

**M**ost New Yorkers with State health benefits (*also called Medicaid*), must join a health plan.

If you did not choose a health plan when you applied for or began receiving Medicaid, you will receive an enrollment packet from New York Medicaid Choice.

## You must join by a certain date.

Your enrollment packet will have a letter asking you to enroll in a health plan by a certain date. If you do not select a plan by this date, Medicaid Choice will assign a plan to you. **This is why it is important for you to choose now!**

**NOTE:** You may ask for more time, up to 90 days, to select a health plan if you are living with HIV and you received a notice that you must choose a plan. New Yorkers with SSI, over age 65 or with a certified disability already have a 90-day period to choose a plan and need not call for more time.

**New York Medicaid Choice**  
Helping New Yorkers select their health plans.

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This booklet is available on CD.

**1-800-505-5678**  
TTY:1-888-329-1541

Monday — Friday, 8:30 am – 8:00 pm  
Saturday, 10:00 am – 6:00 pm



# Joining a Health Plan

A health plan will provide your care by working with a group (network) of doctors, clinics, hospitals and other health care professionals.

You will choose one of the doctors from the health plan to be your **PCP** or **Primary Care Provider**. You must go to your **PCP** and the other doctors of the plan for most of your care.

## You'll have choices

Choose any one of the health plans from the Plan List that came inside your enrollment packet.

Special health plans focusing on HIV care are available in New York City.



## Q | "Which health plan...?"

- Works with the doctors I go to now?
- Works with doctors or a hospital or clinic near where I live or work?
- Offers a special program for pregnant women, or to help manage a chronic medical condition, like diabetes or asthma?

A | **Medicaid Choice counselors** will gladly answer all your questions.

Our counselors can also enroll you into a health plan over the phone!

**Call 1-800-505-5678**

TTY: 1-888-329-1541.

# Health Plan Services

After you join a health plan, you will receive a Member Handbook explaining the plan's services. You will also receive a list of the plan's network of doctors.

## Your First 90 Days

You have up to 90 days, starting from your first day of enrollment, to decide if you will remain with your health plan or change plans. After this 90-day period, you must stay with the plan for the next nine months, unless there is a special situation, for example —, you have moved and the health plan does not provide services at your new address. **Note:** Health Plan members with HIV, may change to an HIV Special Needs Plan at any time.

## Basic Services:

- Doctor visits and hospital stays
- Regular check-ups and shots
- Emergency care
- Referrals to specialists when needed
- Other services, such as eye care, medical equipment, hearing aids, HIV testing and counseling.



## Health plans also provide:

- **Mental health services**  
*Note:* Plan members receiving SSI, SSD, or who are over age 65 or with a certified disability will keep seeing their Medicaid provider (*May not apply to HIV SNP members*).
- **Dental care**  
If your health plan does not offer this service, you may go to a dentist that accepts your Benefit ID Card
- **Family planning services**  
You may go to your health plan or to a Medicaid provider for these services.

## Your Doctors

Your PCP or health plan will be available to you at any time of the day or night. Your PCP will provide most of your care and will get to know your medical needs.

**Before you select your PCP,** call the doctor's office to make sure that she/he is taking new patients.

## Referrals

You will need a referral from your PCP to see a specialist and for other services. You may get a standing referral if you see the specialist often.



**Continue using your Benefit ID at the pharmacy.**

***You will not need a referral from your PCP for the following services:***

Emergency care, family planning, vision services, and for one mental health assessment and one chemical dependence (including alcohol and drug abuse) service assessment in one year.

No referrals are necessary for mental health and chemical dependence treatment **IF** you have SSI, SSD, are over age 65, or you have a certified disability. However, call your health plan if you need detoxification services (*May not apply to HIV SNP members*).

**Member Services Department**

All health plans have a Member Services Department to answer your questions and help resolve any problems with your doctor or health care. Member Services will help those health plan members needing special accommodations or extra support, such as:

- Help with their health care appointments and forms
- Medical offices that are wheelchair accessible or have other accommodations
- Booklets in large print or in audio format and TTY services for people who have trouble hearing or speaking
- Case management services.



