



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELIGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Abdominal aortic aneurysm screening	No	Yes	One-Time Screening ultrasound for people at risk
Acupuncture	No	Yes	<p>Our plan offers thirty (30) additional to Medicare-covered acupuncture treatments each year for patients demonstrating an improvement and when provided by certified network providers. Chronic low back pain (CLBP) is defined as:</p> <ul style="list-style-type: none"> Lasting 12 weeks or longer; Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease); not associated with surgery; and not associated with pregnancy. <p>For patients demonstrating an improvement, eight (8) additional sessions will be covered. No more than 42 acupuncture treatments may be administered annually. Treatment must be discontinued if the patient is not improving or is regressing.</p>
<p>Ambulance Services (Air/Ground)</p> <p>Worldwide Emergency Transportation Emergency transportation services are covered within the U.S. and worldwide. Each year, our plan covers up to \$50,000 towards urgent or emergency services, including transportation.</p>	<p>No</p> <p>(Prior Authorization <u>is</u> required for non-emergency air and ground ambulance services)</p>	<p>No</p> <p>(Prior Authorization <u>is</u> required for non-emergency air and ground ambulance services)</p>	<p>Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person’s health or if authorized by the plan.</p> <p>Non-emergency transportation by ambulance is appropriate if it is documented that the member’s condition is such that other means of transportation could endanger the person’s health and that transportation by ambulance is medically required.</p>



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Annual wellness visit	No	Yes	Once every 12 months. Initial Annual Wellness Visit: G0438 Subsequent Annual Wellness Visit: G0439
Bone mass measurement	No	Yes	Once every 24 months or more frequently if medically necessary.
Breast cancer screening 1. Screening mammogram	No	Yes	One baseline mammogram between ages 35-39. One screening mammogram every 12 month for women 40 and older. Clinical breast exams once every 24 months.
Breast cancer screening 1. Diagnostic mammogram	Yes	Yes	A diagnostic mammography is a radiological mammogram and is a covered diagnostic test under the following conditions: <ul style="list-style-type: none"> A patient has distinct signs and symptoms for which a mammogram is indicated; A patient has a history of breast cancer; or A patient is asymptomatic but based on the patient’s history and other factors the physician considers significant, the physician’s judgment is that a mammogram is appropriate.



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Cardiac rehabilitation services (Includes exercise, education, counseling) – Initial course treatment	Yes	Yes	<p>Limitations: cardiac rehabilitation program sessions are limited to a maximum of 2 1-hour sessions per day for up to 36 sessions or up to 36 weeks, with the option for an additional 36 sessions or an extended period of time if approved by the plan based on medical necessity. Intensive cardiac rehabilitation program sessions are limited to 72 1-hour sessions, up to 6 sessions per day, over a period of up to 18 weeks.</p> <ul style="list-style-type: none"> For patients whose doctor referred them and who had any of the following: A heart attack in the last 12 months Coronary artery bypass surgery Current stable angina pectoris (chest pain) A heart valve repair or replacement A coronary angioplasty (a medical procedure used to open a blocked artery) or coronary stenting (a device used to keep an artery open) A heart or heart- lung transplant Stable, chronic heart failure defined as patients with left ventricular ejection fraction of 35% or less and New York Heart Association (NYHA) class II to IV symptoms despite being on optimal heart failure medical therapy for at least 6 weeks For cardiac rehabilitation only, other cardiac conditions as specified through NCD. <p>Intensive cardiac rehabilitation (ICR) programs, like cardiac rehabilitation (CR) programs, include exercise, education, and counseling for patients whose doctor referred them and who had any of the conditions listed above. ICR programs are more rigorous or more intense than CR programs.</p>



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Continued: Cardiac rehabilitation services (Includes exercise, education, counseling) – Initial course treatment	Yes	Yes	<p>Components of a cardiac rehabilitation program and an intensive cardiac rehabilitation program must included all of the following:</p> <ul style="list-style-type: none"> Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished. Cardiac risk factor modification, including education, counseling, and behavioral intervention, tailored to the patients' individual needs. Psychosocial assessment. Outcomes assessment. An individualized treatment plan detailing how components are utilized for each patient. The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days. <p>Settings: Both CR and ICR programs may be provided in a hospital outpatient setting (including a critical access hospital) or in a doctor's office.</p>
Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)	No	Yes	One visit per year with the Primary Care Physician.
Cardiovascular disease testing	No	Yes	Blood tests (Lipid Panel) for the detection of cardiovascular disease (or abnormalities associated with an elevated risk of cardiovascular disease) once every 5 years (60 months).
Cervical and vaginal cancer screening 1. Pelvic Exam 2. Pap Test	No	Yes	For all women: Pap tests and pelvic exams once every 24 months or at high risk of cervical or vaginal cancer or you are of childbearing age and have had an abnormal Pap test within the past 3 years: one Pap test every 12 months.



