



Update to the L.A Care Covered™ 2016 Evidence of Coverage (Member Handbook)

CHANGES EFFECTIVE JANUARY 1, 2016

L.A. Care Health Plan (L.A. Care) changed several mental health and substance use disorder benefits starting on January 1, 2016. A federal law, The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA), and Covered California™ rules require these changes.

The changes listed below start January 1, 2016. This information updates the benefits described in the Evidence of Coverage (EOC), also called the “Member Handbook.” The EOC is a written guide about the services the health plan covers and what you pay for services.

To obtain an updated 2016 EOC and for more information on the EOC changes listed below, you can view and download an electronic copy of the 2016 EOC at our website lacare.org. You may also request a printed copy of the 2016 EOC by calling L.A. Care Member Services at **1-855-270-2327 (TTY/TDD 711)**.

Changes to Cost-Sharing and Disclosures

The amount you pay (also known as cost-sharing) for outpatient mental health (MH) and substance use disorder (SUD) services has changed. Please note that applying the mental health parity law and rules do not increase cost sharing. Any increases in cost-sharing for MH/SUD services are due to changes in the standard plan designs for the 2016 Covered California™ coverage year. The changes in cost-sharing for MH/SUD services are in parity with medical services as required by law.

The chart below lists the outpatient MH/SUD benefits with a cost-sharing change starting January 1, 2016. Please refer to your benefit plan name and that of your dependents, if any, to check what your L.A. Care Covered™ benefit cost-sharing will be effective January 1, 2016. Please reference the 2016 EOC for you benefit plan for further information.





L.A. Care Covered™ Platinum 90 HMO			
Type of Service	Specific Benefits Impacted	Current Cost-Sharing or Disclosure	Cost-Sharing as of 1/1/2016
Mental Health Care Outpatient, <u>Office Visit</u>	Behavioral Health Treatment for Autism Spectrum Disorder	\$20 Previously not disclosed in Plan's Summary of Benefits	\$20
Mental Health Care Outpatient, <u>Office Visit</u>	Psychological Testing	\$20 Previously not disclosed in Plan's Summary of Benefits	\$20
Mental Health Care Outpatient, <u>Office Visit</u>	Psychiatric Observation	\$0 Previously not disclosed in Plan's Summary of Benefits	\$0
Mental Health Care Inpatient	Crisis Residential Program	\$250 per day up to five days Previously not disclosed in Plan's Summary of Benefits	\$250 per day up to five days
Mental Health Care, Outpatient, <u>Office Visit</u>	Intensive Outpatient Treatment Programs	\$20 Previously not disclosed in Plan's Summary of Benefits	\$20
Substance Use Disorder Outpatient, <u>Office Visit</u>	Day Treatment	\$20 Previously not disclosed in Plan's Summary of Benefits	\$20
Substance Use Disorder Outpatient, <u>Office Visit</u>	Intensive Outpatient Treatment Programs	\$20 Previously not disclosed in Plan's Summary of Benefits	\$20
Substance Use Disorder Outpatient, <u>Office Visit</u>	Medical Treatment For Withdrawal	\$20 Previously not disclosed in Plan's Summary of Benefits	\$20
Mental Health Care/Substance Use Disorder, Outpatient, <u>Office Visit</u>	Transcranial Magnetic Stimulation and Electroconvulsive Therapy	\$20 Previously not disclosed in Plan's Summary of Benefits	\$20





L.A. Care Covered™ Gold 80 HMO			
Type of Service	Specific Benefits Impacted	Current Cost-Sharing or Disclosure	Cost-Sharing as of 1/1/2016
Mental Health Care Outpatient, <u>Office Visit</u>	Behavioral Health Treatment for Autism Spectrum Disorder	\$30 Previously not disclosed in Plan's Summary of Benefits	\$35
Mental Health Care Outpatient, <u>Office Visit</u>	Psychological Testing	\$30 Previously not disclosed in Plan's Summary of Benefits	\$35
Mental Health Care Outpatient, <u>Office Visit</u>	Psychiatric Observation	\$0 Previously not disclosed in Plan's Summary of Benefits	\$0
Mental Health Care Inpatient	Crisis Residential Program	\$600 per day up to five days Previously not disclosed in Plan's Summary of Benefits	\$600 per day up to five days
Mental Health Care Outpatient, <u>Office Visit</u>	Intensive Outpatient Treatment Programs	\$30 Previously not disclosed in Plan's Summary of Benefits	\$35
Substance Use Disorder Outpatient, <u>Office Visit</u>	Day Treatment	\$30 Previously not disclosed in Plan's Summary of Benefits	\$35
Substance Use Disorder Outpatient, <u>Office Visit</u>	Intensive Outpatient Treatment Programs	\$30 Previously not disclosed in Plan's Summary of Benefits	\$35
Substance Use Disorder Outpatient, <u>Office Visit</u>	Medical Treatment For Withdrawal	\$30 Previously not disclosed in Plan's Summary of Benefits	\$35
Mental Health Care/Substance Use Disorder, Outpatient, <u>Office Visit</u>	Transcranial Magnetic Stimulation and Electroconvulsive Therapy (ECT)	\$30 Previously not disclosed in Plan's Summary of Benefits	\$35



