



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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Commissioner

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Director

MEDICAID COMMUNICATION NO. 03-05 DATE: February 10, 2003

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

SUBJECT: Changes in the NJ FamilyCare Program
Effective March 1, 2003

In an effort to maintain program enrollment for parents/caretakers, to continue to enroll children, and to stay within the funds appropriated for NJ FamilyCare, the State is changing the benefit package for certain parents/caretakers and increasing premiums by 10% for those who are required to pay them. The premium increase is effective February 1, 2003.

Effective March 1, 2003, parents/caretakers who were enrolled in NJ FamilyCare as part of the AFDC Medicaid Expansion, i.e., Program Status Code (PSC) 380, will change from a Plan A benefit package to a Plan D benefit package. It will apply to those individuals enrolled in managed care as well as those in fee-for-service. Affected parents/caretakers will be notified by mail in early February 2003. A sample letter with attachments is included.

Please note that these changes in services will not have an impact in any way on eligible NJ FamilyCare children under age 21 who are currently receiving a Plan A Medicaid benefit. This change also does not affect Plan A parents who are currently eligible under the July 16, 1996 AFDC Medicaid rules.

However, after March 1, 2003, any AFDC Medicaid Plan A parent eligible under the July 16, 1996 rules who subsequently qualifies for AFDC Medicaid Expansion (PSC 380), will experience a change in benefit from Plan A to Plan D and must be notified of this change as well as the change in their eligibility status. In addition, any cases that were submitted prior to June 15, 2002 and for which you are still processing eligibility as Medicaid Expansion (PSC 380), the approval letter must include the eligibility period that the individuals will receive a Plan A benefit, as well as the March 1, 2003 change to a Plan D (Plan D in fee-for-service) benefit. For your reference, you may enclose the attached list outlining the services with your beneficiary notices.

Except for the change in benefit package, these parents/caretakers continue to have access to all the provisions of the Medicaid program. They receive fee-for-service coverage until enrollment in managed care. Managed care exemptions may be requested in accordance with existing rules. Retroactive eligibility is available and no premiums or copayments apply.

The New Plan I Designation

Prior to March 1, 2003, parents/caretakers who received a Plan D service package were not eligible until they were enrolled in managed care. The new Plan D parents do not have the same restrictions. Therefore, to minimize provider confusion, a new plan designation, Plan I, was assigned to the Plan D service package that is provided during the fee-for-service period. Once enrolled in a managed care plan, the benefit package will be designated "Plan D." The appropriate plan designation will be indicated on the NJ FamilyCare and HMO identification cards.

Pregnant Women

There are pregnant women who have been enrolled as PSC 380 parents. In order to receive the full Medicaid package of services, these women should be evaluated under the New Jersey Care...Special Medicaid Programs/NJ FamilyCare Program for pregnant women. To support that process, effective March 2003, there will be a systems edit in place that will not allow the combination of PSC 380 and a future pregnancy date. A message will appear, reminding the worker to use PSC 490.

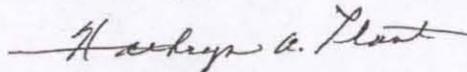
Note: To be consistent with existing eligibility policy, pregnant women who were already eligible as a parent with PSC 380, 497 or 498 and who move into the New Jersey Care/NJ FamilyCare pregnant women segment until the 60 day post-partum period ends, may return to their previous NJ FamilyCare status as long as they would have continued to be eligible in that status.

Manually Issued Initial and Replacement Medicaid Cards

The Manual Medicaid Card Template that generates initial and replacement NJ FamilyCare identification cards will be revised to accommodate the printing of the new service plan. The revised template will be distributed to each County Board of Social Services (CBOSS) along with a revised instructional manual.

We appreciate your cooperation and continued 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,



Kathryn A. Plant
Director

KAP:S

Attachments

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

Pearl Elias, Acting Director
Division of Family Development

Doris Jones, Acting Director
Division of Youth and Family Services



James E. McGreeve,
Governor

Affordable health coverage. Quality care.

February 2003

Dear Parent:

This is to notify you of changes being made to the services covered by NJ FamilyCare. These changes affect the service available for parents only. The healthcare coverage for children remains the same. There is still no charge to you for the coverage.

Effective March 1, 2003, some services, such as dental, chiropractic, hearing aid services, long-term care and medical equipment will no longer be covered. A list of services now covered under NJ FamilyCare is attached. *Please review it carefully.* If you are pregnant, you should contact NJ FamilyCare because you may be eligible for additional benefits.

If you are enrolled in an HMO, your HMO will not change. You will get a new HMO NJ FamilyCare identification card. The new plan will be listed right on your card. Your monthly NJ FamilyCare paper identification card will also indicate your new plan, which will be either Plan D or Plan I. Plan D and Plan I have the same coverage.

When you receive your renewal forms, you must complete them. If you do not complete them and send them back on time, you will lose NJ FamilyCare coverage. NJ FamilyCare no longer enrolls parents. So if you lose your eligibility, you will not be able to enroll again. NJ FamilyCare still accepts new applications for children.

