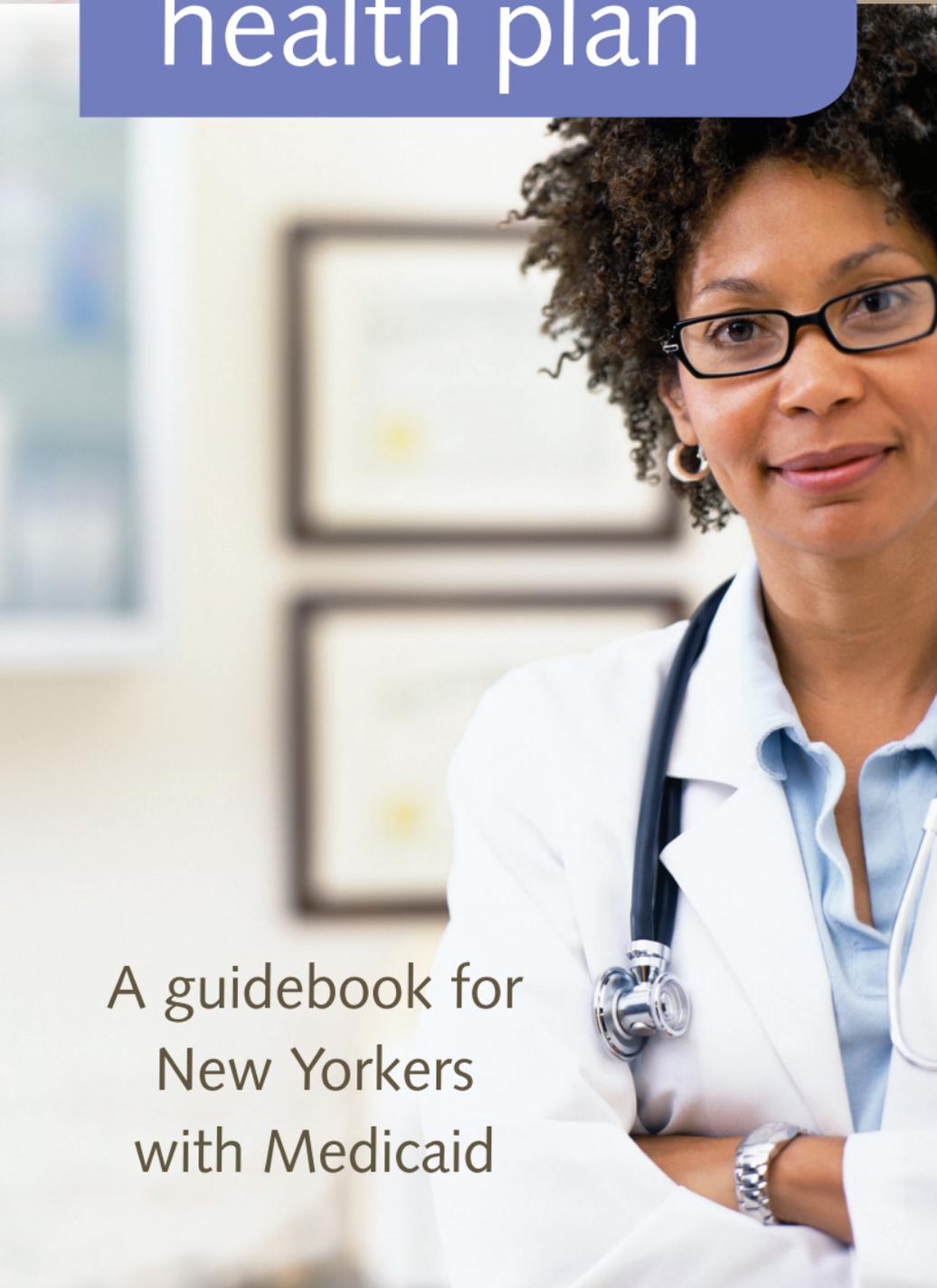




Now is the time  
to join a  
health plan



A guidebook for  
New Yorkers  
with Medicaid

# Getting Started



Choosing your health plan and doctor is important and it's easy! Best of all, you will have a plan and a team of doctors to help you take good care of your health. Let's get started by answering some questions you may have.

## Does everyone join a health plan?

Most people must join a plan. Some people have a special reason to keep regular Medicaid. Please see the section "Who Keeps Regular Medicaid."

## When should I join?

It's best to join right away! Please join no later than the day on your enrollment letter. Otherwise, New York State will choose a plan for you.

## What if my county offers one health plan?

You will be enrolled in that plan but it is just as important that you choose your doctor, so please contact us.

## Need help?

### Not a problem.

Your managed care worker or a Medicaid Choice counselor will be happy to assist you!

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This booklet is also available on CD.

## New York Medicaid Choice

Ask. Choose. Enroll.

