents in P-4003 TOC and P-4005 TOC.
- Clarifies that the surgical sterilization benefit is limited to beneficiaries age 21 and over by changes to P-4003(B)(3)(a).
- Removes reference to non-covered items in the following P-4003 sections: (3)(d), (B)(4)(d), (B)(5), (B)(6), (B)(8), (B)(11) – (13), TOC.
- Adds coverage of the generic over-the-counter drug loratadine by changes to P-4003(B)(10).
- Adds a reference to the 1115-Waiver Protocol in sections P-4003(A) and P-4005(A).
- Clarifies that VHAP-Limited maternity care benefits are consistent with VHAP maternity care benefits by changes to P-4003(B)(3)(g).

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Vertical lines in the left margin indicate significant changes. Dotted lines at the left indicate changes to clarify, rearrange, correct references, etc., without changing procedures content.

**Manual Holders:** Please maintain manuals assigned to you as follows.

**Manual Maintenance**

<b><u>Remove</u></b>		<b><u>Insert</u></b>	
TOC P-4003	(96-53)	TOC P-4003	(03-05)
PP&D P-4003 A	3/1/99	Nothing	
PP&D P-4003 A	4/15/98	PP&D P-4003 A	9/1/03
P-4003 A	(96-5)	P-4003 A	(03-05)
Nothing		P-4003 A2	(03-05)
PP&D P-4003 B1	3/1/99	Nothing	
P-4003 B1	(96-5)	P-4003 B1	(03-05)
PP&D P-4003 B3	3/1/99	Nothing	
P-4003 B3	(96-5)	P-4003 B3	(03-05)
PP&D P-4003 B4	3/1/99	Nothing	
P-4003 B4	(96-5)	P-4003 B4	(03-05)
P-4003 B5	(96-5)	P-4003 B5	(03-05)
P-4003 B6	(96-5)	P-4003 B6	(03-05)
P-4003 B7	(96-5)	P-4003 B7	(03-05)
P-4003 B10	(96-5)	P-4003 B10	(03-05)
P-4003 B11	(96-5)	P-4003 B11	(03-05)
P-4003 B12	(96-5)	P-4003 B12	(03-05)
P-4003 B13	(96-5)	P-4003 B13	(03-05)
P-4003 B14	(96-5)	P-4003 B14	(03-05)
P-4003 C1	(96-5)	P-4003 C1	(03-05)
P-4003 C2	(96-5)	P-4003 C2	(03-05)
P-4003 C3	(96-5)	P-4003 C3	(03-05)
P-4003 C4	(96-5)	P-4003 C4	(03-05)
TOC P-4005	(01-08)	TOC P-4005	(03-05)
P-4005 A	(01-08)	P-4005 A	(03-05)
Nothing		P-4005 A2	(03-05)
P-4005 B1	(01-08)	P-4005 B1	(03-05)
P-4005 B4	(01-08)	P-4005 B4	(03-05)
P-4005 B5	(01-08)	P-4005 B5	(03-05)
P-4005 B6	(02-26)	P-4005 B6	(03-05)
P-4005 B7	(01-08)	P-4005 B7	(03-05)
P-4005 B8	(01-08)	P-4005 B8	(03-05)
P-4005 B9	(01-08)	P-4005 B9	(03-05)

**Manual Maintenance**

	<b><u>Remove</u></b>		<b><u>Insert</u></b>	
P-4005 B11		(01-08)	P-4005 B11	(03-05)
P-4005 B18		(01-08)	P-4005 B18	(03-05)
P-4005 B20		(01-08)	P-4005 B20	(03-05)
P-4005 B21		(01-08)	P-4005 B21	(03-05)
P-4005 C2		(01-08)	P-4005 C2	(03-05)
P-4005 C3		(01-08)	P-4005 C3	(03-05)
P-4005 C4		(01-08)	P-4005 C4	(03-05)

**P-4003      VHAP-Limited Benefit Coverage Package**

- A. Summary of Covered and Non-Covered Services
- B. Description of Benefit Package

- 1.      General Hospital Care
- 2.      Professional Care
- 3.      Other Medical Care
- 4.      Home Care
- 5.      Medical Equipment and Supplies
- 6.      Mental Health
- 7.      Chemical Dependency
- 8.      Podiatry Services
- 9.      Prescription Drugs
- 10.     Family Planning Services

- C.      General Exclusions

10/1/03

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P-4003 A

P-4003 VHAP-Limited Benefit Coverage Package

Until such time as Vermont Health Access Plan (VHAP) participants have access to and are enrolled in managed care plans, they are covered by an interim limited fee-for-service (FFS) benefit package, described in the following subsections. The VHAP-Limited benefit package is described below as well as in Attachment F (Operational Protocol) of the Vermont Health Access Plan Waiver, authorized by section 1115 of the Social Security Act [42 U.S.C. § 1315]. If there is a discrepancy between these procedures and the Operational Protocol, the protocol is followed. The protocol can be obtained from the Dept. of PATH, Office of Vermont Health Access.

