



What Do I Need to Know about Enrolling in Medicaid Managed Care?

DO I HAVE TO JOIN A MEDICAID MANAGED CARE PLAN IF I RECEIVE MEDICAID?

If you currently receive Medicaid, you may have to join a Medicaid Managed Care Plan, known as a Health Maintenance Organization (HMO). You'll need to join an HMO unless you are exempt or excluded from Medicaid Managed Care. If a person is "exempt" it means he/she does not have to enroll unless he/she wants to. If a person is "excluded" it means he/she cannot enroll in a plan.

When you enroll in an HMO, you typically choose a doctor to be your "primary care physician". This doctor will then refer you to other doctors and specialists as you need them. When you're enrolled in an HMO, you usually must receive all your medical care from providers associated with that HMO, or in what they call their "network."

WHAT DO I DO WHEN I GET A MAILING FROM "NEW YORK MEDICAID CHOICE?"

If you get a "New York Medicaid Choice" mailing, do not ignore it.

The envelope may come shortly after you recertify for Public Assistance or Medicaid.

You must act quickly. Once you receive an enrollment package, you have 60 days to join an HMO or you will be automatically assigned to a plan by Medicaid. The automatically assigned plan may not be the best one for your circumstances.

HOW DO I KNOW IF I MUST JOIN AN HMO?

Read the booklet that comes in the envelope carefully to see if you might be excused from having to join. Examples of exempt individuals include, but are not limited to, the homeless, individuals who receive both Medicaid and Medicare, individuals with HIV, individuals who cannot be served by an HMO due to a language barrier and residents of alcohol/substance abuse long-term treatment programs. See MFY Medicaid Fact Sheet: "Medicaid Managed Care: Basic Facts". If you are not exempt, you must join an HMO.

HOW DO I GET EXCUSED OR EXEMPTED FROM JOINING AN HMO?

To get excused, you must ask Medicaid CHOICE for an exemption form. These forms are only available from Medicaid CHOICE. You may contact their Helpline at 1-800-505-5678 and request to speak with an Exemptions Unit Counselor. If you complete and file the exemption or exclusion request within the 60 day timeframe, your request will temporarily stop the automatic assignment clock. This means that you will not be automatically assigned to a plan until a decision is made on your exemption request.

If your request to get an exemption or exclusion is denied, you can appeal the denial by asking the Department of Social Services for a fair hearing. You have 60 days from the date of the denial notice to request a fair hearing. The denial notice will include information about how to make the fair hearing request. If you request the fair hearing within 10 days of the date of the notice, you will remain in fee-for-service Medicaid rather than being automatically assigned to an HMO until the case is decided. If you do not request the fair hearing within 10 days, you will be automatically assigned to an HMO. You would remain in that HMO unless you won the fair hearing and were found to be exempt.

WHO DO I CONTACT IF I HAVE MORE QUESTIONS?

You should call Medicaid CHOICE at 1-800-505-5678 to get more information to help you decide which plan to join. Medicaid CHOICE is a company that will help you pick an HMO. This company is required to give you information about joining an HMO and to speak with you in your own language. Before calling Medicaid CHOICE, read and think about the questions listed on the MFY Medicaid Fact Sheet: "How Do I Pick a New Medicaid Managed Care Plan."

If you do not act within 60 days of receiving the packet, Medicaid CHOICE will automatically put you in a plan.

DO I NEED TO KEEP MY REGULAR MEDICAID CARD AFTER I JOIN AN HMO?

Yes. You will need to use it for things that your HMO may not cover, such as dental services, medicine from the drugstore, and family planning services.