

EmblemHealth Enhanced Care (Medicaid)

Member Benefits

Covered by EmblemHealth - All Members

We cover the following services for all members when medically needed. In most cases, they must be provided by network providers. Please call Customer Services at **1-855-283-2146** if you have any questions or need help with any of the services below.

Routine and Preventive Medical Care

This kind of care helps prevent health problems. It also helps find problems before they get serious.

Care includes routine and sick visits to your PCP and other network doctors for:

- Regular checkups
- Well-baby and well-child care (shots, checkups and developmental screenings)
- Eye and hearing exams
- Eyeglasses and other medically needed vision aids
- Regular gynecological exams
- Breast exams (including mammography)
- Allergy testing and treatment
- HIV counseling and testing services
- Smoking cessation counseling
- Child/Teen Health Plan Program (C/THP) Services for Medicaid members until the age of 21, including transportation to obtain these services

When medically needed, your doctor will refer you for:

- Lab work
- X-ray.

Maternity care

- Prenatal care, including a comprehensive prenatal care assessment at the first prenatal care visit to identify any risk factors early in pregnancy. Prenatal Home Visit (when medically needed and arranged by a primary maternal care provider)
- Childbirth classes
- Doctor/midwife/nurse practitioner maternal care services
- Hospital delivery
- Newborn nursery care
- Prenatal and Postpartum Doula Services

Hospital Care

This kind of care includes:

- Inpatient care
- Outpatient care
- Emergency care
- Lab work and other tests
- X-rays

- Nursing services
- Inpatient and outpatient surgery, including dental surgery
- Inpatient detoxification services

Emergency Care

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

Specialty Care

Includes the services of other practitioners, including:

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

Home Health Care

These services are generally provided so that you do not have to stay in a hospital. Your doctor or case manager must agree that your medical needs can be met at home with home health care help and request prior approval from your plan.

Services include:

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

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

- **Personal Care/Home Attendant** - Provides some or total assistance with personal hygiene, dressing and feeding and assist in preparing meals and housekeeping when medically needed and arranged by EmblemHealth.
- **CDPAS** – Under this program you receive the personal care/home attendant services indicated above, as well as home health aide and nursing tasks. The difference is that the services are provided by an aide chosen and directed by you. The aide may provide some or total assistance with personal hygiene, dressing and feeding, assistance in preparing meals and housekeeping as well as home health aide and nursing tasks. For more information about CDPAS, contact customer services at **855-283-2146**.

- **Personal Emergency Response System (PERS) Services**

PERS is an in-home health emergency alert system available only to members receiving home health and/or personal care services.

Vision Care

Includes:

- Services of an ophthalmic dispenser, ophthalmologist, and optometrist.
- Low vision eye exams and vision aids (every two years, but more often if medically needed).
- Medically needed contact lenses.
- Eyeglasses (a new pair of Medicaid approved frames every two years, or more often if medically needed). Progressive lenses are not covered.
- Scratch break resistant and polycarbonate eyeglass lenses.
- Artificial eyes.
- Replacement of lost or destroyed glasses, including repairs, when medically needed.
- Specialist for eye diseases and defects.
- Dilated eye (retinal) examination once in any twelve (12) month period for members diagnosed with diabetes.

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

Family Planning Services Includes:

- Birth control.
- Sterilization.
- Medically necessary abortions.
- Screening for anemia, cervical cancer, sexually transmitted diseases (including chlamydia), hypertension, breast disease, pelvic abnormality, and pregnancy.

You can get these services from network OB/GYN doctors. You can also use your Medicaid card if you want to go to doctors or clinics out of our network. Either way, no prior approval is needed to get these services. Just make an appointment.

Residential Health Care Facility Care (Nursing Home Services)

Rehabilitation

EmblemHealth covers short term, or rehab stays, in a skilled nursing home facility.

When a temporary stay is prior approved by your health plan services include:

- Medical supervision.
- 24-hour nursing care.
- Assistance with activities of daily living.
- Physical, occupational therapy and speech language pathology.

Long Term Placement

EmblemHealth **also** covers long term placement in a nursing home for members 21 years of age.

Eligible Veterans, Spouses of Eligible Veterans, and Gold Star Parents of Eligible

Veterans may choose to stay in a Veterans' nursing home.

Covered nursing home services include:

- medical supervision
- 24-hour nursing care
- assistance with daily living
- physical therapy
- occupational therapy
- speech-language pathology and other services.

To get these nursing home services:

- they must be arranged by your physician, and
- authorized by EmblemHealth.

