



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

NEWSLETTER

Volume 12 No. 39

May 2002

TO: All Providers - For Information
HMOs - For Network Provider Information

SUBJECT: New Jersey Care 2000+
Medicaid's Managed Care Program

EFFECTIVE: Immediately

PURPOSE: To provide information about New Jersey Care 2000+

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) administers a managed health care program called **New Jersey Care 2000+**. The Division has mandated that most eligible Medicaid/NJ FamilyCare beneficiaries enroll in a health maintenance organization (HMO). This newsletter describes who is required to enroll in an HMO, who is permitted to enroll voluntarily, and who is not permitted to enroll.

This newsletter also lists the telephone numbers of the Medicaid-contracted HMOs and other helpful provider contact numbers.

ACTION: 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.

The following beneficiaries **are mandated** to enroll in a Medicaid-contracted HMO:

1. Families with children;
2. Children, except as noted below;
3. Single adults and couples without children who are enrolled in NJ FamilyCare;
4. Pregnant women;
5. Aged, blind or disabled individuals who are not Medicare eligible; and
6. Individuals enrolled in the Community Care Waiver under the Division of Developmental Disabilities.

The following beneficiaries **are not mandated** to enroll, but may elect to enroll in a Medicaid-contracted HMO:

1. Aged, blind, or disabled individuals who are covered by both Medicaid and Medicare (referred to as "*dual eligible*"); and
2. Children in special placement, such as Division of Youth and Family Services foster care clients.

The following beneficiaries **are not permitted** to enroll in a Medicaid-contracted HMO:

1. Certain elderly and disabled individuals who are enrolled in the Community Care Program for the Elderly and Disabled;
2. Individuals living in assisted living programs or in institutional placements, including, for example, nursing facilities;
3. Individuals with AIDS who are enrolled in the AIDS Community Care Alternative Program;
4. Individuals enrolled in the Traumatic Brain Injury Program;
5. Individuals in the Home and Community-Based Waiver Programs, Model Waivers and ABC Waivers;
6. Individuals in out-of-State placements;
7. Beneficiaries who are enrolled in a Medicare or private HMO that does not contract with Medicaid;
8. Individuals in the Medically Needy, Presumptive Eligibility, Home Care Expansion or PACE programs; and
9. Full-time students attending school and residing out of the country.

Medicaid-contracted HMOs

▪ **AmeriChoice of New Jersey, Inc.**

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

▪ **AMERIGROUP New Jersey, Inc.**

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

▪ **Horizon Mercy**

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

▪ **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

• **University Health Plans, Inc.**

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

Enrollment Process

Your patients may be enrolled in a Medicaid HMO voluntarily, based on their own choice, or may be enrolled by auto-assignment, based on a choice made for them.

Maximus, the State-contracted Health Benefits Coordinator (HBC), is responsible for beneficiary outreach, education and enrollment. **New Jersey Care 2000+** enrollment packages have been mailed to all of the ABD population identified as required to enroll. ABD beneficiary enrollment is being accomplished through a systematic phase-in of counties throughout the State. However, all counties are now considered mandatory.

Any beneficiary who needs assistance with completing enrollment forms or selecting an HMO should be referred to the **HBC at 1-800-701-0710, TTY 1-800-701-0720**. The HBC also conducts enrollment events at numerous community-based agencies throughout the State. The HBC can assist individuals with special communication needs through TDD/TTY services. For information on participating providers, individuals may telephone the HBC, an HMO's Member Services unit, or may contact a provider's office. Providers should refer individuals to the HBC for enrollment in a Medicaid-contracted HMO.

It takes approximately 30 to 45 days after an enrollment package is received by the HBC for the enrollment to become effective. Enrollments are always effective on the first of the month. The HMO will send the beneficiary a member handbook and member identification card. A new Medicaid identification card will be sent to the enrollee that includes the name and toll-free number of the HMO.

Auto-assignment to HMOs:

Beneficiaries who are mandated to enroll in an HMO must select a plan within a prescribed timeframe or they will be auto-assigned; that is, a plan will be selected for them. The schedule for auto-assignment of ABD beneficiaries will be communicated via a future newsletter.

Contract Changes Effective July 1, 2001:

The Medicaid and NJ FamilyCare managed care contract may be found on the DMAHS' webpage at www.state.nj.us/humanservices/dmahs/hmo-contract-2001.pdf.

Recent changes/updates to the contract include:

1. Protease inhibitors (First Data Bank Specific Therapeutic Class Code W5C) and other anti-retroviral agents (First Data Bank Specific Therapeutic Class Code W5B) are covered by the HMO for all enrollees except for: NJ FamilyCare Plan A adults without dependent children under the age of 19 and NJ FamilyCare Plan D parents/caretakers and adults without dependent children under the age of 23 (Health Access). (For these exceptions, these drugs are reimbursed through Medicaid fee-for-service and the AIDS Drug Distribution Program.)
2. The drug Ziprasidone is reimbursed directly by the Medicaid fee-for-service program.
3. EPSDT and lead screening requirements have been expanded.
4. HMOs may outreach to and enroll the ABD population.

Additional Beneficiary and Provider Assistance

- **Medical Assistance Hotline**..... **1-800-356-1561**
Information and referral for Medicaid beneficiaries and providers
Hours: Monday through Friday from 9:00 a.m. to 5:00 p.m.
- **Fraud and Abuse Hotline**..... **1-888-937-2835 or 1-888-692-2140**
For providers and beneficiaries to report Medicaid and PAAD fraud and abuse
Hours: Monday through Friday 9:00 a.m. to 5:00 p.m.
- **Medicaid Dental Bureau Hotline**..... **1-800-782-0181**
For providers needing prior authorization and other dental information and for beneficiary inquiries
Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.
- **New Jersey Care 2000+ Hotline****1-800-701-0710/TTY 1-800-701-0720**
Health Benefits Coordinator for beneficiaries to enroll, change plans, inquire about provider participation, and other inquiries about **New Jersey Care 2000+** and NJ FamilyCare
Hours: Monday and Thursday 8:00 a.m. to 8:00 p.m.
Tuesday, Wednesday and Friday 8:00 a.m. to 5:00 p.m.
- **REVS Hotline** (Recipient Eligibility Verification System)..... **1-800-676-6562**
For providers to verify Medicaid eligibility of beneficiaries
Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.
- **Provider Services Hotline at Unisys**.....**1-800-776-6334**
For provider inquiries about billing claims
Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.
- **PAAD Hotline****1-800-792-9745**
Pharmaceutical Assistance for the Aged and Disabled
Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.

Note: Hotlines are not accessible when New Jersey State government offices are closed.

Providers interested in managed care presentations may inquire about them by calling the Medical Assistance Hotline at 1-800-356-1561. Providers may also contact the Medical Assistance Customer Centers (MACCs), which are located in many counties, for information. Telephone numbers for MACCs can be found on the DMAHS web site, www.state.nj.us/humanservices/dmahs

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