

Healthfirst NY Medicaid Managed Care (MMC) and Child Health Plus (CHP) Benefit Grid

****Benefit Changes are subjected to NYSDOH/CMS changes**

BENEFITS (Subject to policies and procedures)	MMC Non-SSI/Non- SSI- Related	MMC SSI/SSI- Related	MFFS	CHP**
Adult Day Health Care	COVERED		COVERED	
AIDS Adult Day Health Care	COVERED		COVERED	
Audiology, Hearing Aid Services and Products	COVERED. Hearing aid batteries covered.	Audiology, Hearing Aid Services and Products	COVERED. Hearing aid batteries covered.	Audiology, Hearing Aid Services and Products
Autism Spectrum Disorder				COVERED
Breastfeeding Support	COVERED	Breastfeeding Support	COVERED	Breastfeeding Support
Buprenorphine and Buprenorphine Management **Effective 3/1/11, Plan responsible for covered services**	COVERED Management of buprenorphine in settings other than outpatient clinics certified by the Office of Alcohol and Substance Abuse Services and by PCP, and by Mental Health Providers, for maintenance or detoxification of patients with chemical dependency. Through 9/30/11, buprenorphine when furnished and administered as part of a clinic visit (not Part 822 or 828 clinic visits) or office visit. Effective 10/1/11, buprenorphine except when furnished and administered as part of a Part 822 or 828 clinic visits.	COVERED Management of buprenorphine in settings other than outpatient clinics certified by the Office of Alcohol and Substance Abuse Services by PCPs, for maintenance or detoxification of patients with chemical dependence. Through 9/30/11, buprenorphine when furnished and administered as part of a clinic visit (not Part 822 or 828 clinic visits) or office visit. Effective 10/1/11, buprenorphine except when furnished and administered as part of a Part 822 or 828 clinic visits.		
Cardiac Rehabilitation	COVERED, as medically necessary and when	COVERED, as medically necessary and		

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	ordered by a participating provider and provided in a physician's office, Article 28 hospital outpatient departments, freestanding diagnostic and treatment centers, and FQHC.	when ordered by a participating provider and provided in a physician's office, Article 28 hospital outpatient departments, freestanding diagnostic and treatment centers, and FQHC.		
Chemical Dependence Inpatient Rehabilitation and Treatment Services	COVERED, subject to stop-loss		COVERED for SSI recipients	COVERED
Chemical Dependence Outpatient				COVERED
Compression and Support Stockings **Effective 4/1/11, limitations on gradient compression and surgical stocking codes**	COVERED	COVERED		
Court-Ordered Services	COVERED pursuant to court order	COVERED pursuant to court order		COVERED pursuant to court order
Dental Services and Orthodontic Services **Effective 10/1/11, Fluoride is covered for children up to age 17 under Rx benefit**	COVERED	COVERED	For Enrollees whose orthodontic treatment was prior approved before 10/1/2012. MFSS will continue to cover through the duration of treatment and retention	COVERED
Detoxification Services	COVERED	COVERED		COVERED
Directed Observed Therapy for Tuberculosis Disease (TB DOT)	COVERED	COVERED		
Discharge Planning	COVERED	COVERED		
Durable Medical Equipment (DME) ** Effective 4/1/11, limitations to	COVERED	COVERED		COVERED

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Updated: January 15, 2015

prescription				
Emergency Services, including Post-Stabilization Care Services	COVERED	COVERED		COVERED
Emergency Transportation				
EPSDT Services/Child Teen Health Program	COVERED	COVERED		COVERED
Supplemental (Enteral) Nutritional Formula *effective 07/01/2013 orally administered formula included*	COVERED	COVERED		
Experimental and/or Investigational Treatment	COVERED on a case by case basis	COVERED on a case by case basis		COVERED on a case by case basis
Eye Care and Low Vision Services	COVERED	COVERED		COVERED
Family Planning and Reproductive Health Services	COVERED	COVERED	COVERED	COVERED
Foot Care Services **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, is not covered in the absence of a pathological condition**	COVERED	COVERED		COVERED
Home Health Services *A part of LTHHC effective 10/01/2013**	COVERED	COVERED		
Home Delivered Meals *Effective 10/01/2013 for LTHHC members**	COVERED	COVERED		
Hospice	COVERED by MCO as of 10/1/2013	COVERED by MCO as of 10/1/2013		COVERED for CHP members who are eligible

