2017 Training & Orientation
**Introduction**

**Key Departments & Resources**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Medicare &amp; FIDA</th>
<th>MLTC</th>
<th>SelectHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Management (Including Prior Authorization)</td>
<td>866-783-0222, Fax: 866-791-2214</td>
<td>866-783-0222, Fax: 212-897-9448</td>
<td>866-783-0222, Fax: 646-459-7731</td>
</tr>
<tr>
<td>Member Services</td>
<td>866-783-1444</td>
<td>888-867-6555</td>
<td>866-469-7774</td>
</tr>
<tr>
<td>Claims/ Billing Inquiries</td>
<td>866-783-0222</td>
<td>866-783-0222</td>
<td>866-783-0222</td>
</tr>
<tr>
<td>Compliance Hotline</td>
<td>888-634-1558, Fax: 646-459-7730</td>
<td>888-634-1558, Fax: 646-459-7730</td>
<td>888-634-1558, Fax: 646-459-7730</td>
</tr>
<tr>
<td>Grievance &amp; Appeals</td>
<td>866-791-2212, Fax: 866-791-2213</td>
<td>866-791-2212, Fax: 866-791-2213</td>
<td>866-791-2212, Fax: 866-791-2213</td>
</tr>
<tr>
<td>Behavioral Health, and Substance Abuse</td>
<td>Medicaid: 866-371-7773, FIDA Complete: 855-517-3482 (Beacon Health Options)</td>
<td>N/A</td>
<td>866-371-7773</td>
</tr>
<tr>
<td>Dental Benefits, Dental Network</td>
<td>800-468-0608, (Healthplex)</td>
<td>800-468-0608, (Healthplex)</td>
<td>800-468-0608, (Healthplex)</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Medicare: 888-672-7205, FIDA: 888-672-7203 (MedImpact)</td>
<td>N/A</td>
<td>888-678-7741, (MedImpact)</td>
</tr>
<tr>
<td>Vision</td>
<td>800-243-1401, ext. 2107, (Superior Vision)</td>
<td>800-243-1401, ext. 2107, (Superior Vision)</td>
<td>800-243-1401, ext. 2107, (Superior Vision)</td>
</tr>
<tr>
<td>Audiology</td>
<td>800-333-3389, Option 2, (HearUSA)</td>
<td>800-333-3389, Option 2, (HearUSA)</td>
<td>800-333-3389, Option 2, (HearUSA)</td>
</tr>
<tr>
<td>Acupuncture &amp; Chiropractic</td>
<td>800-550-0540 x3164, (Triad Healthcare)</td>
<td>800-550-0540 x3164, (Triad Healthcare)</td>
<td>N/A</td>
</tr>
<tr>
<td>Transportation</td>
<td>212-290-6586, (National MedTrans)</td>
<td>212-290-6586, (National MedTrans)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
VNSNY CHOICE is a family of Managed Care insurance plans with federal and state funding.

The plans involve individuals who are eligible for “Traditional Fee-For Service” Medicare and/or Medicaid.

Created to bring together an Interdisciplinary Team of health professionals and providers who provide quality care for our members.
VNSNY CHOICE Health Plans

- **MLTC** – Managed Long Term Care
- **FIDA** – Fully Integrated Duals Advantage
- **MA** – Medicare Advantage Plans
- **SelectHealth** – Special Needs Plan
Types of:
VNSNY CHOICE Health Plans

VNSNY CHOICE HEALTH PLANS

VNSNY CHOICE MLTC
VNSNY CHOICE FIDA
VNSNY CHOICE MEDICARE ADVANTAGE PLANS
VNSNY CHOICE SELECTHEALTH HIV SNP

Classic Preferred Maximum Total
Provider Training Materials
Quick Reference Guide (MA, MLTC, FIDA, SH)
The Quick Reference Guide is a convenient tool for the provider to refer when you have questions about the following:

- Claims
- Member Services
- Medical Management
- Utilization
- Compliance
- Pharmacy
- List of Participating Labs

Provider Portal User Guide
The Provider Portal User Guide is a step-by-step manual of how to set up our Provider Portal on a computer desktop. The portal will help the provider access several windows of information including:

- Member Eligibility
- Claim Status
- Set up for EFT

Provider Training Materials
Available for download in our Provider Training Materials Section
https://www.vnsnychoice.org/health-professionals/provider-tool-kit
Provider Change Form

As the provider, this form is extremely critical to make sure that all your information is current and complete. The form can be downloaded on our website and our Provider Portal as well. The form can be completed electronically and can be mailed directly to our Provider Operations Department to update provider demographic information.

