

# NASSAU-SUFFOLK EMA: MEDICAID MANAGED CARE MANUAL



July 2013



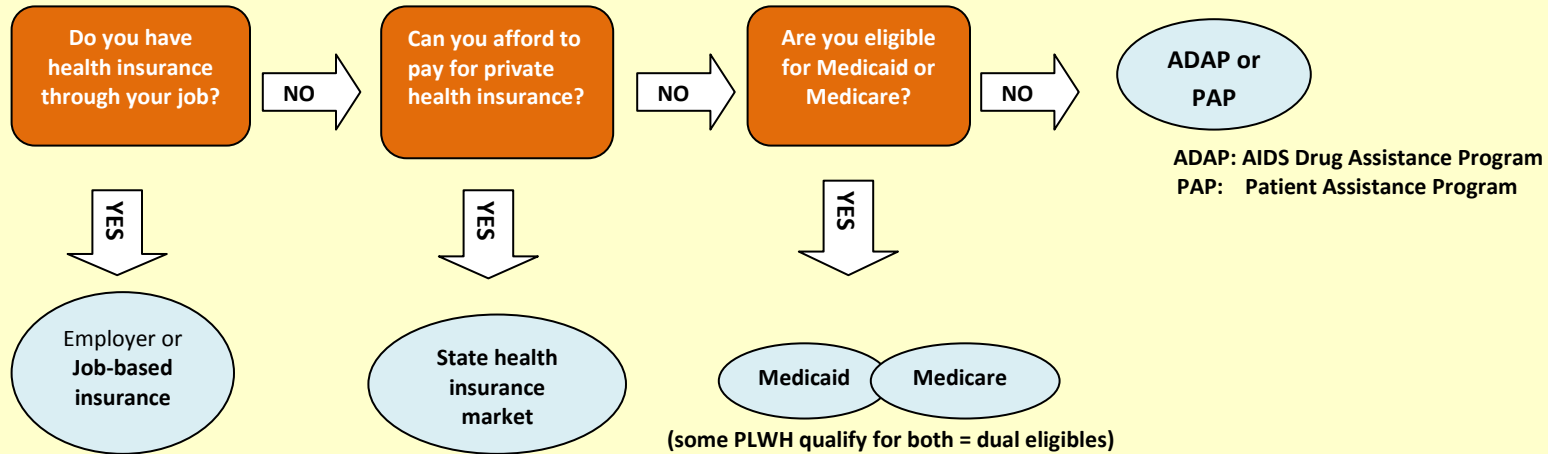
## **HIV and Health Insurance Coverage: Now and under the Affordable Care Act ('ACA')**

New York State is in the last year of aggressive migration to a fully managed care basis for its Medicaid health plans. New York has the highest annual expenditures for Medicaid in the U.S., with NYS spending \$52,122,037,794 on Medicaid in 2010, equal to 13.4% of total U.S. Medicaid expenditures. California followed in 2<sup>nd</sup> place at \$42 billion, despite having over twice the covered beneficiaries at 11,027,600 vs. NYS's 5,208,135.

- Medicaid was established in 1965 at the same time as Medicare.
- Medicaid, originally intended to cover the poor, has migrated to cover long-term care and behavioral health, and covers more people (62 million in 2012) than Medicare or any single private insurer. Historically, you qualify for Medicaid if you have a low income and are 'categorically eligible' (children, parents of dependent children, people with disabilities). In 2014, states have the option of allowing you to become eligible for Medicaid without being disabled if your income is 133% below the Federal Poverty Level (you make less than \$14,860 per year as an individual or \$30,650 a year as a family of four).
- Medicaid is financed through a joint federal: state partnership unlike Medicare which is totally federal. The Federal Matching Assistance Percentage (FMAP) is based on a formula in the Social Security Act.
- Under the Affordable Care Act, health insurance coverage will expand with many job or employer based plans that historically haven't covered pre-existing conditions (like HIV) required in 2014 to do so. AIDS Drug Assistance Programs (ADAP) will help pay premiums and co-payments on employer-based insurance. In addition, for individuals that make between \$11,170 and \$44,680 per year or \$23,000 to \$92,200 for a family of four, tax subsidies will be available to help pay premiums. In New York, the individual threshold is slightly higher (\$48,500 for an individual).
- Medicare, established in 1965 to provide health insurance for those aged 65 and over or the permanently disabled, will experience one significant change under the ACA—gradual and phased elimination of the 'doughnut hole' in which you have to pay all your drug costs until you reach a certain amount.

