

# Health Care Advocacy in the Managed Care Environment



**Medically Necessary Services; Primary Care Providers;  
Specialty Care; Covered Services; Costs; Choosing Health  
Coverage and Providers; Prescription Drugs**

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Presented by Beverly Roberts, Arc of New Jersey,  
Director, Mainstreaming Medical Care Project  
Hosted by Family Voices-NJ/  
Family-to-Family Health Information Resource Center of the  
Statewide Parent Advocacy Network

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# Medicaid Managed Care - workshop objectives

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- What services are covered
- Useful terminology
- Selecting a plan or a provider
- Working with your providers
- Advocating for your child
- Dispute resolution
- Resources for support and information

Find **highlighted** words in "Important Terms" handout, Fact sheet # 7,  
at [http://www.spannj.org/familywrap/medicaid\\_fact\\_sheets.htm](http://www.spannj.org/familywrap/medicaid_fact_sheets.htm).



# Managed care

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- When it works well, Medicaid managed care can provide a comprehensive approach to providing and paying for high-quality **medically-necessary** health care services -
  - from routine to emergency -
  - within a coordinated system -
  - in a cost-effective manner



# Health Maintenance Organizations (HMOs)

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- The health plans that provide the **Benefits Package** for the **Medicaid managed care system** in New Jersey
  - Americhoice
  - Amerigroup New Jersey
  - Horizon NJ Health
  - Health Net (was PHS)
  - University Health Plans
- Medicaid HMOs provide coverage for enrollees in a geographical area for a prepaid, fixed capitation rate. Fee is paid by Medicaid - no cost to the enrollee.



# "Hallmarks" of Managed Care

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- Using specific providers
- Not relying on the emergency room for primary care services
- Authorizing of specialty care and referrals

...from The Boggs Center - University Center of Excellence



# Managed Care vs. regular Medicaid (fee-for-service)

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- Health Benefits Coordinator (HBC) handles enrollment into HMO
- HMO ID card
- HMO Member handbook
- HMO Primary Care Provider (PCP)
- HMO Care Manager
- HMO Individual Health Care Plan (IHCP)
- HMO Provider Network (provider directory)
- Referral
- Prior authorization
- Emergency vs. urgent vs. routine care



# Covered Services

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## ■ HMO benefits package

- Primary & specialty care
- Preventive health care & counseling
- Health promotion
- EPSDT (Early Periodic Screening, Diagnosis, & Treatment)
- Emergency Medical care
- Inpatient hospital care (acute, rehab, specialty)
- Outpatient hospital
- Laboratory
- Radiology
- Audiology



# Covered Services

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- HMO benefits package
  - Inpatient rehabilitation
  - Podiatrist
  - Chiropractor
  - Optometrist
  - Optical appliances
  - Hearing aid services
  - Home health (with limits)
  - Hospice
  - Durable Medical equipment & medical supplies



# Covered Services

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## ■ HMO benefits package

- Prosthetics & orthotics (including shoes)
- Dental
- Organ Transplants
- Post-acute care
- Mental health/substance abuse for DDD clients (non-DDD clients continue to receive mental health services on a fee-for-service basis as they did in the past)



# Covered Services

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- HMO benefits package
  - See Fact Sheet 1, page 4
  - These services are provided for by the HMO
  - Include mental health & substance abuse services for DDD clients (these services are carved out for everyone else)
  - Include some transportation
  - HMOs may offer participants additional services beyond those Medicaid entitles them to



# Services that are "carved out"

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- HMO "carve out" services, which are still paid for by Medicaid fee-for-service:
  - PT, OT, Speech
  - Some transportation
  - Mental health & substance abuse for non-DDD clients
  - Medication for special needs enrollees (in aged, blind and disabled category)
  - Home health care



# Care Management - Very Important Service!

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- The HMO will assign you a Care manager. ALL children with special healthcare needs in NJ Medicaid Managed Care are entitled to a Care manager!
  - Usually a nurse or social worker
  - The Care manager helps coordinate your child's care
  - S/he is the first person to contact with a question, or concern with your child's health coverage
  - Request a care manager if not automatically assigned to one



# Costs

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- Medicaid entitles beneficiaries to free health care. Always bring your HMO ID card to all visits.
- Also bring the plastic Medicaid Identification card
- Enrollees who follow correct HMO procedures should never receive a bill.

