



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

NEWSLETTER

Volume 17 No. 03

February 2007

TO: All Providers – For Action

SUBJECT: Automatic Assignment of Aged, Blind and Disabled (ABD) Beneficiaries to Health Maintenance Organizations (HMOs) in Atlantic, Gloucester, Sussex and Warren Counties

EFFECTIVE: April 2007

PURPOSE: To notify providers that the Division of Medical Assistance and Health Services (DMAHS) will begin to auto-assign to an HMO all non-dually eligible (that is, Medicaid, not Medicare) ABD beneficiaries residing in Atlantic, Gloucester, Sussex and Warren Counties who have not selected an HMO by April 1, 2007.

BACKGROUND: Currently, DMAHS provides mandatory managed care services to AFDC/TANF/NJ FamilyCare beneficiaries who receive health care through Medicaid. Individuals who receive health care through both Medicaid and Medicare (dual eligibles) are not required to enroll in managed care, but may do so voluntarily. The April 2007 expansion of mandatory managed care services will require all non-dually eligible ABD beneficiaries, including clients of the Division of Developmental Disabilities (DDD) and individuals enrolled in DDD's Community Care Waiver, to enroll in and to receive their Medicaid benefits from an HMO.

ACTION: In January 2007, DMAHS began an education and outreach program to encourage beneficiaries residing in Atlantic, Gloucester, Sussex and Warren Counties to enroll in an HMO. DMAHS and its contracted Health Benefits Coordinator (HBC), Affiliated Computer Systems (ACS), will be contacting beneficiaries in these four counties over the next several months to inform them about managed care and to assist them with voluntary enrollment and the selection of an HMO.

The auto-assignment process will be phased in on a county-by-county basis beginning with Atlantic, Gloucester, Sussex and Warren Counties. DMAHS will monitor and evaluate the auto-assignment process as it progresses and will schedule auto-enrollment in the remaining counties as appropriate.

Beneficiaries in Atlantic, Gloucester, Sussex and Warren Counties will receive mailings about the enrollment process, which will include information about the specific Medicaid HMOs and how to enroll in the Medicaid HMO of their choice.

Beneficiaries who do not voluntarily enroll in a Medicaid HMO by April 1, 2007 will then receive a letter informing them of their assignment to a specific Medicaid HMO. The assignment letter will include the Health Benefits Coordinator's toll-free phone numbers to call with any questions, or to request a change to a different Medicaid HMO.

Any ABD beneficiary who is auto-assigned to an HMO may select another Medicaid HMO at any time by calling the HBC to request a change. The transfer to the new HMO will become effective approximately 45 days following the beneficiary's request to change.

Additionally, any beneficiary may apply for an exemption from mandatory managed care enrollment to receive health care through the Medicaid fee-for-service program by contacting the HBC to request an exemption. Exemption requests will be reviewed in the order received.

To assure that you can continue to provide services to your patients who are Medicaid beneficiaries and are required to enroll, or who may elect to enroll, in a Medicaid-contracted HMO, please let your patients know in which Medicaid HMO provider network 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 Medicaid HMO based on whether a specific provider is in that network.

Please call the provider services telephone number of any of the Medicaid-contracted HMOs 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 HMO auto-assignment process, applying for an exemption, or this newsletter should be directed to the Division's hotline at 1-800-356-1561. Questions about a particular Medicaid HMO should be directed to the specific HMOs at the telephone numbers below.

Telephone Numbers of Medicaid 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

Health Net of New Jersey, Inc.

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

Horizon NJ Health

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

University Health Plans, Inc.

Member Services 1-800-564-6847
Provider Services 1-800-780-2438

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