

| Service | Medicaid | CSHCS | Healthy Michigan Plan |
|---|--|--|--|
| Acupuncture | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT |
| Acute Care Observation Post Operative Emergency Room | Plan notification not required Must meet CMS/MDHHS observation criteria | Plan notification not required Must meet CMS/MDHHS observation criteria | Plan notification not required Must meet CMS/MDHHS observation criteria |
| Allergy Testing/Allergy Injections | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Ambulance-Emergency Land | Plan Notification Not Required | Plan Notification Not Required | Plan Notification Not Required |
| Ambulance-Emergency Air | Prior authorization required | Prior authorization required | Prior authorization required |
| Ambulance-Non-emergent | Prior authorization required | Prior authorization required | Prior authorization required |
| Anesthesia for Dental Procedures | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria |
| Angiography | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Bariatric Surgery | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria |
| Behavioral Healthcare (outpatient) (Including prescriptions written by the Community Mental Health Service Program - CMHSP) | Plan notification not required Benefit limited to 20 outpatient visits per calendar year | Plan notification not required Benefit limited to 20 outpatient visits per calendar year | Plan notification not required Benefit limited to 20 outpatient visits per calendar year |
| Bone Density | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Breast Reconstruction | Prior authorization required; Must meet specific criteria Approved only after mastectomy for treatment of breast cancer | Prior authorization required; Must meet specific criteria Approved only after mastectomy for treatment of breast cancer | Prior authorization required; Must meet specific criteria Approved only after mastectomy for treatment of breast cancer |
| Cardiac Catheterization | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Cardiac Rehabilitation | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria |
| Chiropractic Care | Prior authorization required PCP to refer member to MHP plan provider Benefit limited to 18 visits per calendar year | Prior authorization required PCP to refer member to MHP plan provider Benefit limited to 24 visits per calendar year | Prior authorization required PCP to refer member to MHP plan provider Benefit limited to 18 visits per calendar year |
| Contraceptives | IUDs/Implantable devices requiring physician insertion/ removal Plan notification not required | IUDs/Implantable devices requiring physician insertion/ removal Plan notification not required | IUDs/Implantable devices requiring physician insertion/ removal Plan notification not required |

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| | Preferred Oral Contraceptives See website for specific contraceptives (URL) Plan notification not required | Preferred Oral Contraceptives See website for specific contraceptives (URL) Plan notification not required | Preferred Oral Contraceptives See website for specific contraceptives (URL) Plan notification not required |
| | Nuva Ring - Pharmacy Benefit Plan notification not required | Nuva Ring - Pharmacy Benefit Plan notification not required | Nuva Ring - Pharmacy Benefit Plan notification not required |
| Cosmetic Procedures, such as: Blepharoplasty (Eye lid surgery), Keloid/Scar Revision, Liposuction, Panniculectomy, Septo/Rhinoplasty, etc. | NOT A BENEFIT | Prior authorization required Must meet specific criteria for correction of congenital defects or deformities | NOT A BENEFIT |
| Custodial Care | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT |
| Dental Services | NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Contact Michigan Department of Community Health | NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Contact Michigan Department of Community Health | COVERED BENEFIT CONTRACTED THROUGH DELTA DENTAL Contact 866-558-0280 |
| Diabetes Education | Midwest Health Plan Diabetes Disease Management Program Call 1-888-654-2200-press prompt # 2 for Health Education Plan notification not required Certified Diabetic Educator Prior authorization required | Midwest Health Plan Diabetes Disease Management Program Call 1-888-654-2200-press prompt # 2 for Health Education Plan notification not required Certified Diabetic Educator Plan notification not required | Midwest Health Plan Diabetes Disease Management Program Call 1-888-654-2200-press prompt # 2 for Health Education Plan notification not required Certified Diabetic Educator Prior authorization required |
| Diabetic Supplies, Monitors & Strips, etc. (NO INSULIN PUMP) | Glucometers and diabetic supplies covered under the pharmacy benefit. Quantity limits apply. To obtain glucometer provider must complete form on MHP web site. | Glucometers and diabetic supplies covered under the pharmacy benefit. Quantity limits apply. To obtain glucometer provider must complete form on MHP web site. | Glucometers and diabetic supplies covered under the pharmacy benefit. Quantity limits apply. To obtain glucometer provider must complete form on MHP web site. |
| Diabetic Supplies, Monitors & Strips, etc. (WITH INSULIN PUMP) | Prior authorization required Must use DME provider in network | Prior authorization required Must use DME provider in network | Prior authorization required Must use DME provider in network |
| Durable Medical Equipment | Prior authorization required Must use DME provider in network | Prior authorization required Must use DME provider in network | Prior authorization required Must use DME provider in network |
| Emergency Room | Plan notification not required | Plan notification not required | Plan notification not required |
| Family Planning Services: Vasectomy, Tubal Ligation, etc. | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Genetic Testing | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria |
| Hearing Aid | Prior authorization required; Must meet specific criteria; Benefit for under age 21 | Prior authorization required Must meet specific criteria | Prior authorization required; Must meet specific criteria; Benefit for under age 21 |
| Hemodialysis | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |

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| Home Care: RN, Therapies for PT, OT, Speech, HHA, IV Therapy, etc. | Prior authorization required | Prior authorization required | Prior authorization required |
| Hospice Care: Inpatient, Home, Hospice Facility | Prior authorization required | Prior authorization required | Prior authorization required |
| Imaging (Advanced), such as: CT scan, MRI, PET Scan, etc. | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Imaging (Routine), such as: X-Rays-->Chest, Abdominal, Leg, Arm, etc. | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Immunizations for Adults & Children CDC/ACIP Recommended | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Infusible/Injectable Medication Therapy | Prior authorization required See website for specific medications | Prior authorization required See website for specific medications | Prior authorization required See website for specific medications |
| Inpatient Acute Care Hospitalization | Prior authorization required | Prior authorization required | Prior authorization required |
| Inpatient Physical Rehabilitation (PM&R) | Prior authorization required | Prior authorization required | Prior authorization required |
| INR (Home Monitoring) | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT |
| Lab Services (Genetic Testing Requires Prior Authorization) | Prescription/Order required | Prescription/Order required | Prescription/Order required |
| Long Term Acute Care (LTAC) | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT |
| MIHP | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| OB Care, including: Office Visits, Ultrasound, NST's, etc. | Plan notification not required for in or out of network providers (OPEN NETWORK ACCESS) | Plan notification not required for in or out of network providers (OPEN NETWORK ACCESS) | Plan notification not required for in or out of network providers (OPEN NETWORK ACCESS) |
| Other Studies, such as: Ultrasound, Doppler, Echocardiogram, etc. | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Outpatient Diagnostics/Endoscopies, such as: Bronchoscopy, EGD, Hysteroscopy, etc. | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Outpatient Surgery, such as: Knee Arthroscopy, ORIF Ankle, Cataract Removal, etc. (Dental not included - see Dental) Check website for Procedures that require Medical Review | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |

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| Outpatient Therapy Evaluations ONLY: PT, OT, Speech Therapy | Evaluations by non-participating facilities require prior authorization. Participating facilities may do the evaluation without prior authorization, and authorization will be provided for the evaluation when clinicals are submitted for therapy. PCP to refer member to a HAP Midwest Health Plan provider | Evaluations by non-participating facilities require prior authorization. Participating facilities may do the evaluation without prior authorization, and authorization will be provided for the evaluation when clinicals are submitted for therapy. PCP to refer member to a HAP Midwest Health Plan provider | Evaluations by non-participating facilities require prior authorization. Participating facilities may do the evaluation without prior authorization, and authorization will be provided for the evaluation when clinicals are submitted for therapy. PCP to refer member to a HAP Midwest Health Plan provider |
| Outpatient Therapy Treatment , such as: PT, OT, Speech Therapy <i>Evaluation must accompany request</i> | Prior authorization required after initial evaluation; Must use HAP Midwest Health Plan provider Not a benefit for the diagnosis of developmental delay. Contact local school system | Prior authorization required after initial evaluation; Must use HAP Midwest Health Plan provider | Prior authorization required after initial evaluation; Must use HAP Midwest Health Plan provider |
| Outpatient Treatment, such as: Chemotherapy, Radiation Therapy, etc. | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Podiatry | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Prosthetics/Orthotics | Prior authorization required | Prior authorization required | Prior authorization required |
| Pulmonary Rehabilitation | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria |
| Reduction Mammoplasty (female only) | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria | Prior authorization required Must meet specific criteria |
| Routine Eye Exams, Glasses | Benefit managed by Heritage Optical; call 800-252-2053 | Benefit managed by Heritage Optical; call 800-252-2053 | Benefit managed by Heritage Optical; call 800-252-2053 |
| School Services (Services provided by a school district and billed through the Intermediate School District) | NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to local school district | NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to local school district | NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to local school district |
| Screening Colonoscopy | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Second Surgical Opinion | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |

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| Skilled Nursing Facility Care | Prior authorization required Prior authorization approval required for elective admission Limited to 45 days | Prior authorization required Prior authorization approval required for elective admission Limited to 120 days per admission After benefit days are exhausted, a lapse of at least 90 days from discharge date until the next admission | Prior authorization required Prior authorization approval required for elective admission Limited to 45 days |
| Sleep Studies | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Specialist - In-Network | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider | Plan notification not required PCP to refer member to a MHP plan provider |
| Specialist - Out of Network | Prior authorization required | Prior authorization required | Prior authorization required |
| Speech Generating Devices (includes eye gazing devices) | Prior authorization required Must be primary means of communication | Prior authorization required Must be primary means of communication | Prior authorization required Must be primary means of communication |
| Substance Abuse Services (detoxification, intensive outpatient counseling & other outpatient services, medications for the purpose of substance use disorders, methadone, screening and assessment) | NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to Community Mental Health, county of member's residence | NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to Community Mental Health, county of member's residence | NOT A BENEFIT THROUGH MIDWEST HEALTH PLAN Refer to Community Mental Health, county of member's residence |
| Supplies, such as: Wound Care, Oxygen, Tube Feeding, Ostomy, Urological, etc. | Prior authorization required Must use DME provider in network | Prior authorization required Must use DME provider in network | Prior authorization required Must use DME provider in network |
| Transportation (medical) | When arranged through MHP Customer Service 4 business days in advance | Transportation is arranged through MHP Customer Service Department | Transportation is arranged through MHP Customer Service Department 4 business days in advance |
| Travel Vaccines | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT |
| Urgent Care | Plan notification not required Only after PCP office is closed Limited to MHP plan providers only | Plan notification not required Only after PCP office is closed Limited to MHP plan providers only | Plan notification not required Only after PCP office is closed Limited to MHP plan providers only |
| Vein Procedures: Sclerotherapy, Stripping/Ligation, etc. | Prior authorization required | Prior authorization required | Prior authorization required |
| Weight Loss Counseling | NOT A BENEFIT | NOT A BENEFIT | NOT A BENEFIT |
| Well Child Visits | Plan notification not required for MHP plan pediatrician | Plan notification not required for MHP plan pediatrician | Plan notification not required for MHP plan pediatrician |
| Well Woman Care: Annual Well-Woman exam, Pap Test, Mammogram | Plan notification not required for MHP plan OB/GYN provider | Plan notification not required for MHP plan OB/GYN provider | Plan notification not required for MHP plan OB/GYN provider |

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