The remaining information shows the impact of the combined migration to a full managed care basis for Medicaid by New York State as the full impact of the Affordable Care Act starts to occur in October 2014 with open enrollment into the new Health Insurance Marketplace or Exchange. New York has developed their own Health Insurance Marketplace.

**DECISION TREE FOR HEALTH INSURANCE COVERAGE FOR PLWH:**



**New York State Medicaid phone #: 855-693-6765**

**New York State ADAP phone #: 800-542-2437**

**Six (6) Medicaid Managed Care Plans in each County, five of which are located in both counties.**

- 1) Affinity Health Plan**
- 2) New York State Catholic Health Plan (Fidelis)**
- 3) Health Insurance Plan of Greater New York (HIP)**
- 4) Health Plus (Amerigroup)**
- 5) Healthfirst PHSP**
- 6) Neighborhood Health Providers**
- 7) United HealthCare Community Partners**

CONSUMER RATINGS OF MEDICAID MANAGED CARE PLANS (as of August 2012, to be reissued August 2013)

County	Ratings Health Plan	Preventive and Well-Care for Adults and Children				Quality of Care Provided to Members with Illnesses				Patient Satisfaction with Access and Service			Overall Rating
		<a href="#">Child and Adolescent Care</a>	<a href="#">Women's Preventive Care</a>	<a href="#">Maternal Health</a>	<a href="#">Adult Preventive Care</a>	<a href="#">Care for Respiratory Conditions</a>	<a href="#">Diabetes Care</a>	<a href="#">Cardiovascular Care</a>	<a href="#">Mental Health</a>	<a href="#">Satisfaction with Personal Doctor or Nurse</a>	<a href="#">Getting Care Needed</a>	<a href="#">Overall Satisfaction with Plan</a>	
S/N	Affinity Health Plan	★★	★★	★★	★★	★★	★★	★★	★★★★	★★	★★	★★	70%
S	Fidelis Care New York	★★	★	★★	★★	★★	★★	★★	★★	★★	★★	★★	64%
S/N	HIP (EmblemHealth)	★★	★★★★	★★	★★	★★★★	★★	★★★★	★★	★★	★★	★	73%
N	Health Plus (Amerigroup)	★★	★★★★	★★	★	★★	★★★★	★★	★★★★	★	★★	★★	70%
S/N	Healthfirst PHSP, Inc.	★★	★★★★	★	★★	★★	★★	★★	★	★★	★★	★★	64%
S/N	Neighborhood Health Providers	★★	★★★★	★★	★★	★★	★★	★★	★★★★	★★	★★	★★	73%
S/N	UnitedHealthcare Community Plan	★	★	★★	★★	★★	★★	★★	★★★★	★★	★★	★★	64%

Key: More stars mean better plan performance.

Indicator	Rating
★★★★	Above Average
★★	Average
★	Below Average

**MEDICAID HEALTH PLANS ACCEPTED BY RYAN WHITE PART A CONTRACTED PROVIDERS**

COUNTY	PLAN	HIV MEDICAL/MEDICAL CASE MANAGEMENT						MENTAL HEALTH		
		David E Rogers	Nassau Health Care Corporation	North Shore	Research Foundation (Stony Brook)	Research Foundation (Stony Brook)	Suffolk County Health Dept.	OPTIONS (Health Home)	FEGS	Hispanic Counseling Center
			NuHealth (Center for Positive Health)		FAMILY MEDICINE & ADULT ID CLINICS	ADOLESCENT MEDICINE			Positive Space	
S/N	Affinity Health Plan	X	X	X	X			X	X	X
S/N	Fidelis Care New York	X	X	X	X			X	X	X
S/N	HIP/ GHI (Emblem Health)	X	X	X (REFER)	X			X	X	X
N	Health Plus (Amerigroup)		X	X						X
S/N	Health First PHSP, Inc.		X	X	X			X	X	X
S*	Neighborhood Health Providers (Suffolk Health Plan)	X			X			X	X	
S/N	United Healthcare: Americhoice Community Plan	X	X	X				X	X	X
	Blue Cross Blue Shield (Child)	X								

