

# **EmblemHealth Enhanced Care Plus Member Benefits**

## **SERVICES COVERED BY OUR PLAN**

**You must get these services from the providers who are in our plan.** All services must be medically or clinically necessary. Please call our Customer Service department at **1-855-283-2146** if you have any questions or need help with any of the services below.

### **Regular Medical Care**

- Office visits with your PCP
- Specialists
- Eye / hearing exams
- Help staying on schedule with medicines
- Coordination of care and benefits

### **Preventive Care**

- Regular check-ups
- Access to free needles and syringes
- Smoking cessation counseling
- HIV education and risk reduction
- Community Based Organizations (CBOs) for supportive care
- Smoking cessation care

### **Maternity Care**

- Pregnancy care
- Doctors/mid-wife and hospital services
- Screening for depression during pregnancy and up to a year after birth

### **Home Health Care**

- Must be medically needed and arranged by EmblemHealth
- One initial post-partum home health visit. All primary maternal care providers and/or birthing hospitals must offer and arrange for the initial post-partum home visit 36 to 72 hours after discharge.
- prenatal/postpartum home health visit as medically necessary, arranged by a primary maternal care provider.
- at least 2 visits to high-risk infants (newborns)
- other home health care visits as needed and arranged by your PCP/specialist

### **Personal Care/Home Attendant/Consumer Directed Personal Assistance Services (CDPAS)**

- Must be medically needed and arranged by EmblemHealth
- Personal Care/Home Attendant - Help with bathing, dressing and feeding, and help preparing meals and housekeeping.

- CDPAS – Help with bathing, dressing and feeding, help preparing meals and housekeeping, plus home health aide and nursing. This is provided by an aide chosen and directed by you. If you want more information, contact EmblemHealth at **1-855-283-2146**.

### **Personal Emergency Response System (PERS)**

This is an item you wear in case you have an emergency and need help. To qualify and get this service, you must be receiving personal care/home attendant or CDPAS services.

### **Adult Day Health Care**

- Must be recommended by your Primary Care Provider (PCP).
- Provides health education, nutrition, nursing and social care, help with daily living, rehabilitative therapy, pharmacy services, plus dental and other specialty care.

### **Therapy for Tuberculosis**

- This is help with taking your medication for TB and follow up care.

### **Hospice Care**

- Hospice helps patients and their families with their special needs that come during the final stages of illness and after death.
- Must be medically needed and arranged by EmblemHealth.
- Provides support services and some medical services to patients who are ill and expect to live for one year or less.
- You can get these services in your home or in a hospital or nursing home.

If you have any questions about these services, you can call Customer Service at **1-855-283-2146**.

### **Dental Care**

EmblemHealth Enhanced Care Plus believes that providing you with good dental care is important to your overall health care. We offer dental care through a contract with Healthplex, an expert in providing high quality dental services. Covered services include regular and routine dental services such as preventive dental check-ups, cleaning, x-rays, fillings and other services to check for any changes or abnormalities that may require treatment and/or follow-up care for you.

### **How to Get Dental Services:**

We believe that providing you with good dental care is important to your overall health care. EmblemHealth members must choose a dentist in the Healthplex network for preventive and restorative dental care such as routine checkups, X-rays, fillings, root canals, crowns and more.

If you need help finding a dentist, call Healthplex Customer Service at **1-855-910-2406**, Monday through Friday, 8 am to 6 pm, for the most up-to-date network information.

Call your dentist right away to schedule appointments for you and all other enrolled family members. Just show your dentist your member ID Card.

Then schedule regular preventive dental visits every six months to keep your teeth and gums healthy. If you do not know who your dentist is, or you want to change your dentist, please call Healthplex, our dental provider, at **1-855-910-2406** between 8 am and 6 pm, Monday through Friday. Healthplex Customer Service Representatives are available to help you. They speak many languages, but if they don't speak yours, they will connect you with a language interpretation service.

Hearing impaired members can call dial **1-800-662-1220** to connect to the Healthplex TTY line. You can change your dentist at any time for any reason. This change will be effective immediately. Show your Member ID card to access dental benefits. You will not receive a separate dental ID card. When you visit your dentist, you should show your plan ID card.

You can also go to a dental clinic that is run by an academic dental center. Call EmblemHealth Customer Service at **1-855-283-2146** for a list of academic dental centers near you.

