

Medicaid **Medicaid Matters New York** *Matters* **Managed Care Workgroup**

MEDICAID MANAGED CARE FACT SHEET

Attention Medicaid Managed Care & Family Health Plus Enrollees: The Way You Get Your Prescription Drugs Has Changed!

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On October 1, 2011, Medicaid and Family Health Plus enrollees who previously used their NYS Benefit card to get their drugs will now have to use their Medicaid health plan card to pay for pharmacy services. This does not apply to you if you are on Medicare and Medicaid or if you are not in a Medicaid Managed Care Plan.

For Medicaid enrollees this includes prescription and over-the-counter drugs, medical supplies, hearing aid batteries and enteral formula. For Family Health Plus (FHP) enrollees it includes most prescription drugs and select non-prescription drugs and medical supplies.

WHAT DOES THE CHANGE MEAN FOR ME?

You must use only the drugs on your health plan's list.

Each Medicaid/FHP Health plan will have a list of drugs it covers. The list of drugs is called a formulary and must be "comparable" to what Medicaid fee-for-service used to pay for. Not all drugs covered by Medicaid will be on every plan's formulary. Contact your health plan to find out if your drugs are on their formulary.

You must fill prescriptions at pharmacies in your health plan's network.

Each Medicaid/FHP health plan will have a list of participating pharmacies. You can continue to use the pharmacy you use now if it is on your health plan's list of participating pharmacies, also called a network of providers. Contact your health plan or pharmacy to find out whether your pharmacy is in your plan's network.

You must follow your health plan's rules for getting drugs.

You may need to get prior authorization, or special permission from your doctor to use a specific drug, or you may need to use the generic version of the drug before getting the brand name drug. Also health plans may have quantity limits on specific drugs. Each health plan's rules are different for each drug. Contact your health plan to find out if there are special rules for you to get your drugs.

CAN I SWITCH HEALTH PLANS IN ORDER TO GET MY DRUGS?

You can switch to a plan that covers your drugs only during a limited time during the first year of enrollment in managed care.

- You can only switch plans during the first 90 days of enrollment in your health plan.

- After the 90 days, you are “locked in” to the plan for the rest of the year.
- Enrollees can switch plans during the “lock-in” period only for good cause. Pharmacy benefit changes are not considered good cause.
- After the first 12 months of enrollment, Medicaid managed care enrollees can switch plans at any time. However, a new lock-in period applies every time you switch plans.

At the Pharmacy

THE PHARMACIST SAYS MY PLAN WON’T PAY FOR MY DRUGS. WHAT CAN I DO?

- Prior to December 31, 2011, you can get a one time 30-day temporary fill of your drugs, but you need to find out what the problem is because you only get *one* 30-day fill!
- Check with the plan to make sure your pharmacy is in their network.
- Check with the plan formulary to see if your drug is listed as a covered drug.
- If your drug is on the plan’s formulary, check for any prior authorization requirements or quantity limits.

At the Doctor's Office

WHAT CAN MY DOCTOR DO TO HELP?

- If your drug is not on the plan’s formulary, check with your doctor to see if there are any alternative medications you could take that are on the formulary.
- If no alternatives are available and the drug your doctor says you need is not covered by the plan, your doctor can ask the plan to make an exception to their formulary rules so that you can get your drug. If the plan still says no, you can appeal that denial to internal and external reviewers. Contact your plan for information about their appeals process. You can also request a Medicaid Fair Hearing.

Requesting a Fair Hearing

WHAT HAPPENS IF I REQUEST A FAIR HEARING?

- If you request a fair hearing because you can’t get a drug you are currently taking, you can continue getting the drug while you wait for your fair hearing decision by asking for “aid continuing.”
- When you request a fair hearing, be sure to explain that you are currently under treatment and your drug is medically necessary.
- A fair hearing can be used at the same time as a health plan’s appeal process, which may also be called an “exception.” If the fair hearing is decided in your favor, you get the drug you requested.

HOW DO I REQUEST A FAIR HEARING?

In person: 14 Boerum Place in New York City, or your county’s Local Department of Social Services
By fax: (518) 473-6735
By telephone: (800) 342-3334
Online: www.otda.state.ny.us/oah/forms.asp
By mail: New York State Office of Temporary and Disability Assistance
 Office of Administrative Hearings
 P.O. Box 1930
 Albany, New York 12201-1930

WHO CAN I CALL FOR HELP?

NYS DOH Managed Care Complaint Line: (800) 206-8125, Monday-Friday 8:30 am - 4:30 pm
The Legal Aid Society’s Health Law Help-line: NYC - (212) 577-3575, Outside NYC - (888) 500-2544; Tuesdays only
Community Health Advocates Hotline: (888) 614-5400