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Newsletter

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TO: All Providers

SUBJECT: Automatic Assignment of Aged, Blind and Disabled (ABD) Beneficiaries into Health Maintenance Organizations (HMOs) in Camden County

EFFECTIVE: May 1, 2002

PURPOSE: To notify providers that the Division of Medical Assistance and Health Services (DMAHS) intends to begin to auto-assign all non-dually eligible (Medicaid, no Medicare), ABD beneficiaries who have not yet selected an HMO.

BACKGROUND: DMAHS has been providing mandatory managed care services to the AFDC/TANF and NJ KidCare/FamilyCare populations since 1995 and 1998, respectively, through the New Jersey Care 2000 program. On October 1, 2000, the program was expanded to move the ABD populations into mandatory managed care. The new, expanded program, New Jersey Care 2000+, requires all non-dually eligible ABD beneficiaries, and clients of the Division of Developmental Disabilities (DDD), including individuals enrolled in DDD's Community Care Waiver, to enroll in an HMO to receive their Medicaid benefits.

Education and outreach to these populations to encourage voluntary enrollment began on October 1, 2000, using a four-tiered approach, beginning with three counties: Camden, Mercer and Hudson. Beneficiaries in all counties have been outreached, and are now considered as a mandatory population. DMAHS and its contracted Health Benefits Coordinator (HBC) have been outreaching to these beneficiaries over the past 18 months to inform them about managed care, and to assist them with voluntary enrollment and selection of an HMO.

ACTION: On May 1, 2002, DMAHS will begin to auto-assign those remaining ABD beneficiaries who have not yet selected an HMO.

The auto-assignment process will be phased in on a county-by-county basis, beginning with Camden County on May 1, 2002. DMAHS will monitor and evaluate the auto-assignment as it progresses in Camden County, and determine when to proceed with the additional counties.

Beneficiaries received a postcard in the mail informing them that they were assigned to a specific HMO if they do not select a plan by April 8, 2002. The postcard included the toll-free phone number of the HBC to call, if the beneficiary had any questions, or would like to select another HMO prior to the deadline for enrollment.

An ABD beneficiary who is auto-assigned to an HMO can choose to select another plan at any time, by calling the HBC to request another HMO. The transfer will be effective approximately 45 days following the transfer request. AFDC/TANF beneficiaries continue to be able to request a transfer to another HMO during the first 90 days of their enrollment, without cause, and any time for good cause.

Additionally, a beneficiary may apply for an exemption from mandatory managed care by contacting the HBC to request an exemption form. DMAHS has identified a number of situations in which a beneficiary may qualify for an exemption. Exemption requests are reviewed and determined on a case-by-case basis.

To assure that you can continue to provide services to your patients who are required to enroll, or who may elect to enroll, in a Medicaid-contracted HMO, please let your patients know in which HMOs you participate. You must be a part of the provider network in a Medicaid-contracted HMO in order to provide services to your patients who are enrolled in that organization. Patients may select their HMO based on whether a specific provider is in that network.

Please call the provider services telephone number of any of the Medicaid-contracted plans listed below for information regarding provider applications. Patients may call the member services telephone number of any of the Medicaid-contracted HMOs with questions they may have, such as questions about changes in enrollment or primary care provider selection.

Any questions regarding the auto-assignment process, or Medicaid managed care should be directed to the managed care hotline at 1-800-356-1561.

Telephone Numbers of Medicaid-contracted HMOs

AmeriChoice of New Jersey, Inc.

Member Services	1-800-941-4647
Provider Services	1-888-362-3368

AMERIGROUP

Member Services	1-800-600-4441
Provider Services	1-800-454-3730

Health Net of New Jersey, Inc.

(formerly known as Physicians Health Services of New Jersey)

Member Services	1-800-555-2604
Provider Services	1-800-963-6286

Horizon Mercy

Member Services	1-800-656-3729
Provider Services	1-800-682-9091

University Health Plans

Member Services	1-800-564-6847
Provider Services	1-973-623-8700

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