



Morris County Foster Parents Association

Medicaid HMOs – *Straight Medicaid providers are no longer an option*

Fostering Healthy Children: Health Insurance for the Child in Your Care

As a resource parent, one of the most important roles you have is to help the child in your home be healthy and stay healthy. All children must have regular visits to a doctor and a dentist to help them stay healthy and identify and treat potential health problems early. Ensuring that the health needs of the child in your care are identified and treated are responsibilities resource parents, DYFS and health care professionals share.

The following information will help you, as a resource parent, to understand how to enroll your child into the Medicaid Managed Care Program, and access health for children while they reside in your home. Please keep this information handy and refer to it each time a child is placed in your home.

What are the health insurance options for children in foster care?

DYFS provides all children entering a resource family home with New Jersey Medicaid, which covers all health-related expenses and treatment received at a hospital or a health care provider who accepts NJ Medicaid.

What is “Fee-for-Service” Medicaid?

Fee-for-service is a system for providing health care in which health care providers bill Medicaid directly. In New Jersey, there is a limited number of doctors, dentists and specialists who accept fee-for-service Medicaid. ***As of June 1, 2011, this option is no longer available.***

What is Medicaid Managed Care?

The Medicaid managed care program is a system for providing health care in a Health Maintenance Organization (HMO). Under managed care, resource parents may choose one of five HMOs for the child in their home. The HMO helps manage the child's health care and offers all the same benefits as fee-for-service providers, plus:

- You will choose a primary care physician (PCP) for your child. The PCP will keep track of your child's health needs.
- Your child will have a dentist who will care for his/her dental needs.
- You will have access to your child's PCP 24 hours/day, 7 days/week to manage care through his/her office or by telephone. If you can't reach your child's PCP, you can call his/her HMO's 24-hour member services number for help.
- A care manager, assigned to your child by his/her HMO, can talk to you about your child's health care needs and assist you in finding a specialist or specific treatment.
- The HMO will help you get medically necessary physical, speech or occupational therapies for your child.
- A care manager will help coordinate all of your child's medically necessary services, including finding specialists, making appointments and arranging transportation (NOTE: A resource parent must accompany the child when medical transportation is provided.)



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What is the paper card I received from my child's caseworker?

The paper card you initially receive from the child's DYFS caseworker when the child is placed in your home allows your child to receive fee-for-service Medicaid until that child is enrolled in a Medicaid HMO. You should use this card in case you have to fill a prescription for child or bring the child to a doctor or hospital. After a month or two of receiving a paper card in the mail, you will eventually receive a permanent, plastic card as your child's Medicaid HMO ID. *If you bring the child to a provider or facility, you must ensure that the provider participates in the HMO that you have selected.*

What happens after I get the paper card?

You can use the paper card only during the month for which it is issued. The permanent plastic card does not expire as long as the child remains in your home. All DYFS resource parents, including relative caregivers, foster parents, pre-adoptive parents, and Special Home Service Providers, are required to enroll children in their care into a Medicaid HMO within the first 60 days of their placement into the home. If a resource parent does not choose a Medicaid HMO for the child within 60 days, the child will automatically be enrolled into a Medicaid HMO selected by DYFS. (NOTE: When a child is placed in your home, be sure to ask the caseworker if the child is already enrolled in a Medicaid HMO.)

Why am I required to enroll my child into Medicaid Managed Care?

Through managed care, children have greater access to health care providers than through traditional fee-for-service. HMOs provide a comprehensive package of preventive health services that, combined with the full range of Medicaid benefits, allows for the best quality of health care for children.

How do I enroll my child into a Medicaid HMO?

1. Resource parents must call the Health Benefits Coordinator (HBC) at 1-800-701-0710 (TDD/TTY 1-800-701-0720) to request an enrollment form to begin the enrollment process. The HBC will ask some questions, such as the child's name, Medicaid identification number (on the Medicaid card or available from your child's caseworker), child's date of birth, name, address and phone number of the resource parent, and name and phone number of the child's caseworker.
2. Upon receiving the HMO enrollment request form in the mail, the resource parent must complete the form and indicate on the top of the form that the child is in DYFS resource family care. It is important to list any special health needs of the child when completing the form.
3. The resource parent mails the completed form back to the HBC within 60 days of the child's placement in the home.
4. The resource parent will receive the child's HMO Medicaid card in the mail.

