



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

NEWSLETTER

Volume 23, No. 20

December 2013

TO: All providers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **NJ FamilyCare Expansion**

EFFECTIVE: Claims with service dates on or after January 1, 2014

PURPOSE: To notify NJ FamilyCare (NJFC) fee-for-service (FFS) providers of a State decision to expand the NJFC program to provide new opportunities for parents, single adults and childless couples to receive healthcare benefits from the NJFC program.

BACKGROUND: Beginning January 1, 2014, the Division of Medical Assistance and Health Services is expanding the NJFC program to offer healthcare to parents, single adults and childless couples ages 19 to 64, with incomes up to 133% of the Federal Poverty Level (FPL). Currently, the only childless adults covered by the State of New Jersey are those who qualify for the General Assistance (GA) program. Covered groups categorized as Aid to Families with Dependent Children (AFDC), Aged, Blind and Disabled, Long Term Care, and Juvenile Services programs are not impacted by the decision to expand NJFC. There is also no impact to benefits offered under NJFC Plans A, B, C, and D.

The new federal healthcare law requires the creation of an Alternative Benefit Plan (ABP) for the NJFC expansion population. The ABP includes all NJFC State Plan benefits with the exception of Long Term Services and Supports and includes some additional mental health and substance abuse services. The ABP will offer ten (10) essential health benefits including mental health and substance abuse, non-emergency transportation, prescriptions, and provide services for children referred to collectively as Early Prevention, Screening, Diagnosis and Treatment (EPSDT) services.

ACTION: **Effective January 1, 2014**, parents above Aid to Families with Dependent Children income requirements, single adults and childless couples shall be eligible to receive benefits under the ABP. For your convenience, a ***NJ FamilyCare/ABP Benefit Plan Comparison Chart*** is attached describing the eligible benefits under each of the NJFC plans, as well as the ABP (**See Attachment A**). It is important to note that the State will no longer offer NJFC Plan G or NJFC Plan D benefits for General Assistance

beneficiaries or parents, respectively. These population groups will be eligible to receive healthcare benefits under the ABP.

Also attached, as **Attachment B**, is a poster, entitled NJ FamilyCare **Expansion Program Quick Guide**, providing a brief description of eligibility and covered benefits under the ABP program.

The ABP will be available as a single plan for new parents, single adults and childless couples, ages 19 to 64 up to 133% of the FPL and will not include a long term care benefit. Claims for mental health, substance abuse and some family planning services shall be paid FFS by the NJFC program, regardless of the beneficiary’s enrollment in managed care. Non-emergency transportation services shall be provided by LogistiCare, the State’s medical transportation broker.

- ABP-covered benefits, with the exception of mental health and substance abuse services, shall be provided by NJFC-participating health maintenance organizations (HMOs). For those beneficiaries whose enrollment in managed care is in process, ABP benefits shall be provided by the NJFC FFS program until their enrollment in managed care has been finalized.
- ABP-eligible beneficiaries have no co-payment responsibilities related to covered benefits.
- Error Code 380 will continue to deny FFS claims when a covered benefit must be billed to an HMO.

ABP-eligible beneficiaries may directly contact providers or HMO member services to inquire regarding a provider’s participation in an HMO provider network. If not currently enrolled in an HMO provider network, please call the appropriate managed care provider services telephone number listed below for information regarding provider applications and/or information regarding covered ABP benefits.

NJFC Managed Care Plans

Plan	Member Services	TTY	Provider Services
Amerigroup New Jersey, Inc.	1-800-600-4441	1-800-852-7899	1-800-454-3730
Healthfirst Health Plan of New Jersey, Inc.	1-888-464-4365	1-800-852-7897	1-866-889-2523
Horizon NJ Health	1-877-765-4325	1-800-654-5505	1-800-682-9091
UnitedHealthcare Community Plan	1-800-941-4647	#711	1-888-362-3368
WellCare Health Plans, Inc.	1-888-453-2534	1-877-247-6272	1-866-687-8570 option 4

Single adults, childless couples and parents with questions regarding enrollment in the new NJFC Expansion Program may contact the NJFC Hotline at 1-800-701-0710 (TTY: 1-800-701-0720) or their County Welfare Agency.

