

"HARP" Plans for Managed Care Members who need Behavioral Health Services - 2026 Changes for Members New to Medicare

For many years, behavioral health services were "carved out" of the Medicaid managed care benefit package. This means that most behavioral health services were accessed on a *fee for service* basis from Medicaid providers outside of the member's managed care plan.

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What is a HARP Plan?

See [ICAN Consumer-Oriented BROCHURE ON HARP \(English\) \(Spanish\)\(Russian\)\(\)](#)

A HARP is a Medicaid managed care insurance plan that manages both physical health and behavioral health (mental health and addiction) services in an integrated way for adults with significant behavioral health needs. HARPs also manage an enhanced benefit package of [Adult Behavioral Health Home and Community-Based Services \(BH HCBS\)](#) and [Community Oriented Recovery and Empowerment \(CORE\) Services](#) for eligible enrollees. Adult [BH HCBS](#) and [CORE](#) Services are rehabilitative and recovery services provided in a member's home or community. Additionally, all HARP members are eligible for Health Home Case Management. Information about health homes can be found at the Medicaid Health Homes - Comprehensive Care Management webpage.

[SEE NYS DOH Webpage on Health & Recovery Plans/Behavioral Health.](#)

- See list of [CORE Behavioral Health services offered by HARP plans](#)
- See list of [Adult Behavioral Health Home HCBS](#)

Members of HARP plans have Medicaid as their only insurance - not Medicare or other Third Party Health Insurance. But - since 2020, those who became enrolled in Medicare were allowed to remain in the HARP plans. Now in 2026 this is ending - and those HARP members who become enrolled in Medicare are transitioned to other plans. See more

here.

SEE NYS DOH 2019 OHIP/LCM-03 - HARP PLAN guidance

HARP ENROLLMENT - as of August 2025, there are 146,000 HARP enrollees. See DOH managed care enrollment data. - updated monthly. That compares to 4.44 million enrollees in regular Medicaid mainstream plans.

HARP Eligibility

Providers should verify Medicaid eligibility and enrollment status as a first step to verifying HARP eligibility.

- HARP eligibility is based on certain factors, such as past use of Medicaid behavioral health services and eligibility to enroll in Medicaid managed care.
- Every other month, New York State (NYS) generates an updated list of people who are eligible for HARP.
- HARP eligibility status appears in e-PACES on an individual's file in the restriction/exception (RRE) code part of the report.¹ Individuals can ask their providers to look up their eligibility status or they can call New York Medicaid Choice at 1-855- 789-4277; TTY users: 1-888-329-1541.
- HARP eligibility and enrollment status is indicated using RRE codes that begin with the letter "H".
- These codes are explained in NYS DOH 2019 OHIP/LCM-03 - HARP PLAN guidance

â ¢ If the individual's e-PACES report has an RRE "H9" code, then the person has met the NYS BH high-risk criteria needed to enroll in HARP.

â ¢ If the individual's e-PACES report has an RRE "H1" code, then the person is enrolled in a HARP.

Reasons why a HARP-eligible person may not be enrolled in a HARP

A HARP-eligible individual may not currently be enrolled in a HARP (H1) for the following reasons:

- The individual is HIV-SNP enrolled. HIV-SNP 's are a type of Medicaid managed care plan that specialize in services for people with HIV/AIDS. HIV-SNP enrollees are able to access Adult BH HCBS and CORE Services if they have an RRE "H9" code.
- The individual is enrolled in a Medicaid Advantage Plus (MAP) plan and not eligible to enroll in a HARP. MAP enrollees are able to access CORE services if they have an RRE "H9" code.

- The individual's address has not been updated with Medicaid, causing HARP enrollment notices sent by NYS to be returned.
- The individual was disenrolled from HARP upon losing Medicaid eligibility, possibly due to failure to recertify. Note that an individual in this circumstance must first contact the agency in which their Medicaid was administered previously -- either the Local Department of Social Services (LDSS) or the New York State of Health -- to reestablish Medicaid coverage in order to enroll or reenroll in HARP.

Whenever possible, individuals should be assisted in maintaining Medicaid eligibility through timely recertification to avoid loss of Medicaid coverage and HARP enrollment.