(If you don't follow procedures you may be held liable for bills.)



# Using Medicaid Managed Care

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- Call the HBC to enroll in an HMO 800-701-0710
- Read your HMO member handbook
- Select & work with your PCP (Primary care provider)
- Get referrals for other services
- Work with your care manager
- Use network providers
- Use emergency rooms only for emergencies  
(prudent layperson decision, see fact sheet #1)
  - If you think your child needs emergency care, go to the ER!



# Exemption from Medicaid managed care

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- The exemption process is now hassle-free!
- If your child's health care needs are being met from Medicaid fee-for-service, you can request an exemption.
- Call the Health Benefits Coordinator at 1-800-701-0710 to request.
- All requests are honored.



# Choosing an HMO

## Which Medicaid HMO is best for your child?

- Which HMO provider network(s) are your child's most important current providers in?
  - Ask your providers or the HBC.
  - Some of your providers may be able to join the provider network for the HMO that looks best to you. Ask the HMO's member services.
- Which HMO best meets most of your requirements?
  - See Fact Sheet 2, page 3 for questions to ask. Compare the HMO member handbooks or see brochures available from HBC; or call the HMOs and ask to talk to a care manager about services and providers.
- Choose the plan that includes your current providers or that meets most of your requirements



# Choosing a Medicaid HMO plan

## ■ Which Medicaid HMO is best for your child?

- Are the doctors you want for your child in this HMO? Your child's hospital?
- Does the HMO provide services in convenient locations - not just PCP, but also pharmacy, laboratories, medical equipment, specialists?
- Are your child's specialty clinics in the network? If not, will the HMO be willing to refer your child outside the network to these specialty clinics?
- What dental services are provided? Are they accessible?
- Are your child's current durable medical equipment suppliers in the HMO's network? If not, how will you access them?
- Do the providers speak your language or have interpreters?
- Does the HMO have benefits particularly useful for your child?



# Choosing...providers

## Who is the best PCP for your child?

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- Does the provider have experience working with families of children with special health care needs?
- Has he worked with children with your child's special needs before?
- Who will see you when he/she's not available?
- Is his office close to your home? Convenient hours?
- Are the office & exam rooms accessible to you?
- Does this provider speak your language or sign?
- Does the provider offer access to the specialty services your child needs?
- What hospitals is the provider affiliated with?



# Hospitals and Managed Care

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- Keep in mind that the HMO network includes not only doctors but also hospitals, labs, durable medical equipment providers, etc.



## Once you've chosen...

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- Read your Member Handbook carefully!
- Identify important people and phone #s and post them by your phone
- **Be sure you learn how to reach help after hours!**
- Keep records of all provider contacts in case misunderstandings arise



# After you've chosen, you may still change...

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- ...HMOs if you have major problems.
  - Call the HBC to process changes
  - Changes take time - 45 days or more
- ...PCPs if you are not satisfied with your first selection.
  - Call HMO member services, or talk to your care manager for information.
- You can also disenroll from the HMO and return to Medicaid fee-for service by calling the Health Benefits Coordinator at 1-800-701-0710



# Medically Necessary Services are services required to:

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- diagnose or prevent an illness, injury or condition
- treat an illness, injury, or condition
- keep condition from getting worse
- lessen pain or severity of condition
- help improve condition
- restore lost skills (rehabilitation)



# Medically Necessary Services...

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- are consistent with diagnosis;
- meet accepted standards of good medical practice;
- can be safely provided.
- *HMO clinicians may review a PCP's proposed course of treatment to determine medical necessity*



# Medically Necessary: requirements for children

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- The service is appropriate for the age & health status of the child;
- the service will aid overall physical & mental growth & development; and/or
- the service will assist in achieving or maintaining functional capacity.



# Dealing with Emergencies

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- If you, as a "prudent layperson", decide that your child has an emergency medical condition, the HMO pays for treatment of emergencies without need for a referral or pre-approval
- Call 911 or go to nearest emergency room
- DON'T use emergency room for routine care!



