



**Office of Alcoholism and
Substance Abuse Services**

Transition to Medicaid Managed Care

What it means for you.

June 1, 2016



Presentation Overview

- How Medicaid works for you now
- How Medicaid Managed Care will be different
- What do these changes mean for you
- What do I need to know
- What do I need to do
- Common Questions
- Resources
- Wrap-up



How Medicaid Works for You Now

Outpatient Substance Use treatment:

- Medicaid Fee for Service



How Medicaid Managed Care will be different

As of July 1, 2016, for Medicaid enrollees age 21 and up:

- All of your Medicaid services will be overseen by the Medicaid Managed Care Plan in which you are enrolled
- Medicaid Managed Care Plans will pay for and coordinate physical health, mental health and substance use treatment for their members
- In the future, there may be more services available in the community where you live

***Mental health and Substance Use Disorder services(SUD) are frequently referred to as Behavioral Health Services**

What does this mean for me?

Medicaid Managed Care will:

- Provide you with better Physical Health, Mental Health and SUD services
- Provide you with better access to the services you need
- Provide you with better support for your road to recovery



What do I need to know?

You will need to understand your Medicaid Status, then decide what Medicaid Managed Care Plan works best for you.

Medicaid Status Options are:

- Non-HARP Plan Member
- HARP Member already in eligible Managed Care Plan
- HARP Member in non-HARP eligible Managed Care Plan



What's a HARP?

HARP stands for Health and Recovery Plans (HARP)

In addition to covering all benefits provided by Medicaid Managed Care, HARP:

- Specializes in serving people with behavioral health conditions that require a more extensive type of care
- Assigns those who are HARP eligible, a Care Manager who works with their treatment provider and Medicaid Managed Care Plan to meet their all around needs
- Some HARP enrollees will be eligible for Home and Community Based Services (HCBS) which supplies another layer of support e.g. employment services, school, housing etc. for the person in the community



How do I know if I am eligible for HARP services?

Between now and July 1st those who are HARP eligible will receive a letter in the mail.

This letter will inform you that you are an identified HARP Plan enrollee and what options are available to you

HARP eligibility is determined by looking at the frequency and type of Medicaid services a person has received in the past.

For someone who has a high frequency of use, HARP will assist with care management and finding the best resources for your needs



Ok I understand HARP, what do I do next?



For Non-HARP Plan Members

- If you are already enrolled with a Medicaid Managed Care Plan, there is nothing else you need to do.
- Your treatment program will bill your existing Plan for your care.
- If you are not enrolled with a Medicaid Managed Care Plan you will need to work with your treatment provider in becoming enrolled



HARP Eligible Plan Members in a HARP Managed Care Plan

- You will receive a letter notifying you that you are eligible for HARP and that your current Medicaid Managed Care Plan provides for HARP services
- You have a choice to either:
 1. Stay with your current Medicaid Managed Care Plan,
 - If you stay with your plan or take no action you will be automatically enrolled in HARP services

OR

2. If you want to remain with your current plan but are not interested in HARP services, you will need to contact NYS Medicaid Choice (**1-844-427-7999**) to inform them of your decision



HARP Eligible Plan Members in a non-HARP Managed Care Plan

- You will receive a letter notifying you that you are eligible for HARP **BUT** your current Medicaid Managed Care Plan **does not** provide HARP services.
- You can either:
 1. Contact the NYS Enrollment Broker, who will give you information on available HARP Plans, and assist you in choosing the one that is right for you, **OR**
 2. Stay with your plan without HARP enrollment



Common Questions

If I change plans, will I be able to keep the doctors I have now?

Will I be able to get the same medications?



Common Questions

Will my services be covered during the transition?

Will I have access to methadone if my hospital is not part of my Medicaid Managed Care Plan?



Common Questions

Will Managed Care Plans take away the services I am receiving now?

Where can I go for more information?



Where can I apply for Medicaid?

New York State of Health:

<https://nystateofhealth.ny.gov/>

Local Department of Social Services:

<http://www.health.state.ny.us/nysdoh/medicaid/ldss.htm>



Where Can I Get More Information?

For all Medicaid enrollees you can contact:

- New York Medicaid Choice at 1-844-HARP-999 OR 1-844-427-7999

For Substance Use Disorders:

NYS Office of Alcoholism and Substance Abuse Services (OASAS):

<http://www.oasas.ny.gov/ManCare/PersonsinRecovery.cfm>

OASAS Consumer Complaint Line: 518-457-2020

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NYS Office of Mental Health (OMH):

<http://www.omh.ny.gov/omhweb/bho/changes-bh.html>

NYS Department of Health (DOH):

http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/consumer_info/index.htm

For a listing of Medicaid Managed Care Providers:

http://www.health.ny.gov/health_care/managed_care/pdf/hmo_dir.pdf

For information about Behavioral Health Home and Community Based Services (BH HCBS):

<http://www.omh.ny.gov/omhweb/bho/hcbs.html>



Wrap-Up:

Thank you for watching the “Transition to Medicaid Managed Care – What it means for you” YouTube Presentation”

Keep checking the OASAS YouTube Channel for other information of interest such as:

- HARPs additional Information
- Home and Community Based Services (HCBS)
- Health Homes

