

You Have 90 Days to Choose a Health Plan

This Guide Tells You How



A Guide for People Who Receive Supplemental Security Income (SSI) or Who Are Certified Blind or Disabled

Your Medicaid Has Changed

From now on, most people who have SSI or who are Certified Blind or Disabled must join a health plan. Your Medicaid health coverage stays the same. What changes is that you must choose a health plan to care for you.

You Have 90 Days to Choose

Along with this Guide, you may have received a notice that said, **“The way you receive your health services is changing.”**

This notice tells you the date by when you must choose a plan. You can choose your plan at any time before this date.

If you do not choose a plan by this date, New York Medicaid CHOICE will choose a plan for you.

This Guide Will Help You

This Guide explains how health plans work and how easy it is to join one. We also explain who does not have to join a health plan. Call for help if you have trouble understanding this Guide.

**This Guide is available on
Compact Diskette and on Audio Tape.
To receive a free copy call: 1-800-774-4241.**

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How to Choose a Health Plan

Selecting a health plan that is right for you is important.

Here's how:

Look At the Enclosed Health Plan List and Consumer Guide

Use the enclosed Health Plan List and Consumer Guide to learn about the health plans that serve the area where you live. Toll-free telephone numbers for each plan are on the list.

Think About the Doctors You Want

After you join a health plan, you must use the doctors who work with the plan. If you want to keep the doctors you see now, ask them what health plans they work with and if they are accepting new managed care enrollees. If you don't have a regular doctor, you must choose one when you join a plan. To learn which health plans have doctors near you who will meet your needs, call the **New York Medicaid CHOICE** HelpLine. Or you may call the health plan.

Think About the Services You Want

Call the health plan directly to ask about what services they have to help you manage your chronic condition or disability. Ask them about the case management programs and other special accommodations that they offer to meet your needs.

How you get family planning and dental services may differ depending on the plan you choose. See Page 10. Look at the Health Plan List or call **New York Medicaid CHOICE**.

Choose a Health Plan

Fill out and sign the enrollment form. Mail it in the enclosed envelope. No stamp is needed. Or, you can choose a plan over the telephone by calling the **New York Medicaid CHOICE** HelpLine at **1-800-774-4241; (TTY) 1-888-329-1541**.
Monday – Friday, from 8:30 a.m. – 8:00 p.m.
Saturday, from 10:00 a.m. – 6:00 p.m.

Need Help?

- Call the **New York Medicaid CHOICE** HelpLine. Trained counselors are here to help you.
- **Ask your doctors** which health plans they work with, and choose one of those plans.
- **Call the health plan** to ask questions about the plan.



After You Choose a Health Plan

Once you choose a health plan, **New York Medicaid CHOICE** will send you a letter to confirm the plan you chose and the date that you can begin using your health plan. You will also get a health assessment form. Complete it and send it back. It will help your plan to serve you better.

Your health plan will send you a welcome letter and a health plan ID card. 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 health plan ID card. You will need your Medicaid card to get services that are not covered by your health plan. See Page 11 for more information.

Choose Your Doctor

Choose your Primary Care Provider (PCP). Your health plan's Member Services Department can help you. The telephone number for the Member Services Department is on your health plan ID card.

Make Sure the Plan You Picked is Right 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 questions you have about the plan and its services.

90 Days to Change Health Plans

You have 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 at 1-800-774-4241; (TTY) 1-888-329-1541.

What Happens After 90 Days?

After the 90-day period, you must stay with your new health plan for the next 9 months. You can only switch plans during this 9-month period when 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.

Call our HelpLine

(Toll-free)

1-800-774-4241

TTY 1-888-329-1541

How a Health Plan Works

When You Join a Health Plan:

- You use the health plan's network of providers – doctors, nurse practitioners, hospitals and clinics for most of your care. You may use any provider for emergency services. You can get mental health services, alcohol and substance abuse treatment services and other services such as family planning from any Medicaid provider.
- You get a list of providers that includes office addresses, telephone numbers, doctor's qualifications, languages spoken and wheelchair accessibility.
- You may get to see doctors and other providers not always available to Medicaid consumers.
- You have the health plan's Member Services staff to answer questions and help you if you have a problem.



Benefits and Services

You keep all of your Medicaid benefits, including:

- Doctor visits & hospital stays
- Prescription drugs & lab tests
- Transportation for medical appointments
- Other Medicaid services, such as eye care, medical equipment, hearing aids and HIV testing and counseling.

