

# **Statewide Medicaid Managed Care for People Living with HIV/AIDS: New Developments Outside of NYC**

**Statewide Webcast:**

**June 16th, 2011, 2:00–3:30 pm**

**Sponsored by the  
New York State Department of Health**

# Objectives

1. Obtain the latest information about the timeline for implementing mandatory Medicaid Managed Care for PLWHA outside of NYC
2. Recall NYS mandatory Medicaid counties
3. Identify available Medicaid Managed Care Plans
4. Recall how a Medicaid beneficiary will choose a managed care plan or get auto-assigned

# Objectives

5. Recall exclusions including those who are also covered by Medicare (duals), enrolled in long term home health care or spend down
6. Access information about the scope of benefits and services that will be available
7. Learn how to assist beneficiaries who may have questions or require help with enrollment

## THE PAST:

People living with HIV /AIDS  
were exempt from the requirement  
to enroll in a managed care plan

Beginning OCTOBER 1, 2011

people with HIV/AIDS will be required to  
enroll in a managed care plan

# Policy Change Background

- ❑ **Beginning October 1, 2011** PLWHA who were exempt because of HIV will be asked to choose a plan.
- ❑ Will not be required to choose until they receive mandatory notice packet.
- ❑ Newly eligible for Medicaid will have to choose at time of eligibility.

# Important Terms

- Exempt
- Mandatory county
- Primary Care Provider
- Carved out benefits
- Enrollment broker
- Excluded
- Auto-Assignment
- Lock-in period
- Transition Policy

# HIV Provider Checklist

- ✓ Which patients will be asked to choose?
- ✓ Which health plans networks have HIV-experienced providers?
- ✓ Are there primary care providers our patients work with?
- ✓ How can we help patients choose a plan?
- ✓ Who are contacts at health plans?

# Patients Impacted

- ❑ Exempt person can enroll if they choose, not mandated to enroll
- ❑ Excluded persons cannot enroll into a MMC plan and will not receive any mandated enrollment information
  - ✓ Medicaid Spend-down
  - ✓ Medicare recipient with Medicaid
  - ✓ ADAP



# Understanding Your Local Managed Care Environment

# Understanding Managed Care

- ✓ Benefits are the same as Medicaid FFS
- ✓ Plan provides most benefits with a network of providers who agree to be part of plan network
- ✓ Choose a plan and choose a primary care provider
- ✓ Ask questions about accessing HIV specialist

# Medicaid Managed Care Benefits

**Plan covered services include but not limited to:**

- ✓ inpatient and outpatient care
- ✓ laboratory services
- ✓ emergency room
- ✓ alcohol and chemical detoxification
- ✓ Skilled home care

**Health Plan will provide most services through a network of providers.**

# Medicaid Managed Care Benefits

- ❑ Carved out services where consumer will still use Medicaid card:
  - ✓ COBRA case management
  - ✓ Adult Day Health Care
  - ✓ Outpatient chemical dependence
  - ✓ Methadone maintenance program
  
- ❑ Persons with SSI will use Medicaid card to access all mental health services in Mainstream Plans.

# FAQ- Behavioral Health Benefits

- In plan
  - For non-SSI enrollees, coverage of most mental health services and inpatient rehabilitation services for chemical dependence
- In plan
  - Inpatient and outpatient detoxification services for all enrollees.

# Carved-out Behavioral Health

- Carved-out
  - SSI and SSI-related enrollees, all mental health and inpatient rehabilitation services for chemical dependence.
- Carved-out
  - Outpatient services for chemical dependence, including MMTP, for all enrollees.

# FAQ-How will medications be covered?

- Beginning October 1, 2011 NYS will require health plans to provide pharmacy benefit to all managed care members.
  - New for all 2.9 million NYS health plan members
  - Until patients are enrolled in a health plan coverage will continue to be MA FFS.
  - There will be a Medicaid Update during the summer to address this important change
  - Patients already in health plans will continue to use MA card until plan informs them of change.

# Plan Provider Networks

- Select primary care provider to provide most care
- Can request specialist as PCP if have chronic condition
- Plans required to have HIV experienced provider in network



# FAQ- Do I have to select new doctors?

- People with HIV who enroll in managed care can keep the doctors they currently use if the doctors participate in the selected Medicaid managed care plan.
- Most major HIV providers already participate in one or more mainstream managed care plans.
- Additionally providers may tell their patients which plans they participate with.

# Medicaid Health Plans

- Network must provide access to all specialties in the plan benefit program.
- HIV providers are included in plan networks.
- Plans have service areas that extend across several counties.
- Must choose plan based on county of residence.
- LI counties have six plan choices, other mandatory counties have 2-4 plans/county.

# Key Points

- ❑ It is important that PLWHA make an informed choice when they choose a Health Plan.
- ❑ PLWHA choose the health plan most of his or her providers work with.
- ❑ There is a role to play to assure patient care is not disrupted by this change.

# Consumer Checklist

- What plans are in the county I live in?
- What county do I get my medical care?
- What providers and services do I use most?
- Who can I call with questions?
- Does this plan cover dental or non-emergency transportation?

# What Plans can patients choose?

- Must choose a plan in their county.
- Should choose a plan that has own providers in the plan network.
- Can choose providers in other counties but the plan must also operate in neighboring counties.
- Example-Pt from Montgomery can choose providers in Albany. Two plans as option.

# Which patients affected?

- Mandatory counties only.
- Excluded if also Medicare, spend-down, ADAP, Long term Home health Care.
- Enrollment broker counties mailings complete by end of year.
- LDSS counties may phase-in.

# Enrollment Process

- Voluntary enrollment until asked to choose
- Medicaid beneficiaries choose when required
- Consumers will receive notice
  - ✓ New York State contracts with an enrollment broker, New York Medicaid CHOICE (NYMC) which is used in some counties.
  - ✓ In other counties, consumers will receive notice from and work with LDSS.
  - ✓ Regardless, 30 days to decide before auto-assignment.

# Mandatory Notice

- ❑ Consumer will receive a general mandatory announcement packet with a letter that states choose date
- ❑ Announcement letter is message to consumer to take action, talk to providers, call New York Medicaid CHOICE or LDSS.
- ❑ *Once they receive notice to choose, Consumers will have 30 days to act.*



# Mandatory Package Contents

- Mandatory notice with choose by date
- Digital/pre-printed enrollment form with health plan choices
- Mandatory managed care brochure
- Health Plan list
- Consumer guide

# Mandatory Notice Process

- ❑ If consumer does not choose a plan, they will be auto-assigned to a Medicaid managed health plan.
- ❑ Final notice contains the name of the plan the client is enrolled in or was assigned to and the effective date.
- ❑ Patients will have 90 days to switch plans and then will be “locked-in”

# Enrollment Broker Responsibility

- After October 1, NYMC will begin to notify all to choose a plan.
- Pre-printed form with names of plans
- Letter with choose by date
- **Multiple methods for enrollment:**
  - *phone, in person or mail*

# New York Medicaid Choice

- ❑ 10 years of experience with NYS mandatory program
- ❑ Strong call center support with experienced, multi-lingual counselors
- ❑ Phone counselors stress provider relationships in plan choice; three-way calls to providers, case manager or health plans.

# LDSS Responsibility

- Notify client need to choose a plan when they recertify or have a change in Medicaid case.
- Accept enrollments, confirm choice and auto-assign if client fails to choose.
- Provide enrollment packet that includes enrollment form, plan list and MMC brochure.

# Role of HIV Provider in Enrollment

- ✓ Check in to see if the client has received a packet or contact NY Medicaid CHOICE or LDSS to assess status.
- ✓ As a case manager, discuss options with clients. Identify their key providers and the plans they are affiliated with.
- ✓ If client does not have provider during this period have them begin to find a provider.

## **FAQ-How does Medicaid managed care change the way HIV+ individuals get their Medicaid benefits?**

- HIV+ individuals have the same Medicaid benefits regardless of whether they are in Medicaid managed care or regular Medicaid.
- The main difference is that managed care members get most of their Medicaid benefits from the health plan's network of providers, hospitals, physicians, and clinics.

# FAQ-Will I need referrals?

- For patients choosing a mainstream plan they must choose a PCP for most of their care.
- Members with HIV can request to have their HIV-experienced medical provider serve as their PCP.
- Managed care plans must allow Medicaid members to receive a “standing referral” for on-going and recurring care with a specialist.
- Each managed care plan has a member handbook to explain how to obtain these services.



# Role of HIV Provider in Enrollment

- ✓ Remind client to check in with provider about the plans they are affiliated with.
- ✓ Assist the client to enroll before mandatory or after the mandatory process before auto-assignment.