**1-800-505-5678**

TTY: 1-888-329-1541

Monday through Friday, 8:30 am to 8:00 pm

Saturday, 10:00 am to 6:00 pm

Visit us at [nymedicaidchoice.com](http://nymedicaidchoice.com)



## Joining a Health Plan

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

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

### Helpful tips when selecting a plan

1. Look over your list of health plans, and then call New York Medicaid Choice or your managed care worker.
2. Ask questions, like the ones on the next page. These will help you compare health plans and narrow down your choices.

### “Which health plan...?”

- works with the doctors I go to now?
- has doctors nearest to where I live or work or doctors who speak my language?
- works with the clinic, hospital and pharmacy I want to use?
- offers special services to people with HIV? (See page 9)

For answers to your questions, or to enroll, speak to a Medicaid Choice counselor or to your county’s managed care worker.

### How to enroll in a plan

There are three easy ways to enroll (join a health plan)

#### • By Phone

Call New York Medicaid Choice at **1-800-505-5678** (TTY: 1-888-329-1541).

#### • Online

Go to [nymedicaidchoice.com](http://nymedicaidchoice.com) and click “Enroll”.

#### • By Mail

Fill out and mail back the Health Plan Choice Form.

Before you select a new PCP, call the doctor’s office to find out if he or she is taking new patients.



# Health Plan Services

## Your First 90 Days

If your county offers more than one health plan choice, you have up to 90 days, starting from your first day of enrollment, to decide if you will stay with your health plan or change plans. After this 90-day period, you must stay with the plan for the next nine months.

*Note:* In New York City, Health Plan members with HIV may change to an HIV Special Needs Plan (HIV SNP) at any time.

## Basic Services:

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

## Health plans also provide:

### ■ Mental health services

*Note:* The following plan members continue to get their mental health services from their Medicaid provider: People over age 65 or with a certified disability or with SSI or SSD.  
*(May not apply to people in an HIV Special Needs Plan)*

### ■ Dental care

### ■ Family planning services

You may go to your health plan or to a Medicaid provider for these services.

## Pharmacy Services

You can go to any pharmacy that accepts your health plan card.

Your plan will inform you about its group of pharmacies and list of covered drugs (medicine).

## 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.

Call your health plan if you have any questions about your pharmacy services.

## 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.

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

- Emergency care
- Family planning
- Vision services
- One annual mental health assessment
- One annual chemical dependence (including alcohol and drug abuse) service assessment

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 New York City residents enrolled in an HIV Special Needs Plan.)*

## 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 that offer other accommodations

- Booklets in large print or in audio format and TTY services for people who have trouble hearing or speaking
- Case management services
- Transitional care. In some cases, plan members who are pregnant or with a chronic condition may keep seeing a doctor who does not work with the health plan for a certain period of time

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 for routine 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 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

You will receive a Member Handbook describing your plan's services and a Provider Directory with the plan's network of doctors, hospitals and pharmacies.

# Special Health Plans

## Restricted Services

Misusing your medicine or other plan services is not allowed and will limit your services to only certain providers and pharmacies.

## Problem-solving

Don't hesitate to call the plan's Member Services representative for help with solving a problem with your doctor or services. You may also:

- Call New York Medicaid Choice or the managed care worker at your local Social Services office.
- Call the State Department of Health Complaint Line at 1-800-206-8125  
Monday through Friday,  
8:30 am to 4:30 pm
- Ask for a fair hearing  
Ask for a fair hearing if your plan has denied, stopped or reduced covered services you think you should have.

## HIV Special Needs Plan

New York City residents living with HIV have the option of receiving their health care services from an HIV Special Needs Plan. Your Primary Care Provider (PCP) will be an HIV-experienced doctor who will make sure you receive the services that you need.

## Medicaid Advantage

New Yorkers with both Medicare and Medicaid have the option of joining a Medicaid Advantage Plan. You will receive both your Medicare and Medicaid services from your Primary Care Provider (PCP) and your health plan's network of providers.

## Managed Long Term Care

Managed Long Term Care Plans help people with a disability or chronic illness receive home care and other long term care services within their communities. To receive these services, you must be eligible for Medicaid or both Medicare and Medicaid, need care for more than 120 days and meet other requirements.

For more information about these programs, call New York Medicaid.

Questions?  
Call us: **1-800-505-5678**

# Who Keeps Regular Medicaid

Some New Yorkers have a special situation that allows them to stay with regular Medicaid. They are either exempt or excluded from Medicaid managed care. If any of these situations apply to you, please speak to your managed care worker or to a Medicaid Choice counselor for more information.

