

Maternal and Child Health Plan Benefit Model: Evidence-Informed Coverage

Maternal and Child Health Plan Benefit Model

Index of Services

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care Page 51

- a. Emergency Room Services
- b. Inpatient Substance Abuse Detoxification
- c. Inpatient Hospital Service: General Inpatient / Residential Care (Including Mental Health / Substance Abuse)
- d. Inpatient Hospital Service or Birth Center Facilities: Labor / Delivery
- e. Ambulatory Surgical Center or Outpatient Hospital Services
- f. Mental Health / Substance Abuse Partial-Day Hospital (or Day Treatment) or Intensive Outpatient Care Services

Sample Plan Benefit Key

Recommended Plan Benefits: One of Five Types of Service																	
The Specific Type of Benefit																	
Definition of Benefit		Covered Providers															
A summary definition of the type of benefit and/or rationale for including the benefit.		Covered providers and/or related benefit information.															
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions														
Typically expressed as the maximum amount of benefit covered by the plan.	Plan provisions that reflect unique circumstances and allow for exceptions to be made.	Particular benefits that should be covered by the type of benefit.	Particular benefits that should not be covered by the type of benefit.														
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0%-25%)	Out-of-Pocket Maximum															
Recommendation on copayment (HMO model) or coinsurance (PPO model) amount.	<p>Recommended copayment and coinsurance (in-network) levels correspond to the key summarized below:</p> <table border="0"> <tr> <td>Copayment</td> <td>Coinsurance</td> </tr> <tr> <td>0 = \$0</td> <td>= 0%</td> </tr> <tr> <td>1 = \$10 – \$20</td> <td>= 10%</td> </tr> <tr> <td>2 = \$25 – \$40</td> <td>= 15%</td> </tr> <tr> <td>3 = \$45 – \$60</td> <td>= 20%</td> </tr> <tr> <td>4 = \$75 - \$100</td> <td>= 25%</td> </tr> <tr> <td>5 = \$100+</td> <td>= 25%+</td> </tr> </table>	Copayment	Coinsurance	0 = \$0	= 0%	1 = \$10 – \$20	= 10%	2 = \$25 – \$40	= 15%	3 = \$45 – \$60	= 20%	4 = \$75 - \$100	= 25%	5 = \$100+	= 25%+	<p>Denotes whether individual expenses apply to the maximum expense paid per individual or per family in a single calendar year. After that amount is reached, the health plan will pay 100% of covered charges for the remainder of the calendar year.</p> <p>Individual (1): \$1,500 Individual plus one (2): \$3,000 Family (3+): \$4,500</p>	
Copayment	Coinsurance																
0 = \$0	= 0%																
1 = \$10 – \$20	= 10%																
2 = \$25 – \$40	= 15%																
3 = \$45 – \$60	= 20%																
4 = \$75 - \$100	= 25%																
5 = \$100+	= 25%+																
Actuarial Impact	Cost of Recommended Benefits (PMPM)	Cost Impact															
	The per member per month (PMPM) estimate of the total employer cost of the benefit as it is described in this plan.	One of the following: <ul style="list-style-type: none"> • Decrease • Neutral • Increase 	The estimated employer cost impact will be influenced by an individual employer’s health plan design and administration rules. If an employer’s current health plans were identical to the HMO/PPO Benchmark Model and the employer were to adopt all of the Plan Benefit Model recommendations, the employer’s health plan costs would increase 10% and 6.2%, respectively. Cost-offset values associated with preventive services are excluded from this calculation.														
Citations																	
Source	Actual reference	The strength of the reference, which will be one of the following: <ol style="list-style-type: none"> 1. Evidence-Based Research 2. Recommended Guidance (e.g., Expert Opinion, Expert Consensus, Expert Panel) 3. Federally Vetted 4. Industry Standard 5. Actuarial Analysis 															

