



*Published by the
N.J. Dept. of Human Services,
Div. of Medical Assistance & Health
Services*

Medicaid Alert

MA-2002-06

May 2002

TO: All Pharmacy Providers in Camden County

SUBJECT: Automatic Assignment of Aged, Blind and Disabled (ABD) beneficiaries in Camden County into Health Maintenance Organizations (HMOs)

EFFECTIVE: May 1, 2002

PURPOSE: To notify providers that, on May 1, 2002, the Division of Medical Assistance and Health Services (DMAHS) began to auto-assign all non-dually eligible (Medicaid, no Medicare) ABD beneficiaries in Camden County who had not yet selected an HMO.

BACKGROUND: DMAHS has been providing mandatory managed care services to the AFDC/TANF and NJ KidCare/FamilyCare populations since 1995 and 1998, respectively, through the New Jersey Care 2000 program. On October 1, 2000, the program was expanded to move the ABD populations into mandatory managed care. The new, expanded program, New Jersey Care 2000+, requires all non-dually eligible ABD beneficiaries, and clients of the Division of Developmental Disabilities (DDD), including individuals enrolled in DDD's Community Care Waiver, to enroll in an HMO to receive their Medicaid benefits.

Education and outreach to these populations to encourage voluntary enrollment began on October 1, 2000, using a four-tiered approach, beginning with three counties: Camden, Mercer and Hudson. Beneficiaries in all counties have been outreached, and are now considered as a mandatory population. DMAHS and its contracted Health Benefits Coordinator (HBC) have been outreaching to these beneficiaries over the past 18 months to inform them about managed care, and to assist them with voluntary enrollment and selection of an HMO.

ACTION: On May 1, 2002, DMAHS began to auto-assign those remaining ABD beneficiaries who had not yet selected an HMO.

The auto-assignment process will be phased in on a county-by-county basis, beginning with Camden County on May 1, 2002. DMAHS will monitor and evaluate the auto-assignment as it progresses in Camden County, and determine when to proceed with the additional counties.

The following provides information specific to prescription drug services under Medicaid/NJ FamilyCare managed care programs.

All prescription drugs (legend and non-legend that are covered by the regular Medicaid program) are the responsibility of the HMO for all enrolled Medicaid and NJ FamilyCare individuals with some exceptions. The fee-for-service Medicaid program reimburses pharmacy providers directly for the following drugs for all DMAHS enrollees:

1. Clozapine and any generic equivalent
2. Risperidone and any generic equivalent
3. Olanzapine and any generic equivalent
4. Ziprasidone and any generic equivalent
5. Quetiapine and any generic equivalent
6. Methadone

Protease inhibitors and other anti-retroviral agents are covered by the HMO for all enrollees except for: NJ FamilyCare Plan A adults without dependent children under the age of 19 and NJ FamilyCare Plan D parents/caretakers and adults without dependent children under the age of 23 (For these exceptions, these drugs are reimbursed through Medicaid fee-for-service and the AIDS Drug Distribution Program* [ADDP]).

*The AIDS Drug Distribution Program (ADDP) is sponsored by the Department of Health and Senior Services. The program provides life-sustaining and life-prolonging medications to persons who are HIV positive or who are living with AIDS and meet certain residency and income criteria for program participation.

FOR ALL OTHER DRUGS, pharmacy providers must follow HMO formulary and prior authorization procedures for dispensing drugs.

Information pertaining to HMO prior authorization:

- Except for the use of approved generic drug substitution of brand drugs, under no circumstances can the therapeutic substitution of a prescribed drug be made without a prescriber's authorization.
- Prior authorization determinations must be made within twenty-four (24) hours of receipt by the HMO of all necessary information. A seventy-two (72) hour supply of medication must be permitted without prior authorization in emergency situations or if a determination has not been made within the required timeframe.

For assistance, providers should contact the **HMO provider services toll free numbers** listed :

AmeriChoice of New Jersey, Inc.	1-888-362-3368
AMERIGROUP	1-800-454-3730
Horizon Mercy	1-800-682-9091
Health Net of New Jersey, Inc. (formerly known as Physicians Health Services of New Jersey)	1-800-963-6286
University Health Plans	1-973-623-8700

Additional Provider Assistance:

- ◆ **Medical Assistance Hotline** **1-800-356-1561**
Information and referral for Medicaid beneficiaries and providers
Hours: Monday through Friday from 9:00 a.m. to 5:00 p.m.
- ◆ **Fraud and Abuse Hotline** **1-888-937-2835 or 1-888-692-2140**
For providers and beneficiaries to report Medicaid and PAAD fraud and abuse
Hours: Monday through Friday 9:00 a.m. to 5:00 p.m.
- ◆ **Medicaid Dental Bureau Hotline** **1-800-782-0181**
For providers needing prior authorization and other dental information and for beneficiary inquiries
Hours: Monday through Friday 9:00 a.m. to 5:00 p.m.
- ◆ **New Jersey Care 2000+ Hotline** **1-800-701-0710/TTY 1-800-701-0720**
Health Benefits Coordinator for beneficiaries to enroll, change plans, inquire about provider participation, and other inquiries about **New Jersey Care 2000+** and NJ FamilyCare
Hours: Monday and Thursday 8:00 a.m. to 8:00 p.m.
Tuesday, Wednesday and Friday 8:00 a.m. to 5:00 p.m.
- ◆ **REVS Hotline (Recipient Eligibility Verification System)** **1-800-676-6562**
For providers to verify Medicaid eligibility of beneficiaries
Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.
- ◆ **Provider Services Hotline at Unisys** **1-800-776-6334**
For provider inquiries about billing claims
Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.
- ◆ **PAAD Hotline** **1-800-792-9745**
Pharmaceutical Assistance for the Aged and Disabled
Hours: Monday through Friday 8:00 a.m. to 5:00 p.m.

Note: Hotlines are not accessible when New Jersey State government offices are closed.

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