



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

JAMES E. MCGREEVEY
Governor

GWENDOLYN L. HARRIS
Commissioner

MATTHEW D. D'ORLA
Acting Director

MEDICAID COMMUNICATION NO. 03-17

DATE: September 29, 2003

TO: County Welfare Agency Directors
Statewide Eligibility Determination Agency
NJ FamilyCare Liaisons

SUBJECT: Conversion of NJ FamilyCare Alien (SPC 40) Parents and
Changes in Plan H Services

In an effort to stay within the funds appropriated for NJ FamilyCare, the State is changing the benefit package for those individuals receiving Plan H services and for those alien parent/caretaker beneficiaries who are identified by Special Program Code 40 (SPC 40).

Effective November 1, 2003, all alien parents/caretakers who are identified with a Special Program Code 40 (Resident Aliens with less than 5 years permanent residence immigration status) will change from their current Plan (A, D or I) to Plan H benefits. Please note that this change will not impact on eligible SPC 40 NJ FamilyCare children or eligible SPC 40 pregnant women who are enrolled in the appropriate program (New Jersey Care...Special Medicaid for Pregnant Women). The importance of a pregnant woman being evaluated and placed in the appropriate program will become more crucial for SPC 40 beneficiaries to assure coverage for maternity and related newborn services.

Effective November 1, 2003, beneficiaries already enrolled in NJ FamilyCare Plan H (PSC 763) and the above-mentioned Plan H converted parents/caretakers will have an amended Plan H benefit package. **Please note the following services will no longer be covered under Plan H:**

- Maternity services and related newborn services
- Hospice
- Optometrist services
- Vision care and eyeglasses
- Podiatrist services
- Outpatient rehabilitation
- Family planning
- Prosthetic appliances
- Organ transplant services
- Private duty nursing

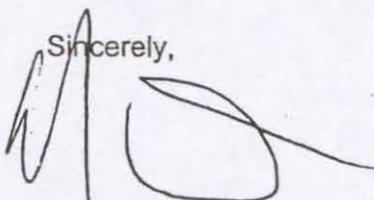
Also, effective November 1, 2003, all Plan H beneficiaries and their children who are covered under NJ FamilyCare must be enrolled in **Horizon Mercy, University Health Plan, or AmeriChoice**. These HMO's will be providing administrative services under a non-risk contract through the Managed Care Service Administrator (MCSA). The other managed care providers (HMOs) will not be participating in NJ FamilyCare Plan H. All members of a household/family must be enrolled in the same HMO. Beneficiaries **not** already in one of the above HMOs must change their enrollment and are **required** to complete a Disenrollment Form and HMO Plan Selection Form. Forms must be completed, signed and returned to the Health Benefits Coordinator by October 9, 2003.

If not returned by October 9, 2003, beneficiaries will be automatically assigned to Horizon Mercy, University Health Plan, or AmeriChoice to prevent disenrollment and termination of services. All Plan H beneficiaries, as of November 1, 2003 must be enrolled in a MCSA. If beneficiaries cannot be enrolled, for example due to other concurrent HMO coverage, they will be terminated.

Beneficiaries have been notified of the change in Plan H and if applicable, the requirement to enroll in one of the three participating HMOs. Attached are the prototypes of the beneficiary letters and the Plan H covered services list for your information and reference.

We appreciate your cooperation and on-going support in serving our mutual beneficiaries. If you have any questions, please contact DMAHS Bureau of Eligibility Policy field staff assigned to your county at (609) 588-2556.

Sincerely,

A handwritten signature in black ink, appearing to read 'Matthew D. D'Oria', with a long horizontal flourish extending to the right.

