



Member Handbook



NJ FamilyCare/Medicaid

This handbook will tell you how to use your Healthfirst NJ plan.
Put this handbook where you can find it when you need it.

March 2011

Welcome to Healthfirst NJ!

Welcome to Healthfirst NJ!

Thank you for choosing us to serve your health care needs.

This member handbook is your guide to the Healthfirst NJ plan.

It describes our policies, as well as, the benefits you will receive as a member and how to best use your health plan.

Please read this handbook carefully - we want you to know and understand your benefits. Also, keep this handbook in a handy location for easy access.

If you need specific details about your Healthfirst NJ FamilyCare/Medicaid coverage, please refer to this handbook or call the Healthfirst NJ Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)**, Monday through Friday, 8:00 a.m. to 6:00 p.m. **TTY: 1-800-852-7897**.

We want you to be satisfied with your health plan - our goal is to provide you with excellent medical care and quality service from Healthfirst NJ.

We look forward to a long and healthy relationship.

Sincerely,
Member Services
Healthfirst NJ

**At Healthfirst,
we pledge**

*to provide you with the finest medical services,
to bring these services to your community,
and to treat you at all times with respect,
courtesy and dignity.*

*We are
a not-for-profit health plan
dedicated to serving you.*

Healthfirst NJ Member Services Department

Monday through Friday, 8:00 a.m. to 6:00 p.m.

**1-888-GO4-HFNJ (1-888-464-4365)
(English, Español)**

TTY users call 1-800-852-7897

or visit us at www.healthfirstnj.org

IMPORTANT TELEPHONE NUMBERS AND ADDRESSES

<p>Healthfirst NJ's Member Services Department P.O. Box 12105 Newark, NJ 07101-3405 Monday-Friday, 8:00 a.m.-6:00 p.m.</p>	<p>1-888-G04-HFNJ (1-888-464-4365) (English, Español) English TTY: 1-800-852-7897 Spanish TTY: 1-866-658-7714</p>
<p>Corporate Office Address</p>	<p>One Washington Park One Washington St., Suite 1405 Newark, NJ 07012 www.healthfirstnj.org</p>
<p>Appeals and Grievances P.O. Box 12102 Newark, NJ 07101-3402</p>	<p>1-866-889-2527 Expedited Appeals: 1-866-889-2527 FAX: 1-866-505-7041</p>
<p>Behavioral Health Monday – Friday, 8:30 a.m. – 5:30 p.m.</p>	<p>1-866-467-7178 FAX 1-866-506-7060</p>
<p>Fraud and Abuse Hotline</p>	<p>1-877-879-9137</p>
<p>Medical Management Department P.O. Box 12103 Newark, NJ 07101-3403 Monday - Friday, 8:00 a.m. - 5:00 p.m.</p>	<p>1-866-467-7178 TTY 1-800-852-7897 FAX 1-866-506-7060</p>
<p>American Specialty Health Chiropractor Services Monday-Friday, 8:00 a.m.-9:00 p.m.</p>	<p>1-800-678-9133</p>
<p>CuraScript Specialty Pharmacy Monday-Friday, 8:00 a.m.-9:00 p.m. Saturday, 9:00 a.m.-1:00 p.m.</p>	<p>1-866-848-9870</p>
<p>Davis Vision Claims Attn: Vision Care Processing Unit P.O. Box 1525 Latham, NY 12110 Monday-Friday, 8:00 a.m.-11:00 p.m. Saturday, 9:00 a.m.-4:00 p.m. Sunday, 12:00 p.m. – 4:00 p.m.</p>	<p>1-800-753-3311</p>

