
Overview

The Plan offers a managed care benefit plan to qualified MO HealthNet recipients. This section offers a brief summary of covered services and limitations for Plan members.

Members are entitled to the medical care, services and supplies listed in this section, subject to eligibility requirements, medical necessity and all other limitations set forth in this schedule of benefits. All benefits are subject to the terms of the MO HealthNet contract between Harmony and the state of Missouri.

Providers and administrative staff should contact Harmony for explanations regarding benefits or coverage limits. Please refer to the **Quick Reference Guide** for contact information for Provider Relations and Customer Service.

Covered Services

- Inpatient hospital services
- Outpatient hospital services
- Emergency room services
- Ambulatory surgical centers; birthing centers
- Provider, advanced practice nurse and certified nurse midwife services (not including home births)
- Maternity benefits
- Family planning services
- Pharmacy benefits
- Dental services
- Laboratory and x-ray
- Prenatal case management
- One eye exam every two (2) years
- Home health services
- Adult day health care services
- Personal care services
- Transportation services
- Hospice services
- Durable medical equipment
- Podiatry services (limited)
- Services provided by local, public health agencies (including screening, diagnosis and

treatment of STD's, Tuberculosis; and also Childhood Immunizations and lead poisoning prevention services; and screening and diagnosis of HIV) In-network providers must follow appropriate CDC guidelines. In-network providers must enroll and must obtain vaccines through the Missouri Department of Health and Senior Services Vaccines for Children (VFC) Program or any such vaccine supply program as designated by the state agency.

- Emergency medical/mental health services
- EPSDT
- Mental health and substance abuse services
- Transplant related services (limited)
- Emergent and non-emergent transportation

Services may be limited based on the member's medical eligibility category, authorization requirements and medical necessity.

Non-Covered Services

- Services that are not medically necessary
- Cosmetic procedures
- Personal convenience items
- Hair implants
- Experimental, investigational or educational services
- Charges for completion or filing of insurance claims under the Plan
- Charges for which the member has no legal obligation to pay

Plan members may be billed for non-covered services if they were made aware that the services were non-covered by the MO HealthNet program and agreed to reimburse the provider of services PRIOR to rendering the service.

**Services Covered
by the State of
Missouri Under
Fee-For-Service
Program**

Transplant and Bone Marrow Transplant Services. MO HealthNet plans are responsible for any inpatient, outpatient, provider and related support services including pre-surgery assessment/evaluation prior to the date of the actual bone marrow/stem cell or solid organ transplant surgery. The bone marrow/stem cell or solid organ transplant will be prior authorized by the state of Missouri.

**(Not Covered
by MO HealthNet)**

Sexual Assault Forensic Examination and Child Abuse Resource Education (SAFE-CARE). To ascertain the likelihood of sexual or physical abuse, examinations and related diagnostic services are performed by SAFE-CARE-trained providers and reimbursed by the state agency on a fee-for-service basis, according to the terms and conditions of the Medicaid program. The state agency defines which reimbursed services are on a fee-for-service basis according to the terms and conditions of the Medicaid program on the service date when performed or requested by a SAFE-CARE trained provider.

Other medically necessary services may be ordered by the Safe-Care provider by referring to an in-network provider when possible. The Plan is responsible for these services, regardless whether the SAFE-CARE provider is in or out of the Plan network:

- Protease Inhibitors. Protease inhibitors will be reimbursed by the state agency on a fee-for-service basis according to the terms and conditions of the Medicaid program;
- Behavioral Health Services for Foster Children. The State of Missouri covers services for behavioral health and chemical dependency for persons less than twenty-one (21) years of age who are in the custody of the state;
- Comprehensive Substance Abuse Treatment and Rehabilitation (CSTAR). Services provided by a CSTAR provider shall be reimbursed by the state agency on fee-for-service basis

according to the terms and conditions of the Medicaid program;

- Abortion services subject to Medicaid program benefits and limitations shall continue to be reimbursed by the state agency on a fee-for-service basis based on the terms and conditions of the Medicaid program.

