



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

NEWSLETTER

Volume 21 - Number 19

August 2011

- TO:** ALL Providers – For Action
Health Maintenance Organizations - For Information Only
- SUBJECT:** Revised Mandatory Enrollment of Medicaid Clients into Managed Care
- EFFECTIVE:** July 1, 2011
- PURPOSE:** To correct a previous newsletter which notified providers and HMOs that many of the services previously delivered by Medicaid-fee-for-service will be provided by the State's participating managed care health plans. Newsletter Volume 21- Number 13 mistakenly stated individuals **with** cystic fibrosis would be excluded from the managed care requirement.
- BACKGROUND:** The Department of Human Services' proposed fiscal year 2012 budget initiatives include moving some client populations and certain covered services from Medicaid fee-for-service into the existing Medicaid managed care system.
- ACTION:** Beginning July 1, 2011, most Medicaid recipients and those previously exempted or excluded from Medicaid managed care will be assigned to a managed Medicaid health plan. Beginning in the fall, those clients who are dually eligible for Medicare and Medicaid as well as those enrolled in waiver programs shall be assigned to a Medicaid managed health plan. Those individuals that will continue to be excluded from managed care assignments are:
- Individuals receiving General Assistance
 - Individuals in Medically Needy
 - Individuals in ICF/IDs
 - Individuals in inpatient psychiatric hospitals
 - Individuals in the PACE program
 - Individuals in nursing facilities-long term
 - Individuals in out of state placements
 - Individuals in the cystic fibrosis program (program status code 760 only)
 - Fee-for-service newborns
 - Presumptively eligible pregnant women, and
 - Presumptive eligible children.

Please let your Medicaid patients know the Medicaid managed care health plans in which you participate.

Please call the appropriate managed care provider services telephone number listed below for information regarding provider applications. Your patients may call you or the member services number to find out if a provider participates in their network.

Telephone Numbers of NJ FamilyCare/Medicaid Participating Health Plans

Amerigroup New Jersey, Inc.

Member Services: 1-800-600-4441 TTY # 1-800-855-2880
Provider Services: 1-800-454-3730

Healthfirst Health Plan of New Jersey, Inc.

Member Services: 1-888-464-4365 TTY # 1-800-852-7897
Provider Services: 1-866-889-2523

Horizon NJ Health

Member Services: 1-877-765-4325 TTY # 1-800-654-5505
Provider Services: 1-800-682-9091

**United Healthcare Community Plan
(formerly AmeriChoice of New Jersey, Inc.)**

Member Services: 1-800-941-4647 TTY # 711
Provider Services: 1-888-362-3368

In addition to changes in enrollment, there are several changes in service provision. Medicaid HMO plans, in addition to those services currently provided, will now provide home health agency services, pharmacy services, personal care assistant services (except for services in the Personal Preference Program), physical therapy, occupational therapy, speech therapy and adult and pediatric medical day care services. Medicaid HMO plans will no longer provide non-emergent medical transportation. This service shall be provided by the State's transportation broker, LogistiCare Solutions. Medicaid HMO plans shall retain responsibility for emergency transportation.

Also note, **Medicaid will no longer cover co-payments for Medicare Part D pharmacy services.**

If you have any questions concerning this Newsletter, please contact the Office of Customer Service at (609) 631-4641.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE