

# New York City Medicaid Managed Care Update

## A Providers Guide to the New York Medicaid CHOICE Program

Vol. 7 No 1

For information and help, providers can call 212-788-5535,  
or visit [www.nyc.gov/health/managedcare](http://www.nyc.gov/health/managedcare).

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### Did you know?

- There are 2 million Medicaid managed care enrollees in New York State, and of these, 1.5 million reside in New York City
- There are 136,130 SSI and SSI-related individuals enrolled in Medicaid managed care, and, of these, 88,407 reside in New York City
- Medicaid Consumers who have questions or concerns about Medicaid managed care can call:

#### NY Medicaid CHOICE

1-800-505-5678 – general number  
1-800-774-4241 – SSI enrollment  
1-888-329-1541 TTY  
M-F 8:30 am to 8:00 pm  
Sat 10:00 am to 6:00 pm

Effective March 1, 2007, mandatory enrollment of persons who qualify for Supplemental Security Income (SSI) or who are SSI-related (65 and over, disabled or blind) was expanded to include individuals with serious mental illness. When notified by NY Medicaid CHOICE, these individuals will be required to select and enroll in one of the seventeen (17) Medicaid managed care plans in New York City for their physical health benefits. Most of their behavioral health benefits will continue to be available to them on a Medicaid fee-for-service basis.

This change in enrollment policy will affect approximately 40,000 SSI and SSI-related recipients in New York City who currently have a mental health exemption on record (seriously and persistently mentally ill-SPMI or seriously emotionally disturbed-SED). Of this group, 81% are adults. This policy change will not affect individuals with serious mental illness who are *not* SSI or SSI-related. They may still request an exemption from enrollment in Medicaid managed care (see inside for exemption criteria).

After March 1, 2007 no new mental health exemptions will be granted to individuals who qualify for SSI or who are SSI-related. Mailings to the SSI population with serious mental illness advising that they now have to select and enroll in a Medicaid managed care plan for their physical health benefits will be phased-in on a geographic basis. The first mailings started in April and go to eligible recipients (not otherwise exempt or excluded) residing in Brooklyn and Staten Island, and then to recipients residing the Bronx, Manhattan, and Queens, in that order. Consumer outreach and provider education efforts will be coordinated with enrollment efforts.

### Provider Training

Health care providers who want comprehensive training on Medicaid managed care should contact:

Teri Galvin  
Office of Professional Education and Training  
Division of Health Care Access and Improvement  
[terigalvin@health.nyc.gov](mailto:terigalvin@health.nyc.gov) or 212-788-5535

Try our web site: [www.health.nyc.gov/managedcare](http://www.health.nyc.gov/managedcare)  
Find current Medicaid managed care policy, a list of health plans, and other key Medicaid managed care information.

### Web Resources for Providers

New York State Department of Health  
[www.health.state.ny.us](http://www.health.state.ny.us)

*The NYSDOH web site includes information on all managed care programs operating in New York State.*

*The managed care contracts and operational protocols can also be accessed through this site.*

New York State Medicaid Update  
[www.health.state.ny.us/nysdoh/mancare/omm/main.htm](http://www.health.state.ny.us/nysdoh/mancare/omm/main.htm)

City Department of Health and Mental Hygiene  
[www.nyc.gov/health](http://www.nyc.gov/health)

*The DOHMH web site has important information on a wide range of public health initiatives, recommendations, and requirements that are of concern to New York City health care providers.*



## Program Background

The ongoing implementation of the Medicaid managed care program has been conducted through a partnership of the State Department of Health (SDOH), the City Department of Health and Mental Hygiene (DOHMH), the New York City Human Resources Administration (HRA). Currently there are over 2 million enrollees in Medicaid managed care statewide and nearly 1.5 million reside in New York City. Enrollment has grown dramatically since the start of the program and significant progress has been made in improving quality of care for Medicaid recipients. Quality measures published by SDOH since 1994 have shown marked improvement in measures of quality, access, utilization and member satisfaction. Over time, there has been a narrowing of the gap in performance between New York's Medicaid and commercial populations and consistently high scores for New York when compared to national benchmarks.

Since the implementation of the mandatory program in New York City, most Medicaid recipients who are not otherwise excluded or exempt from mandatory enrollment have received notice that they must enroll into a Medicaid managed care plan. The notice advises them that they have 60 days to choose a health plan, and that failure to do so within that time frame could result in their being auto-assigned to a health plan. While determination of Medicaid eligibility continues to be conducted by the New York City Human Resources Administration (HRA), all notices and consumer education materials regarding enrollment into a health plan are sent by **New York Medicaid CHOICE**, operated by the enrollment broker MAXIMUS. Medicaid consumers are encouraged to contact New York Medicaid CHOICE as soon as possible after receiving a mandatory notice for assistance in selecting and enrolling in a health plan.

NY Medicaid CHOICE can help consumers select a plan that works with the providers they currently see or those providers that they prefer.

NY Medicaid CHOICE maintains a multi-lingual Help Line to help the Medicaid consumer understand their enrollment options. NY Medicaid CHOICE processes all enrollments; disenrollments, and transfers between health plans; as well as requests for exemptions or exclusions from mandated enrollment.

There are currently 20 categories of persons who are exempt from mandatory enrollment. These categories include but are not limited to persons who are HIV positive, and individuals who are homeless (please see page 6 for the complete list of exemption categories). Persons who are exempt from mandatory enrollment have the option of voluntarily enrolling in one of the health plans that serves their borough or remaining in traditional Medicaid, known as fee-for-service Medicaid.

### Enrollment of SSI Population

In November of 2005, after careful analysis and planning, SSI and SSI-related individuals not known to be excluded or otherwise exempt from mandatory enrollment began to receive notices that they were no longer exempt and had to choose a health plan. These individuals receive notices advising them that they have 90 days to choose a plan, and to contact NY Medicaid CHOICE through the dedicated toll-free number (1-800-774-4241) for help in selecting a plan, or in requesting another exemption for which they might be qualified.

### Analyses Conducted Prior to Enrolling the SSI Population on Mandatory Basis

Prior to starting mandatory enrollment of the SSI population, analyses were conducted by the SDOH comparing SSIs enrolled in Medicaid managed care to those in fee-for-service Medicaid. These analyses compared the populations with respect to utilization of services, case mix and prevalence of diagnoses. These analyses found that SSIs in fee-for-service

Medicaid are slightly older and more often male than those in Medicaid managed care. They also showed that there was a minimal difference in utilization of services, and prevalence of diagnoses between enrolled and non-enrolled SSI populations.

Other analysis conducted by SDOH comparing SSI enrollees in Medicaid managed care with non-SSI enrollees found that SSI enrollees:

- Received similar or higher levels of care on most quality measures,
- Used significantly more services,
- Were more satisfied with their health plan and providers,
- Had fewer access issues, and
- Would more often recommend their health plan to a friend than non-SSI enrollees.

### Provider Network Analyses

Analysis comparing health plan provider networks to fee-for-service providers to measure access and potential for disruption in continuity of care found that there was greater physician participation in Medicaid managed care than in fee-for-service for both primary and specialty care practitioners. And, 90% of fee-for-service Medicaid providers that serve the majority of the non-enrolled SSI population also participate with Medicaid managed care plans.

### Enrollment Process

Great effort is made to ensure that consumers choose their health plan. However, if a consumer ignores the following mailings, and fails to either enroll or request and exemption from enrollment, a health plan will be chosen for them, and they will be auto-assigned to a plan. The following is the timeframe

(SSI consumers have **90 days** to enroll) for mailings and response:

**Day 1:** Mandatory enrollment packet, which includes the following: letter advising of need to select a plan in 90 days; large print brochure explaining program and providing information on who does not have to join; a list of health plans that serve New York City; enrollment application and return envelope; a consumer guide to the health plans, and a reminder to contact NY Medicaid CHOICE for help in selecting a plan.

**Day 15:** Post card reminder notice

**Day 30:** Reminder notice

**Day 45:** Intent to Default Notice (advises consumer that they will be automatically enrolled in a health plan if no choice is made).

**Day 50:** Outbound calls to consumer are attempted

**Day 90:** Confirmation Notice of auto-assignment into a Medicaid health plan. Health plan name and contact information is provided, along with effective date of enrollment. Consumer is advised to contact NY Medicaid CHOICE.

Consumers have the option of enrolling over the telephone or mailing in the enrollment form provided by NY Medicaid CHOICE. Consumers can also enroll directly with one of the Medicaid health plans. However, all health plan assisted enrollments must be accompanied by a telephone call to NY Medicaid CHOICE to verify consumer's ability to enroll.

### Transfers and Disenrollments

The first three months of enrollment is called the grace period. This is the time when an enrollee can contact NY Medicaid CHOICE and transfer to another health plan for any reason at all. Transfers, like enrollments, can be conducted over the phone.

Beginning in the fourth month of enrollment, the enrollee is “locked-in” to the health plan for the next nine months, unless they have a good cause reason to disenroll. Generally, the only persons *not* subject to lock-in are those individuals who qualify for an exemption. Exempt individuals can switch plans or return to traditional fee-for-service Medicaid at any time. During the 10th month of enrollment, all enrollees are notified by NY Medicaid CHOICE that their lock-in period is ending and of their enrollment options. Enrollees can switch to another plan at that time, or do nothing and remain with the same health plan.

Also, a person may have to disenroll from their health plan because of a change in their status, such as becoming a permanent resident in a nursing home or becoming eligible for Medicare. In such instances, they would be disenrolled from the mainstream Medicaid managed care plan by NY Medicaid CHOICE, as soon as the change in status making them ineligible for enrollment in a mainstream Medicaid managed care plan is known.

### Exemption Process

Some persons, because of data already collected by SDOH or HRA, have been coded as exempt from mandated enrollment. These persons will not receive notices advising them to choose a health plan. However, many persons must self-identify as qualifying for an exemption. The request for an exemption begins with a phone call to NY Medicaid CHOICE 800-505-5678, who will mail out an exemption packet to the consumer's address on record (all address information comes from HRA). The exemption packet will include both an exemption form and instructions. If the exemption is for health reasons, one section of the form must be completed and signed by the health care provider. Forms must be returned to NY Medicaid CHOICE for processing. Completed forms received at NY Medicaid CHOICE will prevent auto-assignment to a health

plan. NY Medicaid CHOICE renders a decision within six business days. The effective date for all exemptions is the first of the month following approval. For example, an exemption approved on March 12, would be effective April 1st.

If the consumer was enrolled in a Medicaid health plan at the time the exemption was approved the individual will be disenrolled from the health plan at the same time. However, approved exemptions on file with NY Medicaid CHOICE do not prevent future voluntary enrollment.

### Exemption Criteria for Seriously Mentally Ill Adults and Seriously Emotionally Disturbed Children

The mental health exemption criteria are based on utilization criteria, not on diagnostic criteria. Non-SSI persons meeting SPMI/SED criteria may be exempted from mandatory enrollment as long as they have had in the last 12 months:

- Ten or more encounters, including visits to a mental health clinic, psychiatrist or psychologist and inpatient hospital days relating to a psychiatric diagnosis; or
- One or more specialty mental health visits.

Consumers who believe that they meet the exemption or exclusion criteria should contact NY Medicaid CHOICE at 1-800-505-5678 and speak to a help line counselor, who will inform them of the process and mail out the appropriate forms.

### Consumer Representation

Consumers have the right to designate *anyone*, for example: a friend, family member, health care provider, or social worker to represent them in discussions with NY Medicaid CHOICE. The only persons prevented from representing a consumer is an employee of one of the Medicaid managed care plans.

