

SECTION 7- 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. Below are the services included by plan:

	<i>CHOICE MLTC</i>	<i>CHOICE Total</i>	<i>SelectHealth</i>
Adult Day Care	X	X	
Chore Service and Housekeeping	X	X	
Comprehensive Care Management and Coordination of Healthcare Services	X	X	X
Consumer Directed Personal Assistance Services (CDPAS)	X	X	X
Dental Care	X	X	X
Durable Medical Equipment	X	X	X
Environmental Supports <i>Home Safety Modifications or Improvements</i>	X		
Eye Exams	X		
Foot Care	X		
Hearing Exams / Hearing Aids	X		
Home Delivered Meals	X		

	<i>CHOICE MLTC</i>	<i>CHOICE Total</i>	<i>SelectHealth</i>
<i>Medical and Surgical Supplies</i>		X	
<i>Nursing Home Care</i>	X	X	X
<i>Nutritional Services</i>	X		
<i>Personal Care</i>	X	X	
<i>Personal Emergency Response System (PERS)</i>	X	X	
<i>Preventive Services</i>	X		
<i>Private Duty Nursing</i>	X	X	X
<i>Professional Home Healthcare Services</i>	X	X	X
<i>Home Health Aide Services</i>			
<i>Medical Social services</i>			
<i>Nursing Care</i>			
<i>Occupational Therapy (OT)</i>			
<i>Physical Therapy (PT)</i>			
<i>Speech Therapy (ST)</i>			

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
- 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 services.

7.2- Nursing Home Care

Although we do our best to meet a member's needs at home, there may be times when it is more appropriate for them 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 the member, their doctor, their family, and their Care Manager. There are two types of nursing home stays: short term or rehabilitation stays following hospitalization, and long-term stays for ongoing care.

If the member's Medicaid eligibility allows them only to receive community services, they may be asked to complete an application for institutional Medicaid. The application includes a review of financial assets and income for the past five years. Staff from our Membership and Eligibility Unit will help with this process.

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 Clinical 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. A VNSNY nurse Care Manager will visit our member 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 bed hold 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:

- **Bed hold** – The 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.

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:

- 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.
- The hospital's discharge planner will check with the nursing home to be sure that an appropriate bed is available for the member.
- The hospital staff completes the PRI and forwards it to the nursing home.
- The nursing home reviews the PRI and assigns the member to a floor and bed that is appropriate for his/her needs.

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

- 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.
- The Care Manager will check with the nursing home to be sure that an appropriate bed is available for the member.
- A VNS nurse completes the PRI and forwards it to the nursing home.
- The nursing home reviews the PRI and assigns the member to a floor and bed that is appropriate for his/her needs.
- On the agreed upon admission date, VNSNY CHOICE arranges transportation to the nursing home and informs the nursing home that the member is coming.
- 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.
- 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.
- 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 Dem.

7.3- Pharmacy

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

VNSNY CHOICE offers a very comprehensive formulary that addresses all medically necessary drugs. VNSNY CHOICE's formulary can be accessed at 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 and Medicaid requirements when applicable in communicating decision to the physician or, when applicable, to the member. For a list of medications requiring prior authorization, please refer to the VNSNY CHOICE's formulary which can be accessed at vnsnychoice.org.

To obtain authorization for one of these medications, providers should Call MedImpact at the below telephone number:

- For VNSNY CHOICE Medicare beneficiaries- (888) 672-7203
- For SelectHealth beneficiaries- (888) 678-7741

Complete the general prior authorization form for the medication and fax it to MedImpact at the fax number listed on the forms:

- For VNSNY CHOICE Total beneficiaries- vnsnychoice.org/wp-content/uploads/2020/07/VNSNY-CHOICE-Coverage-Determination-Form.pdf
- For SelectHealth beneficiaries- vnsnychoice.org/wp-content/uploads/2020/07/SelectHealth_NYS-Medicaid-Prior-Auth-Request.pdf

Complete the process by visiting covermy meds.com/main/

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

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 calling MedImpact:

- For VNSNY CHOICE Medicare beneficiaries- (888) 672-7203
- For SelectHealth beneficiaries- (888) 678-7741
- Providers can complete the form for the medication and fax it to MedImpact at the fax number listed on the form.
- For VNSNY CHOICE Medicare beneficiaries- vnsnychoice.org/wp-content/uploads/2020/07/VNSNY-CHOICE-Coverage-Determination-Form.pdf
- For SelectHealth beneficiaries- vnsnychoice.org/wp-content/uploads/2020/07/SelectHealth_NYS-Medicaid-Prior-Auth-Request.pdf

Providers can complete the process by visiting covermy meds.com/main/.

OTC Medications

For VNSNY CHOICE Medicare beneficiaries who need to purchase OTC products, please advise members to present their OTC card to their pharmacist. Please refer to OTC catalogue for covered items: vnsnychoice.org/for-members-vnsny-choice-total/otc-card/

For SelectHealth beneficiaries who need to purchase covered OTC medications, please refer members to SelectHealth formulary: vnsnychoice.org/shformulary.

Medicare Part B Medications

Generally, Part B covers drugs that usually aren't self-administered. These drugs can be given in a doctor's office as part of their service. In a hospital outpatient department, coverage generally is limited to drugs that are given by infusion or injection. If the injection usually is self-administered or isn't given as part of a doctor's service, Part B generally won't cover it, but Medicare drug plan (Part D) may cover these drugs under certain circumstances. For list of Medicare Part B medications that may be on the list of covered drugs please refer to the VNSNY CHOICE's formulary which can be accessed at vnsnychoice.org.

If the Medicare Part B medication is not found on the formulary to obtain authorization, providers should call Medical Management at (866) 783-0222.