If at any time, resource parents need assistance in choosing a plan, finding a doctor or dentist, or have questions about managed care, they may contact the HBC at 1-800-701-0710.



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How long will it take before my child is enrolled in an HMO?

It generally takes 30 to 45 days for the enrollment to take effect. In the meantime, the child is covered by DYFS fee-for-service Medicaid.

Should every child in foster care be enrolled into a Medicaid HMO?

Yes. Every child in foster care must now be enrolled in a Medicaid HMO.

If my child is enrolled in a Medicaid HMO, can I use any doctor?

You can only use providers and hospitals from the HMO network you choose, *unless it is an emergency*, or if you get prior authorization from the HMO. **If you think your child is having an emergency, call 911 or go to the nearest emergency room! You do not need permission to bring the child to the emergency room in an emergency.**

If you and your child have an emergency situation while out of town or out of state, present the child's HMO and NJ Medicaid ID cards to the facility you bring your child to. You should contact the HMO as soon as possible (within 24 hours) to let them know that the child was seen in an out-of-network facility.

Some other things you should know:

- Your child's PCP will give you a referral when he/she needs to see a specialist.
- You may need to obtain prior authorization from your HMO before receiving some services.
- You do not need a referral for your child to visit an Ob/Gyn or for dental care, routine eye care or a mammogram.
- When your child goes for health care, always remember to bring his/her Medicaid and HMO member identification cards.

What is the Medicaid ID card (paper or plastic) used for?

You must always keep both the Medicaid and HMO identification cards with you. Present both cards each time you bring your child to a health care provider or fill a prescription at a pharmacy. Some health service your child receives will be covered under traditional fee-for-service Medicaid. Examples may include psychological counseling or therapy, or physical, occupational and speech therapies. If you are unsure if a service is covered by your child's Medicaid HMO, you can always contact the HMO's member service unit directly or your child's HMO care manager.



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What else should I know about the HMO care manager?

All children in resource family care and enrolled in a Medicaid HMO will have an HMO care manager. This means that this person (usually a nurse or social worker) will contact you and ask you about the health needs of the child in your care. This individual will not make visits to your home, but will speak with you over the phone and help answer questions you may have about your child's health care providers. The HMO care manager will help develop a specific "individual care plan" for the child. The care plan will list any treatment needs and doctors or specialists the child may need to see.

The HMO care manager might also speak with your child's doctor or health specialist to make sure the child's health needs are being met and any treatment plans are being followed. The HMO care manager will help you find a dentist, a specialist or other health provider, should your child need one. He/she will help make sure prescriptions for certain medications are approved. They will also help make sure the children in your care are getting the health care services they need.

For example, if you are having trouble finding a specialist, the HMO care manager can provide you with names of specialists who participate in the child's HMO. If for some reason, a specialist who participates in the child's HMO cannot be identified, the care manager will work with the child's PCP to provide the service "out of network." This means that the HMO will cover the cost of using another doctor.

Can I change my child's PCP within the same Medicaid HMO?

Yes, you can change your child's PCP by contacting the HMO's member services toll-free telephone number directly. Representatives from the HMO member services unit will help you choose a new PCP. It will take about 7 to 10 days to receive your child's new member ID card with the change. If you need to visit the PCP before you receive the new card, contact the HMO member services unit and they will make the arrangements for you.



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Medicaid Managed Care (HMOs) for DYFS Children New Jersey Care 2000+

<http://www.state.nj.us/humanservices/dmahs/info/resources/hmo/>

1-800-701-0710 or 1-800-356-1561

AmeriGroup New Jersey, Inc.

399 Thornall Street

Edison, NJ 08837

Member Services: 1-800-600-4441

Provider (Doctor) Relations: 1-800-454-3730

Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren

Healthfirst NJ

1 Washington Street

Newark, NJ 07102

Member Services: 1-888-464-4365

Provider (Doctor) Relations: 1-866-889-2523

Bergen, Essex, Hudson, Mercer, Middlesex, Morris, Passaic, Somerset, Sussex, Union

Horizon NJ Health

210 Silvia Street

Trenton, NJ 08628

Member Services: 1-877-765-4325

Provider (Doctor) Relations: 1-800-682-9091

Atlantic, Bergen, Burlington, Camden, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren

UnitedHealthcare Community Plan

Member Services: 1-800-941-4647

1-800-943-4647 (en Español)

Provider (Doctor) Relations: 1-888-362-3368

TDD Number: 1-800-852-7897

Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren