

**NJ DEPARTMENT OF HUMAN SERVICES
FREQUENTLY ASKED QUESTIONS (FAQS)**

**Dual Eligible Special Needs Plans (D-SNP) and
NJ FamilyCare Managed Long Term Services and Supports (MLTSS)
(Revised November 6, 2014)**

If you are enrolled in a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP), a caregiver, or a provider that serves D-SNP members, then you may have questions about how the Managed Long-Term Services and Supports (MLTSS) program affects you.

Managed Long-Term Services and Supports (MLTSS) are for individuals who require a nursing facility level of care, either through Home and Community-Based Services or if the individual is currently living in a nursing facility. Most individuals who get Medicare with extra help from Medicaid do not need Managed Long Term Services and Supports.

If you are in one of the following situations, then MLTSS ***does not affect*** your Medicaid insurance enrollment and ***you do not need to take any action*** regarding MLTSS:

- If you are enrolled with the Division of Developmental Disabilities Community Care Waiver (DDD/CCW); or
- If you currently live independently at home or in the community.

However, if you are currently enrolled in a D-SNP and received a letter explaining that you qualify for MLTSS, then there are some important things to know about changes to your NJ FamilyCare enrollment options and services.

These FAQs were created to help you understand the transition from a D-SNP Medicare Advantage plan to MLTSS.

1. How will the Managed Long Term Services and Supports (MLTSS) affect individuals enrolled in a Dual Eligible Special Needs Plan (D-SNP) Medicare Advantage Plan?

The benefits covered by Managed Long Term Services and Supports (MLTSS) will not be offered in 2015 by D-SNP Medicare Advantage Plans (with the exception of long-term custodial care in a Nursing Facility).

Individuals who receive MLTSS services will need to enroll in a NJ FamilyCare managed care organization (MCO) or a Program of All-inclusive Care for the Elderly

(PACE) program to receive all of their Medicare, as well as NJ FamilyCare medical care and NJ FamilyCare community-based long term services and supports.

2. Why do individuals have to transfer out of their D-SNP Medicare Advantage Plans?

The D-SNP Medicare Advantage Plans will not offer long term services and supports in 2015 (with the exception of long term custodial care in a Nursing Facility setting, which will be covered through D-SNP). In order to receive the benefits provided by the Managed Long Term Services and Supports program, an individual will need to transfer to a NJ FamilyCare health plan, which will then provide their MLTSS services. If an individual is enrolled in a D-SNP health plan, this means that his/her NJ FamilyCare health care and community-based long term services and supports may be coordinated by the same NJ FamilyCare managed care plan which also offers their D-SNP coverage, or by another MCO. The individual's Medicare and prescription drug coverage will also change.

3. Can individuals opt out of MLTSS to stay in their D-SNP Medicare Advantage Plan?

Individuals may stay in their D-SNP Plan and choose not to receive Managed Long Term Services and Supports. However, this choice is not recommended because the individual would lose access to critical Home and Community-Based Services (HCBS) such as chore services, personal care assistance, home modifications, and other essential supports that keep individuals as healthy and as independent as possible. In order to stay in a D-SNP, the individual will have to make a request to his or her Care Manager.

4. How will benefits change for D-SNP members who transfer to MLTSS?

- **Medicaid Insurance Card:** A new insurance identification card will provide access to all NJ FamilyCare services under one MCO, including all long-term services and supports. New member handbooks will explain all the MLTSS benefits.
- **Medicare:** The source of Medicare benefits may change. See the following pages for more information.
- **Medicare Prescription Drugs and Copayments:** Right now, D-SNP members receive their prescription drugs for free. Members will continue to receive all of their Medicare and Medicaid prescriptions for free.

5. Will individuals continue to receive the extra benefits received under a D-SNP Medicare Advantage Plan, such as the monthly CVS card or telemonitoring?

While some additional benefits such as transportation, dental care, and Personal Emergency Response Systems are routinely covered under NJ FamilyCare or MLTSS, other extra benefits will not be available, including:

- Pre-loaded spending cards for CVS and other retailers;
- Gym memberships;
- Online discount programs;
- Over-the-counter mail-order pharmacy discounts, and
- Weight loss programs, such as Weight Watchers.

6. What if individuals get bills from doctors during the change to MLTSS?

Individuals with Medicare and MLTSS, by law, do not have to pay the difference between what a doctor charges and what NJ FamilyCare or Medicare pays the doctor, a practice known as “balance billing.” Members are not responsible for “balance” bills under NJ FamilyCare or D-SNP. If a member, or a member’s family, receives bills from doctors or their health plan for services covered by NJ FamilyCare, the Department of Human Services can help. For help, call the NJ FamilyCare Hotline at 1-800-356-1561.

7. Do individuals need to change doctors if they like their Primary Care Providers under D-SNP?

Members moving from a D-SNP into MLTSS need to check first with their NJ FamilyCare MCO to find out if they can keep their D-SNP doctors in their new MCO. Please see the chart on page 5 for health plan contact information.

