

2: Medicaid Covered Services

2.1 Unison Health Plan Member Benefits

Unison members are entitled to all of the benefits covered under the Ohio Medicaid Program. In addition, Unison provides annual vision coverage for all members, enhanced transportation services and access to a number of health management programs. Benefits available to Unison members are highlighted below:

2.1.1 Medical Benefit

Unison members are eligible to receive all of the medical benefits covered under the Ohio Medicaid Program. Members obtain all their health care services either directly from or upon referral by the Primary Care Physician (PCP), except for those services available on a self-referral basis. For a more complete list of benefits, please see the Unison Health Plan of Ohio Member handbook provided with this manual.

2.1.2 Additional Benefits

Unison members also receive the following additional benefits at no cost:

Annual Vision Coverage – All members (including those age 21 to 59) are eligible for an annual routine vision exam and an annual allowance for glasses or soft contacts.

Enhanced Transportation Services – Members are eligible for 30 one-way or 15 free round trips per year to and from medical appointments and for Medicaid redetermination. Coordination of transportation services requires at least 48 hours advance notice.

Up to \$175 in Gift Card Rewards – Members are eligible for gift card rewards for keeping pregnancy-related and Healthchek appointments.

Case Management Programs – Members may take advantage of case management programs developed to assist in managing certain health conditions prevalent within the Medicaid population. For more information on these programs please see the “Case Management Program Services” section of this manual.

2.1.3 Self-Referred Services

Members may self-refer to a participating provider for some services. Some of these self-referred services include:

- Dental Care (participating providers only)
- Vision Care (participating providers only)
- Specialty Care provided by participating providers (except for chiropractic, plastic surgery, chemotherapy and pain management specialist services)
- Emergency Services
- Family Planning Services including services rendered by a Qualified Family Planning Provider (QFPP)
- Services provided by a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC)
- Mental Health Services offered through a Community Mental Health Center (CMHC) certified as a Medicaid provider (see the Provider Directory for a list of CMHCs)
- Services provided by a Certified Nurse Midwife (CNM) or Certified Nurse Practitioner (CNP)
- Substance Abuse Services offered through certified Medicaid providers affiliated with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) (see the Provider Directory for a list of providers affiliated with ODADAS)

2.1.4 Behavioral Health Services

Unison members are eligible for all of the behavioral health benefits covered under the Ohio Medicaid Program. Members may self-refer for behavioral health services offered through certified Medicaid Community Mental Health Centers (CMHCs) or through certified Medicaid providers affiliated with the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). Access to behavioral health services rendered by providers other than those mentioned above requires prior authorization.

The Unison Special Needs Unit (SNU) is available to assist in coordinating behavioral health services. The SNU may be contacted at 877.844.8844.

2.2 Covered Benefits

Unison Health Plan Covered Benefits*	
Primary Care Physician services	Covered
Yearly Well Adult exams	Covered
Well-child (HEALTHCHEK) exams	For children under the age of 21
Shots (immunizations)	Covered
Specialist services	Some specialist services may require a prior authorization
Preventative mammogram (breast) and cervical cancer (pap smear) exams	Covered
Physical exam required for employment or for the JOBS Program	Covered if the exam is not provided free of charge by another source
Family planning services and supplies	Covered
Obstetrical (maternity care - prenatal and postpartum including at risk pregnancy services) and gynecological services	Covered
Certified Nurse Midwife services	Covered
Routine dental services	Some non-routine dental services may require a prior authorization
Podiatry (foot) services	Covered
Routine vision (optical) services, including eyeglasses	1 exam and 1 pair of soft contacts or glasses per year. Additional replacement glasses require prior authorization.
Certified Nurse Practitioner services	Covered
Renal dialysis (kidney disease)	Covered
Services available at a Federally Qualified Health Center or Rural Health Clinic	Covered
Emergency services	Covered
Mental health and substance abuse services	Independent psychologist services are only available to children under the age of 21. *Prior authorization is required for mental health services not provided at community mental health centers and for substance abuse services not provided at Ohio Department of Alcohol and Drug Addiction Services facilities.
Speech and hearing services, including hearing aids	Covered
Physical and occupational therapy	Covered
Inpatient hospital services	Covered
Hospice care (care for terminally ill,	Covered

