



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 12 No. 48 REVISION

June 2002

TO: All Providers and Health Maintenance Organizations

SUBJECT: Changes in NJ FamilyCare (NJFC)

EFFECTIVE: June 15, 2002

PURPOSE: To notify all providers of changes being made to the NJ FamilyCare program which affect both program eligibility and health care services covered under the program.

BACKGROUND: WFNJ/GA and other NJFC adults, including couples without children under 19 years of age, are currently enrolled in health maintenance organizations (HMOs) under contract with the Department of Human Services and receive specified out-of-plan benefits on a fee-for-service basis.

ACTION: The WorkFirst NJ/General Assistance (WFNJ/GA) beneficiaries will have a significant change in their benefits. WFNJ/GA adults can be identified by the county codes '01' – '21' in the first two positions of the Recipient Identification (ID) number; the value of '70' in the 3rd & 4th positions of the ID number and the plan designation "G."

Effective June 15, 2002, hospital services rendered to a WFNJ/GA beneficiary and currently paid on a fee-for-service basis, including hospital-based behavioral health services, will be reimbursed through the Charity Care program. Claims for any hospital service for WFNJ/GA beneficiaries with service dates on or after June 15, 2002 will be denied.

Effective July 1, 2002, all WorkFirst NJ/General Assistance (WFNJ/GA) beneficiaries will receive a package of community-based services provided on a fee-for-service basis. WFNJ/GA beneficiaries will no longer be enrolled in managed care plans. This comprehensive community-based package of services shall be known as NJFC Plan G. Hospital services will be reimbursed through the Charity Care program. Substance abuse services will be provided through the Substance Abuse Initiative (SAI) administered by the Division of Family Development. Please refer to the attached desk guide for a complete list of services that will be covered under Plan G.

Certain services, including dental services, hearing aid services, medical equipment, optical appliances, prosthetic and orthotic devices, initiated prior to July 1, 2002 with prior approval issued by HMOs, may be completed for those WFNJ/GA clients being disenrolled from managed care.

DMAHS will consider payment of these claims when submitted to the GA Medical Policy Unit, DMAHS, P.O. Box 712, Mail Code 33, Trenton, New Jersey 08625-0712. Reimbursement shall be based on Medicaid maximum fee allowances. All other fee for service claims must be submitted to Unisys, the State's fiscal agent for payment consideration.

Effective July 1, 2002, all childless adults who do not qualify for the WFNJ/GA Program and whose income is equal to or less than 100% of the federal poverty level (FPL) will be enrolled in a new benefit package, designated as Plan H. These childless adults can be identified by the value, '1-21' or '24' in the first two positions of the Recipient Identification (ID) number; the value of '70' in the 3rd & 4th positions of the ID number and the plan designation "H."

Under Plan H, the services provided through Health Maintenance Organizations (HMOs) will be the same as those covered under Plan D. Up to 60 days of community mental health services will be provided on a fee-for-service basis, as long as the provider participates in the Medicaid program. Hospital-based behavioral health services will be reimbursed through the Charity Care program, **effective June 15, 2002**. Such claims with service dates on or after June 15, 2002 will be denied. Please refer to the attached desk guide for a complete list of services that will be covered under Plan H.

The restrictions noted in this newsletter will be reflected on beneficiaries' July 2002 NJFC identification card. The REVS and MEVS message will be updated to reflect the change effective June 15, 2002. Please use these resources to validate service coverage.

In addition, please note that, effective June 15, 2002, applications for parent coverage under the NJ FamilyCare program will no longer be accepted. This will not affect any current beneficiaries or any applications received prior to June 15, 2002. Families potentially eligible for Medicaid should contact the County Board of Social Services.

NJ FamilyCare will remain available to all eligible children with annual family incomes up to 350% of the FPL. Also, Presumptive Eligibility is still an option for children in families with income at or below 200% FPL and for pregnant women.

If there are any questions concerning this Newsletter, please call the New Jersey Medicaid program's Medical Assistance Customer Center (MACC) in your area.

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**DESK GUIDE
NJFC SINGLE ADULTS & COUPLES
WITHOUT CHILDREN UNDER 19 YEARS OF AGE**

COVERED/NONCOVERED HEALTH CARE SERVICES

Service Type	NJFC Plan G Fee for Service	NJFC Plan H NJFC HMO Benefit (unless otherwise indicated)
Abortion - Elective/Induced	YES	YES *
Acupuncture	YES	NO
ADDP Covered Anti-Retroviral Drugs	YES	NO
Ambulance – Emergency	YES	YES
Ambulance – nonemergency	YES	NO
Ambulatory Surgery	YES	YES
Biofeedback	NO	NO
Blood & Blood Plasma	YES	NO
Blood Processing Admin. Cost	NO	NO
Case Management – Chronic Mental illness	YES	NO
CBSS Provided Livery Services	NO	NO
Certified Nurse Practitioner/Clinical Nurse Specialist	YES	YES
Chiropractic Services	YES	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	YES * 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.
Clinic Services (free standing) – Transportation	NO	NO
Cosmetic Services	NO	NO
Custodial Services	NO	NO
Dental Services	YES	NO
Diabetic Supplies/Equipment	YES	YES
Durable Medical Equipment	YES	NO
Educational Services	NO	NO
Emergency Room	CHARITY CARE	YES
Experimental Services	NO	NO
Family Planning Services	YES	YES

Federally Qualified Health Centers (FQHC) Encounters	YES	YES
HealthStart Maternity	NO	YES
HealthStart Pediatric Care	NO	NO
Hearing Aid Services	YES	NO
HMO Services	NO	YES
Home Health Care Services	YES	YES (Limited benefits)
Home Health Care Rehabilitative Services	YES	YES * (Limited benefits)
Hospice Services - non-Nursing Facility Based	YES	YES
Infertility Services	NO	NO
Inpatient Hospital – not related to behavioral health	CHARITY CARE	YES
Inpatient Hospital – behavioral health	CHARITY CARE	CHARITY CARE
Intermediate Care for Mentally Retarded (ICF/MR)	NO	NO
Laboratory Services	YES	YES
Lower Mode Transportation	NO	NO
Maternity Services	NO	YES
Medical Day Care	NO	NO
Medical Assistance Vehicle (MAV) Transportation	YES	NO
Medical Supplies	YES	NO
Methadone Maintenance	YES	NO
Mt. Carmel Guild Hospital	YES (Inpatient only)	NO
Nurse Midwifery - Nonmaternity	YES	YES
Nurse Midwifery Services - Maternity	NO	YES
Obesity Management	NO	NO
Organ Transplantation	NO	YES
Outpatient Hospital – not related to behavioral health	CHARITY CARE	YES
Outpatient Hospital – behavioral health	CHARITY CARE	CHARITY CARE
Over-the-Counter Medications	NO	NO
Optometric Services	YES	YES (Limited benefits)
Optical Appliances	YES	YES (Limited benefits)
Orthotic Devices	YES	NO
Outpatient Rehabilitative Services (i.e. Speech, Occupational, Physical Therapy) in independent clinic or office setting	YES	YES * (Limited benefits) (Including outpatient hospital)
Partial Hospitalization	CHARITY CARE	CHARITY CARE
Personal Care Assistant	YES	NO
Physician Services	YES	YES
Podiatric Services	YES	YES
Prescription Drugs	YES	YES
Private Duty Nursing	NO	YES (When authorized)
Prosthetic Devices	YES	YES (Limited benefits)

Psychological Services	YES	YES* 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.
Radial Keratotomy	NO	NO
Radiological Services	YES	YES
Recreational Therapy	NO	NO
Sleep Therapy	NO	NO
Skilled Nursing Facility Services	NO	YES** (Limited benefits; fee-for-service)
Substance Abuse Services	ONLY WHEN PROVIDED THROUGH THE SUBSTANCE ABUSE INITIATIVE	NO
Targeted Case Management- Chronically Ill	YES	NO
Temporomandibular Joint (TMJ) Treatment	YES	NO
Thermograms and Thermography	YES	NO

* **Out of Plan Services (fee for service)**

** **Out of Plan Service - For individuals admitted to a skilled nursing facility, managed care is terminated in the month of admission, which results in termination of eligibility for NJ FamilyCare.**