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Chiropractic services	No	Yes	We cover manual manipulation of the spine to correct subluxation.
Colorectal cancer screening 1. Colonoscopy (screening/preventative)	Yes Prior Authorization is required for colonoscopy and barium enema screening.	Yes	For people 50 and older: <ul style="list-style-type: none"> Flexible sigmoidoscopy (or screening barium enema as an alternative) every 48 months; One of the following every 12 months: <ul style="list-style-type: none"> Guaiaac-based fecal occult blood test or Fecal immunochemical test; DNA based colorectal screening every 3 years; For people at high risk: <ul style="list-style-type: none"> Screening colonoscopy (or screening barium enema as an alternative) every 24 months; For people not at high risk: <ul style="list-style-type: none"> Screening colonoscopy every 10 years (120 months), but not within 48 months of a screening sigmoidoscopy.
Colorectal cancer 1. Colonoscopy (surgical)	Yes Prior Authorization is required for colonoscopy and barium enema screening.	Yes	IMPORTANT: If a screening colonoscopy or screening flexible sigmoidoscopy results in the biopsy or removal of a lesion or growth during the same visit, the procedure is considered diagnostic, and cost-share applies.



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Dental services	Contact HealthPlex 1-800-468-9868 for coverage and authorization Prior authorization may be required for certain Healthplex services	Yes	Limited to a \$2,000 maximum limit per year for comprehensive dental services including preventive & diagnostic care, oral surgery, endodontics, periodontics, restorations and removable prosthetics (dentures). As a dual eligible member, you are entitled to additional Medicaid-covered dental services including necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition.
Depression screening	No	Yes	One screening for depression per year. The screening must be done in a primary care setting that can provide follow-up treatment and/or referrals.
Diabetes screening	No	Yes	Based on test results, we cover up to 2 diabetes screenings every 12 months. If there is a history of hypertension, abnormal cholesterol levels, obesity or hyperglycemia. Test may also be covered for overweight people and those who have a family history of diabetes.



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Diabetes self-management training	No	Yes	<p>For people diagnosed with diabetes may cover up to 10 hours within the initial 12 months of diabetes self-management training. May qualify for up to 2 hours of follow-up training each year if the following conditions are met:</p> <ul style="list-style-type: none"> It is provided in a group of 2-20 people; It last for at least 30 minutes; It takes place in a calendar year after the year the beneficiary got their initial training <p>The beneficiary’s doctor or qualified health care provider ordered it as part of the beneficiary’s plan of care. Must be provided by a physician or non-physician practitioner or other qualified health professional as defined at 42 CFR 410 Subpart H.</p>
Diabetic services and supplies	No	Yes	<p>Supplies to monitor blood glucose: Blood glucose monitor, blood glucose test strips, lancet devices and lancets, and glucose-control solutions for checking the accuracy of test strips and monitors.</p> <p>Monitoring and testing supplies are limited to <i>Precision</i>, <i>OneTouch</i> and <i>FreeStyle</i>, the plan’s preferred brands.</p>
Diabetic therapeutic shoes and inserts	Yes	Yes	<p>For people with diabetes who have severe diabetic foot disease: One pair per calendar year of therapeutic custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts, or one pair of depth shoes and three pairs of inserts (not including the non-customized removable inserts provided with such shoes). Coverage includes fitting.</p>



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Durable medical equipment and related supplies	Yes	Yes	Covered items include, but are not limited to: wheelchairs, crutches, hospital bed, IV infusion pump, oxygen equipment, nebulizer, and walker. Please refer to Medicare limitations.
Emergency care (US + Territories and Worldwide)	No	No	Medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse. If admitted to the hospital within 24 hours for the same condition, the copay is waived.
Hearing services by a physician, audiologist, or other qualified provider	No (Contact EPIC Hearing)	Yes	One (1) Routine Hearing Exam per year. Diagnostic hearing and balance evaluations to determine if medical treatment is necessary, are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider. Dual eligible members are entitled to additional Medicaid-covered hearing services such as hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.
Hearing aids	Yes (Contact EPIC Hearing 1-866-956-5400 for coverage.)	Yes	We cover \$1,000 towards the purchase of hearing aids (both ears) once every 2 years. Fitting and evaluation for hearing aids are limited to four (4) visits and covered within the first year after purchase of a hearing aid.



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HIV screening	No	Yes	Increased risk: one screening exam every 12 months Women who are pregnant: up to 3 screening exams during pregnancy.
Home health agency care	Yes	Yes	Skilled nursing and health aide services combined must total to fewer than 8 hours per day and 35 hours per week. Other services are covered. A dual eligible member is entitled to additional Medicaid-covered home health services (e.g., home health aide services with nursing supervision as medically necessary).
Home infusion therapy	Yes	Yes	Home infusion therapy involves the intravenous or subcutaneous administration of drugs or biologicals to an individual at home. The components needed to perform home infusion include the drug (for example, antivirals, immune globulin), equipment (for example, a pump), and supplies (for example, tubing and catheters). Covered services include, but are not limited to: <ul style="list-style-type: none"> Professional services, including nursing services, furnished in accordance with the plan of care Patient training and education not otherwise covered under the durable medical equipment benefit
Hospice care	Covered under Original Medicare.	Covered under Original Medicare.	Medicare-certified hospice program is covered by Original Medicare.



