

## **Medicaid Managed Care (MMC) Overview:**

Managed Care is a general term used to describe any health insurance plan or system that coordinates care through a primary care practitioner or is otherwise structured to control quality, cost and utilization, focusing on preventive care.

Medicaid Managed Care (MMC) provides Medicaid state plan benefits to enrollees through a managed care delivery system comprised of Managed Care Organizations (MCOs).

### **MCO's:**

- Authorized under Section 364-j of Social Services Law (SSL)
- Contracts and pays the participating providers directly for services
- Are paid a capitated rate (per member/per month) by NYS
- Benefits consist of plan covered services and Medicaid Fee-For-Service carve-out services

### **NYS Medicaid Managed Care Plans (MMCP):**

- Are HMOs, PHSPs, or HIV SNPs
- Certified under Article 44 of the Public Health Law by the Department of Health in conjunction with the Department of Financial Services
- Qualified by the Department of Health to provide Medicaid services
- Meet federal regulations at 42 CFR 438

### **Populations Eligible for Enrollment**

#### **Medicaid Managed Care Populations**

All Eligible Persons who meet the criteria in Section 364-j of the SSL and/or New York State's Operational Protocol for the Partnership Plan shall be eligible for Enrollment in the Contractor's Medicaid Managed Care product.

#### **Total MMC Enrollment as of July 2015:**

Upstate:	1,823,516
New York City:	2,816,806
Total Enrolled:	4,640,322

### **Eligibility Requirements:**

- Most Medicaid eligible individuals are required to enroll in a MMC Plan unless otherwise exempt or excluded. Medicaid eligibility must be established first.
- An **exemption** means that a consumer is not required to join a MMC Plan unless he or she so chooses.

- Exemptions are outlined in NYS Social Services Law section 364-j(3)(d).
- Some consumers remain excluded from MMC enrollment.
- Under the Medicaid Redesign Team initiatives, most exemptions/exclusions are removed, and consumers will be required to enroll in MMC to obtain Medicaid covered services.

**Covered Services:**

- MMC Plans are responsible for assuring enrollees have access to a comprehensive range of preventative, primary, specialty, ancillary and inpatient services through their provider networks.
- See Appendix K Medicaid Managed Care Covered/Non-covered Services contained within the informational packet.

## K.1

### PREPAID BENEFIT PACKAGE

\* See K.2 for Scope of Benefits

\*\* No Medicaid fee-for-service wrap-around is available

Note: If cell is blank, there is no coverage.

*	Covered Services	MMC Non-SSI/Non-SSI Related	MMC SSI/SSI-related	MFFS	FHPlus **
1.	Inpatient Hospital Services	Covered, unless admit date precedes Effective Date of Enrollment [see § 6.8 of this Agreement]	Covered, unless admit date precedes Effective Date of Enrollment [see § 6.8 of this Agreement]	Stay covered only when admit date precedes Effective Date of Enrollment [see § 6.8 of this Agreement]	Covered, unless admit date precedes Effective Date of Enrollment [see § 6.8 of this Agreement]
2.	Inpatient Stay Pending Alternate Level of Medical Care	Covered	Covered		Covered
3.	Physician Services	Covered	Covered		Covered
4.	Nurse Practitioner Services	Covered	Covered		Covered
5.	Midwifery Services	Covered	Covered		Covered
6.	Preventive Health Services	Covered	Covered		Covered
7.	Second Medical/Surgical Opinion	Covered	Covered		Covered
8.	Laboratory Services	Covered.  Effective 4/1/14, HIV phenotypic, virtual phenotypic and genotypic drug resistance tests and viral tropism testing	Covered.  Effective 4/1/14, HIV phenotypic, virtual phenotypic and genotypic drug resistance tests and viral tropism testing	Covered through 3/31/14, HIV phenotypic, virtual phenotypic and genotypic drug resistance tests and viral tropism testing	Covered
9.	Radiology Services	Covered	Covered		Covered
10.	Prescription and Non-Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula	Covered. Coverage excludes hemophilia blood factors.	Covered. Coverage excludes hemophilia blood factors, Risperidone microspheres (Risperdal® Consta®), paliperidone palmitate (Invega® Sustenna®), Abilify Maintena™ and olanzapine (Zyprexa® Relprevv™).	Hemophilia blood factors covered through MA FFS; also Risperidone microspheres (Risperdal® Consta®), paliperidone palmitate (Invega® Sustenna®), Abilify Maintena™ and olanzapine (Zyprexa® Relprevv™) covered through MA FFS for mainstream MMC SSI [see Appendix K.3, 2. b) xi) of this Agreement].	Covered. Coverage includes prescription drugs, insulin and diabetic supplies, smoking cessation agents, select OTCs, vitamins necessary to treat an illness or condition, hearing aid batteries and enteral formulae. Hemophilia blood factors covered through MA FFS.

