



JAMES E. MCGREEVEY  
Governor

State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
P.O. Box 712  
Trenton, NJ 08625-0712  
Telephone 1-800-356-1561

GWENDOLYN L. HARRIS  
Commissioner

MATTHEW D. D'ORJA  
Acting Director

**MEDICAID COMMUNICATION NO. 03-16**

**DATE: September 25, 2003**

**TO:** County Welfare Agency Directors  
Statewide Eligibility Determination Agency  
Institutional Services Section Supervisors

**SUBJECT: Carve-Out of Pharmaceutical Services for Aged, Blind and Disabled Beneficiaries (Non-Dual Eligible), Enrolled in Managed Care**

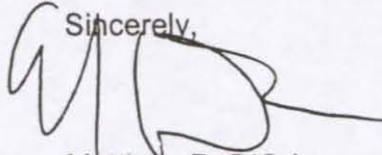
**BACKGROUND:** Coverage of prescription drugs is a component of the Health Maintenance Organization (HMO) benefit package. In the past, aged, blind and disabled Medicaid beneficiaries enrolled in managed care were eligible to receive pharmaceutical benefits, with the exception of atypical antipsychotic drugs, from their HMO. With the exception of atypical antipsychotic drugs, these services were not eligible for fee-for-service reimbursement.

Effective September 1, 2003, **all pharmaceutical services for all aged, blind and disabled beneficiaries, enrolled in managed care will be reimbursed through fee-for-service.** This will not affect aged, blind or disabled individuals enrolled in an HMO who have Medicare. This change only affects how a pharmacy bills and should be invisible to the client.

Please note, although dental and chiropractic services were at risk to be cut, they continue to be part of the ABD beneficiary service package. All services for this population continue to remain the same.

**BENEFICIARY NOTIFICATION:** ABD beneficiaries received written notice about the above service change during the month of August 2003 which is attached.

We appreciate your continued support in serving our mutual beneficiaries and your ongoing cooperation. Also attached for your reference is the Division of Medical Assistance and Health Services' Newsletter Volume 13, Number 59. If you have any questions, please contact the DMAHS Bureau of Eligibility Policy field staff assigned to your county at 609-588-2556.

Sincerely,  
  
Matthew D. D'Oria  
Acting Director

MDD:lp  
Attachments

c: Clifton R. Lacy, M.D., Commissioner  
Susan Reinhard, Senior Policy Analyst  
Department of Health and Senior Services

Jeanette Page-Hawkins, Acting Director  
Division of Family Development

Edward Cotton, Director  
Division of Youth and Family Development

James Smith, Director  
Division of Developmental Disabilities





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August 2003

Dear Beneficiary:

This is to advise you of a change in State policy concerning your coverage of prescription drugs.

Currently, our records show that you are eligible for Medicaid but not Medicare, and that you receive your health care benefits from a Medicaid Health Maintenance Organization (HMO). These benefits currently include prescription drugs.

Due to a policy change, effective September 1, 2003, if you are eligible for Medicaid but not Medicare, your prescription drug benefit will be provided for directly by the State. This means your HMO will not provide your prescription drug coverage. Instead, your pharmacy will submit your prescription claims directly to the State Division of Medical Assistance and Health Services for payment.

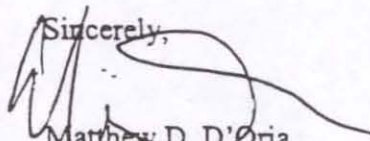
In addition, beginning October 1, 2003, your doctor will now need to request authorization from the State before prescribing a brand name drug if there is a generic drug that can be used. To obtain a brand name drug for you, your doctor must provide an authorization number with your prescription. Without this authorization number, your pharmacy is only allowed to dispense up to a 10-day supply of the brand name drug, while waiting for the authorization number from your doctor.

Please note: there are some brand name drugs that you can still get without prior authorization. Your doctor and pharmacist should know which drugs these are. If you are using one of these drugs, your doctor will not need to request authorization from the State, and your pharmacy can dispense the prescribed amount of the brand name drug without a prior authorization number.

**This policy will not affect your ability to receive necessary drugs or affect decisions made by your doctor when choosing the best drug for your care.**

If you have any questions, please contact the Medical Assistance Hotline at 1-800-356-1561.

Sincerely,



Matthew D. D'Oria  
Acting Director

MDD:Mm



State of New Jersey  
ESTADO DE NEW JERSEY  
DEPARTAMENTO DE SERVICIOS HUMANOS  
DIVISIÓN DE SERVICIOS DE ASISTENCIA MÉDICA Y DE SALUD  
P.O. Box 712  
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JAMES E. MCGREEVEY  
Gobernador

GWENDOLYN L. HARRIS  
Comisionada

MATTHEW D. D'ORIA  
Director Interino

Agosto del 2003

Estimado beneficiario:

El motivo de esta carta es informarle un cambio en la política del Estado sobre su cobertura de medicamentos recetados.

Actualmente, nuestros archivos médicos nos muestran que usted es elegible para recibir beneficios de Medicaid, pero no de Medicare y que recibe beneficios del cuidado de la salud de una Organización para el Mantenimiento de la Salud (HMO, siglas en inglés) de Medicaid. Actualmente estos beneficios incluyen medicamentos recetados.

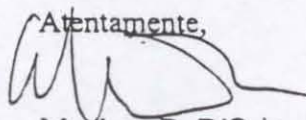
Debido a un cambio en la política, a partir del 1 de septiembre del 2003, si usted es elegible para recibir beneficios de Medicaid pero no de Medicare, su beneficio de medicamentos recetados será proporcionado directamente a través del Estado. Esto significa que su HMO no le proporcionará su cobertura de medicamentos recetados. Por el contrario, su farmacia enviará directamente sus reclamos de recetas a la División Estatal de los Servicios de Asistencia Médica y de Salud para que se efectúe el pago.

Además, a partir del 1 de octubre del 2003, su doctor tendrá que solicitar la autorización del Estado antes de recetar un medicamento de marca, si hubiese un medicamento genérico que se pudiera usar. Para que usted obtenga un medicamento de marca, su doctor deberá proporcionarle el número de autorización junto con su receta. Sin este número de autorización, su farmacia sólo está autorizada a proporcionarle un suministro del medicamento de marca por un máximo de 10 días, hasta que su doctor reciba el número de autorización.

Por favor tenga en cuenta lo siguiente: hay algunos medicamentos de marca que usted todavía puede obtener sin autorización previa. Su doctor y su farmacéutico deben saber qué medicamentos son éstos. Si usted está usando uno de estos medicamentos, su doctor no necesitará solicitar autorización del Estado y su farmacia podrá proporcionarle la cantidad del medicamento de marca que indica su receta, sin necesidad de obtener previamente un número de autorización.

**Esta política no va a afectar su capacidad para recibir los medicamentos necesarios ni va a afectar las decisiones hechas por su doctor cuando escoja el mejor medicamento para su cuidado.**

Si tiene alguna pregunta, comuníquese con la Línea de Ayuda de la Asistencia Médica, llamando al 1-800-356-1561.

Atentamente,  
  
Matthew D. D'Oria  
Director Interino

MDD:Mm