Medicaid Managed Care

Law and Regulations

STATE - N.Y. Soc. Servs. L. Â§364-j (Amended L. 2011 Ch. 59). Regulations at 18 NYCRR 360-10.

FEDERAL - 42. C.F.R Part 438 (amended extensively in 2016, with changes going into effect in NYS on rolling basis, including new appeal rules starting May 1, 2018 requiring "exhaustion" of internal plan appeals before requesting a fair hearing to appeal a plan's determination to deny, reduce or stop services.) Other 2016 changes in federal regulations are summarized by the National Health Law Program here (scroll down to Medicaid Managed Care Final Regulation Series)

CMS Special Terms & Conditions (ST&C) of the 1115 Waiver - this is the agreement between CMS and NYS Dept. of Health that has all of the terms of the 1115 waiver governing managed care. Posted here - direct links NY STCs Effective (Web) - (PDF) - 8.10.20

Model Managed Care Contract Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract (2019) (check for updates here)

I - WHAT IS MEDICAID MANAGED CARE?

Most, but not all Medicaid beneficiaries in New York State who do not have Medicare and who do not have a "spend-down" or other primary health insurance, must join a "mainstream" Medicaid managed care plan.

- 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 bills Medicaid directly 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 may 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. The network providers bill the plan directly, not NYS Medicaid.

Most adult Medicaid recipients who DO have Medicare and need long term care in the community (home care) must join a different type of managed care plan - a Managed Long Term care plan. See more here.

Medicaid Redesign Team - New Rules and New Populations Required to Enroll in Managed Care Plans

In 2011, the state enacted recommendations of the Medicaid Redesign Team to expand the categories of people required to enroll in Medicaid managed care, and the types of services covered by these plans, have expanded greatly. The result is that 4.5 million Medicaid recipients are affected by the changes to the Medicaid Managed Care benefit package. Also, very few people without Medicare continue to be exempt or excluded from mandatory Medicaid managed care enrollment.

See Information on State MRT website on new populations and services under Managed Care-

- **MRT 1458: Care Management Population and Benefit Expansion, Access to Services, and Consumer Rights**

Beneficiaries must keep their regular Medicaid card. They will need it to get important benefits that are not covered by their Medicaid managed care plan. Fewer benefits are being carved out and still provided through fee-for-service Medicaid. See 364-j(3)(d)(see also Appendix K of the Medicaid Managed Care Model Contract (as amended 2019). Currently, carved out services include:

1. Prescription Drugs (carved out in April 2023).
2. Medicaid Service Coordination and other Long Term Care Services for the Developmentally Disabled
3. Non-Emergency Medical Transportation Services (carved out beginning 10/1/11) - see this article
4. Other services have recently been carved into the Medicaid managed care benefit package. See this section.

II. MANDATORY ENROLLMENT/ASSIGNMENT:

Medicaid recipients in all counties plus New York City are generally required to join a managed care plan)

- In New York City, and most upstate counties (go to Slide15) recipients receive mandatory enrollment packets from **New York Medicaid Choice, a/k/a Maximus,** a private company contracted to process managed care enrollments and disenrollments. (Contact: **1-800-505-5678** TTY/TDD (800) 329-1541

- Currently individuals will receive mandatory enrollment packets from New York Medicaid Choice or their Local Department of Social Services and will be randomly assigned into a Medicaid managed care plan if they do not choose a health plan.

Â· New Medicaid applicants are required to choose a health plan at application. N.Y. Soc. Servs. L. Â§364-j(4)(f)(i)

NINE MONTH "Lock-In": Once enrolled in a plan, enrollees should get a member handbook explaining how managed care works. Recipients have 90 days from their initial enrollment date to change plans. If they do not switch within 90 days, they are **"locked-in"** to the plan whether they chose the plan or were automatically assigned, and cannot get out for the following 9 months, unless they have "good cause" to do so. After the lock-in period ends, recipients can change plans for any reason at any time. However, the lock in applies 90 days after each new enrollment. Enrollees are supposed to receive notice of this right 60 days prior to the end of the lock-in period. See grounds for good cause to change plans in Model Contract Appendix H (begins p. 364 of the PDF)

III. WHO DOES NOT HAVE TO JOIN A MANAGED CARE PLAN? Exemptions and Exclusions

Two groups of people do not have to join: people who are exempt and people who are excluded. See N.Y. Soc. Servs. L. Â§364-j(3);

Exempt: People who can decide if they want to join are exempt from Medicaid managed care. See N.Y. Soc. Servs. L. Â§364-j(3)(b), (e).