You must also be found financially eligible for long term nursing home care by your County Department of Social Services to have Medicaid and/or EmblemHealth pay for these services. When you are eligible for long term placement, you must select one of the nursing homes that are in EmblemHealth's network.

If you want to live in a nursing home that is not part of EmblemHealth's network, you may transfer to another plan that works with the nursing home you have chosen to receive your care.

Behavioral Health Care

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

Mental Health Care

- Comprehensive Psychiatric Emergency Program (CPEP) including extended observation bed
- Inpatient and outpatient mental health treatment
- Partial hospital care
- Rehab services if you are in a community home or in family-based treatment
- Continuing day treatment
- Personalized Recovery Oriented Services (PROS)
- Assertive Community Treatment Services (ACT)
- Individual and group counseling
- Crisis intervention services
- Mobile Crisis Telephonic Triage and Response Service

Substance Use Disorder Services

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

Harm Reduction Services

If you need help related to substance use disorder, members in the Medicaid Managed Care benefit package will be able to get Harm Reduction Services. These services offer a patient-oriented approach to the health and wellness of substance users. Harm Reduction Services provide individuals with resources and programs to help deal with substance use.

EmblemHealth will cover harm reduction services that are recommended by a doctor or other licensed professional. These include:

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

Crisis Residence Services for Children and Adults

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

Residential Crisis Support

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

Intensive Crisis Residence

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

Children's Crisis Residence

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

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

EmblemHealth covers Gambling Disorder Treatment provided by Office of Addiction Services and Supports (OASAS) certified programs.

You can get Gambling Disorder Treatment:

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

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

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

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

Dental Services

We believe that providing you with good dental care is important to your overall health care. EmblemHealth members must choose a dentist in the Healthplex network for preventive and restorative dental care such as routine checkups, X-rays, fillings, root canals, crowns and more. If you need help finding a dentist, call Healthplex Customer Service at **1-855-910-2406**, Monday through Friday, 8 am to 6 pm, for the most up-to-date network information.

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

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

Then schedule regular preventive dental visits every six months to keep your teeth and gums healthy. If you do not know who your dentist is, or you want to change your dentist, please call Healthplex, our dental provider, at **1-855-910-2406** between 8 am and 6 pm, Monday through Friday. Healthplex Customer Service Representatives are available to help you. They speak many languages, but if they don't speak yours, they will connect you with a language interpretation service. Hearing impaired members can call dial **1-800-662-1220** to connect to the Healthplex TTY line. You can change your dentist at any time for any reason. This change will be effective immediately.

The following covered services are available from your network dentist or from a dental clinic operated by an academic dental center:

- Routine exams.
- X-rays.
- Cleanings, fillings and tooth pulling.
- Children under seven (7) years of age are covered for four (4) fluoride varnish

- applications.
- Emergency treatment.
- Replacement of missing teeth (full and partial dentures). Covered when conditions meet Medicaid guidelines.
- Root canals and crowns, when medically necessary
- Implants, when medically necessary.
- Application of silver diamine fluoride medication for treatment of an active, non-symptomatic carious lesion. Covered when conditions met Medicaid guidelines.

When you need covered dental specialty services, your network dentist may refer you.

Emergency Transportation Services

Includes land and air ambulance transportation. Regular Medicaid covers this service for all New York City, Nassau, Suffolk, and Westchester members. In an emergency, all members should just call Just call 911 for emergency transportation.

Hospice Services

Hospice is a coordinated program of home and inpatient services that provides non-curative medical and support services for enrollees certified by a physician to be terminally ill with a life expectancy of one year or less. Hospice services include palliative and supportive care provided to an enrollee to meet the special needs arising out of physical, psychological, spiritual, social and economic stress which are experienced during the final stages of illness and during dying and bereavement. Medically necessary curative services are covered for children under age 21 in receipt of hospice services in addition to palliative care. Family members are eligible for up to five visits for bereavement counseling.

Nutritional Counseling and Assessment

Includes assessment and nutritional counseling sessions with a network registered dietician. The result of the initial assessment will determine the number of sessions required. Members who particularly benefit from these services include those who are pregnant; newly diagnosed or living with diabetes, heart disease and/or kidney disease; have an eating disorder or other digestive problems; or have been diagnosed as overweight or obese by their physician.

Case Management Services

Include the coordination of benefits and services for members who have complex or serious diseases or conditions. Members may be assigned to a case management nurse who will work with you and your doctors to ensure that you get the care and services you need when you need them. You could be in the program for weeks, months or years depending on your condition and circumstances. The purpose of case management is to achieve the best health care outcome.

