



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

# NEWSLETTER

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Volume 18 No. 02

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**TO:** All Providers – For Action

**SUBJECT:** Automatic Assignment of Aged, Blind and Disabled (ABD) Clients to Health Maintenance Organizations (HMOs) in Burlington, Cape May, Essex and Mercer Counties

**EFFECTIVE:** July 2008

**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 clients residing in Burlington, Cape May, Essex and Mercer Counties who have not selected an HMO by July 1, 2008.

**BACKGROUND:** Currently, DMAHS provides mandatory managed care services to AFDC/TANF/NJ FamilyCare clients who receive health care through NJ FamilyCare/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 July 2008 expansion of mandatory managed care services will require all non-dually eligible ABD clients, 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 April 2008, DMAHS began an education and outreach program to encourage ABD clients residing in Burlington, Cape May, Essex and Mercer 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 is statewide and is being phased in on a county-by-county basis. DMAHS will monitor and evaluate the auto-assignment process as it progresses and will schedule auto-enrollment in the remaining counties as appropriate.

ABD clients in Burlington, Cape May, Essex and Mercer 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.

Clients who do not voluntarily enroll in a Medicaid HMO by June 17, 2008 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 client 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 client's request to change.

Additionally, any client 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 clients 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(s) 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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