Matthew D. D'Oria
Acting Director

MDD:LE

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 Services

James Smith, Director
Division of Developmental Disabilities



NJ FAMILYCARE PROGRAM
Plans D and I
COVERED/NON-COVERED HEALTH CARE SERVICES

Service Type	NJ FamilyCare Plan "D" (Services are provided through HMO coverage unless otherwise specified)	NJ FamilyCare Plan "I" (Services are provided fee-for-service)
Abortion – Elective/Induced	YES Out-of-plan services (Fee-for-service)	YES
Acupuncture	NO	NO
Adult Mental Health Rehabilitation	NO	NO
ADDP Covered Anti-Retroviral Drugs	YES	YES
Ambulatory Surgery	YES	YES
Biofeedback	NO	NO
Blood & Blood Plasma	NO	NO
Blood Processing Admin. Cost	YES	YES
Disease Management – Chronic Mental Illness	NO	NO
Certified Nurse Practitioner/Clinical Nurse Specialist	YES	YES
Chiropractic Services	NO	NO
Christian Science Sanitaria Care	NO	NO
Clinic Services (Free standing) – Ambulatory	YES	YES
Clinic Services (Free standing) – End Stage Renal Disease	YES	YES
Clinic Services (Free standing) – Family Planning	YES	YES
Clinic Services (Free standing) – Mental Health	Yes Out-of-plan services (Fee-for-service) Limitations apply-35 days inpatient and 20 days outpatient per year	Yes Limitations apply-35 days inpatient and 20 days outpatient per year
Cosmetic Services	NO	NO
Custodial Services	NO	NO
Dental Services	NO	NO
Diabetic Supplies/Equipment	YES	YES
Durable Medical Equipment	NO	NO

Service Type	NJ FamilyCare Plan "D" (Services are provided through HMO coverage unless otherwise specified)	NJ FamilyCare Plan "I" (Services are provided fee-for-service)
Educational Services	NO	NO
Emergency Room	YES	YES
EPSDT	NO	NO
Experimental Services	NO	NO
Family Planning Services	YES	YES
Federally Qualified Health Centers (FQHC) Encounters	YES	YES
HealthStart Maternity	YES	YES
HealthStart Pediatric Care	NO	NO
Hearing Aid Services	NO	NO
Home Health Agency Services	YES Limited to skilled nursing care, for a homebound beneficiary, which is provided or supervised by a registered nurse when the purpose of the treatment is skilled care necessary for the treatment of the beneficiary's medical condition	YES Limited to skilled nursing care, for a homebound beneficiary, which is provided or supervised by a registered nurse when the purpose of the treatment is skilled care necessary for the treatment of the beneficiary's medical condition
Home Health Care Rehabilitative Services	YES Out-of-plan services (Fee-for-service) Limited to therapy for non-chronic conditions and acute illnesses and injuries; and a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment per contract year	YES Limited to therapy for non-chronic conditions and acute illnesses and injuries; and a 60 consecutive day period per incident of illness or injury beginning with the first day of treatment
Hospice Services - non-nursing Facility Based	YES	YES
Infertility Services	NO	NO
Inpatient Hospital – not related to behavioral health	YES	YES
Inpatient Hospital – behavioral health	YES Out-of-plan services (Fee-for-service) Mental health limited to 35 days inpatient per year and substance abuse limited to detoxification only	YES Mental health limited to 35 days inpatient per year and substance abuse limited to detoxification only
Intermediate Care for Mentally Retarded (ICF/MR)	NO	NO
Laboratory Services	YES	YES
Maternity Services	YES	YES
Medical Day Care	NO	NO
Medical Supplies	NO	NO
Methadone Maintenance	NO	NO
St. Carmel Guild Hospital (inpatient)	NO	NO

September, 2003
IMMEDIATE ACTION IS REQUIRED

Dear NJ FamilyCare Recipient:

As you may be aware, the State of New Jersey now confronts a severe budgetary crisis after a decade of fiscal mismanagement. The cost of providing health care coverage to New Jersey residents has increased significantly, forcing us to make difficult decisions. Rather than eliminate people from the NJ FamilyCare program completely, we have opted to make changes to your benefit package. These changes will affect those currently enrolled in Plan A, Plan D, and Plan H. If you are currently enrolled in Plan A or Plan D, your benefit package will change to Plan H effective November 1, 2003 resulting in a reduction in your benefits.

Effective November 1, 2003, the Plan H package will be revised and the following services will no longer be covered:

- Hospice
- Optometrist services
- Vision care and eyeglasses
- Podiatrist services
- Outpatient rehabilitation
- Family planning
- Prosthetic appliances
- Organ transplant services
- Private duty nursing

Please see the enclosed list of covered services that are available under the Plan H benefit package.

