



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

# NEWSLETTER

July 2011

**TO:** Providers of Pharmaceutical Services - **For Action**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **Changes in Responsibilities for Drug Coverage**

**EFFECTIVE:** Claims with service dates on or after July 1, 2011

**PURPOSE:** To notify providers of pharmaceutical services of changes in responsibilities for drug coverage by the New Jersey Division of Medical Assistance and Health Services (DMAHS) based on the adoption of the 2012 State Appropriations Act.

**BACKGROUND:** The State Fiscal Year (SFY) 2012 Appropriations Act requires that DMAHS implement changes in responsibilities for drug coverage for clients eligible to receive drug benefits under the NJ FamilyCare (NJFC)/Medicaid program.

## **ACTION:**

1. **For HMO-enrolled clients, HMOs shall be responsible for coverage and payment of all pharmacy claims, with the exception of Methadone® prescribed for the treatment of substance abuse, for those beneficiaries enrolled in managed care and those additional beneficiaries enrolling in managed care on or after July 1, 2011.**
2. **Effective on or after July 1, 2011**, the following additional groups of NJFC/Medicaid beneficiaries shall be enrolled in managed care:
  - Aged, Blind and Disabled (ABD) beneficiaries without Medicare coverage;
  - Division of Youth and Family Services (DYFS) beneficiaries not previously enrolled in managed care;
  - beneficiaries enrolled in the Breast & Cervical Cancer Waiver;
  - Community Care Waiver (CCW) beneficiaries without Medicare;
  - NJFC/Medicaid beneficiaries assigned a pharmacy through the State's FFS 'lock-in' program;
  - beneficiaries with other insurance; and
  - beneficiaries eligible to receive State-sponsored hospice services;
3. **Effective on or after October 1, 2011**, the following additional groups of NJFC/Medicaid beneficiaries shall be enrolled in managed care:
  - Aged, Blind and Disabled (ABD) beneficiaries with Medicare coverage; and

- beneficiaries enrolled in State-sponsored community-based waiver programs, including the AIDS Community Care Alternatives Program (ACCAP), the Community Resources for People with Disabilities (CRPD) Waiver, the Traumatic Brain Injuries (TBI) Waiver, the Community Care Waiver (dually-eligible), and the Global Options for Long Term Care (GO) Waiver.

**SEE ATTACHED ENROLLMENT GUIDE FOR HMO DRUG FORMULARY AND MEMBER SERVICES CONTACT INFORMATION**

If any questions regarding this Newsletter, please contact Molina Medicaid Solutions (formerly Unisys) Provider Services at (800) 776-6334.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
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**\* \* \* PLEASE POST \* \* \***

**NJFC/MEDICAID HMO ENROLLMENT INFORMATION GUIDE**

EFFECTIVE ON OR AFTER JULY 1, 2011, HMOS SHALL BE RESPONSIBLE FOR COVERAGE AND PAYMENT OF ALL PHARMACY CLAIMS FOR BENEFICIARIES ENROLLED IN MANAGED CARE AND THOSE ADDITIONAL BENEFICIARIES ENROLLING IN MANAGED CARE ON OR AFTER JULY 1, 2011. CLAIMS FOR THE FOLLOWING DRUGS PREVIOUSLY SUBMITTED TO THE STATE'S FISCAL AGENT FOR PAYMENT MUST NOW BE SUBMITTED TO THE HMO FOR PAYMENT:

- ATYPICAL ANTIPSYCHOTICS
- FAMILY PLANNING DRUGS
- METHADONE FOR THE TREATMENT OF PAIN MANAGEMENT
- SUBOXONE, SUBUTEX AND VIVITROL FOR THE TREATMENT OF SUBSTANCE ABUSE

EFFECTIVE ON OR AFTER JULY 1, 2011, THE FOLLOWING ADDITIONAL GROUPS OF NJFC/MEDICAID BENEFICIARIES SHALL BE ENROLLED IN MANAGED CARE:

- AGED, BLIND AND DISABLED BENEFICIARIES
- DYFS BENEFICIARIES
- BREAST & CERVICAL CANCER WAIVER BENEFICIARIES
- HOSPICE BENEFICIARIES
- COMMUNITY-BASED WAIVER CLIENTS

HMO DRUG FORMULARY INFORMATION IS AVAILABLE FROM THE FOLLOWING WEBSITES

[http://www.horizonnjhealth.com/SiteGen/Uploads/Public/nj\\_health/pdf/pdf\\_formulary/formulary.pdf](http://www.horizonnjhealth.com/SiteGen/Uploads/Public/nj_health/pdf/pdf_formulary/formulary.pdf)

[https://www.myamerigroup.com/English/Documents/MIXED\\_CAID\\_PDL.pdf](https://www.myamerigroup.com/English/Documents/MIXED_CAID_PDL.pdf)

<http://www.healthfirstnj.org/pdf/NJ-FamilyCare-Formulary-2011.pdf>

[http://www.americhoice.com/en/apps/find\\_drug/uhcmd/index.html?xrole=members](http://www.americhoice.com/en/apps/find_drug/uhcmd/index.html?xrole=members)

**HMO MEMBER SERVICES**

**PROVIDERS MAY ALSO ACCESS HMO ELIGIBILITY INFORMATION BY USING THE RECIPIENT ELIGIBILITY VERIFICATION SYSTEM (REVS) BY TELEPHONE OR THROUGH eMEVS FOUND AT [www.njmmis.com](http://www.njmmis.com).**

<b>REVS:</b>	<b>1-800-676-6562</b>
<b>AMERIGROUP NJ:</b>	<b>1-800-454-3730</b>
<b>HEALTH FIRST NJ:</b>	<b>1-866-889-2523</b>
<b>HORIZON NJ HEALTH:</b>	<b>1-800-682-9091</b>
<b>UNITED HEALTHCARE COMMUNITY PLAN:</b>	<b>1-888-362-3368</b>