# Dealing with Urgent Care

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- Call HMO 24-hour toll-free number if your child needs urgent care (attention within 24 hours but not emergency)
- Your PCP will provide or arrange for urgent care



# Ongoing Care

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- Your child's Care Manager works with you to develop an Individual Health Care Plan to monitor all the services inside & outside the HMO network your child receives
- If your child has complex medical or mental health needs, s/he may be allowed to continue with fee-for-service providers and not enroll in an HMO (called an "exemption")



# Working with providers

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- Work to build strong, trusting relationships so providers really stand behind you, your child, and your family
- Good relationships with committed providers relieve you of some of the stress of coordinating all the services your child needs, and provide support for problem resolution
- Expect quality care and responsibility from your providers, and show them they can expect responsibility from you as well



# It helps your providers when

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- You give them all the **info** they need to give your child the best care
- You **ask** questions when you don't understand
- You **honestly** express your concerns
- You treat them with the same **respect** you expect them to give you
- You use resources wisely (e.g. use HMO 24 hour hotline for urgent, not routine, questions)
- You **thank** them when you like what they do!



# How to Ask Questions

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- Read the materials from Medicaid comparing different plans & rating consumer satisfaction
- Include your child in the selection process, to help your child learn basic self-advocacy skills
- Get member handbooks from each HMO
- Call member services in each HMO to ask questions
- Always keep a record of phone calls and correspondence. Make copies of everything! Keep a logbook next to your phone and record the date, name, position/title, and answer to your questions
- Be persistent, but try to remain polite!



# Expect your PCP to...

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- See to your child's basic health needs
- Coordinate medical care, including routine, preventive, urgent, & specialty
- Make **referrals** (& standing referrals)
- Take care of **prior authorizations**
- help with **appeals** or **fair hearings**

**You should keep your PCP informed of contacts with other provider visits, including emergency room visits.**



## Expect your care manager to...

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- Have experience with people with special needs
- Probably be one of your best troubleshooting resources
- Coordinate all your child's services & needs
- Develop an **IHCP** with you and your child
- Help with referrals & locating specialists

**You should call and ask to talk to your care manager to get a basic care plan started soon after HMO enrollment!**



# Pharmacy Services

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- Fill your prescriptions only at a participating provider pharmacy
- Read your member handbook to understand how and where to get your child's meds
- HMO Formularies are the approved list of prescription medications developed by each HMO



# Pharmacy Services

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- **Medically-necessary** medications are paid for. If you are asked to pay, or if you have paid for medications, talk to your care manager for payment resolution or reimbursement.
- For prescription changes, even if they require **prior authorization**, the pharmacy must give you a 72-hour supply.



# If you have a problem with...

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- A provider, talk to your care manager or PCP
- Your care manager or your PCP, call your HMO's member services
- With your HMO not meeting your child's needs, call
  - Medicaid Managed Care Hotline 800-356-1561
  - or Managed Health Care Consumer Assistance Program (MHCCAP) 888-838-3180



# Advocacy

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- An advocate pleads the case of another
  - When you advocate effectively to meet your child's needs, you may change a whole system to better meet other's needs
  - When you advocate effectively for all children with special needs, you may help make systems work better for your child and family



# Advocating & Medicaid Managed Care

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- Read Fact Sheet 3 for general principles of advocacy.
- **Enlist allies** - providers or parent support; take representation to formal hearings
- **Volunteer** for
  - HMO advisory boards
  - State agency consumer advisory groups
- **Ask** your elected officials to support policies that will help children with special health care needs
- Help your **child become a self-advocate** at whatever developmental level she's at
- **You are your child's best advocate**



# Dispute Resolution

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- To prevent disputes or misunderstandings:
  - Learn your Medicaid managed care rights and responsibilities from your member handbook
  - If there is anything you don't understand, ask your PCP, care manager, or HMO member services
  - Try to resolve problems when and where they arise by talking openly with the person(s) involved
- You can file a complaint, grievance or appeal, or your PCP or another representative can do it for you, with your permission



# Dispute Resolution...

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- If you can't prevent or immediately resolve a problem to your satisfaction, call HMO member services and make a complaint. Be specific.
- If member services can't solve the problem in 24 hours, you may register a **grievance** with your HMO by phone or letter
- If you are not satisfied with the HMO's solution, call the state Medicaid hotline or the MHCCAP helpline.
- Keep records of all contacts!