## Who Can Stay with Regular Medicaid

- People in long-term alcohol or drug residential programs
- People who live in facilities for the developmentally disabled
- Foster care children living in New York City
- People who are in regular Medicaid and are being treated for a chronic medical condition for 6 months or more by a fee-for-service Medicaid specialist who is not in a Medicaid health plan. (This exemption is limited to a 6 month period and for one time only)
- People in waived programs such as Care At Home and TBI

## Native Americans

Native Americans may join a health plan or keep using their Medicaid card for services.

If you join a health plan, you may get services from your plan's doctors or local tribal health center.

## Who Must Stay with Regular Medicaid

- People in nursing homes or hospice programs at the time of enrollment
- Children or adults who live in state psychiatric or residential treatment facilities
- 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 health insurance
- Infants living with their mothers in jail or prison
- All Foster care children living in NYC
- All Foster care children living in an institutional setting outside of NYC

*Continued on the next page*

## Who Must Stay with Regular Medicaid

*(continued)*

- Children who are blind or disabled and living apart from their parents for 30 days or more
- People eligible for TB services only
- People eligible for the Medicaid Cancer Treatment Program: Breast, Cervical, Colorectal and Prostate Cancer (MCTP)

## New York Medicaid Choice

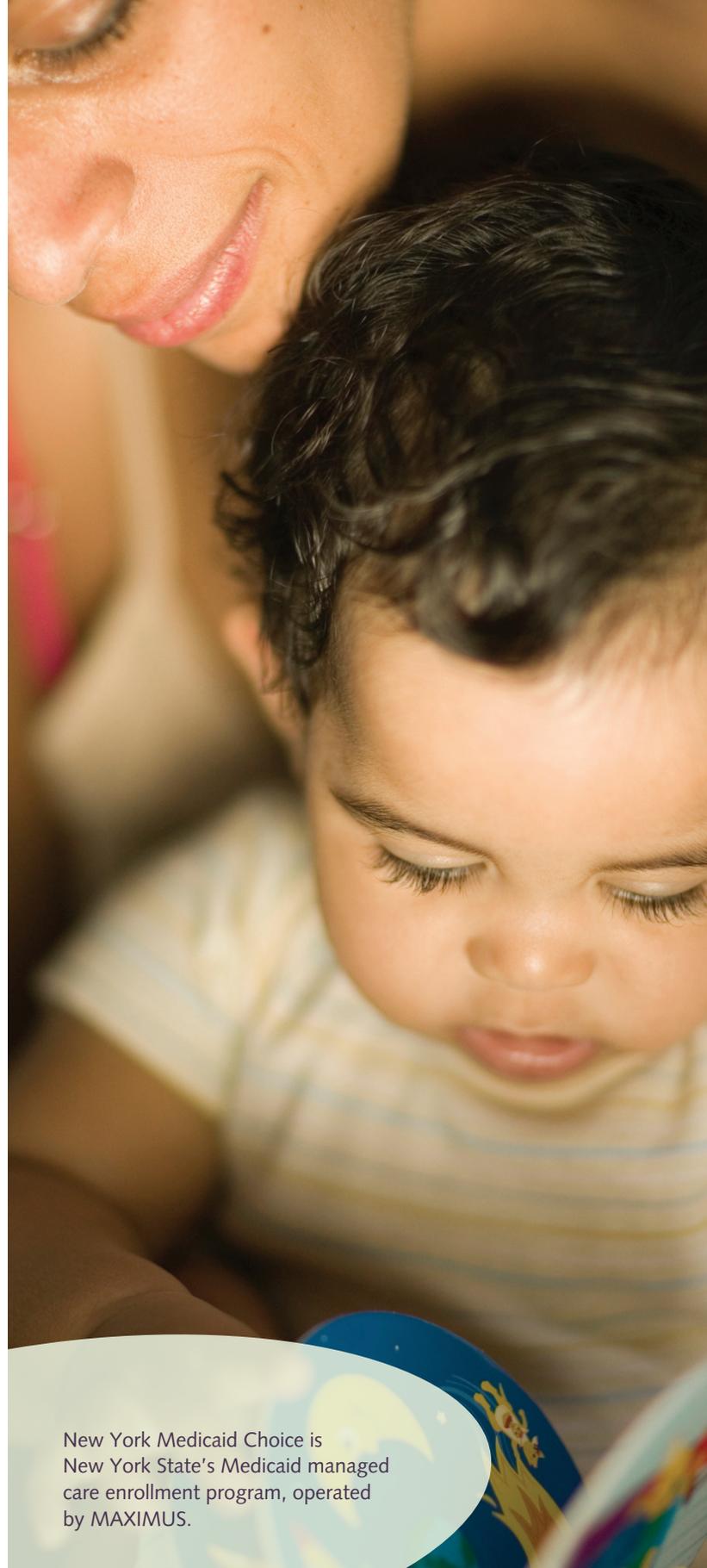
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New York Medicaid Choice is  
New York State's Medicaid managed  
care enrollment program, operated  
by MAXIMUS.

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