# THE FIRST THREE MONTHS

Successfully Navigating the  
Transition to a Health Plan

# The First Three Months

- ❑ Plan sends welcome packet that includes ID card, handbook and health assessment form to return to the plan.
- ❑ Member handbook includes list of Member rights and info on how to appeal a plan decision or file complaint
- ❑ First three months grace period to change plans – any reason

# The First Three Months

## Continuity of Care – Transitioning

### IF AN ENROLLEE HAS:

- ✓ a life-threatening condition
- ✓ existing relationship with a provider who is not in the plan's network

### THEN:

- ✓ the plan is required to continue that relationship for ***60 days***.

# The First Three Months

## Continuity of Care – Transitioning

### IF AN ENROLLEE HAS:

- ✓ entered the 2<sup>nd</sup> trimester of pregnancy
- ✓ the provider is not in the plan

### THEN

- ✓ the plan will need to continue the relationship for delivery and a period of **60 days** post partum.

## Once in a plan, HIV providers may assist clients with:

- ✓ Encouragement to contact plan to communicate their health care needs
- ✓ Completing the health assessment in Welcome Packet
- ✓ Working with plan case manager/care coordinator
- ✓ Changing PCP providers if necessary
- ✓ Complaints, appeals and fair hearings

# Navigation of Managed Care

## Ensure access to care:

- ✓ Assist with transportation/durable medical equipment process
- ✓ Know contacts at each plan
- ✓ Work with plan case manager/care coordinator
- ✓ Contact member services when needed

## Must have authorization/consent of the client to contact the plan

# Key Points

Once a client has chosen a plan, the case manager can assist the client in successfully navigating the plan to ensure their health care needs are met.



# Take Home Points

- ❑ Clients are making informed choices
- ❑ Prevent auto-assignment
- ❑ Avoid disruption of care
- ❑ Educating consumers on change
- ❑ Prepared by understanding local options

# Links to DOH information

- Medicaid Plans by county

[http://www.health.state.ny.us/health\\_care/managed\\_care/pdf/cnty\\_dir.pdf](http://www.health.state.ny.us/health_care/managed_care/pdf/cnty_dir.pdf)

- Mandatory counties impacted

[http://www.health.state.ny.us/health\\_care/managed\\_care/mmc\\_counties/](http://www.health.state.ny.us/health_care/managed_care/mmc_counties/)

- Enrollment broker counties

[http://www.health.state.ny.us/health\\_care/managed\\_care/mmc\\_counties/maximus\\_with\\_ssi.htm](http://www.health.state.ny.us/health_care/managed_care/mmc_counties/maximus_with_ssi.htm)

# Other Resources

- Health plan websites, Member Services and provider Relations staff at plans in your area.
- eQARR HIV performance  
[http://www.health.state.ny.us/health\\_care/managed\\_care/reports/eqarr/2010/statewide/medicaid/hiv\\_aids\\_comprehensive\\_care.htm](http://www.health.state.ny.us/health_care/managed_care/reports/eqarr/2010/statewide/medicaid/hiv_aids_comprehensive_care.htm)
- New York Medicaid Choice: 1-800-505-5678
- If you have specific questions please post a question directly to [HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us)

# Will there be HIV Special Needs Plans outside of NYC?

- Currently, 3 HIV SNPs serving > 15,000 members.
  - Approved service area is limited to NYC counties.
  - Recent interest in service area expansion to adjacent counties,
- Development of a full SNP provider network in a county is an extensive process.
- FUTURE: If an HIV SNP is certified in another county, HIV+ managed care members can enroll

## **If I join a managed care plan, will I be able to continue seeing a provider in a neighboring county?**

- Individuals who enroll in a Medicaid managed care plan may see providers who participate in the plan's provider network.
- Example: person who resides in Westchester or Nassau counties may choose a managed care plan certified in their county that also is certified in NYC.
- There are five Westchester and Nassau county health plans that also include New York City counties in the plan.

# Take Home Points for Providers

- Use Consumer Checklist with clients to assist with informed decision-making.
- Remind patients about the need to choose a plan and avoid disruption in care because of auto-assignment.
- Tell patients which plan networks you are in.

# Take Home Points for Providers

- Be prepared by understanding your local enrollment process and health plan options.
- Learn to use Health Plan Member Services and Care Management staff to support patient care needs.

**After July 1, 2011, an archive  
of this webcast will be  
available for viewing at:**

**[www.ceitraining.org](http://www.ceitraining.org)**