



Your
Choice
Matters!



A Guide to
Choosing Your
Health Plan

A New York Medicaid CHOICE Guide
For Families with Medicaid

Who Must Choose

Almost everyone with Medicaid must join a health plan. Your Medicaid health coverage stays the same. The only change is that you will receive your care from a health plan.



When Should You Choose

When it's your time to choose a health plan, you will get a letter that has the day by when you must choose a plan. If you don't choose, a plan will be selected for you. You do not have to wait for this letter to choose your health plan. You may do so at any time.



Your Choice Matters

It's important to choose so that you can have a health plan with the doctors, hospitals and special programs that you want and need. This Guide and a counselor from New York Medicaid CHOICE can help you.



**Need
Help?
Call Us!**

New York Medicaid CHOICE HelpLine:
1-800-505-5678. (TTY) 1-888-329-1541
Monday – Friday: 8:30 a.m. – 8:00 p.m.
Saturday: 10:00 a.m. – 6:00 p.m.

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How to Choose a Health Plan



What is a Health Plan?

A health plan has its own doctors, hospitals and other health care providers working together in a group or network. After you join a health plan, you do not need to find your own doctors to get health care. The health plan doctors, hospitals and other providers will take care of you.



Choosing the Health Plan That's Right For You

It's important to select a health plan that meets your family's health care needs.

Here's how:

Look at the Health Plan List and Consumer Guide.

You can learn important things about the health plans serving the area where you live in the Plan List and Consumer Guide that came in your enrollment packet.

**You can choose from any of the
health plans in your Plan List.**

Read the Consumer Guide to learn how the members of each health plan feel about the care they receive.

Talk to your doctors about joining a health plan.

Ask them which health plans they accept and if they are taking new patients in their plans. **Choose a health plan with the doctors you want.**

If you do not have a doctor, you can select one who meets your health care needs when you join a health plan.

To learn which health plans have doctors near your home and accepting new managed care enrollees, call the **New York Medicaid CHOICE HelpLine.**

Think about the services you want.

All health plans provide the same basic health services. Which special programs and hospitals you can use and how you get some services, like family planning, dental and transportation will depend on the plan you choose.

Read the Plan List to learn about a plan's services. You may also call the health plan directly.





Enrolling in a Health Plan

To choose a health plan, fill out, sign and mail back your enrollment form. Or, you can choose a health plan over the telephone with the help of a counselor from **New York Medicaid CHOICE**. Our counselors are also ready to meet with you in person. To arrange a meeting or to enroll, call us at **1-800-505-5678**.



After You Choose a Health Plan

New York Medicaid CHOICE will send you a letter to confirm the health plan you chose and the date when you can begin using the plan. The letter will include a **health assessment form**. Please fill out and return the form so that your new plan will know about your health care needs.

You will also receive a **welcome letter** and a **health plan ID** card from your health plan. If you need care before your ID arrives, use the plan's welcome letter to show that you are a member.

Keep both your Medicaid card and your plan ID card. You will need your Medicaid card for pharmacy services and other services that may not be covered by your health plan, such as family planning. If you are disabled, you will need to use your Medicaid card for mental health and chemical dependence services.

Make Sure the Plan You Picked is the Right One For You

If you have questions about whether your new health plan meets your needs, call the health plan right away. Ask the people in the Member Services Department any question you have about the plan and its services.



You Have 90 Days to Change Health Plans

You have the first 90 days to decide if your new health plan meets your needs. You can change health plans at any time during this 90-day period. To change your plan, call the **New York Medicaid CHOICE HelpLine**.



What Happens After 90 Days?

After the first 90 days, you must stay with your new health plan for the next 9 months. You can only switch plans after the first 90 days if you have a special reason to do so. One example of a special reason is when you have moved and your health plan does not offer services near your home.

How a Health Plan Works



When you join a health plan, you receive most of your health services from the plan's doctors, hospitals and other health care providers. If you have questions about your care, the plan's Member Services Department will help you.



Benefits and Services

You keep your Medicaid benefits when you join a health plan, including:

- Regular checkups and shots
- Visits to the doctor when you are sick
- Care during pregnancy
- Hospital care, lab tests, X-rays
- Referrals to specialists, when you need them
- Short-term home health care
- Emergency care
- Transportation for medical assistance
- Mental health services
- Other Medicaid services, such as eye care, medical equipment and HIV testing and counseling
- Preventive services

Remember to keep your Medicaid card on hand. Use it at the drugstore to get medicine and for other Medicaid services that may not be covered by your health plan, such as family planning. If you are disabled, you will also need to use your Medicaid card for mental health and chemical dependence services.

Your Own Doctor

You can choose one doctor in the health plan to be your Primary Care Provider (PCP). Your PCP will give you check ups and see you when you are sick.

