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

NEWSLETTER

Volume 17 No. 10 May 2007

TO: **All Providers**

SUBJECT: **Discontinuance of NJ FamilyCare (NJFC) Plan "H"**

EFFECTIVE: **Service dates on or after July 1, 2007**

PURPOSE: **To notify all providers that, effective for services rendered on or after July 1, 2007, NJFC Plan H will be discontinued and all Plan H beneficiaries will be covered by Plan D**

BACKGROUND: NJ FamilyCare (NJFC) Plan H currently provides certain adults without dependent children 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. Plan H will be discontinued on July 1, 2007 and Plan H beneficiaries will be covered by Plan D thereafter. No beneficiary action will be required to effect the change.

ACTION: **Effective for service dates on or after July 1, 2007, the individuals covered under Plan H, including restricted alien parents, will be transferred to and covered by NJ FamilyCare Plan D.**

The list of Plan D covered benefits is attached to this Newsletter.

Providers must continue to verify eligibility before they provide services, using REVS, MEVS, eMEVS or POS.

Please note that NJ FamilyCare remains 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 350% FPL and for pregnant women with income at or below 200% FPL.

If there are any questions concerning this Newsletter, please call the NJ FamilyCare/Medicaid program's Medical Assistance Customer Center (MACC) in your area. (See the attached list of MACC offices.)

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

COVERED HEALTH CARE SERVICES
UNDER NJ FAMILYCARE PLAN D

Service Type	HMO Benefit (unless otherwise indicated)
Abortion	YES **OUT-OF-PLAN BENEFIT**
AIDS Drug Distribution Program (ADDP) Participation	**Plan D 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 **($5 COPAY MAY BE CHARGED BASED ON INCOME)** **Note: Out-of-plan community-based mental health services are limited to twenty (20) service days per calendar year and are eligible for payment as fee-for-service.**
Diabetic supplies and equipment	YES
Emergency Room	YES **($35 COPAY MAY BE CHARGED BASED ON INCOME)**
Family Planning Services	YES
Federally Qualified Health Centers (FQHC) Primary Care Services	YES
Home Health Care Services	YES (limited to skilled nursing for homebound member)
Hospice Services	YES
Inpatient Hospital – NOT related to mental health (MH) or substance abuse (SA)	YES
Inpatient Hospital – related to MH/SA	YES (35 days per year for MH; detoxification only for SA)
Laboratory Services	YES **($5 COPAY MAY BE CHARGED BASED ON INCOME)**
Maternity and related newborn care	YES
Optometrist Services	YES (includes one routine eye exam per year, with $5.00 copay)
Optical Appliances	YES (limited to one pair of glasses per 24 months)
Organ Transplants	YES
Outpatient Hospital – NOT related to MH/SA **FFS**	YES ($5.00 copay except for preventive services)
Outpatient Hospital – related to MH/SA **FFS**	YES ($25.00 copay for MH, $5.00 copay for SA, 20 visits per year)
Outpatient Rehabilitation Services **FFS**	YES ($5.00 copay for physical therapy, occupational therapy, speech therapy)
Physician Services	YES **($5 COPAY EXCEPT FOR PREVENTIVE SERVICES; $10 COPAY FOR NON-OFFICE HOURS & HOME VISITS MAY BE CHARGED BASED ON INCOME)**
Podiatry Services **Note: Routine Services are not covered.**	YES ($5.00 copay)
Prescription Drugs, other than Atypical Antipsychotic drugs and Antiretrovirals **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 and Antiretrovirals	YES **OUT-OF-PLAN BENEFIT**
Private Duty Nursing	YES (only when authorized by the HMO)
Prosthetic Appliances	YES (limited to replacement of body part due to loss or impairment as a result of disease, injury or congenital defect)
Radiological Services **(Diagnostic and Therapeutic)**	YES **($5 COPAY MAY BE CHARGED BASED ON INCOME)**

MEDICAL ASSISTANCE CUSTOMER CENTERS
William G. Cahill, Assistant Director
Office of Customer Center
Phone: 609-631-4641

MACC	OFFICE	DIRECTOR & PHONE#	ADDRESS
(01)	**ATLANTIC**	Claudia Capasso, Director	Augusta Bldg
(05)	CAPE MAY	Phone: (**609) 561-7569**	852 South White Horse Pike
(06)	CUMBERLAND	Fax: (609) 567-0572	Hammonton, NJ 08037-2018
	Claudia.J.Capasso@dhs.state.nj.us		***Francine Cirelly, DO**
(04)	**CAMDEN**	Eileen Calabro, Director	1 Port Center, Suite 401
(03)	BURLINGTON	Phone: **(856) 614-2870**	2 Riverside Dr.
(08)	GLOUCESTER	Fax: (856) 614-2575	Camden, NJ 08103-1018
(11)	MERCER		
(17)	SALEM		
	Eileen.Calabro@dhs.state.nj.us		***Susan Fesnak, DO**
(07)	**ESSEX**	Stewart Klaus, Acting Director	153 Halsey St
		Phone: **(973) 648-3700**	4th Floor
		Fax: (973) 642-6468	Newark, NJ 07101-8004
	Stewart.Klaus@dhs.state.nj.us (Acting Director)		***Philip Malvin, DO**
(09)	**HUDSON**	Robert Dueben, Director	438 Summit Ave
		Phone: **(201) 217-7100**	6th Floor
		Fax: (201) 217-7122	Jersey City, NJ 07306-3186
	Robert.Dueben@dhs.state.nj.us		Philip Malvin, DO
(12)	**MIDDLESEX**	Evangelia Stamboulis, Director	45 Kilmer Road
(20)	UNION	Phone: **(732) 777-6977**	Edison, NJ 08817
		Fax: (732) 777-5067	
	Evangelia.Stamboulis@dhs.state.nj.us		Frank DeGennaro, DO
(13)	**MONMOUTH**	Gregory Karlin, Director	Juniper Business Plaza
(15)	OCEAN	Gail Dempsey, Director	3499 Highway 9 North, Suite 1H-A
		Phone: **(732) 761-3600**	Freehold, NJ 07728-3287
		Fax: (732) 761-3621 or 3623	
	Gregory.Karlin@dhs.state.nj.us **Gail.Dempsey@dhs.state.nj.us**		***Frank DeGennaro, DO**
(14)	**MORRIS**	Stewart Klaus, Director	10 Park Place
(10)	HUNTERDON	Phone: **(973) 631-6440**	Suite 340
(18)	SOMERSET	Fax: (973) 631-6448	Morristown, NJ 07960-7101
(19)	SUSSEX		
(20)	WARREN		
	Stewart.Klaus@dhs.state.nj.us		***Kavita Kewalramani, M.D.**
(16)	**PASSAIC**	Robert Dueben, Acting Director	100 Hamilton Plaza
(02)	BERGEN	Phone: **(973) 977-4077**	5th Floor
		Fax: (973) 684-8182	Paterson, NJ 07505-2021
	Robert.Dueben@dhs.state.nj.us (Acting Director)		***John Sawicki, DO**

- **Denotes Home Office**