A. Summary of Covered and Non-Covered Services

The following services are covered on a fee-for-service basis:

- outpatient services in a general hospital, including lab tests, radiology procedures and treatments, or ambulatory surgical center services;
- physician and mid-level practitioner services, including services provided by rural health centers and federally qualified health centers, routine gynecological exams and related diagnostic services, family planning services, and prenatal and maternity care until the individual is enrolled in traditional Medicaid;
- home health care;
- hospice services furnished by a Medicare-certified hospice provider;
- outpatient therapy services (occupational, physical, speech and nutrition therapy);
- emergency ambulance services;
- emergency and urgent inpatient hospital services, as determined by the admitting physician;
  - emergency is when patient required immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally the patient is admitted through emergency room.
  - urgent is when patient required immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation, which could be either next available bed or next available surgical slot.
- outpatient mental health and chemical dependency services;
- podiatry services; and
- prescription drugs.

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P-4003 A2

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P-4003 VHAP-Limited Benefit Coverage Package

A. Summary of Covered and Non-Covered Services (Continued)

The following services are not covered:

- elective inpatient hospital services, as determined by the admitting physician; elective is when the patient's condition permitted adequate time to schedule the availability of a suitable accommodation.
- short-term inpatient rehabilitation services;
- residential substance abuse treatment services;
- skilled nursing facility services;
- vision services and any prescribed eyeglasses;
- chiropractic services;
- dental services;
- medical equipment and supplies; and
- prosthetics and orthotics.

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P-4003 B1

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P-4003 VHAP-Limited Benefit Coverage Package (Continued)

B. Description of Benefit Package

1. General Hospital Care

a. Inpatient Services

Coverage of inpatient hospital services is limited to emergency and urgent admissions, as determined by the admitting physician. Elective inpatient hospital services are not covered.

Benefits provided for inpatient care in a general hospital include:

- facility room & board,
- services,
- medications, and
- supplies.

b. Outpatient Services

Benefits for services and supplies related to outpatient care in a general hospital or acute surgical center are limited to:

- facility services and
- professional services.

2. Professional Care for Home and Office Visits

Benefits are provided for the following professional services in the individual's home or a provider's office:

- consultations between professional providers when an individual is an outpatient,
- immunizations and injections that are appropriate to the age of the individual (except chemotherapy, described in other parts of this section),
- outpatient medical care, and
- effective preventive care (for example: well child care, periodic OB/GYN exams, maternity care, physicals).

Benefits are also provided for emergency medical care or emergency accident care in the provider's office or in the emergency room.

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P-4003 B3

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P-4003 VHAP-Limited Benefit Coverage Package

B. Description of Benefit Package

3. Other Medical Care (Continued)

- anesthesia, and
- sterilization for beneficiaries age 21 and over, but not reversal of sterilization.

Normally no benefits are provided for pre- and post-operative care. (Most pre- and post-operative visits are considered part of the surgical service, so additional benefits for these services are not provided).

b. Maxillofacial Surgery

Maxillofacial surgery benefits are provided for the following services:

- treatment for accidental injury to the jaws, sound natural teeth, mouth or face;
- surgery to correct gross deformity resulting from major disease, congenital deformity, or surgery;
- surgery to correct temporomandibular joint syndrome.

Exclusions

No benefits are provided under this section for:

- periodontal care,
- repair or replacement of damaged dental prostheses,
- injury as a result of chewing or biting,
- oral surgery services not performed by a physician, or
- oral surgery care not specified as a benefit above.

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P-4003 B4

P-4003 VHAP-Limited Benefit Coverage Package

B. Description of Benefit Package

3. Other Medical Care (Continued)

c. Transplant Services

Except for emergency and urgent inpatient hospitalizations, as determined by the admitting physician, related to transplantation services only outpatient hospital and professional services related to transplantation services are covered.

d. Occupational, Physical and Speech Therapy

Benefits are provided for the treatment of an illness or injury using:

- physical therapy, which relieves pain of an acute condition, restores or prevents documented loss of function, and prevents disability following disease, injury or loss of body part;
- occupational therapy, which promotes the restoration of a physically disabled person's ability to accomplish the ordinary tasks of daily living or the requirements of the person's occupation; and
- speech therapy, which corrects speech impairment resulting from an acute episode of a disease or exacerbation of an existing condition.

Requirements

Benefits are provided only if the therapy:

- is expected to show measurable improvement within an identified time frame specified in a plan of care; or
- shows measurable restorative potential and progress, or there is documented loss of function without therapy; and
- is prescribed by a physician.