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

A. EMERGENCY ROOM SERVICES AND URGENT CARE SERVICES

Definition of Benefit		Covered Providers	
<p>Emergency Room Services: Services provided to a beneficiary experiencing a sudden or unexpected condition that may endanger his/her life or could result in a serious injury or disability and thus requires immediate medical attention. Declaration of an emergency service is based on the prudent lay person standard.</p> <p>Urgent Care Services: Ambulatory care services delivered to a beneficiary who is experiencing a medical condition that is serious or acute and requires medical attention within 24 hours, yet does not pose an immediate threat to life or health.</p>		Covered services must be furnished by or under the direction of a physician in a hospital emergency department or an urgent care center. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits	N/A	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, mental, oral, or vision problems or conditions.	<ul style="list-style-type: none"> • Elective care or non-emergent care and follow-up care recommended by non-plan providers that has not been approved by the plan or provided by plan providers; • Emergency care provided outside the service area if the need for care could have been foreseen before leaving the service area; • Medical and hospital costs resulting from a normal full-term delivery of a baby outside the service area.¹
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment	3 / 20% (true emergency); 5 / 25%+ (non-emergent); 2 / 10% (urgent care)	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 16.67 (HMO) \$ 17.76 (PPO)	<p>The PPO/HMO Benchmark Model includes 20% to 25% member coinsurance/ \$100 copayment for ER services. These ranges are consistent with the Plan Benefit Model (cost neutral). Reducing the required copayment to \$20 and the member coinsurance to 10% for urgent care services is estimated to increase the employer's plan cost by:</p> <ul style="list-style-type: none"> • \$1.56 PMPM / 0.5% of total plan costs (HMO) • \$1.82 PMPM / 0.6% of total plan costs (PPO) 	
Citations			
1. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.		Federally Vetted
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care			
B. INPATIENT SUBSTANCE ABUSE DETOXIFICATION			
Definition of Benefit		Covered Providers	
Medical services designed to facilitate the medical process of detoxification from alcohol or any other drug. ¹		Covered services must be furnished by or under the direction of a psychiatrist, addictionist, or primary care physician (family physician, general practitioner, internal medicine physician, pediatrician) in an accredited facility.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits. Requires pre-certification.	N/A	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment /Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per episode copayment. One-time coinsurance based on negotiated occupancy rate.	4 / 25%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ²	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.84 (HMO) \$ 1.05 (PPO)	The HMO Benchmark Models is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible. Eliminating the deductible will result in a negligible increase in benefit costs (cost neutral).	
Citations			
1. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.		Federally Vetted
2. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

C. INPATIENT HOSPITAL SERVICE: GENERAL INPATIENT/RESIDENTIAL CARE (INCLUDING MENTAL HEALTH/SUBSTANCE ABUSE)

Definition of Benefit		Covered Providers	
Medical services that are diagnostic, therapeutic, rehabilitative, or palliative in nature and are furnished in a facility such as a hospital or appropriately accredited residential treatment facility.		Covered services must be furnished by or under the direction of a physician, dentist, mental health professional (clinical psychologist, licensed clinical social worker, licensed professional counselor, psychiatric nurse practitioner, psychiatrist), or other qualified provider. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Admissions may require pre-certification. Periodic recertification of the beneficiary's continued need for care may also be required. Mental health admissions require a DSM-IV diagnosis. No other limits.	N/A	<p>All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, mental, oral, or vision problems or conditions. Coverage also includes²:</p> <ul style="list-style-type: none"> • Ward, semi-private, or intensive care accommodations. • General nursing care. • Meals and special diets. • Operating, recovery, and other treatment rooms. • Prescribed drugs and medicines. • Diagnostic laboratory tests and X-rays. • Administration of blood and blood products. • Blood products, derivatives and components, artificial blood products and biological serum. • Dressings, splints, casts, and sterile tray services. • Medical supplies and equipment, including oxygen. • Anesthetics, including nurse anesthetist services. • Take-home items. • Medical supplies, appliances, medical equipment, and any covered items billed by a hospital for use at home. 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment /Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per episode copayment. One-time coinsurance based on negotiated occupancy rate.	4 / 25%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ³	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 61.24 (HMO) \$ 75.74 (PPO)	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible. Eliminating the deductible is estimated to increase the employer's plan cost by: <ul style="list-style-type: none"> • \$0.30 PMPM / 0.1% of total plan costs (PPO) 	

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

C. INPATIENT HOSPITAL SERVICE: GENERAL INPATIENT/RESIDENTIAL CARE (INCLUDING MENTAL HEALTH/SUBSTANCE ABUSE) *continued*

Citations		
1. U.S. Department of Health and Human Services, Bureau of Health Professionals	U.S. Department of Health and Human Services, Bureau of Health Professionals. <i>Health Professional Shortage Area Guidelines for Mental Health Care Designation</i> . Available at: http://bhpr.hrsa.gov/shortage/hpsguidement.htm . Accessed on January 12, 2007.	Recommended Guidance
2. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.	Federally Vetted
3. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

D. INPATIENT HOSPITAL SERVICE OR BIRTH CENTER FACILITIES: LABOR / DELIVERY

Definition of Benefit		Covered Providers	
<p>Medical services specifically designed to facilitate labor and delivery. These services may be diagnostic, therapeutic, or rehabilitative in nature and are typically furnished in a hospital or birth center.</p>		<p>Covered services must be furnished by or under the direction of a primary care physician (family physician, general practitioner, internal medicine physician, OB-GYN^A), nurse practitioner, or a medical professional who is licensed to provide pregnancy-related primary care services (e.g., certified nurse midwife).</p>	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
<p>2+ days: vaginal delivery (pending risk level).^{1,2} 4+ days: cesarean delivery, excluding the day of delivery (pending risk level).^{1,2}</p>	<p>Include provisions for women with high-risk pregnancies.</p>	<p>All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. Coverage also includes³:</p> <ul style="list-style-type: none"> • Ward, semi-private, or intensive care accommodations. • General nursing care. • Lactation consultations. • Meals and special diets. • Operating, recovery, maternity, and other treatment rooms. • Prescribed drugs and medicines. • Diagnostic laboratory tests. • Administration of blood and blood products. • Blood products, derivatives and components, artificial blood products, and biological serum. Blood products include any product created from a component of blood such as, but not limited to, plasma, packed red blood cells, platelets, albumin, factor VIII, immunoglobulin, and prolactin • Medical supplies and equipment, including oxygen. • Anesthetics, including nurse anesthetist services. • Take-home items. • Medical supplies, appliances, medical equipment, and any covered items billed by a hospital for use at home. 	<p>All others as defined by the health plan.</p>
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
<p>Per episode copayment. One-time coinsurance based on negotiated occupancy rate.</p>	<p>4 / 25%</p>	<p>Copayment and coinsurance amounts apply toward maximum.</p>	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	<p>\$ 11.05 (HMO) \$ 13.59 (PPO)</p>	<p>The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible. Eliminating the deductible will result in a negligible increase in benefit costs (cost neutral).</p>	

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

D. INPATIENT HOSPITAL SERVICE OR BIRTH CENTER FACILITIES: LABOR / DELIVERY *continued*

Citations		
1. American Academy of Pediatrics & American College of Obstetricians and Gynecologists	American Academy of Pediatrics & American College of Obstetricians and Gynecologists. <i>Guidelines for Prenatal Care</i> , 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics & American College of Obstetricians and Gynecologists; 1992.	Recommended Guidance: Expert Opinion
2. American Academy of Pediatrics	Committee on Fetus and Newborn. Policy Statement: Hospital stay for healthy newborns. <i>Pediatrics</i> . 2004; 113(5): 1434-1436. Available at: http://pediatrics.aappublications.org/cgi/content/full/113/5/1434 . Accessed on September 14, 2006.	Recommended Guidance: Expert Opinion
3. Federal Employee Health Benefit Plan	U.S. Office of Personnel Management, Federal Employees Health Benefits Program. <i>Sample plan characteristics (Aetna: Individual practice plan with a consumer driven health plan option and a high deductible health plan option)</i> . Available at: https://www.opm.gov/insure/07/brochures/pdf/73-828.pdf . Accessed on January 17, 2007.	Federally Vetted
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.	Actuarial Analysis

⁴ Obstetricians and gynecologists are considered "primary care providers" only when they are providing preconception, prenatal, and postpartum care. They are considered "medical specialists" when providing all other types of services.

