

## **Frequently Asked Questions (FAQs) for Individuals Who Previously Had a Medical Exemption from HMO Enrollment**

### **1. Why do I have to be enrolled in an HMO?**

Effective July 1, 2011, many individuals in the NJ FamilyCare/Medicaid program will be enrolled in Managed Care. New Jersey currently serves 75% of all Medicaid and NJ FamilyCare clients in managed care health plans and determined that this is a more efficient and coordinated way to deliver care.

Managed care offers a choice of four HMOs with care coordination. Individuals with special needs will be assessed for care management when they are enrolled in their managed care health plan. In addition, managed care health plans offer a choice of primary care providers and specialists.

### **2. What is the difference between fee-for-service (FFS) and a managed care benefit package?**

In FFS, participating providers are paid for eligible services on a fixed-fee schedule by the Medicaid program. In FFS, patients must find their way through the health care system alone.

In a managed care model, providers are under contract with the managed care company, also known as an HMO. You will be allowed to choose your HMO and your primary care provider. Together, you will decide your plan of care so that you receive all the services and care coordination for which you are eligible. Someone helps you navigate the health care you will receive.

### **3. How will my services be transitioned if I am in the middle of a treatment or service with a provider not participating in my selected HMO?**

Your HMO will make sure your health care continues after enrollment into an HMO without interruption and with the same providers during a continuity of care period.

Once you are enrolled, the HMO will do an assessment of your medical needs and any changes to your care plans or providers will be discussed with you at that time. Most HMOs require that members select a provider from within their own network.

### **4. Will my doctors change?**

If your doctor/provider is not participating in your HMO's network, they could request to enroll in the HMO network through the HMO's provider enrollment process. The HMO will determine which providers will be in their network based on the provider's credentials and the demand by their members for the services a provider can offer.

### **5. Will the doctors/providers be notified if the HMO assessment leads to a change of services?**

All participating NJ FamilyCare/Medicaid providers will be notified of the outcome of each member's assessment if it results in a change in services.

**6. Do I still need to renew my NJ FamilyCare/Medicaid insurance once I complete my Ready to Enroll packet?**

Yes. You must renew your benefits every year.

**7. Who do I call if I am not happy with my services through my new HMO?**

Once you are enrolled in your HMO, you will receive a member ID card from your health plan (HMO card). A telephone number is on the back of that card should you need to reach out to your HMO's Member Services department to discuss any of your services and needs.

**8. Can I change my HMO?**

You can change your HMO once a year during the Open Enrollment period from October 1 to November 15<sup>th</sup>. And, you still have the option of changing your plan for "good cause" at any time by calling NJ FamilyCare/Medicaid at 1-866-472-5338 (TTY 800-701-0720). When you enroll with an HMO for the first time you may also change to another HMO within 90 days of enrollment for any reason.

**9. I was recently given an exemption; does this still effect me?**

Yes. You must select an HMO or one will be chosen for you.

**10. Are there any exceptions?**

There are no exceptions for anyone enrolled in NJ FamilyCare/Medicaid.