

2

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

Maternal and Child Health Plan Benefit Model

Index of Services

V. Recommended Minimum Plan Benefits: Laboratory Diagnostic, Assessment, and Testing Services Page 75

- a. Laboratory Services
- b. Diagnostic, Assessment, and Testing (Medical and Psychological) 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 															

V. Recommended Minimum Plan Benefits: Laboratory, Diagnostic, Assessment, and Testing Services

B. DIAGNOSTIC, ASSESSMENT, AND TESTING (MEDICAL AND PSYCHOLOGICAL) SERVICES

Definition of Benefit		Covered Providers	
Diagnostic, assessment, and testing services designed to confirm or deny the existence or severity of a particular disease or condition.		Services must be furnished by or under the direction of a physician or mental health professional (clinical psychologist, licensed clinical social worker, psychiatric nurse practitioner, psychiatrist). Psychological and neuropsychological tests can be performed by technicians and computers in addition to tests performed by physicians, clinical psychologists, independently practicing psychologists, and other qualified non-physician practitioners. ¹	
Recommended Benefit Coverage Limits	Recommended Exceptions	Inclusions	Exclusions
No limits. Some services may require pre-authorization.	Include provisions for children with complex case-management needs (e.g., flex benefits).	All medically necessary diagnostic and assessment tests provided or ordered and billed by an approved provider, including, but not limited to ^A : <ul style="list-style-type: none"> • Allergy testing. • Basic or comprehensive metabolic panel test. • CAT Scans/MRI. • Ultrasounds. • Neuropsychological examinations, assessments, and related tests.^{2,3,B} 	All others as defined by the health plan.
Recommended Cost-Sharing	Copayment / Coinsurance Level (0-5 / 0-25%)	Out-of-Pocket Maximum	
Per unit copayment. Per unit coinsurance.	Range: 1-4 / 10%-25% (depending on base cost)	Copayment and coinsurance amounts apply toward maximum.	
Actuarial Impact ⁴	Cost of Recommended Benefits (PMPM)	Cost Impact	
	\$ 8.23 (HMO) \$ 8.04 (PPO)	The HMO/PPO Benchmark Model is consistent with the Plan Benefit Model (cost neutral).	
Citations			
1. Center for Medicare and Medicaid Services	CMS Manual System. <i>Pub 100-02 Medicare Benefit Policy. Effective Date 9/29/06.</i> Available at: http://www.cms.hhs.gov/Transmittals/downloads/R55BP.pdf . Accessed on September 1, 2006.	Federally Vetted	
2. American Psychological Association	American Psychological Association. <i>New Medicare Billing Rules for Testing Services.</i> Available at: http://www.apapractice.org/apo/in_the_news/new_medicare_billing.html# . Accessed on January 6, 2007; American Psychological Association. <i>Division 40: Clinical Neuropsychology.</i> Available at: http://www.div40.org/ . Accessed on January 4, 2007.	Recommended Guidance: Professional Guideline, Expert Opinion	
3. National Academy of Neuropsychology	National Academy of Neuropsychology. <i>About NAN.</i> Available at: http://nanonline.org/about.shtm . Accessed on January 15, 2007.	Recommended Guidance: Expert Opinion	
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	

^A A comprehensive recommendation regarding genetic testing is beyond the scope of this document. Employers should consult with their plan administrator(s) about the evidence of benefit for genetic testing. Employers are encouraged to provide coverage for genetic testing when it meets medical necessity criteria for the beneficiary or his/her family, and when the results of the test will inform a major medical decision (e.g., selecting one type of treatment over another, terminating a pregnancy).

^B Neuropsychological evaluations are important when determining or outlining subtle and severe neurocognitive deficits among patients with cerebrovascular conditions, traumatic brain injury, epilepsy, multiple sclerosis, and HIV; as well as hydrocephalus, neurotoxic exposure, brain tumors; and other common medical conditions such as thyroid and collagen-vascular disorders, among others. Neuropsychological evaluations also provide critical adjunctive information for the diagnosis of conditions such as dementia.