

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 effective August 1,2013	COVERED effective August 1,2013		
AIDS Adult Day Health Care	COVERED effective August 1,2013	COVERED effective August 1, 2013		
Audiology, Hearing Aid Services and Products	COVERED. Hearing aid batteries covered effective 10/1/11.	COVERED. Hearing aid batteries covered effective 10/1/11.	Hearing aid batteries through 9/30/11.	COVERED, including hearing aid batteries
Autism Spectrum Disorder				COVERED
Breastfeeding Support	COVERED effective 05/01/2013 MMC/FHP plans will cover lactation counseling services	COVERED effective 05/01/2013 MMC/FHP plans will cover lactation counseling services	COVERED effective 04/01/2013 New York State (FFS) Medicaid will provide reimbursement for evidence –based breastfeeding education and lactation counseling , consistent with United State Services Task Force (USPSFT) services	
Buprenorphine and Buprenorphine Management <i>**Effective 3/1/11, Plan responsible for covered services**</i>	COVERED Management of buprenorphine in settings other than outpatient clinics certified by the Office of Alcohol and Substance Abuse Services and by PCP,	COVERED Management of buprenorphine in settings other than outpatient clinics certified by the Office of Alcohol and Substance Abuse		

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BENEFITS (Subject to policies and procedures)	MMC Non-SSI/Non- SSI- Related	MMC SSI/SSI- Related	MFFS	CHP**
	<p>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.</p>	<p>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.</p>		
<p>Cardiac Rehabilitation</p>	<p>COVERED, as medically necessary and 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</p>	<p>COVERED, as medically necessary and 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</p>		

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BENEFITS (Subject to policies and procedures)	MMC Non-SSI/Non- SSI- Related	MMC SSI/SSI- Related	MFFS	CHP**
Chemical Dependence Inpatient Rehabilitation and Treatment Services	COVERED, subject to stop-loss		COVERED for SSI recipients	COVERED
Chemical Dependence Outpatient			COVERED	COVERED
Cardiac Rehabilitation	COVERED, as medically necessary and 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	COVERED, as medically necessary and 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	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

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BENEFITS (Subject to policies and procedures)	MMC Non-SSI/Non- SSI-Related	MMC SSI/SSI-Related	MFFS	CHP**
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. MFFS 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 effective August 1, 2013	COVERED effective August 1, 2013		
Discharge Planning	COVERED	COVERED		
Durable Medical Equipment (DME) ** Effective 4/1/11, limitations to prescription	COVERED	COVERED		COVERED
Emergency Services, including Post-Stabilization Care Services	COVERED	COVERED		COVERED
Emergency Transportation	Carved out to MFFS as of 1/1/2013	Carved out to MFFS as of 1/1/2013	Carved out to MFFS as of 1/1/2013	
EPSDT Services/Child Teen Health Program	COVERED	COVERED		COVERED
Supplemental (Enteral) Nutritional Formula *effective 07/01/2013 orally administered formula included*	Covered	Covered	Covered	

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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		
Home Delivered Meals *Effective 10/01/213 for LTHHC members**	COVERED	COVERED		
Hospice	COVERED by MCO as of 10/1/2013	COVERED by MCO as of 10/01/2013		COVERED for CHP members who are eligible
Inpatient Hospital Services	Covered, unless admit date precedes Effective Date of Enrollment -	Covered, unless admit date precedes Effective Date of Enrollment	Stayed covered only when admit date precedes Effective Date of Enrollment	COVERED

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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. Includes Pre- Surgical Testing.
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		

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Mental Health Services	COVERED		COVERED for SSI Enrollees	COVERED
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 Pending Effective 02/01/2015, for members 21 years of age and older who live in New York City and Nassau, Suffolk and Westchester counties and who are in need of long term placement in a nursing facility. The stay in the nursing home is for rehabilitation purposes or if permanent placement is determined by the Local Department of Social Services.	COVERED Pending Effective 02/01/2015, for members 21 years of age and older who live in New York City and Nassau, Suffolk and Westchester counties and who are in need of long term placement in a nursing facility. 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		

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PCI (Angioplasty) <i>*effective 7/01/213 new criteria added for prior approval of services*</i>	COVERED -Effective-07/01/213 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 surgery who are in the “rarely appropriate” category for the procedure based on the released guidelines.	COVERED -Effective-07/01/213 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 surgery who are in the “rarely appropriate” category for the procedure based on the released guidelines.	COVERED Effective-07/01/213 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 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 effective 01/01/2013, 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 effective 01/01/2013, 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.		

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<p>Prescription and Non-Prescription (OTC) Drugs, Medical Supplies, Enteral Formulas</p> <p>**Effective 5/1/11, limitations to Enteral Formula and Nutritional Supplements.</p> <p>**Effective 10/1/11. Pharmacy benefits covered by managed care**.</p>	<p>COVERED as of 10/1/11, including pharmaceuticals and medical supplies routinely furnished or administered as part of a clinic or office visit. Coverage excludes hemophilia blood factors.</p>	<p>COVERED as of 10/1/11, 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™).</p>	<p>COVERED through 9/30/11. Effective 10/1/11, hemophilia blood factors covered through MA FFS; also Risperidone microspheres (Risperdal® Consta®), paliperidone palmitate (Invega® Sustenna®), and olanzapine (Zyprexa® Relprevv™) covered through MA FFS for mainstream MMC SSI [see Appendix K.3, 2. b) xi) of this Agreement]</p>	<p>COVERED. Pharmaceuticals on formulary and medical supplies routinely furnished or administered as part of a clinic or office visit. Copays and deductibles apply.</p>
<p>Preventive Health Services</p>	<p>COVERED</p>	<p>COVERED</p>		<p>COVERED</p>
<p>Private Duty Nursing Services</p>	<p>COVERED</p>	<p>COVERED</p>		
<p>Prosthetic/Orthotic Services/Orthopedic Footwear</p> <p>**Effective 4/1/11, limitations added**.</p>	<p>COVERED Effective April 1, 2011, prescription footwear coverage is limited to treatment of foot complications in children under age 21 and diabetics, or when</p>	<p>COVERED Effective April 1, 2011, prescription footwear coverage is limited to treatment of foot complications in children under age 21 and diabetics, or when</p>		<p>COVERED</p>

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	a shoe is part of a leg brace (orthotic).	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 Effective 10/1/11, 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 Effective 10/1/11, 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, except for individuals in permanent placement	COVERED, except for individuals in permanent placement		

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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 approval. The first brief intervention session must be provided during the same visit as the screening, with follow-up sessions as necessary.	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 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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