Excluded: People who cannot join a Medicaid managed care plan are excluded. See N.Y. Soc. Servs. L. Â§364-j(3)(c).

SEE NYS DOH List of Exemptions & Exclusions from Mainstream Managed Care, updated 11/29/23

EXEMPTIONS:

- Recipients with a chronic medical condition who are in active treatment with a specialist who does not accept any MMC plan (duration of exemption is **ONLY 6 months** - *SINCE 10/1/11*)
- Native Americans
- OPWDD Waiver (BUT new DD waiver in planning)
- Traumatic Brain Injury waiver (carve-in delayed until 1/2022, just extended in 4/1/2018 NYS budget)
- Care at Home Waiver for children (but will be carved in Jan. 2017)
- Nursing Home Transition & Diversion Waiver recipients carve-in delayed

EXCLUSIONS:

- Recipients with original Medicare
- Recipients with other comprehensive Third Party Health Insurance (scheduled to be carved in Dec. 2017 but delayed)

- Recipients enrolled in the Medicaid Spend-down or Excess Income program (but scheduled to be carved in Dec. 2017 but delayed);
- Recipients with limited Medicaid eligibility (for example, Medicaid for the treatment of an emergency condition, tuberculosis (T.B.) related services, Breast and Cervical Cancer);
- Recipients receiving hospice services at time of enrollment
- **NO LONGER EXEMPT - FOSTER CARE Children - July 2021 REQUIRED TO ENROLL IN MANAGED CARE** (see this section)

MRT 1458: Care Management Population and Benefit Expansion, Access to Services, and Consumer Rights

A chart with exemptions and exclusions phased out over MRT's t implementation schedule appears in this detailed article, with a chart that can be found here

Here is a sample letter being sent in summer and fall 2012 telling people they are no longer exempt from mandatory enrollment, telling them to expect to receive a letter requiring them to choose a plan. If they are a waiver "look-alike" they should follow instructions in this Alert.

New Populations Required to Enroll in Managed Care and Services "Carved Into" benefit Package (2013 - 2021)

- A NYS Dept. of Health PowerPoint on New Populations and Benefits Transitioning to Mainstream Medicaid Managed Care, presented in May 2012, is posted here.
- See MRT 1458: Care Management Population and Benefit Expansion, Access to Services, and Consumer Rights

A. NURSING HOME RESIDENTS - MANDATORY ENROLLMENT-

Adults age 21+ becoming permanent nursing home residents are required to enroll in managed care plans starting in Feb. 2015, See this article.

B. FOSTER CHILDREN - NEW MANDATORY ENROLLMENT July 2021 in NYC and other areas, already carved in OUTSIDE OF NYC

- JULy 2021 - SEE this webpage 29-1 Health Facility (VFCA Transition)
- Transition of Children placed in Foster care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care Effective July 1, 2021
- Transition of Children placed in Foster care and NYS Public Health Law Article 29-I Health Facility Services into Medicaid Managed Care Overview - July 2021 (PDF)
- More at this webpage 29-1 Health Facility (VFCA Transition)
- Question and Answer Sheet Resulting from the Medicaid Managed Care Enrollment for Children in Foster Care 3/18/13 Webinar Presentation (PDF, 263KB)

- Policy and Proposed Changes to Transition Children in Direct Placement Foster Care into Medicaid Managed Care - April 2013 (PDF, 302KB)
- Medicaid Managed Care Enrollment for Children in Foster Care 3/18/13 Webinar Agenda (PDF, 161KB)
- Medicaid Managed Care Enrollment for Children in Foster Care 3/18/13 Webinar Presentation (PDF, 262KB)

C. LOMBARDI PROGRAM RECIPIENTS who do not have Medicare - as of April 1, 2013 must enroll in Medicaid managed care plans

- Long Term Home Health Care Program Transition to Managed Care 3/18/13 Webinar Presentation (PDF, 211KB)
- Long Term Home Health Care Program Transition to Managed Care 3/18/13 Webinar Agenda (PDF, 89KB)
- Long Term Home Health Care Program Transition to Managed Care Policy (PDF, 247KB)
- Approved Long Term Home Health Care Program (LTHHCP) 1915 (c) Medicaid Waiver Amendment