### **Vision Care**

- Services of an ophthalmologist, ophthalmic dispenser and optometrist.
- Coverage for contact lenses, polycarbonate lenses, artificial eyes, and/or replacement of lost or destroyed glasses, including repairs, when medically necessary. Artificial eyes are covered as ordered by a plan provider
- Eye exams, generally every two years, unless medically needed more often
- Glasses, with new pair of Medicaid approved frames every two years, or more often if medically needed
- Low vision exam and vision aids (every two years, but more often if medically needed)
- Specialist for eye diseases or defects

EmblemHealth members must choose a vision care provider in the EyeMed network. If you need help finding a vision care provider, EyeMed Customer Service at **1-877-324-2791** Monday through Friday, 7:30 am to 11 pm, Saturday, 8 am to 11 pm, and Sunday 11 am to 8 pm.

### **Hospital Care**

- Inpatient care
- Outpatient care
- Lab, x-ray, other tests

### **Emergency Care**

- Emergency care services are procedures, treatments or services needed to evaluate or stabilize an emergency.
- After you have received emergency care, you may need other care to make sure you remain in stable condition. Depending on your need, you may be treated in the Emergency Room, in an inpatient hospital room, or in another setting. This is called **Post Stabilization Services**.

## **Specialty Care**

Includes the services of other practitioners, including:

- Physical therapist
- Occupational and speech therapists
- Audiologists
- Midwives
- Cardiac rehabilitation
- Durable medical equipment (DME), including hearing aids, artificial limbs and orthotics.
- Renal and hemodialysis.
- HIV/AIDS treatment services.
- Outpatient detoxification services
- Podiatrists
- Other covered services as medically needed

## **Residential Health Care Facility Care (Nursing Home)**

- Includes short term, or rehab, stays and long-term care;
- Must be authorized by EmblemHealth Enhanced Care Plus;
- Covered nursing home services include medical supervision, 24-hour nursing care, assistance with daily living, physical therapy, occupational therapy, and speech-language pathology.

If you are in need of long-term placement in a nursing home, your local department of social services must determine if you meet certain Medicaid income requirements. EmblemHealth Enhanced Care Plus and the nursing home can help you apply.

You must get this care from a nursing home that is in EmblemHealth's provider network. If you choose a nursing home outside of EmblemHealth's network, you may have to transfer to another plan. Call New York Medicaid Choice at **1-800-505-5678** for help with questions about nursing home providers and plan networks.

Call **1-855-283-2146** for help finding a nursing home in our network.

## **Infertility Services**

Some ovulation enhancing drugs for infertility will be covered for women between the ages of 21-44 years old who meet certain eligibility criteria. This benefit is limited to coverage for 3 cycles of treatment per lifetime and requires prior approval. Medical services related to prescribing and monitoring the use of such drugs will also be covered.

## **National Diabetes Prevention Program (NDPP) Services**

If you are at risk for developing type 2 diabetes, EmblemHealth covers services that may help.

Starting **Feb. 1, 2020**, EmblemHealth covers diabetes prevention services through the National Diabetes Prevention Program (NDPP). This benefit covers 22 NDPP group training sessions over the course of 12 months.

The NDPP is an educational and support program designed to help at-risk people from developing type 2 diabetes. The program consists of group training sessions that focus on the long-term, positive effects of healthy eating and exercise. The goals for these lifestyle changes include modest weight loss and increased physical activity. NDPP sessions are taught using a trained lifestyle coach.

### **Eligibility**

You may be eligible for diabetes prevention services if you have a recommendation by a physician or other licensed practitioner and are:

- At least 18 years old,
- Not currently pregnant,
- Overweight, and
- Have not been previously diagnosed with type 1 or type 2 diabetes.

And, you meet one of the following criteria:

- You have had a blood test result in the prediabetes range within the past year, **or**
- You have been previously diagnosed with gestational diabetes, **or**
- You score 5 or higher on the CDC/American Diabetes Association (ADA) Prediabetes Risk Test.

Talk to your doctor to see if you qualify to take part in the NDPP.