You can get extra help based on your special needs, such as problems moving around and if you use a wheelchair, walker or a cane. You can also get help if you have trouble hearing, talking, seeing, understanding or have other needs.

You will have the extra help you need to:

- Get and keep appointments
- Read or explain information and help you fill out forms
- Get your information in large print or in audiotape format
- Access plan information using the TTY services for people who have trouble hearing or speaking
- Help you know which plan providers offer accommodations that can meet your special needs (e.g., offices that are wheelchair accessible).

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TTY 1-888-329-1541

You Will Have Your Own Doctor

When you join a health plan, you pick one doctor to give you your regular health care. This doctor will be your Primary Care Provider, or PCP. If you don't have your own doctor, the health plan will help you find one.

Your PCP will:

- Provide most of your care
- Arrange for medical tests
- Refer you to specialists
- Understand your medical needs
- Coordinate your health care.

You must have a referral from your PCP for visits to specialists, hospitals and laboratories. If you need emergency care, you do not need a referral. You also do not need a referral for family planning, mental health or alcohol and drug abuse treatment services.

If You Need a Specialist Often

If you need to see a specialist often, you can ask your health plan to have your specialist be your PCP. You also can ask your plan or PCP how to get a 'standing referral.' A standing referral allows you to see your specialist without having to see your PCP first.

You Have Someone to Call for Help

The health plan's Member Services Department can help you, in your language, to:

- Find a doctor
- Get an appointment
- Get transportation to your medical appointments
- Solve problems
- Learn about special programs
- Get extra help based on your special needs.

If You Need a Case Manager

A health plan will assign a case manager to you if you need one. A case manager works with all of your doctors and caregivers and can help you if you have difficulty arranging:

- Medical appointments
- Special equipment
- Home health services
- Transportation services for medical appointments
- Specialty care.

Case management programs in health plans may differ. Call the plan to find out more about its case management services.

Call our HelpLine

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TTY 1-888-329-1541



If You Don't Speak English

Your health plan:

- Has counselors that speak many languages
- Can send you information in languages other than English
- Can help you to find doctors that can serve you in your language.

Mental Health & Alcohol and Drug Abuse Treatment Services

When you join a health plan, you continue to go to your usual Medicaid mental health and alcohol and drug abuse treatment providers. Use your Medicaid card for these services.

You do not need a referral from your primary care provider (PCP), but it is always a good idea to let your PCP know when you go to another doctor. This will help your PCP coordinate your care.

Dental and Family Planning Services

Dental Services. If your plan provides dental services, use your plan ID card to get these services. If your plan does not provide dental services, you may go to any dentist who takes Medicaid.

Family Planning Services. You can get family planning services without approval from your health plan or PCP. If your plan provides family planning services, you can get these services by using your plan ID card. You may also go to a family planning Medicaid provider without approval from your plan or PCP using your Medicaid card.

If your plan does not provide family planning services, you can get family planning services from a Medicaid provider without approval from your plan or PCP by using your Medicaid card.

You Can Attend Special Health Education Programs

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.

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(Toll-free)

1-800-774-4241

TTY 1-888-329-1541

Keep Both Your Health Plan and Medicaid Cards

Your health plan will mail a health plan ID card to you with the name of the health plan and the name of your doctor on it. You will get most services from your plan's doctors and hospitals by using your health plan ID card.

You must still keep your Medicaid card to get a few services not provided by your plan.

Use your Medicaid card to get:

- Prescription drugs and medical supplies at a drug store
- Mental health services
- Alcohol and drug abuse treatment services
- Dental services, if your plan does not offer these services
- Family planning services, if your plan does not offer these services, or if your plan offers these services but you choose to get them from a family planning Medicaid provider who does not work with your plan.



Problem Solving

If you have a problem with your health plan, you can do any of the following:

- Call the plan's **Member Services Department** and tell them your problem. Often they can help. The telephone number is on your health plan ID card.
- Call the **New York Medicaid CHOICE HelpLine**.
- Ask for a fair hearing if your plan has denied, stopped, or reduced treatment or services 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 through Friday, 8:30 a.m. to 4:30 p.m., at 1-800-206-8125.

