State Employee Health Benefits Program
State Employee Health Plan
109 SW 9th St., Suite 600
Topeka, KS 66612

Kansas
Department of Administration

Phone: 785 368-6361
Fax: 785 368-7180
https://healthbenefitsprogram.ks.gov/

June 2024

NOTICE OF BENEFIT CHANGE

To: All State Employee Health Plan Members covered under the Active Employee Health Plan, including Direct Bill and COBRA members

Re: State Employee Health Plan Benefit Changes Retroactively Effective January 1, 2024

This notice provides VERY IMPORTANT INFORMATION. The following updates to your State Employee Health Plan coverage are being made effective retroactively to January 1, 2024. Please take the time to review the changes.

Section 1 Coverage Part 4 Definitions on Page 13. See attached for additional information.

APPLIES TO PLAN A
DIAGNOSTIC BREAST CANCER SCREENING COVERAGE CHANGES
RETROACTIVELY EFFECTIVE JANUARY 1, 2024

We are pleased to advise you that the Plan has made the following benefit enhancement to the Network benefits for diagnostic breast screening coverage under the Preventive Care benefit. Retroactively effective January 1, 2024, Plan A coverage for diagnostic breast cancer screening MRIs and/or ultrasounds performed by Network providers will be covered in full by the Plan.

Preventive Care services including breast cancer screening provided by Non Network providers are subject to the Plan Deductible and Coinsurance. See attached for additional information.

APPLIES TO PLAN C, J, & N
DIAGNOSTIC BREAST CANCER SCREENING COVERAGE CHANGES
RETROACTIVELY EFFECTIVE JANUARY 1, 2024

We are pleased to advise you that the Plan has made the following benefit improvements to the Diagnostic Breast Cancer Screening Services. Effective retroactively on January 1, 2024, Plans C, J, and N, will cover in full the Breast Cancer Diagnostic Services of MRIs and ultrasounds performed by Network providers after the Plan Deductible has been met. MRI and ultrasound Diagnostic Breast Cancer Screenings coverage details are included on the

attachment. Services provided by Non Network providers are still subject to Deductible and Coinsurance.

RESIDENTIAL TREATMENT FACILITY COVERAGE
RETROACTIVELY EFFECTIVE JANUARY 1, 2024

We are pleased to advise you that the Plan has made the following benefit enhancement to Plan A, Plan C, Plan J, and Plan N. Effective January 1, 2024, the following benefit improvements have been made:

- Residential treatment facilities have been added as eligible Institutional Service Providers under the Plan. Medically necessary services in a residential treatment facility are therefore now eligible for coverage.

Please keep this important notice with your Benefit Plan Document for easy reference to all Plan provisions. If you have any questions, contact the plan administrator of your health plan at the number listed on the back of your ID card.

Sincerely,

State Employee Health Plan

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding these Plan changes, please contact the TPA for the Plan.

Addendum to the 2024 State Employee Health Plan Benefit Description

APPLIES TO SEHP PLAN A

RETROACTIVELY EFFECTIVE JANUARY 1, 2024.

DIAGNOSTIC BREAST CANCER SCREENING COVERAGE

Section I – Coverage Part 3: Schedule of Benefits

Mammography (Page 9) shall be renamed Breast Cancer Screening and will include mammograms, MRIs, and ultrasounds. These services when performed by Network providers will be covered in full. Preventive Care services including breast cancer screening provided by Non Network providers are subject to the Plan Deductible and Coinsurance.

Diagnostic MRIs for Breast Cancer Screening are not included in the Major Diagnostic Testing Section M and will be noted as such on page 11.

Section 1 – Coverage Part 5: Covered Services

Mammogram Coverage (Page 41) Add the following: In addition to mammograms for breast cancer screening the following services are eligible screenings - MRIs and ultrasounds performed for Breast Cancer Screening Services are not limited to one per year. When performed by a Network provider these services are covered in full. Preventive Care services including breast cancer screening provided by Non Network providers are subject to the Plan Deductible and Coinsurance.

APPLIES TO SEHP PLANS C, J, & N

RETROACTIVELY EFFECTIVE JANUARY 1, 2024.

DIAGNOSTIC BREAST CANCER SCREENING COVERAGE

Section I – Coverage Part 3: Schedule of Benefits

Diagnostic MRIs and Ultrasounds performed for Breast Cancer Screening should be added on Page 10. When performed by Network providers these services are subject to the Deductible and then covered in full. MRIs and ultrasound including those for breast cancer screening when provided by Non Network providers are subject to the Plan Deductible and Coinsurance.

Diagnostic MRIs for Breast Cancer Screening are not included in the Major Diagnostic Testing Section M and will be noted as such on page 11.

Section 1 – Coverage Part 5: Covered Services

Add the following language to (Page 26) Diagnostic MRIs and ultrasounds for Breast Cancer Screening Coverage is provided for Medically Necessary MRIs and ultrasounds performed

for Breast Cancer when ordered by a Physician. When performed by Network providers these services are subject to the Deductible and then covered in full. MRIs and ultrasound including those for breast cancer screening when provided by Non Network providers are subject to the Plan Deductible and Coinsurance.