### **BEHAVIORAL HEALTH CARE**

Behavioral health care includes mental health and substance use (alcohol and drugs) treatment and rehabilitation services. All of our members have access to services to help with emotional health, or to help with alcohol or other substance use issues. These services include:

#### **Mental Health Care**

- Comprehensive Psychiatric Emergency Program (CPEP) (including Extended Observation Bed)
- Rehab services if you are in a community home or in family-based treatment
- Outpatient clinic services
- Inpatient mental health treatment
- Partial hospitalization program
- Continuing day treatment
- Personalized Recovery Oriented Services (PROS)
- Assertive Community Treatment Services (ACT)
- Individual and group counseling
- Crisis intervention services

#### **Substance Use Disorder Services**

- Crisis Services
  - Medically Managed Withdrawal Management

- Medically Supervised Withdrawal Management (Inpatient/Outpatient\*)
- Inpatient addiction treatment services (hospital or community based)
- Residential addiction treatment services
  - Stabilization in residential setting
  - Rehabilitation in residential setting
- Outpatient addiction treatment services
  - Intensive Outpatient Treatment
  - Outpatient Rehabilitation Services
  - \*Outpatient Withdrawal Management
  - Medication Assisted Treatment
- \*Opioid Treatment Programs (OTP)

### **Harm Reduction Services**

If you are in need of help related to substance use disorder, members in the Medicaid Managed Care benefit package will be able to get Harm Reduction Services. These services offer a patient-oriented approach to the health and wellness of substance users. Harm Reduction Services provide individuals with resources and programs to help deal with substance use. EmblemHealth will cover harm reduction services that are recommended by a doctor or other licensed professional. These include:

- A plan of care developed by a person experienced in working with substance users.
- Individual supportive counseling that assists in achieving your goals.
- Group supportive counseling in a safe space to talk with others about issues that affect your health and well-being.
- Counseling to help you with taking your prescribed medication and continuing treatment.
- Support groups to help you better understand substance use and identify coping techniques and skills that will work for you.

### **Behavioral Health Home and Community Based Services (BHHCBS)**

BHHCBS can help you with life goals such as employment, school, or other areas of your life you want to work on. To find out if you qualify, a Health Home Care Manager must complete a brief screening with you that will show if you can benefit from these services. If the screening shows you can benefit, the Care Manager will complete a full assessment with you to find out what your whole health needs are including physical, behavioral and rehabilitation services.

BHHCBS includes:

- Habilitation Services - helps you learn new skills in order to live independently in the community.
- Education Support Services - helps you find ways to return to school to get education and training that will help you get a job.
- Pre-Vocational Services - helps you with skills needed to prepare for employment.
- Transitional Employment Services - gives you support for a short time while trying out

different jobs. This includes on-the job training to strengthen work skills to help keep a job at or above minimum wage.

- Intensive Supported Employment Services- helps you find a job at or above minimum wage and keep it.
- Ongoing Supported Employment Services- helps you keep your job and be successful at it.
- Non-Medical Transportation – transportation to non-medical activities related to a goal in your plan of care.

### **Behavioral Health Community Oriented Recovery and Empowerment (CORE) Services**

Starting on **Feb. 1, 2022**, four Adult Behavioral Health Home and Community Based Services (BH HCBS) will be changing to Community Oriented Recovery and Empowerment (CORE) services. EmblemHealth will cover CORE services. You can use your EmblemHealth member ID card to get these CORE services.

New York State is making this change because CORE services are easier to get than BH HCBS. Eligible members can get CORE services through a recommendation from a qualified provider.

The services moving from BH HCBS to CORE services are:

#### **Psychosocial Rehabilitation (PSR)**

This service helps with life skills, like making social connections, finding or keeping a job, starting or returning to school, and using community resources.

#### **Community Psychiatric Supports and Treatment (CPST)**

This service helps you manage symptoms through counseling and clinical treatment.

#### **Empowerment Services – Peer Supports**

This service connects you to peer specialists who have gone through recovery. You will get support and assistance with learning how to:

- Live with health challenges and be independent,
- Help you make decisions about your own recovery, and
- Find natural supports and resources.

#### **Family Support and Training (FST)**

This service gives your family and friends the information and skills to help and support you.

### **What are the changes from BH HCBS to CORE services?**

These CORE services are almost the same as they were in BH HCBS. There are two changes:

1. You now have more options for services to support goals related to work and school. You can work with a CORE PSR provider to help you:
  - Get a job or go to school while managing mental health or addiction struggles,

- Live independently and manage your household, and
  - Build or strengthen healthy relationships.
2. Short-term Crisis Respite and Intensive Crisis Respite are now called Crisis Residential Services and are still available.

