



VNSNY CHOICE

VNSNY CHOICE- Ancillary and Other Special Services

7.1- Overview of Services and the Provider Network

VNSNY CHOICE has arrangements in place to provide a full range of ancillary and other special services to its members, depending on the program in which they are enrolled. These services include:

- Adult day health care
- Chore service and housekeeping
- Comprehensive care management and coordination of health care services
- Consumer Directed Personal Assistance Services (CDPAS)
- Dental Care
- Durable medical equipment
- Environmental supports ; home safety modifications or improvements
- Eye exams
- Foot Care
- Hearing exams / hearing aids
- Home delivered meals
- Medical and surgical supplies
- Nursing home care
- Nutritional Services
- Personal Care
- Personal Emergency Response System (PERS)
- Preventive services
- Private Duty Nursing
- Professional Home Health Care Services
 - Home health aide services
 - Medical social services
 - Nursing Care
 - Occupational Therapy (OT)
 - Physical Therapy (PT)
 - Speech Therapy (ST)

This section of the Provider Manual describes the scope of services and network arrangements in place for selected ancillary and special services covered by VNSNY CHOICE MLTC.

Ancillary Services Provider Responsibilities

VNSNY CHOICE expects participating ancillary service providers to adhere to the following service guidelines. When ordering services for a member, the requesting provider should identify the member as a VNSNY CHOICE member and provide the member's VNSNY CHOICE ID number as well as his or her own VNSNY CHOICE provider ID number.

Promptly report all findings, clinical reports, test results, and recommendations to the PCP and/or ordering provider in writing, by mail or fax. Consult the VNSNY CHOICE Medical Management staff to obtain required authorization for services. Collaborate with the member's PCP and Medical Management staff to ensure continuity of care and appropriate



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7.2- Laboratory

Laboratory services are provided by several laboratories. Providers must comply with service delivery system guidelines for referring members to laboratories. Please note that services sent to out-of-network laboratories will not be paid, and the members will be held harmless.

Lab Results shall be provided to the plan on a monthly basis on an agreed upon date in HL7 format via an SFTP connection. This data shall include all data tested, reported and billed by laboratory: including HEDIS results tested on behalf of plan members.

Below is a complete list of laboratories.

<u>Medicaid Advantage Plus/FIDA</u>		<u>SelectHealth Plan</u>
• Acupath	• Lab Corp	• Acupath
• Apex (In home lab draws only)	• Lenco	• Bendiner-Schlesinger
• Bayside	• Lincoln	• Bio-Reference
• Bio-Chem	• Modern Diagnostics	• Bostwick
• Bio-Reference	• Quest Diagnostics	• Empire City
• Empire City	• Sherman Abrams	• Lab Corp
• Enzo	• Shiel (In home lab draws only)	• Accu Reference
• Accu Reference	• Xeron	

7.3- Pharmacy

VNSNY CHOICE beneficiaries will obtain all Medicare Part D covered medications using the MedImpact Pharmacy Network.

VNSNY CHOICE offers a very comprehensive 5-tier formulary that addresses all medically necessary drugs. VNSNY CHOICE’s formulary can be accessed at www.vnsnychoice.org.

Medications Requiring Prior Authorization

Certain medications require authorization to determine if their use follows acceptable medical practice or if they are being taken for a covered condition, before they are dispensed to members. In some cases, clinical documentation is necessary to review medication requests. VNSNY CHOICE reviews all requests promptly and follows Medicare requirements in communicating its decision to the physician or, when applicable, to the member. For a list of medications requiring prior authorization, please see Section 14. To obtain authorization for one of these medications, providers should:

- Call MedImpact at the telephone number listed in Section 1 of this provider manual and provide the necessary information.
- Complete the general prior authorization form for the medication and fax it to MedImpact at the fax number listed in Section 1 of this provider manual.

Providers are encouraged to call for prior authorization to expedite the review process and allow for transition coverage where applicable.



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7.3- Pharmacy (cont.)

