



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

NEWSLETTER

Volume 25 No. 12

December 2015

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

SUBJECT: **NJ FamilyCare Plan ABP**

EFFECTIVE: Immediately

PURPOSE: To notify NJ FamilyCare providers of the State decision to expand services provided under NJ FamilyCare Plan ABP to include Long Term Care and remove the requirement of a Medically Exempt Attestation Form for recipients considered medically frail.

BACKGROUND: Beginning January 1, 2014, the Division of Medical Assistance and Health Services expanded the NJ FamilyCare program to offer healthcare to parents, single adults and childless couples ages 19 to 64, not eligible for Medicare, with incomes up to 133% of the Federal Poverty Level (FPL).

The Affordable Care Act (ACA) required the creation of an Alternative Benefit Plan (ABP) for the NJ FamilyCare expansion population, also known as NJ FamilyCare Plan ABP. **As of July 1, 2015 NJ FamilyCare Plan ABP includes all NJ FamilyCare State Plan benefits, including Long Term Care and additional mental health and substance abuse services.**

ACTION: **Effective immediately**, if you have a patient enrolled in NJ FamilyCare Plan ABP who is in need of long term care; please refer them to their Managed Care Organization or to their local Aging and Disability Resource Connection (ADRC)/Area Agency on Aging (AAA) to be assessed for the Managed Long Term Services and Supports (MLTSS) program. The Medically Exempt Attestation Form is no longer required to be completed and sent to the Medical Assistance Customer Center for these individuals. For your convenience, an updated ***NJ FamilyCare Benefit Plan Comparison Chart*** is attached describing the eligible benefits under each of the NJFC plans, as well as the ABP (**See Attachment A**).

Medicaid Managed Care Plans that have NJ FamilyCare Plan ABP beneficiaries who may meet the definition of medically exempt are no longer required to refer them to the appropriate Medical Assistance Customer Center and can assess them for the MLTSS program if they are in need of long term services and supports.

Providers may continue to verify beneficiary eligibility by accessing either the Recipient Eligibility Verification System (REVS) (1-800-676-6562) or the Medicaid Eligibility Verification System (eMEVS) via www.njmms.com.

Contact information for the ADRC/AAAs can be found at <http://www.state.nj.us/humanservices/doas/home/saaaa.html>. Contact information for the MCOs is found in the table below:

NJ FamilyCare Managed Care Organization (MCO)	
NAME	COUNTIES
Aetna Better Health of New Jersey 1-855-232-3596 www.aetnabetterhealth.com/newjersey	Bergen, Camden, Essex, Hudson, Middlesex, Passaic, Somerset and Union
Amerigroup New Jersey, Inc. 1-800-600-4441 www.amerigroup.com	All except Salem
Horizon NJ Health 1-877-765-4325 www.horizonnjhealth.com	All
UnitedHealthcare Community Plan 1-800-941-4647 www.uhccommunityplan.com/	All
WellCare Health Plans of New Jersey 1-888-453-2534 www.wellcare.com	Bergen, Essex, Hudson, Mercer, Middlesex, Passaic, Somerset, Sussex and Union

Please Note:

NJ FamilyCare Plan ABP beneficiaries are entitled to receive unlimited sub-acute services in a long term care setting. The sub-acute services are the responsibility of the Medicaid Managed Care Plans for as long as the services are determined medically necessary. When the beneficiary no longer meets sub-acute level of care they should be discharged back to the community. If it is determined that the beneficiary cannot safely return to the community, they are considered custodial care and must be determined nursing home level of care. Hospital discharge planning staff as well as staff from the sub-acute care facility should notify the patient's MCO or local ADRC/AAA of all clients who are receiving NJ FamilyCare ABP services who are at risk of needing custodial care. These clients must be evaluated for long term care services as soon as possible to avoid potential billing issues.

Also, it is important to be aware that once beneficiaries become Medicare eligible, they are no longer eligible for NJ FamilyCare ABP. Should you have a beneficiary who may become Medicare eligible within the next few months, you should refer them to their local County Board of Social Services to begin the process to be enrolled in the Medicaid Aged, Blind, and Disabled (ABD) program so that they do not lose coverage upon enrollment in Medicare.

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

NJ FAMILYCARE BENEFIT PLAN COMPARISON CHART

Service Description	Plan A	Plan B <i>(Children under 19 years of age)</i>	Plan C <i>(Children under 19 year of age)</i>	Plan D <i>(Children under 19 years of age)</i>	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	✓	✓	✓	✓ <i>(Covered when performed as a form of anesthesia in conjunction with approved surgery)</i>	✓
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	✓	✓	✓	✓ <i>(Covered if pre-approved by HMO)</i>	✓
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 <i>Children under 9 years of age</i>	Plan C <i>(Children under 19 year of age)</i>	Plan D <i>(Children under 19 years of age)</i>	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	✓
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 of age)	ABP
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>