If you have any questions, please call your HMO or NJ FamilyCare at 1-800-701-0710.

Sincerely,

NJ FamilyCare

Enclosure

Febrero del 2003

Estimado padre:

El propósito de esta carta es informarle acerca de los cambios que se están realizando a los servicios cubiertos por NJ FamilyCare. Estos cambios sólo afectan el servicio disponible para padres. La cobertura del cuidado de la salud de los niños seguirá siendo la misma. Todavía no se le cobrará a usted la cobertura.

A partir del 1 de marzo del 2003, algunos servicios, tales como el servicio dental, quiropráctico, servicios de asistencia para la audición, cuidados de largo plazo y equipo médico ya no estarán cubiertos. Se adjunta a esta carta una lista de servicios que a partir de ahora estarán cubiertos por NJ FamilyCare. *Por favor, revísela cuidadosamente.* Si se encuentra embarazada, debe comunicarse con NJ FamilyCare ya que es posible que usted sea elegible para beneficios adicionales.

Si se encuentra afiliado a una Organización para el Mantenimiento de la Salud (HMO, siglas en inglés) su HMO no cambiará. Usted obtendrá una nueva tarjeta de identificación de la HMO de NJ FamilyCare. El nuevo plan aparecerá indicado directamente en su tarjeta de miembro. Su tarjeta de identificación mensual de papel de NJ FamilyCare también indicará su nuevo plan, el cual será el Plan D o el Plan I. El Plan D y el Plan I ofrecen la misma cobertura.

Cuando usted reciba sus formularios de renovación, deberá completarlos. Si no los completa y devuelve a tiempo, perderá su cobertura de NJ FamilyCare. NJ FamilyCare ya no afilia a padres. Por lo tanto, si usted pierde su elegibilidad, no podrá afiliarse nuevamente. NJ FamilyCare todavía acepta nuevas solicitudes para niños.

Si tiene alguna pregunta, por favor, llame a su HMO o a NJ FamilyCare al 1-800-701-0710.

Atentamente,

NJ FamilyCare

Material adjunto

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)
Nurse Midwifery – Non-maternity	YES	YES
Nurse Midwifery Services – Maternity	YES	YES
Obesity Management	NO	NO
Optical Appliances	YES Limited to one pair of glasses (or contact lenses) per 24 month period, or as medically necessary	YES Limited to one pair of glasses (or contact lenses) per 24 month period, or as medically necessary
Optometric Services	YES One routine eye examination per year	YES One routine eye examination per year
Organ Transplantation	YES	YES
Orthotic Devices	NO	NO
Outpatient Hospital – not related to behavioral health	YES	YES
Outpatient Hospital – behavioral health	YES Out-of-plan services (fee-for-service) Limitations apply- 20 visits per year	YES Limitations apply- 20 visits per year
Outpatient Rehabilitative Services (i.e. Speech, Occupational, Physical Therapy)	YES Out-of-plan services (Fee-for-service) Limited to therapy for non-chronic conditions and acute illnesses and injuries; and 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 60 consecutive day period per incident of illness or injury beginning with the first day of treatment
Over-the-Counter Medications	NO	NO
Partial Hospitalization	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
Personal Care Assistant	NO	NO
Physician Services	YES	YES
Podiatric Services	YES No routine care	YES No routine care
Prescription Drugs	YES Except Clozapine, Risperidone, Abilify, Olanzapine, Quetiapine, Ziprasidone, Methadone, and their generic equivalents, which are provided fee-for-service	YES
Private Duty Nursing	YES When authorized	YES When authorized

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)
Prosthetic Devices	YES Limited to initial provision of a prosthetic device that temporarily or permanently replaces all or part of an external body part lost or impaired as a result of disease, injury, or congenital defect	YES Limited to initial provision of a prosthetic device that temporarily or permanently replaces all or part of an external body part lost or impaired as a result of disease, injury, or congenital defect
Psychological Services	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
Radial Keratotomy	NO	NO
Radiological Services	YES	YES
Recreational Therapy	NO	NO
Skilled Nursing Facility Services	NO	NO
Sleep Therapy	NO	NO
Substance Abuse Services	YES Out-of-plan services (Fee-for-service) Limited to detoxification only	YES Limited to detoxification only
Targeted Case Management- Chronically Ill	NO	NO
Temporomandibular Joint (TMJ) Treatment	NO	NO
Thermograms and Thermography	NO	NO
TRANSPORTATION SERVICES:		
1. Ambulance – Emergency	YES	YES
2. Ambulance – Non-emergency	NO	NO
3. Mobility Assistance Vehicle	NO	NO
4. Lower Mode Via 19 Counties, i.e., car, taxi, bus	NO	NO
5. Livery (Essex/Hudson Only)	NO	NO
6. Clinic (Free standing)	NO	NO