

Affinity Skilled Living and Rehabilitation Center

TIN 38-3709536

NPI 1417903816

MCO	Network Status	Effective Date	Plans-Rates-Rev Codes	Carveouts	Timely Filing
Aetna	In Network	6/1/2020	Medicare, Commercial Level of Care 1 - \$250.00 - 100-169,190,191,199 2 - \$250.00 - 192 3 - \$375.00 - 193 4 - \$475.00 - 194	None	120 Days from DOS
Aetna Better Health	Out of Network				
Affinity Plan	In Network	11/1/2021	Medicaid, Medicare, Commercial Level of Care 1 - \$225.00 - 191 2 - \$325.00 - 192 3 - \$350.00 - 193 4 - \$650.00 - 194	Tranportaion, off site diagnostic testing, speacialized DME, orthotics and Prosthetics, and behavioral health and substance abuse services, Routine eye care services	60 Days from DOS
AgeWell New York	This MCO has closed down		Medicare Level of Care 1 - \$310.00 2 - \$415.00 3 - \$510.00 4 - \$700.00 MLTC Medicaid Fee Schedule - 100%	Transportation, Audiology services, non standard DME, total enteral nutrition solutions, Blood and blood supples, chemo meds, consultain special services, specialty beds, prosthetics and orthotics, dialysis, physician services, wounds VAC	

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Anthem BCBS (Empire)	In Network	1/1/2022	Medicare, Commercial Level of Care 1 - \$315.00 - 191 2 - \$490.00 - 192 3 - \$590.00 - 193 4 - \$690.00 - 194	None	120 Days from DOS
CDPHP	Out of Network				
CenterLight Healthcare	In Network	6/1/2020	MLTC- Confirming Rates	None	
Centers Plan For Healthy Living	Out of Network				
Cigna	In Network	1/15/2009	Commercial Level of Care 1 - \$310.00 - 190,191 2 - \$385.00 - 192 3 - \$460.00 - 193 4 - \$700.00 - 194 Inpatient Hospice Care \$325 Per Diem Rev Code 656	None	180 Days from DOS
Cigna Healthspring	In Network	1/1/2023	Medicare Level of Care 1 - \$300.00 - 191 2 - \$385.00 - 192 3 - \$435.00 - 193	None	120 days from DOS

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			4 - \$485.00 - 194 OP - \$45.00 - Pt - 421, OT-431, ST-441 Outpatient Therapy - Custodial \$45 per visit PT - 421, OT-431, ST-441		
Elderplan	In Network	3/5/2014	Medicare Level of Care 1 - \$320.00 2 - \$420.00 3 - \$500.00 4 - \$670.00 MLTC Medicaid Fee Schedule - 100%	Extraordinary Oral Drugs- Drugs whose cost exceeds \$600 per month, consulting physician's services- must be referred to Elderplan participating providers.	
Emblem Health	Out of Network				
Excellus BCBS	Out of Network				
Fidelis Care	In Network	12/15/2008	Medicaid, Medicare Level of Care 1 - \$250.00 - 191 2 - \$300.00 - 192 3 - \$350.00 - 193 4 - \$430.00 - 194 Outpatient Therapy Medicaid, Medicare- 100% of the Medicaid Fee Schedule	Dialysis, All specialty DME items including Wheelchairs and beds, Complex Wound Care treatment, transportaion, Physician visits which meet plan's referral/ authorization guidelines- reimbursement will be at plan's then current regional fee, Oral Cancer	

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				<p>chemotherapy agents, oral antiretrovirals and protease inhibitors, Certain Neuoleptic agents, Erythropoietin stimulating products, excluded drugs will be subject to member's benefits and reimbursed at Medicare rates. If a member does not have the pharmacy benefits, the member is held responsible for all drugs exclusions. All HIV drugs, requiring more than 100 capsules a month, must be precertified through the case manager.</p> <p>All IV therapeutic drugs are excluded from the per diem rate and will be reimbursed, if appropriately authorized, at current medicare rate less than 15%.</p> <p>If no Medicare rate is available, reimbursement will be at the average wholesale price less than 15%.</p>	
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Hamaspik	Out of Network				
Health Plus	In Network	1/1/2020	Medicaid, CHP, HARP, MLTC Facility Medicaid Rate - 100%	None	
Healthfirst	Out of Network				
Highmark BCBS of Western New York	Out of Network				
Highmark Blue Shield of Northeastern NY	Out of Network				
Humana	In Network	10/28/2018	Medicare, Commercial- Rates Eff 2021 Level of Care 1 - \$345.00 - 191 2 - \$415.00 - 192 3 - \$590.00 - 193 4 - \$700.00 - 194 Inpatient Part B Drugs and Biologicals- 100% of Humana's 201-544 Fee Schedule All Other Services- 70% of Humana's 005-270 Fee Schedule Outpatient Services Humana's 005-270 Fee Schedule - 70%	None	
iCircle	Out of Network				
Independent Health	Out of Network				
Molina	In Network	4/1/2021	Medicaid- Skilled, MLTC Facility Medicaid Rate - 100%	None	