If representation is to be conducted by telephone, the consumer must first speak with the NY Medicaid CHOICE counselor and provide verbal permission for the representative to speak on his/her behalf. If the consumer wishes the representative to speak with NY Medicaid CHOICE without being present – then written authorization, signed by the Medicaid consumer – must be faxed or mailed to NY Medicaid CHOICE, with information identifying the representative, the organization, if applicable, and the situations where the representative is permitted to speak on the consumer's behalf. To facilitate this option, NY Medicaid CHOICE has consumer representative forms that can be used for this purpose.

### Medicaid Managed Care Benefits

Enrollees in Medicaid managed care receive all the Medicaid benefits provided by New York State. Enrollees in a health plan receive a health plan card and use it for most services. They also keep their Medicaid benefit cards to access some services. Benefits are delivered in three ways:

- benefits covered by the health plan, for which the enrollee uses his/her health plan card, and accesses care through the health plan's network of providers;
- carved-out benefits, which are not covered by the health plan, but continue to be covered by Medicaid, for which the enrollee uses his/her Medicaid benefit card to obtain. An example of a carved-out benefit that affects *all* Medicaid managed care enrollees is prescription drug and pharmacy benefits.
- optional benefits; in New York City these include dental services and family planning. Most plans cover both these benefits. If a plan doesn't cover dental or family planning, the enrollee uses his/her Medicaid card and accesses care through a Medicaid provider.

Under Medicaid managed care's “free access” policy for family planning, all managed care enrollees also have the option of seeing an out-of-network Medicaid provider for family planning services, even if his or her health plan covers family planning.

### Medicaid Managed Care for SSI Enrollees

SSI Medicaid managed care enrollees have more “carved-out” benefits than other enrollees. Their managed care benefits cover only physical health. Most behavioral health services, which include mental health services, chemical dependence inpatient treatment and rehabilitation and treatment services, and chemical dependence outpatient services, are available to the SSI managed care enrollee on a Medicaid fee-for-service basis, and enrollees continue to use their Medicaid benefit cards to access these services. *Only* detoxification in Article 28 hospitals and inpatient/outpatient medically supervised withdrawal services remain covered by the managed care plan.

For a complete list of Medicaid managed care benefits, please go to our web site:

[www.nyc.gov/health/managedcare](http://www.nyc.gov/health/managedcare)

or call **212-788-5535** for a list.

**Exemptions**

The following people may voluntarily enroll, but are not *required to enroll*, in Medicaid managed care:

1. Individuals who are HIV+
2. Medicare/Medicaid dually eligibles (these persons may **only** join a qualified Medicaid Advantage Plan)
3. Individuals who are seriously and persistently mentally ill (SPMI) or seriously emotionally disturbed (SED). *This exemption from Medicaid Managed Care does not apply to NYC residents with SSI, or who are certified blind or disabled.*
4. Individuals for whom a managed care provider is not geographically accessible
5. Pregnant women receiving prenatal care from a provider not participating in any Medicaid Managed Care Plan
6. Individuals with chronic medical conditions who have been under active treatment for at least six months with a sub-specialist who is not a network provider for any Medicaid Managed Care Plan in the service area unusually severe chronic care needs
7. Individuals with End Stage Renal Disease (ESRD)
8. Residents of Intermediate Care Facilities for the Mentally Retarded (ICF/MR)
9. individuals with characteristics and needs similar to those who are residents of an ICF/MR
10. Individuals already scheduled for a major surgical procedure (within 30 Days of scheduled enrollment) with a provider who is not a participant in the network of any Medicaid Managed Care Plan
11. Individuals with a developmental or physical disability receiving services through a Medicaid Home and Community-Based Services Waiver
12. Individuals with a developmental or physical disability whose needs are similar to participants receiving services through a Medicaid Home and Community-Based Services Waiver
13. Participants in the Medicaid Model Waiver (Care-at-Home) programs
14. Individuals whose needs are similar to participants receiving services through the Medicaid Model Waiver (Care-At-Home) Programs
15. Residents of alcohol/substance abuse long-term residential treatment programs
16. All homeless individuals
17. Native Americans
18. Individuals who cannot be served by a managed care provider due to a language barrier
19. Individuals temporarily residing out of district
20. Individuals who are eligible for the Medicaid buy-in for the working disabled *and are not required to pay a premium*

