

TO: All Providers

SUBJECT: Services Available to Medicaid Recipients Who Are Members of HIP of New Jersey in the Counties of Burlington, Gloucester and Hudson

EFFECTIVE: Immediately

BACKGROUND: HIP of New Jersey, a health maintenance organization (HMO) with sites in Medford (Burlington County), Sewell (Gloucester County), Jersey City and West New York (Hudson County), provides services for a specific group of Medicaid recipients. The Medicaid group consists of families who receive financial assistance under Aid to Families with Dependent Children (AFDC), who are residents of Burlington, Gloucester and Hudson counties and who choose to become members of HIP of New Jersey.

PURPOSE: The purpose of this Newsletter is to define services provided by HIP of New Jersey. HIP of New Jersey is responsible for providing or arranging for, on a 24-hour, 7-day-a-week basis, the following medically appropriate health care services through authorization by the HIP Medical Group:

1. Physician services;
2. Inpatient hospital services;
3. Outpatient hospital services;
4. Preventive health care services including EPSDT approved equivalent services for enrollees under 21 years of age;
5. Laboratory and radiology (diagnostic and therapeutic) services;
6. Home health care services (60 visits per year);*
7. Optometric services;
8. Podiatric services;
9. Rehabilitative services including physical therapy, occupational therapy and speech-language pathology services (60 days per year);*
10. Medical transportation services;
11. Mental health services including psychologist's services (30 inpatient days per year per enrollee and 20 outpatient visits per year per enrollee);*
12. Diagnosis and required medical treatment, and referral services for the abuse or addiction to alcohol or drugs, including detoxification;

Inpatient: Detoxification for up to 7 days per incident. Rehabilitation for up to 30 days per contract year*

Outpatient: Six weeks Outpatient Intensive Rehabilitation Program combining rehabilitation through education, individual, family and group therapy*

13. Prosthetics, durable medical equipment;
14. Independent clinic services;
15. Certified nurse-midwifery services;
16. Skilled nursing facility services (100 days per year);*
and
17. Health education services to promote the maintenance of health.

* When during a contract year these maximum services have been utilized, a member who is a Medicaid recipient may continue to receive these services. Providers will be reimbursed on a fee-for-service basis, under the existing rules and regulations of the New Jersey Medicaid program during the remainder of the enrollment year. Providers will receive an authorized "Exhaustion of Benefits" form from HIP of New Jersey, a copy of which must be submitted with all claims to the Medicaid fiscal agent.

The following services or items are not provided by HIP of New Jersey. Members of the Plan who are Medicaid recipients may secure these services from Medicaid providers who will be reimbursed by the Medicaid fiscal agent under existing rules and regulations of the New Jersey Medicaid program:

1. Dental services;
2. Orthotics;
3. Medical Day Care;
4. Hearing Aids;
5. Prescription drugs;
6. Optical appliances;
7. Chiropractic services; and
8. Family planning services, including termination of pregnancy, contraceptives and contraceptive devices.

NOTE: If a client has a restricted card (HMO) and a provider bills for a non-emergency HIP covered service, the claim will not be paid. Claims will be returned with the error code 300.

HIP of New Jersey shall provide or shall arrange to have available emergency medical care on a 24-hour, 7-day-a-week basis. Except in life-threatening or organ-threatening situations or potentially life- or organ-threatening conditions that require immediate care, emergency care by any provider will be covered only if authorized by a physician from HIP of New Jersey, provided the patient is within a 15 mile radius of any of HIP's facilities. Outside this radius,

emergency medical care will be covered without prior authorization provided the patient or an authorized individual on behalf of the patient notifies HIP of New Jersey within 48 hours of receiving medical services. Hospital and physician claims for emergency care should be submitted to:

HIP of New Jersey
100 Horizon Center
Route 130
Robbinsville, N.J. 08691

For providers' information, a sample of the HIP of New Jersey Identification Card is provided below.

The County Welfare Agencies will issue restrictive Medicaid eligibility validation cards to Medicaid Members of HIP of New Jersey.

An example is shown below:

If there are questions regarding this Newsletter, contact Jean Rogalo, Manager HMO Operations, Office of Managed Health Care Programs, Division of Medical Assistance and Health Services, CN-712, Trenton, N.J. 08625-0712 or call (609) 588-3526.