Maternity services and related newborn services will no longer be available as part of NJ FamilyCare Plan H, but we can assure you that coverage is available to you under a different program. If anyone in your household is pregnant, she should sign up immediately for the New Jersey Care...Special Medicaid Program for Pregnant Women administered through their local County Board of Social Services. For your convenience, a list of agencies and telephone numbers has been enclosed. Under this program, pregnant women will continue to receive comprehensive medical services through their pregnancy and for sixty (60) days after the birth of the baby.

Effective November 1, 2003, all Plan H beneficiaries and their children who are covered under NJ FamilyCare must be enrolled in Horizon Mercy, University Health Plans, or AmeriChoice. No other HMO will be participating in NJ FamilyCare Plan H. All members of your family must be in the same HMO. Since you are not already in one of those HMOs, you must complete the enclosed Disenrollment Form and HMO Plan Selection Form. **Both must be completed, signed and returned to the Health Benefits Coordinator in the enclosed envelope by October 9th.** If these forms are not returned by October 9th, you will be automatically assigned to Horizon Mercy, University Health Plans, or AmeriChoice to prevent disenrollment and discontinuation of services.

Please be assured your children's benefit plan will not change to Plan H. It will still be Plan A, B, C, or D. Call your doctor to see if he/she participates in these HMOs or call 1-800-701-0710 for assistance in choosing a new HMO or if you have any other questions.

Sincerely,

enclosures

NJ FamilyCare

Septiembre del 2003
IMMEDIATE ACTION IS REQUIRED

Estimado beneficiario de NJ FamilyCare:

Posiblemente esté enterado de que actualmente el Estado de New Jersey se encuentra atravesando por una grave crisis presupuestaria después de una década de malos manejos fiscales. El costo para proporcionar cobertura del cuidado de la salud a los residentes de New Jersey ha aumentado significativamente, lo cual nos ha forzado a tomar decisiones difíciles. En lugar de retirar definitivamente a gente del programa NJ FamilyCare, hemos optado por hacer cambios en su paquete de beneficios. Estos cambios van a afectar a los afiliados actualmente al Plan A, Plan D y Plan H. Si usted se encuentra afiliado al Plan A o al Plan D actualmente, su paquete de beneficios cambiará al Plan H; a partir del 1 de noviembre del 2003, dando como resultado la reducción de sus beneficios.

A partir del 1 de noviembre del 2003, el paquete del Plan H será revisado y ya no se cubrirá los siguientes servicios:

- Hospicio
- Servicios del optometrista
- Cuidados de la visión y lentes
- Servicios del podiatra
- Rehabilitación para pacientes externos
- Planificación familiar
- Aparatos prostéticos
- Servicios de trasplante de órganos
- Enfermera de atención privada

Por favor lea la lista que se adjunta acerca de los servicios cubiertos disponibles para los afiliados al paquete de beneficios del Plan H.

Los servicios de maternidad y los servicios relacionados con el recién nacido ya no estarán disponibles como parte del Plan H de NJ FamilyCare, pero podemos asegurarle que la cobertura está a su disposición bajo un programa diferente. Si alguien de su familia está embarazada, deberá inscribirse inmediatamente en el Programa Especial de Medicaid de Cuidados para Mujeres Embarazadas de New Jersey que se administra a través de la Junta Local de Servicios Sociales del Condado. Para su conveniencia, se adjunta una lista de las agencias y sus respectivos números telefónicos. Bajo este programa, las mujeres embarazadas continuarán recibiendo servicios médicos completos durante su embarazo y durante sesenta (60) días después del nacimiento del bebé.

Con vigencia a partir del 1 noviembre del 2003, todos los beneficiarios del Plan H y sus hijos que estén cubiertos por NJ FamilyCare deberán inscribirse en Horizon Mercy, University Health Plans o AmeriChoice. Ninguna otra Organización para el Mantenimiento de la Salud (HMO, siglas en inglés) participará del Plan H de NJ FamilyCare. Todos los miembros de su familia deberán estar inscritos en la misma HMO. Ya que usted no está inscrito en ninguna de dichas HMO, deberá completar el Formulario de Desafiliación y el Formulario de Selección de un Plan de HMO que se adjuntan. Usted deberá completar ambos formularios, firmarlos y devolverlos al Coordinador de Beneficios de Salud en el sobre adjunto a más tardar el 9 de octubre. Si no envía estos formularios a más tardar el 9 de octubre, se le asignará automáticamente a University Health Plans, Horizon Mercy o AmeriChoice para evitar que quede desafiliado y que se descontinúen sus servicios.

