



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
Commissioner

James W. Clyne, Jr.  
Executive Deputy Commissioner

June 8, 2010

Dear Colleague:

As a contractor with the AIDS Institute or provider of HIV Medicaid services, we want to make you aware of changes to the Medicaid program for many PLWHA. ***The following change applies only to Medicaid beneficiaries with HIV/AIDS living in New York City.***

In August, 2010, the Department of Health will begin to expand mandatory managed care enrollment in NYC to *Medicaid beneficiaries with HIV/AIDS*. Persons with HIV/AIDS who are currently exempt based on their HIV infection will no longer be considered exempt from mandatory enrollment in Medicaid managed care. Your HIV+ patients with Medicare, ADAP, other Medicaid exemptions or exclusions, or private insurance will not be affected by this change.

Beginning in August, 2010 enrollment will begin with eligible Medicaid beneficiaries living in Brooklyn. The roll-out effort will be completed by borough proceeding to Bronx, Manhattan, Queens and Staten Island. We expect that 2500 eligible PLWHA will be contacted each month and enrollment of current Medicaid beneficiaries will be phased in over a twelve month period. If you are a direct service provider in NYC, we will keep you informed of timeframes that will affect you and *Medicaid beneficiaries with HIV/AIDS*.

Below are two links to information that you may want to become familiar with.

#### **New York State DOH website links**

[www.health.state.ny.us/health\\_care/managed\\_care](http://www.health.state.ny.us/health_care/managed_care) includes link to, "Medicaid Managed Care for People with HIV and AIDS" a Q and A document prepared by the Division of Managed Care with the AIDS Institute.

#### **New York City DOHMH website links**

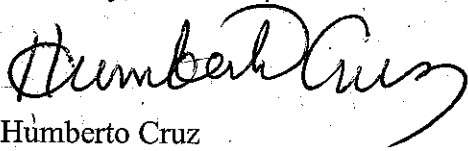
New York City DOHMH maintains resources on-line related to Medicaid managed care:

[www.nyc.gov/health/managedcare](http://www.nyc.gov/health/managedcare), includes provider manuals on Medicaid Managed Care and HIV SNPs as well as information for consumers with link to- "What Managed Care Plans Are Available in My Neighborhood?"

**If you are a Medicaid clinical provider it is important to let your patients know which health plan networks you are in.** Preserving the existing treatment relationships is the highest priority in this transition and the Department will be working with health plans, HIV providers and community organizations to assist beneficiaries and to assure a smooth transition.

We continue to develop resources for providers and community based programs to obtain additional information. If you have specific questions that are not addressed in the posted documents please contact your AI program contract manager or post a question directly to [HIVPCMP@health.state.ny.us](mailto:HIVPCMP@health.state.ny.us) and someone will get back to you.

Sincerely,

A handwritten signature in black ink that reads "Humberto Cruz". The signature is written in a cursive style with a large, sweeping "H" and "C".

Humberto Cruz  
Director, AIDS Institute  
New York State Department of Health

# Medicaid Managed Care for People with HIV and AIDS Frequently Asked Questions

## Medicaid Managed Care for People with HIV:

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## Answers

### What managed care options are available for people with Medicaid and HIV or AIDS?

There are two options available. The first is a "mainstream managed care" plan. Under mainstream managed care, members get most of their Medicaid benefits from the managed care plan's network of providers, hospitals, physicians, and clinics. The second option is a HIV Special Needs Plan (SNP), which is a health plan that provides the same benefits as a mainstream managed care plan as well as special services such as additional care coordination and support for people living with HIV/AIDS. If you live in New York City, there is a choice of HIV SNPs available. Only persons living with HIV/AIDS and their eligible dependents can join an HIV SNP.

### How does Medicaid managed care change the way HIV+ individuals get their Medicaid benefits?

HIV+ individuals have the same Medicaid benefits regardless of whether they are in Medicaid managed care or regular Medicaid. The main difference is that managed care members get most of their Medicaid benefits from the health plan's network of providers, hospitals, physicians, and clinics.

