

10 COORDINATION OF MEDICAL CARE

10.1 SELF REFERRAL SERVICES

Members are allowed to “self-refer” to participating providers for the services listed below.

10.1.1 Obstetrics and Gynecology Services

Plan Medicaid, Child Health Plus and Family Health members can "self-refer" (no referral form required) to any Plan participating obstetrics and gynecology services providers for designated services including:

- ✧ Primary and preventive obstetrics and gynecology services
- ✧ Follow-up care as a result of a primary and/or preventive visit
- ✧ Any care related to pregnancy
- ✧ Family planning and reproductive health including pregnancy termination
- ✧ HIV antibody testing and pre & post-test counseling as part of a family planning visit
- ✧ Up to six (6) smoking cessation counseling sessions for each pregnant member within any 12 month period.
- ✧ Up to six (6) sessions during the six (6) month post-partum period.

New Pregnancies: Providers should notify the Plan immediately by contacting Case Management and asking for the Maternity Case Manager or completing a Prenatal Notification form and faxing it to the attention of the Maternity Case Manager regarding a member's confirmed pregnancy so that the Plan can appropriately track prenatal care and conduct outreach and case management as appropriate.

The Obstetrician/Gynecologist should encourage members to pre-register with the hospital where the delivery will take place.

In order to satisfy data requirements by the State of New York, the Plan requires that Ob/Gyn offices submit claims for each prenatal visit on a CMS1500 (or UB04). The applicable CPT codes, date of service, ICD9-CM codes, and the Plan provider ID number should be submitted to the Plan. A separate claim should be submitted for the delivery and postpartum visit. **Global procedure codes are not conducive to accurate data collection.**

10.1.2 Family Planning and Reproductive Health Services

Plan Medicaid Managed Care and Family Health Plus members may receive Family Planning and Reproductive Health services from any qualified Medicaid provider, regardless of whether the provider is a Participating or Non-Participating Provider without prior approval from the Plan.

Plan Child Health Plus members may receive Family Planning and Reproductive Health services from any qualified Plan Participating Provider without prior approval from the Plan.

The Plan encourages members to exercise their right to obtain Family Planning and Reproductive Health services. If the patient to whom you provide Family Planning and Reproductive care is a Plan member, remember to bill the Plan for these services. (Some providers are billing Medicaid directly for these types of services provided to Plan members and this is not allowed).

Medicaid Members Access

Free Access: Medicaid members may obtain services from either the contractor or from any appropriate Medicaid-enrolled provider of the member's choice. No referral from the PCP or approval by the contractor is required.

Family Health Plus and Child Health Plus Member Access

Direct Access: may obtain services from any qualified participating provider without approval or notification from enrollee's managed care plan or PCP.

Prior Authorization is required for non-par provider.

10.1.3 Vision Care Services

The Plan has developed a preventive eye exam program for its members in conjunction with Davis Vision, a managed vision care company. Davis Vision administers a network of Ophthalmologists and Optometrists located throughout New York City and in other counties. Plan members must obtain well-vision care exams and eyeglasses from Davis Vision participating providers. Members can self-refer to a Davis participating provider for covered preventive vision care services. The Davis preventive eye care program covers:

- ✧ well eye exams
- ✧ eyeglasses and other medically necessary eye care goods

Members can call Davis Vision at 1-800-999-5431 for information on how to locate the nearest Davis participating provider and present directly at that office.

10.1.4 Public Health Agencies (Medicaid)

Plan Medicaid members cannot be prohibited from self-referring to public health clinics. If and when a member obtains services from a FQHC or Public Health Clinic that is not in Plan's network of providers, the Plan must reimburse the FQHC or Public Health Clinic for services rendered when treated for issues deemed as Public Health Services which includes:

- ✧ Tuberculosis Screening, Diagnosis and Treatment;
- ✧ TB/Directly Observed Therapy (DOT)
- ✧ Immunizations
- ✧ Prevention and Treatment of Sexually Transmitted Diseases
- ✧ Lead Poisoning – MMC Program Only
- ✧ Dental Services – MMC program Only
- ✧ HIV Counseling and Testing

The Plan agrees to reimburse the Public Health Clinic for these services at rates determined by the SDOH.

However, the Plan prefers that members receive diagnosis and treatment of tuberculosis, for example, through the Plan. Case management is available to documented TB cases. The PCP needs to request this service from the Plan Care Coordination line. The Plan has experienced specialists available in-network for consultation or treatment, including the following:

- ✧ Infectious diseases specialists, both for adults and pediatrics
- ✧ AIDS Designated Centers for members with AIDS and TB, and
- ✧ Inpatient and outpatient rehabilitation for members dually diagnosed with TB and alcoholism.

PCPs are required to focus on preventive measures, as well as identify public health problems regarding changes in incidence or unusual occurrences and report them to New York City Department of Health and Mental Hygiene (NYCDOHMH) or in Suffolk to the New York State Department of Health (NYSDOH) on the forms provided in Tab # 23 in the appendices. The Plan also requests that public health clinics give notification before delivering services.

10.1.5 Mental Health /Substance Abuse Referrals

The Plan has contracted with Beacon Health Strategies (BHS) for administration of its mental health and substance abuse program. In conjunction with BHS, the Plan has formed a comprehensive network of mental health and substance abuse providers to meet the needs of its members. Mental health and substance abuse referrals (inpatient and outpatient) must be pre-certified by the Plan's Behavioral Health program, with the exception of emergency services which require notification to the Plan's Behavioral Health

program, by calling 1-866-969-2661. Behavioral Health staff will coordinate the care via the Plan's participating providers. The PCP or the member can call the Plan's Behavioral Health to obtain access to care for mental health and substance abuse situations.

Members may self-refer to a participating behavioral health provider directly for an initial visit.

NOTE: Child Health Plus and Family Health Plus members are limited to up to sixty (60) outpatient mental health or substance abuse visits combined per year. On an inpatient basis, Child Health Plus and Family Health Plus members are entitled to up to 30 inpatient mental health or substance abuse days combined per year.

10.1.6 Dental Services

Plan members have direct access to dental services through Doral/DentaQuest. Members are not required to select a primary dental care provider and may self refer by calling Doral/DentaQuest at 1-888-307-6549

10.1.7 Academic Dental Clinics

Dental Services Provided by Article 28 Clinics Operated by Academic Dental Centers Not Participating in Contractor's Network - Applies to MMC Program Only. Plan MMC members may self-refer to Article 28 clinics operated by academic dental centers to obtain covered dental services without prior approval and without regard to network participation.

Dental services are part of the Plan's Benefit Package, therefore if a Plan MMC member receives dental services at non-participating Article 28 clinics operated by academic dental centers, the Plan will reimburse the clinic at approved Article 28 Medicaid clinic rates in accordance with the protocols issued by the SDOH.

10.1.8 HIV Counseling and Testing Services

Plan providers are asked to educate and encourage members to access HIV Counseling and testing services in any of the following ways:

- ✧ in plan (consult the Plan Provider Directory);
- ✧ out-of-plan as part of a family planning visit (use their Medicaid card); or
- ✧ at an Anonymous Counseling and testing program operated by New York State (1-800-872-2777) or New York City (1-800-825-5448).