# Appeals

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- HMO must notify you in writing 10 days before it denies or limits covered services.
- You may file an appeal of the denial with your HMO. Contact SPAN's F2F 800-654-SPAN.
- Sometimes appeals are resolved easily, but the process can become complicated, so you may want to turn to your care manager or to the Community Health Law Project or Legal Services of New Jersey for advice.



# Appeals - stages

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- Internal (within HMO): two stages
  - 1. With HMO medical director or MD who denied services
  - 2. With physicians not involved in 1<sup>st</sup> internal appeal who might care for children like yours
- External (if internal gives unsatisfactory results)
  - 3. To NJ Dept. of Health and Senior Services to refer appeal to an Independent Utilization Review Organization (\$2). IURO reviews case & (if it accepts it) issues a decision to you &/or your PCP, & your HMO.



# Appeals ...

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- At each stage, if the HMO continues to deny services, it must inform you in writing within a specified time, giving you
  - reasons for denial and
  - how to proceed to the next stage
- At any time during the appeals process, you may also request a **Medicaid Fair Hearing**.
- Ask for an immediate review in any urgent situation!
- Keep good records of all interactions.



# Medicaid Fair Hearing

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- Within 90 days of service denial, you can file for a fair hearing
- Call the Medicaid Hotline at the NJ Department of Human Services 800-356-1561
- At a fair hearing, an impartial judge listens to your position. You can bring witnesses and cross-examine the HMO's witnesses
- It's a good idea to take legal representation to the fair hearing. Call Community Health Law Project or Legal Services of New Jersey.



# Welfare, Supplemental Security Income, and Medicaid

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If your family **loses** eligibility for **welfare** (Work First New Jersey Temporary Assistance for Needy Families) due to time limits or income changes, or

if your child **loses** eligibility for **SSI** due to health improvement or income changes

■ **Your child may still be eligible for Medicaid!!!**

Consult the Medicaid hotline or your local county Board of Social Services



# Resources for Support and Information

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- Family Voices Resource List: important literature and phone numbers to help you with Medicaid managed care questions (Fact sheet #6)
- Family Voices Fact Sheets
- Top resources:
  - Your care manager at your HMO
  - Medicaid managed care hotline 1-800-356-1561
  - Managed Health Care Consumer Assistance Program 1-888-838-3180
  - Health Benefits Coordinator 1-800-701-0720



# Update on NJ Medicaid

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- Leadership changes
  - John R. Guhl - Director
    - With Medicaid since August 1985
    - Extensive experience with the budget process
    - Recently was Deputy Director
  - Valerie J. Harr - Deputy Director
    - With the Division since 2002
    - OMB experience
    - Center for Health Care Strategies



# Managed Care for "Aged, Blind, Disabled"

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- Tier 1- Outreach began in January 2007 in Atlantic, Gloucester, Sussex, Warren counties
  - As of May 2007
    - 694 exemptions processed
    - 1,237 clients "self selected" HMO enrollment
    - 1,902 clients auto assigned
- Tier 2 - Outreach began in April 2007 in Bergen, Monmouth, Ocean, Passaic
  - As of May 2007
    - 446 exemptions processed
    - 341 clients "self selected"
    - Auto assign - pending



# Managed Care for "Aged, Blind, Disabled"

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- Tier 3 - Formal outreach to begin in July 2007 in Cumberland, Middlesex, Morris, Salem
- Tier 4 - Formal outreach to begin in January 2008 in Burlington, Cape May, Essex, Mercer
- Tier 5 - Formal outreach to begin in July 2008 in Hudson, Hunterdon, Somerset, Union



# Managed Care for "Aged, Blind, Disabled"

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- New "hassle free" Exemption Process
  - Clients may request an exemption from enrolling in an HMO and remain in fee-for-service Medicaid
  - No disruption of health care services for clients with an established network of providers who meet their current medical needs