

Benefit	HELP TPA	Standard Medicaid State Plan	Cost Share
1. Ambulatory Patient Services			
a) Primary Care	X		Yes
b) Specialists	X		Yes
c) Other Practitioner (Nurse, APRN, Physician Assistant)	X		Yes
d) Hospice	X		No
e) Adult Dental Services (Treatment Limit \$1,125/Annual; Dentures, Preventive/Diagnostic, and Anesthesia do not count toward annual limit.)		X	Yes
f) Urgent Care	X		Yes
g) Home Health Care (Limit 180 visits/Annual)	X		Yes
h) FQHC/RHC Services		X	Yes
i) Family Planning Services and Supplies	X		No
j) Routine Eye Exams (1 Exam/Annual)	X		Yes
k) Hearing Aid		X	Yes
l) Dialysis	X		Yes
m) Allergy Treatment			Yes
n) Telehealth Services (type of service delivery)	X		No
o) Indian Health Service (IHS) and Tribal Health Services		X	No
p) Outpatient Surgery Facility	X		Yes
q) Audiology		X	Yes
r) Outpatient Hospital	X		Yes
s) Adult Eye Glasses (Medicaid Contract - Limit One Pair/12 Months)		X	No
t) Accident Related Dental Surgery and Services	X		Yes
u) Other Individualized Education Services (related to a medical condition other than diabetes)	X		Yes
v) Non-Emergency Transportation Services		X	No
2. Emergency Services			
a) ER Department Services	X		No
b) Non-ER Department Services	X		Yes
c) Air & Ground Ambulance		X	No
3. Hospitalization			
a) Observation/Anesthesia	X		Yes
b) Inpatient Services (Includes: Transplant, Physicians, and Surgical)	X		Yes
c) Cosmetic Surgery (Condition with Severe Detrimental Effect)	X		Yes
d) Transplant and Donor Services (Excludes: donor searches and experimental treatments)	X		Yes
e) Blood Transfusions	X		Yes
f) Reconstructive breast surgery following a medically necessary mastectomy-including any surgery to the non-affected breast to establish a symmetrical appearance, and prostheses.	X		Yes
4. Maternal and Newborn Care (Pre and Post)			
a) Prenatal and Postnatal Care	X		No
b) Delivery and All Inpatient Services for Maternity	X		No
c) Long Acting Reversible Contraceptives Inserted at Time of Delivery (LARC)	X		No
5. Mental Health and Substance Use Disorder Including Behavioral Health Treatment			
a) Mental/Behavioral Health Outpatient Services (not provided in an IMD)	X		Yes
b) Mental/Behavioral Health Inpatient Services (not provided in an IMD)	X		Yes
c) Substance Abuse Disorder Outpatient Services (not provided in an IMD)	X		Yes
d) Substance Abuse Disorder Inpatient Services (not provided in an IMD)	X		Yes
6. Prescription Drugs (Identical Coverage as Existing Medicaid)			
a) Home Infusion		X	Yes
b) Tobacco Cessation		X	No
c) OTCs		X	Yes
d) Vaccines		X	No
e) Contraceptives		X	No

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7. Rehabilitative and Habilitative Services and Devices			
a) Rehabilitative Services: Coverage will be provided for rehabilitative care services when the individual needs help to keep, get back or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt or disabled. These services will include, but are not limited to: (1) physical therapy (2) occupational therapy; (3) speech-language pathology; and (4) behavioral health treatment. Applied behavior analysis for adults is excluded. These services may be provided in a variety of Inpatient and/or Outpatient settings as prescribed by a Physician.	X		Yes
b) Habilitative Services: Coverage will be provided for habilitative care services when the individual requires help to keep, learn or improve skills and functioning for daily living or to prevent deterioration, if making reasonable progress, determined by DPHHS. These services include, but are not limited to: (1) physical therapy (2) occupational therapy; (3) speech-language pathology; and (4) behavioral health treatment. Applied behavior analysis for adults is excluded. These services may be provided in a variety of Inpatient and/or Outpatient settings as prescribed by a Physician	X		Yes
c) Prostheses (to replace a body part missing due to accident, illness, or injury). (Excludes: computer-assisted communication devices, or replacement of lost or stolen prosthesis)	X		Yes
d) DME (Includes: blood glucose testing and supplies; spacers for metered dose inhalers; enteral solutions; syringes and needles. Excludes: exercise equipment, lifts, hot tubs, computerized equipment, athletic equipment, replacement of lost or stolen items, repair or rental equipment, or convenience items.)	X		Yes
e) Skilled Nursing Services (Limit 60 Day/Annual; Excludes: Custodial Care)	X		Yes
f) Cochlear Implants	X		Yes
g) Transitional Services (Includes: Swing Beds and Short Term Rehabilitation)	X		Yes
8. Laboratory Services			
a) Diagnostic Test (X-Ray and Lab)	X		Yes
b) Imaging (CT/PET Scans and MRI)	X		Yes
9. Preventive and Wellness Services and Chronic Disease Management			
a) Preventive Care, Screening, Immunizations	X		No
b) Breast Pumps - Limit One Per Birth	X		No
c) Preventive Health Services (Meets Federal Guidelines)	X		No
d) Diabetes Prevention Program		X	Yes
e) Diabetes Self-Management Education	X		Yes
10. Pediatric Services Including Oral and Vision Services (EPSDT)	Covered for medically necessary services for age 19-20		No
11. Additional Medicaid State Plan Services			
a) Long Term Care Services (Nursing Facility, Community First Choice, Personal Care)		X	No
b) Mental Health Services (Therapeutic Foster Care & Group Home, PACT, Day Treatment)		X	Yes (some services)
c) Podiatry		X	Yes
d) Targeted Case Management (High Risk Pregnant Women, Several Disabling Mental Illness, Developmental Disabilities, Substance Use Disorder)		X	No
e) Passport, Health Improvement Program, Team Care, Nurse Advice Line, Patient Centered Medical Home		X	No