Managed care plan members receive a health plan identification card and also keep their Medicaid card to receive certain benefits through regular Medicaid. These benefits, which are referred to as "carved out benefits," include but are not limited to: prescriptions; certain HIV related labs tests; COBRA case management; AIDS adult day health care (ADHC); methadone maintenance treatment programs (MMTP) and selected substance abuse treatment and mental health services. The delivery of certain benefits like mental health and dental services may be different in HIV Special Needs Plans than in mainstream managed care.

All managed care plan members can get emergency services from any qualified provider.

### How does someone make sure their care needs are met in a managed care plan?

Once enrolled in a managed care plan, each person must choose a primary care provider who provides most medical care, coordinates health care services for the individual and makes referrals for both specialists and

diagnostic tests, as necessary. In HIV SNPs, HIV experienced providers serve as primary care providers. In mainstream managed care, persons with a chronic disease like HIV/AIDS are given the opportunity to select a specialist (an HIV experienced provider) as their primary care physician.

People with HIV who want to continue to use the same doctor they currently use should learn which managed care plans their provider accepts before selecting a managed care plan. One can learn if a particular doctor is in a certain managed care plan by asking their provider or by calling the managed care plan or New York Medicaid CHOICE.

Managed care plans must allow a member who is receiving treatment for a condition at the time they join the plan to continue an ongoing course of treatment with that provider during a transitional period of up to 60 days or until the plan has put a treatment plan in place with a provider in the plan's network. New members are encouraged to contact the plan to let them know about any ongoing treatment needs, including home care.

To assure that managed care plans meet the needs of persons living with HIV/AIDS, the plan must meet HIV treatment standards and care coordination requirements. The AIDS Institute regularly monitors each managed care plan's activities to ensure it meets these standards.

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### **Do members of managed care plans and SNPs have to get referrals to see their HIV medical providers?**

In an HIV SNP, the primary care provider (PCP) is an HIV-experienced provider. In mainstream managed care plans, members with HIV can choose to have their HIV-experienced medical provider serve as their PCP. In addition, managed care plans must allow Medicaid members to receive a "standing referral" for on-going and recurring care with a specialist. Each managed care plan has a member handbook to explain how to obtain these services.

### **Do people with HIV who enroll in managed care have to select new doctors?**

People with HIV who enroll in managed care can keep the doctors they currently use if the doctors participate in the selected Medicaid managed care plan. Managed care plans and New York Medicaid CHOICE can help people with HIV identify which managed care plans their providers participate in. Most major HIV providers already participate in one or more mainstream managed care plans or SNPs. Additionally providers may tell their patients which plans they participate with.

### **What services for people with HIV are carved-out of the Medicaid managed care benefit package?**

Benefits that are currently carved out of the managed care benefit package would remain unchanged under mandatory enrollment. These include prescription drugs, COBRA case management, AIDS Adult Day Health Care Program, certain HIV laboratory tests, personal care and hospice services, and some mental health and substance abuse services; for example, Methadone Maintenance Treatment (MMTP). For these carved-out services, individuals go to providers that accept Medicaid and use their Medicaid Benefit card when getting these services. Their primary care provider or the health plan can assist in accessing these services.

### **What if one of my providers leaves the plan while I am receiving care?**

If a current member's provider leaves the managed care plan during an on-going course of treatment, the plan may allow the doctor to continue treating the member for a ninety (90) day period of transition if the provider agrees to cooperate with the plan. For pregnant members in their second trimester, care can continue for 60 days post-partum if the member chooses.

## **Implementing mandatory Medicaid managed care in New York City**

### **How will the transition to mandatory managed care take place in New York City?**

Mandatory managed care enrollment will be phased-in by borough. Mailings will begin in Brooklyn, followed by the Bronx and then Manhattan. Mailings in Queens and Staten Island will occur last. Approximately 2,500 beneficiaries will receive mandatory enrollment notices each month.

Beneficiaries will have the option to enroll in a mainstream managed care plan or one of the three HIV SNPs within a period of time specified in the mailing. Non-SSI beneficiaries with HIV/AIDS will have 60 days to choose a plan but may request an additional 30 days for a total of 90 days to make a choice by calling New York Medicaid CHOICE at 1-800-505-5678. SSI beneficiaries will be given 90 days to choose a managed care plan. Individuals who do not choose a plan will be automatically assigned to a mainstream managed care plan. However, individuals who are auto-assigned will have an opportunity to switch to another plan or an HIV SNP of their choice.

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As of August 1, 2010, no new exemptions will be granted for HIV in New York City. Therefore, new Medicaid applicants will need to select a managed care plan in order to receive their benefits regardless of their borough. Persons living with HIV/AIDS who have Medicaid but are not currently enrolled in managed care can enroll at any time but will not be required to make a decision until they receive a mandatory notice.

### **How does the enrollment process work in New York City? Enrollment process means choosing a health plan.**

In New York City, enrollment activities are handled by New York Medicaid CHOICE. New York Medicaid CHOICE is responsible for mailing information on how to enroll in Medicaid managed care, and for helping Medicaid members choose a health plan that meets their needs. New York Medicaid Choice works with consumers to assist them in choosing a plan that includes their current medical providers. New York Medicaid Choice is contracted with the New York State Department of Health to assist with enrollment services and is not affiliated with any health plan.

New York Medicaid CHOICE will begin sending out mandatory notices and enrollment packets to eligible persons in August, 2010. The initial enrollment packet will include information on the Medicaid managed care program, the SNP plans, and who may or may not have to join a plan as well as a list of participating mainstream health plans, an enrollment application, a consumer guide and a reminder to call New York Medicaid CHOICE (1-800-505-5678) for help in selecting a plan.

Eligible people with HIV can enroll in a managed care plan at any time by calling New York Medicaid CHOICE at 1-800-505-5678. New York Medicaid CHOICE will enroll the individual over the phone or send an enrollment packet in the mail.

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HIV persons already enrolled in a managed care plan or SNP will not receive a mandatory enrollment packet. However, they can no longer return to regular Medicaid unless they qualify for another exemption. Beneficiaries should contact New York Medicaid CHOICE if they think they might be eligible for another exemption.

### **Once enrolled in a managed care plan, can a Medicaid beneficiary switch to another plan?**

Enrollees may change health plans during the first 90 days (grace period) of enrollment. After the grace period, persons with HIV will be allowed to change from a mainstream plan (MCO) to an HIV SNP or from a SNP to SNP at any time. An HIV SNP member cannot transfer to a mainstream MCO after the grace period without good cause.

### **If I join a managed care plan, will I be able to continue seeing a provider in a neighboring county?**

Individuals who enroll in a Medicaid managed care plan may see providers who participate in the plan's provider network. For example, a person who resides in the Bronx or Queens may choose a managed care plan that includes providers in Westchester County or Nassau County in its network. There are five New York City managed care plans that include Westchester County providers and five that include Long Island providers in their networks.

**There is no HIV SNP serving Staten Island. Does this mean I cannot join a SNP?**

**No, Staten Island residents can choose to enroll in any HIV SNP.**

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- SNPs are able to establish limited networks with health care providers in Staten Island. Since we expect that a SNP will not have a full range of network providers on Staten Island, members must use the SNP network in other boroughs for services. SNPs and New York Medicaid CHOICE will inform prospective members about the SNP network of participating providers and the network's limitations.
- People with HIV may also choose to enroll in one of the nine mainstream managed care plans serving Staten Island residents. The mainstream plans may have both Staten Island providers and providers in other boroughs of New York City within their networks.

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Questions or comments: [omcmail@health.state.ny.us](mailto:omcmail@health.state.ny.us)

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