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Immunizations/Vaccinations	No	Yes	<p>Flu shots once a year in the fall or winter with additional flu shots, if medically necessary.</p> <ul style="list-style-type: none"> Pneumonia vaccine Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary Hepatitis B vaccine for members at high or intermediate risk of getting Hepatitis B Covid-19 vaccine Other vaccines if for members at risk and who meet Medicare Part B coverage rules <p>Some vaccines are covered under the Part D prescription drug benefit. The following link provides updates related to COVID-19 vaccination coverage: https://agewellnewyork.com/for-providers/covid-19-updates/</p>
Inpatient hospital care	Yes (Prior Authorization is required for elective admissions, not emergency admissions.)	Yes	<p>Medicare benefit periods apply. A benefit period begins the day the patient is admitted as an inpatient in the hospital and ends when they have not received any inpatient care for 60 consecutive days. Awny encourages the admitting facility to notify us as soon as possible following an emergent admission to ensure appropriate discharge planning and post-hospitalization care.</p>



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Inpatient mental health care (psychiatric hospital)	NO (Prior Authorization is required for elective admissions, not emergency admissions.)	Yes	Covered for up to 190 days for inpatient services in a psychiatric hospital in a lifetime. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.
Inpatient stay: Covered services received in a hospital or SNF during a non-covered inpatient stay	Yes Prior Authorization is required for genetic testing, therapeutic and diagnostic radiological services/procedures, blood services and tests, DME supplies, prosthetic devices, and physical, occupational, and speech language therapy visits.	Yes	After the inpatient benefits has been exhausted or if the inpatient stay is not reasonable and necessary, we will not cover your inpatient stay. However, in some cases, we will cover certain services you receive while you are in the hospital or the skilled nursing facility (SNF).



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Medical nutrition therapy	No	Yes	This benefit is for people with diabetes, renal (kidney) disease (but not on dialysis), or after a kidney transplant when ordered by the doctor. 3 hours of one-on-one counseling services during the first year, 2 hours each year after that.
Medicare Diabetes Prevention Program (MDPP)	No	Yes	MDPP services will be covered for eligible Medicare beneficiaries.
Medicare Part B prescription drugs	Yes	Yes	Step Therapy may apply to certain drugs. The following link provides a list of Part B drugs that may be subject to Step Therapy: https://www.agewellnewyork.com/for-members/covered-drugs/medicare-part-b-drugs/
Medicare Part D prescription drugs	Yes	Yes	The following link lists Prior Authorization (PA) requirements on certain drugs: https://agewellnewyork.com/health-plan-options/2023-medicare-advantage-prescription-drug-plans/advantage-plus-hmo-2023/awny-covered-drugs-formulary-medication/ For other questions, please contact our Pharmacy Benefit Manager, Elixir for AgeWell New York Member Services at 1-844-782-7670.
Obesity screening and therapy to promote sustained weight loss	No	Yes	Intensive counseling is covered for people that have a body mass index of 30 or more.



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Opioid Treatment Program Services	Yes	Yes	<p>Treatment services are covered under Medicare Part B and include: FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications if applicable, substance use counseling, individual and group therapy, and toxicology testing.</p> <p>OASAS encourages plans to identify individual or program service patterns that fall outside of expected clinical practice but will not permit regular requests for treatment plan updates for otherwise routine outpatient and opioid service utilization.</p> <ul style="list-style-type: none"> 150-200 visits per year are within an average expected frequency for opioid treatment clinic visits. The contractor will allow enrollees to make unlimited self-referrals for substance use disorder assessment from participating providers without requiring prior authorization or referral from the enrollee's primary care provider.
Other Health Care Professional Services	Yes (Prior Authorization is <u>not</u> required for Nurse Practitioner and Physician Assistant)	Yes	We cover services provided by other health providers, such as physician Assistants, nurse practitioners, social workers, and psychologists. Coverage can also include a health educator, a registered dietitian, or nutrition professional, or other licensed practitioner or a team of such medical professionals, working under the direct supervision of a Physician.



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Outpatient diagnostic tests and therapeutic services and supplies	No (Prior Authorization <u>is</u> required for Genetic Testing and tests that require contrasts or Anesthesia.)	Yes	Covered services include but are not limited to: <ul style="list-style-type: none"> • Preventive Diagnostic procedures and tests • X-Rays • Radiation (radium and isotope) therapy including technician materials and supplies • Lab services • Diagnostic procedures and tests such as: <ul style="list-style-type: none"> ○ Echocardiogram ○ EKG ○ Sonogram ○ Ultrasound
	Yes	Yes	<ul style="list-style-type: none"> • Surgical and medical supplies • Blood Services - Coverage begins with the first pint (3-pint deductible is waived) • Therapeutic radiological services • Diagnostic radiological services (e.g. CT, MRI, PET scan, MRA, etc.)



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Outpatient hospital observation	Yes	Yes	<ul style="list-style-type: none"> Observation services are hospital outpatient services given to determine if you need to be admitted as an inpatient or can be discharged. For outpatient hospital observation services to be covered, they must meet the Medicare criteria and be considered reasonable and necessary. Observation services are covered only when provided by the order of a physician or another individual authorized by state licensure law and hospital staff bylaws to admit patients to the hospital or order outpatient tests.
Outpatient hospital services	Yes (Prior Authorization <u>may</u> be required for outpatient diagnostic procedures, tests and supplies as described in <i>Outpatient diagnostic</i> benefit section listed above)	Yes	<p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> Services in an emergency department or outpatient clinic, such as observation services or outpatient surgery. Laboratory and diagnostic tests billed by the hospital. Mental health care, including care in a partial-hospitalization program, if a doctor certifies that inpatient treatment would be required without it. X-rays and other radiology services billed by the hospital Medical supplies such as splints and casts Certain screenings and preventative services. Certain drugs and biologicals.