**\*As of June 1, 2013: Neighborhood Health Providers (Suffolk Health Plan) will become part of HealthFirst**

**PROFILE OF MEDICAID MANAGED CARE PLANS (Explanation of Benefits or EOB requested from all current plans)  
(9 in Nassau, 8 in Suffolk: Newsday and Channel 12)**

**Affinity Health Plan**

**Plan:** PHSP (Prepaid Health Services Plan)  
**Certified:** 1993  
**Status:** Not-for-Profit  
**Corporate Address:** 5010 Campuswood Drive  
East Syracuse, NY 13057  
**Contact:** Reve. Patrick Frawley, President & CEO  
(315) 447-5000  
**Coverage:** Nassau & Suffolk

**Fidelis Care New York**

**Plan:** PHSP (Prepaid Health Services Plan)  
**Certified:** 1993  
**Status:** Not-for-Profit  
**Corporate Address:** 5010 Campuswood Drive  
East Syracuse, NY 13057  
**Contact:** Anthony Watson, Chairman & CEO  
(315) 437-1835  
**Coverage:** Suffolk

**Health Insurance Plan Of Greater New York**

**Plan:** HMO (Health Maintenance Organization)  
**Certified:** 1978  
**Status:** Not-for-Profit  
**Corporate Address:** 55 Water Street  
New York, NY 10041  
**Contact:** Anthony Watson, Chairman & CEO  
(646) 447-5000  
**Coverage:** Nassau & Suffolk

**Health Plus (AMERIGROUP)**

**Plan:** PHSP (Prepaid Health Services Plan)  
**Certified:** 1996  
**Status:** For-Profit  
**Corporate Address:** 9 Pine Street, 14<sup>th</sup> floor  
New York, NY 10005  
**Contact:** Robert Wychulis, CEO  
(212) 372-6902  
**Coverage:** Nassau

**HealthFirst PHSP**

**Plan:** PHSP (Prepaid Health Services Plan)  
**Certified:** 1994  
**Status:** Not-for-Profit  
**Corporate Address:** 100 Church Street  
New York, NY 10007  
**Contact:** Patricia Wang, CEO  
(212) 801-6000  
**Coverage:** Nassau & Suffolk

**Neighborhood Health Providers**

**Plan:** PHSP (Prepaid Health Services Plan)  
**Certified:** 1995  
**Status:** Not-for-Profit  
**Corporate Address:** 521 Fifth Avenue, 3<sup>rd</sup> floor  
New York, NY 10175  
**Contact:** Patricia Wang, CEO  
(212) 808-4775  
**Coverage:** Nassau & Suffolk

**United Health Care Community Plan**

**Plan:** HMO (Health Maintenance Organization)  
**Certified:** 1987  
**Status:** For-Profit  
**Corporate Address:** 77 Water Street, 14<sup>th</sup> floor  
New York, NY 10005  
**Contact:** Pasquale Celli, CEO  
(212) 898-8429  
**Coverage:** Nassau & Suffolk

**HEALTH INSURANCE PLAN OF GREATER NEW YORK**

**HMO (Health Maintenance Organization)**

**Certified:** 1978

**Not-for-Profit**

**Corporate Address:** 55 Water Street  
New York, NY 10041

**Contact:** Anthony Watson, Chairman & CEO  
(646) 447-5000

**Nassau & Suffolk**



## FREQUENTLY ASKED QUESTIONS:

### 1. What is Medicaid Managed Care?

In regular or fee-for-service Medicaid, beneficiaries can go to any doctor who takes Medicaid. This is called fee-for-service because the doctor or provider gets a fee every time he/she provides a service to a Medicaid beneficiary. In managed care, the plan is paid a capitated rate (flat monthly fee) to provide for nearly all of the beneficiary's health care needs. In Medicaid managed care, enrollees can only see the doctors and other health providers in their plan's network, and must follow the plans rules for accessing care. In addition, they will be assigned a primary care provider and must go to this provider in order to get a referral for specialty care and prior authorizations for non-emergency hospitalizations and many other services.