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L.A. Care Covered™ Silver 70 HMO			
Type of Service	Specific Benefits Impacted	Current Cost-Sharing or Disclosure	Cost-Sharing as of 1/1/2016
Mental Health Care Outpatient, <u>Other</u>	Behavioral Health Treatment for Autism Spectrum Disorder	\$45 Previously not disclosed in Plan's Summary of Benefits	\$0
Mental Health Care Outpatient, <u>Office Visit</u>	Psychological Testing	\$45 Previously not disclosed in Plan's Summary of Benefits	\$45
Mental Health Care Outpatient, <u>Other</u>	Psychiatric Observation	\$0 Previously not disclosed in Plan's Summary of Benefits	\$0
Mental Health Care Outpatient, <u>Other</u>	Partial Hospitalization	20% after deductible	\$0
Mental Health Care Inpatient	Crisis Residential Program	20% after deductible Previously not disclosed in Plan's Summary of Benefits	20% after deductible
Mental Health Care Outpatient, <u>Other</u>	Intensive Outpatient Treatment Programs	\$45 Previously not disclosed in Plan's Summary of Benefits	\$0
Substance Use Disorder Outpatient, <u>Other</u>	Day Treatment	\$45	\$0
Substance Use Disorder Outpatient, <u>Other</u>	Intensive Outpatient Treatment Programs	\$45	\$0
Substance Use Outpatient, <u>Office Visit</u>	Medical Treatment For Withdrawal	\$45 Previously not disclosed in Plan's Summary of Benefits	\$45
Mental Health Care/Substance Use Disorder, Outpatient, <u>Other</u>	Transcranial Magnetic Stimulation and Electroconvulsive Therapy (ECT)	\$45 Previously not disclosed in Plan's Summary of Benefits	\$0



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L.A. Care Covered™ Silver 73 HMO			
Type of Service	Specific Benefits Impacted	Current Cost-Sharing or Disclosure	Cost-Sharing as of 1/1/2016
Mental Health Care Outpatient, <u>Other</u>	Behavioral Health Treatment for Autism Spectrum Disorder	\$40 Previously not disclosed in Plan's Summary of Benefits	\$0
Mental Health Care Outpatient, <u>Office Visit</u>	Psychological Testing	\$40 Previously not disclosed in Plan's Summary of Benefits	\$40
Mental Health Care Outpatient, <u>Other</u>	Psychiatric Observation	\$0 Previously not disclosed in Plan's Summary of Benefits	\$0
Mental Health Care Outpatient, <u>Other</u>	Partial Hospitalization	\$40	\$0
Mental Health Care Inpatient	Crisis Residential Program	20% after deductible Previously not disclosed in Plan's Summary of Benefits	20% after deductible
Mental Health Care, Outpatient, <u>Other</u>	Inpatient Outpatient Treatment Programs	\$40 Previously not disclosed in Plan's Summary of Benefits	\$0
Substance Use Disorder Outpatient, <u>Other</u>	Day Treatment	\$40	\$0
Substance Use Disorder Outpatient, <u>Other</u>	Intensive Outpatient Treatment Programs	\$40	\$0
Substance Use Outpatient, <u>Office Visit</u>	Medical Treatment For Withdrawal	\$40 Previously not disclosed in Plan's Summary of Benefits	\$40
Mental Health Care/Substance Use Disorder, Outpatient, <u>Other</u>	Transcranial Magnetic Stimulation and Electroconvulsive Therapy (ECT)	\$40 Previously not disclosed in Plan's Summary of Benefits	\$0





L.A. Care Covered™ Bronze 60 HMO			
Type of Service	Specific Benefits Impacted	Current Cost-Sharing or Disclosure	Cost-Sharing as of 1/1/2016
Mental Health Care Outpatient, <u>Other</u>	Behavioral Health Treatment for Autism Spectrum Disorder	\$60 (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	\$0 (deductible applies after three non-preventive visits)
Mental Health Care Outpatient, <u>Office Visit</u>	Psychological Testing	\$60 (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	\$70 (deductible applies after three non-preventive visits)
Mental Health Care Outpatient, <u>Other</u>	Psychiatric Observation	\$0 Previously not disclosed in Plan's Summary of Benefits	\$0
Mental Health Care Outpatient, <u>Other</u>	Partial Hospitalization	30% after deductible	\$0 (deductible applies after three non-preventive visits)
Mental Health Care Inpatient	Crisis Residential Program	30% after deductible Previously not disclosed in Plan's Summary of Benefits	100% after deductible
Mental Health Care, Outpatient, <u>Other</u>	Intensive Outpatient Treatment Programs	\$60 (deductible applies after three non-preventive visits)	\$0 (deductible applies after three non-preventive visits)
Substance Use Disorder Outpatient, <u>Other</u>	Day Treatment	\$60 (deductible applies after three non-preventive visits)	\$0 (deductible applies after three non-preventive visits)
Substance Use Disorder Outpatient, <u>Other</u>	Intensive Outpatient Treatment Programs	\$60 (deductible applies after three non-preventive visits)	\$0 (deductible applies after three non-preventive visits)