IV. Enrolling in and Disenrolling from Medicaid Managed Care

Voluntary Enrollment

Beneficiaries can enroll in a Medicaid managed care plan voluntarily at any time. They can join by calling a community based facilitated enroller, a Medicaid managed care plan directly or by calling **New York Medicaid Choice** at **1-800-505-5678** - TTY/TDD (800) 329-1541. NY Medicaid Choice is a private company which has been contracted by 24 local districts and New York City to help enroll people in managed care. NY Medicaid Choice has response standards it is required to meet. They are required to answer the phone quickly and have operators who speak many languages. In counties that have not contracted with NY Medicaid Choice, recipients are enrolled into managed care plans by the Local Department of Social Services.

Mandatory Enrollment:
New as of October 1, 2011, all newly mandated Medicaid recipients will have 30 days to choose a plan, regardless of disability status. New Medicaid applicants will be required to choose a health plan at application or they will be automatically assigned to a random plan by the State Department of Health. N.Y. Soc. Servs. L. Â§364-j(4)(f)(i) (Amended by 2011 Sess. Law News of N.Y. Ch. 59). Newly mandated Medicaid beneficiaries who are required to choose a health plan beginning in October 2011, who reside in counties with a contract with NY Medicaid Choice will be sent mandatory enrollment packets on October 1, 2011. Medicaid recipients who reside in counties who do not contract with NY Medicaid Choice will receive mandatory enrollment packets upon recertification or when a change is made to their Medicaid case such as a change in address or household size.

Disenrolling, Transferring and Exemptions

People who would like to disenroll or transfer out of their Medicaid managed care plan, or who think they may still be exempt or excluded from Medicaid managed care, should call NY Medicaid Choice at: 1-800-505-5678 or their local department of social services. See article on Advocacy & Exemptions. See 18 NYCRR 360-10.6 Good cause for changing or disenrolling from a Medicaid managed care organization (MMCO)

V. Lists of Plans - Contact Information

NYC HRA List of NYC plans-- Mainstream Managed Care Plans, HIV SNPs, HARP, PACE, FIDA-IDD, MAP, and Managed Long Term Care plans (updated 12/30/2021)

Statewide Plan Contact information - (listed by county or by plan)

VI. What Services are in the plan's service package?

Medicaid managed care plans work very much like private insurance managed care plans. As we describe above, 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. Because Medicaid must provide all medically necessary care, there are benefits which traditionally are not part of a private insurance such as transportation, medications, skilled nursing care, personal care services and PERS. Pursuant to the MRT changes, enrollees in a Medicaid managed care plan will begin to receive all of there services from their plan on an extended timeline. A summary appears in the chart below.

Date Benefit Offered	**Service newly covered by Managed Care plans since 2011** (previously "carved out"
8/1/11	**Personal Care Services -**- Plans must cover this service in using the same standard
10/1/11	**Pharmacy Benefits** - For more information on Medicaid Managed Care's Prescription Drug see this article --
10/1/2011	**Transportation Services** - but as of Jan. 1, 2013, transportation is again "carved out"
1/1/2012	**Personal Emergency Response Systems** (PERS)
7/1/2012	**Dental** - see guidelines and Q&A- not all plans provide dental, Academic Dental Servic • Dental Vendor Contact Information
10/2012	**Orthodontia** - see guidelines and Q&A • Transition of Dental and Orthodontia Coverage from Fee for Service to Medicaid • Question and Answer Sheet: Transition of Dental and Orthodontia Coverage fro

