



Benefit Guide and UM Rules

Special Notes
<p>“Preauthorization” means review by RHC UM for medical necessity and determination to approve or recommend to Amida Care to deny. Amida Care Medical Director or designated Clinical Peer Reviewer makes denial decision.</p> <p>“In-Plan Referral Form” means the Amida Care In-Plan Referral Form from the PCP to a participating specialist or service provider.</p> <p>“Participating Providers” - All services must be provided by participating providers unless noted to be covered by Medicaid Fee for Service or available from either Amida Care providers or Medicaid Fee for Service.</p> <p>“Non-participating Providers”- Use of non-participating providers (except for those services that are indicated to be available from Medicaid Fee for Service) must be preauthorized by Amida Care.</p> <p>“Specialist” means any specialist other than an HIV Specialist PCP.</p>

Service	AC Benefit	FFS Medicaid	Pre - Auth Required	Comments: UM Rules/Process
Abortions	Yes	Yes	No	<ul style="list-style-type: none"> ▪ Members can “self refer” to any Amida Care provider ▪ Members can use their Medicaid Card to access non-participating providers who accept Medicaid
Acupuncture	No	No	N/A	
Allergen Desensitization Treatments	Yes	(-)	No	
Ambulatory Surgery	Yes	(-)	*Yes	<p>Providers should obtain pre-authorization at least 5 business days before scheduled procedure.</p> <p>*Diagnostic and Preventative Colonoscopy/EGD do not require pre-authorization</p>
Amniocentesis	Yes	(-)	Yes	
Anesthesia services related to surgical procedures	Yes	(-)	Yes	Anesthesia claims are included in the pre-authorization and concurrent review for inpatient and ambulatory surgery.



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Anesthesia Services for Pain Management	Yes	(-)	** Yes	** Preauthorization required if procedure is performed in an ambulatory surgery setting. ** Prior auth not required if performed in provider office
Artificial Insemination	No	No	N/A	
Asthma Self Management Training	Yes	(-)	No	Members newly diagnosed with Asthma can self refer. Benefit covers up 10 hours for 12 continuous month period and 2 hours for subsequent year for follow up training. Contact UM department if additional training is needed to address complex medical issues.
Autologous Blood Donation	Yes	(-)	Yes	
Bariatric Surgery	Yes	(-)	Yes	Effective December 1, 2010, only NYC hospitals that meet Center for Medicare and Medicaid Services' (CMS) minimum facility standards and are designated either by the American College of Surgeons and/or the American Society for Metabolic and Bariatric Surgery as a Medicare Approved Facility for Bariatric Surgery, will be reimbursed for bariatric surgical services by Medicaid. The following five hospitals were selected and will be designated by the NYSDOH as Bariatric Specialty Centers: <ul style="list-style-type: none"> <input type="checkbox"/> Harlem Hospital Center (Manhattan) <input type="checkbox"/> St. Luke's Roosevelt (Manhattan) <input type="checkbox"/> Brookdale Medical Center (Brooklyn) <input type="checkbox"/> Lutheran Medical Center (Brooklyn) <input type="checkbox"/> Montefiore Medical Center (Bronx)
Behavioral Health Services: Inpatient Mental Health	Yes	(-)	No	<ul style="list-style-type: none"> ▪ UM for all Behavioral Services is performed by Amida Care. ▪ Members can self refer, notification by site/institution to Amida Care is required within 48 hours ▪ Refer callers to: 1-866-752-5443 <p>▪ Non HIV/AIDS SSI SNP Coverage: FFS Medicaid</p>
Behavioral Health Services: Inpatient Chemical Dependence	Yes	(-)	No	<ul style="list-style-type: none"> ▪ UM for all Behavioral Services is performed by Amida Care. ▪ Members can self refer, notification by site/institution to Amida Care is required



