

## **HIV SNP Marketing Rules for Providers**

**The requirements are:** The HIV SNPs in New York City are contracted with the New York City Department of Health and Mental Hygiene (DOHMH), and are subject to contractual terms and conditions including comprehensive marketing guidelines (Appendix D and appendix N).

**Marketing:** Marketing is defined broadly in the HIV SNP contracts, and is not limited to traditional “sales pitches” by health plan marketing representatives. Instead, “marketing” encompasses written literature and conversations with a potential SNP enrollee that may persuade the potential enrollee to choose a particular SNP.

**The Marketing Guidelines cover:** The contractual marketing rules apply not only to the HIV SNP and its employees, but also to any subcontractors or individuals or entities affiliated with the HIV SNP. Hospitals, clinics, physicians and other providers belonging to the provider network of a SNP are considered subcontractors, and are subject to the marketing guidelines.

**Start-Up:** No SNP or any of its affiliates or providers may begin marketing until they receive final approval from DOHMH.

### **Summary of Rules for Providers**

#### **WRITTEN MARKETING MATERIALS**

- Written marketing materials generated by providers must be approved by DOHMH, Division of Health Care Access and Improvement. Materials should first be submitted to the HIV SNP for review and approval.
- Written marketing materials must contain certain specified information to ensure that potential HIV SNP enrollees receive basic information. A model letter has been approved for use by providers to communicate information about HIV SNPs to their patients. No further review will be required if the model letter is used. However, any modifications to this letter must be approved by DOHMH.

#### **MARKETING ENCOUNTERS**

- Marketing encounters are defined to be any conversation or activity with a potential SNP enrollee for the purpose of persuading that person to enroll in a particular HIV SNP.
- All marketing encounters must communicate at least the following information:
  - A statement that participation is mandatory as of September 2010 and that persons with HIV/AIDS may choose an HIV SNP or join or remain in a mainstream Medicaid health plan.
  - The potential enrollee will have a choice among several plans.

- Upon enrollment in a SNP, the enrollee will be required to use his/her HIV Experienced Providers and other plan providers exclusively for medical care, except in certain limited circumstances.
- Newborns of a mother enrolled in a SNP will automatically be enrolled in the mother's HIV SNP. The infant may be disenrolled at any time at the mother's request.
- Providers who wish to let their patients know of their affiliation with one or more HIV SNPs and with Medicaid Managed Care Health Plans must list each plan with whom they hold contracts.

### **MARKETING CONDUCT**

- Marketing encounters are to be conducted in a manner that does not disclose nor breach the confidentiality of the potential enrollee's HIV status.
- Providers may not give mailing lists of patients to HIV SNPs.
- Providers may not target mailings to HIV/AIDS patients, or patients with a significant probability of having HIV/AIDS unless the patient has consented in writing to mail contact. This is to protect patient confidentiality.
  - Some providers, such as facilities specializing in HIV/AIDS care, should consider handouts of literature rather than a mailing to avoid confidentiality problems.
- Providers should inquire as to whether the prospective enrollee is currently enrolled in another HIV SNP or in a Medicaid Managed Care Plan. If so, providers may not market to persons who are enrolled in a health plan.

## **Model Letter from Providers to Patients - English**

Dear Patient:

Your Medicaid is changing. From now on, most people including those with HIV/AIDS will have to join a Medicaid health plan or an HIV Special Needs Plan (HIV SNPs). You will receive a letter from New York Medicaid CHOICE telling you that you must join a Medicaid health plan or an HIV Special Needs Plan. If you do not receive SSI benefits, you will have 60 days to choose a health plan for you and your family. You can ask for another 30 days if you need more time to decide. If you have SSI you will have 90 days to choose a plan. If you do not choose a plan, one will be chosen for you. But you do not have to wait for the letter to choose a health plan. You can join a health plan at any time, or stay with regular Medicaid until you get a letter telling you that you must join. When you join a health plan you must go the doctors in the plan for your medical visits. This is why it is important to speak to your doctors or New York Medicaid CHOICE so that you can get into a health plan that works best for you.

If you want to continue to get your health care from providers who work in our Hospital (or Clinic), you must choose a health plan that we work with. We do not work with every health plan. Here is a list of the Medicaid health plans our providers work with:

**(Insert name and 800 toll free number for each affiliated health plan).**

There are also several HIV Special Needs Plans available for people on Medicaid who have HIV or AIDS. We do not work with every HIV SNP. Here is list of the SNPs we work with.

**(Insert name and 800 toll free number for each affiliated health plan).**

There are some people who may have special reasons and are not required to join a plan. If you have questions or want to find out if you must join a health plan, call the New York Medicaid CHOICE Helpline at 1-800-505-5678. People with hearing problems can call New York Medicaid CHOICE at 1-888-329-1541 (TTY/TDD).

Our Hospital (or Clinic) staff can also help you. Our staff can be reached at

\_\_\_\_\_.

Sincerely,

Name of Provider

## **Model Letter from Providers to Patients - Spanish**

Estimado Paciente:

Su Medicaid está cambiando. De ahora en adelante, la mayoría de las personas incluyendo aquellas con VIH/SIDA tendrán que inscribirse en un plan de salud de Medicaid o en un Plan de Salud para Necesidades Especiales del VIH (SNPs por su siglas en inglés). Usted recibirá una carta de Medicaid CHOICE indicándole que usted tiene que inscribirse en un plan de salud regular de Medicaid o en un Plan Para Necesidades Especiales del VIH. Si usted no recibe SSI tendrá 60 días para escoger un plan de salud para usted y su familia. Usted puede pedir 30 días adicionales si necesita más tiempo para decidir. Si usted recibe SSI tendrá 90 días para escoger un plan. Si usted no escoge un plan, se le asignará uno. Usted no tiene que esperar hasta recibir la carta para escoger un plan de salud. Usted puede inscribirse en un plan en cualquier momento o continuar con su Medicaid regular hasta recibir la carta indicándole que tiene que inscribirse. Cuando usted se inscribe en un plan tiene que ir a doctores que estén en su plan para sus visitas médicas. Por lo tanto, es importante que hable con sus doctores o con New York Medicaid CHOICE para que escoja el plan de salud que más le convenga.

Si usted desea seguir obteniendo su cuidado de salud por proveedores que trabajan en nuestro hospital o clínica, deberá escoger un plan de salud que participe con nosotros. Nosotros no participamos con todos los planes de salud. Aquí está la lista de los planes de Medicaid que participan con nuestros proveedores:

**(Insert name and 800 toll fee number for each affiliated health plan).**

También hay disponibles algunos Planes de Salud para Necesidades Especiales del VIH para personas que reciben Medicaid y tienen VIH/SIDA. Nosotros no trabajamos con todos los SNPs. Aquí está la lista de los SNPs que participan con nosotros:

**(Insert name and 800 toll fee number for each affiliated health plan).**

Algunas personas pueden tener una razón especial por la cual no se les requiere que se inscriban en un plan. Si tiene preguntas o desea saber si usted tiene que inscribirse en un plan de salud, llame a la línea de ayuda de New York Medicaid CHOICE al 1-800-505-5678. Las personas con problemas de audición pueden llamar a New York Medicaid CHOICE al 1-888-329-1541 (TTY/TDD).

Nuestro personal del hospital (o clínica) puede también ayudarlo. Para comunicarse con nuestro personal llame al \_\_\_\_\_.

Atentamente,

(Nombre del proveedor)