HARP Enrollment Process

HARP enrollment is conducted by New York Medicaid Choice and New York State of Health (NYSOH). The individual will need to have the following information when calling to request HARP enrollment:

- Medicaid Client Identification Number (CIN) or Social Security Number (SSN)
- Full name
- Date of birth
- Home address and telephone number

Eligible individuals may choose to enroll in a HARP at any time, even if the individual previously chose to opt-out or never received an enrollment notice. HARP enrollment is voluntary. Eligible individuals may contact New York Medicaid Choice to learn about available enrollment options.

To determine HARP eligibility and assist with HARP enrollment:

1. Check e-PACES.
 - Verify the Medicaid case has an RRE H9 code. If the case does not have an RRE H9 code, the individual is not eligible to enroll in a HARP.
 - Confirm the individual is not already enrolled in an HIV-SNP or MAP plan.
2. If the Medicaid case has an RRE H9 code, the individual should contact New York Medicaid Choice or NYSOH to elect HARP enrollment. The provider and/or the individual's representative may assist the individual in contacting New York Medicaid Choice or NYSOH. The individual must be present on the call and specifically request enrollment in the HARP.
3. New York Medicaid Choice or NYSOH will work with the individual to determine the plan of choice and activate HARP enrollment. New York Medicaid Choice or NYSOH will notify the individual of the effective date of the HARP enrollment.

4. Alternatively, individuals enrolled through NYSOH can enroll online through the NYS Marketplace. If eligible for HARP, HARPs will display as the first enrollment option.

2025 Update - HARP Members Who are or who Become Enrolled in Medicare are being transitioned to other Medicare and Medicaid plans

WARNING: May lose HARP services when they become enrolled in Medicare!

- HARP and mainstream plans are not designed for people with Medicare. But - an exception was made during the COVID years, when HARP members who became enrolled in Medicare were allowed to stay in the HARP plan.
- Starting in August 2025, HARP members scheduled to become enrolled in Medicare in the next 60 days, will receive a notice that they will be may be "default enrolled" into a Medicare Special Needs Medicare Advantage Plan for Dual Eligibles (called a D-SNP).
 - ◆ The auto-enrollment would only be into an "aligned" D-SNP offered by the same insurance company that operates their mainstream or HARP plan, and which was approved for Default Enrollment.
 - ◆ See list of D-SNP plans [here](#) - showing which D-SNP is "aligned" with each Medicaid Advantage Plus plan and IB-Dual plans, and which counties have "default enrollment" in the plan.
 - ◆ The above list is compiled from the DOH list of integrated plans [here](#) - scroll down to last tab for *Integrated Plans for Dually Eligible Program (IB-Dual) Offerings - 2025*. Scroll down to chart of plans. The column labeled Product Type - those marked as **MMC/HARP** are IB Dual/HARP plans. Check to make sure consumer's county is listed in the Service Area Column. In the last column labeled *Medicaid FFS Transition to IB-Dual* - if plan marked "YES" it means a consumer may enroll in that IB-Dual plan even if they were not in the HARP plan before they got Medicare -- but they must also enroll in the aligned D-SNP shown in the first 2 columns.
 - ◆ Download list of [SNP plans in NYS 2026 here](#). 1st tab is D-SNPs.
 - ◊ Column AF shows which IB-Dual plan is aligned with a particular D-SNP. Column J for these plans must be "HIDE" - the type of integrated status required for IB-Dual plans.
 - ◊ Column AD shows Medicaid Advantage Plus (MAP) plan is aligned with a particular D-SNP. Column J for these plans must be "FIDE."
 - ◆ The notice the HARP enrollee receives gives them the **right to opt-out of the D-SNP** and choose a different Medicare plan - whether Medicare Advantage or Original Medicare.
- This handout from Medicare Rights Center describes the basics of the process of default enrollment of HARP members into a Medicare D-SNP and to a MAP or IB-Dual plan.

