

KNOW YOUR RIGHTS

MEDICAID MANAGED CARE

1. What is a Medicaid Managed Care Plan?

A Medicaid Managed Care (MMC) plan allows you to access Medicaid through a health plan. There are different MMC plans to choose from. Each plan has its own network of primary care doctors, specialists, hospitals, labs and other health care providers.

2. Is MMC different from Regular Medicaid?

Yes. MMC is different from regular Medicaid. In regular Medicaid, you can go to any doctor who accepts Medicaid. But in MMC, you can only go to doctors and health care providers in your managed care plan's network. There are some exceptions, like when you are having a medical emergency.

3. Who must join a MMC plan?

Almost all New York Medicaid recipients must join a MMC plan.

4. Who does NOT have to join a MMC plan?

You do NOT have to join a MMC plan if you are in the exempt category or the excluded category:

- *If exempt, you can choose to join a plan if you want.*
- *If excluded, you are not allowed to join a plan.*

See the chart on the next page to figure out whether you might be exempt or excluded.

5. I think I am exempt or excluded from MMC. What should I do?

Call New York Medicaid Choice or your local department of social services. If you just received a letter that you will be auto-assigned, tell them that you think you are exempt or excluded and should not be automatically enrolled. If you are already enrolled, tell them that you think that they should “disenroll” you from the plan.

6. Common Examples of Exemptions and Exclusions.

The following individuals are exempt and do not have to join a MMC plan:

- *Pregnant women whose provider does not participate in any plan.*
- *People with chronic conditions who are treated by a specialist who is not in any plan.*
- *People who cannot find a provider who can serve them in their language.*
- *People who have been seeing their primary care provider for more than one year and the provider is not in any plan.*
- *People who live in most types of residential facilities and those with similar needs.*
- *People with developmental or physical disabilities who receive Medicaid waiver services and those with similar needs.*

- *People on the Medicaid Buy-in Program for Working People with Disabilities*
- *People who are homeless. (In NYC)*
- *Adults with serious and persistent mental illness and children with serious emotional disturbances who do not receive SSI.*

The following individuals are not allowed to join a MMC plan and must remain on regular Medicaid:

- *People who have Medicare and Medicaid.*
- *People in the Medicaid spend-down program.*
- *People who live in a nursing home or a hospice, or are in a long-term home health care program.*
- *Emergency Medicaid recipients*
- *Individuals in Medicaid's Restricted Recipient program.*
- *Individuals who have other primary insurance.*

7. How do I join a MMC plan?

- *Call New York Medicaid Choice at 1-800-505-5678 to enroll. They will help you choose a plan and sign up for a plan. They have operators who speak many languages.*
- *Contact the local department of social services to enroll in counties that do not have NY Medicaid Choice.*

8. How do I choose a health plan?

Think about what health plans your current medical providers accept and what plans provide services in your neighborhood.

9. I received a letter saying I will be auto-assigned if I don't choose a plan. What does this mean?

The letter means that you have 60 days to choose a MMC plan. You have 90 days to choose a plan if you are disabled. If you do not choose a plan within this time period, Medicaid will choose a plan for you and sign you up for that plan.

10. After I enroll in a MMC plan, can I change to another plan?

Yes. Generally, the easiest times to change your plan are when you first enroll in a plan and after you have been in a plan for a year. At other times, you can only change your plan in special circumstances.

- *During the first 90 days of being enrolled in a plan, you can change your plan at any time for any reason.*
- *After 90 days, you are considered locked into a plan. This means that you cannot change your plan and must keep your plan for the next 9 months unless you have a "good cause" reason to do so. Call New York Medicaid Choice if you think you have a good cause reason to change your plan.*
- *After a year of being enrolled in a plan, you are free to change your plan again for any reason.*

11. Who should I contact if I have a problem with my MMC plan?

Call the plan's Member Services Department. The number is on your plan card. They can often help solve your problems. You can also call New York Medicaid Choice.

12. What if my plan has denied, stopped, or reduced my services?

You have several options:

- *File a complaint and/or appeal with your health plan.*
- *File a complaint with the State Department of Health Managed Care Complaint Line at (800) 206-8125.*
- *Request a Fair Hearing. During a fair hearing, an independent state administrative law judge will hear your case. If you requested a Fair Hearing because your services were reduced or stopped, you may also be able to continue to receive these services while your fair hearing is being decided. This is called "aid-continuing."*

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