



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

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TO: All Providers - For Action

SUBJECT: New Jersey Care 2000+

EFFECTIVE: Immediately

PURPOSE: This newsletter has been developed to provide you with information regarding provisions contained in the mandatory managed care program and to share the answers to frequently asked questions that the Division of Medical Assistance and Health Services (DMAHS) has received over the past few months regarding the policies and procedures in the new Medicaid/NJ KidCare/NJ FamilyCare managed care contract.

BACKGROUND: Effective October 1, 2000, the New Jersey Division of Medical Assistance and Health Services (DMAHS) extended mandatory enrollment of its managed care program to the non-dually eligible Supplemental Security Income (SSI) Aged, Blind and Disabled (ABD) populations; non-dually-eligible New Jersey Care...Special Medicaid Programs for ABD populations; and non-dually eligible Division of Developmental Disabilities (DDD) beneficiaries, including participants in the DDD/Community Care Waiver (CCW). Division of Youth and Family Services (DYFS) beneficiaries and dually eligible ABDs may enroll voluntarily. Non-dually eligible beneficiaries are those eligible for Medicaid **but not** Medicare.

Concurrent with the implementation of mandatory managed care enrollment for these new populations, an expanded Medicaid/NJ KidCare/NJ FamilyCare managed care contract was implemented which set forth the terms, conditions, and requirements for Health Maintenance Organizations (HMOs) contracted to provide managed care services to New Jersey's Medicaid and NJ KidCare/NJ FamilyCare populations.

QUESTION: Are there any changes in the services that will be provided by the HMOs ?

ANSWER: Yes. 1) Outpatient rehabilitation services, physical therapy, occupational therapy and speech therapy, are now covered by the regular Fee-for-Service (FFS) Medicaid program only. 2) Home Health Agency services are provided by the HMO for all enrollees except non-dually eligible ABDs. For these individuals only, home health agency services are provided by the regular FFS Medicaid program. 3) Inpatient hospital expenditures for all organ transplants are covered by the HMOs. 4) Mental

Health/Substance Abuse services are covered by HMOs only for clients of the DDD. All other enrollees receive these services under the Medicaid FFS program.

QUESTION: How will FFS prior authorizations be addressed for the newly - mandated ABD populations?

ANSWER: When mandatory enrollment commences in each county, FFS prior authorizations for the ABD populations shall not exceed 60-day periods. DMAHS staff will review and monitor the eligibility file for the HMO enrollment effective date and approve no more than 30 days post-HMO enrollment. Durable medical equipment, especially customized equipment, prior authorized by DMAHS prior to an individual's effective HMO enrollment date will be paid FFS.

QUESTION: In the new contract, will reimbursement for physical, occupational and speech pathology services be administered by Medicaid FFS or the HMO?

ANSWER: Eligible outpatient rehabilitation services (physical, occupational and speech therapy) will be reimbursed through the fee-for-service Medicaid program to qualified Medicaid participating providers, i.e. hospitals, independent clinics.

QUESTION: What types of transportation services will be covered by the HMO?

ANSWER: The transportation services covered by the HMOs are: ambulance, mobile intensive care units (MICUs) and mobility assistance vehicles (including lift equipped vehicles).

Note: Enrollment verification and authorization are required through the HMO.

Lower modes of transportation, continue to be covered by the Medicaid FFS program. Note: Enrollment verification and authorization are required through the county boards of social services. Exception: For beneficiaries residing in Essex or Hudson counties, authorization (required) for livery service may be obtained by contacting the respective Medical Assistance Customer Center (MACC).

QUESTION: I have a patient who is currently awaiting exemption status through the Health Benefits Coordinator (HBC). Whom do I bill for the services I recently rendered to her/him?

ANSWER: Eligible services can continue to be submitted for reimbursement under the fee-for-service Medicaid program until a determination to deny an exemption request is made. If the exemption is denied, the individual will subsequently be enrolled in an HMO and his/her Medicaid identification card will indicate the HMO enrollment status.

QUESTION: Many of my patients require extensive education and need an understanding of their current benefits through FFS. Who is going to help them understand their responsibilities under the HMO?

ANSWER: The HMOs are trained on issues related to people with disabilities, and they have care managers to assist people with disabilities to coordinate their care. Additionally, HBC staff is another resource for the beneficiary or caregiver to contact, as they will assist them in the enrollment process as well as to serve as point persons to get them to the right source for additional information.

QUESTION: I currently accept fee-for-service Medicaid SSI patients. Do I have to become a participating provider with the HMOs?

ANSWER: You are not required to participate with an HMO, however, it is recommended that you become a participating provider in order to continue to see these same patients to maintain continuity of care for patients. Once enrolled, Medicaid beneficiaries must utilize the providers under contract with or approved by the HMO. The current contracting HMOs are listed below.

QUESTION: I want to become a participating provider in the managed care program. What do I do?

ANSWER: Contact the HMOs' Provider Units directly. Below is a listing of each current contracting HMO and their service areas:

AETNA US Healthcare

Physical Health and Dental Provider Network in Essex, Hudson, Middlesex and Monmouth Counties - 800/852-0629.

Physical Health and Dental Provider Network in Burlington, Camden, Cumberland, Gloucester and Mercer Counties – 800/624-0756.

Behavioral Health Network – 973/515-2946.

Service Area: Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Passaic Counties

AmeriChoice Health Services, Inc. (formerly Managed Healthcare Systems)

Physical Health and Dental Provider Network – 973/297-5549

Behavioral Health Network – 212/898-8310

Service Area: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren Counties

AMERIGROUP New Jersey, Inc. (doing business as Americaid Community Care)

Physical Health and Dental Provider Network – 800/454-3730

Behavioral Health Network – 800/454-3730

Service Area: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Union and Warren Counties

Horizon Mercy

Physical Health and Dental Provider Network – 973/771-0950 Ext. 693

Behavioral Health Network – 973/515-2946

Service Area: Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union and Warren Counties

Physicians Health Services of New Jersey, Inc.

Physical Health and Dental Provider Network – 732/643-7290

Behavioral Health Network – 800/831-4879 Ext. 2372

Service Area: Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Ocean, Passaic, Salem, Somerset and Union Counties

University Health Plans, Inc.

Physical Health and Dental Provider Network – 800/780-2438

Behavioral Health Network – 732/418-8074

Service Area: Bergen, Burlington, Camden, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset and Union Counties.

QUESTION: What if one of my current ABD patients wants to select me for his or her PCP and my HMO panel is filled to the allowed capacity?

ANSWER: If the individual was a patient of yours prior to his or her enrollment in the HMO, even if your maximum HMO patient load has been reached, the individual can still select you as a PCP.

QUESTION: What population is not mandated to enroll in an HMO?

ANSWER: Those individuals who have both Medicaid and Medicare (also known as dually eligible) and children served by DYFS are not mandated to enroll; however they may voluntarily enroll any time. Individuals in nursing homes, developmental centers, institutions, and individuals in waiver programs (with the exception of DDD/CCW), individuals in out-of-state placements and individuals enrolled in an HMO not under

contract with the Department of Human Services are excluded from the mandatory managed care program.

QUESTION: Are DDD clients required to remain in the HMO they initially select?

ANSWER: No. DDD clients may change or transfer to another HMO by contacting the Health Benefits Coordinator (HBC) directly. The effective date of enrollment is the first day of the calendar month. The HBC will coordinate the disenrollment and the re-enrollment of the client's coverage and will confirm the effective date of coverage under the new HMO.

QUESTION: If I want to prescribe certain brand name drugs for my patients, will I be restricted from doing so by the HMOs?

ANSWER: The HMOs may establish a formulary of drugs and may require prior authorization of certain drugs before they can be dispensed. Please check with the individual HMOs about their policies and procedures for prescribing drugs. All HMO's also have an appeal process to handle provider disagreements about HMO prior authorization decisions.

QUESTION: I am a Primary Care Provider (PCP) and my patient selected me as her PCP, but my name did not appear on her card. What should she do ?

ANSWER: The patient should contact the member services unit of the HMO directly and request a PCP change. The toll free number is printed on the HMO identification card.

Visit our Web Site at <http://www.state.nj.us/humanservices/> click on Medical Assistance and then link to A Provider Update on New Jersey Care 2000+ and/or the Managed Care Contract to get more information.

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(BLUE TAB MARKED "5")**