

# AlohaCare QUEST Integration Benefit Grid

## Primary and Acute Medical Services

NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION
Ambulance Services	<p>Medically necessary emergent ground and air ambulance transport services.</p> <ul style="list-style-type: none"> <li>Air (fixed wing and air) ambulance</li> <li>Ground ambulance</li> </ul>	No limit
Chemotherapy	<ul style="list-style-type: none"> <li>Outpatient hospital services for radiation therapy and related services, supplies and drugs.</li> </ul>	No limit
Cognitive Rehabilitation	<ul style="list-style-type: none"> <li>Education and training to help with daily activities after a brain injury</li> </ul>	No limit
Diagnostic Tests – Office and Outpatient	<ul style="list-style-type: none"> <li>Diagnostic and therapeutic radiology and imaging Pathology/laboratory services</li> <li>Other diagnostic services/tests</li> </ul>	No limit
Diabetic Supplies	<ul style="list-style-type: none"> <li>Lancets</li> <li>Syringes</li> <li>Test strips</li> </ul>	No limit
Dialysis	<ul style="list-style-type: none"> <li>Dialysis in a hospital, renal dialysis facility or home setting</li> </ul>	No limit
Durable Medical Equipment and Medical Supplies	<p>Equipment and supplies for medical purpose such as:</p> <ul style="list-style-type: none"> <li>Continence supplies</li> <li>Crutches and canes</li> <li>Orthotic devices</li> <li>Oxygen tanks and concentrators</li> <li>Pacemakers</li> <li>Prosthetics devices</li> <li>Surgical dressings</li> <li>Ventilators</li> <li>Wheelchairs</li> </ul>	No limit
Emergency Medical and Post Stabilization services	<p>Medical emergency care and care after an emergency to keep member stable. May include:</p> <ul style="list-style-type: none"> <li>Emergency eye and hearing exams</li> <li>Emergency room services</li> <li>Pathology/lab services, diagnostic tests, radiology services, medical supplies and drugs within the ER visit</li> <li>Physician services provided during the ER visit</li> <li>Surgery and anesthesiology services provided during the ER visit</li> </ul>	No limit
Family Planning Services	<ul style="list-style-type: none"> <li>Education and counseling</li> <li>Family planning drugs and supplies</li> <li>Office visits</li> <li>Pregnancy testing</li> </ul>	No limit

NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION
Foster Care/Child Welfare Services (CWS) Children	<ul style="list-style-type: none"> <li>• Comprehensive examinations</li> <li>• Development and Behavioral Assessment Services in addition to EPSDT</li> <li>• Medication</li> <li>• Pre-placement physicals</li> </ul>	No limit
Habilitative Services	<p>Medically necessary services and devices to develop, improve or maintain skills such as:</p> <ul style="list-style-type: none"> <li>• Audiology services</li> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech therapy</li> <li>• Vision services</li> </ul>	<p>No limit</p> <p>Does not include coverage for routine vision services</p>
Hearing Services – Hearing Aids	<ul style="list-style-type: none"> <li>• Hearing aids</li> </ul>	Limited to one (1) pair per twenty-four (24) month period.
Hearing Services – Fitting/Orientation	<ul style="list-style-type: none"> <li>• Fitting/orientation</li> </ul>	<p>CHILDREN: Limited to two (2) per thirty-six (36) month period</p> <p>ADULTS: Limited to one (1) per thirty-six (36) month period</p>
Hearing Services – Hearing Aid check	<ul style="list-style-type: none"> <li>• Hearing aid check</li> </ul>	<p>CHILDREN:</p> <ul style="list-style-type: none"> <li>○ 0 – 3 years old - Limited to four (4) per <b>twelve (12)</b> month period</li> <li>○ 4-20 years old - Limited to two (2) per thirty-six (36) month period</li> </ul> <p>ADULTS: Limited to one (1) per thirty-six (36) month period</p>
Hearing Services – Routine Hearing Exams	<ul style="list-style-type: none"> <li>• Hearing exam</li> </ul>	Limited to one (1) exam per twelve (12) month period
Home Health Care	<ul style="list-style-type: none"> <li>• Audiology and speech pathology</li> <li>• Home health aide</li> <li>• Home health visits</li> <li>• Medical supplies and durable medical equipment</li> <li>• Skilled nursing</li> <li>• Therapeutic rehab services such as physical and occupational therapy</li> </ul>	<p>No limit for children</p> <p>Some limitations apply for adults.</p>
Hospice Care	Hospice provides care to terminally ill patients who are not expected to live more than six (6) months.	<p>No limit</p> <p>Children under the age of twenty-one (21) can receive treatment to manage or cure diseases while in hospice care.</p>
Hysterectomy Services		Must be 21 years old at the time of consent

NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION
Immunizations	<ul style="list-style-type: none"> <li>• Diphtheria and tetanus</li> <li>• Influenza</li> <li>• Pneumococcal</li> <li>• Other medically necessary vaccines</li> </ul>	No limit
Inpatient Hospital Care – Medical and Surgical Services	<ul style="list-style-type: none"> <li>• Diagnostic tests, lab and radiology</li> <li>• Maternity and newborn care</li> <li>• Medical supplies, equipment and drugs</li> <li>• Nursing care</li> <li>• Physical therapy, occupational therapy, audiology and speech-language pathology services</li> <li>• Physician visits and services</li> <li>• Post stabilization services</li> <li>• Room and board</li> <li>• Surgery and anesthesiology services</li> <li>• Other medically necessary services</li> </ul>	No limit
Intentional Termination of Pregnancy (ITOP)	<ul style="list-style-type: none"> <li>• Elective termination of pregnancy (abortion) is not paid under the QI plan; it is paid under the Medicaid FFS program.</li> </ul>	Refer to Xerox/ACS (the State's claims processing agent) for information and claims submission.
Interpretation/ Translation Services	<ul style="list-style-type: none"> <li>• Services to help a member talk to us or their doctor/caregiver</li> <li>• Services that we provide so a member can have information in a language that they understand</li> </ul>	No limit
Kapiolani Cleft Palate and Craniofacial Clinic	<ul style="list-style-type: none"> <li>• Audiologist services</li> <li>• Services provided by specialists in dentistry, oral surgery and other specialties that treat defects of the cleft palate, skull and/or face</li> <li>• Speech and feeding specialist services</li> </ul>	No limit
Medical Nutritional Therapy (MNT)	<ul style="list-style-type: none"> <li>• An evidence-based nutritional service provided by a registered dietitian to help manage certain diseases and conditions</li> <li>• Includes comprehensive nutritional assessment, possible nutritional intervention, and monitoring and an evaluation of progress</li> </ul>	<p>Must be ordered from PCP or specialist</p> <p>MNT services must be provided by a registered dietitian</p> <p>Limited services:</p> <ul style="list-style-type: none"> <li>○ 3 hours first year</li> <li>○ 2 hours annually thereafter</li> </ul>
Nutrition Counseling	<ul style="list-style-type: none"> <li>• Diabetes self-management training</li> <li>• Nutrition counseling for obesity</li> <li>• Nutrition counseling for other metabolic condition if medically necessary</li> </ul>	<p>For diabetes, limited services per benefit year per AlohaCare Medical Policy</p> <p>For Obesity and other chronic or metabolic conditions, refer to Medical Nutrition Therapy (above).</p>

NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION
Oral Surgery	<ul style="list-style-type: none"> <li>• Medical and surgical services performed by an oral surgeon or physician in a medical facility (e.g., inpatient hospital and ambulatory surgical center).</li> </ul>	No limit
Outpatient Hospital Services – Outpatient Services and Ambulatory Surgical Center	<p>Services at a hospital or care center where a member stays less than one day such as:</p> <ul style="list-style-type: none"> <li>• Diagnostic services</li> <li>• Medical supplies, equipment and drugs</li> <li>• Sleep laboratory services</li> <li>• Surgeries performed in a free-standing or hospital ambulatory surgical center</li> <li>• Therapeutic services</li> <li>• Urgent care services</li> </ul>	No limit
Physician Services	<ul style="list-style-type: none"> <li>• Physician office and outpatient facility visit</li> <li>• Physician visits in the home or other residential setting</li> </ul>	No limit
Practitioner (other than Physician) Services	<ul style="list-style-type: none"> <li>• Behavior health provider, such as psychologists</li> <li>• Certified nurse midwife services</li> <li>• Certified substance abuse counselors</li> <li>• Licensed advanced practice registered nurse services including family, pediatric and psychiatric health specialists</li> <li>• Marriage and family therapists,</li> <li>• Mental health counselors</li> </ul>	No limit
Podiatry Services	<p>Services for the foot and ankle such as:</p> <ul style="list-style-type: none"> <li>• Bunion removal</li> <li>• Diabetic foot care in hospital or outpatient facility</li> <li>• Surgical procedures</li> </ul>	No limit
Pregnancy-Related Services – Services for Pregnant Women and Expectant Parents	<ul style="list-style-type: none"> <li>• Breast pump (rental or purchase)</li> <li>• Delivery of the infant</li> <li>• Diagnostic tests</li> <li>• Inpatient hospital services</li> <li>• Laboratory</li> <li>• Lactation counseling</li> <li>• Outpatient hospital services related to pregnancy</li> <li>• Physician services</li> <li>• Prenatal care</li> <li>• Postpartum care and prenatal vitamins</li> <li>• Radiology</li> <li>• Treatment of missed, threatened and incomplete abortions</li> <li>• Other practitioner services</li> </ul>	No limit
Prescription Drugs	<ul style="list-style-type: none"> <li>• Medically necessary medications</li> <li>• Medication management and counseling</li> </ul>	<p>Closed formulary</p> <p>For Prescription Drugs for BH conditions, see Standard BH Services grid below under “<b>Prescription Drugs – Non Psychotropic</b>” and</p>

NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION
		<b>“Prescription Drugs – Psychotropic and Medication Management”</b>
Preventive Services – Adult (21 years or older)	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Breast cancer screening</li> <li>• Cervical cancer screening</li> <li>• Chemoprophylaxis</li> <li>• Colorectal cancer screening</li> <li>• Health education and counseling</li> <li>• Immunizations</li> <li>• Prostate cancer screening</li> <li>• Rubella serology or vaccine Hx</li> <li>• Total cholesterol measurements</li> <li>• Tuberculin skin testing</li> <li>• Weight/height measurements</li> </ul>	Not applicable
Preventive Services – Children (Less than 21 years of age)	<ul style="list-style-type: none"> <li>• Age appropriate dental referral and oral fluoride</li> <li>• Age appropriate health education</li> <li>• EPSDT services</li> <li>• Hospital stay for normal, term and healthy newborn</li> <li>• Immunizations</li> <li>• Newborn screening</li> <li>• Other age appropriate laboratory screening tests</li> <li>• Screening to assess health status</li> <li>• Tuberculin skin testing</li> </ul>	No limit
Preventive Services – Pregnant Woman	<ul style="list-style-type: none"> <li>• Diagnostic amniocentesis, diagnostic ultrasound, fetal stress and non-stress</li> <li>• Diagnosis of premature labor</li> <li>• Health education and screening</li> <li>• Hospital stays</li> <li>• Prenatal laboratory screening tests</li> <li>• Prenatal visits</li> <li>• Prenatal vitamins including folic acid</li> <li>• Testing</li> </ul>	No limit
Prosthetics and Orthotics	<ul style="list-style-type: none"> <li>• Orthotic devices</li> <li>• Prosthetic devices</li> </ul>	No limit
Radiation Therapy	<ul style="list-style-type: none"> <li>• Outpatient hospital services</li> <li>• Related services, supplies and drugs</li> </ul>	No limit
Rehabilitation Services	<ul style="list-style-type: none"> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Speech therapy</li> </ul>	No limit
Sleep Laboratory Services	<ul style="list-style-type: none"> <li>• Diagnosis and treatment of sleep disorders</li> <li>• DME such as CPAP, BiPAP</li> </ul>	No limit