8. Will all D-SNP covered prescription drugs be covered in MLTSS?

In order to be sure that the same prescriptions are covered before making a switch, the individual should check that all of his/her prescriptions are on the formulary (list of covered drugs) for their new plan by contacting the **New Jersey State Health Insurance Assistance Program (SHIP)** at 1-800-792-8820 for more information. Keep in mind that many prescriptions would be covered under the member’s Medicare Part D prescription drug coverage, which will change. For more detail, see the answer to question 15 below.

9. Will the member’s Care Manager be the same?

No. Each individual will be assigned to a new Care Manager in their new NJ FamilyCare managed care plan who will coordinate with their current Care Manager to make sure that their new health plan has all the necessary information to meet the individual’s needs. Each member will receive a letter with the name of his or her new Care Manager for MLTSS.

10. Will an individual continue to receive care coordination through the D-SNP?

Individuals will not receive care coordination through the D-SNP after starting MLTSS. However, individuals will continue to receive a high level of care coordination and Care Management in their new NJ FamilyCare managed care plan, including, for example, care coordination related to transportation, dental, vision, and meal delivery services. While the level of coordination with Medicare benefits may change, the new Care Manager will make every effort to keep all of an individual's services highly coordinated.

11. What if an individual wants to stay with the same NJ FamilyCare MCO, even if he/she can't be in the D-SNP?

If an individual wants to stay with the same NJ FamilyCare MCO that operates his/her D-SNP Medicare Advantage Plan, in many cases, the individual doesn't need to do anything. The individual will be automatically transferred from his/her health insurance company's D-SNP to its corresponding NJ FamilyCare MCO for MLTSS services. A new member ID card should arrive within 10 days of the transfer. However, some D-SNP plans do not currently have a corresponding NJ FamilyCare managed care plan available in some members' county of residence. If a member in this situation does nothing, they will still be automatically assigned to a new NJ FamilyCare managed care plan. It is recommended that all members call NJ FamilyCare at 1-800-701-0710 to find out which plans are available in their area.

12. Is it okay to switch MLTSS plans?

If an individual changes his/her mind and wants to switch after starting MLTSS, the person may transfer to another NJ FamilyCare MCO at any time, for any reason, until **November 15, 2015**. Individuals can switch plans after the annual Open Enrollment period if they are within 90 days of their last MCO selection, or for a good cause reason, by calling NJ FamilyCare at 1-800-701-0710.

PACE-eligible individuals may transfer to a PACE (Program of All-inclusive Care for the Elderly) program at any time. See the answer to the following question for more information on PACE.

13. What should a person do if he/she wants to enroll in PACE instead of a NJ FamilyCare MCO?

If an individual is eligible for a PACE program and prefers PACE, then the individual will not need to enroll with a NJ FamilyCare MCO. PACE programs cover both Medicare and NJ FamilyCare benefits.

- PACE accepts Medicare plus Medicaid (Dual Eligibles) OR Medicare only with a private pay agreement.
- A PACE organization coordinates and directly provides or subcontracts all services, including hospital, home health, physician, nursing home care, transportation, meals, prescription drugs, as well as other services required by

the beneficiary. Many beneficiaries attend a community PACE center to receive services, in addition to receiving services at home, if needed.

- To participate in PACE, you must be 55 years of age or older and able to live safely in the community with supports at the time of enrollment.
- Currently there are four PACE organizations serving parts of seven counties. To be eligible to enroll, you must live in the PACE provider’s service area.
- To enroll in PACE, call the PACE program. You may also receive information by calling 1-800-MEDICARE (1-800-633-4227), (TTY 1-877-486-2048). Call the PACE program that serves the area in which you live to find out if you are eligible. Please see the chart at the end of these FAQs for specific plans, contact information and counties served.

For more information on PACE, [click here](#) to visit New Jersey’s PACE website, or see the following chart for contact information.

Program for All Inclusive Care for the Elderly (PACE)	
Names	Counties
Life at Lourdes – To enroll, call (856) 675-3355	Most of Camden
Lutheran Senior LIFE – To enroll, call (201) 706-2091	Most of Hudson
LIFE St. Francis – To enroll, call (609) 599-5433	Mercer and parts of Northern Burlington
Inspira LIFE – To enroll, call (856) 418-5433	Parts of Cumberland, parts of Gloucester and parts of Salem
For more information on PACE, call 1-800- MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), or visit http://www.medicare.gov/pubs/pdf/11341.pdf	

14. What NJ FamilyCare MCO options are available? How can a person know if an MCO is available in their area, and how can a person contact customer service?