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Outpatient mental health care: Ambulatory Mental Health Services Carved-In	No	Yes	<p>We cover mental health clinic including initial assessment; psychosocial assessment; and individual, family/collateral, and group psychotherapy for at least 30 visits per calendar year without requiring prior authorization. Concurrent review may be conducted and must not violate parity law.</p> <ul style="list-style-type: none"> Mental health services provided by a state-licensed psychiatrist or doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, or other Medicare-qualified mental health care professional as allowed under applicable state laws. <p>Telehealth services for individual and group sessions for outpatient mental health services are offered. Please see CMS guidelines for approved devices.</p>
Outpatient rehabilitation services	Yes	Yes	<ul style="list-style-type: none"> Occupational therapy Physical therapy Speech-language pathology (Speech therapy)
Outpatient substance use disorder services	Yes	Yes	<p>Cover individual and group outpatient Substance Use Disorder services. Telehealth services rendered via computer, smartphone, tablet or other video technology are covered. Telehealth services for individual and group sessions for outpatient mental health services are offered. Please see CMS guidelines for approved devices</p>



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Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	Yes	Yes	
Over-the-counter (OTC) benefit	No	N/A (Members are required to use their OTC benefit at participating retailers and locations)	<p>\$225 credit per month (\$2,700 credit each year) for OTC health and wellness products.</p> <p>For more information visit: https://agewellnewyork.com/health-plan-options/2023-medicare-advantage-prescription-drug-plans/advantage-plus-hmo-2023/awny-over-the-counter-otc-benefit/</p> <p>Members with a diagnosis of diabetes will also be eligible for a \$150 credit each month (\$1,800 credit each year) to be used toward the purchase of approved foods and produce healthy Foods.</p>
Partial Hospitalization Services	Yes	Yes	<p>Partial hospitalization programs (PHPs) are structured to provide intensive psychiatric care through active treatment that utilizes a combination of the clinically recognized items and services described in §1861(ff) of the Social Security Act (the Act). The treatment program of a PHP closely resembles that of a highly structured, short-term hospital inpatient program. It is treatment at a level more intense than outpatient day treatment or psychosocial rehabilitation. Programs providing primarily social, recreational, or diversionary activities are not considered partial hospitalization. Partial hospitalization services are services that-- (1) are reasonable and necessary for the diagnosis or active treatment of the individual's condition; (2) are reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization;</p>



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MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES

Continued: Partial Hospitalization Services	Yes	Yes	<p>(3) include any of the following: (i) individual and group therapy with physicians or psychologists or other mental health professionals to the extent authorized under State law. (ii) Occupational therapy requiring the skills of a qualified occupational therapist. (iii) Services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients. (iv) Drugs and biological that are not self-administered and are furnished for therapeutic purposes, subject to the limitations specified in 410.29. (v) Individualized activity therapies that are not primarily recreational or diversionary. These activities must be individualized and essential for the treatment of the patient’s diagnosed condition and for progress toward treatment goals; (vi) Family counseling, the primary purpose of which is treatment of the individual's condition. (vii) Patient training and education, to the extent the training and educational activities are closely and clearly related to the individual's care and treatment of his/her diagnosed psychiatric condition. (viii) Diagnostic services related to mental health treatment.</p>
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Physician/Practitioner services, including doctor's office	No	Yes	<ul style="list-style-type: none"> Medically necessary medical care or surgery services furnished in a physician's office, certified ambulatory surgical center, hospital outpatient department, or any other location Doesn't include lab tests, radiological diagnostic tests or non-radiological diagnostic tests or diagnostic tests. Additional cost share may apply to any lab or diagnostic testing performed during the visit. Telehealth services rendered via computer, smartphone, tablet or other video technology are covered. Visit the following link for more information on telehealth services and non-essential procedures: https://agewellnewyork.com/for-providers/telehealth-services-to-limit-the-spread-of-covid-19/
Podiatry services	No	Yes	<p>Must meet Medicare criteria for Podiatry services.</p> <ul style="list-style-type: none"> Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) Routine foot care for members with certain medical conditions affecting the lower limbs
Prostate cancer screening exams	No	Yes	For men aged 50 and older once every 12 months: digital rectal exam or prostate specific antigen test.
Prosthetic devices and related supplies	Yes	Yes	<p>These include but are not limited to: colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy).</p> <p>Includes certain supplies related to prosthetic devices, and repair and/or replacement of prosthetic devices. Also includes some coverage following cataract removal or cataract surgery – see "Vision Care" later in this section for more detail.</p>



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Pulmonary rehabilitation services	Yes	Yes	Pulmonary rehabilitation programs, which are comprehensive programs that include exercise, education and counseling for people with moderate to very severe chronic obstructive pulmonary disease (COPD) and have a referral for pulmonary rehabilitation from the doctor treating their chronic respiratory disease. These services may be provided in doctors' offices or a hospital outpatient setting that offers pulmonary rehabilitation programs. Pulmonary rehabilitations are limited to up to 36 sessions, no more than two sessions per day. Up to an additional 36 sessions may be approved by the plan, based on medical necessity in accordance with section 1862(a)(1)(A) of the Act.
Screening and counseling to reduce alcohol misuse	No	Yes	One alcohol misuse screening for adults who misuse alcohol but aren't alcohol dependent. Up to 4 face-to-face counseling sessions per year.
Screening for lung cancer with low dose computed tomography	No	Yes	Covered once every 12 months for people 55-77 years who have a history of tobacco smoking of lung cancer, but who have a history of tobacco smoking of at least 30 pack-years and who currently smoke or have quit smoking within the last 15 years, who receive a written order for LDCT during a lung cancer screening counseling and shared decision-making visit that meets the Medicare criteria for such visits and be furnished by a physician or qualified non-physician practitioner. For LDCT lung cancer screenings after the initial LDCT screening: the members must receive a written order for LDCT lung cancer screening, which may be furnished during any appropriate visit with a physician or qualified non-physician practitioner. If a physician or qualified non-physician practitioner elects to provide a lung cancer screening counseling and shared decision-making visit for subsequent lung cancer screenings with LDCT, the visit must meet the Medicare criteria for such visits.



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Screening for sexually transmitted infections (STIs) and counseling to prevent STIs	No	Yes	<p>Screening tests are covered once every 12 months or at certain times during pregnancy.</p> <p>Up to 2 individual 20 to 30 minutes face-to-face counseling sessions are covered each year for sexually active adults at increased risk for STIs. We will only cover these counseling sessions as a preventive service if they are provided by a primary care provider and take place in a primary care setting, such as a doctor's office.</p>
Services to treat Kidney disease and conditions Kidney disease education dialysis	Yes	Yes	<p>Medicare covers dialysis treatment three times a week if you have End-Stage Renal Disease (ESRD). This includes dialysis medications, laboratory tests, home dialysis training, and related equipment and supplies. The dialysis facility is responsible for coordinating the beneficiary's dialysis services (at home or in a facility). Medicare covers services and supplies related to kidney dialysis and kidney transplantation for patients with End Stage Renal Disease.</p> <p>For those beneficiaries with Stage IV kidney disease, Medicare Part B may cover up to six one-hour kidney disease education sessions in a lifetime. Your doctor or other qualified health care provider may refer you for kidney disease education services. Medicare Part B covers medical nutrition therapy and certain related services if a beneficiary has diabetes or kidney disease, or if the beneficiary has had a kidney transplant in the last 36 months, and the beneficiary's doctor or other qualified health care provider refers the beneficiary for the service.</p>



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Skilled nursing facility (SNF) care	Yes	Yes	Covered for 100 days in a SNF during each benefit period. The 3-day inpatient hospital stay prior to SNF admission is waived.
Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)	No	Yes	If there are no signs of tobacco related disease, we cover two counseling sessions within a 12-month period. If diagnosed with a tobacco related disease, we cover two counseling sessions with 12-month period, however, there is a cost share. (Each counseling attempt includes up to 4 face-to-face visits.)
Supervised Exercise Therapy (SET)	Yes	Yes	Supervised Exercise Therapy (SET) involves the use of intermittent walking, exercise, which alternates periods of walking to moderate-to-maximum claudication, with rest. SET has been recommended as the initial treatment for patients suffering from IC, the most common symptom experienced by people with Peripheral Artery Disease (PAD). CMS issued the NCD (20.35) to cover SET for beneficiaries with intermittent claudication (IC) for the treatment of symptomatic PAD. Up to 36 sessions over a 12-week period are covered if all the following components of a SET program are met. The SET program must: <ul style="list-style-type: none"> • Consist of sessions lasting 30-60 minutes, comprising a therapeutic exercise- training program for PAD in patients with claudication • Be conducted in a hospital outpatient setting, or a physician’s office • Be delivered by qualified auxiliary personnel necessary to ensure benefits exceed harms, and who are trained in exercise therapy for PAD • Be under the direct supervision of a physician (as defined in Section 1861(r)(1) of the Social Security Act (the Act)), physician assistant, or nurse practitioner/clinical nurse specialist (as identified in Section 1861(aa)(5) of the Act) who must be trained in both basic and advanced



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Continued: Supervised Exercise Therapy (SET)	Yes	Yes	<p>life support techniques. Beneficiaries must have a face-to-face visit with the physician responsible for PAD treatment to obtain the referral for SET. At this visit, the beneficiary must receive information regarding cardiovascular disease and PAD risk factor reduction, which could include education, counseling, behavioral interventions, and outcome assessments. SET is non-covered for beneficiaries with absolute contraindications to exercise as determined by their primary attending physician.</p>
Telehealth Services	No	Yes	<ul style="list-style-type: none"> Services rendered via computer, smartphone, tablet or other video technology are covered. Covered services include primary care services, specialists' services, individual/group sessions for outpatient mental health, individual/group outpatient psychiatric services and individual/group Substance Use Disorder disorders; monthly end-stage renal disease-related visits for home dialysis members in a hospital-based renal dialysis center, renal dialysis facility, or the member's home; and, services to diagnose, evaluate, or treat symptoms of a stroke. Virtual check-ins (for example, by phone or video chat) with a doctor for 5-10 minutes are covered if: member is not new patient; the check-in isn't related to an office visit in the past 7 days and; the check-in does not lead to an office visit within 24 hours or the soonest available appointment. Evaluation of video and/or images sent to a doctor and their interpretation and follow-up by a doctor within 24 hours are covered if: member is not a new patient; the evaluation isn't related to an office visit in the past 7 days and; the evaluation doesn't lead to an office visit