Advanced Care Planning Form

Health Care facilities such as VNSNY CHOICE are required by New York State Department of Health regulations to provide information about Advanced Directives to all of our members.

The New York Health Care Proxy Law allows you to appoint someone you trust, for example, a family member or close friend to make health care decisions for you if you lose the ability to make decisions yourself.
RHIO Consent Form
(Regional Health Information Organizations)

To bring you the best possible care, NYSDOH made it possible for providers to exchange member health information through a computer network called a SHIN-NY (State Health Information Network for New York). VNSNY participates in the SHIN-NY as part of federal and state regulations allowing your health information to be transmitted so that other providers can view your information to improve the quality, coordination and efficiency of patient care while protecting your privacy and security.

VNSNY CHOICE encourages providers to speak with their members to sign a NYSDOH approved form to give VNSNY consent to access and receive information about the member from SHIN-NY. VNSNY will access the member medical information from SHIN-NY only if the member has given VNSNY written permission on our Consent Form to do so.
Provider Training Materials

Available for download in our Provider Training Materials Section
https://www.vnsnychoice.org/health-professionals/provider-tool-kit

HEDIS Coding Reference Guide
The provider plays a major part in helping VNSNY CHOICE achieve and report total quality of care for our members beginning with services you provide and extending to the way you code them. Providers may use this guide to ensure that their efforts are on record. In doing so, you also help VNSNY CHOICE meet and exceed quality expectations.

Pain Assessment
BMI/Functional Status Chart
This chart is available for providers in case they do not have a mention in their EMR system to document a member’s result of a Pain Assessment, BMI or Functional Status. VNSNY CHOICE created a sheet for the provider to keep in the member’s chart to make it easier for the provider to document the member’s health vitals accurately.
Access and Availability (MA & SH)

According to CMS, all Health plans are required to maintain and monitor a network of appropriate providers, supported by written arrangements, that is sufficient to provide adequate access to covered services to meet the needs of the population served. This is a regulatory requirement that involves standards that must ensure that the hours of operation of the plan’s providers are convenient to, and do not discriminate against, enrollees. The plan must also ensure that, when medically necessary, services are available 24 hours a day, 7 days a week. This includes requiring primary care physicians to have appropriate backup for absences. The standards should consider the enrollee’s need and common waiting times for comparable services in the community.
HEDIS Medicare Measures

The HEDIS Measures provides a summary of frequently recommended services along with suggested procedure codes for use in documenting and/or billing for these services.

Provider Training Materials

Available for download in our Provider Training Materials Section
https://www.vnsnychoice.org/health-professionals/provider-tool-kit
Patient Satisfaction Surveys

Patients and providers alike see patient-centered care as essential in enhancing the quality of care. The Federal Government’s Agency for Healthcare Research and Quality (AHRQ), as part of its focus on accelerating implementation of patient-centered outcomes research, conducts and publishes surveys designed to help patients make better healthcare decisions.
As sensitive as it can be, a proactive discussion of end-of-life issues with patients is extremely important to avoid confusion and potential discord regarding their preferences for care.

VNSNY CHOICE has developed a checklist and a form to help providers talk to VNSNY CHOICE members about this very sensitive topic.

www.vnsnychoice.org
Provider and Pharmacy Directory
VNSNY CHOICE features a provider and pharmacy directory in PDF format for our network of Medicare Advantage, FIDA, and SelectHealth providers. Each directory is divided by geographic region and available in 7 languages including English.

Provider Search
VNSNY CHOICE also has a online Provider Search for our network of Medicare Advantage Plans, FIDA, and SelectHealth.

www.vnsnychoice.org
Provider Online
Additional Materials

www.vnsnychoice.org

Compliance and Grievance Policies

VNSNY CHOICE and VNSNY have adopted and implemented Compliance Policies and Procedures that further support our commitment to compliance, as embodied in the Compliance Program and Code of Conduct, and ensure that the Program is operating effectively and with integrity. These policies and procedures include, without limitation:

VNSNY Policy on Non-Retaliation and Non-Intimidation

Policy and Procedure on Reporting Non-Compliance and Fraud, Waste and Abuse

The Detection and Prevention of Fraud, Waste and Abuse and Applicable Federal and State Laws (DRA Policy)

Sanction Checks
MA

Medicare Advantage Plans
Goals- MA

- Provide an alternative to traditional Medicare Network Model.

- Beneficiaries must use VNSNY CHOICE’s Network of Physicians, Hospitals and Specialists

- Additional supplemental benefit package

- Beneficiaries cannot have End Stage Renal Disease (ESRD) to join a Medicare Advantage plan.
Goals - MA (cont.)

