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.

Below is a complete list of laboratories.

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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.
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.

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.
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7.12- Rehabilitation Therapy

VNSNY CHOICE MLTC Rehabilitation services may be provided at outpatient locations, based on the member's needs. These services include:

- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology

These three services are rehabilitation services provided by licensed registered physical therapists, occupational therapists, or speech language pathologists for the purpose of maximum reduction of physical or mental disability and restoration to the member's best functional level.

Physical, occupational and speech therapy are limited to twenty (20) visits per therapy per year for each discipline. If the member receives benefits from both Medicare and Medicaid through VNSNY CHOICE MLTC, PT, OT or ST visits that are paid for as part of the Medicare benefit do not count as part of the 20 rehabilitation visit limit.

These Medicaid limits apply to rehabilitation therapy visits that the member receives in a private practitioner’s office as well as visits received in a certified hospital outpatient department or a diagnostic and treatment center (free-standing clinic). These service limits do not apply to visits that take place in a hospital inpatient setting, a skilled nursing facility or through a certified home health agency (CHHA).

Additionally, these service limits do not apply to VNSNY CHOICE members if additional services are authorized by a Care Manager, if the member is younger than 21 years of age, or have a traumatic brain injury, or have been determined to be developmentally disabled by the Office for People with Developmental Disabilities.

7.13- Nursing Home Care

Although we do our best to meet your needs at home, there may be times when it is more appropriate for you to receive care in a nursing home. Admission to one of our participating nursing homes is made on an individual basis. The decision to receive care in a nursing home must be made by you, your doctor, your family and your Care Manager. There are two types of nursing home stays. They are short term or rehabilitation stays following hospitalization and long term stays for ongoing care.

One of the ways we can be helpful is to see if you are eligible for institutional care under Medicaid. If your current Medicaid eligibility only allows you to receive community services, you may be asked to complete an application for institutional Medicaid. The application includes a review of your financial assets and income for the past five years. Staff from our Membership and Eligibility Unit will help you with this process. This is important because it can affect your ability to receive care in a nursing home. Please call Member Services if you need assistance completing the application for institutional Medicaid.
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7.13- Nursing Home Care (cont.)

Role of VNSNY CHOICE MLTC in Nursing Homes
As a managed long term care plan, VNSNY CHOICE is responsible for nursing home care that is traditionally covered by Medicaid. As the payer, VNSNY CHOICE must play a significant role in the ongoing management of a nursing home stay.

Regulatory Compliance
VNSNY CHOICE is bound by Medicaid and Medicare regulations. Consequently, the nursing home will be asked to provide the most recent State DOH, CMS and/or other regulatory/accreditation surveys on an annual basis. If there are ever any regulatory sanctions that prohibit Medicaid or Medicare admissions, VNSNY CHOICE must be notified at once.

Coordination of Care
VNSNY CHOICE Nurse Consultants are the Care Managers for their members across all settings. During the nursing home stay, the Care Managers continue to play a role in monitoring the member’s care and status. They will come and visit their patients and review the plan of care. They may request to speak to nursing home staff and attend the care planning meeting for their member. Regardless of whether the admission is from a hospital or directly from the community, the VNSNY CHOICE Care Manager plays a significant role in the admission process, and is the point person for ongoing communication regarding the member’s specific health needs.

Any Hospital Admission or Other Significant Change
VNSNY CHOICE must be contacted if there are any significant changes to a member’s status (hospital admission, discharge AMA, or death). Care Managers continue to monitor their patients if there is a hospital admission. The nursing home MUST contact the Care Manager or VNSNY CHOICE immediately so that they can be involved and make any decisions or authorizations needed such as bedhold for the member.

Services and Reimbursement
VNSNY CHOICE is contracted with the nursing home and pays for the same set of services that are required under Medicaid. The program acts as the payer in the place of Medicaid. VNSNY CHOICE generally follows Medicaid rules for payment. For example:

• Bedhold – same timeframes and notification processes apply but communication is with the VNSNY CHOICE Care Manager.

• Effective January 1, 2006, pharmacy services are no longer a covered benefit in the VNSNY CHOICE program.

NAMI and Medicaid Recertification
VNSNY CHOICE will continue to collect any Medicaid surplus for its members until the member’s placement becomes permanent, i.e. a custodial stay. VNSNY CHOICE will coordinate with the nursing home’s billing department regarding the timing and amount of the NAMI, and payments will be adjusted accordingly. Upon placement, the nursing home should follow through with the conversion packet for Institutional Medicaid with HRA. VNSNY CHOICE manages all Medicaid recertification activity with HRA and will coordinate with the nursing home for any necessary information.
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7.13- Nursing Home Care (cont.)