Unison Health Plan Covered Benefits*	
e.g., cancer patients)	
Nursing facility services for a short term rehabilitative stay	Covered
Home health services	Covered
Chiropractic (back) services	Members under the age of 21 are covered for 30 visits per 12-month period (some exceptions apply); members over the age of 21 are covered for 12 visits per 12-month period.
Medically necessary plastic or cosmetic surgery	Covered
Chemotherapy	Covered
Pain management specialist services	Covered
Outpatient hospital services	Covered **
Diagnostic services (x-ray, lab)	Covered **
Prescription drugs, including certain prescribed over-the-counter drugs	All prescriptions that are on Unison's Preferred Drug List are covered with a prescription from your doctor. Please visit our website at www.unisonhealthplan.com for a complete listing of medications on Unison's Preferred Drug List. – May require prior authorization **
Medical supplies	Covered **
Durable medical equipment	Covered **
Ambulance and ambulette transportation	Covered **
Services for children with medical handicaps (Title V)	Covered **

* Some benefit limitations may apply.

** May require prior authorization

2.3 Pharmacy Benefit Information

2.3.1 Pharmacy Services

Unison contracts with RxAmerica to administer Unison's pharmacy benefit to members. The Unison Health Plan Pharmacy Network includes many retail pharmacies. A list of participating pharmacies is located in the Provider Directory. Members may have prescriptions filled only at participating pharmacies.

Medically necessary outpatient prescription drugs are covered when prescribed by a provider licensed to prescribe federal legend drugs or medicines. Most Unison preferred drug list (PDL) medications are covered without prior authorization. Some PDL items are covered only with prior authorization. These medications that require prior authorization are noted with a "PA" listed next to the medication. All non-PDL medications require the submission of a medical exception request (also known as a prior authorization). Eligibility for the Outpatient Prescription Drug Benefit is based on the individual member's plan benefit. PDL pharmaceuticals, and non-PDL pharmaceuticals if approved, are available at no cost to eligible members when ordered by a participating physician and provided by a participating pharmacy. There are no copayments.

Pharmaceuticals are limited to quantities consistent with the member's medical need and are not to exceed a 30-day supply.

Unison has developed a Preferred Drug List (PDL) of covered pharmaceuticals. The PDL also provides details of the Unison Health Plan pharmacy program. All providers receive a copy of the Unison Health Plan PDL once a year. Providers may contact their Provider Relations Representative to order additional copies of the PDL as needed. The PDL, quarterly updates and the complete list of drugs that require prior authorization (PA) are also available on our website at www.unisonhealthplan.com.

2.3.2 Non-PDL Pharmaceuticals

The drugs in the Unison PDL have been selected to provide the most clinically appropriate and cost-effective medications for patients who have their drug benefit administered through Unison Health Plan. It is also recognized that there may be occasions where an unlisted drug is desired for the appropriate medical management of a specific patient. In those infrequent instances, Unison reviews, through the medical exception process (prior authorization), requests for unlisted medications the physician may consider medically necessary for patient management.

Requests for these exceptions should be made in writing, by the physician, and faxed or mailed to:

Unison Health Plan
Pharmacy Services Department
300 Oxford Drive
Monroeville, PA 15146
Fax 412.457.1328
Phone 877.651.2217 or 412.380.6015

A medical exception (prior authorization) request form is available in the back of the manual and should be used for all medical exception (prior authorization) requests if possible. Appropriate documentation must be provided to support the medical necessity of the non-PDL request. All requests will be responded to within twenty-four (24) hours of receipt. If this deadline cannot be met, a minimum of a seventy-two (72) hour or fifteen (15) day supply (as applicable) of the drug will be dispensed to the member during the review process. Both the requesting physician and member will receive a reply.

The Plan administers a Preferred Drug List but will cover all drugs that are currently covered by the Ohio Medicaid Fee-For-Service program that are medically necessary. Physicians are requested to adhere to the PDL when prescribing for patients covered by the pharmacy benefit plan offered by Unison Health Plan. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included on the PDL. If a PDL alternative is not appropriate, the physician should then be instructed to contact the Plan for a medical exception (prior authorization).

Please contact the Unison Pharmacy Department with questions concerning the medical exception process.

2.3.3 Prior Authorization and Step Therapy Requirements

The PDL contains several pharmaceuticals that require Prior Authorization (PA) or Step Therapy (ST). Requests for these drugs should be made in writing, by the physician, and faxed or mailed to the Pharmacy Department. The review and decision process is 24 hours. If this deadline cannot be met, a minimum of a seventy-two (72) hour or fifteen (15) day supply (as applicable) of the drug will be dispensed to the member during the review process.

Please contact the Pharmacy Department with questions concerning the medical exception (prior authorization) process.

2.3.4 Over-The-Counter Pharmaceuticals

Select Over-The-Counter pharmaceuticals, as indicated on the PDL, are available to all eligible members. Covered over-the-counter pharmaceuticals are only available when ordered by a Unison 's participating physician and dispensed at a participating pharmacy.

2.4 Ancillary Benefit Information

Members receive ancillary services from participating providers following referral by the member's PCP or a Consulting Physician.

2.4.1 Role of the Ancillary Provider

Ancillary providers are expected to deliver care in accordance with the provisions outlined in the Provider Network Participation Agreement.

Ancillary Provider responsibilities include, but are not limited to:

- Notifying the PCP of the treatment plan and estimated duration of care. Providers should use established means of communicating this information as appropriate.
- Complying with Unison administrative prior authorization guidelines.
- Maintaining a member's medical record and documenting all specialty services provided to the member.
- A willingness and ability to make distinctions between treatment methods consistent with the member's cultural background and to maintain consistency in providing quality care across a variety of cultures.
- As agreed upon in the Network Participation Agreement, the Provider will (a) not discriminate in providing services to members on the basis of race, color, sex, age, national origin, religion, economic status, source of payment, health status or health care needs; (b) observe, protect and promote the rights of members as patients; (c) maintain a written sexual harassment policy and inform employees of the policy; (d) comply with Title VI of the Civil Rights Act of 1964 in providing Covered Services hereunder; and (e) maintain written procedures as to interpretation and translation services for members requiring such services, including members with Limited English Proficiency.
- Pursuant to regulations implementing the Americans with Disabilities Act ("ADA"), 28 C.F.R. 35.101 et seq., Provider shall not, on the basis of the disability, exclude any individual with a disability from participation herein or from activities provided for hereunder. Provider shall comply with the "General Prohibitions Against Discrimination," 28 C.F.R. 35.130, and similar regulations or guidelines that apply to the State of Ohio.
- Provider must have a process to identify, keep a record of, and report to Unison upon request members requiring oral translation, oral interpretation or sign language services and provide the use of TTY or language assistance all free of charge for members. Unison's Special Needs Unit may be contacted at 877.844.8844 for assistance in arranging these services. Please note that Unison may conduct periodic audits of providers' processes to arrange interpreter services.
- Providers are prohibited from advising or recommending to an eligible individual that s/he select membership in a particular MCP.

2.4.2 Durable Medical Equipment

Unison's Utilization Department is responsible for arranging the delivery of medically necessary durable medical equipment (DME). Providers must obtain Unison's authorization for all durable medical equipment rentals or any purchase with a billable charge greater than \$300.00. A DME prior authorization form may be faxed to Utilization Management at 412.457.1350.

2.4.3 Home Health Care

Unison's Utilization Management Department is responsible for the authorization of home health care services.

Home health care may include the following types of services:

- Well baby/postpartum care
- Skilled nursing
- Physical therapy
- Respiratory therapy
- Occupational therapy
- Speech therapy
- IV therapy
- Medical social services
- Dietitian services
- Durable medical equipment.

Home health care and related durable medical equipment will be authorized and coordinated by Unison's Utilization Management Department.

Providers may order home health care from any participating home health care provider. The ordering provider must obtain prior authorization for all home health care services.

2.4.5 Ambulance Services

Ambulance services are covered in emergency situations. Members may access immediate medical transport in true medical emergencies. Ambulance transport for non-emergency cases must be prior authorized by the UM Department.

2.4.6 Chiropractic Care

A participating PCP or Chiropractor must obtain prior authorization for all chiropractic services.

2.4.7 Hospice Care

Providers may order hospice care from any participating hospice provider. The ordering provider must obtain prior authorization for all hospice services.

2.4.8 Laboratory Benefit Information

All laboratory testing requiring CLIA certification must be provided by a participating laboratory provider. The ordering provider must obtain prior authorization for any lab test not covered by the Ohio Medicaid Program.

2.4.9 Imaging Benefit Information

If necessary, providers may direct a member to any participating hospital, independent licensed imaging facility or portable imaging company for outpatient imaging services. Providers must contact the UM Department for prior authorization respective to the ordered imaging.