Beneficiaries get Medicare coverage through **One** Medicare Plan

**Medicare Part A**
- Inpatient Hospital
- SNF
- Home Care
- Hospice Care

**Medicare Part B**
- Physician visits
- **Outpatient** Care

**Medicare Part D**
- Prescription Drug Coverage
Eligibility- MA

Medicare Advantage Plans (MA)

- Must be 65 years of age
- Eligible for Traditional Medicare
**Benefits - MA**

*Please consult the Provider Manual for a full list of covered benefits and services.*

<table>
<thead>
<tr>
<th></th>
<th>Classic</th>
<th>Preferred (HMO SNP)</th>
<th>Maximum (HMO SNP)</th>
<th>Total (HMO SNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VNSNY CHOICE Classic covers all services under Original Medicare and includes:</td>
<td>VNSNY CHOICE Preferred is designed to offer focused care management to dual eligibles with Medicare &amp; Medicaid. Not integrated with Medicaid.</td>
<td>VNSNY CHOICE Maximum is designed to offer focused care management to dual eligibles with Medicare and Medicaid. Medicare and Medicaid are integrated in one plan and combine the benefit of a Medicaid Advantage Plan with a Medicare Advantage Plan.</td>
<td>VNSNY CHOICE TOTAL is designed for individuals with long-term needs who require day-to-day assistance to remain safely at home. Assessment is performed by a nurse to determine long term care needs. Fully Integrates the benefit of our Managed Long Term Care (MLTC) plan and a Medicare Advantage plan into one comprehensive program..</td>
<td></td>
</tr>
<tr>
<td>Monthly Premium of $41.00</td>
<td>0% or 20% co-insurance for Medicare covered Outpatient services such as doctor visits, care, home health care, vaccines.</td>
<td>$88 Over the Counter monthly benefit.</td>
<td>Benefit includes all services under Original Medicare including no co-pay for Medicare covered services including doctor visits, inpatient/outpatient care, home health care, vaccines.</td>
<td></td>
</tr>
<tr>
<td>No copay for Medicare covered services such as primary care doctor visits, home health care, vaccines.</td>
<td>Deductibles and Co-insurance for in-patient services</td>
<td>Unlimited transportation</td>
<td>$97 Over the Counter monthly benefit.</td>
<td></td>
</tr>
<tr>
<td>$25 copay for specialists</td>
<td>Co-insurance and deductibles covered by Medicaid.</td>
<td>Comprehensive Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20 copay for some services such as therapy outpatient visits (Mental Health, Physical, Occupational and Speech Therapy visits.)</td>
<td>$77 Over the Counter monthly benefits.</td>
<td>Acupuncture (12 visits per year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50 copay for MRI / CAT / PET / Other Diagnostics Procedures &amp; Tests</td>
<td>$50,000 Worldwide Coverage for emergency and urgent care.</td>
<td>Routine podiatry visits (4 per year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Routine eye exam. $200 toward eyeglasses frames and lenses or contact lenses every year.</td>
<td></td>
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</tr>
</tbody>
</table>
MLTC
Managed Long Term Care
Goals - MLTC

- Help members remain in their own home.
- Increase choices and quality of care for the frail elderly and chronically ill.
- Provide care management in a quality and cost effective way.

Care Management is the cornerstone of MLTC
- Includes coordination of medical services
- Focuses on maximizing function and independence.
Eligibility- MLTC

Managed Long Term Care (MLTC)

➢ Must be at least 18 years of age

➢ Medicaid eligible

➢ Resident of VNSNY service area

➢ Require Long Term Care Services (120 days or longer)
Benefits - MLTC

VNSNY CHOICE Managed Long Term Care (MLTC) offers a wide range of home, community, and facility-based long term care and health-related services. VNSNY CHOICE will provide or arrange for services that are medically necessary. This means any health service that is needed to prevent, diagnose, correct, or cure (when possible) your health problems. Health problems may cause pain, illness, injury, or disability. At VNSNY CHOICE MLTC, we want to understand your health needs, so that we can provide specific services to help you.

