



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

# NEWSLETTER

Volume 13 No. 61

September 2003

**TO:** All Providers

**SUBJECT:** Changes in NJ FamilyCare (NJFC) Plan "H" Benefit Coverage

**EFFECTIVE:** Service dates on or after November 1, 2003

**PURPOSE:** To notify all providers of changes to the NJFC Plan H benefit package, effective for services provided on or after November 1, 2003.

**BACKGROUND:** NJFC Plan H currently provides certain adults who are not parents with most health care benefits through health maintenance organizations (HMOs) under contract with the New Jersey Department of Human Services. Restricted alien parents also receive health care benefits provided by HMOs participating in NJ FamilyCare. Certain benefits, provided outside the HMO, are considered "out-of-plan" benefits and are provided by the NJFC fee-for-service program.

**ACTION:** Effective for service dates on or after November 1, 2003, the benefit package for NJFC Plan H beneficiaries shall change. The complete list of covered benefits is included in the table attached to this Newsletter. In addition, all restricted alien parents shall be enrolled in NJFC Plan H and shall be eligible to receive the NJFC Plan H benefit package described in the attachment to this Newsletter.

**NOTE:** NJFC Plan H and restricted alien parent participation in NJFC Plan H can be identified by the plan designation value of "H" located in the Message Field of the Recipient Identification Card.

**NOTE:** 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.

The restrictions noted in this newsletter will be reflected on the beneficiary's November 2003 NJFC identification card. The REVS and MEVS message will be updated to reflect the change effective November 1, 2003. Please use these resources to validate service coverage.

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

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



DESK GUIDE

NJ FAMILYCARE PROGRAM

COVERED HEALTH CARE SERVICES  
UNDER PLAN H

Service Type	HMO Benefit (unless otherwise indicated)
Abortion	YES <b>OUT-OF-PLAN BENEFIT</b>
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 <b>OUT-OF-PLAN BENEFIT</b> (\$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
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 <b>OUT-OF-PLAN BENEFIT</b>
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)