MCO Guide

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MVP Healthcare	Out of Network				
Oscar Health	In Network		Commercial Level of Care \$250.00 - 199 1 - \$390.00 - 191 1 - \$450.00 - 192 3 - \$500.00 - 193 4 - \$700.00 - 194 5 - \$850.00 - 195	1. Physician Consultation - Specialist and all other provider visits which meet the Oscar's referral and authorization guidelines can be billed separately . Reimbursement will be at the Oscar Contracted rate 2. Dialysis 3. Non -Routine Radiology 4. Customized DME 5. Transportation 6. Pharmacy - Unless otherwise part of the bundled dialysis treatment , excluded drugs will be subject to member's benefits and reimbursed at Medicare rates . Any medication requiring prior authorization per Oscar formulary will need to be submitted to the Oscar for prior approval . If prior approval is not obtained	

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				for medication , Oscar is not financially responsible . Medications are billed directly to Oscar's PBM (Pharmacy Benefit Manager .)	
RiverSpring Health Plans / ElderServe	Out of Network				
Tricare-Humana Military East	In Network Tricare Certified	1/1/2018	Military - Rates Effective 11/1/2024 Age 10+ - Medicare Allowable 94% Less than 10 years of age - Medicare Allowable 75%	None	
United Healthcare	In Network	1/1/2020	Medicare, Commercial Tiered Reimbursement 1 - \$450.00 - 110,119,120,129,130,139 2 - \$700.00 - 110-139, with Vent ICD-10 Codes OP - \$50.00 - PT-420-424,429, OT-430-434,439, ST-440-444,449 Medicaid Tiered Reimbursement 1 - \$325.00 - 110,119,120,129,130,139 OP - \$50.00 - PT-420-424,429, OT-430-434,439, ST-440-444,449	MCR, COM: 1 High-Cost Med Over \$100.00 a Day and 3 High-Cost Meds Over \$240.00 a Day Will Be Reimbursed At 80% AWP. TPN: 100% of the Medicare Allowable MCR and ISNP: Annual Vaccines and Vaccines Administration - Influenza and Pneumococcal - reimbursed at 100% Medicare Allowable ISNP: See contract for carveouts	90 days from DOS

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			ISNP Tiered Reimbursement 1 - \$425.00 - Any Valid room and Board revenue Code applies 2 - \$550.00 - 193 OP - \$75.00 - PT-420-424,429, OT-430-434,439, ST-440-444,449		
Univera Healthcare	Out of Network				
Veterans Affairs	Out of Network				
VNS Health Plans	In Network		Medicare, DUALS, MAP, MLTC Plus Plan Medicare Allowable - 100%	None	
WellCare	In Network	10/1/2018	Medicare - Rates Eff 3/1/2025 Level of Care 1 - \$305.00 - 191 2 - \$340.00 - 192 3 - \$410.00 - 193 4 - \$491.00 - 194 5 - \$600.00 - 199 Outpatient Therapy - Medicare Medicare Allowable	Orthotic/prosthetic devices, customized DMEE, CAT scan or MRI, oncology drugs, 3rd generation IV antibiotics, blood and blood products, hemodialysis, transportation and physician professional fee.	90 Days from DOS

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			Medicaid, FHP, CHP Level of Care 1 - \$200.00 - 191 2 - \$280.00 - 192 3 - \$350.00 - 193 4 - \$400.00 - 194 5 - \$600.00 - 199		

*Carveouts: Although an MCO contract may not include carveouts, the provider should still work to obtain a carveout if high-cost meds/equipment over \$100.00 per day or combines meds/equipment over \$200.00 per day are needed to treat the patient. The provider should contact the patient’s insurance case manager for assistance. If the insurance company will not allow for a carveout, request a higher level of care if applicable.

*Outpatient Services: Please note that if a contracted MCO or a specific plan within the MCO reimburses at level of care, unless there is a separate reimbursement for Outpatient Therapy, these services will not be covered.