

**ATTACHMENT I
EXHIBIT A**

**Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Medicaid Covered Services
Effective January 1, 2022**

Medicaid Services to be provided when not covered by Medicare

The Plan shall provide the covered services contained within the following Medicaid rules and associated fee schedules:

Rule No.	Policy Name
59G-4.013	Allergy Services Coverage Policy
59G-4.015	Ambulance Transportation Services Coverage Policy
59G-4.020	Ambulatory Surgical Center Services Coverage Policy
59G-4.022	Anesthesia Services Coverage Policy
59G-4.025	Assistive Care Services Coverage and Limitations Handbook
59G-4.027	Behavioral Health Overlay Services Coverage and Limitations Handbook
59G-4.028	Behavioral Health Assessment Services
59G-4.031	Behavioral Health Community Support Services
59G-4.370	Behavioral Health Intervention Services
59G-4.029	Behavioral Health Medication Management Services
59G-4.033	Cardiovascular Services Coverage Policy
59G-8.700	Child Health Services Targeted Case Management
59G-4.040	Chiropractic Services Coverage Policy
59G-4.055	County Health Department Services
59G-4.060	Dental Services Coverage Policy
59G-4.105	Dialysis Services Coverage Policy
59G-4.070	Durable Medical Equipment and Medical Supplies Coverage and Limitations Handbook
59G-4.085	Early Intervention Services Coverage Policy
59G-4.015	Emergency Transportation Services Coverage Policy
59G-4.087	Evaluation and Management Services Coverage Policy
59G-4.100	Federally Qualified Health Center Services
59G-4.026	Gastrointestinal Services Coverage Policy
59G-4.108	Genitourinary Services Coverage Policy
59G-4.110	Hearing Services Coverage Policy
59G-4.130	Home Health Services Coverage Policy
59G-4.150	Inpatient Hospital Services Coverage Policy
59G-4.032	Integumentary Services Coverage Policy
59G-4.190	Laboratory Services Coverage Policy
59G-1.045	Medicaid Forms
59G-4.197	Medical Foster Care Services
59G-4.199	Mental Health Targeted Case Management Handbook
59G-4.201	Neurology Services Coverage Policy
59G-4.330	Non-Emergency Transportation Services Coverage Policy
59G-4.200	Nursing Facility Services Coverage Policy
59G-4.318	Occupational Therapy Services Coverage Policy
59G-4.207	Oral and Maxillofacial Surgery Services Coverage Policy
59G-4.211	Orthopedic Services Coverage Policy
59G-4.160	Outpatient Hospital Services Coverage Policy
59G-4.222	Pain Management Services Coverage Policy
59G-4.215	Personal Care Services Coverage Policy
59G-4.320	Physical Therapy Services Coverage Policy
59G-4.220	Podiatry Services Coverage Policy

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59G-4.250	Prescribed Drug Services Coverage, Limitations and Reimbursement Handbook
59G-4.261	Private Duty Nursing Services Coverage Policy
59G-4.002	Provider Reimbursement Schedules and Billing Codes
59G-4.240	Radiology and Nuclear Medicine Services Coverage Policy
59G-4.264	Regional Perinatal Intensive Care Center Services
59G-4.030	Reproductive Services Coverage Policy
59G-4.235	Respiratory System Services Coverage Policy
59G-4.322	Respiratory Therapy Services Coverage Policy
59G-4.280	Rural Health Clinic Services
59G-4.295	Specialized Therapeutic Services Coverage and Limitations Handbook
59G-4.324	Speech-Language Pathology Services Coverage Policy
59G-4.120	Statewide Inpatient Psychiatric Program Coverage Policy
59G-4.360	Transplant Services Coverage Policy
59G-4.340	Visual Aid Services Coverage Policy
59G-4.210	Visual Care Services Coverage Policy

Please note: There may be instances when the Medicaid limit is greater than the Medicare limit. In those instances where the Medicare limit has been exhausted, the Plan shall cover the difference for those eligible recipients.

Additional Medicaid Required Covered Services:

Durable Medical Equipment and Medical Supplies

Notwithstanding the limitations prescribed by the Durable Medical Equipment Services Coverage and Limitations Handbook, the Plan shall provide specialized medical equipment and supplies (e.g., incontinence supplies) to enrollees with a diagnosis of AIDS, and who have had a history of an AIDS-related opportunistic infection. The Plan may place appropriate limits on such services on the basis of medical necessity.

Therapy Services

The Plan shall provide medical massage therapy services to enrollees diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection for the treatment of peripheral neuropathy or severe neuromuscular pain and lymphedema. The Plan may place appropriate limits on such services on the basis of medical necessity.

Nursing Facility Services

- (a) The D-SNP shall provide nursing facility services for enrollees under the age of eighteen (18) years.
- (b) The D-SNP shall provide nursing facility services for enrollees ages eighteen (18) years of age and older in the following circumstances:
 - (1) For up to one-hundred twenty (120) days from the date of the most recent nursing facility admission, regardless of payer, when:
 - i. The enrollee is in need of long-term nursing facility services;
 - ii. The enrollee has completed all Preadmission Screening and Resident Review (PASRR) requirements;

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- iii. The Department of Children and Families (DCF) has determined the enrollee is eligible for Institutional Care Program (ICP) Medicaid; and
 - iv. The enrollee is not yet enrolled in the Long-Term Care program.
- (2) The D-SNP shall reimburse in accordance with Rule 59G-1.052, F.A.C. for nursing facility services provided during the Medicare coinsurance days (day twenty-one (21) up to day one hundred (100)) for Medicare co-payments and co-insurance if the requirements of PASRR are met and the enrollee: has Qualified Medicare Beneficiaries (QMB) benefits and is also eligible for full Florida Medicaid benefits; is receiving Supplementary Social Security Income (SSI); or has Medicare benefits other than QMB and is also eligible for the Institutional Care Program.
- (c) The D-SNP is not obligated to provide any services not specified in this Contract, except as federally required under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions.

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