Applies to SEHP Plans A, C, J & N

RETROACTIVELY EFFECTIVE JANUARY 1, 2024.

Residential Treatment Facilities Coverage

Coverage is provided for as Medically Necessary and appropriate care in Residential Treatment Facilities. Services are subject to applicable Plan Deductibles, Coinsurance, and Copays.

Addition to Section 1 – Coverage Part 4: Definitions

Residential treatment facility - An institution specifically licensed as a residential treatment facility by applicable laws to provide for mental health or substance related disorder residential treatment programs. It is credentialed by TPA or is accredited by one of the following agencies, commissions or committees for the services being provided:

- The Joint Commission (TJC)
- The Committee on Accreditation of Rehabilitation Facilities (CARF)
- The American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP)
- The Council on Accreditation (COA)

In addition to the above requirements, an institution must meet the following:
For residential treatment programs treating mental health disorders:

- A behavioral health provider must be actively on duty 24 hours/day for 7 days/week
- The patient must be treated by a psychiatrist at least once per week
- The medical director must be a psychiatrist

For substance related residential treatment programs:

- A behavioral health provider or an appropriately state certified professional (CADC, CAC, etc.) must be actively on duty during the day and evening therapeutic programming.
- The medical director must be a physician.

For detoxification programs within a residential setting:

- An R.N. must be onsite 24 hours/day for 7 days/week within a residential setting.
- Residential care must be provided under the direct supervision of a physician.

Skilled Nursing Facility (SNF) - A facility specifically licensed by applicable laws to provide skilled nursing care. Skilled Nursing Facility includes:

- Rehabilitation hospitals
- Portions of a rehabilitation hospital

- A hospital designated for skilled or rehabilitation services

Skilled nursing facility does not include institutions that provide only:

- Minimal care
- Custodial care
- Ambulatory care
- Part-time care

Addition to Section 1 – Coverage Part 5: Covered Services (Page33):

Mental health treatment in a Residential Treatment Facility

Medically necessary pre-certified inpatient services for the treatment of mental health disorders provided by a residential treatment facility may include:

- Inpatient room and board at the semi-private room rate 3, and other services and supplies related to your condition that are provided during your stay in a residential treatment facility.
- Office visits to a physician or behavioral health provider such as a psychiatrist, psychologist, social worker, or licensed professional counselor (includes telemedicine consultation)
- Individual, group, and family therapies for the treatment of mental health disorders
- Other outpatient mental health treatment such as:
  - Partial hospitalization treatment provided in a facility or program for mental health treatment provided under the direction of a physician.
  - Intensive outpatient program provided in a facility or program for mental health treatment provided under the direction of a physician.

Substance Use Disorders treatment:

Medically necessary pre-certified inpatient services include the treatment of substance related disorders provided by residential treatment facility, physician, or behavioral health provider as follows:

- Inpatient room and board, at the semi-private room rate, and other services and supplies that are provided during your stay in a residential treatment facility.
- Visits with a physician or behavioral health provider such as a psychologist, social worker, or licensed professional counselor (includes telemedicine consultation).
- Individual, group, and family therapies for the treatment of substance related disorders
- Other outpatient substance related disorders treatment such as:
  - Partial hospitalization treatment provided in a facility or program for treatment of substance related disorders provided under the direction of a physician.
  - Intensive outpatient program provided in a facility or program for treatment of substance related disorders provided under the direction of a physician.
  - Ambulatory or outpatient detoxification which include outpatient services that monitor withdrawal from alcohol or other substances, including administration of medications.
  - Observation
  - Peer counseling support by a peer support specialist

Behavioral health important note:

A peer support specialist serves as a role model, mentor, coach, and advocate. They must

be certified by the state where the services are provided, or a private certifying organization recognized by the plan administrator. Peer support must be supervised by a behavioral health Provider.

Skilled Nursing care when provided in a residential treatment facility includes coverage for medical care and treatment services in a Skilled Nursing Facility (SNF). For care in a SNF to be covered, it must be Medically Necessary and Prior Authorization by the plan administrator is required. Care is limited to services for Members that can benefit from short term SNF services with the goal of returning home.
Services may include:

- Room and board, up to the semi-private room rate.
- Services and supplies provided during a stay in a Skilled Nursing Facility.
- Physician visits.
- Services provided by a registered nurse or licensed practical nurse within the scope of their license.
- Services provided by a Licensed or certified physical, occupational, or speech therapist.

Exclusions:

- Benefits in a Skilled Nursing Facility (SNF)are not available solely for management of tube feedings, for home dialysis treatment. or as an interim transition to a long term care placement or for any other non-covered service.
- Custodial or maintenance care.

Section 1 – Coverage Part 6: General Exclusions (Page 53)
Delete - Residential Care Exclusion

Section II Administrative Provision Part 6: Autism Rider (Page 101)
Delete – Residential Care Exclusion