Social Work Services

Include help in getting any community services you may need.

Experimental and Investigational Treatments

These services are covered on a case-by-case basis according to New York State law.

Court ordered services

Includes any plan covered services ordered by a judge.

Directly Observed Therapy (DOT) for Tuberculosis

Services include observation and dispensing of medication, assessment of any adverse reactions to medications and case follow up to make sure patients take their medicine as ordered by their doctor.

Foot Care

These services are covered for all children under 21 years of age and members (regardless of age) with physical conditions that pose a hazard due to the presence of localized illness, injury or symptoms involving the foot, or when performed as a necessary and integral part of otherwise covered services such as the diagnosis and treatment of diabetes, ulcers, and infections.

Social Care Network Services

You can connect to organizations in your community that provide services to help with housing, food, transportation, and care management at no cost to you, through a regional social care network (SCN).

- Through this SCN, you and your child can meet with a social care navigator who can check your eligibility for services that can help with your health and well-being. They will ask you some questions to see where you might need some extra support.
- If you or your child qualifies for services, the social care navigator can work with you to get the support you need. You may qualify for more than one service, depending on your situation. These services include:
 - Housing and utilities support:
 - Installing home modifications like ramps, handrails, and grab bars to make your home accessible and safe.
 - Repairing and fixing water leaks to prevent mold from growing in your home.
 - Sealing holes and cracks to prevent pests from entering your home.
 - Providing an air conditioner, heater, humidifier, or dehumidifier to help improve ventilation in your home.
 - Helping you find and apply for safe and stable housing in the community.
 - Nutrition support:
 - Getting help from a nutrition expert who will give you guidance and support in choosing healthy foods to meet your health needs and goals.
 - Getting prepared meals, fresh produce, or grocery items delivered to your home for up to six months. These food items will be tailored to your specific health needs.
 - Providing cooking supplies like pots, pans, microwave, refrigerator, and utensils to prepare meals.
 - Transportation services:

- Helping you get public or private transportation to places approved by the SCN such as: going to a job interview, parenting classes, housing court to prevent eviction, local farmers markets, and city or state department offices to obtain important documents.
- Care management services:
 - Getting help with finding a job or job training program, applying for public benefits, managing your finances, and more.
 - Getting connected to services like childcare, counseling, crisis intervention, health homes program, and more.

If you are interested, please call Member Services at 855-283-2146 (TTY: 711) from 8 a.m. to 6 p.m., Monday through Friday, and we will connect you to an SCN in your area. The social care navigator will verify your eligibility, tell you more about these services, and help you get connected to them.

Benefits Covered by EmblemHealth – For Some Members

We cover the following services for some, but not all members. Check to see if we cover these benefits for you or in the county where you get Medicaid.

Orthodontic Care

EmblemHealth will cover braces for children up to age 21 who have a severe problem with their teeth, such as: can't chew food due to severely crooked teeth, cleft palette or cleft lip.

Medical Social Services

Only available to new and transitioning Medicaid Long Term Home Health Care Program (LTHHCP) members. MSS are individually designed services to assist members who are experiencing problems in managing the emotional difficulties inherent in adjusting to a disability and integrating into ongoing life in the community. are typical of situations that are addressed by Medical Social Services include: Emotional disturbances, family difficulties, adjustment problems related to acute and chronic illnesses, alcohol and substance abuse, and social issues. Such services also include assistance with problem solving to overcome difficulties with transportation in the community and caregiver turnover and/or absence.

Home Delivered Meals (HDM)

Only available to new and transitioning Medicaid Long Term Home Health Care Program (LTHHCP) members. Home Delivered Meals (HDM) is an individually designed service that provides meals to

individuals who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation. These meals assist in maintaining a nutritious diet. They do not, however, constitute a full nutritional regimen.

Adult Day Health Care Services

Must be arranged by your EmblemHealth network doctor. Only available to members who are **not** residents of a residential health care facility (RHCF). Services include health education,

nutrition, interdisciplinary care planning, nursing and social services, assistance and supervision with the activities of daily living, restorative rehabilitative and maintenance therapy, planned therapeutic or recreational activities, pharmaceutical services as well as, necessary dental services and sub-specialty care.

AIDS Adult Day Health Care Services

Must be arranged by your EmblemHealth network doctor. Only available to members with HIV/AIDS who are **not** residents of a residential health care facility (RHCF). Services include general medical and nursing care, substance abuse supportive services, mental health supportive services, individual and group nutritional services as well as, structured socialization, recreational and wellness/health promotion activities.