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including Rehabilitation and Detoxification				within 48 hours ▪ Refer callers to: 1-866-752-5443 ▪ Non HIV/AIDS SSI SNP Coverage: FFS Medicaid
Behavioral Health Services: Outpatient Detoxification (ETOH)	Yes	(-)	No	▪ UM for all Behavioral Services is performed by Amida Care. ▪ Members can self refer, notification to Amida Care recommended ▪ Refer callers to: 1-866-752-5443
Behavioral Health Services: Outpatient Mental Health	Yes	(-)	No	▪ UM for all Behavioral Services is performed by Amida Care. ▪ Members can self refer, notification to Amida Care recommended ▪ Refer callers to: 1-866-752-5443 ▪ Non HIV/AIDS SSI SNP Coverage: FFS Medicaid
Behavioral Health Services: Outpatient Substance Abuse	No	Yes	N/A	Carved out to FFS Medicaid
Birth Centers – Free Standing (Also see – OB/GYN Care)	Yes	(-)	No	UM notification within 48 hours of admission required.
Buprenorphine Management	YES	(-)	No	Management of buprenorphine by Primary Care Providers for maintenance or detoxification when furnished and administered as part of a clinic or office visit.
Cardiac Catheterization	Yes	(-)	Yes	
Cardiac Rehab (outpatient)	Yes	(-)	Yes	
Case Management (CM): Supportive Case Management	Yes	(-)	No	<u>Provider Education:</u> CM services: Initial Case Management Assessment within 45 days from effective date of enrollment and Case Management re-assessment every 180 days. Assessments must be forwarded to care coordination department at Amida Care. Development of a Service Plan Supportive CM: four (4) to Six (6) CM



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				visits every six (6) months supportive COBRA CM: is available for members that required greater than supportive CM COBRA CM carved out to FFS Medicaid
Chemotherapy - Inpatient	Yes	(-)	**No	**Emergent admission Prior Auth NOT Required: UM notification within 48 hours of admission **If Elective admission: Prior Auth Required
Chemotherapy – Outpatient	Yes	(-)	No	UM notification within 48 hours required.
Chiropractic Services	No	No	N/A	
Comfort Items	No	No	N/A	
Compression and support stockings	Yes	(-)	No	Covered in the treatment of open venous stasis ulcers and for the treatment of severe varicosities and edema during pregnancy only.
Contact Lenses: for vision	No	No	N/A	
Contact Lenses: for medical necessity	Yes	(-)	Yes	
Continuity of Care Provider Left Network	Yes	(-)	Yes	Transition period of up to 90 days if member needs to continue “ongoing” treatment with current provider. Or, if member is in 2 nd trimester of pregnancy, transition period is through post-partum care related to delivery (up to 60 days).
Continuity of Care - New Member with a Non Participating Provider	Yes	(-)	Yes	Will approve up to 60 days of care with non par provider assuming that the member has a “life threatening” or “degenerative and disabling” condition or disease. For Pregnancy- if member is in 2 nd trimester of pregnancy, transition period is through post-partum care related to delivery.(up to 60 days)
Cosmetic Surgery	No	No	N/A	See Plastic/Reconstructive Surgery
Court Ordered Services	Yes	(-)	**	** Requires UM review/auth when: <ul style="list-style-type: none"> ▪ Request not in benefit package ▪ Services requested are within established



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				prior authorization requirement ▪ Copy of Court order will be requested
CT Scan	Yes	(-)	No	
Custodial Care	No	No	N/A	Such as home attendant, home maker; see Home Health Care Transitional
Dental Services	No	Yes	N/A	<p>•Carved out to Medicaid Fee for Service.</p> <p>Note: Dental Surgery conducted in an ambulatory setting is covered by the Plan – refer to Amb Surg section</p> <p>•A maximum of four (4) annual fluoride varnish applications will be covered for children from birth until 7 years of age. Physicians and Nurse Practitioners will be reimbursed up to \$40.00 per application. Procedure code “D1206” needs to be used by all provider types.</p>
Detoxification				See Behavioral Health Services
Diabetes Self Training	Yes	(-)	No	Members newly diagnosed with Diabetes can self refer. Benefit covers up 10 hours for 12 continuous month period and 2 hours for subsequent year for follow up training. Contact UM department if additional training is needed to address complex medical issues.
Diabetic Supplies	Yes	(-)	**No	Effective 10/1/2011;*Non-preferred supplies will need Prior Authorization: see Amida Care website for list of preferred supplies
Dialysis - Outpatient	Yes	(-)	Yes	Preauthorization required.
DME	Yes	(-)	**Yes	** If product \geq \$500 Preauthorization is required; see orthopedic/prescription footwear benefit and compression stocking benefit for these products.
Emergency Room Visits	Yes	(-)	No	<p>UM notification by participating hospitals required within 48 hours.</p> <p>*NOTE: Emergency Services also include Screening, Brief Intervention, and Referral to Treatment (SBIRT) for chemical dependency</p>