11/1/2012	**Consumer Directed Personal Assistance** services (CDPAP) Services - See DOH Po
8/1/2013	**Adult Day Health Care** (ADHC), **AIDS Adult Day Health Care, TB Directly Observed** • Summary of policy changes since 6/10/13 webinar • June 10, 2013 Webinar Revised PPT Slides (PDF, 229KB) • Guidelines for the Transition of Adult Day Health Care and AIDS Adult Day Heal • Guidelines for the Provision of Tuberculosis Directly Observed Therapy (P
10/1/2013	**HOSPICE** - As of October 1, 2013, the provision of hospice services to enrollees in ma those hospice services outside of their plan. See DOH Guidelines for the Provisions of Hospice Transition to Managed Care Webinar (PDF, 186KB) Hospice Transition to Managed Care Benefit Package Questions and Answers
Jan. 2015	Comprehensive Medicaid Case Management, HIV COBRA
Feb. 2015	**Nursing Home benefit** added for Managed Care in NYC (no longer disenrolled from pl
Apr.. 2015	**Nursing Home benefit** added for managed care in Long Island & Westchester. See m
July 2015	**Nursing Home benefit** added for managed care in Rest of State See more here
Oct. 2015	**Behavioral Health Services** - these were CARVED OUT of Managed Care benefit pac Also for non-dual eligibles in **NYC**: • Long Term Chemical Abuse Program • OMH District 97 - Adults (Non Duals) (NYC) • Residents of State Operated Psychiatric Centers (Non Duals) (NYC) • OASAS and OMH Services (BHO) (Adults) HCBS Waiver - OMH (Non Duals) Injectable Atypical Antipsychotic Drugs (Abilify Maintena, Risperdal Consta, Invega Sus
Jan. 201\8	**Nursing Home Transition & Diversion Waiver** - NOTE that 2016-17 State Budget en The TBI and NHTD populations are relatively small (TBI contains about 2,800 persons; These individuals qualify for nursing home placement, but under these Medicaid waiver During the time before transition, a stakeholder work group continues to meet Hemophilia blood factors
April 2018	Traumatic Brain Injury Waiver- 2016 State Budget d*elays the transition of TBI and NH*
Dec. 2016	**Assisted Living Program** residents (non-duals AND Dual eligibles) (NOT IMPLEMEN
Jan. 2017	Bridges to Health (B2H) - All Categories (Non Duals) - see info here

	HCBS Care at Home Waivers 1 and 2 (Duals and Non Duals) HCBS Care At Home Waivers 3, 4, and 6 (Non Duals) OMH District 97 - Kids (Non Duals) Residential Rehabilitation Services for Youth (RRSY) Agency based foster care children upstate and all NYC (Non Duals) OASAS Services (BHO) Statewide (Kids) OMH Services (BHO) Statewide (Kids) Preschool Supportive Health Services Program (PSHSP)
Dec. 2017	Spend-Down population (had been excluded from Managed Care)
July 2021	Foster care population

VII. Resources Online -

Check for updates here http://www.health.ny.gov/health_care/managed_care/ for the following links:

- MRT 1458: Care Management Population and Benefit Expansion, Access to Services, and Consumer Rights
- Questions & Answers on the Elimination of Direct Marketing Related to Contract Provisions (Section 11, Appendices D & P)(PDF, 387KB, 14pg.)
- Medicaid Prenatal Care Standards
- Medicaid Managed Care Model Member Handbook (PDF, 183KB, 36pg.)
- Family Health Plus Model Member Handbook (PDF, 202KB, 36pg.)
- Quality Strategy For the New York State Medicaid Managed Care Program, 2007 (PDF, 127KB, 24pg.)
- New York's Operational Protocol for the Partnership Plan
- Managed Care Model Contracts
- Medicaid Managed Care for People with HIV and AIDS
- New York State Medicaid "Serious Adverse Event Reimbursement" (also known as New York State Medicaid "Never Events")

Medicaid Section 1115 Demonstration Projects

- Partnership Plan Waiver
- Federal-State Health Reform Partnership

Managed Care Quality Reports --
http://www.health.ny.gov/health_care/managed_care/reports/ (external reviews,

satisfaction surveys, utilization data, etc.)

Medicaid Managed Care Enrollment Statistics - monthly number enrolled in every plan in NYS Monthly Medicaid Managed Care Enrollment Report

New 10/2012 --Pharmacy Benefit Information Website -- http://pbic.nysdoh.suny.edu -- Phase I (Oct. 2012) provides access for members and providers looking for information on the drugs and supplies covered by different Medicaid and Family Health Plus managed care health plans. In the near future, the Department plans to release phase two of the project, which will allow interactive comparison of coverage searches.

Legal Aid Society
Health Law Unit
NYC Helpline: 212-577-3575
Upstate Helpline: 888-500-2455
Last Updated September 30, 2011, April 2013 andApril 2014

Article ID: 160
Last updated: 19 Feb, 2024
Revision: 53
Medicaid -> Medicaid Managed Care
http://health.wnylc.com/health/entry/160/