IMPORTANT TELEPHONE NUMBERS AND ADDRESSES

<p>DentaQuest Dental Claims Attn: Claims Department 12121 N. Corporate Parkway Mequon, WI 53092 Monday- Friday, 9:00 a.m.-6:00 p.m.</p>	<p>1-800-896-2373</p>
<p>Express Scripts Inc. Pharmacy (ESI) Mail Stop: BL0470-B7P P.O. Box 390873 Bloomington, MN 55439 24 hrs a day, 7 days a week</p>	<p>1-877-266-1484 TTY: 1-800-899-2114</p>
<p>Express Scripts Inc. Pharmacy Help Desk</p>	<p>1-800-824-0898 TTY: 1-800-899-2114</p>
<p>Express Scripts Inc. Claims (ESI) Attn: MED-D Accounts PO Box 390007 Bloomington, MN 55439</p>	<p>1-800-824-0898 TTY: 1-800-899-2114</p>
<p>Express Scripts Inc. Member Services/Grievances Attn: Director of Grievances P.O. Box 66517 St. Louis, MO 63166-6517 24 hours a day, 7 days a week</p>	<p>1-866-533-8512 TTY: 1-800-899-2114</p>
<p>NJ PAAD <i>(Prescription Assistance for the Aged and Disabled)</i></p>	<p>1-800-792-9745</p>
<p>NJ - Quality Improvement Organization Healthcare Quality Strategies, Inc. 557 Cranbury Road, Suite 21 East Brunswick, NJ 08816-4026 Monday – Friday, 8:30 a.m.-5:00 p.m.</p>	<p>In-State Calls Only 1-800-624-4557 TTY: 1-732-238-5570</p>
<p>Social Security Administration (SSA) Monday-Friday, 7:00 a.m.-7:00 p.m.</p>	<p>1-800-772-1213 TTY: 1-800-325-0778</p>
<p>NJ Medicaid Hotline</p>	<p>1-800-356-1561</p>

IMPORTANT TELEPHONE NUMBERS AND ADDRESSES

It is also important for you to remember your and your family's Primary Care Providers' information. Please feel free to use the space below to record your PCP's contact information.

Member Name: _____

Member Name: _____

Primary Care Provider (PCP): _____

Primary Care Provider (PCP): _____

PCP Phone #: _____

PCP Phone #: _____

PCP Address: _____

PCP Address: _____

Member Name: _____

Member Name: _____

Primary Care Provider (PCP): _____

Primary Care Provider (PCP): _____

PCP Phone #: _____

PCP Phone #: _____

PCP Address: _____

PCP Address: _____

What To Do In An Emergency

If you have a medical emergency, get help immediately!

- Call 911 or your local emergency number, or
- Go to the nearest emergency room, or
- Go to the nearest place where you can get medical care

Always show your Healthfirst NJ ID Card when you receive emergency care to make sure the bill is sent to Healthfirst NJ. You do not have to call Healthfirst NJ before going to the emergency room.

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HOW HEALTHFIRST NJ WORKS: THE PLAN, OUR PROVIDERS AND YOU

Healthfirst NJ has a contract with the New Jersey Department of Human Services Division of Medical Assistance and Health Services (DMAHS) to meet the health care needs of people with NJ FamilyCare/Medicaid. In turn, we choose a group of health care providers to help us meet your needs. These doctors and specialists, hospitals, labs and other health care facilities make up our provider network. As a member of Healthfirst NJ, you should obtain all plan-covered non-emergency health care services through providers within our network. You'll find a list in our provider directory and on our website at www.healthfirstnj.org. If you don't have a provider directory, call Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or TTY users call **1-800-852-7897** to get a copy.

- When you join Healthfirst NJ, one of our providers will take care of you. Most of the time that person will be your Primary Care Provider or PCP. If you need to have a test, see a specialist, or go into the hospital, your PCP will arrange it.
- You will have primary and specialist care coverage, 24 hours a day, 7 days a week. If you need to speak with your PCP or a covering doctor after hours or on weekends, leave a message with how you can be reached. Your PCP will get back to you as soon as possible.
- Even though your PCP is the main source of your health care, in some cases, you can self-refer (you can go directly, without getting a referral or permission before you go) to certain doctors for some services. See page 27 for details.

As a member of Healthfirst NJ, you will get personal and convenient, quality health care. You will talk to caring, trained staff that will help answer your questions and assist you in resolving problems related to your health plan.

The Healthfirst NJ Member Services Department is available to you by telephone at **1-888-GO4-HFNJ (1-888-464-4365)** or for TTY users, **1-800-852-7897**. We want to make sure that your experience with Healthfirst NJ is a happy and healthy one.

APPLYING FOR MEMBERSHIP

Your application to enroll in Healthfirst NJ is processed by contacting the NJ State Health Benefits Coordinator (HBC) toll-free at **1-800-701-0710** or **TTY 1-800-701-0720**. Your application will be reviewed and must be approved by DMAHS before you are able to join Healthfirst NJ.

