Welcome to NJ Medicaid’s Dual Eligible Special Needs Plan Consumer Guide!

New Jersey residents who have both Medicare and Medicaid, known as “dual eligibles”, can enroll in a Dual Eligible Special Needs Plan (D-SNP, pronounced “dee-snip”). A D-SNP is a special kind of Medicare managed care plan that coordinates all covered Medicare and Medicaid managed care benefits in one health plan.

If you or a trusted family member or doctor heard about D-SNP and would like to know more about it, please use this web site as a guide to get started. A free guide about Special Needs Plans is available online from Medicare, too. Click here to go to Medicare’s SNP guide.

Special Needs Plan Features:

- A team of doctors, specialists, and care managers working together for you
- No co-payments, premiums or deductibles
- One health plan to coordinate all your Medicare and Medicaid managed care benefits, including managed long term service and supports
- All the same member rights available to Medicare and Medicaid recipients
- D-SNPs may require referrals before you make an appointment to see specialists. Check our chart on page 4.

Coverage

Most D-SNP covered services are covered by Medicare, and a few are covered exclusively by Medicaid, including dental, vision, hearing aids and fittings, certain private duty nursing services, medical day care, personal care assistance, and long-term (non-medical with daily activity support) nursing facility care.

Generally, when Medicaid covers health care services beyond the limits of Medicare, then Medicaid will pay for what Medicare does not.
To determine if you are eligible for D-SNP, you must:

1. Have Medicare Parts A and B;
2. Have full NJ Medicaid benefits;
3. Not be enrolled in a PACE program;
4. Be a full time New Jersey resident;
5. Not be enrolled in a breast cancer or cervical cancer waiver program; and,
6. Not be diagnosed with End-Stage Renal Disease (ESRD) at the time of enrollment.

If you have any questions about your eligibility for D-SNP, call the NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 or click [here](#) for more information on NJ SHIP.

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Before you enroll in a NJ D-SNP

D-SNP plan representatives are required by NJ Medicaid to provide the following information to you the first time you receive something in the mail, talk to a representative in your home, in the community, over the phone, or at an event, such as a health fair.

You have the right to know

- If your doctors and other health care providers are in network;
- If the plan requires referrals to see a specialist;
- If your prescriptions are in the plan formulary (covered drug list);
- If your DME providers are in network; and
- How your choice will affect your current plan enrollment.

Please use this guide to make sure that:

1. The D-SNP offers service in your county.
2. Your doctors are in the D-SNP’s network. The networks are not all the same.
3. Your prescriptions are covered by the D-SNP. The formularies (covered drug lists) are not all the same.
**Step 1: Is the D-SNP in your county?**

<table>
<thead>
<tr>
<th>HEALTH PLAN</th>
<th>D-SNP NAME</th>
<th>COUNTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup New Jersey, Inc.</td>
<td>Amerivantage Dual Coordination (HMO-SNP)</td>
<td>Atlantic, Bergen, Burlington, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>UnitedHealthcare Dual Complete ONE (HMO-SNP)</td>
<td>Atlantic, Bergen, Burlington, Essex, Hudson, Mercer, Monmouth, Morris, Ocean, Union</td>
</tr>
<tr>
<td>WellCare Health Plans, Inc.</td>
<td>WellCare Liberty (HMO-SNP)</td>
<td>Bergen, Essex, Hudson, Middlesex, Morris, Passaic, Somerset, Union</td>
</tr>
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</table>

**Step 2: Provider Directories**

Are your doctors in the D-SNP network?

Use the links here to find out if your current doctors and other providers (including pharmacies and medical supply providers) are participating in the provider network of the D-SNP you choose (click links below to check provider networks);

- Amerivantage Dual Coordination (HMO-SNP)
  http://amerigroup.prismisp.com/

- UnitedHealthcare Dual Complete ONE
  http://www.americhoice.com/find_doctor/first.jsp?xplan=uhcnj&xtitle=Doctor

- WellCare Liberty
  https://www.wellcare.com/New-Jersey/Find-a-Provider#/Search

**Step 3: Formularies**

Are your prescriptions covered by the D-SNP?

Use the links here to find out if your current prescription drugs are included in the drug list (formulary) of the D-SNP you choose (click links below to check drug lists);

- Amerivantage Dual Coordination (HMO-SNP)
  http://www.myamerigroup.com/medicare2015/Pages/Formulary.aspx

- UnitedHealthcare Dual Complete ONE (HMO-SNP)
Step 4: Referrals

Does the health plan you like require referrals? Referral requirements vary for each D-SNP. For more information, call the D-SNP directly:

<table>
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<th>HEALTH PLAN</th>
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<tr>
<td>Amerigroup New Jersey, Inc.</td>
<td>Amerivantage Dual Coordination (HMO-SNP)</td>
<td>1-800-374-3631 (TTY 1-800-855-2880)</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan</td>
<td>UnitedHealthcare Dual Complete ONE (HMO-SNP)</td>
<td>1-888-834-3721 (TTY 711)</td>
</tr>
<tr>
<td>WellCare Health Plans, Inc.</td>
<td>WellCare Liberty (HMO-SNP)</td>
<td>1-877-706-9509 (TTY 877-247-6272)</td>
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</table>

Step 5: Compare supplemental benefits

The supplemental benefits offered by the D-SNPs are beneficial to you and would not interfere with benefits you are currently receiving (supplemental benefits are subject to change). For more information, please contact the plan or visit the health plan’s website.