Infertility Services

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

National Diabetes Prevention Program (NDPP) Services

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

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

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

Eligibility

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

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

And, you meet one of the following criteria:

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

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

Children's Behavioral Health Services

Substance Use Disorder Services

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

EmblemHealth Enhanced Care will cover these services for all eligible children and youth under age 21, including those:

- With Supplemental Security Income (SSI);
- Who have federal Social Security Disability Insurance (SSDI) status; or
- Who have been determined certified disabled by a New York State Medical Disability Review.

Children's Home and Community Based Services (HCBS)

Children's HCBS offer personal, flexible services to support children/youth and families as they work toward goals and achievements. These services are available where they are most comfortable – at home or in the community. EmblemHealth will cover Children's HCBS for members participating in the Children's Waiver and provide care management for these services.

Who is eligible for Children's HCBS?

Children's HCBS are for children and youth who:

- Need extra care and support to remain at home or in the community.
- Have complex health, developmental, and/or behavioral health needs.
- Want to avoid going to the hospital or a long-term care facility.
- Are eligible for HCBS and participate in the Children's Waiver.

Members under age 21 will be able to get these services:

- Community Habilitation
- Day Habilitation
- Caregiver/Family Support and Services
- Community Self Advocacy Training and Support
- Prevocational Services – *must be age 14 and older*
- Supported Employment – *must be age 14 and older*

- Respite Services (Planned Respite and Crisis Respite)
- Palliative Care
- Environmental Modifications
- Vehicle Modifications
- Adaptive and Assistive Equipment
- Youth Peer Support Services and Training
- Crisis Intervention

Children and Family Treatment and Support Services (CFTSS)

CFTSS are for children under age 21 with behavioral health needs. These services help children, and their families improve their health, well-being, and quality of life. These services include:

Other Licensed Practitioner (OLP). This benefit lets you get individual, group, or family therapy where you are most comfortable.

Psychosocial Rehabilitation (PSR). This benefit helps you relearn skills to help you in your community. This service was called “Skill Building.”

Community Psychiatric Supports and Treatment (CPST). This benefit helps you stay in your home and communicate better with family, friends, and others. This service was called “Intensive In-Home Services,” “Crisis Avoidance Management & Training,” or “Intensive In Home Supports and Services.”

Youth Peer Support and Training is a benefit provided by a credentialed Youth Peer Advocate, or Certified Recovery Peer Advocate who has similar experiences. These services can help children and families to:

- Develop skills to manage health challenges and be independent.
- Feel empowered to make decisions.
- Make connections to natural supports and resources.
- Transition to the adult health system when the time is right.

Crisis Intervention is professional help at home or in the community when a child or youth is distressed and cannot be helped by family, friends, or other supports. Through these services, children and families can learn how to use crisis plans to de-escalate a crisis and prevent or reduce future crises.

Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community.

Article 29-I Voluntary Foster Care Agency (VFCA) Health Facility Services

EmblemHealth covers Article 29-I VFCA Health Facility services for children and youth under age 21.

29-I VFCA Health Facilities work with families to promote well-being and positive outcomes for children in their care. 29-I VFCA Health Facilities use trauma informed practices to meet the unique needs of each child.

29-I VFCA Health Facilities may only serve children and youth referred by the local district of social services.

The 29-I VFCA Health Facility services available include:

Core Limited Health-Related Services

1. Skill Building
2. Nursing Supports and Medication Management
3. Medicaid Treatment Planning and Discharge Planning
4. Clinical Consultation and supervision
5. Managed Care Liaison/Administration

and

Other Limited Health-Related Services

1. Screening, diagnosis, and treatment services related to physical health
2. Screening, diagnosis, and treatment services related to developmental and behavioral health
3. Children and Family Treatment and Support Services (CFTSS)
4. Children's Home and Community Based Services (HCBS)

EmblemHealth will cover Core Limited Health Related Services for children and youth placed with a 29-I VFCA Health Facility.

EmblemHealth will cover Other Limited Health Related Services provided by 29-I VFCA Health Facilities to eligible children and youth.

Applied Behavior Analysis (ABA) Services

EmblemHealth covers Applied Behavior Analysis (ABA) therapy provided by:

- Licensed Behavioral Analyst (LBA), or
- Certified Behavioral Analyst Assistant (CBAA) under the supervision of an LBA.

Who can get ABA?

