Appendix A- Schedule of Covered Services

Ι.	Primary and Preventative Care	2
II.	Specialty Laboratory Services	3
III.	Diagnostic Radiology	4
IV.	Behavioral Health Services	4
V.	Prescription Services	4
VI.	Specialty Care Services	5
VII.	Home Healthcare Services and Durable Medical Equipment	5
VIII.	Dental Care	6
IX.	Optometry	6
Χ.	Outreach, Education, and Community Based Care	6
XI.	Additional Services Provided by Referral	7

APPENDIX A Schedule of Covered Services

I. Primary and Preventative Care

Provider shall act as a medical home for the provision of primary care and preventative services at sites in accordance with the underlying Agreement and the Client Handbook. General primary medical care services are comprehensive and address prevention as well as acute and chronic conditions. At a minimum, these services include assessment, diagnosis, screening, education and treatment; referrals; and follow-up of such services. More specifically, primary care and preventive services include, but are not limited to:

- a) Clinical visits including but not limited to general medical and dental examinations, taking client medical and social history, reviewing current medications and diagnoses, assessing the client's chief complaint, recording vital signs, and other exams relevant for visit type. The medical/ dental provider shall exercise independent judgment in rendering a diagnosis, assessment, appropriate laboratory testing, ordering/prescribing prescriptions, making referrals for additional covered services as needed, and developing a treatment plan with the client.
- b) Basic laboratory services and tests to include microscopy, specimen handling and transport. Provider shall provide basic laboratory services and tests. Diagnostic laboratory services are screening and diagnostic tests ordered by health center providers to provide information for the assessment of health center patients. At a minimum, these services include the specimen collection, processing and interpretation of the result, and must include access to a combination of: a) Clinical Laboratory Improvement Amendments (CLIA) waived tests; and b) moderate complexity laboratory tests, which are appropriate for the treatment and management of common conditions of the patient population. Additional tests include: Complete Blood Count (CBC) with differential and platelets, Comprehensive Metabolic Profile, Lipid profile, Thyroid-stimulating hormone (TSH), Prostate-Specific Antigen (PSA), Hemoglobin AIC (HgbA1c), International Normalized Ration (INR), Urinalysis, Cervical Cytology Screening, and Fecal Immunochemical Test or High Sensitivity Hemocult. Other laboratory and pathology services are considered specialty laboratory services and are discussed in Section II of this Agreement.
- c) **Adult Immunizations** as per the Centers for Disease Control and Prevention's Recommended Adult Immunization Schedule for the United States 2014, including but not limited to influenza, hepatitis B, and pneumococcal vaccines. These services may also include any immunizations recommended by Federal, state or local authorities to address an outbreak.
- d) Screening services are performed based on identified risk factors in the patient population and/or communities to evaluate, treat, and educate a health center patient. At a minimum, these services include all of the following: cancer, communicable disease, cholesterol and blood lead.
 - 1. Cancer screenings at a minimum must include, but are not limited to, screening for breast, cervix, and colorectal cancers (e.g., mammography, Pap testing, fecal occult

blood testing, sigmoidoscopy, colonoscopy). Breast cancer screening and cervical cancer screening services shall be based on the recommendations of the American Congress of Obstetricians and Gynecologists and the Uniform Data System operated by the Health Resources and Services Administration, respectively.

