



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

# NEWSLETTER

Volume 4 No. 7

January 1994

**TO:** All Medicaid Participating Providers

**SUBJECT:** New HMO available to Medicaid Eligibles Residing in Camden County

**EFFECTIVE:** For Services Provided On or After December 1, 1993

**BACKGROUND:** Medigroup South, Inc., doing business as HMO Blue, is a health maintenance organization (HMO) operating in Camden County. Medigroup South, Inc. has contracted with the Division of Medical Assistance and Health Services (DMAHS) to provide a package of managed care services to certain Camden County Medicaid eligibles. The Plan will be administered by Mercy Health Plan of New Jersey (referred to below simply as MHPNJ).

To enroll in this HMO, the Medicaid eligible must be a resident of Camden County and be eligible for certain categories of assistance. Enrollment by Medicaid eligibles in MHPNJ is voluntary. Certain client groups are not eligible to enroll.

Enrollees in MHPNJ will be uniquely identified by having a message printed on their Medicaid ID card which states, "RESTRICTED USE HMO--CALL 1-800-682-9090" (see samples on pages 6 and 7 of this Newsletter). If you see this message, ask to see the eligibles's MHPNJ Member ID card (sample on page 8 of this Newsletter).

**PURPOSE:** The purpose of this Newsletter is to define the Medicaid services, including any limitations, that will be provided to the voluntary enrollees by MHPNJ as well as Medicaid services not covered by MHPNJ.

MHPNJ is responsible for providing the following medically necessary services to its Medicaid members on a 24 hour, 7 day-a-week basis. Except as specifically indicated, these services are equal to the scope of service provided in the regular Medicaid program and are provided through the authorization of the primary care physicians of MHPNJ.

1. Primary care services
  - physician services
  - independent clinic services;
2. All other physician specialist services;
3. Inpatient hospital services;
4. Outpatient hospital services;
5. Preventive health care services including EPSDT approved equivalent services for enrollees under 21 years of age;
6. Laboratory and radiology (diagnostic and therapeutic) services;
7. Home health agency services and personal care assistant services  
**LIMITATION** - Personal care assistants must be State certified as Homemaker/Home Health Aides;
8. Hospice services  
**LIMITATION** - Hospice services will be provided in coordination with a primary or other third party payer who is primarily responsible for care. MHPNJ will be the secondary payer. If no other third party coverage exists, MHPNJ will be the primary payer;
9. Optometric services;
10. Podiatric services;
11. Rehabilitation services including physical therapy, occupational therapy, speech pathology and audiology  
**LIMITATION** - 60 outpatient visits per contract year per therapy, per enrollee. Further care for physical therapy, occupational therapy, and treatment for speech-language, or hearing disorders may be approved if the Primary Care Physician recertifies the need for continued services based on documented improvement;
12. Medical transportation including ambulance, Mobile Intensive Care Unit (MICU) service and invalid coach;
13. Mental health services including psychologist services  
**LIMITATION** - 30 inpatient days per contract year per enrollee and 60 outpatient visits per contract year per enrollee;
14. Diagnosis and medical treatment for substance abuse-addiction to alcohol or drugs, including detoxification and referral services  
**LIMITATION** - 30 inpatient days per enrollee per contract year and 60 outpatient visits per enrollee per contract year;
15. Prosthetics and orthotics;
16. Organ transplants (heart, heart/lung, lung, kidney, liver, bone marrow and cornea). Donor and recipient costs are included;
17. Medical supplies;
18. Durable medical equipment;
19. Chiropractic services  
**LIMITATION** - Services limited to manual manipulation of the subluxation of the spine;
20. Prescription drugs;
21. Dental services;
22. Optical appliances (up to \$100 every 2 years);
23. Hearing aid services;
24. Family Planning Services and infertility services  
**PLEASE NOTE** - Under this contract, family planning services and supplies and infertility services are not restricted. Family planning services rendered by a Medicaid approved provider who is not a part

of the MHPNJ network of family planning providers will be reimbursed by Medicaid on a fee-for-service basis

- LIMITATION - In-vitro fertilization is not covered;
25. Private Duty Nursing only when provided as a result of an EPSDT screening;
  26. Nursing facility services (30 days per contract year per enrollee inclusive of any bed hold days).

Note - If a Medicaid recipient has an HMO restricted Medicaid Eligibility ID card and a Medicaid provider bills for a MHPNJ covered service, the claim will be rejected and returned to the billing provider.

When the specified maximum limitations have been met, MHPNJ will issue a member specific "Exhaustion of Benefits" (EOB) form identifying the service(s) which has been provided beyond the contract limitations. A MHPNJ member who is Medicaid eligible may continue to receive these services from a Medicaid provider through the end of the contract year noted on the EOB. The Medicaid provider will be reimbursed for the services which exceed limitations on a fee-for-service basis, under the existing rules and regulations of the New Jersey Medicaid fee-for-service program. To be reimbursed for the services, the Medicaid provider must attach a copy of the "Exhaustion of Benefits" form (See Exhibit 1 on page 5) to all claims for the specified time period stated on the form and submit the claims to Unisys, the Medicaid fiscal agent.