It may take 30-45 days from the day you apply to become a Healthfirst NJ member, while the Health Benefits Coordinator (HBC) completes your enrollment.

During this time, if you were eligible for Medicaid, you may continue to receive benefits through the regular Medicaid Fee-For-Service (FFS) Program or your previous HMO. Enrollment in the HMO is subject to your eligibility in Medicaid or NJ FamilyCare. The effective date of your enrollment with Healthfirst NJ is the first of the month in which NJ FamilyCare/Medicaid determines you are eligible as a Healthfirst NJ member.

To make sure that you have continuous coverage, you should contact your County Welfare Agency (CWA) caseworker one month prior to your HMO termination date to make certain there is no break in your health coverage. Your HMO enrollment will continue automatically as long as there is no break in your Medicaid or NJ FamilyCare coverage. If your actual effective enrollment date with Healthfirst NJ is different from the expected enrollment date you were given, Healthfirst NJ will notify you of the change.

Please note that your signature or, where applicable, an authorized person's signature, on the application or plan selection form authorizes the release of your medical records and health information on the form to Healthfirst NJ. Once the application is processed and the signature verified, all of your health information on the Plan Selection Form (PSF) will be sent to Healthfirst NJ by the HBC.

When does your enrollment become effective?

Your membership with the plan will always begin on the first day of the month that it becomes effective.

As a new member, you will receive an orientation session when you call Healthfirst NJ. We offer these free sessions to explain our health plan and how we can best help you get all the services you need. It's a great time for you to ask questions and we strongly encourage you to use this service!

During these sessions, Healthfirst NJ's representatives will tell you about:

- Your plan benefits
- Services available to you
- How to get care from your Primary Care Provider (PCP) and specialists
- The need to see your PCP for a baseline exam

When you complete an application for enrollment, the HBC will tell you the effective date of your membership with Healthfirst NJ. When we are notified that you have enrolled, we will send you a New Member Packet. Your Healthfirst NJ identification card will be sent separately within 10 days of your enrollment.

As of your effective date, you must start to use Healthfirst NJ for all your covered health care needs. If your projected effective date of enrollment is coming up, and you still have not received your New Member Packet or identification card, please call the Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)**, TTY users call **1-800-852-7897**, Monday through Friday, 8:00 a.m. to 6:00 p.m.

Healthfirst New Jersey is very concerned with ensuring that all your health care needs and those of your covered family members continue to be met. As a Medicaid/NJ FamilyCare recipient, you are required to recertify your eligibility for the program every year with the State. The State will remind you when it is time to recertify and you **MUST** follow-up with them when you receive the notice or you will lose your Medicaid/FamilyCare benefits. If you know the date when you became eligible for Medicaid/NJ FamilyCare or when you last recertified with the program, please tell us and we will work with you to help make sure that there are no breaks in your family's Healthfirst coverage.

HOW TO USE THIS HANDBOOK

- This handbook will tell you how your new health care system will work and how you can get the most from Healthfirst NJ.
- This handbook is your guide to health services. It tells you the steps to take to make the plan work for you.
- When you have a question, check this Handbook or call our Member Services department.

HELP FROM MEMBER SERVICES

There is someone to help you at Member Services:
Monday through Friday, 8:00 a.m. to 6:00 p.m.

1-888-GO4-HFNJ (1-888-464-4365) (English, Español)
TTY users call 1-800-852-7897
or visit us at www.healthfirstnj.org

- You can call to get help anytime you have a question. You may call us to choose or change your Primary Care Provider (PCP), to ask about benefits and services, to replace a lost ID card, to report the birth of a new baby or ask about any change that might affect you or your family's benefits.
- If you are or become pregnant, your child will become part of Healthfirst NJ on the day he or she is born. You should call us right away if you become pregnant and let us help you to choose a doctor for your newborn baby before he or she is born.
- If you do not speak English, we can help. We want you to know how to use your health care plan, no matter what language you speak. Just call us and we will find a way to talk to you in your own language. We have a group of people who can help. We will also help you find a PCP (Primary Care Provider) who can serve you in your language.