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P-4003 B5

P-4003 VHAP-Limited Benefit Coverage Package (Continued)

B. Description of Benefit Package (Continued)

3. Other Medical Care (Continued)

Also, benefits are provided for occupational therapy only if it includes constructive activities designed and adapted for a specific condition. Examples of conditions for which benefits may be provided include:

- cerebral vascular accidents,
- spinal cord injuries,
- amputations of extremities,
- burns of extremities, or
- surgery or injury to the hand or wrist.

Limitations

Coverage is limited to four months of therapy per episode of illness and does not include supplies or equipment.

Exclusions

No speech therapy benefits are provided for speech loss or impairment due to:

- chronic conditions or
- developmental delays (ICD-9-CM codes 315.00 through 315.99)

e. Other Therapies

Benefits are provided for the treatment of an illness or injury on an outpatient hospital basis by means of:

- chemotherapy or radiation therapy (including radioactive isotopes),
- dialysis,
- infusion therapy, and
- inhalation therapy.

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P-4003 B6

P-4003      VHAP-Limited Benefit Coverage Package (Continued)

B.      Description of Benefit Package (Continued)

3.      Other Medical Care (Continued)

f.      Nutrition Therapy

Benefits for nutrition therapy services are provided when such services are:

- demonstrated as a cost-effective alternative to drug therapy or
- necessary to treat or prevent disease.

Conditions for which nutrition therapy services are appropriate include:

- diabetes;
- hyperlipidemia;
- chronic kidney failure;
- eating disorders;
- inborn errors of metabolism; and
- malabsorption syndromes, conditions associated with oral-motor dysfunction, and conditions requiring feeding by enteral tube or vein.

g.      Maternity Care

Benefits are provided for medical and surgical services for pregnancy until such time as the individual is determined to be eligible for Medicaid under traditional eligibility rules.

Benefits are provided for services of professionals whether the delivery occurs at home or in a facility.

h.      Ambulance

Benefits are provided for transportation of sick and injured individuals from their home, the scene of an accident or the scene of a medical emergency to the nearest facility based on their perceived condition at the scene of the accident or medical emergency.

10/1/03

Bulletin No. 03-05

P-4003 B7

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P-4003      VHAP-Limited Benefit Coverage Package (Continued)

B.      Description of Benefit Package (Continued)

3.      Other Medical Care (Continued)

Exclusions

No benefits are provided if the individual could have been transported in a private car or other non-emergency vehicle, nor are benefits provided for ambulance services provided solely for the individual's convenience. Ambulance transportation between facilities and between hospitals and nursing homes are not covered benefits, except that transportation between hospitals will be covered when the recipient has an urgent condition that cannot be treated at the first hospital.

i.      Rehabilitation

Rehabilitation benefits are provided for outpatient cardiac rehabilitation.

Benefits for the following supplies and services are addressed elsewhere in this section:

- mental health care,
- outpatient therapy,
- professional care,
- chemical dependency, and
- transplants.

Exclusions

No benefits are provided for chronic care.

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P-4003 B10

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P-4003      VHAP-Limited Benefit Coverage Package (Continued)

B.      Description of Benefit Package (Continued)

4.      Home Care (Continued)

Requirements

Benefits are provided only if

- a hospice program certified under the Medicare program is used;
- a physician certifies that the illness has a prognosis of six months life expectancy or less;
- the beneficiary or a legally responsible individual and his or her physician consent in writing to the hospice care plan; and
- a primary caregiver, other than the hospice provider, is available to be in the home.

c.      Outpatient Therapy Services

Outpatient benefits are provided for the following services:

- occupational, physical, speech therapy, and nutrition therapy (see Section 3. Other Medical Care, items e. and g.).

5.      Medical Equipment and Supplies

Medical equipment and supplies may only be covered when provided incidental to an acute condition treated in a physician's office or hospital outpatient department.

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P-4003 B11

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P-4003 VHAP-Limited Benefit Coverage Package

B. Description of Benefit Package (Continued)

6. Mental Health

Benefits are provided for mental health services including:

- individual, family and group outpatient psychotherapy;
- psychological testing when integral to treatment;
- other non-hospital or non-inpatient intensive treatment services, including partial hospitalization services furnished by approved providers; and
- emergency and urgent inpatient hospitalizations, as determined by the admitting physician.

Exclusions

No mental health benefits are provided:

- for custodial care;
- for treatment services provided beyond the initial treatment evaluation from which there is no diagnosis, treatment plan, or expected clinical outcome; and
- when the OVHA determines that services will not produce continued improvement.

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P-4003 B12

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P-4003 VHAP-Limited Benefit Coverage Package

B. Description of Benefit Package (Continued)

7. Chemical Dependency

Benefits are provided for the following chemical dependency services:

- outpatient treatment and rehabilitation (including services for the patient's family when necessary); and
- emergency and urgent inpatient hospitalizations, as determined by the admitting physician.