Por favor tenga la certeza de que no se cambiará el plan de beneficios de sus hijos al Plan H. Todavía seguirá siendo el Plan A, B, C o D. Llame a su doctor para que sepa si él/ella participa en dichas HMO o llame al 1-800-701-0710 si necesita ayuda para escoger una nueva HMO o por si tiene alguna otra pregunta.

Atentamente,

NJ FamilyCare

September, 2003

Dear NJ FamilyCare Recipient:

As you may be aware, the State of New Jersey now confronts a severe budgetary crisis after a decade of fiscal mismanagement. The cost of providing health care coverage to New Jersey residents has increased significantly, forcing us to make difficult decisions. Rather than eliminate people from the NJ FamilyCare program completely, we have opted to make changes to your benefit package. These changes will affect those currently enrolled in Plan A, Plan D, and Plan H. If you are currently enrolled in Plan A or Plan D, your benefit package will change to Plan H effective November 1, 2003 resulting in a reduction in your benefits.

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If you have any questions, you may call 1-800-701-0710. We regret any impact these changes will have on you.

Sincerely,

NJ FamilyCare

Enclosures

Septiembre del 2003

Posiblemente esté enterado de que actualmente el Estado de New Jersey se encuentra atravesando por una grave crisis presupuestaria después de una década de malos manejos fiscales. El costo para proporcionar cobertura del cuidado de la salud a los residentes de New Jersey ha aumentado significativamente, lo cual nos ha forzado a tomar decisiones difíciles. En lugar de retirar definitivamente a gente del programa NJ FamilyCare, hemos optado por hacer cambios en su paquete de beneficios. Estos cambios van a afectar a los afiliados actualmente al Plan A, Plan D y Plan H. Si usted se encuentra afiliado al Plan A o al Plan D actualmente, su paquete de beneficios cambiará al Plan H, a partir del 1 de noviembre del 2003, dando como resultado la reducción de sus beneficios.

A partir del 1 de noviembre del 2003, el paquete del Plan H será revisado y ya no se cubrirá los siguientes servicios:

- Hospicio
- Servicios del optometrista
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- Planificación familiar
- Aparatos prostéticos
- Servicios de trasplante de órganos
- Enfermera de atención privada

Por favor lea la lista que se adjunta acerca de los servicios cubiertos disponibles para los afiliados al paquete de beneficios del Plan H.

Los servicios de maternidad y los servicios relacionados con el recién nacido ya no estarán disponibles como parte del Plan H de NJ FamilyCare, pero podemos asegurarle que la cobertura está a su disposición bajo un programa diferente. Si alguien de su familia está embarazada, deberá inscribirse inmediatamente en el Programa Especial de Medicaid de Cuidados para Mujeres Embarazadas de New Jersey que se administra a través de la Junta Local de Servicios Sociales del Condado. Para su conveniencia, se adjunta una lista de las agencias y sus respectivos números telefónicos. Bajo este programa, las mujeres embarazadas continuarán recibiendo servicios médicos completos durante su embarazo y durante sesenta (60) días después del nacimiento del bebé.

Si tiene alguna pregunta, puede llamar al 1-800-701-0710. Lamentamos cualquier inconveniente que estos cambios puedan causarle.

