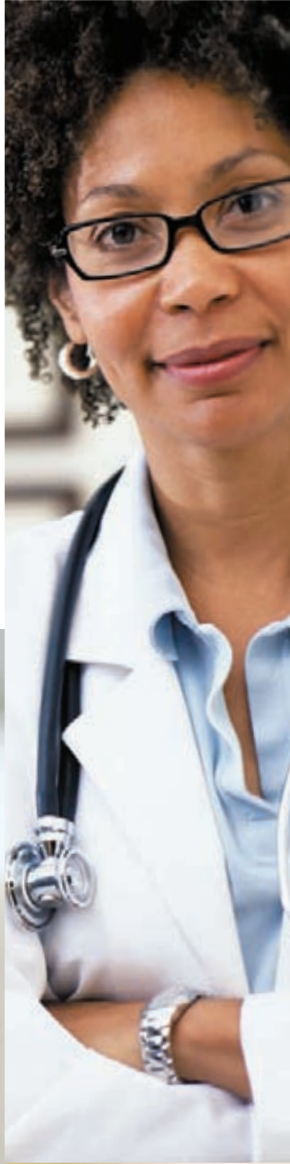
You Have 90 Days to Choose a Health Plan

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 regular Medicaid benefits stay 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 State 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.

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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 **Managed Care Unit at your county Social Services office.** 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 11. Look at the Health Plan List or call the **Managed Care Unit at your county Social Services office.**

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 **Managed Care Unit at your county Social Services office.**

Need Help?

- Call the **Managed Care Unit at your county Social Services office.** Trained staff are ready 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, you will get 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 12 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 **Managed Care Unit at your county Social Services office.**

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.

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, most 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 will still keep your Medicaid Card to get a few services not provided by the health plan.

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).

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 do not need a referral for family planning, vision services, and 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.

If You Don't Speak English

Your health plan:

- Has counselors that speak many languages
- Can help you to find doctors that can serve you in your language.

Mental Health and Alcohol & 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. (However, call your health plan if you need detoxification 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.

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
- Most 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:

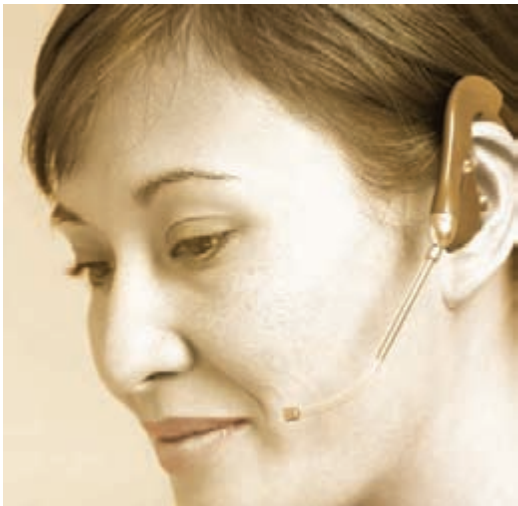
- Call the plan's **Member Services Department** and tell them your problem. Often they can help. The telephone number is on your health plan ID card.
- Call the **Managed Care Unit at your county Social Services office.**
- Ask for a fair hearing if your plan has denied, stopped, or reduced treatment or services you should get.
- 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.

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 checkups 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 certain medical conditions 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 **your county Social Services office.**

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 Managed Care unit at your county Social Services office to find out if this applies to your county.)

- 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 their county of residence.
- 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.

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.

For More Information

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

1. Call the **Managed Care Unit at your county Social Services office** for more information.
2. Tell them that you want an exemption form sent to you.
3. Follow the instructions for completing the form.
4. Return the form to **your county Social Services office.**

Anything you say to a counselor is kept confidential.

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 Managed Care unit at your county Social Services office to find out if this applies to your county.)
- 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.
- People who have both Medicare and Medicaid. (You may be able to join a Medicaid Advantage plan if these plans are available in your county.)

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 **Managed Care Unit at your county Social Services office.**

For assistance, contact the
Managed Care Unit at
your county Social Services office.

State of New York
Eliot Spitzer, Governor

Department of Health
Richard F. Daines, M.D., Commissioner