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EPSDT Services/Child Teen Health Programs (C/THP)	Yes	(-)	No	
Experimental / Investigational Procedures / Services	Yes	(-)	Yes	Covered on a case by case basis
Family Planning and Reproductive Health Services	Yes	Yes	No	Members can see any Medicaid provider when accessing these services
Genotyping (HIV)				See Laboratory Test
Growth Hormone – administered in the providers office	Yes	(-)	Yes	
Hearing Aids	Yes	(-)	Yes	
Hearing Implants	Yes	(-)	Yes	
Hearing Testing	Yes	(-)	No	
Home Health Care Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Social Worker, Home Health Aide	Yes	(-)	Yes	<p>Home care can be requested as part of discharge planning post hospitalization, after a short term rehab admission or based on the member's condition as evaluated by the member's PCP, CM or Amida Care Care Coordination staff</p> <p>Authorization is provided without applying Clinical Criteria for the following:</p> <ul style="list-style-type: none"> ▪ Delivery of high-risk infants (newborns) ▪ Women discharged from the hospital less than 48 hours after vaginal delivery ▪ Women discharged from the hospital less than 96 hours after Cesarean birth ▪ Post discharge from hospital or SNF: <p>With respect to home health care services(HHCS) following an inpatient hospital admission, Amida Care's utilization review agent will provide a determination of approval or disapproval of HHCS within one business day after request for HHCS and all necessary information from hospital discharge are received.</p> <p>The utilization agent has seventy-two business hours to return a determination if the hospital discharge request falls on a</p>



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				<p>weekend or holiday. The utilization review agent will not deny, on the basis of medical necessity or lack of prior authorization, coverage for home health care services while a determination by the utilization review agent is pending. For requests received on Monday but initiated over the weekend and no authorization was obtained, the UM Department will approve the services provided over the weekend without a clinical review and will start concurrent review of services on the Monday</p> <p><u>Note:</u> clinical information and plan of care should be submitted with request for additional services.</p>
Home Health Care (Interim): No Skilled Nursing Need	Yes	(-)	Yes	<p><u>Interim:</u> is defined as a set timeframe (usually 30 days) to allow the transition of home care services from skilled nursing services to personal care services. The interim benefit provides time for the primary care provider to initiate and submit the required form (M11Q) to the Plan for review and approval for personal care services. The benefit covers a maximum of 45 days for interim homecare.</p> <p><u>Personal Care Services:</u> are services rendered by a home attendant or home maker (i.e. cooking, shopping, cleaning etc.)</p> <p><u>Note – Interim services</u> are also provided for:</p> <ul style="list-style-type: none"> ▪ Members permanently placed in a RHCF post hospital discharge ▪ New enrollees receiving personal care services prior to enrollment from a CHHA utilizing skilled nursing staff to render personal care.
Home Health Care: Tele-Health	Yes	(-)	Yes	Must be provided by a DOH approved Home Care agency; member must meet eligible criteria based on DOH approved risk assessment tool.
Hospice Care	No	*Yes	N/A	Carved out to Medicaid fee for service except for members under age 21:



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Service	AC Benefit	FFS Medicaid	Pre - Auth Required	Comments: UM Rules/Process
				members under age 21 will have all medically necessary curative services as well as palliative care covered.
Hospital Admissions - Elective	Yes	(-)	Yes	
Hospital Admissions – Emergency & Delivery	Yes	(-)	No	UM notification within 48 hours of admission required.
Hysterectomy (elective)	Yes	(-)	Yes	Provider is requested by UM to send a copy of the “Acknowledgement of Receipt of Hysterectomy Information” form (DSS3113) to UM. Form is forwarded to the Care Coordination Dept
Immunizations (adult and children)	Yes	(-)	**No	<p>Childhood immunizations (below age 19) are paid for via the VFC (Vaccine for Children) Program; Adult immunizations are covered in the AC Benefit package.</p> <p>Effective September 1, 2010: Providers are paid at contracted rate for all adult vaccines excluding H1N1</p> <p>Providers are paid the Medicaid rate for administration of all adult vaccines including H1N1</p>
Implantable Contraceptives	Yes	(-)	No	
Infertility treatment	No	No	N/A	
Injectable Medications	Yes	(-)	No	
Insulin Pump	Yes	(-)	Yes	Covered as DME Requires Prior Auth if \geq \$500
In-vitro Fertilization	No	No	N/A	
IV Infusion Therapy – Home	Yes	(-)	Yes	Preauthorization required for RN visit - Pharmacy for home infusion therapy carved out to FFS Medicaid
Laboratory Tests - Routine (Par and Non Par)	Yes	(-)	**No	HIV: Genotype, Phenotype, Virtual Phenotype and Tropism (Trofile) Test: Carved out to Medicaid FFS



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Service	AC Benefit	FFS Medicaid	Pre - Auth Required	Comments: UM Rules/Process
Mammography – Routine Screening	Yes	(-)	No	Recommend coordination with PCP and/or OB/GYN.
Mammography – Diagnostic	Yes	(-)	No	
Medical Supplies - disposable	Yes	(-)	No	Effective as of 10/1/2011; Please see Amida Care website for list of medical supplies
Midwife Services	Yes	(-)	No	
MRI	Yes	(-)	No	
Multiple Surgical Procedures	Yes	(-)	Yes	When multiple surgical procedures are performed during the same operative session, provider is reimbursed 100% for the major procedure, 50% for the second procedure and each additional procedure.
Newborn Eligibility	Yes	(-)	**	Automatically becomes a plan member unless otherwise specified by HOH. Claims for newborn delivery must be submitted with the newborn's CIN number in order to verify eligibility. ** If the newborn is a member of the Plan, services that require prior authorization based on this guide apply.
Non-participating providers	**Yes	(-)	Yes	**Guideline: ▪ As continuity of care ▪ If services are not available in the network
Non-stress Tests - prenatal	Yes	(-)	**	** Allow two during the course of a pregnancy. More than two requires preauthorization.
Nuclear Medicine	Yes	(-)	No	
Nurse Practitioner	Yes	(-)	No	
Nursing Home (Long Term – Permanent Placement)	**No	Yes	N/A	**Refer to section on “Residential Health Care Facility”.
Nutritional Counseling – Outpatient	Yes	Yes	N/A	<u>Provider Education:</u> Must be part of a demonstrable medical need under guidance of a physician such as Prenatal Care, Diabetes care, Obesity, malnutrition and provided by licensed individual (i.e. RD, MD, RN)



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Service	AC Benefit	FFS Medicaid	Pre - Auth Required	Comments: UM Rules/Process
OB / GYN Care	Yes	Yes	No	<ul style="list-style-type: none"> ▪ Members can “self refer” to any Amida Care provider ▪ Members can use their Medicaid Card to access non-participating providers who accept Medicaid
Occupational Therapy/Physical Therapy / Speech Therapy Outpatient	Yes	(-)	Yes	Effective 10/1/11: Limited to 20 visits each per calendar year. Restrictions do not apply to enrollees under the age of 21, the developmentally disabled and enrollees with a traumatic brain injury
Oral surgery	Yes	(-)	Yes	
Orthopedic Shoes/ Prescription Footwear and Custom Orthotics	Yes	(-)	**Yes	** ≥ \$500; Preauthorization required; limited to 1. children under 21 years of age to correct, accommodate or prevent physical deformity or range of motion malfunction in a diseased or injured part of the ankle or foot, or to support a weak or deformed structure of the ankle or foot. 2. Shoes attached to a lower limb orthotic brace and 3. As a component of a comprehensive diabetic treatment plan to treat amputation, or pre-ulcerative calluses, or peripheral neuropathy with evidence of callous formation on either foot, or a foot deformity or poor circulation.
Out of State - Elective	No	No	N/A	
Out of State Emergency (ER visits and admissions)	Yes	(-)	No	
Personal Care Services (Home Attendant Program)	Yes	(-)	Yes	Effective 8/1/2011: M11Q completed by primary care provider needed. When only Level 1 services provided, limited to a max of 8hrs/week. Consumer Directed Personal Care Services covered as of 7/1/12
PET scans	Yes	(-)	Yes	
Pharmacy Medication administered in a providers office	Yes	(-)	Yes	<ul style="list-style-type: none"> ▪ Usually pertains to injectables ▪ Contact the UM department
Phenotype (HIV)				See Laboratory Test
Plastic Surgery/	Yes	(-)	Yes	



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Service	AC Benefit	FFS Medicaid	Pre - Auth Required	Comments: UM Rules/Process
Reconstructive Surgery (Medically Necessary) - Not Cosmetic				
Podiatry	Yes	(-)	No	<ul style="list-style-type: none"> ▪ Covered when physical condition poses a hazard due to the presence of localized illness, injury or symptoms of the foot, or for the diagnosis and treatment of diabetes, ulcers and infections ▪ Routine foot care such as treatment of corns, calluses, nail trimming, soaking or cleaning is <u>not</u> covered in the absence of a disease.
Pre-natal Care	Yes	(-)	No	In addition to OB/GYN services benefits also include services such as: childbirth classes, smoking cessation counseling – up to 6 sessions annually, nutritional care, HIV testing and counseling, extended care, parenting classes.
Prescription and Non-Prescription (OTC) Drugs, Medical Supplies, and Enteral Formula	Yes	(-)	*No	Covered as of 10/1/11 including pharmaceuticals and medical supplies *Refer to Plan's pharmacy formulary for preferred medications, medications requiring prior-authorization or step therapy
Preventive Health Services	Yes	(-)	No	
Private Duty Nursing	Yes	(-)	Yes	
Prosthetics	Yes	(-)	**Yes	** ≥ \$500; Preauthorization required
Radiation Therapy	Yes	(-)	No	
Radiology – Diagnostic exams (excluding Pet Scans)	Yes	(-)	No	
Referrals to out of network specialists and other providers (elective)	**Yes	(-)	Yes	**Guideline: <ul style="list-style-type: none"> ▪ As continuity of care ▪ If services are not available in the network
Referral - In Network Specialist	Yes	(-)	No	
Referrals to in network and out of	**Yes	(-)	Yes	**Guideline: <ul style="list-style-type: none"> ▪ As continuity of care



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network Specialty Care Centers				▪ If services are not available in the network
Rehabilitation - Inpatient	Yes	(-)	Yes	Must be rendered by Physical Therapists, speech-language pathologists and occupational therapists. Services must be provided in an Article 28 inpatient or outpatient facility, in an enrollee's home, in an approved home health agency, in the office of a qualified private practicing therapist or speech pathologist, or for a child in a school, pre-school or community setting or in a Residential Health Care Facility (RHCF) as long as the enrollee's stay is classified as a rehabilitative stay and meets the requirements for covered RHCF services. Must be ordered by participating provider.
Residential Health Care Facility - Short-Term (Nursing Home, Skilled Nursing Facility, etc.)	Yes	(-)	Yes	Interim services are also provided for members permanently placed in a RHCF post hospital discharge <u>Interim:</u> is defined as a set timeframe (usually 30 days) to allow time for the provider (CM, SNF) to submit documentation supporting that member requires permanent placement to HRA. Request for disenrollment should be to the first day of the month of admission.
Screening, Brief Intervention and Referral to Treatment (SBIRT)	Yes	(-)	No	Effective 9/1/11: SBIRT services are available to members aged 10 years and older in emergency rooms, hospital outpatient departments, diagnostic and treatment centers and physician offices.
Second Opinions (medical or surgical)	Yes	(-)	**No	**Pre-authorization required for out-of-network provider
Sex Change / Gender Reassignment	No	No	N/A	
Sleep Apnea Study	Yes	(-)	Yes	
Smoking Cessation Counseling for Plan members,	Yes	(-)	No	<u>Claims Instructions</u> Up to six (6) smoking cessation counseling sessions annually for pregnant members during pregnancy and up to six (6) counseling sessions are covered for women during the six month post-partum period.



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				Up to six (6) counseling sessions are covered per calendar year for all members, including any combination of individual and group counseling sessions.
Smoking Cessation Products	Yes	(-)	*No	Effective as of 10/1/2011; *Two courses of smoking cessation therapy per recipient, per year are allowed. A course of therapy is defined as no more than a 90-day supply (an original order and two refills, even if less than a 30 day supply is dispensed in any fill).
Sonograms	Yes	(-)	No	
Specialist as PCP	Yes	(-)	Yes	Permitted for members with a "life threatening" or "degenerative and disabling" condition or disease; OB/GYN as well
Standing referrals to specialists - In Network	Yes	(-)	Yes	Permitted for members who need "ongoing care"
Standing referrals to specialists - Out of Network	**Yes	(-)	Yes	**Guideline: <ul style="list-style-type: none"> ▪ As continuity of care ▪ If services are not available in the network
Sterilization	Yes	Yes	No	<p><u>Member Education:</u></p> <ul style="list-style-type: none"> ▪ Members can "self refer" to any Amida Care provider ▪ Members can use their Medicaid Card to access non-participating providers who accept Medicaid <p><u>Provider Education:</u></p> <ul style="list-style-type: none"> ▪ Participating providers to bill Amida Care ▪ Non-participating providers to bill FFS Medicaid. ▪ Providers must submit form LDSS-3134 and forward form to care coordination department <p><u>Claim Guidelines:</u></p> <p>If claim for a non-participating provider is received, it is denied with direction to bill FFS Medicaid.</p>
Sterilization Reversal	No	No	N/A	
Transplants	Yes	(-)	Yes	