- 2. Communicable disease screenings at a minimum must include, but are not limited to, testing for tuberculosis, HIV, Hepatitis B and C, and other sexually transmitted diseases/infections based on a patient's identified risk factors.
- Cholesterol screenings are blood tests used to assess and understand a patient's risk
 for cardiovascular disease. Blood lead screenings at a minimum must comply with
 recommendations of state and/or local health departments for children at-risk for
 elevated blood lead levels.
- 4. Additional communicable disease screenings that are appropriate for special populations may also be included (e.g., screening for parasitic infections in migratory and/or seasonal agricultural worker populations).
- 5. Additional wellness screening and prevention services based on the United States Preventive Services Task Force recommendations including, but not limited to alcohol misuse screening and behavioral counseling intervention, aspirin for the prevention of cardiovascular disease, depression screening, folic acid supplementation, high blood pressure screening, obesity screening, tobacco use and tobacco-caused disease counseling and intervention, and Type 2 Diabetes Mellitus screening.
- e) **Electrocardiography (EKG) and/or spirometry** as medically necessary.
- f) **Healthy behaviors, education and nutrition services** including but not limited to disease case management, diabetes education, tobacco cessation, chronic disease prevention, weight loss and management programs and other healthy lifestyles programs.
- g) **Wound care services** for ambulatory clients who are able to return to the medical home for follow up visits.
- h) Any referrals are based on the provider's documented assessment of the health center patient, indicating the medical necessity for referral(s) to other health-related services (including but not limited to specialty, behavioral health and substance abuse services). Follow-up of services includes the medical coordination of ongoing treatment involved with the transfer or discharge planning of health center patients in various settings.

II. Specialty Laboratory Services

Provider shall provide basic laboratory services and tests as referenced in Section I(b). These diagnostic laboratory services are screening and diagnostic tests ordered by health center providers to provide information for the assessment of health center patients. All other laboratory and/or pathology services and tests, including those provided within the medical home, are defined as specialty labs.

Other services may also include access to high complexity laboratory tests in the support of basic health services, ordinarily provided by a certified reference laboratory. Provider shall subcontract for specialty lab services. Specialty labs will be provided to PCHP clients only through the subcontracted laboratory.

III. Diagnostic Radiology

Diagnostic radiology services are the processing and interpreting of radiologic images to guide the health center provider's subsequent care and/or treatment of a patient. At a minimum, these services are inclusive of plain medical films. All other types of advanced diagnostic radiology (e.g., CT, MRI, diagnostic mammogram, advanced ultrasound, advanced imaging or nuclear medicine) are considered specialty services.

IV. Behavioral Health Services

Behavioral health services encompass a wide array of services that address both mental health and substance abuse.

- a) Mental health services are the prevention, assessment, diagnosis, treatment/intervention, and follow-up of mental health conditions and disorders (e.g., depression, anxiety, attention deficit and disruptive behavior disorders) including care of patients with severe mental illness who have been stabilized. These services may include treatment and counseling for health center patients such as individual or group counseling/psychotherapy, cognitive-behavioral therapy or problem solving therapy, 24-hour crisis services, and case management services.
- b) **Substance abuse** services are screening, diagnosis, and treatment services for substance use disorders (e.g., abuse of alcohol, tobacco, prescription drugs). These services may include: age appropriate, harm/risk reduction and age appropriate counseling to address identified risk factors, support abstinence and/or decrease negative consequences of substance abuse; detoxification to manage withdrawal symptoms associated with substance abuse; and/or treatment/rehabilitation, to include individual and/or group treatment, counseling and case management. Treatment may occur in out-patient or in short-term residential settings and may include medication-assisted treatment (e. g., buprenorphine products, methadone, naltrexone).
- c) Case management services are the coordination of support and enabling services to meet the ongoing needs of a patient. At a minimum, these services include an assessment of factors affecting health (e.g., medical, social, housing, or educational), counseling and referrals to address identified needs and periodic follow-up of services.
- d) **Psychiatry** is considered a specialty service and shall include psychiatric medical visits, consultations, and file reviews.

V. Prescription Services

Pharmacy services are provided at no cost to PCHP/MMU clients through a County contract with a pharmacy benefit management (PBM) company. Prescribed medications are limited to those medications and generic equivalents listed on the PCHP Pharmacy Formulary, as amended from time to time.