**Exclusions**

The following people may not join a Medicaid managed care plan:

1. Individuals who become eligible for Medicaid only after spending down a portion of their income
2. Residents of State Psychiatric Facilities or residents of State Certified or Voluntary Treatment Facilities for Children and Youth
3. Patients in Residential Health Care Facilities (RHCFs) at time of enrollment and residents in a RHCF who are classified as permanent
4. Participants in Capitated Long Term Care Demonstration Projects
5. Medicaid-eligible infants living with incarcerated mothers
6. Infants weighing less than 1200 grams at birth and other infants less than 6 months old who meet the criteria for SSI-related categories
7. Individuals with access to comprehensive private health insurance if cost effective
8. All children in foster care
9. Certified blind or disabled children living or expected to live separate and apart from their parents for 30 days or more
10. Individuals expected to be Medicaid eligible for less than six months (except for pregnant women)
11. Individuals receiving long-term care services through long-term home health care programs, or child care facilities (except ICF Services for the Developmentally Disabled)
12. People eligible for medical assistance benefits only with respect to tuberculosis related services
13. Individuals placed in OMH Licensed Family Care Homes
14. Individuals enrolled in the Restricted Recipient Program
15. Individuals who have a "County of Fiscal Responsibility" Code 99 in MMIS
16. Individuals receiving hospice services (at time of enrollment)
17. Individuals with a "County of Fiscal Responsibility" Code of 97 (OMH in MMIS) or 98 (OMRDD in MMIS)
18. Youth in the care and custody of the Commissioner of the Office of Family & Children Services
19. Individuals eligible for Medical Assistance Benefits only with respect to Family Planning Services and whose net available income is 200% or Less of FPL
20. Individuals less than 65 years of age (screened and require treatment) in CDC Breast and/or Cervical Cancer Early Detection Program and need treatment for breast or cervical cancer, and who are not otherwise covered under creditable health coverage
21. Individuals who are eligible for the Medicaid buy-in for the working disabled and are *required to pay a premium*

**Health Plans and Service Areas**

**Mainstream Health Insurance Plans Available to People Enrolling in Medicaid Managed Care Plans.**  
*People who are subject to mandatory enrollment in Medicaid managed care must choose one of the health plans that serve their borough.*

Health Plan	Toll Free	Service Area
A+	1-866-635-1519	Citywide
Affinity	1-866-247-5678	Citywide
AmeriChoice	1-800-493-4647	Brooklyn, Queens, Bronx
AMERIGROUP Community Care	1-877-692-8669	Citywide
CenterCare	1-800-545-0571	Citywide
Community Choice	1-800-619-2247	Bronx
Community Premier Plus	1-800-867-5885	Manhattan, Bronx
Fidelis Care New York	1-888-343-3547	Citywide
GHI HMO	1-877-244-4466	Citywide
HealthFirst	1-866-463-6743	Citywide
HealthPlus	1-800-300-8181	Citywide
HIP	1-800-447-8255	Citywide
MetroPlus	1-800-303-9626	Manhattan, Bronx, Brooklyn, Queens
Neighborhood Health Providers	1-800-826-6240	Citywide
New York Presbyterian Community	1-800-261-4649	Manhattan, Bronx, Brooklyn, Queens
United Health Care	1-888-396-7177	Citywide
WellCare of New York	1-800-215-1531	Manhattan, Bronx, Brooklyn, Queens

**Three Special Needs Plans for New York City Residents Who Are HIV-Positive.**  
*People Who Are HIV-Positive May Choose a Mainstream Plan, one of the three Special Needs Plans, or may remain with traditional fee-for-service Medicaid.*

Health Plan	Toll Free	Service Area
MetroPlus Partnership in Care Queens	1-800-303-9626	Bronx, Brooklyn, Manhattan, Queens
New York-Presbyterian System Select Health	1-866-469-7774	Bronx, Brooklyn, Manhattan
VidaCare	1-800-556-0689	Bronx, Brooklyn, Manhattan