NOTE: When you enroll in a D-SNP, you do not lose any of your Medicare or Medicaid benefits and you can return to traditional Medicare and regular Medicaid managed care at any time, for any reason. When you enroll in a D-SNP, you will be disenrolled from your current Medicaid MCO, Medicare Advantage Plan (if applicable), Medicare Part D plan (if applicable) or the PACE program (if applicable). Once you enroll in a D-SNP you will receive all your Medicare Parts A and B, Medicare Part D prescription drugs and most Medicaid benefits from the D-SNP. Some Medicaid benefits are still received through the Medicaid Fee for Service Program.

To enroll in a D-SNP:

Call the D-SNP directly (All D-SNP enrollments begin on the first day of the next month):
If you have any questions about D-SNP, call the NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 or click here for more information on NJ SHIP.

To transfer from one D-SNP to another D-SNP:

D-SNP members can transfer at any time, for any reason. Simply call the D-SNP that you want to join (phone numbers listed above). You will be automatically disenrolled from your current D-SNP on the first day of the next month. It may take a few days to receive your new insurance card and membership materials.

How to disenroll from a D-SNP (and return to a regular Medicaid HMO):

1 – Call the D-SNP directly to request a disenrollment form. Your request to disenroll must be in writing. (All D-SNP disenrollments are effective on the first day of the next month):

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OR:

2 – Call 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)

NOTE: D-SNP members can disenroll at any time, for any reason and all D-SNP disenrollments are effective on the first day of the next month. By disenrolling from D-SNP, you are also leaving your Medicare Advantage membership. You will automatically return to Original Medicare. You may re-enroll in Medicare Advantage at any time.
After disenrolling from a D-SNP, make sure you:

1 – Call NJ FamilyCare at 1-800-701-0710 (TTY 1-800-701-0720) to choose a new Medicaid Managed Care Organization (MCO). You will be enrolled in the new Medicaid MCO within 1-8 weeks. Until your Medicaid MCO enrollment becomes effective, you can receive your Medicaid benefits through the Medicaid Fee-for-Service program. If you do not choose a new Medicaid MCO, you will be automatically assigned to one.

2 – Call NJ SHIP at 1-800-792-8820 to discuss your Medicare options. You may choose to enroll in a different Medicare Advantage plan, a different Medicare Part D prescription plan, or remain in Original Medicare. Sometimes it can take up to 6 weeks for your enrollment in a new Medicare Part D plan to take effect. In the meantime, 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.

What if I have a problem?

What if I’m not sure how I got into a D-SNP and I want to go back to regular Medicaid managed care?

You can return to your old plan at any time, but it could take up to one month for the change to take effect. You or a trusted friend or family member will need to make two or three phone calls. The first phone call is to the helpful people at the NJ SHIP Office. They will help guide you through the process of disenrolling from the D-SNP.

Call #1 – Call NJ SHIP at 1-800-792-8820 to discuss your Medicare options. You may choose to enroll in a different Medicare Advantage plan, a different Medicare Part D prescription plan or remain in Original Medicare.

Call #2 – Call 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048) to enroll in Medicare Advantage (if applicable) or Medicare Part D (if applicable).

Call #3 – Call NJ FamilyCare at 1-800-701-0710 (TTY 1-800-701-0720) to choose a new Medicaid Managed Care Organization (MCO). You will be enrolled in the new Medicaid MCO within 1-8 weeks. Until your Medicaid MCO enrollment becomes effective, you can receive your Medicaid benefits through the Medicaid Fee for Service program. If you do not choose a new Medicaid MCO, you will be automatically assigned to one.
What if I can’t see my doctors anymore because they are “out of network”? You have options.

1. You have the right to continue to receive all of your services with your current doctors, under your current plan of care, until your new plan performs a new health risk assessment. If the plan finds a new doctor for you after the assessment, then you need to see the doctor in your new plan’s network.

2. If your doctor is not in your new plan’s network, and you do not want to change doctors, then you have the right to return to your old plan. It may take up to one month to complete the switch back to your old plan.

What if my doctor leaves my plan’s network?

If your doctor is leaving your health plan’s network, you can check the service area chart (on page 3 of this document) to see if your doctor’s new plan is available in your county. If it is, then you may switch health plans. Just follow the D-SNP enrollment transfer steps on page 5 and 6 of this document. It may take about a month for the switch to be complete.

I don’t see an answer to my problem on your page. What should I do next?

There are many people around the State ready to help in any way they can. You can get help with your problem by calling one of the hotline numbers below.

If you are not sure which one to call, you can call either one and you will be referred to someone who can help.

- Medicaid Customer Service Hotline: 1-800-356-1561
- NJ State Health Insurance Assistance Program (SHIP) at 1-800-792-8820

The customer service agent will help you get the answers you need.