- The detailed procedures used starting in Oct. 2025 are described in these State DOH documents, which include notices sent to the consumer and by who:
 - ◆ [The Dual Default Medicare File Process - MLTC Presentation \(PDF\) 9.18.2025](#)
 - ◊ [Medicare File \(M-File\) and Dual Default \(DF-File\) Process Training Questions and Answers - \(PDF\) - 10.2.2025](#)
- These members will receive a default enrollment notice into the **Medicare D-SNP** aligned with their HARP plan, if any - see sample [here](#). This is only for their MEDICARE services. They should receive this notice 60 days before the start of their Medicare enrollment.
- **How they will get their MEDICAID services** after their Medicare starts varies:
 - ◆ If the member is **in a nursing home** paid for by the HARP plan - they are disenrolled to Fee for Service Medicaid. See [NYS OMH Hospital Discharge to Skilled Nursing Facility for HARP Enrollees - Reference for Providers](#) (3/2025)
 - ◆ If the member was **NOT receiving any home care or other long-term care services** from the HARP plan, they may be "default enrolled" into the aligned D-SNP and also to an IB-Dual plan (Integrated Benefits for Duals). This is essentially their old HARP plan, but now it is called an IB-DUAL plan, an is secondary to Medicare coverage in the D-SNP.
 - ◊ Here are the active **IB-Dual HARP** plans as of August 2025. List is from the [August 2025 DOH managed care enrollment chart](#) - see HARP table tab - scroll over to Columns H-I.
 - ◊ **Integrated Benefits For Duals in HARP - plans**
 - ANTHEM BLUE CROSS AND BLUE SHIELD
 - EXCELLUS HEALTH PLAN
 - HEALTHFIRST PHSP
 - HIP OF GREATER NEW YORK
 - METROPLUS HEALTH PLAN
 - MOLINA HEALTHCARE OF NEW YORK
 - MVP HEALTH PLAN
 - NY QUALITY HEALTHCARE CORP (Fidelis)
 - UNITED HEALTHCARE

Total enrollment August 2025 -- 5,065
 - ◊ If the consumer is an HARP plan OTHER than the ones listed above, then that plan does not offer an IB-DUAL/HARP option. If they want to continue receiving HARP services, they would need to switch to BOTH

a Medicaid D-SNP that is "aligned" with one of the above IB-DUAL/HARP plans AND to the IB-Dual/HARP plan - if direct involvement is permitted in that plan. Plans that allow direct involvement are listed in the chart at [this link](#) - scroll down to

- ◊ Call NY Medicaid Choice for information.
- ◆ **If the member was receiving long-term care** services such as Personal care, CDPAP, private duty nursing or adult day care from the HARP plan, they will be "default-enrolled" into the "aligned" D-SNP and in the **Medicaid Advantage Plus (MAP) plan** operated by or "aligned with" the same insurance company that operates their HARP plan. These members receive [this default enrollment notice](#). MAP plans combine all Medicaid and Medicare services in one plan, with the Medicare services through the aligned D-SNP.
 - ◊ The MAP plan should continue the same Behavioral Health, CORE and long-term care services the HARP provided, as these are part of the MAP benefit package. Consumer should have ["transition rights"](#) to continue receiving the same services for at least 90 days. See [MLTC Policy 15.02](#).
 - ◊ **If there is no MAP plan aligned with the HARP plan, the consumer will be transitioned to a regular MLTC plan.** However, regular MLTC plans do not offer the Behavioral Health and CORE services the HARP provided, so the consumer will lose access to them. If the consumer needs the unique HARP services, they may consider enrolling in a different MAP plan and its aligned D-SNP.

ARCHIVE: 2015-2017 Adult Behavioral Health Managed Care- HARP Implementation Timeline -

See DOH website on Behavioral Health

The NYS Behavioral Health (BH) Transition Team for Medicaid, comprised of leads from OASAS, OMH, and DOH, is updating the target dates for implementing the transition of BH services. Click on [this link](#) for information about this transition, which involves new concepts in managed care -- Behavioral Health Organizations and Health and Recovery Plans (HARPs).

See this [MRT TRANSITION TO BEHAVIORAL HEALTH MANAGED CARE with Revised Timeline for target dates of implementation](#) starting in NYC in 2015 - with additional information about HARPs.

NYC Implementation

July 2015 - First Phase of HARP Enrollment Letters Distributed (see below for an explanation of initial enrollment process)

- 60,000 NY Medicaid Choice enrollment letters were distributed in three phases for enrollment in October, November and December 2015 (20,000 for each month). These are sent only to those identified as HARP-eligible because of their past usage of behavioral health services.
- Most people are receiving an "announcement" notice sent to people whose managed care plan is directly providing behavioral health services or is affiliated with its own HARP. They will be passively enrolled into that plan unless they opt out. Here is the second notice sent of passive enrollment. Some people are receiving a "voluntary" notice telling them to choose their own HARP because their plan does not offer one.