Nursing Home Admission Procedures

It is the goal of VNSNY CHOICE to care for members in the home for as long as it is clinically appropriate to do so. However, we recognize that for some members, nursing home services are appropriate following a hospital stay or as a long term care placement. The following procedures have been developed to ensure that the nursing home has the information it needs to admit a VNSNY CHOICE member, and to facilitate a smooth transition for our members and their families during this stressful time.

If the member is being admitted directly from the hospital:

1. The VNSNY CHOICE Care Coordinator works with the hospital discharge planner to identify a nursing home in the VNSNY CHOICE Provider Network that is appropriate to meet the member's needs. The member and family must agree to the placement and the choice of facility.

2. The hospital’s discharge planner will check with the nursing home to be sure that an appropriate bed is available for the member.

3. The hospital staff completes the PRI and forwards it to the nursing home.

4. The nursing home reviews the PRI and assigns the member to a floor and bed that is appropriate for his/her needs.

5. Upon hospital discharge, the hospital arranges transportation to the nursing home and informs the nursing home that the member is coming.

6. The nursing home follows its standard admission process. The member must be seen by a physician within 48 hours of admission to the nursing home.

7. The Care Coordinator will contact the nursing home within one week to ensure that the member is receiving appropriate care. During this call or visit, the Care Manager will talk with the nursing home’s staff and will establish a communication plan for ongoing care management.

8. The nursing home will convene a case conference within two weeks of the member's admission. The VNSNY CHOICE Care Coordinator will conduct a telephonic care management for the member.
If the member is being admitted directly from the community:

1. The VNSNY CHOICE Care Manager works with the member and his/her family to identify a nursing home in the VNSNY CHOICE Provider Network that is appropriate to meet the member's needs. The member and family must agree to the placement and the choice of facility.

2. The Care Manager will check with the nursing home to be sure that an appropriate bed is available for the member.

3. A VNS nurse completes the PRI and forwards it to the nursing home.

4. The nursing home reviews the PRI and assigns the member to a floor and bed that is appropriate for his/her needs.

5. On the agreed upon admission date, VNSNY CHOICE arranges transportation to the nursing home and informs the nursing home that the member is coming.

6. The nursing home follows its standard admission process. The member must be seen by a physician within 48 hours of admission to the nursing home.

7. The Care Manager will contact the nursing home within one week to ensure that the member is receiving appropriate care. During this call or visit, the Care Manager will talk with the nursing home's nursing staff and will establish a communication plan for ongoing care management.

8. The nursing home will convene a case conference within two weeks of the member's admission. The VNSNY CHOICE Care Manager will attend this meeting.
The New York State Money Follows the Person, (MFP)

The Money Follows the Person (MFP) Demonstration is part of Federal and State initiatives designed to rebalance long-term care services, and promote consumer choice. As New York State continues to shift the focus of its long term care systems away from institutional care and towards integrated home and community-based care, support from the MFP program becomes valuable to Managed Care Organizations (MCOs). Managed Care Organizations and Money Follows the Person share the common goals of promoting choice, enhancing quality of life, and expanding options for community-based care delivered in the least restrictive setting.

MFP is designed to streamline the process of deinstitutionalization for vulnerable populations including older adults, individuals with physical, intellectual, and/or developmental disabilities, and individuals with traumatic brain injury. Under the name Open Doors, the MFP program funds Transition Specialists and Peer Support to assist these individuals to transition out of institutions such as nursing homes and intermediate care facilities, and into qualifying community settings. A qualified setting may be a house, an apartment, or a group home (with a maximum of four unrelated people). Certain adults with significant medical needs can receive cost-effective home and community-based services to remain in the most integrated settings.

As NYS Medicaid transforms itself into a system of care management for all consumers, MFP becomes an essential and valuable partner in helping MCOs to meet their goals.

The New York State MFP Demonstration grant is awarded by the Centers for Medicare and Medicaid Services (CMS) under Section 6071 of the Deficit Reduction Act of 2005. The Affordable Care Act of 2010 extended the MFP Program through 2020.

The primary objective of MFP involves increasing the use of home and community-based services and reducing the use of institutionally-based services. MFP also strives to eliminate barriers in State law, State Medicaid plans, and State budgets that restrict the use of Medicaid funds for home and community-based services; strengthen the ability of Medicaid programs to provide home and community-based services to people who choose to transition out of institutions; and support procedures to provide quality assurance and improvement of home and community-based services. The program’s goals serve a dual purpose of empowering individuals to lead more integrated lives while simultaneously lessening the economic impact that traditional institutionally-based care settings often place upon the long term care system. The New York MFP Demonstration has partnered with multiple New York State governmental entities to ensure that vulnerable persons have access to home and community-based services. To date, over 1,500 New Yorkers have successfully transitioned via New York State’s MFP Demonstration.