Si no habla inglés, podemos ayudar. Queremos que aprenda a usar su plan de cuidado de la salud, sin importar qué idioma habla. Llámenos y encontraremos la forma de comunicarnos con usted en su propio idioma. Contamos con un grupo de personas que pueden colaborar. También le ayudaremos a encontrar a un PCP (Proveedor de Cuidado Primario) que pueda asistirle en su idioma.

- For people with disabilities: If you use a wheelchair, or are blind, or have trouble hearing or understanding, call us if you need extra help. We can tell you if a particular provider's office is wheelchair accessible or is equipped with special communications devices. Also, we have services like:

☞ TTY machine (Our TTY phone number is **1-800-852-7897**)

☞ Information in Large Print

☞ Case Management

☞ Help in Making or Getting to Appointments

☞ Names and Addresses of Providers Who Specialize in Your Disability

1-888-GO4-HFNJ (1-888-464-4365) for English or Español
English TTY 1-800-852-7897; Spanish TTY 1-866-658-7714

YOUR HEALTHFIRST NJ MEMBER ID CARD

Each member of your family who joins Healthfirst NJ will receive their own Identification (ID) Card. Carry your ID card at all times and show it when seeing your Healthfirst NJ PCP, a specialist, or when receiving any of the services covered by Healthfirst NJ.

After you enroll, we will send you a welcome letter. Your Healthfirst NJ ID Card should arrive no later than ten (10) days after your enrollment date with Healthfirst NJ. Your Healthfirst NJ ID Card has your PCP's name and telephone number on it. If it is wrong, call and tell us right away. If you need care before you receive your ID card, show your welcome letter as proof that you are a Healthfirst NJ member.

Important information on your Healthfirst NJ ID Card.

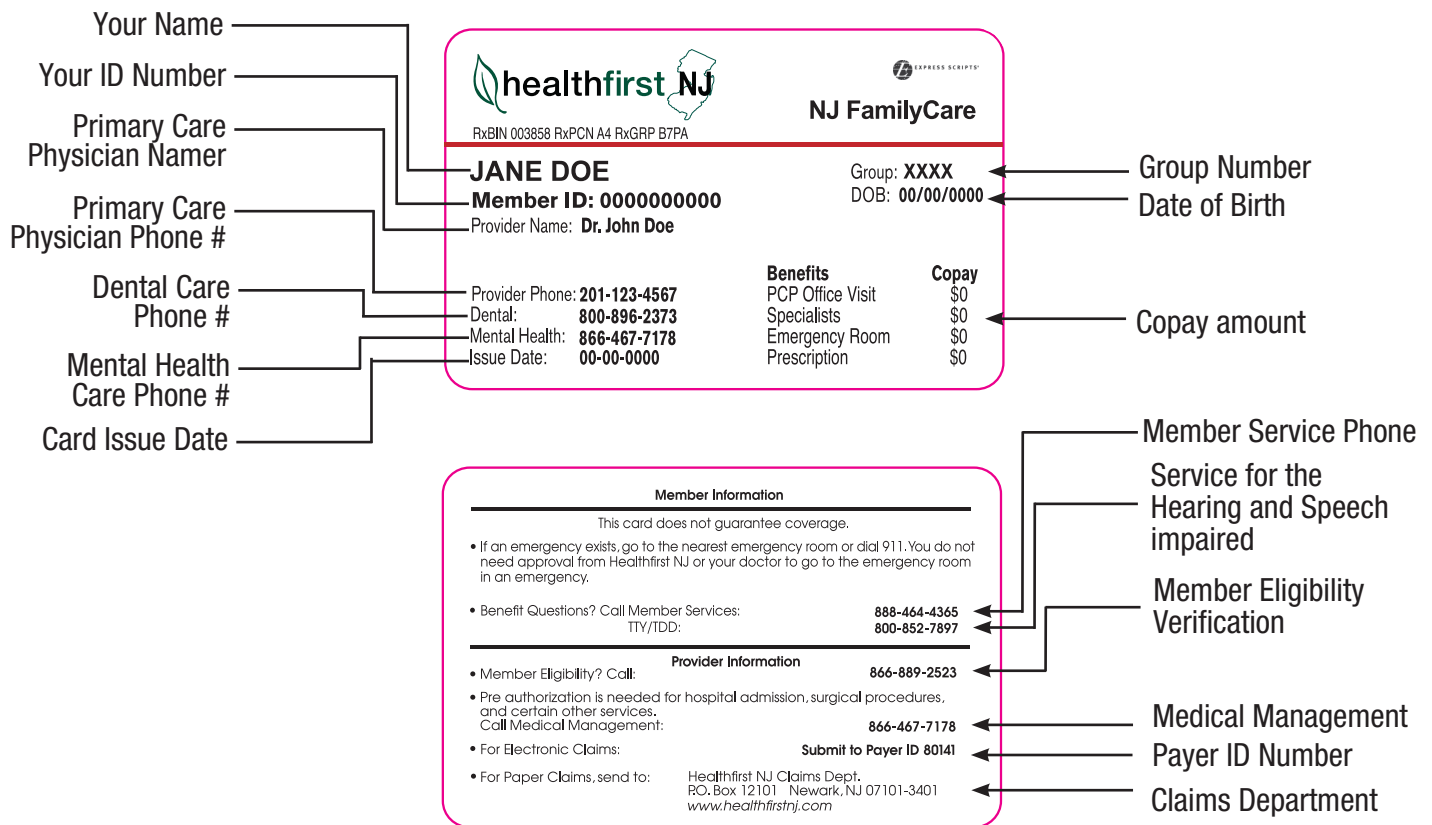
Your Healthfirst NJ ID Card contains the following information:

- Your name
- Your Healthfirst NJ Member Identification Number
- Your date of birth
- The name of your Healthfirst NJ PCP and a 24-hour telephone number to call for help
- The Healthfirst NJ member hospital linked to your PCP
- What to do in a medical emergency
- Healthfirst NJ Member Services toll-free number **(1-888-464-4365)** and TTY number **(1-800-852-7897)**.

Your Healthfirst NJ ID Card does not replace your Health Benefits ID Card.

You will still use your NJ Health Benefits ID Card (HBID) for the services not covered by Healthfirst NJ (turn to page 31, "Services Available Using Your Health Benefits ID Card," for more information).

Always carry both your Health Benefits ID Card (HBID) and your Healthfirst NJ ID Card with you.



If you lose your Healthfirst NJ ID Card please call our Member Services Department at: **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm, and we will send you a new card.

Your card is linked to your personal health information, so please remember that only you can use your card to access your benefits. Please do not share your card with anyone else.

Please make sure to show your Healthfirst NJ ID Card whenever you receive services. This will help make sure you don't get a bill from a provider. If you ever do get a bill from a provider, hospital, or emergency room, please call Member Services right away at **1-888-GO4-HFNJ (1-888-464-4365)** or TTY users call **1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm, and we can help you. This applies to any bill from a network provider or an out-of-network provider.

YOUR PRIMARY CARE PROVIDER (PCP)

When you join Healthfirst NJ, your first step is to select a Primary Care Provider (PCP). You choose a PCP for yourself and one for every enrolled member of your family. Your PCP will provide your primary health care and refer you to other doctors, if you need them. Remember, PCP and specialist coverage is available 24 hours a day, 7 days a week.

Your Healthfirst NJ PCP plays a very important role in your health care

- Your PCP will provide or arrange for almost all of the medical care and services you need.
- Your PCP is the person you should see or talk to first about your medical needs.
- Your PCP arranges for any specialists, medical tests, laboratory procedures (such as X-rays and blood tests), hospital services, medical supplies, or any other Healthfirst NJ services that you or your other enrolled family members may need.
- You should call your PCP's office for all medical problems. Call anytime, day or night, 24 hours a day, 7 days a week.

Your PCP may employ other qualified health care practitioners (such as nurse practitioners or physician assistants) to participate in your health care.

HOW TO CHOOSE YOUR PCP

You may have already picked your doctor to serve as your PCP (Primary Care Provider). This person could be a doctor or a nurse practitioner.

If you (or an authorized person acting on your behalf) have not chosen a PCP for you and your family, you should select your PCP right away.

You choose your PCP from the Healthfirst NJ Provider Directory. The Provider Directory lists the providers that Healthfirst NJ has carefully screened and selected to provide care for its members. Each member of your family can have his or her own PCP. You can find out if a Healthfirst NJ PCP is accepting new patients by looking in the Healthfirst NJ Provider Directory or by calling our Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)**, TTY users call **1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm.