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care

E. AMBULATORY SURGICAL CENTERS OR OUTPATIENT HOSPITAL SERVICES

Definition of Benefit		Covered Providers	
Medical services that are preventive, diagnostic, therapeutic, or rehabilitative in nature and are delivered in an ambulatory surgical centers or an outpatient hospital facility.		Covered services must be furnished by or under the direction of a physician or other qualified provider.	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Some services may require pre-certification. No other limits.	N/A	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. May include services related to physical, oral, or vision problems or conditions.	All others as defined by the plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per visit copayment. Per visit coinsurance based on negotiated rate.	3 / 20%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ¹	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 69.11 (HMO) \$ 65.09 (PPO)	The HMO and PPO Benchmark Models are consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis

III. Recommended Minimum Plan Benefits: Emergency Care, Hospitalization, and Other Facility-Based Care			
F. MENTAL HEALTH / SUBSTANCE ABUSE PARTIAL-DAY HOSPITAL (DAY TREATMENT) OR INTENSIVE OUTPATIENT SERVICES			
Definition of Benefit		Covered Providers	
Mental health and substance abuse services that are therapeutic, rehabilitative, or palliative in nature. ¹		Covered services must be furnished by or under the direction of a physician, mental health professional (clinical psychologist, licensed clinical social worker, licensed professional counselor, psychiatric nurse practitioner, psychiatrist), or other qualified provider. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
Mental health admissions require a DSM-IV diagnosis. Requires pre-certification. Partial-day hospital programs must include a minimum of 3 hours of clinical services per day, 5 days per week. ³ No other limits.	Include additional coverage for halfway houses (in lieu of inpatient care), when appropriate.	All medically necessary care. Medical necessity supported by the Plan Benefit Model definition. Treatment includes structured group activities for multiple hours during a day and assertive community treatment comprised of intensive therapy, skill training, and other community support services for beneficiaries difficult to engage in treatment.	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per episode copayment. One time coinsurance based on negotiated rate.	3 / 20%	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 0.19 (HMO) \$ 0.21 (PPO)	The HMO Benchmark Model is consistent with the Plan Benefit Model (cost neutral). The PPO Benchmark Model includes a deductible. Eliminating the deductible will result in a negligible increase in benefit costs (cost neutral). This assumes there are no changes in managed care practices.	
Citations			
1. Kaiser Family Foundation	The Henry J. Kaiser Foundation. <i>Medicaid Benefits: Online Database, Benefits by Service, Definition / Notes (October, 2004)</i> . Available at: http://www.kff.org/medicaid/benefits/sv_foot.jsp#14 . Accessed on January 13, 2007.		Industry Standard
2. U.S. Department of Health and Human Services, Bureau of Health Professionals	U.S. Department of Health and Human Services, Bureau of Health Professionals. <i>Health Professional Shortage Area Guidelines for Mental Health Care Designation</i> . Available at: http://bhpr.hrsa.gov/shortage/hpsaguidement.htm . Accessed on January 12, 2007.		Recommended Guidance
3. U.S. Armed Services Health Care Services (TriCare)	TriCare. <i>TriCare: Behavioral Healthcare Services</i> . Available at: http://www.tricare.mil/mybenefit/Download/Forms/BHC_Br_Lo_Res.pdf . Accessed on August 9, 2007.		Federally Vetted
4. PricewaterhouseCoopers	PricewaterhouseCoopers LLP. <i>Actuarial Analysis of the National Business Group on Health's Maternal and Child Health Plan Benefit Model</i> . Atlanta, GA: PricewaterhouseCoopers LLP; August 2007.		Actuarial Analysis