### **What's not changing?**

These seven services are still available under BH HCBS:

- Habilitation
- Education Support Services
- Pre-Vocational Services
- Transitional Employment
- Intensive Supported Employment
- Ongoing Supported Employment
- Non-Medical Transportation

### **Will I have to change my BH HCBS provider to get CORE services?**

If you were getting CPST, PSR, FST, or Peer Support as BH HCBS before **Feb. 1, 2022**, you can keep getting the same services from your provider under CORE. Your provider will talk to you about any changes that affect you. You can also ask your care manager for help.

### **Do I need an assessment for BH HCBS?**

Yes, you need to complete the New York State Eligibility Assessment with your care manager or recovery coordinator to get a BH HCBS.

### **Do I need an assessment for CORE services?**

No, you do not need the New York State Eligibility Assessment to get CORE services. You can get a CORE service if it is recommended for you by a qualified provider, like a doctor or social worker. The qualified provider may want to discuss your diagnosis and needs before making a recommendation for a CORE service.

### **How do I find a qualified provider to recommend me for CORE services?**

Your primary care doctor or therapist may be able to make a recommendation for CORE services. If you need help finding a qualified provider, contact Member Services at the number below. You can also ask your care manager for help.

To learn more about these services, call Member Services at **855-283-2146** (TTY: 711).



### **Crisis Residence Services for Children and Adults**

These overnight services help children and adults who are having an emotional crisis. Crisis Residence services include:

#### **Residential Crisis Support**

This is a program for people who are age 18 or older with symptoms of emotional distress. These symptoms cannot be managed at home or in the community without help.

#### **Intensive Crisis Residence**

This is a treatment program for people who are age 18 or older who are having severe emotional distress.

#### **Children's Crisis Residence**

This is a support and treatment program for people under age 21. These services help people cope with an emotional crisis and return to their home and community.

### **Gambling Disorder Treatment, Provided by Office of Addiction Services and Supports (OASAS) Certified Programs.**

Starting **Jan. 1, 2023**, EmblemHealth will cover Gambling Disorder Treatment provided by Office of Addiction Services and Supports (OASAS) certified programs.

You can get Gambling Disorder Treatment:

- face-to-face; or
- through telehealth.

If you need Gambling Disorder Treatment, you can get them from an OASAS outpatient program or, if necessary, an OASAS inpatient or residential program.

You do not need a referral from your primary care provider (PCP) to get these services. If you need help finding a provider, please call EmblemHealth member services at the number listed below.

To learn more about these services, call Member Service at **855-283-2146 (TTY: 711)**. Our hours are 8 a.m. to 6 p.m., Monday through Friday (excluding major holidays).

### **Other Covered Services**

- Durable Medical Equipment (DME) / Hearing Aids / Prosthetics / Orthotics
- Court Ordered Services
- Social Support Services (help in getting community services)
- FQHC or similar services

## **Benefits You Can Get from Our Plan *OR* With Your Medicaid Card**

For some services, you can choose where to get your care. You can get these services by using your EmblemHealth membership card. You can also go to providers who will take your Medicaid Benefit card. Call Customer Service if you have questions at 1-855-283-2146.

### **Family Planning**

You can go to any doctor or clinic that takes Medicaid and offers family planning services. Or you can visit one of our family planning providers.

You can get birth control drugs, birth control devices (IUDs and diaphragms) that are available with a prescription, plus emergency contraception, sterilization, pregnancy testing, prenatal care, and abortion services. You can also see a family planning provider for HIV and sexually transmitted infection (STI) testing and treatment and counseling related to your test results. Screenings for cancer and other related conditions are also included in family planning visits.

### **HIV and STI Screening**

You can get this service any time from your PCP or EmblemHealth doctors. When you get this service as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services.

Everyone should talk to their doctor about having an HIV test. To access free HIV testing or testing where your name isn't given, call 1-800-541-AIDS (English) or 1-800-233-SIDA (Spanish).

### **TB Diagnosis and Treatment**

You can choose to go either to your PCP or to the county public health agency for diagnosis and/or treatment.

## **Benefits Using Your MEDICAID CARD Only**

There are some services EmblemHealth Enhanced Care Plus does not provide. You can get these services from any provider who takes Medicaid by using your Medicaid Benefit card.

