



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

# NEWSLETTER

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Volume 13 No. 10

February 2003

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**TO:** All Providers and Health Maintenance Organizations - For Action

**SUBJECT:** Changes in NJ FamilyCare (NJFC) Health Plan Coverage

**EFFECTIVE:** March 1, 2003

**PURPOSE:** To notify all providers of changes being made to the NJ FamilyCare program which affect health plan coverage for certain parents/caretakers of children enrolled in the NJFC program.

**BACKGROUND:** NJ FamilyCare provides health care coverage to parents/caretakers of children enrolled in the Program. Currently, these parents/caretakers receive either a Plan A or a Plan D benefit package, depending on family income.

**ACTION:** Effective March 1, 2003, certain NJFC parents/caretakers who currently receive a Plan A benefit will receive a Plan D benefit. To distinguish between services provided through managed care and those provided fee-for-service, a new plan designation, that is, Plan I, has been added. The benefits under Plan D and Plan I are the same; only the method of service delivery is different. Plan D is provided to individuals enrolled in a managed care organization and Plan I is provided fee-for-service for those who are not enrolled. See attachment for the list of services.

The NJ FamilyCare identification card will indicate the appropriate Plan designation, Plan D or Plan I, for the parent/caretaker. Individuals affected by the change who receive Plan D benefits are not responsible for any co-payment. To distinguish between these individuals and those Plan D beneficiaries who are required to pay a co-payment, the managed care organization card (HMO card) will indicate whether the patient is required to pay a co-payment. Please check the card carefully for this information and make the appropriate collections.

Providers are encouraged to check the NJFC and HMO cards at the time that services are provided. Please note that children and parents/caretakers may have different plans. To verify eligibility or service package designation, providers may also access the State's Recipient Eligibility Verification System (REVS) at 1-800-676-6562 or their MEVS vendor, as appropriate. REVS and MEVS will be updated to reflect the March 1, 2003 changes.

Thank you for your assistance with this transition in services. If there are any questions concerning the subject of this Newsletter, please call the Medical Assistance Customer Center (MACC) in your area. (See attached list.)

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**



**DESK GUIDE  
NJ FAMILYCARE PROGRAM**

**Plans D and I**

**COVERED/NON-COVERED HEALTH CARE SERVICES**

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

<b>Service Type</b>	<b>NJ FamilyCare Plan “D”</b> (Services are provided through HMO coverage unless otherwise specified)	<b>NJ FamilyCare Plan “I”</b> (Services are provided fee-for-service)
<b>Educational Services</b>	NO	NO
<b>Emergency Room</b>	YES	YES
<b>EPSDT</b>	NO	NO
<b>Experimental Services</b>	NO	NO
<b>Family Planning Services</b>	YES	YES
<b>Federally Qualified Health Centers (FQHC) Encounters</b>	YES	YES
<b>HealthStart Maternity</b>	YES	YES
<b>HealthStart Pediatric Care</b>	NO	NO
<b>Hearing Aid Services</b>	NO	NO
<b>Home Health Agency Services</b>	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
<b>Home Health Care Rehabilitative Services</b>	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
<b>Hospice Services - non-Nursing Facility Based</b>	YES	YES
<b>Infertility Services</b>	NO	NO
<b>Inpatient Hospital – not related to behavioral health</b>	YES	YES
<b>Inpatient Hospital – behavioral health</b>	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
<b>Intermediate Care for Mentally Retarded (ICF/MR)</b>	NO	NO
<b>Laboratory Services</b>	YES	YES
<b>Maternity Services</b>	YES	YES
<b>Medical Day Care</b>	NO	NO
<b>Medical Supplies</b>	NO	NO
<b>Methadone Maintenance</b>	NO	NO
<b>Mt. Carmel Guild Hospital (inpatient)</b>	NO	NO

<b>Service Type</b>	<b>NJ FamilyCare Plan “D”</b> (Services are provided through HMO coverage unless otherwise specified)	<b>NJ FamilyCare Plan “I”</b> (Services are provided fee-for-service)
<b>Nurse Midwifery – Non-maternity</b>	YES	YES
<b>Nurse Midwifery Services – Maternity</b>	YES	YES
<b>Obesity Management</b>	NO	NO
<b>Optical Appliances</b>	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
<b>Optometric Services</b>	YES One routine eye examination per year	YES One routine eye examination per year
<b>Organ Transplantation</b>	YES	YES
<b>Orthotic Devices</b>	NO	NO
<b>Outpatient Hospital – not related to behavioral health</b>	YES	YES
<b>Outpatient Hospital – behavioral health</b>	YES Out-of-plan services (fee-for-service) Limitations apply- 20 visits per year	YES Limitations apply- 20 visits per year
<b>Outpatient Rehabilitative Services (i.e. Speech, Occupational, Physical Therapy)</b>	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
<b>Over-the-Counter Medications</b>	NO	NO
<b>Partial Hospitalization</b>	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
<b>Personal Care Assistant</b>	NO	NO
<b>Physician Services</b>	YES	YES
<b>Podiatric Services</b>	YES No routine care	YES No routine care
<b>Prescription Drugs</b>	YES Except Clozapine, Risperidone, Abilify, Olanzapine, Quetiapine, Ziprasidone, Methadone, and their generic equivalents, which are provided fee-for-service	YES
<b>Private Duty Nursing</b>	YES When authorized	YES When authorized

<b>Service Type</b>	<b>NJ FamilyCare Plan “D”</b> (Services are provided through HMO coverage unless otherwise specified)	<b>NJ FamilyCare Plan “I”</b> (Services are provided fee-for-service)
<b>Prosthetic Devices</b>	<b>YES</b> 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	<b>YES</b> 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
<b>Psychological Services</b>	<b>YES</b> Out-of-plan services (Fee-for-service) Limitations apply - 35 days inpatient and 20 days outpatient per year	<b>YES</b> Limitations apply - 35 days inpatient and 20 days outpatient per year
<b>Radial Keratotomy</b>	<b>NO</b>	<b>NO</b>
<b>Radiological Services</b>	<b>YES</b>	<b>YES</b>
<b>Recreational Therapy</b>	<b>NO</b>	<b>NO</b>
<b>Skilled Nursing Facility Services</b>	<b>NO</b>	<b>NO</b>
<b>Sleep Therapy</b>	<b>NO</b>	<b>NO</b>
<b>Substance Abuse Services</b>	<b>YES</b> Out-of-plan services (Fee-for-service) Limited to detoxification only	<b>YES</b> Limited to detoxification only
<b>Targeted Case Management- Chronically Ill</b>	<b>NO</b>	<b>NO</b>
<b>Temporomandibular Joint (TMJ) Treatment</b>	<b>NO</b>	<b>NO</b>
<b>Thermograms and Thermography</b>	<b>NO</b>	<b>NO</b>
<b><u>TRANSPORTATION SERVICES:</u></b>		
<b>1. Ambulance – Emergency</b>	<b>YES</b>	<b>YES</b>
<b>2. Ambulance – Non-emergency</b>	<b>NO</b>	<b>NO</b>
<b>3. Mobility Assistance Vehicle</b>	<b>NO</b>	<b>NO</b>
<b>4. Lower Mode Via 19 Counties, i.e., car, taxi, bus</b>	<b>NO</b>	<b>NO</b>
<b>5. Livery (Essex/Hudson Only)</b>	<b>NO</b>	<b>NO</b>
<b>6. Clinic (Free standing)</b>	<b>NO</b>	<b>NO</b>

**MEDICAL ASSISTANCE CUSTOMER CENTER  
(MACC)**

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