



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

# Medicaid Alert

MA-2002-07

May 2002

**TO:** All Mental Health Providers

**SUBJECT:** Automatic Assignment of Aged, Blind and Disabled (ABD) beneficiaries in Camden County into Medicaid 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 a Medicaid 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.

Mental Health/Substance Abuse (MH/SA) Services for enrollees who are clients of the Division of Developmental Disabilities are covered by the HMO.

For all other enrollees, MH/SA services are covered by the Medicaid fee-for-service (FFS) program. Providers should bill the Medicaid FFS program directly for their services.

General Medical Care. The HMOs retain responsibility for all prescription drugs, higher mode transportation to and from MH/SA services, and for treatment of the following conditions altering mental status:

<u>ICD-9-CM</u>	<u>Diagnosis</u>
1. 290.0	Senile dementia, simple type
2. 290.1	Presenile dementia
3. 290.3	Senile dementia with acute confusional state
4. 290.4	Arteriosclerotic dementia uncomplicated
5. 290.8	Other
6. 290.9	Unspecified
7. 291.1	Korsakov's psychosis, alcoholic
8. 291.2	Other alcoholic dementia
9. 291.82	Drug induced dementia
10. 292.9	Unspecified drug induced mental disorder
11. 293.0	Acute delirium
12. 293.1	Subacute delirium
13. 294.1	Amnestic syndrome
14. 294.0	Dementia in conditions classified elsewhere
15. 294.8	Other specified organic brain syndromes (chronic)
16. 294.9	Unspecified organic brain
17. 305.1	Non-dependent abuse of drugs – tobacco
18. 310.0	Frontal lobe syndrome
19. 310.2	Postconcussion syndrome
20. 310.8	Other specified nonpsychotic mental disorder following organic brain damage
21. 310.9	Unspecified nonpsychotic mental disorder following organic brain damage

Drug Coverage. Certain drugs are carved out of the HMO benefits package and are paid by the regular Medicaid fee-for-service program. These are:

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, HMO formulary and prior authorization procedures for prescribing drugs by MH/SA providers will apply in the following situations:

1. The drug prescribed is not related to the treatment of substance abuse/dependency/addiction or mental illness or to any side effects of the psychopharmacological agents. These drugs are to be prescribed by the HMO's Primary Care Physician (PCP) or specialists in the HMO's network.
2. The prescribed drug does not conform to standard rules or the HMO's pharmacy plan.
3. The HMO, at its option, may require a prior authorization (PA) process if the number of prescriptions written by the MH/SA provider for MH/SA-related conditions exceeds four (4) per month per enrollee. For drugs that require weekly prescriptions, these prescriptions shall be counted as one per month and not as four separate prescriptions.

Laboratory. Routine laboratory procedures ordered by treating MH/SA providers in conjunction with the administration of Clozapine, Risperidone, Olanzapine, Ziprasidone, Quetiapine, and Methadone for non-DDD enrollees, are not the responsibility of the HMO. Therefore, providers should bill the Medicaid fee-for-service program directly for these services.

Inpatient Hospital Services for Enrollees who are not clients of DDD with both a Physical Health as well as a MH/SA diagnosis. The HMO's financial and medical management responsibilities are as follows:

1. If the inpatient hospital admission of an enrollee who is not a client of DDD is for a physical health primary diagnosis, the HMO shall be responsible for inpatient costs and medical management. Where psychiatric consultation is required to assist the HMO with MH/SA management, the State or its agent shall be responsible for authorizing the psychiatric consult/services provided during the inpatient stay. The State shall not require service authorization for at least one psychiatric consultation per inpatient admission. When a substance abuse disorder is known to be the primary diagnosis of an enrollee and a co-occurring psychiatric disorder is not a management concern, then the State or its agent may authorize that the consult/services be by an ASAM certified physician. The HMO shall coordinate inpatient MH/SA consultations and services with the enrollee's MH/SA provider as well as discharge planning and follow-up.

2. If the inpatient hospital admission of an enrollee who is not a client of DDD is for MH/SA primary diagnosis, the inpatient stay will be paid by the State through the regular Medicaid fee-for-service program. The HMO shall provide and pay for participating providers who may be called in as consultants to manage any physical problems.

**Telephone Numbers of Medicaid-contracted HMOs**

**AmeriChoice of New Jersey, Inc.**

Member Services 1-800-941-4647  
Provider Services 1-888-362-3368

**AMERIGROUP**

Member Services 1-800-600-4441  
Provider Services 1-800-454-3730

**Health Net of New Jersey, Inc.**

**(formerly known as Physicians Health Services of New Jersey)**

Member Services 1-800-555-2604  
Provider Services 1-800-963-6286

**Horizon Mercy**

Member Services 1-800-656-3729  
Provider Services 1-800-682-9091

**University Health Plans**

Member Services 1-800-564-6847  
Provider Services 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.

If you have any questions concerning this Medicaid Alert, please do not hesitate to contact the managed care hotline at 1-800-356-1561.

**RETAIN THIS MEDICAID ALERT CHRONOLOGICALLY BEHIND THE MEDICAID ALERTS TAB  
(GREEN TAB MARKED "4")**