L.A. Care Covered™ Bronze 60 HMO			
Type of Service	Specific Benefits Impacted	Current Cost-Sharing or Disclosure	Cost-Sharing as of 1/1/2016
Substance Use Disorder Outpatient, <u>Office Visit</u>	Medical Treatment For Withdrawal	\$60 (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	\$70 (deductible applies after three non-preventive visits)
Mental Health Care/Substance Use Disorder, Outpatient, <u>Other</u>	Transcranial Magnetic Stimulation and Electroconvulsive Therapy (ECT)	\$60 (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	\$0 (deductible applies after three non-preventive visits)





L.A. Care Covered™ Minimum Coverage HMO			
Type of Service	Specific Benefits Impacted	Current Cost-Sharing or Disclosure	Cost-Sharing as of 1/1/2016
Mental Health Care Outpatient, <u>Other</u>	Behavioral Health Treatment for Autism Spectrum Disorder	0% after deductible (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	0% after deductible (deductible applies after three non-preventive visits)
Mental Health Care Outpatient, <u>Office Visit</u>	Psychological Testing	0% after deductible (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	0% (deductible applies after three non-preventive visits)
Mental Health Care Outpatient, <u>Other</u>	Psychiatric Observation	\$0 Previously not disclosed in Plan's Summary of Benefits	\$0
Mental Health Care Outpatient, <u>Other</u>	Intensive Outpatient Treatment Programs	0% after deductible (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	0% (deductible applies after three non-preventive visits)
Mental Health Care Inpatient	Crisis Residential Treatment	0% after deductible Previously not disclosed in Plan's Summary of Benefits	0% after deductible
Substance Use Disorder Outpatient, <u>Other</u>	Day Treatment	0% after deductible (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	0% (deductible applies after three non-preventive visits)





L.A. Care Covered™ Minimum Coverage HMO			
Type of Service	Specific Benefits Impacted	Current Cost-Sharing or Disclosure	Cost-Sharing as of 1/1/2016
Substance Use Disorder Outpatient, <u>Other</u>	Intensive Outpatient Treatment Programs	0% after deductible (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	0% (deductible applies after three non-preventive visits)
Substance Use Disorder Outpatient, <u>Office Visit</u>	Medical Treatment For Withdrawal	0% after deductible (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	0% (deductible applies after three non-preventive visits)
Mental Health Care/Substance Use Disorder, Outpatient, <u>Other</u>	Transcranial Magnetic Stimulation and Electroconvulsive Therapy (ECT)	0% after deductible (deductible applies after three non-preventive visits) Previously not disclosed in Plan's Summary of Benefits	0% (deductible applies after three non-preventive visits)

Changes to Prior Authorization Requirements and Definition of Medical Necessity

The requirements to obtain prior authorization for some MH/SUD services changed. In the “How to Get Care” section on page 15 of the EOC under the subheading “Referrals and Prior Authorizations” the MH/SUD services requiring prior authorization have been clarified. Prior authorization is not required for general outpatient health services in network providers. In addition, there is no limitation on the number of visits for medically necessary MH/SUD services. Lastly, the definition of Medical Necessity was changed and can be found on page 53 of the EOC under the “Definitions” section.

Changes to the EOC for Mental Health and Substance Use Disorder Services

The 2016 EOC provides information about changes to the mental health and substance use disorder services that follow:





- How to Get Care, Referrals and Prior Authorization section (pg. 15): mental health and substance use disorder services requiring prior authorization have been clarified.
- How to Get Care, Behavioral Health Services section (pg. 16): revised to clearly explain how members may access MH/SUD benefits.
- Plan Benefits, Substance Use Disorder Services section: covered services have been clarified.
- Plan Benefits, Mental Health Care section: updated definition of mental disorder to reference DSM IV. Inpatient Mental Health Services section: revised to explain a psychiatric emergency.
- Exclusions and Limitations: updated the description for Biofeedback Services
- Summary of Benefits, Mental Health and Substance Use Disorder Benefits section (pg. 5): the types of covered services have been more fully listed to clarify an enrollee's cost-sharing for some MH/SUD services.
- Definitions: Behavioral Health Services, Behavioral Health Treatment, Severe Mental Illness (SMI) and "Medical Necessity/Medically Necessary" revised in the "Definitions" section (pg. 53).

Questions

If you have any questions about mental health and substance use disorder benefits, or how to access them, please contact L.A. Care at **1-855-270-2327** (TTY/TDD 711). You can also visit our website lacare.org for more information.

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