NJ FAMILYCARE MCO HEALTH PLANS	COUNTIES OF OPERATION
<p>Amerigroup New Jersey, Inc.</p> <p>Member Services: 1-800-600-4441 (TTY: 1-800-855-2880) Provider Services: 1-800-454-3730</p>	<p>All except Salem</p>
<p>Horizon NJ Health</p> <p>Member Services: 1-877-765-4325 (TTY: 1-800-654-5505) Provider Services: 1-800-682-9091</p>	<p>All 21 NJ Counties</p>
<p>UnitedHealthcare Community Plan</p> <p>Member Services: 1-800-941-4647 (TTY: 711) Provider Services: 1-888-362-3368</p>	<p>All 21 NJ Counties</p>
<p>WellCare</p> <p>Member Services: 1-888-453-2534 (TTY: 1-877-247-6272) Provider Services: 1-888-453-2534</p>	<p>Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex, and Union</p>

15. What does New Jersey’s move to MLTSS mean for an individual’s Medicare coverage?

A D-SNP member’s Medicare coverage will change. There are several ways to receive Medicare coverage when an individual switches to MLTSS. No matter which option an individual chooses, he/she will not lose Medicare coverage. Medicare will still serve as an individual’s primary insurance and NJ FamilyCare will serve as the secondary insurance.

Individuals will be disenrolled automatically from D-SNP when they are transferred into MLTSS.

Enrollment options for D-SNP enrollees in MLTSS:

- Return to Original Medicare and a Medicare Part D Drug Plan, with NJ FamilyCare services handled by the same MCO that offered their D-SNP coverage;
- Return to original Medicare and a Part D Drug Plan, with NJ FamilyCare services handled by another MCO;
- Enroll in a Medicare Advantage plan with drug coverage, with NJ FamilyCare services handled by the same MCO that offered their D-SNP coverage;
- Enroll in a Medicare Advantage plan with drug coverage, with NJ FamilyCare services handled by another MCO; or
- Enrollment in a PACE program.

These options are described in more detail below:

PACE

See the description of PACE in Question #13.

Original Medicare with Part D Prescription Drug Coverage

Individuals who make no other Medicare Advantage or PACE enrollment selection will automatically be enrolled in Original Medicare. They will need to contact Medicare to enroll in a Part D prescription drug coverage plan, or Medicare will assign one.

Medicare Advantage Plans

Medicare Advantage provides Medicare benefits through a managed care plan. Some Medicare Advantage plans include built-in prescription drug coverage. Some of them do not. The Medicare Advantage Plan options available are different in every county.

16. Who can advise an individual on the best Medicare coverage options in the area?

Call:

- **Medicare** at: 1-800-Medicare (1-800-633-4227, TTY: 1-877-486-2048); or
- The **New Jersey State Health Insurance Assistance Program (SHIP)** at: 1-800-792-8820.

17. What happens to an individual's prescription drug coverage when he/she is no longer in a D-SNP Plan?

If an individual has been enrolled in a D-SNP, he or she will automatically receive Medicare Fee-for-Service (Original Medicare) if no other selection is made upon disenrollment from the D-SNP Medicare Advantage Plan. The individual will automatically be assigned to a Medicare Part D prescription drug plan, or he/she can select a Medicare Part D plan by calling:

- Medicare at: 1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048); or
- The New Jersey State Health Insurance Assistance Program (SHIP) at: 1-800-792-8820.

18. What if my Medicare Part D Prescription Drug coverage is dropped by mistake?

In the unlikely event that a Part D assignment doesn't occur automatically, contact the Humana LINET provider and customer service line immediately at **1-800-783-1307** to reconnect to coverage. **It can take up to 6 weeks from the date of enrollment for a new Part D prescription drug plan to take effect. During that time, members can ask the pharmacy to enroll them in Humana LINET, which covers prescription drugs for people waiting to start their new Medicare Part D plan. Humana LINET can be contacted at 1-800-783-1307. Members should have their NJ Health Benefit ID (HBID) card, as well as any other health plan ID cards, available when visiting or calling the pharmacy.**

19. Below is a list of additional steps to take to ensure a smooth transition from one plan to another:

- Be sure to inform your primary care provider (PCP) that you are switching plans.
- If you are choosing a new Medicare Advantage health plan rather than original Medicare, verify that your PCP is in-network with your new health plan.
- If you choose a new health plan and you regularly use Durable Medical Equipment (DME), verify that your DME provider is in-network with your new health plan.
- Be sure to inform any specialists you see regularly that you are switching health plans. If you see specialists, verify that your specialists are in-network with your new health plan.
- Be sure to ask about your new plan's specialist referral policy. Do they require referrals? If so, for which specialists or services?
- Be sure that your medications are on your new Medicare Advantage Plan's or Part D Prescription Plan's covered drug list (formulary). To find out if your drugs are covered, call 1-800-MEDICARE (1-800-633-4227, TTY: 1-877-486-2048) for assistance, or look them up at www.medicare.gov.
- Be sure to inform your new Medicare Advantage Plan that you also have NJ FamilyCare coverage and are a recipient of MLTSS so they can coordinate benefits between your plans, even if they are affiliated with the same overall company.