#### Medicaid Services not Provided by MHPNJ

The following Medicaid services or items are not provided by MHPNJ. Medicaid members of this HMO may obtain these services from Medicaid providers who will be reimbursed by the Medicaid fiscal agent under existing rules and regulations of the New Jersey Medicaid program:

1. Cost of Methadone and its administration;
2. Elective/Induced Abortions;
3. Certified Nurse-Midwife services;
4. Livery services (transportation);
5. Case Management services targeted to seriously mentally ill persons to assist the individual in gaining access to needed medical, social, educational and other services;
6. Medical Day Care;
7. Community-Based Waiver services;
8. School-based rehabilitative services provided under a child's Individualized Education Program (IEP);
9. Early intervention rehabilitative services provided under a child's Individualized Family Service Plan (IFSP).

#### Emergency Services

MHPNJ shall provide, or shall arrange to have available, emergency care on a 24 hour, seven day-a-week basis. To obtain emergency care the MHPNJ member must contact his/her Primary Care Physician designated on the ID/enrollment card.

The Primary Care Physician will direct the member to the closest affiliated hospital emergency room when appropriate or an alternative treatment setting as needed. The Primary Care Physician will advise the emergency room staff in advance to receive and treat the member. All follow-up treatment required by the member will be coordinated by the member's designated Primary Care Physician.

For life-threatening or organ-threatening conditions that require immediate emergency care and the member is unable to call the Primary Care Physician, a member may seek care at the nearest emergency room. However, if a member requires hospital admission, the hospital must contact MHPNJ to coordinate the remaining care needed by the member.

Hospitals must always call MHPNJ to verify HMO coverage prior to any treatment or admission. The toll-free number is 1-800-682-9094. Hospital and physician claims for emergency care must be submitted to:

MHPNJ  
3 Penn Plaza East (16P/MJL)  
Newark, New Jersey 07105-2200

### Identification

A MHPNJ member who is Medicaid eligible will be issued an MHPNJ identification card and a monthly Medicaid ID card. The Medicaid ID card will be imprinted with the restricted message, "Restricted Use-HMO Call 1-800-682-9090". Samples of the cards are included in this Newsletter.

**PROVIDERS ARE ENCOURAGED TO CAREFULLY REVIEW EACH MEDICAID ELIGIBLE'S MEDICAID ID FOR SUCH MESSAGES.**

**FUTURE DIRECTION** Please note that although this Newsletter is specific to MHPNJ, it is the intention of the New Jersey Medicaid program to enroll Medicaid eligibles with other contracting HMOs for the provision of the same health care services.

Questions regarding this Newsletter should be directed to Gail Larkin, Office of Managed Health Care, Division of Medical Assistance and Health Services, CN-712, Mail Code #40, Trenton, New Jersey 08625-0712 or call (609)588-2705.

Attachment

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**



3 Penn Plaza East, Newark, New Jersey 07105-2200

Date

Name of Provider

Address

Address

Address

Re: Exhaustion of HMO Managed Care Benefits

Dear "Provider":

This is to inform you that \_\_\_\_\_ Member's Name \_\_\_\_\_, Medicaid ID # \_\_\_\_\_, a member of HMO Blue's Medicaid Managed Care Program, administered by Mercy Health Plan of New Jersey (MHPNJ), has exhausted \_\_\_\_\_ Service Limitation \_\_\_\_\_ days of coverage for \_\_\_\_\_ Type of Service \_\_\_\_\_ effective \_\_\_\_\_ Date \_\_\_\_\_. However, an HMO Blue subscriber may continue to receive these services, and you as a Medicaid provider will be reimbursed under the existing rules and regulations of the New Jersey Medicaid Program during the remainder of the contract year, which ends \_\_\_\_\_.

A copy of this letter must be submitted with all claims. Should you have any questions, please contact the MHPNJ Provider Services Department at 1 (800) 682 - 9090.

Very truly yours,

To Be Identified  
Director, Provider Services

Sample of the restricted AFDC Medicaid Eligibility ID Card.

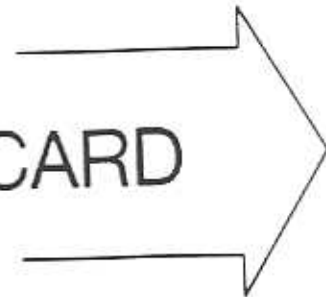
CC	CASE NUMBER	DATE	AD	TH
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XXXXXXXXXXCOUNTY BOARD OF SOCIAL SERVICES

your **MEDICAID**

**ELIGIBILITY CARD**

is attached



**VOID**

DEPARTMENT OF HUMAN SERVICES  
MEDICAID-ID

7848200

RESTRICTED USE HMO-CALL 1-800-682-9090  
VALID ONLY FOR THE MONTH OF  
MEDICAID HSP #

NOTICE TO PROVIDER

ELIGIBLE PERSONS	PER #	ELIGIBLE PERSONS	PER #
	11	<b>VOID</b>	
	12		
	13		
	14		
	15		
	16		
	17		
	18		
	19		
	20		

REQUEST PERSONAL IDENTIFICATION IF YOU DO NOT KNOW THE PATIENT.

PLEASE REPORT THE CASE NAME, CASE NUMBER, AND PERSON NUMBER ACCURATELY ON ALL CLAIM FORMS AND OTHER COMMUNICATIONS RELATING TO THE CLAIM.

Sample of the restricted SSI and DYFS Medicaid Eligibility ID Card.

STATE OF NEW JERSEY  
DEPARTMENT OF  
HUMAN SERVICES  
DIVISION OF  
MEDICAL ASSISTANCE  
AND  
HEALTH SERVICES

MEDICAID ELIGIBILITY IDENTIFICATION CARD

6728582

ADDITIONAL HEALTH INSURANCE

HSP (MEDICAID) CASE NO. PERSON NO.

RESTRICTED USE HMO  
CALL 1-800-682-9090

VALID FROM

TO

SOC. SEC. ACCT. NO.

DATE OF BIRTH

**VOID**

USE THIS CARD WHEN YOU NEED MEDICAL SERVICES

RECIPIENT'S SIGNATURE

IMPORTANT NOTICE

You must indicate your health insurance status on the appropriate Restricted Signature. You must also sign the card. The individual representing you must sign your name on the card and explain his/her relationship to you.

Immediately notify the Medicaid Control Office of the Division of Youth and Family Services, case manager or the County Welfare Agency, as appropriate.

1. if you have Medicare coverage or other health insurance not listed or incorrectly listed or
2. if any changes are necessary to the front of this card, or
3. if you have any questions regarding the use of this card, or
4. if this card is lost or stolen (unless the report of the loss or theft can be documented at the appropriate agency, you may be liable to repay Medicaid for any benefits obtained through its unauthorized use).

FEDERAL and STATE LAW make it a crime and set the punishment for persons who have been found guilty of making any false statement or representation of a material fact to receive any benefit or payment under the Medicaid Program. The Department of Human Services is required to make you aware of this law and to warn you against making any false statement in an application or in a fact used in determining the right to a benefit, or converting a benefit to the use of any person other than one for whom it was intended.

**THIS CARD IS NON-TRANSFERABLE UNDER PENALTY OF LAW. NOTICE TO PROVIDERS**

The printed name which appears directly above the line for Recipient's Signature on this card is the MEDICAID eligible person. This name identifies that person ONLY (except AFDC can include spouse/children listed with PERSON NUMBERS) as being eligible for MEDICAID benefits within the time period shown. If the name of a "REPRESENTATIVE PAYEE" appears on this card, that individual is not eligible for Medicaid benefits.

\* Ask the cardholder if there is Medicare coverage or other health insurance not listed. Please indicate this information in the appropriate area on the claim form. Prior to billing Medicaid you are to bill other third party payers in accordance with N.J.A.C. 17:27.

Sample of the MHPNJ Member Identification Card.

<b>MERCY HEALTH PLAN of New Jersey</b>		<i>on behalf of</i> <b>HMO Blue</b>
NAME	MHP OF NJ ID #	
DOCTOR	PHONE #	
DENTIST	PHONE #	
EFFECTIVE DATE		
Not Transferable		

FRONT

<b>MERCY HEALTH PLAN of New Jersey</b> <small>(administrator)</small>	<b>3 Penn Plaza East Newark, NJ 07105-2200</b>
<b>Member Services</b>	<b>1-800-682-9098</b>
<b>Quality Review/Inpatient Services</b>	<b>1-800-682-9094</b>
<b>Mental Health, Drug and Alcohol Services</b>	<b>1-800-554-1941</b>
<p>* <b>How to use this card:</b> Always carry this ID card. You must use your selected Primary Care Doctor for medical care. If you need to see a specialty doctor, you must get a referral from your Primary Care Doctor.</p> <p>* <b>Emergencies:</b> When your medical situation is very serious or life and death, go to the nearest emergency room. Call your Primary Care Doctor if you can. If you get emergency care, someone must call your Primary Care Doctor within 24 hours.</p> <p>* Hospitals must call Mercy Health Plan of New Jersey to verify coverage prior to any admission.</p>	
Pharmacies: PAID Prescriptions, Inc. group MERCYNJ	

BACK