



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

NEWSLETTER

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TO: All Medicaid Providers

SUBJECT: Implementation of New Jersey Care 2000

EFFECTIVE: September 1, 1995

PURPOSE: To inform providers of changes in Medicaid's managed care program beginning September 1, 1995

NEW JERSEY MEDICAID HAS BECOME NEW JERSEY CARE 2000 EFFECTIVE SEPTEMBER 1, 1995. Two groups of Medicaid-eligible persons who reside in Camden, Essex, Gloucester and Hudson counties will be required to enroll in an HMO to receive their Medicaid health care services: (1) AFDC beneficiaries and (2) pregnant women and children who are beneficiaries under the New Jersey Care....Special Medicaid programs. Aged, Blind and Disabled beneficiaries who are Medicaid eligible either through SSI or through New Jersey Care....Special Medicaid programs may voluntarily enroll in an HMO under New Jersey Care 2000, but are not required to join.

Another important change occurring September 1, 1995, is that all non-governmental HMOs are operating under the same mandatory contract provisions, whether enrollment in their county of operation is mandated or not. This means that throughout the State, all Medicaid beneficiaries enrolled in HMOs have access to the same Medicaid services through the HMO as required by the HMO mandatory contract.

In late August 1995, Medicaid, through Foundation Health Federal Services, who is acting as our Health Benefits Coordinator, began a six-month process of outreaching and enrolling the beneficiaries in Camden, Hudson and Gloucester Counties who will be mandated to join an HMO. The State will initiate the outreach for Essex County AFDC beneficiaries and New Jersey Care... Special Medicaid Programs Pregnant Women and Children sometime after mandatory enrollment begins in the first three counties.

To identify whether or not a Medicaid beneficiary is enrolled in an HMO, please check his/her Medicaid Eligibility Identification Card. All Medicaid HMO members will have this message on their Medicaid ID card: **"Enrolled in HMO XYZ, 1-800-XXX-XXXX."**

Effective on September 1, 1995, there are several benefit changes in the contract between the Division and the HMOs providing services to Medicaid beneficiaries:

- Behavioral Health - Medicaid HMO members will no longer obtain behavioral health services (mental health and substance abuse services) through the HMO in which they are enrolled. Effective September 1, 1995, all such services will be obtained from any Medicaid approved participating provider. Billing for the provision of all such services will be to UNISYS, the fiscal agent. It is important to note, however, that reimbursement for any and all drugs prescribed for the treatment of mental health and substance abuse remain the responsibility of the HMO. A pharmacist dispensing these drugs must participate in the pharmacy network of the Medicaid member's HMO. In addition, any ambulance, mobile intensive care unit (MICU) or invalid coach transportation provided for behavioral health services also remain the responsibility of the HMO. A transportation provider providing ambulance, MICU or invalid coach services must participate in the transportation network of the Medicaid member's HMO.
- Personal Care Assistant Services - Similar to Behavioral Health services, Medicaid HMO members will no longer obtain Personal Care Assistant Services through the HMO in which they are enrolled. Effective September 1, 1995, all such services will be obtained from any Medicaid approved participating provider. Billing for the provision of all such services will be to UNISYS, the fiscal agent.
- Nursing Facility Services - Prior to September 1, 1995, the first 30 days of nursing facility services were covered by the HMO. Effective September 1, 1995, HMOs are no longer responsible for such nursing facility services. Billing for the provision of all such services will be to UNISYS, the fiscal agent.

Please remember that provision of Medicaid services that are not covered under the HMO contract are subject to all Medicaid rules and regulations.

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