Formulary exceptions

In certain cases, a provider may determine that a member requires a non-covered prescription. When this occurs, the provider may request an exception from the formulary by completing an “Exception Request Form or by calling MedImpact. The “Exception Request Form” may be faxed to the fax number listed in Section 1 of this provider manual. The “Formulary Exception Request Form” is available in Appendix A or by visiting our website, www.vnsnychoice.org.

Specialty Pharmacy

VNSNY CHOICE providers must obtain all Medicare Part B covered medications for VNSNY CHOICE beneficiaries through the Specialty Pharmacy Division of MedImpact, our contracted pharmacy vendor.

Medicare Part B covers a limited set of drugs. Medicare Part B covers injectable and infusible drugs that are not usually self-administered and that are furnished and administered as part of a physician service, either by or under the physician’s direct supervision. If the injection is usually self-administered (e.g., Imitrex) or is not furnished and administered as part of a physician service then the drug may not be covered by Part B. In some instances, these medications may be oral medications (e.g. selected oral chemotherapeutic agents that contain the same ingredient as the injectable or infusible dosage forms that would not be considered as self-administered.) Medicare Part B also covers a limited number of other types of drugs. VNSNY CHOICE providers shall prescribe, as usual, a Medicare Part B covered medication, adding a comment, if necessary, to highlight Medicare Part B coverage (e.g. “For treatment of ___ - cancer”). The provider will then contact MedImpact’s Specialty Pharmacy Division at the telephone number listed in the introduction of this provider manual, to request that the medication be sent to their office. MedImpact will provide the necessary directions as to how to proceed with the request. Select Part B medications will require prior authorization and will be administered by MedImpact using VNSNY CHOICE criteria.



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7.4- Durable Medical Equipment (DME), Orthotics, Prosthetics, and Medical Supplies

The Medical Management staff will assist in the process of evaluating and authorizing the use of durable medical equipment (DME) by members for the purpose of providing medically necessary services. The Medical Management staff will evaluate a member's illness, injury, degree of disability and medical needs for the proper and timely authorization of DME. The Medical Management staff will authorize and monitor the medical necessity and appropriateness of DME and authorize usage by members according to the member's eligibility, benefit coverage and the consistent and appropriate application of Medical Management decision-making criteria. Participating providers will supply the DME to the members.

Authorizations for selected DME are typically made for up to two (2) months at a time. The Medical Management staff conducts monthly assessments of the member's eligibility and benefits and of the cost of the equipment (to ensure that rental cost does not exceed purchase price).

VNSNY CHOICE MLTC will coordinate the provision of prosthetic appliances and devices. Prosthetic appliances and devices are devices that replace any missing part of the body. Orthotic appliances and devices are devices used to support a weak or deformed body part or to restrict or eliminate motion in a diseased or injured part of the body. Orthopedic footwear are shoes, shoe modifications or shoe additions which are used to correct, accommodate or prevent a physical deformity or range of motion malfunction in a diseased or injured part of the ankle or foot; to support a weak or deformed structure of the ankle or foot or to form an integral part of a brace. VNSNY CHOICE covers orthopedic footwear and compression stockings prescribed as medically necessary by your doctor. Your Care Manager can help with coordinating the coverage of these items.

7.5- Home Healthcare

Certified home health care is Medicare-skilled nursing care, rehabilitation therapies and certain other health care services that the member gets in the home for the restorative treatment of an illness or injury. If your patient needs certified home health care services, VNSNY CHOICE Medical Management staff will arrange these services for your patient, if the requirements are met.

Requirements:

1. The participating physician must decide that medical care is needed in the patient's home and must make a plan for that care at home. The participating physician's plan of care should describe the services the patient needs, how often the patient needs to get them and what type of health care workers should provide the services.
2. The home health agency caring for the patient must be approved by the Medicare program, and must be a VNSNY CHOICE network provider.



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7.5- Home Healthcare (cont.)