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Inpatient Hospital Services	Covered, unless admit date precedes Effective Date of Enrollment.	Covered, unless admit date precedes Effective Date of Enrollment.		Covered, unless admit date precedes Effective Date of Enrollment.
Inpatient Stay Pending Alternate Level of Medical Care	COVERED	COVERED		COVERED
Laboratory Services	COVERED	COVERED	HIV phenotypic, virtual phenotypic and genotypic drug resistance tests and viral tropism testing	COVERED
Maternity	COVERED	COVERED	COVERED	COVERED
Medical Language Interpreter Services	COVERED as of 12/1/2012 – Contract is required to reimburse Article 28.31.32 and 16 outpatient departments, hospital, emergency rooms diagnostic center and treatment centers, federally qualified health centers and office based practitioners to provide medical language interpreter services for Enrollees with limited English proficiency (LEP) and communications services for people deaf and hard of hearing.	COVERED as of 12/1/2012 – Contract is required to reimburse Article 28.31.32 and 16 outpatient departments, hospital, emergency rooms diagnostic center and treatment centers, federally qualified health centers and office based practitioners to provide medical language interpreter services for Enrollees with limited English proficiency (LEP) and communications services for people deaf and hard of hearing.		
Medical Social Services *effective 10/01/2013 for those enrollees transitioning to LTHHC**	COVERED	COVERED		
Mental Health Services	COVERED		COVERED for SSI Enrollees	COVERED

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Midwifery Services	COVERED	COVERED		COVERED
Non-Emergency Transportation	COVERED through MFFS.	COVERED through MFFS.	COVERED through MFFS.	
Nurse Practitioner Services	COVERED	COVERED		COVERED
Nursing Home (including permanent stay)	COVERED Effective 02/01/2015, for members 21 years of age and older who live in New York City and 04/01/2015, for Nassau, Suffolk and Westchester counties who are in need of long term placement in a nursing facility Effective 10/01/2015, for individuals residing in nursing homes who are in fee-for-service Medicaid in all counties. The stay in the nursing home is for rehabilitation purposes or if permanent placement is determined by the Local Department of Social Services.	COVERED Effective 02/01/2015, for members 21 years of age and older who live in New York City and 04/01/2015, for Nassau, Suffolk and Westchester counties who are in need of long term placement in a nursing facility Effective 10/01/2015, for individuals residing in nursing homes who are in fee-for-service Medicaid in all counties. The stay in the nursing home is for rehabilitation purposes or if permanent placement is determined by the Local Department of Social Services.		
Observation Services	COVERED	COVERED		
PCI (Angioplasty) *effective 7/01/213 new criteria added for prior approval of services*	COVERED. New York Medicaid-FFS and Medicaid Managed Care will disallow payment for percutaneous coronary intervention (PCI) for those patients without acute coronary syndromes or prior coronary artery bypass graft	COVERED. New York Medicaid-FFS and Medicaid Managed Care will disallow payment for percutaneous coronary intervention (PCI) for those patients without acute coronary syndromes or prior coronary artery bypass	COVERED. New York Medicaid-FFS and Medicaid Managed Care will disallow payment for percutaneous coronary intervention (PCI) for those patients without acute coronary syndromes or prior	

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	surgery who are in the “rarely appropriate” category for the procedure based on the released guidelines.	graft surgery who are in the “rarely appropriate” category for the procedure based on the released guidelines.	coronary artery bypass graft surgery who are in the “rarely appropriate” category for the procedure based on the released guidelines.	
Post - Stabilization Care Services	COVERED	COVERED		
Prescriber Prevails for Atypical Anti-psychotic Drugs	COVERED. The Contractor may require prior authorization for atypical antipsychotics but must accept the prescriber’s professional judgment for such prescriptions if appropriate clinical rationale and demonstration of medical necessity are provided.	COVERED. The Contractor may require prior authorization for atypical antipsychotics but must accept the prescriber’s professional judgment for such prescriptions if appropriate clinical rationale and demonstration of medical necessity are provided.		
Prescription and Non- Prescription (OTC) Drugs, Medical Supplies, Enteral Formulas **Effective 5/1/11, limitations to Enteral Formula and Nutritional Supplements. **Effective 10/1/11. Pharmacy benefits covered by managed care**.	COVERED. Including pharmaceuticals and medical supplies routinely furnished or administered as part of a clinic or office visit. Coverage excludes hemophilia blood factors.	COVERED, Including pharmaceuticals and medical supplies routinely furnished or administered as part of a clinic or office visit. Coverage excludes hemophilia blood factors, Risperidone microspheres (Risperdal® Consta®), paliperidone palmitate (Invega® Sustenna®), and olanzapine (Zyprexa® Relprevv™).		COVERED. Pharmaceuticals on formulary and medical supplies routinely furnished or administered as part of a clinic or office visit. Copays and deductibles apply.
Preventive Health Services	COVERED	COVERED		COVERED
Private Duty Nursing Services	COVERED	COVERED		
Prosthetic/Orthotic	COVERED	COVERED		COVERED

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Services/Orthopedic Footwear **Effective 4/1/11, limitations added**.	Effective April 1, 2011, prescription footwear coverage is limited to treatment of foot complications in children under age 21 and diabetics, or when a shoe is part of a leg brace (orthotic).	Effective April 1, 2011, prescription footwear coverage is limited to treatment of foot complications in children under age 21 and diabetics, or when a shoe is part of a leg brace (orthotic).		
Radiology Services	COVERED	COVERED		COVERED
Rehabilitation Services **Effective 10/1/11 limitations added to Outpatient physical, occupational and speech therapy**.	COVERED Outpatient physical, occupational and speech therapy (OT/PT/ST) limited to 20 visits each per calendar year. Limits do not apply to Enrollees under age 21, Enrollees who are developmentally disabled, and Enrollees with traumatic brain injury.	COVERED Outpatient physical, occupational and speech therapy (OT/PT/ST) limited to 20 visits each per calendar year. Limits do not apply to enrollees under age 21, Enrollees who are developmentally disabled, and Enrollees with traumatic brain injury.		Covered. These therapies must be medically necessary and under the supervision or referral of a licensed physician. Short term physical and occupational therapies will be covered when ordered by a physician.
Renal Dialysis	COVERED	COVERED		COVERED
Residential Health Care Facility Services (RHCF)	COVERED, Short term nursing and rehabilitative care also Long Term Care in a custodial setting	COVERED, Short term nursing and rehabilitative care also Long Term Care in a custodial setting		
Screening, Brief Intervention and Referral to Treatment (SBIRT) for Chemical Dependency **Effective 9/1/11 coverage will be expanded to private practitioner offices**.	COVERED two screenings per calendar year in the allowable reimbursable settings without prior authorization. And up to six brief intervention sessions per calendar year, irrespective of provider, without prior	COVERED two screenings per calendar year in the allowable reimbursable settings without prior authorization. And up to six brief intervention sessions per calendar year, irrespective of		

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	approval. The first brief intervention session must be provided during the same visit as the screening, with follow-up sessions as necessary.	provider, without prior approval. The first brief intervention session must be provided during the same visit as the screening, with follow-up sessions as necessary		
Second Medical/Surgical Opinion	COVERED	COVERED		COVERED
Seriously Emotionally Disturbed (SED) **Effective 3/1/11, Plan responsible for children ages 18-21 years of age and up to twenty-two (22) years of age who meet criteria and began receiving treatment in an OMH designated clinic serving SED children prior to the individuals 21st birthday (only for the duration of the treatment episode).	COVERED	COVERED	Services provided by designated OMH clinics to children and adolescents through age eighteen (18) with a clinical diagnosis of SED are covered by Medicaid fee-for-service. Persons with SSI or SSI-related designation	
Smoking Cessation Counseling ** Effective 4/1/11, covered for all enrollees who smoke**.	COVERED 8 sessions (eff. 3/1/14) per calendar year, including individual and group counseling sessions. Effective 4/1/11, covered for all enrollees who smoke.	COVERED 8 sessions (eff. 3/1/14) per calendar year, including individual and group counseling sessions. Effective 4/1/11, covered for all enrollees who smoke.		

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