Some plans let you choose a nurse practitioner as your PCP. You can choose a PCP for each member of your family.

You can reach your PCP's office or health plan 24 hours a day, 7 days a week.



You Can Get Regular Checkups

- Your Primary Care Provider will give you regular checkups to help prevent problems from starting or getting worse. Visit your PCP soon after you join a plan.
- Your children will have regular checkups as babies, small children, teenagers and young adults.
- You will get health care during pregnancy to keep you and your baby healthy.
- With regular health care, you will have better health and miss out less on school and work.



If You Need a Specialist

Your PCP will send you to a specialist when you need one. This is called a referral.

You can get a standing referral if you see the specialist often or, you can ask the plan to make the specialist your PCP.

You Do Not Need a Referral for Some Specialists

You do not need a referral for some services, including:

- Family planning visits
- Pregnancy and preventive care visits to your OB-GYN doctor
- One visit a year for mental health services. The provider must be in your plan (You must get a referral from your PCP for follow-up visits).
- One visit a year for drug and alcohol abuse services. The provider must be in your plan. (You must get a referral from your PCP for follow-up visits).
- Routine vision care



Using the Emergency Room

Go to the Emergency Room only when there is a real emergency. Do not use it for routine care. Your PCP can treat problems that are not emergencies. If you go to the emergency room, call your health plan as soon as possible afterwards.



In Most Cases, You'll Have Guaranteed Eligibility

This means that you are promised the services your health plan covers along with pharmacy and family planning services,

You Can Learn How to Stay Healthy

Most plans offer special health education programs, such as How to Quit Smoking or How to Lose Weight. These programs can help you stay healthy.



Dental Care

Look at the Health Plan list to see which plans offer dental care. If a plan offers dental care, you must go to a dentist in the plan. If the plan does not offer dental care, you may go to any dentist who takes Medicaid.



Family Planning Services

Most health plans offer family planning services. Every member of every plan can go to any Medicaid provider for family planning. You do not need a referral from your PCP for family planning.

Here is a list of family planning services:

- Birth control pills, condoms, diaphragms, IUDs, Depo Provera, Norplant and foam
- Emergency contraception
- Pregnancy testing and counseling
- Sterilization
- Sexually transmitted disease testing and treatment
- HIV testing and counseling, when it is part of a family planning visit
- Abortions

Problem Solving



Use Your Plan's Member Services Department

Each plan has a Member Services Department to:

- Tell you about the plan.
- Send you a member handbook.
- Invite you to an orientation session to learn about the plan, or tell you about it over the phone.
- Send you a member ID card with the plan's phone number on it and the name of your primary care provider.
- Help you choose a primary care provider (PCP).
- Answer questions and solve problems.

Solving a Problem with Your Health Plan

- Call the plan's Member Services Department and tell them your problem. Often they can help. The number is on your plan card.
- Call the **New York Medicaid CHOICE HelpLine**.
- Ask for a fair hearing if your plan has denied, stopped, or reduced covered services you think you should get. Call the **New York Medicaid CHOICE HelpLine** to find out more about fair hearings.
- Call the **State Department of Health Complaint Line**, Monday - Friday, 8:30 a.m. to 4:30 p.m., at 1-800-206-8125.

Solving a Problem with Your Primary Care Provider (PCP)

Talk to your provider about the problem first. If that doesn't work out, you can:

- Call your plan's Member Services Department to talk about the problem.
- Or you can ask to change providers. The telephone number to call is on your health plan card.



Know Your Rights In a Health Plan

You have the right to:

- Choose the health plan that is right for you and your family.
- Have all information about your health care kept confidential.
- Know how the plan works, and what services it offers.
- Choose a PCP who will give you regular checkups and keep track of all of your health care.
- An appointment within 48 to 72 hours if you are sick and within 24 hours if you need care right away.
- If you do not need care right away, a checkup within 12 weeks of joining the plan.
- Get a second opinion about medical conditions or treatments, from another provider in your plan.
- Change your primary care provider.
- Go to the emergency room for emergency care.
- Be treated with dignity and respect.
- Complain to the health plan, New York Medicaid CHOICE or to the State Department of Health.

Who is Not Required to Join



Some People Do Not Have to Join a Health Plan

Some people have special reasons why they do not have to join a health plan. They can apply to be **exempt** and stay in regular Medicaid. See below for a list of **Special Exempt Reasons**.

Special Exempt Reasons

- People with HIV infection.
- 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 developmentally disabled people or physically disabled children 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.

Call the HelpLine
if you want to be
exempt because
of a special reason.
Anything you say
to a counselor is
kept confidential.