Children/youth under the age of 21 with a diagnosis of autism spectrum disorder and/or Rett Syndrome. If you think you are eligible to get ABA services, talk to your provider about this service. EmblemHealth will work with you and your provider to make sure you get the service you need.

The ABA services include:

- assessment and treatment by a physician, licensed behavioral analyst, or certified behavior analyst assistant,
- individual treatments delivered in the home or other setting,
- group adaptive behavior treatment, and
- training and support to family and caregivers.

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

Chronic Disease Self-Management Program (CDSMP) for Arthritis

If you've been diagnosed with arthritis and are interested in learning more about self-management related to this disease, EmblemHealth covers services that may help.

Starting **June 1, 2025**, EmblemHealth will cover the Chronic Disease Self-Management Program (CDSMP) for adults aged 18 years and older. CDSMP aims to increase confidence, physical and mental well-being, and knowledge to help manage long-term conditions.

This program may help prevent you from:

- Going to the emergency room.
- Being admitted into the hospital.
- Needing other medical care for your arthritis.

Each CDSMP series meets 2.5 hours once per week, for a total of six weeks.

Eligibility

You may be eligible for CDSMP for arthritis services if you have a recommendation by a doctor or other licensed practitioner and are both:

- At least 18 years old; and
- Diagnosed with arthritis.

Talk to your provider to see if you qualify to take part in the CDSMP for arthritis.

Benefits You Can Get from EmblemHealth or With Your Medicaid Card

You can choose where to get the following services – from a network doctor or any doctor that will accept your Medicaid card.

Family Planning

You can get these services from a network doctor. Or you can get them from any doctor or clinic that will accept your Medicaid card. No approval is needed.

All members must use network doctors for hysterectomies, routine gynecological

exams, prenatal care, delivery and postpartum (after delivery) care.

HIV Counseling and Testing

You can get these services from network providers. You can also get them from any doctor or clinic that will take your Medicaid card, if it is a part of a family planning visit.

TB Diagnosis and Treatment

You can get these services from network providers. Or you can get them from a county public health clinic.

Benefits Using Your Medicaid Card Only

The following services are covered by Medicaid, but not EmblemHealth. You can get these services from any provider who will take your Medicaid card.

Emergency Transportation Services

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

Nonemergency Transportation Services*

All Members:

Nonemergency rides are covered by regular Medicaid and not by EmblemHealth for most Medicaid members. To arrange for transportation, members must call Medical Answering Services (MAS) at:

- NYC, Nassau, Suffolk, and Westchester County members: **1-844-666-6270**.

Note: Nonemergency transportation is not covered for Medicaid members age 65 years and over who are undocumented non-citizens.

If possible, you or your provider should call the above numbers at least three days prior to your medical appointment and give the representative:

- Your Medicaid ID number (for example, AB12345C).
- Appointment date and time.
- Address where your appointment will take place.
- Your doctor's name.

*Nonemergency medical transportation includes personal vehicle, bus, taxi, ambulette and public transportation. If you have an emergency and need an ambulance, you must call 911.

Developmental Disabilities

- Long-term therapies
- Day treatment

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

Other Medicaid Covered Services

- Preschool and school services programs (early intervention).
- Early Start programs.
- Comprehensive Medicaid Case Management.

Pharmacy Services

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

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

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

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

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

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

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

Medicaid NYRx pharmacy plan also has a preferred drug list. This list can be found at:

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf.

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

The Medicaid copayment structure is not changing. Your copayment might change depending

on if the drug is preferred or non-preferred.

Your pharmacy benefit also covers certain supplies:

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

Do you have questions or need help? The Medicaid Helpline can assist you. They can talk to you in your preferred language. They can be reached at 1-800-541-2831 TTY 1-800-662-1220.

They can answer your call:

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

Services Not Covered by EmblemHealth or Medicaid

The following services are not covered by EmblemHealth or Medicaid. If you get any of these services, you may have to pay the bill:

- Cosmetic surgery, if not medically needed.
- Personal and comfort items.
- Infertility treatments for men.
- Chiropractic services.
- Erectile Dysfunction treatments and services.
- Nonemergency transportation for undocumented non-citizens (65 years and over).

You may also have to pay for services that:

- You get from a provider not in our network unless it is a provider you are allowed to see as described in the Medicaid member handbook or EmblemHealth or your PCP sends you to that provider.
- Require prior health plan approval and you get these services without prior approval.

Also, if before you get non-covered services, or an unauthorized service, and you agree to be a “*private-pay*” or “*self-pay*” patient you will have to pay for the services received.

You can call Customer Service at **1-855-283-2146** if you have any questions.