October 1, 2015 - Mainstream Plans and HARPs implement non-HCBS behavioral health services for enrolled members

October 2015-January 2016 - HARP enrollment phases in - see more below about passive enrollment

January 1, 2016 - HCBS begin for HARP population

Rest of State Implementation

June 30, 2015 - RFQ distributed (with expedited application for NYC designated Plans)

October 2015 - Conditional designation of Plans

October 2015-March 2016 - Plan Readiness Review Process

April 1, 2016 - First Phase of HARP Enrollment Letters Distributed

July 1, 2016 - Mainstream Plan Behavioral Health Management and Phased HARP Enrollment Begins

ChildrenÂ’s Behavioral Health Managed Care Timeline

January 1, 2017 - NYC and Long Island ChildrenÂ’s Transition to Managed Care

July 1, 2017 - Rest of State ChildrenÂ’s Transition to Managed Care

Explanation of Initial Enrollment Process (this is directly copied from State MRT webpage on Behavioral Health)

1. Individuals initially identified by NYS as HARP eligible, based on past usage of behavioral health services, who are already enrolled in an MCO with a HARP, will be

passively enrolled in that Plan's HARP.

- ◆ See "announcement notice" sent to people whose managed care plan is sponsoring its own behavioral health organization or HARP, telling them they will be passively enrolled unless they choose another HARP.
- ◆ See second notice from NY Medicaid Choice following up on the announcement notice, telling member they will be passively enrolled.
- ◆ Click here top view sample HARP Notices.

2. Individuals identified for passive enrollment will be contacted by the NYS Enrollment Broker. These are people who are in Medicaid managed care plans that have an affiliated HARP or which have been approved to manage the behavioral health services inside the plan.
3. They will be given 30 days to opt out or choose to enroll in another HARP.
4. Once enrolled in a HARP, members will be given 90 days to choose another HARP or return to Mainstream before they are locked into the HARP for 9 additional months (after which they are free to change Plans at any time).
5. Individuals initially identified as HARP eligible who are already enrolled in an MCO without a HARP will not be passively enrolled. They will be notified of their HARP eligibility and referred to the NYS Enrollment Broker to help them decide which Plan is right for them.
6. HARP eligible individuals in an HIV SNP will be able to receive HCBS services through the HIV SNP. They will also be given the opportunity to enroll in another HARP. They will be notified of their HARP eligibility and referred to the NYS Enrollment Broker to help them decide which Plan is right for them. They can switch back and forth between HARP and HIV SNP.

More Information and Contacts -

Call OMH customer relations line at 1-800-597-8481

E-mail bho-conference-room@omh.ny.gov

New York Medicaid Choice - for MAP or MLTC plans 1-888-401-6582 for IB-DUAL plans 1-800-505-5678

NYS Webpage on Integrated Care Plans for Dual Eligibles

NYS DOH 2019 OHIP/LCM-03 - HARP PLAN guidance

http://www.mctac.org/ - Managed Care Training Assistance Center for providers and managed care plans - has public information as well

- Plan Matrix - click on NYC borough to see how each managed care plan is providing the behavioral health services - through a HARP or behavioral health organization, and contact people for providers. Will add counties as they roll out.

FOR HELP -

- **Urban Justice Center Mental Health Law Project** Telephone: 877-MHP-LAW1
(877-647-5291)
◆ Email: mhp@urbanjustice.org

Hours Mon, Tue, Thur & Fri - by appointment only

Wednesdays we are open for walk-ins - 11am-4pm

- **ICAN NYS Ombudsprogram** - (844) 614-8800 [online intake form](#)

Rollout - policies from initial transition

[State webinars and policy](#) - webinar held Nov. 6, 2015 should be [posted here](#)

[FAQs](#) - DOH - October 2015

[FAQs for Consumers](#) - DOH - Sept. 2015

[NYS Policy Paper on Behavioral Health Transition](#) (Oct. 1, 2015)

[NYS Office of Mental Health - Policy & Guidance for Plans and Providers](#)

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