Atentamente,

NJ FamilyCare



DESK GUIDE

NJ FAMILYCARE PROGRAM

COVERED HEALTH CARE SERVICES
UNDER PLAN H

Service Type	HMO Benefit (unless otherwise indicated)
Physician Services (Non-Maternity)	YES (\$5 COPAY EXCEPT FOR PREVENTIVE SERVICES; \$10 COPAY FOR NON-OFFICE HOURS & HOME VISITS MAY BE CHARGED BASED ON INCOME)
Prescription Drugs, other than Atypical Antipsychotic drugs Note: Over-the Counter Drugs are not covered.	YES (\$5 COPAY/\$10 COPAY FOR GREATER THAN 34-DAY SUPPLY MAY BE CHARGED BASED ON INCOME)
Prescription Drugs -Atypical Antipsychotic Drugs Only	YES OUT-OF-PLAN BENEFIT
Abortion	YES OUT-OF-PLAN BENEFIT
AIDS Drug Distribution Program (ADDP) Participation	Plan H beneficiaries must enroll in the ADDP to receive HIV prescription drugs
Ambulance – Emergency	YES
Ambulatory Surgery	YES
Certified Nurse Practitioner/Clinical Nurse Specialist (Non- Maternity)	YES (\$5 COPAY EXCEPT FOR PREVENTIVE SERVICES. \$10 COPAY FOR NON-OFFICE HOURS & HOME VISITS MAY BE CHARGED BASED ON INCOME)
Clinic Services (free standing) – Ambulatory	YES (\$5 COPAY MAY BE CHARGED BASED ON INCOME)
Clinic Services (free standing) – Mental Health	YES OUT-OF-PLAN BENEFIT (\$5 COPAY MAY BE CHARGED BASED ON INCOME) Note: Out-of-plan community-based mental health services are limited to sixty (60) service days per calendar year and are eligible for payment as fee-for-service.
Diabetic supplies and equipment	YES
Durable Medical Equipment	YES (Limited Benefit)
Emergency Room	Yes (\$35 COPAY MAY BE CHARGED BASED ON INCOME)
Federally Qualified Health Centers (FQHC) Primary Care Services	YES
Home Health Care Services	YES
Inpatient Hospital – not related to behavioral health (Non-Maternity)	YES
Laboratory Services	YES (\$5 COPAY MAY BE CHARGED BASED ON INCOME)
Outpatient Hospital – not related to behavioral health	YES
Psychological Services	YES (\$5 COPAY MAY BE CHARGED BASED ON INCOME) Note: out-of plan community- based mental health services are limited to sixty (60) service days per calendar year and are eligible for payment as fee-for-service.
Radiological Services (Diagnostic and Therapeutic)	YES (\$5 COPAY MAY BE CHARGED BASED ON INCOME)

September 5, 2003

**MEDICAL ASSISTANCE CUSTOMER CENTER
(MACC)**

MACC OFFICE	PHONE#	ADDRESS
(03) BURLINGTON (11) MERCER	(856) 787-3855 FAX#(856) 787-3877	Mt. Laurel Corporate Park 1000 Howard Blvd, Suite 303 Mt. Laurel, NJ 08054-2355
(04) CAMDEN (08) GLOUCESTER (17) SALEM	(856) 614-2870 FAX#(856) 614-2575	1 Port Center, Suite 401 2 Riverside Dr. Camden, NJ 08103-1018
(06) CUMBERLAND (01) ATLANTIC (05) CAPE MAY	(856) 690-5208 FAX#(856) 690-5223	Giles Building 1676 East Landis Ave PO Box 1513 Vineland, NJ 08362-1513
(07) ESSEX	(973) 648-3700 FAX#(973) 642-6468	153 Halsey St 4 th Floor Newark, NJ 07101-8004
(09) HUDSON	(201) 217-7100 FAX#(201) 217-7122	438 Summit Ave 6 th Floor Jersey City, NJ 07306-3186
(12) MIDDLESEX (20) UNION	(732) 499-5700 FAX#(732) 499-5803	301 Blair Road 2 nd Floor Avenel, NJ 07001-2936
(13) MONMOUTH	(732) 761-3600 FAX#(732) 761-3621 or 3623	Juniper Business Plaza 3499 Highway 9 North Suite 1H-A Freehold, NJ 07728-3287
(14) MORRIS (10) HUNTERDON (18) SOMERSET (19) SUSSEX (21) WARREN	(973) 631-6440 FAX#(973) 631-6448	10 Park Place Suite 340 Morristown, NJ 07960-7101
15) OCEAN	(732) 255-0731 FAX#(732) 255-0743	1510 Hooper Ave Suite 130 Toms River, NJ 08753-2295
16) PASSAIC BERGEN	(973) 977-4077 FAX#(973) 684-8182	66 Hamilton St Paterson, NJ 07505-2021