***Health Plan Members have certain rights, such as:***

- A choice of PCPs
- An appointment within 24 hours for urgent care and within 48 to 72 hours if feeling sick and going to the hospital ER for emergency care
- Receiving a second opinion about certain medical conditions from another provider in your plan
- Have all information about your health care kept confidential
- Complain to the health plan, State Department of Health or to New York Medicaid CHOICE
- Ask for a fair hearing if your plan has denied, stopped, or reduced treatment or services you think you should get.

***Need help problem-solving?***

- New York Medicaid Choice at **1-800-505-5678**.
- The State Department of Health Complaint Line, Monday through Friday, 8:30 a.m. to 4:30 p.m., at **1-800-206-8125**.

# Who Does Not Have to Join a Health Plan



Some New Yorkers with Medicaid can join a health plan or apply to be 'exempt' and stay with regular Medicaid:

- Adults who have serious mental illness and children who have serious emotional problems  
*(This exemption does not apply to people with SSI, over age 65 or with a certified disability)*
- People in long-term alcohol or drug residential programs
- Pregnant women who are getting prenatal care from a provider who is not in any plan
- People who live in facilities for the mentally retarded and people with similar needs
- Some people with developmental or physical disabilities who get care at home or in their community through waiver programs, and those who have the same needs
- People with long-term health problems being treated by a specialist who is not in any plan
- People who are homeless.  
*(Call 1-800-505-5678 to learn if this is an exemption in your county)*
- People who cannot find providers in any plan who can serve them in their language

- People temporarily living outside of their county of residence
- Foster care children  
*(Call 1-800-505-5678 to learn if this is an exemption in your county)*
- People with HIV/AIDS living outside New York City
- People scheduled for major surgery in the next 30 days with a provider not in a health plan
- People with end-stage renal disease
- People on Medicaid through the "Buy-in for the Working Disabled Program" who are not required to pay a premium.
- People who live where a provider is not accessible
- People who have a doctor for at least a year and the doctor is not in any health plan

## Native Americans

Native Americans may join a health plan or keep the health care they have now. If you join a health plan, you can still go to your tribal health center for care, or to your health plan doctor.

If you have been seeing a Medicaid doctor who is not part of a health plan, and who is not working in a tribal center, you will not be able to keep seeing that doctor if you join a plan. If you want to keep seeing that doctor ask for an exemption so you won't have to join a health plan.



# Who Cannot Join a Health Plan

Some New Yorkers with Medicaid cannot join a health plan. This means they are “excluded” from joining a health plan and must stay with regular Medicaid.

## ***The persons below cannot join a health plan:***

- People in nursing homes or hospice programs at the time of enrollment
- People in long-term health care plans or demonstration programs
- Children or adults who live in state psychiatric or residential treatment facilities
- People who live in Family Care Homes licensed by the Office of Mental Health
- People who will get Medicaid only after they spend some of their own money for medical needs (spend-down cases)
- People with other full benefit insurance
- Babies under age six months who are blind or disabled. Infants living with their mothers in jail or prison
- People in the recipient restriction program
- Children in foster care (Call 1-800-505-5678 to learn if this an exclusion in your county)
- Children who are blind or disabled and living apart from their parents for 30 days or more
- People eligible for TB services only
- People on Medicaid through the “Buy in for the Working Disabled Program” who are required to pay a premium
- Women eligible for Medicaid through the Breast and Cervical Cancer Early Detection Program
- People who will get Medicaid for less than 6 months except for pregnant women.

### ***People with Medicaid and Medicare***

You may join a Medicaid Advantage Plan. Speak to a Medicaid Choice counselor for more information.

### **You Have the Right to a Fair Hearing**

You have the right to a fair hearing if your request for an exemption or exclusion is not approved.

Call: 1-800-505-5678.