*	Covered Services	MMC Non-SSI/Non-SSI Related	MMC SSI/SSI-related	MFFS	FHPlus **
11.	Smoking Cessation Products	Covered	Covered		Covered
12.	Rehabilitation Services	Covered. Outpatient physical, occupational and speech therapy 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 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 for short term inpatient, and limited to 20 visits each per calendar year for outpatient PT, OT, and speech therapy.
13.	EPSDT Services/Child Teen Health Program (C/THP)	Covered	Covered		Covered
14.	Home Health Services	Covered	Covered		Covered for 40 visits in lieu of a skilled nursing facility stay or hospitalization, plus 2 post partum home visits for high risk women
15.	Private Duty Nursing Services	Covered	Covered		Not covered
16.	Hospice	Covered	Covered		Covered
17.	Emergency Services  Post-Stabilization Care Services (see also Appendix G of this Agreement)	Covered  Covered	Covered  Covered		Covered  Covered
18.	Foot Care Services	Covered	Covered		Covered
19.	Eye Care and Low Vision Services	Covered	Covered		Covered
20.	Durable Medical Equipment (DME)	Covered	Covered		Covered
21.	Audiology, Hearing Aids Services & Products	Covered	Covered		Covered
22.	Family Planning and Reproductive Health Services	Covered if included in Contractor's Benefit Package as per Appendix M of this Agreement.	Covered if included in Contractor's Benefit Package as per Appendix M of this Agreement.	Covered pursuant to Appendix C of Agreement.	Covered if included in Contractor's Benefit Package as per Appendix M of this Agreement or through the DTP Contractor.



*	Covered Services	MMC Non-SSI/Non-SSI Related	MMC SSI/SSI-related	MFFS	FHPlus **
23.	Non-Emergency Transportation	Covered if included in Contractor's Benefit Package as per Appendix M of this Agreement until benefit is transferred to MFFS according to a phase-in schedule.	Covered if included in Contractor's Benefit Package as per Appendix M of this Agreement until benefit is transferred to MFFS according to a phase-in schedule.	Covered if not included in Contractor's Benefit Package. Benefit to be covered by MFFS according to a phase-in schedule.	Not covered, except for transportation to C/THP services for 19 and 20 year olds. Benefit to be covered by MFFS according to a phase-in schedule.
24.	Emergency Transportation	Covered if included in Contractor's Benefit Package as per Appendix M of this Agreement until benefit is transferred to MFFS according to a phase-in schedule.	Covered if included in Contractor's Benefit Package as per Appendix M of this Agreement until benefit is transferred to MFFS according to a phase-in schedule.	Covered if not included in Contractor's Benefit Package. Benefit to be covered by MFFS according to a phase-in schedule.	Covered
25.	Dental and Orthodontic Services	Covered.	Covered.	For Enrollees whose orthodontic treatment was prior approved before 10/1/12, MFFS will continue to cover through the duration of treatment and retention.	Covered, if included in Contractor's Benefit Package as per Appendix M of this Agreement, excluding orthodontia.
26.	Court-Ordered Services	Covered, pursuant to court order (see also §10.9 of this Agreement).	Covered, pursuant to court order (see also §10.9 of this Agreement).		Covered, pursuant to court order (see also §10.9 of this Agreement).
27.	Prosthetic/Orthotic Services/Orthopedic Footwear	Covered	Covered		Covered, except for orthopedic shoes
28.	Mental Health Services	Covered		Covered for SSI Enrollees	Covered subject to calendar year benefit limit of 30 days inpatient, 60 visits outpatient, combined with chemical dependency services.
29.	Detoxification Services	Covered	Covered		Covered
30.	Chemical Dependence Inpatient Rehabilitation and Treatment Services	Covered subject to stop loss		Covered for SSI recipients	Covered subject to calendar year benefit limit of 30 days combined with mental health services

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31.	Chemical Dependence Outpatient			Covered	Covered subject to calendar year benefit limits of 60 visits combined with mental health services
32.	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
33.	Renal Dialysis	Covered	Covered		Covered
34.	Residential Health Care Facility (Nursing Home) Services (RHCF)	Covered, except for Enrollees under age 21 in Long Term Placement Status.	Covered, except for Enrollees under age 21 in Long Term Placement Status.		Covers only non-permanent rehabilitative stays.
35.	Personal Care Services	Covered. When only Level I services provided, limited to 8 hours per week.	Covered. When only Level I services provided, limited to 8 hours per week.		Not covered
36.	Personal Emergency Response System (PERS)	Covered	Covered		Not covered
37.	Consumer Directed Personal Assistance Services	Covered	Covered		Not covered
38.	Observation Services	Covered	Covered		Covered
39.	Medical Social Services	Covered only for those Enrollees transitioning from the LTHHCP and who received Medical Social Services while in the LTHHCP	Covered only for those Enrollees transitioning from the LTHHCP and who received Medical Social Services while in the LTHHCP		Not covered
40.	Home Delivered Meals	Covered only for those Enrollees transitioning from the LTHHCP and who received Home Delivered Meals while in the LTHHCP	Covered only for those Enrollees transitioning from the LTHHCP and who received Home Delivered Meals while in the LTHHCP		Not covered
41.	Adult Day Health Care	Covered	Covered		Not Covered
42.	AIDS Adult Day Health Care	Covered	Covered		Not Covered
43.	Tuberculosis Directly Observed Therapy	Covered	Covered		Not Covered