Call our HelpLine

(Toll-free)

1-800-774-4241

TTY 1-888-329-1541

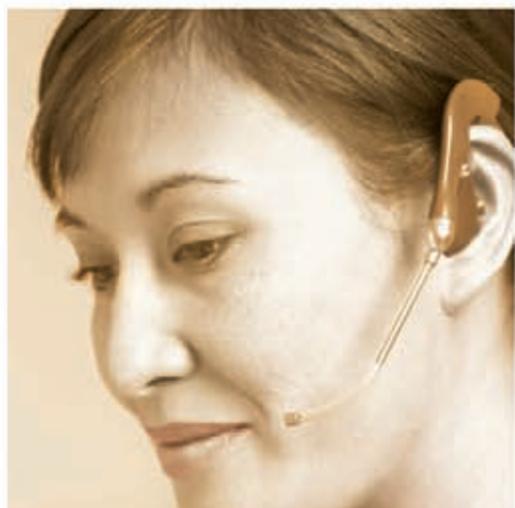


If You Have a Problem With Your Doctor

Talk to your doctor.

If you're still not satisfied, you can:

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



Know Your Rights in a Health Plan

You have the right to:

- Choose the health plan that is right for you.
- 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 check-ups and keep track of all of your health care.
- Get 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, get 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, State Department of Health or to **New York Medicaid CHOICE**.

To Speak to a Counselor
Call: 1-800-774-4241
(Toll-free)

Monday – Friday,
8:30 a.m. – 8:00 p.m.
and on Saturday,
10:00 a.m. – 6:00 p.m.

Who is Not Required to Join a Health Plan

Some Medicaid consumers have a special reason why they do not have to join a health plan. They can apply to be exempt and stay in regular Medicaid.

Here is a list of persons who can apply to be exempt and not join a health plan:

- People with HIV/AIDS.
- 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.
- Native Americans.
- People who are homeless. (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 temporarily living outside of the county where they get Medicaid.
- People who have both Medicare and Medicaid.
- 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.
- Foster Care Children. (Call the HelpLine to find out if this exemption reason applies to the area where you live).

Health Plans and HIV

New York City residents living with HIV/AIDS may join a health plan, or keep the health care they have now. They may also join an HIV Special Needs Plan.

An HIV Special Needs Plan (HIV SNP) is a special health care plan for people living with HIV/AIDS and their children up to age 19, whether or not they have HIV or AIDS. SNPs are available in New York City only. If you want to know more about HIV SNPs call the **New York Medicaid CHOICE** HelpLine.

Call our HelpLine

(Toll-free)

1-800-774-4241

TTY 1-888-329-1541

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 won't have to join a health plan.

More Information

If you do not want to join a health plan because of one of these special reasons:

- 1.** Call the **New York Medicaid CHOICE** HelpLine for more information.
- 2.** Tell us that you want an exemption form sent to you.
- 3.** Follow the instructions for completing the form.
- 4.** Return the form to
New York Medicaid CHOICE.

Anything you say to a counselor is kept confidential.



Call our HelpLine

(Toll-free)

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TTY 1-888-329-1541

Who Cannot Join a Health Plan

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

Medicaid consumers who cannot join a health plan are:

- 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 health insurance (if that insurance costs less than Medicaid).
- 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 who are blind or disabled and living apart from their parents for 30 days or more.
- Children in foster care. (Call the HelpLine to find out if this exclusion applies to the area where you live).
- 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.

If you become excluded from managed care after you join a health plan, you must disenroll from the health plan.

You Have the Right to a Fair Hearing

You have a right to a fair hearing if you request an exemption or exclusion and do not get it. For more information about fair hearings, call the **New York Medicaid CHOICE** HelpLine at 1-800-774-4241.

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Për të kërkuar ndihmë, telefononi në numrin e mësipërm
Albanian

للحصول على مساعدة يرجى الاتصال بالرقم الوارد أعلاه.

Arabic

সহায়তার জন্য উপরে দেওয়া নম্বরে ফোন করুন

Bengali

致電上列號碼獲得協助。

Chinese

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

French

Rele nimewo ki ekri anè a, 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 상기 번호로 전화하십시오

Korean

ໂທລະສັບ ຕາມເລກໝາຍຊ້າງເທິງນີ້ ຖ້າຕ້ອງການຄວາມຊ່ວຍເຫຼືອ

Laotian

Prosimy dzwonić na powyższy numer, aby uzyskać pomoc

Polish

За помощью обращайтесь по телефону, обозначенному выше.

Russian

Si necessita asistencia, llame el número arriba.

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

פאר מושר אינפארמאציע, זייט און און קלינגט אויף דעם טעלעפאן
נומער אנגעוויזן אויבן.

Yiddish

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