- Adults who have serious mental illness and children who have serious emotional problems. *(If you have SSI or are certified blind or disabled, call the HelpLine to find out if this exemption reason applies to the area where you live).*
- Homeless persons. *(Call the HelpLine to find out if this exemption reason applies to the area where you live).*
- Foster care children. *(Call the HelpLine to find out if this exemption reason applies to the area where you live).*
- People who cannot find providers in any plan who can serve them in their language.
- People who live where a provider is not accessible.
- People eligible for the Medicaid Buy-In program for the working disabled, with incomes at or below 150% federal poverty level, and who do not pay a premium.
- People with Supplemental Security Income (SSI) or Medicaid-only Supplemental Security Income (MA-SSI). *(Call the HelpLine to find out if this exemption reason applies to the area where you live).*
- People temporarily living outside of the county where they get Medicaid.
- People scheduled for major surgery in the next 30 days whose provider is not in a health plan.
- People with end-stage renal disease.
- Native Americans. (See page 13)

Health Plans and Native Americans

Native Americans may join a health plan or keep the health care they have now. If you are a Native American and you join a health plan, you can still go to your tribal health center for care. You can also go 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 will not have to join a plan.



Persons with both Medicaid and Medicare

If you have both Medicaid and Medicare you cannot join a health plan for people with Medicaid only. You have your own special health plans. These are called Medicaid Advantage Plans.

Medicaid Advantage makes it easy for you to get both your Medicare and Medicaid health services through the same plan.

Joining Medicaid Advantage is up to you. Our HelpLine counselors will gladly answer your questions and will tell you if there are Medicaid Advantage Plans in the area where you live.

Who May Not Join a Health Plan

There are some people who may not join a health plan. This means they are **'excluded'** from joining a health plan. They must stay with regular Medicaid.

If you become excluded after you join a health plan, you must disenroll (leave) the plan.

See below for a list of **Medicaid consumers who may not join a health plan.**

Medicaid Consumers Who May Not Join a Health Plan

- People in nursing homes, hospices, or long term health care programs and in demonstration programs.
- Children or adults 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 for less than 6 months except for pregnant women.
- People eligible for Medicaid through the Breast and Cervical Cancer Early Detection Program.
- People who are on Medicaid only after they spend some of their own money for medical needs (spenddown cases).
- People with other health insurance (if that insurance costs less than Medicaid).

Continued on next page

Medicaid Consumers Who May Not Join a Health Plan

Continued

- Babies under six months who can get Supplemental Security Income (SSI).
- Infants living with their mothers in jail or prison.
- People in the Recipient Restriction Program.
- Blind or disabled children living apart from parents for 30 days or more.
- People eligible for the Medicaid Buy-In program for the working disabled, with incomes at 150% to 250% federal poverty level, and who pay a premium.
- Foster care children.
(Call the HelpLine to find out if this exclusion applies to the area where you live).
- People eligible for TB services only.



A Fair Hearing

You have the right to a fair hearing if you apply to be exempt or excluded and do not get it. To know more about fair hearings, call **New York Medicaid CHOICE**.



If you have Questions
or Need Help
Call: 1-800-505-5678



Call our HelpLine

(Toll-free) 1-800-505-5678

TTY 1-888-329-1541

Për të kërkuar ndihmë, telefononi në numrin e mësipërm
Albanian

للحصول على مساعده يرجى الاتصال بالرقم الوارد اعلاه
Arabic

সহায়তার জন্য উপরে দেওয়া নম্বরে ফোন করুন
Bengali

請撥 (1-888-329-1537) 獲得協助
Chinese

Pour obtenir de l'aide, appeler le numéro ci-dessus
French

Telefone nimewo 1-888-329-1539, si-w bezwen yo ede-w
Haitian Creole

לקבלת עזרה, צלצל למספר המופיע לעיל
Hebrew

मदद के लिए ऊपर दिये गये नम्बर पर टेलीफोन कीजिये ।
Hindi

Per assistenza chiamare il numero suindicato.
Italian

도움이 필요하시면 상기번호로 전화하십시오
Korean

ໂທລະສັບ ຕາມເລກໜ້າພາຍຂ້າງເທິງນີ້ ຖ້າຕ້ອງການຄວາມຊ່ວຍເຫຼືອ
Laotian

Prosimy dzwonić na powyższy numer, aby uzyskać pomoc
Polish

За помощью обращайтесь по телефону 1-888-329-1538
Russian

Llame al (1-888-329-1467), si necesita asistencia
Spanish

Upang matulungan namin kayo,
tawagang lamang ang numeron nakalista sa itaas
Tagalog

خدمات کے لئے مندرجہ بالا نمبر پر فون کریں
Urdu

Xin gọi số điện thoại ghi trên để được trợ giúp
Vietnamese

פֿון נומער אױפֿן־געבױענעם, זױט נאָך נט און קלױבע אױף דעם טעלעפֿאָן
Yiddish

New York Medicaid CHOICE is a program of the State of New York.
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