Providers may continue to verify beneficiary eligibility, including those enrolled in the NJFC Expansion Program, by accessing either the Recipient Eligibility Verification System (REVS) (1-800-676-6562) or the Medicaid Eligibility Verification System (eMEVS) via www.njmms.com.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

ATTACHMENT A
NJ FAMILYCARE/ABP BENEFIT PLAN COMPARISON CHART

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Ambulatory Patient Services					
Primary Care <i>(inclusive of physician, certified nurse practitioner/clinical nurse specialists)</i>	✓	✓	✓	✓	✓
Specialist Visits	✓	✓	✓	✓	✓
Outpatient Surgery	✓	✓	✓	✓	✓
Chiropractic Services <i>(limited to spinal manipulation)</i>	✓	✓	✓	Not Covered	✓
Chemotherapy	✓	✓	✓	✓	✓
Radiation Therapy	✓	✓	✓	✓	✓
Anesthesia by Local Infiltration	✓	✓	✓	✓	✓
Free-Standing Ambulatory Clinic Services/ End Stage Renal Dialysis Services	✓	✓	✓	✓	✓
Access to Clinical Trials <i>(limited to coverage of hospital costs for clinical trials)</i>	✓	✓	✓	✓	✓
Genetic Evaluation and Counseling	✓	✓	✓	✓	✓
Outpatient Diagnostic Labs, Radiology & Pathology	✓	✓	✓	✓	✓
Infertility Treatment Services	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Dental Injury – Medical/Surgical Services of Dentist	✓	✓	✓	✓	✓
Dental – Diagnostic & Preventive <i>(limitations apply)</i>	✓	✓	✓	✓	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Basic Dental Services	✓	✓	✓	✓	✓
Major Dental Services (<i>prior authorization required; medically necessary Orthodontics, age limitations apply</i>)	✓	✓	✓	✓	✓
Acupuncture	✓	✓	✓	✓ (Covered when performed as a form of anesthesia in conjunction with approved surgery)	✓
Federally Qualified Health Centers	✓	✓	✓	✓	✓
Abortion (Elective/Induced)	✓	✓	✓	✓	✓
Hospital Outpatient	✓	✓	✓	✓	✓
Ophthalmology Services	✓	✓	✓	✓	✓
TMJ Services	✓	✓	✓	Not Covered	✓
Emergency Services					
Emergency Room Services – Facility	✓	✓	✓	✓	✓
Ambulance Services	✓	✓	✓	✓	✓
Urgent Care Centers/Facilities	✓	✓	✓	✓	✓
Emergency Room Services – Physician	✓	✓	✓	✓	✓
Hospitalization					
Inpatient Medical and Surgical Care (<i>prior authorization required for cosmetic surgery</i>)	✓	✓	✓	✓	✓
Inpatient – Religious Non-Medical Services (Christian Science Sanitaria Care)	✓	Not Covered	Not Covered	Not Covered	✓
Bariatric Surgery	✓	✓	✓	✓ Covered if pre-approved by HMO	✓
Organ & Tissue Transplants	✓	✓	✓	✓	✓
Chemotherapy Services	✓	✓	✓	✓	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Radiation Therapy	✓	✓	✓	✓	✓
Anesthesia	✓	✓	✓	✓	✓
Breast Reconstruction	✓	✓	✓	✓	✓
Hospice	✓	✓	✓	✓ <i>(Limited to non-nursing facility based)</i>	✓
Anesthesia by Local Infiltration	✓	✓	✓	✓	✓
Blood and Blood Plasma	✓	✓	✓	Not Covered	✓
Blood Processing Administrative Cost	✓	✓	✓	✓	✓
Maternity and Newborn Care					
Pre- & Postnatal Care Maternity Services	✓	✓	✓	✓	✓
Delivery & Inpatient Maternity Services	✓	✓	✓	✓	✓
HealthStart	✓	✓	✓	✓	Not covered
Midwifery Services (Maternity)	✓	✓	✓	✓	✓
Newborn Child Coverage	✓	✓	✓	✓	✓
Mental Health and Substance Use Disorder Services, Including Behavioral Health Treatment					
Inpatient Medical Detox	✓	✓	✓	✓ <i>(limited to detoxification for alcoholism)</i>	✓
Non-Medical Detoxification	Not Covered	Not Covered	Not Covered	Not Covered	✓
Substance Use Disorder Partial Care	Not Covered	Not Covered	Not Covered	Not Covered	✓
Substance Use Disorder Outpatient	Not Covered	Not Covered	Not Covered	Not Covered	✓
Substance Use Disorder Intensive Outpatient	Not Covered	Not Covered	Not Covered	Not Covered	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Substance Use Disorder Short Term Residential	Not Covered	Not Covered	Not Covered	Not Covered	✓
Community Support Services (Effective 7/1/14)	✓	Not Covered	Not Covered	Not Covered	✓
Behavioral Health Home	✓	✓	✓	Not Covered	✓
Mental Health Outpatient	✓	✓	✓	✓	✓
Adult Mental Health Rehabilitation (group homes)	✓	Not Covered	Not Covered	Not Covered	✓
Inpatient Psychiatric Services	✓	✓	✓	✓	✓
Methadone Maintenance	✓	✓	✓	✓	✓
Psychiatrist, Psychologist or APN	✓	✓	✓	✓	✓
Partial Care (<i>prior authorization required; 25 hour per week limit</i>)	✓	✓	✓	✓	✓
Medical Detoxification	✓	✓	✓	✓	✓
PACT	✓	Not Covered	Not Covered	Not Covered	✓
Psychiatric Emergency Services/Affiliated Emergency Services	Not Covered	Not Covered	Not Covered	Not Covered	✓
Case Management (Chronic Mental Illness)	✓	Not Covered	Not Covered	Not Covered	✓
Psychiatric Hospital - Inpatient	✓	✓	✓	✓	✓
Clinic Services (free-standing) Mental Health (<i>prior authorization required for psychotherapy beyond financial threshold of \$900</i>)	✓	✓	✓	✓	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Partial Hospital (<i>prior authorization required for acute Partial Hospital only; Partial Hospital- limit of 2 years</i>)	✓	✓	✓	✓	✓
Residential Treatment Center Services (<i>prior authorization required, limited to under 21 years of age</i>)	✓	Not Covered	Not Covered	Not Covered	✓
Outpatient Hospital/Clinic Services and Physician	✓	✓	✓	✓	✓
Inpatient Hospital/Clinic Services	✓	✓	✓	✓	✓
Inpatient Physician	✓	✓	✓	✓	✓
Prescription Drugs					
Retail Pharmacy	✓	✓	✓	✓	✓
Mail Order Pharmacy	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Contraceptives	✓	✓	✓	✓	✓
Methadone Maintenance (Clinic Service Only)	✓	✓	✓	Not Covered	✓
Anti-Retroviral Drugs	✓	✓	✓	✓	✓
Antipsychotic Drugs, Including Atypicals	✓	✓	✓	✓	✓
Mental Health/Substance Abuse Drugs	✓	✓	✓	✓	✓
Over-the-Counter Drugs	✓	✓	✓	Not Covered	✓
Physician-Administered Drugs	✓	✓	✓	✓	✓
Hemophiliac Drugs	✓	✓	✓	Not Covered	✓
Suboxone® and Related Drug Products	✓	✓	✓	✓	✓
Infusion Therapy	✓	✓	✓	✓	✓
Specialty Drugs	✓	✓	✓	✓	✓
Rehabilitative and Habilitative Services and Devices					

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Physical, Speech, & Occupational Therapies	✓	✓ <i>(limits apply)</i>	✓ <i>(limits apply)</i>	✓ <i>(limits apply)</i>	✓
Intermediate Care Facility for Persons with Intellectual Disability(ICF/ID)	✓	Not Covered	Not Covered	Not Covered	Not covered
Cardiac Rehabilitation	✓	✓	✓	✓	✓
Pulmonary Rehabilitation	✓	✓	✓	✓	✓
Medically Necessary Durable Medical Equipment and Medical Supplies	✓	✓	✓	✓ <i>(Limited to certain DME services that could prevent costly future inpatient admissions)</i>	✓
Durable Medical Equipment with Vision Impairment	✓	✓	✓	Not Covered	✓
Optical Appliances	✓ <i>(Limited to once every two years)</i>	✓ <i>(Limits apply)</i>	✓ <i>(Limits apply)</i>	✓ <i>(Limited to one pair of glasses or contact lenses per 24-month period or as medically necessary)</i>	✓ <i>(Limited to once every two years)</i>
Hearing Aid Services	✓ <i>(Limited to one device per client)</i>	✓ <i>(Limits apply)</i>	✓ <i>(Limits apply)</i>	✓ <i>(Only covered for children 15 years of age or younger)</i>	✓ <i>(Limited to one device per client)</i>
Prosthetics <i>(Prior authorization required)</i>	✓	✓	✓	✓ <i>(Limited to initial provision of 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)</i>	✓

Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years of age)	ABP
Orthotics <i>(Prior authorization required)</i>	✓	✓	✓	Not Covered	✓
Home Health Care-Non Rehab (i.e. Skilled Nursing, Home Health Aide)	✓	✓	✓	✓	✓
Home Health Care-Rehab (i.e. PT, OT & Speech Therapies)	✓	✓ <i>(Limits apply)</i>	✓ <i>(Limits apply)</i>	✓ <i>(Limits apply)</i>	✓
Personal Care Assistant <i>(Limit of 40 hours per week)</i>	✓	Not Covered	Not Covered	Not Covered	✓
Partial Care <i>(Limit of 5 hours per day, 25 hours per week)</i>	✓	✓	✓	✓	✓
Medical Day Care-Adult <i>(must be at least 5 hours per day, 5 days per week)</i>	✓	Not Covered	Not Covered	Not Covered	✓
Nursing Facility-Skilled Nursing Facility	✓	✓ <i>(Skilled nursing and/or rehabilitation care provided; custodial care not covered.)</i>	✓ <i>(Skilled nursing and/or rehabilitation care provided; custodial care not covered.)</i>	Not Covered	✓ <i>(Skilled nursing and/or rehabilitation care provided; custodial care not covered.)</i>
Laboratory Services					
Lab tests, x-ray services & pathology	✓	✓	✓	✓	✓
Thermograms and Thermography	✓	✓	✓	Not Covered	✓
Imaging/diagnostics (e.g. MRI, CT Scan, PET Scan)	✓	✓	✓	✓	✓
Preventive and Wellness Services and Chronic Disease Management					
Preventive Care/Early Intervention	✓	✓	✓	✓	✓
Immunizations	✓	✓	✓	✓	✓
Colorectal Cancer Screening	✓	✓	✓	✓	✓
Service Description	Plan A	Plan B (Children under 19 years of age)	Plan C (Children under 19 year of age)	Plan D (Children under 19 years)	ABP

				<i>of age)</i>	
Screening Mammography	✓	✓	✓	✓	✓
Optometrist Services	✓	✓	✓	✓ <i>(Limited to one per year)</i>	✓
Nutritional Counseling	✓	✓	✓	✓	✓
Smoking Cessation Program	✓	✓	✓	✓	✓
Allergy Testing & Injections	✓	✓	✓	✓	✓
Family Planning <i>(includes free-standing clinics)</i>	✓	✓	✓	✓	✓
Diabetes-Medically Necessary Equipment & Supplies	✓	✓	✓	✓	✓
Screening Pap Tests	✓	✓	✓	✓	✓
Routine Gynecological Exam	✓	✓	✓	✓	✓
Annual Prostate Cancer Screening for Men 50-72 yrs	✓	✓	✓	✓	✓
Midwifery Services (Non-Maternity)	✓	✓	✓	✓	✓
Podiatry Services <i>(routine care not covered)</i>	✓	✓	✓	✓	✓
Pediatric Services, Including Oral and Vision Care					
EPSDT	✓	✓	✓	✓ <i>(Limited to well child care only)</i>	✓
School-based Services	✓	Not Covered	Not Covered	Not Covered	✓
Private Duty Nursing <i>(Prior Authorization required)</i>	✓ <i>(limited to children under 21)</i>	✓	✓	✓	✓ <i>(limited to children under 21)</i>
Miscellaneous					
Non-Emergency Transportation	✓ <i>(Includes livery)</i>	✓	✓	Not Covered	✓ <i>(Includes livery)</i>



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***** PLEASE POST *****

NJ FamilyCare Expansion Program Quick Guide

Effective on or after January 1, 2014, the following groups of individuals may enroll in a NJ FamilyCare (NJFC) Managed Care Plan in order to receive healthcare benefits provided through the NJFC Expansion Program.

- Single Adults up to 133% of the Federal Poverty Level (FPL)
- Childless Couples up to 133% of the FPL

Healthcare benefits under the expansion program shall be provided by a NJFC-participating Managed Care Plan. Covered benefits include:

- Ambulatory Patient Services
- Emergency Services
- Hospitalization
- Maternity and Newborn Care
- Prescription Drugs
- Rehabilitative and Habilitative Services and Devices
- Laboratory Services
- Preventative and Wellness Services and Chronic Disease Management
- Dental and Vision Care Services

Mental Health and Substance Abuse Services shall be provided by the NJFC Fee-For-Service program.

NJFC Managed Care Member Services

Providers may also access the State's Recipient Eligibility Verification System (REVS) by telephone (1-800-676-6562) or through eMEVS found at www.njmmis.com.

NJFC-participating Managed Care Plans

Plan	Member Services	TTY	Provider Services
AmeriGroup NJ, Inc.	1-800-600-4441	1-800-852-7899	1-800-454-3730
Healthfirst Health Plan of NJ, Inc.	1-888-464-4365	1-800-852-7897	1-866-889-2523
Horizon NJ Health	1-877-765-4325	1-800-654-5505	1-800-682-9091
UnitedHealthcare Community Plan	1-800-941-4647	#711	1-888-362-3368
WellCare Health Plans, Inc.	1-888-453-2534	1-877-247-6272	1-866-687-8570 option 4