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Continued: Telehealth Services	No	Yes	within 24 hours of the soonest available appointment. Consultations that doctors have with other doctors by phone, internet, or electronic health record are covered if member is not a new patient.
Telemonitoring Services	Yes Referral may be required.	Yes	Model of care intended to reduce avoidable hospital admissions for members living with chronic conditions and transitioning from home health services to community with no formal support. Telemonitoring is provided through structured electronic contact between members and health care providers (with or without home visits) and includes reporting of symptoms and physiological data to physicians. The telemonitoring benefit does not include blood glucose monitors.
Urgently needed services (US Only)	No	No	If admitted to the hospital within 24 hours for the same condition, the copay is waived.
Vision Care <ul style="list-style-type: none"> • Eye exams • Glaucoma screening 	No	Yes	1 Routine Eye Exam per Year. High risk of Glaucoma 1 screening per year. For people with diabetes one screening for diabetic retinopathy per year. Examination for refraction • Limited to one (1) every two (2) years, unless medically necessary



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Vision Care <ul style="list-style-type: none"> • Eye wear 	Covered Under Medicaid Prior Authorization is required for Eye Wear	Yes	One pair of eyeglasses or one set of contact lenses after cataract surgery with an intraocular lens. Eyeglasses <ul style="list-style-type: none"> • \$200 credit for eyeglasses (lenses and frames) per year
“Welcome to Medicare” Preventive visit	No	Yes	One time visit within the first 12 months of Medicare Part B enrollment. Medicare-covered EKG following Welcome Visit Preventive Services at no additional cost.
Worldwide Emergency and Urgent Care Services	No	No	AgeWell New York Advantage Plus (HMO D-SNP) covers Worldwide Emergency and Urgent Care Services outside the United States and its territories under the following circumstances: Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care but, given your circumstances, it is not possible, or it is unreasonable, to obtain services from network providers. Examples of urgently needed services that the plan must cover out of network are i) you need immediate care during the weekend, or ii) you are temporarily outside the service area of the plan. Services must be immediately needed and medically necessary. If it is unreasonable given your circumstances to immediately obtain the medical care from a network provider, then your plan will cover the urgently needed services from a provider out-of-network.



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Additional Medicaid-Covered benefits for AgeWell New York Advantage Plus (HMO SNP)

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Adult Day Health Care	Yes	Yes	Care and services provided in a residential health care facility or approved extension site under the medical direction of a physician to a person who is functionally impaired, not homebound, and who requires certain preventive, diagnostic, therapeutic, rehabilitative or palliative items or services. Adult day health care includes the following services: medical, nursing, food and nutrition, social services, rehabilitation therapy, leisure time activities which are a planned program of diverse meaningful activities, dental, pharmaceutical, and other ancillary services. Must be medically necessary and ordered by a physician.
Behavioral Health Services <ul style="list-style-type: none"> • ACT (Assertive Community Treatment) 	Yes	Yes	Assertive Community Treatment (ACT) is to deliver comprehensive and effective services to individuals who are diagnosed with severe mental illness and whose needs have not been well met by more traditional service delivery approaches. The ACT team must provide a minimum of six (6) visits per month, three (3) of which may be collateral.) based upon daily assessment of the recipient's clinical need, with a goal of maximizing independence. The team has the capacity to provide multiple contacts to persons in high need and a rapid response to early signs of relapse. The ACT team has the capacity to provide support and skills development services to recipients' significant others/collaterals. Collateral contacts may include family, friends, landlords, or employers, consistent with the service plan.



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
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MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES

Continued: Behavioral Health Services <ul style="list-style-type: none"> • Addiction Treatment Center - State Operated Inpatient Rehabilitation 	No	Yes	Addiction Treatment Center are state operated inpatient rehabilitation centers. Chemical dependence inpatient rehabilitation services provide intensive management of chemical dependence symptoms and medical management/monitoring of physical or mental complications from chemical dependence to clients who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care.
<ul style="list-style-type: none"> • Community Oriented Recovery and Empowerment (CORE) Services 	No	Yes	CORE services are person centered, recovery oriented and mobile behavioral health support. This consists of Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), Family Support and Training (FST)and Empowerment Services – Peer Support.
<ul style="list-style-type: none"> • Comprehensive psychiatric emergency program (CPEP) 	No	Yes	A hospital-based program which offers/provides access to crisis outreach, intervention, and residential services; and/or provides beds for the extended observation (up to 72 hours) to adults who need emergency mental health services.
<ul style="list-style-type: none"> • Continuing Day Treatment (CDT) 	Yes	Yes	Provides seriously mentally ill adults with the skills and supports necessary to remain in the community and or work toward a more independent level of functioning. Participants often attend several days per week with visits lasting more than an hour.



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
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MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES

Continued: Behavioral Health Services <ul style="list-style-type: none"> • Crisis Services 	No	Yes	This includes mobile crisis services as well as crisis residence. The goals are to reduce unnecessary emergency room visits and inpatient hospitalizations, maintain people safely in the community, reduce risk of future crises, and coordinate information sharing among clinicians, recipients, and involved family members to reflect recipients’ preferences. These services are meant to be delivered in trauma-informed, recovery-oriented and culturally and linguistically competent ways.
<ul style="list-style-type: none"> • Crisis Stabilization 	No	Yes	Crisis Stabilization Centers are for those individuals with a known or suspected mental health condition or substance use disorder is to provide observation, evaluation, care, and treatment in a safe and comfortable environment, twenty-four (24) hours per day, seven (7) days per week.
<ul style="list-style-type: none"> • Inpatient Psychiatric Services 	No	Yes	This is a highly structured level of care designed to meet the needs of individuals who have emotional and behavioral manifestations that put them at risk of harm to self or others, or otherwise render them unable to care for themselves.
<ul style="list-style-type: none"> • Inpatient Rehabilitation 	No	Yes	SUD inpatient rehabilitation services provide intensive management of substance use disorder symptoms and medical management/monitoring of physical or mental complications from chemical dependence to clients who cannot be effectively served as outpatients and who are not in need of medical detoxification or acute care.



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
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MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES

Continued: Behavioral Health Services <ul style="list-style-type: none"> • Medically Managed Detox – Inpatient 	No	Yes	Individuals are acutely ill and may be experiencing severe withdrawal symptoms and/or a risk of psychiatric comorbid conditions. Admissions to these programs may be involuntary, emergency admissions. 5-day average length of stay
<ul style="list-style-type: none"> • Medically Supervised Detox – Inpatient 	No	Yes	Individuals have mild to moderate withdrawal, situational crises, and are unable to abstain without withdrawal symptoms. Services include medical supervision and direction.
<ul style="list-style-type: none"> • Medically Supervised Detox – Outpatient 	No	Yes	Individuals have moderate substance withdrawal and do not meet admission criteria for medically managed detox. Clients may also have emotional support from a home environment. Clients are seen by a medical professional daily, receive counseling, and may access a 24-hour hotline.
<ul style="list-style-type: none"> • Mental Health Outpatient and Rehabilitative Services 	No	Yes	Outpatient mental health office and clinic services including initial assessment; psychosocial assessment; and individual, family/collateral, group psychotherapy, and Licensed Behavioral Practitioner (LBHP) services (off-site clinic services).
<ul style="list-style-type: none"> • Opioid Treatment Program 	No	Yes	Opioid treatment program services Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services: U.S. Food and Drug administration (FDA) approved opioid agonist and antagonist medication-assisted treatment (MAT) medications, dispensing and administration of MAT medications (if applicable), substance use counseling , individual and group therapy, toxicology testing , intake activities and periodic assessments



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
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MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES

Continued: Behavioral Health Services <ul style="list-style-type: none"> • Outpatient Clinic 	No	Yes	Outpatient services may be delivered at different levels of intensity responsive to the severity of the problems presented by the client and include outpatient rehabilitation services which are designed to serve individuals with more chronic conditions who have inadequate support systems, and either have substantial deficits in functional skills or have health care needs requiring attention or monitoring by health care staff.
<ul style="list-style-type: none"> • Outpatient Rehabilitation 	No	Yes	Outpatient services may be delivered at different levels of intensity responsive to the severity of the problems presented by the client and include outpatient rehabilitation services which are designed to serve individuals with more chronic conditions who have inadequate support systems, and either have substantial deficits in functional skills or have health care needs requiring attention or monitoring by health care staff.
<ul style="list-style-type: none"> • Part 820 Residential Services 	No	Yes	This can include intensive residential services, community and supportive residential. This is based on the individuals need. Intensive is a 24/7 setting, community is a structured therapeutic setting for individuals receiving outpatient services and supportive residential is minimum level of professional support.
<ul style="list-style-type: none"> • Partial Hospitalization 	Yes	Yes	A program for adults or adolescents which provides active treatment designed to stabilize or ameliorate acute symptoms in a person who would otherwise need hospitalization.



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
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MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES

Continued: Behavioral Health Services <ul style="list-style-type: none"> • Personalization Recovery Oriented Services (PROS) 	Yes	Yes	<p>Personalized Recovery Oriented Services (PROS) is a comprehensive model that integrates rehabilitation, treatment, and support services for people with serious mental illness. Individuals work toward goals in different areas, for example: living independently building natural supports.</p> <p>PROS pre-admission does NOT require Prior Authorization.</p>
<ul style="list-style-type: none"> • Residential Services 	No	Yes	<p>These services are designed to help beneficiaries achieve changes in their SUD behaviors within a safe and supportive setting when the individual lacks a safe and supportive residential option in the community. Services should address the beneficiary’s major lifestyle, interpersonal, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential SUD services include medically necessary care according to assessed needs, including assessment and clinical treatment plan development, skilled development for coping with and managing symptoms and behaviors associated with SUDs, counseling to address the person's major lifestyle and behavioral problems, and medication assisted treatment when medically necessary.</p>
<ul style="list-style-type: none"> • Social Services Medical 	No	Yes	<p>Medical social services include assessing the need for, arranging for, and providing aid for social problems related to the maintenance of your needs in the home where such services are performed by a qualified social worker and provided within a plan of care. These services must be provided by a qualified social worker.</p>



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Dental Services	Yes	Yes	Dental services including necessary preventive, prophylactic and other routine dental care, services and supplies and dental prosthetics to alleviate a serious health condition.
Durable Medical Equipment (DME)	Yes	Yes	<p>DME such as tub stools, grab bars, medical/surgical supplies, enteral/parenteral formulas and supplements, hearing aid batteries, and prosthetic or orthotic appliances. Coverage of enteral formula and nutritional supplements are limited to:</p> <ul style="list-style-type: none"> • Coverage only for nasogastric, jejunostomy, or gastrostomy tube feeding, and; • Individuals who cannot obtain nutrition through any other means and to the following conditions: <ul style="list-style-type: none"> ○ tube-fed individuals who cannot chew or swallow ○ food and must obtain nutrition through formula via tube, and; ○ individuals with rare inborn metabolic disorders requiring specific medical formulas to provide essential nutrients not available through any other means <p>Coverage for certain inherited diseases of amino acid and organic acid metabolism shall include modified solid food products that are low-protein, or which contain modified protein.</p>
Hearing Services	Yes	Yes	Hearing Services include hearing aid selecting, fitting, and dispensing; hearing aid checks following dispensing, conformity evaluations and hearing aid repairs; audiology services including examinations and testing, hearing aid evaluations and hearing aid prescriptions; and hearing aid products including hearing aids, ear molds, special fittings and replacement parts.



