

Update on the Medicaid Managed Care Changes



Beverly Roberts
Director, Mainstreaming Medical Care

July 2011

broberts@arcnj.org



Enrollment in a Medicaid HMO is *mandatory* beginning Aug. 1, 2011

- Individuals who were previously exempt or “opted out” of Medicaid managed care enrollment must be enrolled in one of New Jersey’s four Medicaid Health Maintenance Organizations (HMOs).
- Enrollment will be in two Phases.



Phase 1 Group

- Phase 1 group: DYFS children and the ABD (aged, blind and disabled) individuals who do not have Medicare.
- Phase 1 enrollment: People with developmental disabilities who have Medicaid (without Medicare) – including people who have the Community Care Waiver (CCW).
- Phase 1 group had to choose a Medicaid HMO by July 18, 2011; otherwise they will be auto-assigned for Aug. 1, 2011.



Phase 2 Group

- Phase 2: Dual eligibles (people who receive both Medicaid and Medicare) and Medicaid-only beneficiaries who have a Medicaid waiver (excluding the Community Care Waiver).
- People with these Medicaid waivers will enroll in Phase 2:
 1. AIDS Community Care Alternatives Program (ACCAP)
 2. Community Resources for People with Disabilities (CRPD)
 3. Global Options for Long-Term Care (GO)
 4. Traumatic Brain Injury (TBI)
- We anticipate that Phase 2 group will be required enroll in a Medicaid HMO in the Fall 2011, but the date has not been announced.



Enrolling in a Medicaid HMO

- To find out which HMOs the consumer's doctors, dentist, hospital, DME provider, etc. are in, you can call the individual office.
- The Health Benefits Coordinator (HBC) processes all Medicaid HMO enrollments. This can be done by mail or over the phone – **1-866-472-5338**.
 - Some evening hours: **Mon. and Thurs. 8 am to 8 pm**. Other days, 8 am to 5 pm, and they may add more hours, due to heavy demand.



“Carve-in” vs. “Carve-out”

- When a health service is covered by the Medicaid HMO, that is called a “carve-in.”
- When a health service is covered by the regular Medicaid program, that is called a “carve-out.”



Health Services to be “Carved-in” to the Medicaid HMOs

Starting on July 1, 2011, these services were “carved-in” for people with developmental disabilities who are enrolled in an HMO.

- The Pharmacy benefit
- Home health care
- PT, OT, and speech therapy
- Personal Care Assistance. Note: The Personal Preference Program (PPP) will still be covered by Medicaid fee-for-service.
- Adult and Pediatric Medical Day Care



Exemptions

- In the past, Medicaid had an HMO exemption policy for people with disabilities whose health care needs were being met in the regular Medicaid system.
- *Currently: No Medicaid HMO exemptions for anyone.*
- The Medicaid-only people with disabilities who previously had an exemption will be enrolling in an HMO in Phase 1.



Switching From One Medicaid HMO to Another

- Anyone in Phase 1 who has Medicaid and who did not select a Medicaid HMO by July 18 will be automatically enrolled, i.e., randomly assigned to an HMO. Individuals will then have 90 days after the auto-enrollment date to change to a different HMO.
- After initial 90-day period, must remain in the HMO until the Open Enrollment period -- annually from October 1 to November 15.
- HMO changes will be effective each year on January 1.
- ***At any time, Medicaid HMO enrollees will be able to change to another HMO for “good cause” (this term has not been fully defined).***



Care Management Services

- Care management services, usually provided by nurses, are available at all of the Medicaid HMOs. **Care management is NOT the same as member services!**
- After enrolling in the Medicaid HMO, every new member with a disability should receive a letter with information on the name and phone number of their care manager.
 - No need to wait for the letter to contact a care manager. You can reach out and request assistance.



Care Management phone numbers

- **Amerigroup Community Care**
 - Toll-free: 1-800-452-7101 extension 66050
 - Toll call: 732-452-6050
- **Healthfirst NJ**
 - Medical Management, Toll-free: 1-866 467 7178
- **Horizon NJ Health**
 - Toll-free: 1-800-682-9094, option 4, and dial ext. 89634
 - Toll call: 609-718-9634
- **United Healthcare Community Plan**
 - Toll-free: 1-877-704-8871, ext. 5260



Care Management Services

- Newly enrolled individuals with developmental disabilities should be contacted by a care manager who will do a Complex Needs Assessment.
- Care managers can do individual, out-of-network contracting with medical, dental, and mental health providers who are not in the HMO's network, when the HMO does not have in-network providers with the same level of expertise as the out-of-network provider.
- These arrangements are made on a case-by-case basis, if the health care professional is willing to make such an arrangement.



Continuity of Care Period For New Enrollees

- New HMO members can continue to see current providers – even if providers are not in the HMO’s network.
- The length of the continuity of care will vary, depending on complexity of the individual’s health care problems and availability of in-network health care providers with the expertise to provide the necessary care.
- When the HMO determines that the continuity of care period is ending for a particular person, and the enrollee needs to switch to an in-network provider, the HMO’s care manager should provide assistance in selecting an in-network provider who can meet the person’s needs.




