

DRAFT -- COMPARISON OF ALTERNATIVE HEALTHCARE BENEFITS FOR ADULTS & GENERAL ASSISTANCE CLIENTS

Corrected 2/22/05	ADULT MEDICAID PACKAGES		GENERAL ASSISTANCE PACKAGES	
	Current	New Proposal	Current	New Proposal
Pharmaceutical Drugs (Non-Dual Eligibles) ¹⁾	\$	\$L6/month	\$L6/month	\$L3/month
Pharmaceutical Drugs (Dual Eligibles)	\$	\$	\$L6/month	NA
Inpatient Hospital (acute care)	\$	\$L2admiss/yr	\$	\$ L1 admiss/yr
Inpatient Hospital (Rehab Svcs)	\$	\$L1admiss/yr	\$	\$L1admiss/yr
* Outpatient Hospital	\$	\$AL	\$GL	\$GL
Emergency Services	YES	YES	YES	\$
* Physician	\$	\$AL	\$GL	\$GL
Laboratory Tests	YES	\$	YES	\$
Skilled Nursing Facility	YES	YES	YES	YES
Waiver Services ³⁾	YES	YES	NA	NA
Nurse Midwife	YES	YES	YES	YES
Ambulance	\$	\$	\$	\$L 1/year
* CRNP	\$	\$AL	\$GL	\$GL
* FQHC/RHC	\$	\$AL	\$GL	\$GL
Home Health	YES	\$ ⁵⁾	YES	\$ ⁵⁾
* Family Planning (GL Only)	YES	YES	GL	GL
Medical Supplies (Including Durable Medical Equipment) ¹⁾	\$	\$L(\$5,000)	\$	\$L(\$5,000)
Case Manager Services	\$	\$	\$	\$L 1/year
Dentist	\$	\$	\$	\$
* Podiatrist	\$	\$AL	\$GL	\$GL
Short Procedure Unit	\$	\$L 1/year	\$	\$L 1/year
* Chiropractor	\$	\$AL	\$GL	\$GL
Ambulatory Surgical Center	\$	\$L 1/year	\$	\$L 1/year
Birth Center	YES	YES	YES	YES
* Independent Medical/Surgical Center	\$	\$AL	\$GL	\$GL
* Optometrist	\$	\$AL	\$GL	\$GL
Renal Dialysis Center	YES	\$	NO	NO
Funeral Director	YES	\$	YES ⁴⁾	\$ ⁴⁾
Hospice	YES	\$	YES	\$
Tobacco Cessation	YES	YES	YES	YES
Portable X-Ray	\$	\$L 1/year	\$	\$L 1/year
Psychiatric (public & private) Inpatient Hospital	\$	\$L/30 days/yr	\$	\$L/days/yr
Psychiatric Outpatient Clinic	\$	\$L/5 visits/mo	\$	\$L/5 visits/mo
Psychiatric Partial Hospitalization	YES	L/ 540 hours/yr	YES	L/540 hours/yr
State MR Centers	YES	YES	YES	YES
Private ICF/MR and ICF/ORC	YES	YES	YES	YES
Outpatient Drug and Alcohol	\$	\$	\$	\$
Case Management - MH/MR	YES	YES	NOT COVERED	NOT COVERED
State Restoration Centers & LTC Units at State Mental Hospitals	YES	YES	YES	YES
Rehabilitation Services - MH	YES	YES	NOT COVERED	NOT COVERED
Extended Acute Psychiatric Inpatient Only	YES	YES	YES	YES

Legend

- YE** This service is included in the benefit package
 - S** without a copayment (certain exclusions exist). Some current services may have limits.
 - NO** This service is excluded from the benefit package.
 - \$** This service is included in the benefit package, but there are additional copayment requirements. Some current services may have limits.
 - L** This service is included in the benefit package, but there are additional limitations imposed.
 - AL** There will be a maximum of 18 visits per year as a total for this group of providers (pregnant women will be excluded from the 18 limit) - **see all AIs.**
 - GL** Currently, GA's are limited to a total of 18 visits per year for these provider types as a group. Under the new Add Limits Proposal, the maximum will remain 18 visits per year as a total for this group of providers - **see all GLs.**
- ***Bolded items represent a package of grouped provider services.**

Footnotes

- 1) Adults who are eligible under the Medically Needy program, are not eligible for these services; however under Rx are eligible for family planning drugs and drugs supplied to residents of long term care facilities are eligible for medical supplies if a component of family planning service or home health. There is a copayment on drugs currently.
- 2) Service limitations based on 80% of clients not affected by limit.
- 3) Waiver enrollment is limited to the number of approved waiver slots. GA clients transfer to Adult Medicaid when these services are needed
- 4) General Assistance clients must be receiving cash payment at the time of death.
- 5) Tightening of prior authorization requirements will apply.

NOTE: Will have to continue to pay copayments/deductibles for clients in both Medicaid & Medicare even if Medicaid stops paying for the service, if it is covered by Medicare.