Exclusions

No substance abuse health benefits are provided for the following:

- custodial care and treatment of organic conditions that, according to generally accepted professional standards, will not improve with treatment;
- treatment services provided beyond the initial treatment evaluation in which there is no diagnosis, treatment plan, or expected clinical outcome; and services that OVHA determines do not produce evidence of continued improvement;
- mandated treatment, including court ordered treatment; and
- elective inpatient hospitalizations, as determined by the admitting physician.

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P-4003 B13

P-4003 VHAP-Limited Benefit Coverage Package

B. Description of Benefit Package (Continued)

8. Podiatry Services

Benefits are provided for non-routine foot care, such as surgical removal of ingrown toenails and treatment of foot lesions resulting from infection or diabetic ulcers.

Exclusions

No benefits are provided for:

- routine foot care including removal of corns and calluses, trimming of nails, and preventive or hygienic care of the feet; and
- treatment of subluxations of the foot not requiring surgical procedures and treatment of flat feet.

9. Prescription Drugs

Benefits are provided for outpatient use of:

- prescription drugs;
- contraceptive medications, drugs, devices and supplies for the purpose of contraception;
- insulin and other diabetic supplies including glucose strips and tablets; and
- needles and syringes.

Limitations

Coverage of prescribed over-the-counter and prescription smoking cessation products is provided with a limit of two treatment regimens per beneficiary, per calendar year.

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P-4003 B14

P-4003      VHAP-Limited Benefit Coverage Package (Continued)

B.      Description of Benefit Package (Continued)

9.      Prescription Drugs (Continued)

Exclusions

No benefits are provided for:

- refills beyond the original and five refills per script up to one year maximum;
- multi-vitamins;
- hair replacement therapies;
- drugs, and contraceptive medications, devices or supplies for which there is no prescription; and
- drugs for the sole purpose of fertility;
- over-the-counter drugs and medicinals, except generic loratadine.

10.      Family Planning Services

Family planning services, defined as those services that either prevent or delay pregnancy, are a covered benefit. Treatment of infertility and reversals of sterilizations are not covered.

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P-4003 C1

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P-4003      VHAP-Limited Benefit Coverage Package (Continued)

C.      General Exclusions

In addition to the specific exclusions listed elsewhere in VHAP-Limited rules and procedures, benefits will not be provided for the following:

1. services or supplies which must be covered by a prior health plan as extended benefits;
2. services or supplies for which the individual would have no legal obligation to pay if they were not covered by the interim limited FFS benefit package or similar coverage;
3. services or supplies for which there is no charge;
4. services or supplies paid directly or indirectly by a local, state or non-VA federal government agency, except as otherwise provided by law;
5. services or supplies in excess of the limitations or maximums set forth in the VHAP interim limited FFS benefit plan;
6. services or supplies the Office of Vermont Health Access (OVHA) determines are not medically necessary;
7. services or supplies that are investigational, mainly for research purposes or experimental in nature; this exclusion also applies to drugs or other items or procedures that require approval from the Food and Drug Administration when such approval has not been made;
8. services or supplies that are not provided in accordance with accepted professional medical standards in the United States;
9. acupuncture, acupressure or massage therapy;
10. all forms of self-care or self-help training and health club memberships;
11. automatic ambulatory blood pressure monitoring;
12. whole blood (OVHA will, however, provide benefits for the administration, processing and storage of blood or its derivatives);
13. clinical ecology, environmental medicine or similar treatment;
14. cognitive retraining;
15. corneal microsurgery to correct near- or far-sighted conditions;

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P-4003 C2

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P-4003      VHAP-Limited Benefit Coverage Package (Continued)

C.      General Exclusions

16.      cosmetic surgery;
17.      custodial care, domiciliary care or rest cures;
18.      except as noted, drugs that do not require a prescription, other than insulin;
19.      eye exercises or visual training;
20.      contact lenses;
21.      educational testing and evaluation, programs or therapy;
22.      foot care as follows (except in cases of circulatory or neurological disease involving the feet, such as arteriosclerosis or diabetic neuropathy):
  - palliative or cosmetic foot care including flat foot conditions, treatment of subluxations of the foot, weak feet, chronic foot strain and symptomatic complaints of the feet;
  - orthotic shoe inserts, whether they are custom made or not; and
  - cutting or removal of corns, calluses and/or trimming of nails, application of skin creams and other hygienic and preventive maintenance care.
23.      hearing aids or examinations for the prescription or fitting of hearing aids;
24.      illnesses or injuries which are sustained on or after the effective date of enrollment while in active military service or required:
  - as a result of an act of war, declared or undeclared, within the United States, its territories or possessions; or
  - during combat, unless otherwise required by law.
25.      charges for care prior to the effective date of eligibility;

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P-4003 C3

P-4003 VHAP-Limited Benefit Coverage Package (Continued)

C. General Exclusions

26. nonmedical charges, such as:
  - a penalty for failure to keep a scheduled visit or
  - fees for completion of a claim form.
27. medical food supplements, other than medical nutritional formulae;
28. personal hygiene and convenience items not primarily medical in nature, including, but not limited to air conditioners, humidifiers, physical fitness equipment, stair glides, elevators, barrier free or other home modifications, even if prescribed by a provider;
29. personal service or comfort items;
30. care and services provided in a foreign country, except payment for emergency inpatient hospital care and related ambulance and physicians services as allowed in Medicare regulation 42 C.F.R. Part 424 Subpart H if the following conditions are met:
  - the beneficiary was present in the U.S. when the emergency arose, or was traveling to Alaska by the most direct route without delay, and
  - the foreign hospital is closer to, or more accessible from the site of the emergency than the nearest U.S. hospital equipped to deal with and available to treat the individual's illness or injury.
31. support therapies, including pastoral counseling, assertiveness training, dream therapy, music or art therapy, recreational therapy, smoking cessation therapy beyond the benefits covered in the benefit plan, and stress management;
32. telephone consultations between the individual and a provider;
33. TENS (transcutaneous electrical nerve stimulation), except for physician prescribed TENS units;
34. therapy services as a part of chronic pain control, diabetic, developmental, pulmonary or other form of rehabilitation services, except with prior approval from OVHA;
35. travel (non-ambulance), even if prescribed by a physician;

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P-4003 C4

P-4003      VHAP-Limited Benefit Coverage Package (Continued)

36. treatment for conditions related to specific delays in development and learning disabilities (ICD-9-CM codes 315.00 through 315.99); mental retardation (ICD-9-CM codes 317.00 through 319.99), except for interventions for acute care services covered by the benefits described in this document; and psychic factors associated with diseases classified elsewhere in ICD-9-CM (ICD-9-CM code 316.00) unless approved by OVHA;
37. treatment leading to, or in connection with, artificial insemination, in vitro fertilization, embryo transplantation and gamete intrafallopian transfer (GIFT);
38. treatment leading to, or in connection with, transsexual surgery, including transsexual surgery;
39. treatment of obesity, except when:
  - the physician determines that the body mass index is over 40 (according to Table 1 in the Methods for Voluntary Weight Loss and Control booklet by the National Institute of Health Technology Assessment Conference Statement of March 1992);
  - there are other medical conditions present which could be significantly and adversely affected by this degree of obesity; and
  - the OVHA approves the treatment in advance.
40. augmentative communication devices;
41. work-related illnesses or injuries (or those which the individual claims to be work related, until otherwise finally adjudicated) and those which are (or by law should be) covered by workers' compensation;
42. elective inpatient services, as determined by the admitting physician;
43. services and supplies not specifically described as covered;
44. services or supplies provided by:
  - a person who provides these services as part of their education or training program,
  - a member of the individual's immediate family,
  - a VA medical center facility treating an eligible veteran, or
  - an individual not enrolled as a Medicaid provider.

P-4005 VHAP-Managed Care Benefit Coverage Package

- A. Summary of Covered and Non-Covered Services
- B. Description of Benefit Package

- 1. General Hospital Care
  - a. Inpatient Services
  - b. Outpatient Services
- 2. Professional Care
- 3. Other Medical Care
  - a. Surgery
  - b. Oral Surgery
  - c. Transplant Services
  - d. Maxillofacial Surgery
  - e. Vision Care
  - f. Occupational, Physical, and Speech Therapy
  - Other Therapies
    - g. Nutrition Therapy
    - h. Maternity Care
    - i. Ambulance
    - j. Rehabilitation
- 4. Home Care
  - a. Home Health Agency, Visiting Nurse Association, and Home Care Organization
  - b. Hospice Care
  - c. Outpatient Therapy Services
  - d. Home Infusion Therapy
- 5. Medical Equipment and Supplies
  - a. Durable Medical Equipment
  - b. Medical and Surgical Supplies
  - c. Prosthetics and Orthotics
- 6. Skilled Nursing Facility
- 7. Mental Health
- 8. Chemical Dependency
- 9. Podiatry Services
- 10. Prescription Drugs
- 11. Family Planning Services

- C. General Exclusions

10/1/03

Bulletin No. 03-05

P-4005 A

4005 VHAP-Managed Care Benefit Package

Until such time as Vermont Health Access Plan (VHAP) beneficiaries have access to and are enrolled in a managed care plan, they are covered by an interim limited fee-for-service (FFS) benefit package. (See P-4003.) Once enrolled in managed care, the benefit package is limited to the items and services described in the following subsections. The VHAP-Managed Care benefit package is described below as well as in Attachment F (Operational Protocol) of the Vermont Health Access Plan Waiver, authorized by section 1115 of the Social Security Act [42 U.S.C. § 1315]. If there is a discrepancy between these procedures and the Operational Protocol, the protocol is followed. The protocol can be obtained from the Dept. of PATH, Office of Vermont Health Access.

A. Summary of VHAP-Managed Care Covered and Non-Covered Services

The following services are covered:

- emergency and urgent inpatient hospital services, as determined by the admitting physician;
  - emergency is when patient required immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally the patient is admitted through emergency room.
  - urgent is when patient required immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is admitted to the first available and suitable accommodation, which could be either next available bed or next available surgical slot.
- outpatient services in a general hospital or ambulatory surgical center;
- physician and mid-level practitioner services;
- oral surgery;
- organ, bone marrow and tissue transplants;
- one comprehensive vision examination in a 24-month period;
- outpatient therapy services (occupational therapy, physical therapy, speech therapy and nutrition therapy);
- ambulance services;
- inpatient rehabilitation services;
- home health care;
- hospice services;
- medical equipment and supplies;
- skilled nursing facility services (up to 30 day length of stay per episode);
- mental health and chemical dependency services;
- outpatient mental health and chemical dependency services;
- residential substance abuse treatment services;
- podiatry services;
- prescription drugs; and
- family planning services.

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4005 VHAP-Managed Care Benefit Package

A. Summary of VHAP-Managed Care Covered and Non-Covered Services (Continued)

The following services are not covered:

- elective inpatient hospital services, as determined by the admitting physician;
  - elective is when the patient's condition permitted adequate time to schedule the availability of a suitable accommodation.
- dental services;
- chiropractic services; and
- eyeglasses and contact lenses.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

1. General Hospital Care

a. Emergency and Urgent Inpatient Services (as determined by the admitting physician)

Benefits provided for inpatient care in a general hospital include:

- facility room & board,
- services,
- medications, and
- supplies.

b. Outpatient Services

Benefits are provided for services and supplies related to outpatient care in a general hospital or ambulatory surgical center including:

- facility services, and
- professional services.

2. Professional Care for Home and Office Visits

Benefits are provided for the following professional services in the individual's home or a provider's office:

- consultations between professional providers when an individual is an outpatient,
- immunizations and injections that are appropriate to the age of the individual (except chemotherapy, which is described in other parts of this section),
- outpatient medical care, and
- effective preventive care (e.g., well child care, periodic OB/GYN exams, maternity care, physicals).

Benefits are also provided for emergency medical care or emergency accident care in the provider's office or in the emergency room.

Limitations

Only one visit per day from each professional provider will be covered. Athletic and employment physicals, and physicals required for administrative purposes are not covered benefits.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

3. Other Medical Care (Continued)

d. Maxillofacial Surgery

Maxillofacial surgery benefits are provided for the following services:

- treatment for accidental injury to the jaws, sound natural teeth, mouth or face;
- surgery to correct gross deformity resulting from major disease, congenital deformity, or surgery;
- surgery to correct temporomandibular joint syndrome.

Exclusions

No benefits are provided under this section for:

- repair or replacement of damaged dental prostheses,
- injury as a result of chewing or biting,
- oral surgery services not performed by a physician, or
- oral surgery care not specified as a benefit above.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

3. Other Medical Care (Continued)

e. Vision Care

Benefits are provided for one comprehensive vision examination and one interim eye exam, if needed (e.g. for glaucoma check), once in a 24 month period. Vision exams assess an enrollee's visual functions to:

- determine if they have any visual problems and/or abnormalities; and
- prescribe and dispense any necessary corrective eyewear.

Coverage for vision care services are limited to:

- one comprehensive visual analysis and one interim eye exam within a two-year period; and
- diagnostic visits and tests.

Exclusions

- eyewear, including but not limited to eyeglasses and contact lenses.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

3. Other Medical Care (Continued)

f. Occupational, Physical and Speech Therapy

Benefits are provided for the treatment of an illness or injury using:

- physical therapy, which relieves pain of an acute condition, restores or prevents documented loss of function, and prevents disability following disease, injury or loss of body part;
- occupational therapy, which promotes the restoration of a physically disabled person's ability to accomplish the ordinary tasks of daily living or the requirements of the person's occupation; and
- speech therapy, which corrects speech impairment resulting from an acute episode of a disease or exacerbation of an existing condition.

Requirements

Benefits are provided for occupational therapy only if they include constructive activities designed and adapted for a specific condition.

Benefits are also provided only if the therapy is prescribed by a physician and:

- is expected to show measurable improvement within an identified time frame specified in a plan of care; or
- shows measurable restorative potential and progress, or there is documented loss of function without therapy.

Limitations

Prior authorization is required after four months of therapy.

Coverage is limited to a maximum of one year. Beyond that, services are covered only if the member undergoes another acute care episode, injury, or increased loss of function.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

3. Other Medical Care (Continued)

Exclusions

g. Other Therapies

Benefits are provided for the treatment of an illness or injury on an outpatient hospital basis by means of:

- chemotherapy or radiation therapy (including radioactive isotopes),
- dialysis,
- infusion therapy,
- inhalation therapy.

h. Nutrition Therapy

Benefits for nutrition therapy services are provided when such services are:

- demonstrated as a cost-effective alternative to drug therapy or
- necessary to treat or prevent disease.