The Care Manager will work with the member to develop a Care Plan that uses the following services as medically necessary to meet your needs (for a full list of covered services and benefits please consult with our Provider Manual):

<table>
<thead>
<tr>
<th>Covered MLTC Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Health Care</td>
</tr>
<tr>
<td>Chore service and housekeeping</td>
</tr>
<tr>
<td>Comprehensive care management</td>
</tr>
<tr>
<td>Consumer Directed Personal Assistance (CDPAS)</td>
</tr>
<tr>
<td>Dental Care</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
</tr>
<tr>
<td>Environmental Supports (safety modifications or improvements)</td>
</tr>
<tr>
<td>Eye exams and glasses</td>
</tr>
<tr>
<td>Foot Care</td>
</tr>
<tr>
<td>Hearing exams and hearing aids</td>
</tr>
<tr>
<td>Home-delivered meals</td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
</tr>
<tr>
<td>Nursing home care</td>
</tr>
<tr>
<td>Nutritional services</td>
</tr>
<tr>
<td>Personal care</td>
</tr>
<tr>
<td>Personal Emergency Response System (PERS)</td>
</tr>
<tr>
<td>Preventive services</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
</tr>
<tr>
<td>Professional Home Health Care Services</td>
</tr>
</tbody>
</table>
FIDA
Fully Integrated Duals Advantage
Goals - FIDA

- Builds on the existing MLTC program
- Includes Medicare and Long-Term Services and Supports (LTSS) as well as prescription drugs.
- FIDA helps improve the coordination of Medicare and Medicaid benefits into one plan.
Eligibility - FIDA

- Dually Eligible (Medicare and Medicaid)
- 21 years of age
- Resident of VNSNY service area.
Benefits - FIDA

*Please consult the Provider Manual for a full list of covered benefits and services.

Covered Benefits and Services

- Hospital Care - In Network Provider cost is $0 / Prior Authorization Required
- Special Health Needs - Rehab services, Medical equipment from home care, in network provider cost $0. Rehab services are limited to 20 visits per year per therapy. Skilled nursing care, medical equipment from home care, requires prior authorization.
- If a member wants to see a doctor:
  - Injury or Illness: In-network provider is $0 / prior auth. not required.
  - Wellness visit: In-network provider is $0 / prior auth. Not required.
  - Transportation to a doctor visit: In-network provider $0 / prior auth. is required.
  - Specialist visit: In-network provider $0 / prior auth. is required.
- Medical Tests
  - Lab Tests such as blood work: In-network cost $0 / prior auth. Is required.
  - X-rays or other pictures, such as CAT scans: In-network cost $0 / prior auth. Is required.
  - Screening tests, such as tests to check for cancer: In-network cost $0 / prior auth. required.
- Emergency Care:
  - Emergency Room Services: In-network cost $0 / Emergency services are covered anywhere in the United States without prior authorization.
  - Ambulance Services: In-network cost $0 / Emergency ambulance services do not require prior authorization.
  - Urgent Care: In-network cost $0 / Urgent care services are covered anywhere in the United States without prior authorization.
Goals - SelectHealth

- SelectHealth is committed to providing the most effective care by offering all the services members may already be receiving with Medicaid and providing additional services important to people with HIV/AIDS.

- The plan provides easy access to a wide variety of specialists in HIV and other fields of medicine like cardiology, dermatology, pulmonary medicine or endocrinology.

- Our specialty provider network is available to all members, at many of New York’s leading medical centers as well as other NYSDOH Designated AIDS Centers.
Eligibility - SelectHealth

- Medicaid eligible
- HIV+ adults
- Dependent children (age <21) regardless of HIV status
- HIV Negative homeless adults living in the HRA Shelter system
- Reside in Brooklyn, Bronx, Manhattan and Queens.
**Benefits - SelectHealth**

*Please consult the Provider Manual for a full list of covered benefits and services.*

### Regular and HIV Medical Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visits with PCP</td>
<td>Access to HIV Primary Care Program</td>
</tr>
<tr>
<td>Referrals to specialists</td>
<td>Access to combination therapies</td>
</tr>
<tr>
<td>Eye/ Hearing exams</td>
<td>Help staying on schedule with medicines</td>
</tr>
<tr>
<td>Coordination of care and benefits</td>
<td></td>
</tr>
</tbody>
</table>

### Additional Benefits and Services Covered by the Plan

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care &amp; Specialty Care</td>
<td>Maternity Care</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Personal Care/Home Attendant/CDPAS</td>
</tr>
<tr>
<td>Personal Emergency Response System (PERS)</td>
<td>Adult Day Health Care &amp; AIDS Adult Day Health Care</td>
</tr>
<tr>
<td>Therapy for Tuberculosis (TB)</td>
<td>Hospice Care</td>
</tr>
<tr>
<td>Dental Care &amp; Vision Care</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Hospital Care &amp; Emergency Care</td>
<td>Behavioral Health &amp; Substance Abuse Treatment</td>
</tr>
<tr>
<td>Residential Health Care Facility Care (Nursing Home)</td>
<td>Transgender benefits &amp; services</td>
</tr>
</tbody>
</table>
THANK YOU
For more information

Please contact your assigned Provider Relations Account Manager
or
Call VNSNY CHOICE PROVIDER SERVICE LINE: 1-866-783-0222