<b>NAME OF SERVICE</b>	<b>DESCRIPTION/COVERAGE</b>	<b>AC QUEST INTEGRATION</b>
Smoking Cessation	<ul style="list-style-type: none"> <li>• Counseling</li> <li>• Medication</li> </ul>	<p>Limited to two (2) quit attempts per year</p> <p>At least four (4) counseling sessions per quit attempt</p>
Sterilization Services	<ul style="list-style-type: none"> <li>• Services that prevent pregnancy</li> </ul>	Must be 21 years old at the time of consent
Transplants – Corneal Transplants and Bone Grafts	<ul style="list-style-type: none"> <li>• Some organ or tissue transplants are covered based on medical necessity and per clinical criteria.</li> </ul>	No limit
Transplants – Other (SHOTT program)	<ul style="list-style-type: none"> <li>• Transplants not included above are covered under the SHOTT program. (e.g. Transplants – Heart, Lung, Small Bowel with or without Liver)</li> </ul>	Not a covered benefit
Transportation (Non-Emergent)	<ul style="list-style-type: none"> <li>• Meals and lodging for off-island services</li> <li>• Transportation for off-island or out-of-service area appointments</li> <li>• Transportation to medically necessary covered medical appointments for members who have no means of transportation and who reside in areas not covered by public transportation or cannot access public transportation</li> <li>• Transportation, meals and lodging for an escort (if medically necessary)</li> <li>• For members under the age of 18, one escort to accompany the member to and from medically necessary visits</li> </ul>	No limit
Urgent Care Services	<p>For sudden problems that are not emergencies. For example, burns, wounds or a broken bone.</p> <ul style="list-style-type: none"> <li>• After-hours care</li> <li>• Urgent care centers</li> </ul>	No limit
Vision Services – Cataract Removal	<ul style="list-style-type: none"> <li>• Cataract removal</li> </ul>	No limit
Vision Services – Medically Necessary Eye Exams	<ul style="list-style-type: none"> <li>• Eye exams and Vision exams for medical diagnosis</li> <li>• Limited to exams to diagnose and treat diseases and conditions of the eye (not for services to correct poor vision/visual acuity)</li> </ul>	No limit
Vision Services – Routine Eye Exams (to correct poor vision/visual acuity)	<ul style="list-style-type: none"> <li>• Vision exams</li> <li>• Refraction</li> </ul>	<p>CHILDREN: Limited to one (1) exam every twelve (12) months</p> <p>ADULTS: Limited to one (1) exam every twenty-four (24) months</p>

NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION
Vision Services – Vision Appliances and Prosthetics	<ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Frames</li> <li>• Prescription lenses</li> <li>• Prosthetic eye</li> </ul>	<p>CHILDREN: Frames, lenses, and contacts are limited to one every twelve (12) months.</p> <p>ADULTS: Frames, lenses, and contacts are limited to one every twenty-four (24) months</p>

## Standard Behavioral Health (BH) Services

Members covered under the QI Community Care Services (CCS) behavioral health program with a diagnosis of Serious and Persistent Mental Illness (SPMI) will have all of their behavioral health services covered by the CCS program. Their QI benefit plan will include 'CCS' in the plan name. Providers should bill the CCS program administrator for the BH services listed below along with the enhanced BH services that are covered under the CCS program.

NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION COVERAGE LIMITS
<b>Ambulatory Mental Health Services</b>	<ul style="list-style-type: none"> <li>• Facility Based services for either Mental Health, Substance Abuse or both including:</li> <li>• Day Treatment</li> <li>• Least Intensive Outpatient Treatment (LIOP)</li> <li>• Intensive Outpatient Treatment (IOP)</li> <li>• Day Hospital</li> <li>• Residential Treatment</li> </ul>	No limit
<b>Behavioral Health Crisis Management Services</b>	<ul style="list-style-type: none"> <li>• 24-hour access line</li> <li>• Crisis management</li> <li>• Crisis residential services</li> <li>• Crisis stabilization</li> <li>• Mobile crisis response</li> </ul>	No limit
<b>Inpatient Psychiatric Hospitalizations</b>	<ul style="list-style-type: none"> <li>• Ancillary services</li> <li>• Diagnostic services</li> <li>• Medical supplies and equipment</li> <li>• Medications and medication management</li> <li>• Nursing care</li> <li>• Other medically necessary services</li> <li>• Psychiatric and other practitioner services</li> <li>• Room/board</li> <li>• Substance abuse treatment</li> </ul>	No limit
<b>Medically necessary alcohol and chemical dependency services</b>	<ul style="list-style-type: none"> <li>• Inpatient substance abuse services</li> <li>• Outpatient substance abuse services</li> </ul>	No limit
<b>Methadone management services</b>	<ul style="list-style-type: none"> <li>• Acute opiate detoxification and maintenance</li> </ul>	No limit
<b>Prescription Drugs – Non Psychotropic</b>	<ul style="list-style-type: none"> <li>• Medically necessary medications</li> </ul>	Closed formulary
<b>Prescription Drugs – Psychotropic and Medication Management</b>	<ul style="list-style-type: none"> <li>• Medically necessary medications</li> <li>• Counseling and education</li> <li>• Evaluation, prescription and maintenance of psychotropic medications</li> </ul>	Covered



NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION COVERAGE LIMITS
	<ul style="list-style-type: none"> <li>• Medication management</li> </ul>	
<b>Psychiatric or psychological evaluation and treatment – Outpatient (office-based)</b>	<ul style="list-style-type: none"> <li>• Behavioral health initial evaluation (regular or interactive)</li> <li>• Individual psychotherapy (office-based)</li> <li>• Family psychotherapy</li> <li>• Group psychotherapy</li> <li>• Medication Management</li> <li>• Neuropsychological and psychological testing</li> </ul>	No limit

## Home and Community Based Services

**NOTE: A majority of the following services are benefits of the QUEST Integration plan only.**

With few exceptions, AlohaCare Advantage Plus does not provide coverage for these services.

QI members that have access to all HCBS will be enrolled in a QI ABD NO COPAY HCBS or QI ABD NO COPAY HCBS CCS benefit plan.

QI members that are classified as “At-Risk” are eligible for certain HCBS services that are provided if his/her assessment indicates that he/she is “at-risk” for worsening and going into a nursing home or other type of care outside of his/her home. Members that are at-risk still are not eligible for all HCBS, they will only be eligible for the services list below:

- Adult day care and health
- Home-delivered meals
- Personal care assistance
- Personal emergency response system
- Skilled nursing services

An “At-Risk” QI member will be typically be enrolled in either our QI ABD NO COPAY or QI ABD NO COPAY CCS benefit plan.