Dental Care

- Dental care is a covered service, **including anesthesia**, if medically necessary.
- Most Medicaid HMOs contract with a separate vendor for dental services, which is an additional layer to navigate.
- Contact the HMO's care manager if need help accessing dental services.
- Note: When dual eligibles are required to enroll in Phase 2, they must use HMO's network for dental.



Mental Health Services

- Mental health services for individuals who are registered with DDD are carved-in to the Medicaid HMO system; mental health services for non-DDD individuals are carved-out.
- This is the same as the previous Medicaid policy.



People Who Have Both Private Health Insurance and Medicaid

- These people **MUST** enroll in a Medicaid HMO.
- Private health insurance is always the primary payer.
- The network of the private health insurer will prevail, and advocates have been told that the Medicaid HMO should cover the co-pays that were previously covered by Medicaid FFS.
- If there is a service that the private health insurer does not cover, then the network of the Medicaid HMO must be used (e.g., diapers).
- **Prescription Medication: The formulary of the private health insurer is primary. Medicaid HMO will cover the co-pay.**



Pharmacy Benefit, “Carved-in” to Medicaid HMOs on July 1st

The “carve-in” of the pharmacy benefit will impact *everyone* in the ABD (aged, blind and disabled) group who is Medicaid-only and is enrolled in a Medicaid HMO – both previous and new Medicaid HMO enrollees.

Note: Dual eligibles will continue to receive their medications from Medicare Part D.



Pharmacy Benefit

- **Continuity of care period:** Current medications will continue to be covered by the HMO – regardless of the formulary requirements – until an HMO care manager completes a complex needs assessment.
- Every Medicaid HMO has a formulary of medications that it will cover. Cost containment processes include step therapy and prior authorization for some drugs.
- HMOs have a process for prior authorization and exceptions.
- Medicaid HMOs will contact specialty pharmacies that do blister packaging for consumers living in community residences, to discuss the pharmacies joining the HMO's network.



Pharmacy Benefit

- **Anticonvulsant medications:** Consumers can stay on the same anticonvulsant(s), even if the drugs are not on HMO's formulary; even if it is medically necessary for them to have the brand instead of generic. But if they need to switch to a new anticonvulsant, will need to abide by HMO's formulary requirement.
- In almost all cases, psychotropic medications, when prescribed by mental health professionals, (not primary care providers) will be covered as prescribed for mental health disorders (even if not on formulary).
 - When a new non-formulary psychotropic medication is prescribed by a pediatrician, some HMOs may allow it – case-by-case for now.



Access to Hospitals

- All hospitals accept regular, fee-for-service Medicaid, but all hospitals are not in-network for all Medicaid HMOs!
- Important to ask about the Medicaid HMO affiliations of the hospital(s) the consumer may need for out-patient or in-patient care!
- ***In a medical emergency, consumer should go to the closest hospital ER, whether in-network or not!***



Durable Medical Equipment and Supplies (e.g., Diapers)

- New DME and repairs on existing equipment will now be covered through the Medicaid HMO.
- Supplies, e.g., diapers, will still be covered, but must be ordered from an in-network company.



Dual Eligibles (Medicaid and Medicare) – Enrolling in Phase 2

Dual eligibles will be required to enroll in a Medicaid HMO.

- Medicare is always the primary payer, and Medicaid is secondary.
- Dual eligibles can continue to see any provider who accepts regular Medicare, even if the provider is not in the Medicaid HMO network. This pertains to physicians, mental health provider, hospitals, durable medical equipment, etc.
 - Some concerns about how co-pay will be handled.
- If a service is not covered by Medicare (e.g., dental), then the network of the Medicaid HMO must be used.
- Prescription drugs - still covered through Medicare Part D.



Counties Served by the Medicaid HMOs

- **Amerigroup:** Serving all counties except Salem
- **Healthfirst NJ:** Serving the following 10 counties:

Bergen	Essex	Hudson	Mercer	Middlesex
Morris	Passaic	Somerset	Sussex	Union
- **Horizon NJ Health:** Serving all counties
- **United Healthcare Community Plan:** Serving all counties



Phone Numbers

Amerigroup 1-800-600-4441 TTY 1-800-855-2880

Healthfirst NJ 1-888-464-4365 TTY 1-800-852-7897

Horizon NJ Health 1-877-765-4325 TTY 1-800-654-5505

United Healthcare Community Plan 1-800-941-4647 TTY 711

Note: United Healthcare Community Plan was previously called AmeriChoice



Frequently Asked Questions

Medicaid developed a set of frequently asked questions (FAQs), which is posted on the Division of Medical Assistance and Health Services website at:

<http://www.state.nj.us/humanservices/dmahs/home/index.html>.

The FAQs explain many aspects of the Medicaid managed care changes.