- a) County-funded pharmacy services are limited to a maximum of ten (10) medical prescriptions and five (5) non-medical prescriptions (e.g., supplies) per month with a 30 day or 90 day supply.
- b) The generic equivalent form of the drug must be dispensed if available. If no generic

- equivalent exists, the brand name medication will be covered if it is on the formulary. Brand medications not on the formulary must be pre-authorized.
- c) Non-formulary medications prescribed during the time when a client is transitioning to free brand medications available through the Prescription Assistance Program (PAP), MedNet, must be pre-authorized. Clients will be advised by physicians and by pharmacists to enroll in MedNet in order to continue receiving these medications. If clients are not enrolled in MedNet after three refills, they will be required to pay for these medications.
- d) Temporary emergency authorization of necessary, non-formulary prescriptions may be authorized in life threatening situations. Proper justification must be submitted with the request to substantiate formulary exceptions.
- e) PCHP does not provide medications for chronic pain management. Prescriptions for controlled substances must be pre-authorized and will be covered only when written for acute injury /short-term pain relief, pre- or post-surgical events (neither to exceed 30 days), dental relief of pain, or for hematology-oncology clients.

VI. Specialty Care Services

Specialty Care Services

- a) Specialty care services may vary upon availability but shall seek to include specialties listed on the chart within this Appendix. Specialty care services may be provided by DOH Pinellas, if appropriate, or through referral to a qualified specialist.
- b) HRSA service descriptors for required specialty services include:
 - 1. Gynecological care services are the regular preventive assessment and appropriate treatment of conditions or disorders of the female reproductive system (with the exception of obstetrical services). At a minimum, these services must include pelvic and breast exams, cervical cancer screening, and the review of menstrual and reproductive history and gynecological symptoms. Basic gynecological ultrasounds are included in this category. Services may also include common gynecological procedures (e.g., colposcopy, hysterectomy, fibroid removal). Advanced gynecological services are considered specialty services (e.g., gynecologic oncology, urogynecology, reproductive endocrinology and infertility).

VII. Home Healthcare Services and Durable Medical Equipment

Home healthcare services and durable medical equipment shall be provided as outlined in the Home Healthcare Covered Services schedule, as amended from time to time. Services include, but are not limited to:

- a) **Occupational therapy** services provide assessment and treatment services to assist patients in their ability to perform activities of daily living.
- b) **Physical therapy** services provide assessment and treatment services to assist patients to maintain, restore, and improve physical activity and functioning while ensuring safety.
- c) Speech-language pathology/therapy services provide assessment and treatment services to assist patients to improve and optimize their ability to communicate and swallow.

VIII. Dental Care

Provider shall provide comprehensive dental services to adults enrolled in the PCHP/HCH at the closest medical homes that provide this service. Services include preventive and relief of pain services as follows:

- a) Preventive dental services prevent diseases of the oral cavity and related structures. At a minimum, these services include all of the following: basic dental screenings and recommendations for preventive intervention; oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer); oral prophylaxis, as necessary; and topical application of fluorides (e.g., fluoride varnishes) and the prescription of fluorides for systemic use when not available in the water supply. Services may include application of sealants, and diagnostic screening for caries and periodontal disease through the use of dental x-rays.
- b) Additional dental services are basic services at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging. These services may include: fillings and single unit crowns; non-surgical-endodontics, extractions, periodontal therapies, bridges or dentures. Complex dental services (e.g., oral surgery, surgical endodontics, orthodontics) are considered specialty services.

IX. Optometry

Optometry services assess the health of the eyes and related structures. These services include conducting routine eye exams, prescribing glasses/contacts, identifying related systemic conditions affecting the eye, and treating injuries and disorders of the visual system. Ophthalmology and surgical procedures of the eye (e.g., laser surgery) are considered specialty services.

X. Outreach, Education, and Community Based Care

As applicable, provider shall provide or refer clients for outreach, education and/or community based care as follows:

- a) Eligibility assistance services are support to health center patients to establish eligibility for and gain access to appropriate federal, state and local programs that provide or financially support the provision of medical, social, educational, housing, or other related services (e.g., Medicaid, Veteran's benefits, the Special Supplemental Nutrition Assistance Program, Legal Aid).
- b) Community-based care for high-risk diabetic clients at free clinics located throughout the County. Services include preventive dental care and primary and preventive medical care.
- c) Health education services are a variety of learning experiences designed to help individuals improve their health. At a minimum, these services include education regarding the availability and appropriate use of health services. Services may include primary prevention and/or targeted education on self-managed care and other health promoting behaviors for patients with identified risk factors or conditions (e.g., tobacco cessation). These services may also include education on injury prevention and unique