3. There must be a need for **at least one** of the following types of skilled care:

a.) Medicare-skilled nursing care on an “intermittent” basis. Generally this means that the patient must need at least one skilled nursing visit every 60 days and not require daily skilled nursing care for more than 21 days.

b.) Physical therapy, which includes exercise to regain movement and strength to an area of the body, and training on how to use special equipment or do daily activities such as how to use a walker or get in and out of wheel chair or bathtub.

c.) Durable medical equipment (DME) & medical supplies and home infusion drugs related to the home health plan of care.

d.) Speech therapy, which includes exercise to regain and strengthen speech skills or to treat a swallowing problem.

e.) Continuing occupational therapy, which helps the patient to do usual daily activities on his or her own.

4. Home Health Aide

As long as some qualifying skilled services are also included, and the patient requires personal care assistance, the plan of care may include services from a Home Health Aide.

7.6- Dental

Provider should contact VNSNY CHOICE’s designated agent, Healthplex, Inc., at the telephone number listed in introduction of this provider manual to verify eligibility and coverage. Healthplex providers should follow Healthplex guidelines and predetermination procedures.

After you enroll in VNSNY CHOICE MLTC, you will receive a dental card from the dental network for VNSNY CHOICE MLTC. The dental card is accepted by hundreds of fully qualified dentists in New York. All dental services are provided through this network, and you can select any dentist listed in your Provider Directory for your care. Member Services can help you with selecting a dentist or making an appointment, if you wish. As part of your dental benefit, you are entitled to twice yearly check ups including cleanings, x-rays, and basic restorative services such as fillings, extractions, and dentures.

7.7- Routine Vision

Annual routine eye exam: Provider should contact our designated agent, Superior Vision at the telephone number listed in Introduction of the provider manual to verify eligibility.

Fully credentialed optometrists provide eye exams and glasses. Members can get a routine eye exam once every two years and eyeglasses every 2 years or more frequently if medically necessary. Members should remember to get your care at one of the eye care centers listed in your VNSNY CHOICE MLTC Provider Directory. Member Services can help the member with selecting an optometrist or making an appointment.



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7.8- Adult Day Health Care

VNSNY CHOICE MLTC can arrange for members to receive adult day health care in a residential health care facility or State-approved site supervised by a physician. The member must not be homebound and must require certain preventive or therapeutic services to attend an adult day health care center. The services provided at an adult day health care include:

- Medical
- Nursing
- Food and nutrition
- Social services
- Rehabilitation therapy
- Leisure time activities
- Dental
- Pharmaceutical

7.9- Transportation

- VNSNY CHOICE MLTC will arrange and pay for the members transportation to and from the doctors office, as well as other providers for non-emergency health related services. Services will be provided by ambulette or car services depending on the members individual need. If the member needs transportation, the member or provider will need to contact our contracted vendor, National MedTrans at least 2 business days in advance, if possible, so that it can be scheduled with a participating transportation company. If public transportation is available and the member is well enough to travel to their medical appointments, VNSNY CHOICE MLTC will reimburse the member for the cost. Transportation to medical appointments for VNSNY CHOICE SelectHealth members is covered by Medicaid.

- VNSNY CHOICE SelectHealth members can arrange transportation through Medical Answering Services (MAS), an agency that has a contract with New York State Department of Health to manage non-emergency transportation services covered by Medicaid. To arrange your transportation, contact MAS directly at 844-666-6270 or visit www.medanswering.com.

7.10- Foot Care

Foot care is provided by the licensed podiatrists listed in the VNSNY CHOICE MLTC Provider Directory. Routine hygienic care of the feet, the treatment of corns and calluses, the trimming of nails, and other hygienic care such as cleaning or soaking feet may be covered if your Care Manager deems it necessary. If you need to see a podiatrist, please discuss this with your Care Manager.

7.11- Home Delivered Meals

VNSNY CHOICE MLTC can provide you with home-delivered or congregate meals provided in accordance with your Care Plan. Typically, one or two meals are provided per day for individuals who are unable to prepare meals and who do not have personal care services to assist with meal preparation.