### 2. Is there communication between my infectious Disease Physician and my Primary Care Physician?

Yes, there should be communication between your Infectious Disease physician and your Primary Care Physician, as would be the case with any specialist or referral option.

### 3. Can my Infectious Disease Specialist be my Primary care Physician?

In most cases, your ID specialist can not be your primary care physician.

### 4. What is the coverage for HIV medications?

- Items in the state Medicaid formulary are covered, those not in it are not covered.
- YOU MUST USE ONLY THE DRUGS ON YOUR HEALTH PLAN'S LIST
- You MUST FILL PRESCRIPTIONS AT PHARMACIES IN YOUR HEALTH PLAN'S NETWORK
- YOU MUST FOLLOW YOUR HEALTH PLAN'S RULES FOR GETTING DRUGS

### 5. What is the coverage for mental health (*psychotropic*) medications?

- Check the plan formulary to see if your drug is listed as a covered drug. Drug-Look UP feature by Plan: <http://pbic.nysdoh.suny.edu/>
- If your drug is on the plan's formulary, check for any prior authorization requirements or quantity limits.

#### At the Doctor's Office

- If your drug is not on the plan's formulary, check with your doctor to see if there are any alternative medications you could take that are on the formulary.
- If no alternatives are available and the drug your doctor says you need is not covered by the plan, your doctor can ask the plan to make an exception to their formulary rules so that you can get your drug. If the plan still says no, you can appeal that denial to internal and external reviewers. **Contact your plan about their appeal process.**  
**You can request a Medicaid Fair Hearing (see below).**

**REQUEST FOR FAIR HEARING:**

- If you request a fair hearing because you can't get a drug you are currently taking you can continue getting the drug while you wait for your fair hearing decision by asking for "aid continuing".
- When you request a fair hearing, be sure to explain that you are currently under treatment and your drug is medically necessary.
- A fair hearing can be used at the same time as a health plan's appeal process, which may also be called an "exception". If the fair hearing is decided in your favor, you get the drug you requested.

**6. What is the coverage for my medications for conditions other than HIV (co-morbidities)?**

Coverage for medications other than for HIV medical care is outlined in the Plan's Formulary. <http://pbic.nysdoh.suny.edu/>

**7. Are support services such as medical transportation included in the plan?**

This depends on each plan's coverage (<http://pbic.nysdoh.suny.edu/>)

**8. Are mental health services covered?**

Behavioral health carve-outs have been delayed until March 2014 as this is examined.

**9. Are dental health services covered?**

**10. Are co-payments required and for what services?**

This depends on your plan.

**11. Are referrals needed under this plan? If so, what is the process to requesting one?**

Referrals for specialty care are required under this plan.

**12. How do they handle my care if I have both Medicaid and Medicare coverage?**

Dual eligible (Medicaid and Medicare coverage) are currently handled as a carve-out. This is expected to change. See your Medical Case Manager or NYS or Health Plan benefits specialist.

**13. How do I transition from Pediatric to Adult Care services?**

Transitioning from pediatric to adult care services should not be a significant issue since these individuals will be covered by Medicaid Managed Care plans in either scenario.

**14. If my Medicaid Managed Care Plan is not working for me, how do I go about changing my plan?**

**15. How often can I change my Medicaid Plan?**

- You can only switch plans during the first 90 days of enrollment in your health plan.
- After the 90 days, enrollees are “locked in” to the plan for the rest of the year.

**16. Under what circumstances can I change my Medicaid Plan?**

- CAN I SWITCH HEALTH PLANS IN ORDER TO GET MY DRUGS?
  - You can switch to a plan that covers your drugs only during a limited time during the first year of enrollment in managed care.
  - Enrollees can switch plans during the “lock in” period only for good cause. Pharmacy benefit changes are **not** considered good cause.
  - After the first 12 months of enrollment, Medicaid managed care enrollees can switch plans at any time. However, a new lock-in period applies every time you switch plans

**17. Who can I call if I have questions or complaints?**

- Community Health Advocates Hotline: 1-888-614-5400
- NY State Department of Health's Managed Care Complaint Line: 1-800-206-8125 (Mon. - Fri. 8:30 am - 4:30 pm)