Conditions for which nutrition therapy services are appropriate include:

- diabetes;
- hyperlipidemia;
- chronic kidney failure;
- eating disorders;
- inborn errors of metabolism; and
- malabsorption syndromes, conditions associated with oral-motor dysfunction, and conditions requiring feeding by enteral tube or vein.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

3. Other Medical Care (Continued)

i. Maternity Care

Benefits are provided for medical and surgical services for pregnancy until such time as the individual is determined to be eligible for Medicaid under traditional eligibility rules.

Benefits are provided for services of professionals whether the delivery occurs at home or in a facility.

j. Ambulance

Benefits are provided for transportation of sick and injured enrollees:

- from their home, the scene of an accident or the scene of a medical emergency to the nearest facility based on their condition , as perceived by emergency personnel, at the scene of the accident or medical emergency;
- between facilities if the enrollee's physician deems it necessary for the enrollee's treatment; and
- between a hospital and a nursing facility when such facility is the closest that can provide covered services appropriate to the enrollee's condition. If no facility in the area can provide appropriate covered services, transportation to the closest facility outside the local area that can provide the appropriate service will be covered.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

3. Other Medical Care (Continued)

Exclusions

No benefits are provided if the enrollee could have been transported in a private car or other non-emergency vehicle, nor are benefits provided for ambulance services provided solely for the enrollee's convenience.

k. Rehabilitation

Rehabilitation benefits are provided for outpatient cardiac rehabilitation including:

- inpatient rehabilitation for a medical condition requiring acute care; and
- outpatient cardiac rehabilitation.

Exclusions

No benefits are provided for chronic care.

4. Home Care

This section addresses benefits for supplies and services the individual receives in their home from home health agencies or visiting nurse associations, or home care organizations, including hospice services from these agencies.

a. Home Health Agency, Visiting Nurse Association, and Home Care Organization Care

Benefits are provided for the following services provided by home health agencies, visiting nurse associations, or home care organizations and included in their bills:

- necessary skilled nursing procedures,
- training in the individual's home for family members or other caregivers who will perform necessary procedures,
- home health aide when supervised by a registered nurse or therapist, and
- other necessary services and supplies.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

4. Home Care (Continued)

- social service visits before the patient's death and bereavement visits following the patient's death, including counseling and emotional support, assessment of social and emotional factors related to the patient's condition, assistance in resolving problems, assessment of financial resources, and use of available community resources; and
- other necessary services and supplies related to the terminal illness.

Requirements

Benefits are provided only if:

- a hospice program certified under the Medicare program is used;
- a physician certifies that the illness has a prognosis of six months life expectancy or less;
- the beneficiary or a legally responsible individual and his or her physician consent in writing to the hospice care plan; and
- a primary caregiver, other than the hospice provider, is available to be in the home.

c. Outpatient Therapy Services

Outpatient benefits are provided for occupational, physical, speech and other therapies as prescribed in Section 3 (f) and (g) above.

d. Home Infusion Therapy

Benefits are provided for the following services and supplies delivered in the enrollee's home:

- chemotherapy;
- intravenous antibiotic therapy;
- total parenteral nutrition;

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

7. Mental Health (Continued)

Benefits are provided for inpatient or intensive services including:

- emergency and urgent admissions, as determined by the admitting physician, to special units, including psychiatric units not classified as Institutions for Mental Disease (IMD), in general hospitals;
- emergency and urgent psychiatric hospitalizations, as determined by the admitting physician, in an IMD that has a contract with the department, except payment for care is limited to 30 days per episode and 60 days per year; and
- other intensive treatment services approved by the department provided by entities that have a contract with the department.

Exclusions

No mental health benefits are provided:

- for custodial care;
- for treatment services provided beyond the initial treatment evaluation from which there is no diagnosis, treatment plan, or expected clinical outcome, and
- when the OVHA determines that services will not produce continued improvement.

8. Chemical Dependency

Benefits are provided for the following chemical dependency services:

- detoxification, including medical detoxification when medically necessary;
- outpatient rehabilitation (including services for the patient's family when necessary); and
- emergency and urgent inpatient rehabilitation, as determined by the admitting physician.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package

10. Prescription Drugs

Benefits are provided for outpatient use of:

- prescription drugs;
- generic pre-natal vitamins for pregnant and lactating women;
- vitamins and over-the-counter drugs which are prescribed for the treatment of a specific disease;
- contraceptive medications, drugs, devices and supplies for the purpose of contraception;
- insulin and other diabetic supplies including glucose strips and tablets; and
- needles and syringes.

Exclusions

- All Medicaid exclusions and limitations.