- needs and risks of special populations (e.g., education to prevent common exposures experienced by migratory and/or seasonal agricultural workers).
- d) Outreach services are a broad range of culturally and linguistically appropriate activities focused on recruiting and retaining patients from the target population/service area. At a minimum, these services must promote awareness of the health center's services and support entry into care. These services do not involve direct patient care where a provider is generating a face-to-face visit with a patient, documenting the care in a patient medical record, or exercising clinical judgment in the provision of services to a patient.
- e) Transportation services are services that enable patients to access health center services when transportation would otherwise be a barrier to care (e.g., providing transport vans, bus tokens or vouchers for public transportation, or linkages to other community transportation programs).
- f) Translation services are services to make care linguistically accessible and culturally responsive for individuals with limited English proficiency and/or a disability impacting communication. At a minimum, these services includes the timely availability of professional translation (written) and interpretation (oral) services (e.g., access to bilingual providers, onsite interpreters, language telephone line) based on the primary language(s) spoken by a substantial number of individuals in the health center's target population and service area. These services also include auxiliary aids to ensure effective communication with individuals who have disabilities.

XI. Additional Services Provided by Referral

- a) **Gynecological care** services are the regular preventive assessment and appropriate treatment of conditions or disorders of the female reproductive system (with the exception of obstetrical services). At a minimum, these services must include pelvic and breast exams, cervical cancer screening, and the review of menstrual and reproductive history and gynecological symptoms. Basic gynecological ultrasounds are included in this category. Services may also include common gynecological procedures (e.g., colposcopy, hysterectomy, fibroid removal). Advanced gynecological services are considered specialty services (e.g., gynecologic oncology, urogynecology, reproductive endocrinology and infertility).
- b) **Obstetrical care** services are the clinical assessment, management/treatment and coordination of services and referrals for the mother and fetus to maximize the outcome of the pregnancy. Such services extend from the mother's diagnosis of pregnancy thru the approximately six-week period following the delivery and can be divided into three components: 1) Prenatal; 2) Intrapartum (labor & delivery); and 3) Postpartum. Services include progressive risk assessments of mother, fetus and the newborn, and must be consistent with the individual health center provider's licensure, credentials, and privileging.
 - Prenatal care services are the care and treatment to both the mother and developing
 fetus to include ongoing risk assessment and counseling. At a minimum, these
 services include regular screening (including labs and basic ultrasounds), ongoing
 monitoring of uterine and fetal growth, risk assessment, and counseling regarding

- childbirth, nutrition and any identified risks. Maternal-fetal medicine (i.e., perinatology) is considered a specialty service.
- 2. Intrapartum care (labor & delivery) services are the care of a mother and newborn during labor and birth. At a minimum, these services include ongoing assessment and potential transfer to an appropriate delivery and postnatal care setting for the mother and/or newborn. Maternal-fetal medicine (i.e., perinatology) is considered a specialty service.
- 3. **Postpartum care** services are the care of the mother during the six-week period after childbirth. At a minimum, these services include the mother's postpartum checkup(s) along with appropriate follow-up treatment and education.
- c) Well child services are age appropriate preventive care and treatment for newborns through adolescents. At a minimum, these services must include regular/periodic physical exams and measurements; appropriate screenings and tests to assess vision, hearing, oral health, growth and development, and immunization status; and health education and counseling.
- d) Voluntary family planning services are appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method, e.g., vasectomy, tubal ligation, placement of long-acting reversible contraception (LARC) (IUDs and implants).
- e) **Nutrition services** prevent and treat diseases and conditions through nutritional assessment, diagnosis and treatment. These services may include medical nutrition therapy, nutrition education and counseling, and other interventions to enhance knowledge and impact behaviors related to healthy eating, nutrition and health. These services may include the nutrition services of a WIC program, if the WIC program is within the scope of project.