NAME OF SERVICE	DESCRIPTION/COVERAGE	AC QUEST INTEGRATION COVERAGE LIMITS
<b>Adult day care</b>	Day care center where a member goes during the day and has supportive care and social programs not health care.	No limit
<b>Adult day health</b>	Day programs where a member can get social and health services.	No limit
<b>Assisted living facility services</b>	Services to help with personal care, homemaker, housekeeping, and meals preparation in an assisted living facility	No limit
<b>Community Care Management Agency (CCMA) services</b>	Care coordination services are provided by clinical staff from a State-certified CCMA when a member lives in a residential setting (CCFFH, Assisted Living Facility, etc.).	No limit
<b>Community Care Foster Family Home (CCFFH) services</b>	Members live in a State-certified foster family home setting which include services such as personal care, nursing, homemaker, and housekeeping.	No limit
<b>Counseling and training</b>	Training to help caregivers care for a member.	No limit
<b>Environmental accessibility adaptations</b>	Changes to a member’s home that are needed to keep him/her healthy, safe, able to live at home and delay or prevent institutionalization	Cannot be of general utility or add to the size of the member’s home
<b>Home delivered meals</b>	Healthy meals delivered directly to a member’s home	Up to two (2) two meals per day

<b>NAME OF SERVICE</b>	<b>DESCRIPTION/COVERAGE</b>	<b>AC QUEST INTEGRATION COVERAGE LIMITS</b>
<b>Home maintenance</b>	Services to keep a member's home safe and clean	No limit
<b>Moving assistance</b>	Services to help a member move to a new home	No limit
<b>Non-medical transportation</b>	Transportation to get to certain services and activities	No limit
<b>Personal assistance services –Level I and Level II</b>	Services to help a member with chores like housekeeping, shopping, yard work, and meal preparation along with care to keep him/her healthy	No limit
<b>Personal Emergency Response Systems (PERS)</b>	A 24-hour service that helps a member get help right away if he/she has an emergency.	No limit
<b>Residential care services</b>	Services to help a member with personal care, nursing, homemaker, and housekeeping provided in a residential care home by a care provider who lives in the home	No limit Member must be receiving ongoing CCMA services.
<b>Respite care</b>	Care services provided on a short-term basis when the person who normally provides care cannot do so or needs a break	No limit
<b>Skilled (or private duty) nursing</b>	Ongoing care from a licensed nurse	No limit
<b>Specialized medical equipment and supplies</b>	Items that help a member perform activities of daily living or are needed for life-support	No limit

## Institutional Services

QI members that reside/live in an institutional setting will be enrolled in a QI ABD NO COPAY INST or QI ABD NO COPAY INST CCS benefit plan. These institutional services are also available to all our QI members as part of their QI medical coverage.

<b>NAME OF SERVICE</b>	<b>DESCRIPTION/COVERAGE</b>	<b>AC QUEST INTEGRATION COVERAGE LIMITS</b>
<b>Acute Waitlisted ICF/SNF</b>	Services when a member is in a hospital waiting to be moved to a skilled nursing facility	No limit
<b>Nursing Facility (NF) Services</b>	Daily living services when a member need help from registered nursing staff 24 hours a day or for a long period of time.	No limit
<b>Sub-acute facility services</b>	Level of care that does not require hospital acute care, but requires more intensive skilled nursing care than is provided in a skilled nursing facility	No limit

## Additional Services

<b>NAME OF SERVICE</b>	<b>DESCRIPTION/COVERAGE</b>	<b>AC QUEST INTEGRATION COVERAGE LIMITS</b>
<b>Care Coordination/ Service Coordination</b>	Services performed by AC staff	No limit
<b>Dental - Routine and Specified Dental Services</b>	Administered by Liberty Dental for AlohaCare Advantage Plus ONLY.  For QI, refer member to State-contracted dental provider (Hawaii Dental Services - HDS) for benefit information. Benefits available for children; adult benefits limited to palliative care (pain relief).	Not a benefit of medical plan
<b>Out-of-State coverage (OOS)</b>	Primarily for emergency care.  For QI, AC may also send members to OOS providers if necessary and appropriate (i.e., service not available in Hawaii).	Covered for emergency care  For Children – EPSDT and routine care services covered
<b>24/7/365 Nurse Advice Line</b>	Telephonic nurse advice line (administered by Carenet)	No limit