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Service	AC Benefit	FFS Medicaid	Pre - Auth Required	Comments: UM Rules/Process
Transportation Emergent (Ambulance)	Yes	(-)	No	
Transportation (non – Emergent): <ul style="list-style-type: none"> • Metro Cards for Medical Services 	Yes	(-)	No	Providers supply metro cards to members (Covering round trip to and from medical site/services). Providers must maintain a log to document distribution of metro cards to Amida Care members and submit an invoice with completed log for reimbursement. Log can be downloaded from the Amida Care Website.
Transportation (non – Emergent): <ul style="list-style-type: none"> • Metro Cards for Methadone Maintenance Program (MMTP) 	No	Yes	N/A	Carved out to Medicaid fee for service <u>Member Education</u> Members should contact their providers to obtain metro cards
Transportation (non – Emergent): for Medical services and services outside benefit package including MMTP <ul style="list-style-type: none"> • Ambulance • Ambulette • Livery* • Car Service* 	Yes	(-)	No	<u>Provider Education:</u> Providers (PCP, CM) contact participating transportation providers directly. <u>*Notification process:</u> For Livery/Car Services, providers should call the Care Coordination department especially in rare instances when an out of network provider must be utilized. CC/UM department: 646-786-1800
Tropism (Trofile)-HIV				See Laboratory Test
Vision: Eye Care and Low Vision Services: <ul style="list-style-type: none"> • Well vision (refractive) exams • See Contact Lens section 	Yes	(-)	No	<ul style="list-style-type: none"> ▪ Members may self refer to a Davis Vision provider for a routine eye examination (refractive exam) and, as necessary, dispensing of glasses / lenses once in any 24 month period. ▪Members may self refer to College of Optometry of the State University of New York clinicians ▪ Members with Diabetes may self- refer to any participating provider for vision services and annual dilated retinal eye exam. ▪Member may self refer for replacement of lost or broken glasses. Note: self refer is every two years. If a member needs a



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				<p>replacement sooner, the Davis Vision will notify Amida Care to request an over-ride.</p> <ul style="list-style-type: none"> ▪ To facilitate replacement/repair under the warranty, members should return to original dispensing office. <p>Member should contact Davis Vision directly at 1-800-999-5431.</p>
All other services (not listed above)				For any services or situations other than those listed above, contact the Plan for directions.

The following services are currently only available at “program sites:”

Assessments/Service Plans	Member may be assessed for non-medical needs, which results in the development of a “service plan” by a community case manager. The initial assessment/service plan will typically be completed within the first 30-45 days of membership, and then re-assessed at least every 180 days thereafter. For more information, see case management.
Directly Observed Therapy (DOT) @ Program Sites	Members may see a RN for the purposes of taking medications as prescribed. To be eligible for payment, the member must attend a minimum of three (3) sessions per week.
Escorts	Members may be escorted roundtrip (to/from) a medical/specialty care appointment or other appointment, such as Medicaid recertification or other benefits, legal or supportive services. This service can be secured through Amida Care central as well as program sites.

Program Sites:

Manhattan

- Harlem United ~ 123-125 W.124th Street
- Harlem United ~ El Faro ~ 179th E 116th Street
- Housing Works ~ 320 W. 13th Street
- Housing Works ~ 743-749 E 9th Street
- St. Mary’s Center ~ 512 W. 126th Street
- Village Center for Care ~ 121B W 20th Street
- Village Center for Care ~ 45 Rivington Street



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Bronx

- Promesa Clay Avenue Primary Care Center ~ 1776 Clay Avenue
- Promesa ADHC ~ 915 Westchester Avenue
- Promesa Claremont Family Health Center ~ 262-4 E.174th Street
- Project Samaritan Health Services-Inwood Clinic ~ 1545 Inwood Avenue

Brooklyn

- Housing Works ~ 2640 Pitkin Avenue
- Housing Works ~ Women's Health Center ~ 57 Willoughby St.
- Project Samaritan Health Services ~ 803 Sterling Place

Approved: Nicholas Cannone FNP