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Home Delivered and Congregate Meals	Yes	Yes	Meals provided at home or in congregate settings, e.g. senior centers to individuals unable to prepare meals or have them prepared. Home delivered and congregate meals must be medically necessary.
Home Health Services	Yes	Yes	Home Health Services include the provision of skilled services not covered by Medicare (e.g. physical therapist to supervise maintenance program for patients who have reached their maximum restorative potential or nurse to pre-fill syringes for disabled individuals with diabetes) and/or home health aide services as required by an approved plan of care.
Inpatient Hospital Care	Yes (Prior Authorization is required for elective admissions, not emergency admissions.)	Yes	Medicaid covers up to 365 days per year (366 days for leap year) as medically necessary. The admitting facility is encouraged to notify AgeWell New York as soon as possible following an emergent admission. This will ensure appropriate discharge planning and post-hospitalization care.
Medical Social Services	Yes	Yes	Medical social services include assessing the need for, arranging for and providing aid for social problems related to the maintenance of your needs in the home where such services are performed by a qualified social worker and provided within a plan of care. These services must be provided by a qualified social worker.
Non-Emergency Transportation	Yes	Yes	Services include transport by ambulance, ambulette, taxi or livery service or public transportation, at the appropriate level your condition requires, for medically necessary trips such as to dialysis or medical appointments. These services also include transportation for an attendant to accompany member, if needed. Please refer to the <i>AgeWell New York Advantage Plus (HMO SNP) Member Handbook</i> for additional information on how to obtain non-emergency transportation services.



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Nutrition	Yes	Yes	The assessment of nutritional needs and food patterns, planning for provision of appropriate dietary intake within your home environment and cultural considerations, nutritional education and counseling to meet normal and therapeutic needs, and in-service education. Nutrition services must be medically necessary and ordered by a physician.
Outpatient Rehabilitation Services	Yes	Yes	Occupational therapy and Speech Language therapy are limited to twenty (20) visits per calendar year and Physical therapy is limited to forty (40) visits per therapy per calendar year except for children under 21 and the developmentally disabled.
Personal Care Services	Yes	Yes	The provision of some or total assistance with daily activities such as personal hygiene, dressing and feeding; and nutritional and environmental support function tasks (meal preparation and housekeeping). Such services must be essential to the maintenance of the member’s health and safety in your own home. Personal care must be medically necessary and ordered by a physician.
Personal Emergency Response Services (PERS)	Yes	Yes	An electronic device which enables certain high-risk members to secure help in the event of a physical, emotional or environmental emergency. A variety of electronic alert systems now exist which employ different signaling devices. In the event of an emergency, the signal is received and appropriately acted upon by a response center. PERS must be medically necessary and ordered by a physician.
Podiatry	Yes	Yes	Medically necessary foot care, including care for medical conditions affecting lower limbs. Visits for Routine foot care are limited to up to four (4) visits per year.



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Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Private Duty Nursing Services	Yes	Yes	Can be provided through an approved certified home health agency, a licensed home care agency, or a private Practitioner. The location of nursing services may be in your home or place of residency. Private duty nursing services must be provided by a person possessing a license and current registration from the New York State Education Department to practice as a registered professional nurse or licensed practical nurse. Private duty nursing services must be medically necessary and ordered by a physician.
Prosthetic Devices	Yes	Yes	As a dual eligible member, you are entitled to additional Medicaid-covered prosthetics, orthotics and orthopedic footwear as approved under Medicaid guidelines.
Skilled Nursing Facility (SNF)	Yes	Yes	You are covered for additional days beyond the Medicare-covered 100-day limit. All Residential Health Care Facilities apply.
Social and Environmental Supports	Yes	Yes	Services and items that support the medical needs and are included in your plan of care. These services and items include but are not limited to the following: home maintenance tasks, homemaker/chore services, housing improvement, and respite care. Social and environmental supports services must be medically necessary and ordered by a physician.
Social Day Care	Yes	Yes	A structured, comprehensive program which provides functionally impaired individuals with socialization; supervision and monitoring; personal care; and nutrition in a protective setting during any part of the day, but for less than a 24-hour period. Additional services may include and are not limited to maintenance and enhancement of daily living skills, transportation, care giver assistance and case coordination and assistance. Social day care must be medically necessary and ordered by a physician.



2023 AgeWell New York Advantage Plus (HMO SNP) Covered Services Requirements

Services	In-Network Requires Prior Authorization?	Out-of-Network Requires Prior Authorization?	Limitations
MUST MAINTAIN FULL MEDICAID ELEGIBILITY AND REQUIRE LONG TERM CARE SERVICES			
Vision Services	Yes	Yes	Vision services covers optometrists, ophthalmologists and ophthalmic dispensers including eyeglasses. Coverage also includes the repair or replacement of parts.