

# *Medicaid*

**Medicaid Matters New York**

# *Matters*

**Managed Care Workgroup**

## MEDICAID MANAGED CARE FACT SHEET

### **Attention Upstate New York Medicaid Beneficiaries Living with HIV and AIDS: You Are Now Required to Join a Managed Care Plan!**

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**Starting October 1, 2011**, Medicaid beneficiaries living with HIV and AIDS in most New York upstate counties must join a health plan to continue getting health care. The Medicaid Managed Care (MMC) plan will administer your Medicaid benefits.

#### **HOW LONG DO I HAVE TO JOIN A PLAN?**

At some point after October 1, 2011, the State will send you an enrollment packet telling you to choose a MMC plan. You will have 30 days from the date on the notice to choose a health plan. If you don't, the State will enroll you into one. You may enroll into a plan before getting the enrollment packet. Early enrollment gets you enrolled in a plan before the plan's and the primary care doctor's list of patients get full.

First time Medicaid applicants have to choose a plan at the time of their application.

#### **WHAT ARE MY PLAN OPTIONS?**

Plan options vary by county. To get a list of the plans available in your county, contact:

- New York Medicaid CHOICE, an enrollment broker, at 1-800-505-5678. They can give you information about your plan options if they are the enrollment broker in your county. They may also refer you to your local Department of Social Services.
- Your local Department of Social Services (LDSS). You can find each county's phone number at: [http://www.health.state.ny.us/health\\_care/medicaid/ldss.htm](http://www.health.state.ny.us/health_care/medicaid/ldss.htm)
- Community Health Advocates (CHA) at 1-888-614-5400. A CHA advocate can provide you with a list of plans in your county and help you decide which plan is best for you.

#### **HOW DO I ENROLL?**

You can enroll by phone, in person, or by mail. Use the contacts above to figure out your plan and enrollment options.

#### **HOW DO I CHOOSE THE PLAN THAT IS BEST FOR ME?**

- Ask all your medical providers, including your primary care doctor, specialists, home care service and durable medical equipment providers, which plan(s) they take.
- If one of your doctors doesn't take the plan that your other doctors take, ask him/her to join that plan.

- Ask the plans in your county if they cover your prescriptions and if they have any special rules for the use of those prescriptions.
- Ask the plan if they have any special services that may help you stay healthy, like case management.
- Ask the plan if they would let your specialist be your primary care physician (PCP).
- Ask the plan which hospitals are part of the network.
- Ask the plan about transportation arrangements to your doctor visits.

### **WHO DOESN'T HAVE TO JOIN A PLAN?**

There are a few exemptions, but most people will have to join a plan within the next three years. If you think you might be eligible for an exemption, call CHA at 1-888-614-5400.

### **WILL I LOSE ANY BENEFITS BECAUSE I JOIN A PLAN?**

No. Medicaid Managed Care plans must cover everything that regular Medicaid covers. The difference is that you will now get most services through a plan and you will have to follow the plan's rules.

### **SHOULD I KEEP MY MEDICAID CARD?**

Yes. You will use your Medicaid card to get some services that are not part of your plan's benefit packet, such as COBRA case management, dental care, AIDS adult day health care services, methadone maintenance, and outpatient rehabilitative services for chemical dependence. SSI recipients will use a Medicaid card for mental health services.

### **WHEN SHOULD I START USING THE PLAN?**

Once you enroll, you will receive a letter from your plan indicating your effective date of coverage with an ID card and member handbook. You must use your plan card for most medical services, but you may need your Medicaid card for a few other services.

### **HOW CAN I CONTINUE THE TREATMENT I WAS GETTING BEFORE JOINING A PLAN?**

Once you are enrolled, the plan must ensure that you continue all the services you were receiving for any chronic, degenerative, disabling or life-threatening condition, even if the providers do not participate in the plan. The plan has to cover those services for 60 days from enrollment or until it develops a plan of care for you, whichever comes first.

### **WHAT IF MY PLAN DOESN'T WANT TO COVER SOMETHING?**

Don't take no for an answer. If you need a service that your plan should pay for, you have the right to appeal with the plan and you also have the right to a Fair Hearing.

### **WHO DO I CALL IF I HAVE A COMPLAINT?**

To file a complaint, call New York State Department of Health's Managed Care Complaint Line: 1-800-206-8125

For advice on how to appeal or present your case at a fair hearing, contact your local advocacy organization, such as an Independent Living Center or legal services organization. You can also call the Community Health Advocates statewide hotline at 1-888-614-5400, which provides free information and assistance to New Yorkers seeking health care services and health insurance.