### **Transportation**

Regular Medicaid covers emergency transportation for all New York City, Nassau, Suffolk and Westchester Medicaid members. In an emergency, all members just call 911 for emergency transportation.

To get non-emergency transportation, you or your provider must call:

- Nassau and Suffolk County members: LogistiCare at 1-844-678-1103
- Westchester County members: Medical Answering Services (MAS) at 1-866-883-7865.
- New York City Members: Medical Answering Services (MAS) at 1-844-666-6270.

If possible, you or your provider should call the Medicaid transportation vendor at least 3 days before your medical appointment and provide your Medicaid identification number (ex. AB12345C), appointment date and time, address where you are going, and doctor you are seeing. Non-emergency medical transportation includes personal vehicle, bus, taxi, ambulette and public transportation.

If you have an emergency and need an ambulance, you must call 911.

### **Developmental Disabilities**

- Long-term therapies
- Day treatment
- Housing services
- Medicaid Service Coordination (MSC) program
- Services received under the Home and Community Based Services Waiver
- Medical Model (Care-at-Home) Waiver Services

### **Pharmacy Services**

Starting April 1, 2023, your prescriptions will not be covered by EmblemHealth. They will be covered by Medicaid NYRx, the Medicaid pharmacy program.

Most pharmacies in New York State take the Medicaid NYRx pharmacy program. If your pharmacy does not take Medicaid, you may:

- Ask your doctor to send a new prescription to a pharmacy that takes Medicaid NYRx pharmacy program, or
- Ask your pharmacist to transfer a refill to a pharmacy that takes Medicaid NYRx pharmacy program, or
- Locate a pharmacy that takes Medicaid NYRx at: <https://member.emedny.org>.

You will need to show the pharmacist either your Medicaid Card **or** your Health Plan Card. This will tell them your Client Identification Number (CIN).

Medicaid NYRx has a list of covered drugs. Over-the-counter drugs and most drugs are on the list. This list of covered drugs can be found at:

<https://www.emedny.org/info/formfile.aspx>.

- Some drugs need prior approval before they can be filled. This list will tell you if a drug needs prior approval. Your doctor will call to get prior approval.
- If your drug is not on this list:
  - Your doctor can ask Medicaid for approval to let you get the drug, or
  - Your pharmacist can talk to your doctor about changing to a drug that is on the list.

Medicaid NYRx pharmacy plan also has a preferred drug list. This list can be found at: [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf).

- If you need a drug that is listed as a non-preferred drug, you will be able to get a **one-time only** fill of this drug from April 1, 2023, through June 30, 2023.
- If you need a non-preferred drug, please contact your pharmacist or doctor so that they can get approval for you to get this drug.

The Medicaid copayment structure is not changing. Your copayment might change depending on if the drug is preferred or non-preferred.

Your pharmacy benefit also covers certain supplies:

- A list of covered supplies can be found at: <https://member.emedny.org/>.
- A list of preferred diabetic meters and test strips can be found at: [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDSP\\_preferred\\_supply\\_list.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDSP_preferred_supply_list.pdf).
  - Medicaid will allow a **one-time only** fill from April 1, 2023, through June 30, 2023, for non-preferred test strips.
  - You will need to change to a preferred diabetic meter and test strip.

**Do you have questions or need help?** The Medicaid Helpline can assist you. They can talk to you in your preferred language. They can be reached at 1-855-648-1909 TTY 1-800-662-1220.

They can answer your call:

- Monday - Friday, 8 am – 8pm
- Saturday, 9am – 1 pm

## Services NOT Covered

*These services are **not available** from EmblemHealth or Medicaid.* If you get any of these services, you may have to pay the bill.

- Cosmetic surgery if not medically needed.
- Personal and comfort items.
- Infertility treatments for men.
- Erectile dysfunction treatments and services.
  
- Services from a provider that is not part of EmblemHealth, unless it is a provider you are allowed to see as described elsewhere in this handbook, or EmblemHealth or your PCP sends you to that provider.

You may have to pay for any service that your PCP does not approve. Or, if you agree to be a “private pay” or “self-pay” patient before you get a service, you will have to pay for the service.

This includes:

- non-covered services (listed above),
- unauthorized services,
- services provided by providers not part of EmblemHealth Enhanced Care Plus

**If you have any questions, call Customer Service at 1-855-283-2146.**