No benefits are provided for:

- refills beyond the original and five refills per script up to one year maximum;
- multi-vitamins;
- hair replacement therapies;
- drugs, and contraceptive medications, devices or supplies for which there is no prescription;
- drugs for the sole purpose of fertility; and
- over-the-counter drugs and medicinals, except when prescribed for a chronic health condition.

Smoking Cessation Products

Coverage of over-the-counter and prescription smoking cessation products is provided with a limit of two treatment regimens per beneficiary, per calendar year.

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4005 VHAP-Managed Care Benefit Coverage Package

B. Description of Benefit Package (Continued)

11. Family Planning Services

Family planning services, defined as those services that either prevent or delay pregnancy, are a covered benefit.

Treatment of infertility and reversals of sterilizations are not covered.

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4005 VHAP-Managed Care Benefit Coverage Package

C. General Exclusions (Continued)

16. cosmetic surgery or experimental surgery;
17. custodial care, domiciliary care or rest cures;
18. drugs that do not require a prescription, other than insulin (see 4005 B10 for prescription drug benefit);
19. eye exercises or visual training;
20. other aids to vision;
21. educational testing and evaluation, programs or therapy;
22. foot care as follows (except in cases of circulatory or neurological disease involving the feet, such as arteriosclerosis or diabetic neuropathy):
  - palliative or cosmetic foot care including flat foot conditions, treatment of subluxations of the foot, weak feet, chronic foot strain and symptomatic complaints of the feet;
  - orthotic shoe inserts, whether they are custom made or not; and
  - cutting or removal of corns, calluses and/or trimming of nails, application of skin creams and other hygienic and preventive maintenance care.
23. hearing aids or examinations for the prescription or fitting of hearing aids;
24. illnesses or injuries which are sustained on or after the effective date of enrollment while in active military service or required:
  - as a result of an act of war, declared or undeclared, within the United States, its territories or possessions; or
  - during combat, unless otherwise required by law.
25. charges for care prior to the effective date of eligibility;

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4005 VHAP-Managed Care Benefit Coverage Package

C. General Exclusions (Continued)

26. nonmedical charges, such as:
  - a penalty for failure to keep a scheduled visit or
  - fees for completion of a claim form.
27. medical food supplements, other than medical nutritional formulae;
28. personal hygiene and convenience items that are not primarily medical in nature, including, but not limited to air conditioners, humidifiers, physical fitness equipment, stair glides, elevators, barrier free or other home modifications, even if prescribed by a provider;
29. personal service or comfort items;
30. care and services provided in a foreign country, except as provided in Medicare regulation 42 C.F.R. Part 424 Subpart H, which allows payment for emergency inpatient hospital care and related ambulance and physicians services if the following conditions are met:
  - The beneficiary was present in the U.S. when the emergency arose, or was traveling to Alaska by the most direct route without delay, and
  - The foreign hospital is closer to, or more accessible from the site of the emergency than the nearest U.S. hospital equipped to deal with and available to treat the individual's illness or injury.
31. support therapies, including pastoral counseling, assertiveness training, dream therapy, music or art therapy, recreational therapy, smoking cessation therapy beyond the benefits covered in the benefit plan, and stress management;
32. telephone consultations between the individual and a provider;
33. TENS (transcutaneous electrical nerve stimulation), except for physician prescribed TENS units;
34. therapy services as a part of chronic pain control, diabetic, developmental, pulmonary or other form of rehabilitation services, except with prior approval from OVHA;
35. travel (non-ambulance), even if prescribed by a physician;
36. fertility services including but not limited to treatment leading to, or in connection with, artificial insemination, in vitro fertilization, embryo transplantation, gamete intrafallopian transfer (GIFT), sperm banks, and surrogacy;
37. full dentures, dental implants or partial dentures;

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4005 VHAP-Managed Care Benefit Coverage Package

C. General Exclusions (Continued)

38. treatment of obesity, except when:

- the physician determines that the body mass index is over 40 (according to Table 1 in the Methods for Voluntary Weight Loss and Control booklet by the National Institute of Health Technology Assessment Conference Statement of March 1992);
- there are other medical conditions present which could be significantly and adversely affected by this degree of obesity; and
- the OVHA approves the treatment in advance.

39. augmentative communication devices;

40. work-related illnesses or injuries (or those which the individual claims to be work related, until otherwise finally adjudicated) and those which are (or by law should be) covered by workers' compensation;

41. services and supplies not specifically described as covered;

42. services or supplies provided or ordered by:

- a person who provides these services as part of their education or training program;
- a member of the individual's immediate family;
- a VA medical center facility treating an eligible veteran; or
- an individual not enrolled as a Medicaid provider.

43. dental services related to the treatment of Temporomandibular Joint Syndrome (TMJ); however, medical services as described are covered for the treatment of TMJ;

44. treatment leading to, or in connection with uncovered surgery, including gender reassignment surgery; and

45. repair of items not covered by VHAP-Managed Care.