You may want to find a doctor:

- who you have seen before
- who understands your health problems
- who is accepting new patients
- who can serve you in your language
- who is easy to get to

There are many types of doctors and health care providers from which you can choose a PCP for you and your family. Here are a few:

Family Practitioners. These are doctors who specialize in family practice medicine. They are trained to provide care to adults as well as to infants and children. Choosing a family practitioner means that one doctor will be able to care for you and all your family members.

Internists. These are doctors who specialize in internal medicine. They are trained to provide care to adults (typically those over the age of 18). If you choose an internist as your PCP, he or she will be able to provide care for the adult members of your family but not the children. In that case, you would select a different type of PCP for any children enrolled in Healthfirst NJ.

Pediatricians. These are doctors who specialize in providing care to infants and children (generally up to the age of 21). If you choose a pediatrician as the PCP for your children, he or she will not be able to provide care for the adults in your family. In this case, for the adult family members, you will need to select a different type of PCP (a family practitioner, internist or nurse practitioner).

Nurse Practitioners. These are Advanced Practice nurses who have been specially trained to provide primary health care services to adults and children.

Specialty Care. You may request to have a standing referral/authorization to a specialist or a specialist as a PCP under certain circumstances. If your medical condition meets specific guidelines, and it is in your best interest, you may be assigned to a specialist who will coordinate all your medical care.

You may use a specialist as a PCP when you have a life-threatening condition or disease or a degenerative and/or disabling condition or disease, either of which requires specialized medical care over a prolonged period of time. You also may request a specialist or specialty care center responsible for providing or coordinating your medical care

The following guidelines will apply:

- Medical Management will review all requests to choose a specialist as a PCP or for standing referrals/authorizations to a specialist.
- If the PCP or specialist believes that assignment to a specialist for primary care services is in your best interest, or if you inquire about the use of a specialist as a PCP, your PCP will discuss the option with you.
- The Medical Management Department will contact the PCP and the specialist. If all parties agree, the Medical Management Department will approve the standing referral/authorization or transfer to the specialist to act as your PCP.

- If there is a disagreement between the doctors, you may contact the Medical Management Department directly. The Healthfirst NJ Medical Director will make the final determination. You may request prior authorization to see an out of network health care provider if Healthfirst NJ does not have a network provider who meets your particular health care needs. This request, with supporting documentation, will be reviewed by Medical Management. You or your PCP should contact the Medical Management Department at **1-866-467-7178**, Monday to Friday, 8:00 am – 5:00 pm, to make such a request. Healthfirst NJ will be financially responsible for all out-of-network services arranged by Medical Management.

Healthfirst NJ's network of Hospitals and Medical Centers include some of the best in the New Jersey area:

- Your PCP will assist you in receiving care for all specialist, laboratory, x-ray or hospital-based services that you may need. You will be notified of lab and radiology results for non-urgent or non-emergency cases within ten (10) business days of receipt of the results. You will be notified of lab and radiology results for urgent or emergency cases within twenty-four (24) hours of receipt of the results.
- If there is a particular in-network hospital you prefer, or are most comfortable with, it is important that you select a PCP who is linked to that hospital, in case you need to get care there.

If you do not choose a PCP or the PCP you chose is not available, Healthfirst NJ will make every attempt to contact you. If we are unable to contact you within ten (10) days of your enrollment in our plan, we will select a PCP for you based on your age, where you live, any special health care needs, and other factors. Your PCP's name and telephone number are on your Healthfirst NJ ID Card, so you can call your PCP anytime you need him or her.

Meet with your Healthfirst NJ PCP

When you receive your Healthfirst NJ ID Card, call your PCP right away and make an appointment to have a baseline physical exam. A baseline physical exam is a regular medical check-up given to new Healthfirst NJ members not later than:

- Ninety (90) days after the effective date of enrollment for children under twenty-one (21) years of age;
- One hundred eighty (180) days after initial enrollment for adults
- Ninety (90) days after effective date of enrollment for adult clients of DDD

This appointment is your first step toward getting the best care possible – personalized care by someone who gets to know you, your medical history, and your health care needs.

If you are unable to contact your PCP, Healthfirst NJ will help you contact your PCP to schedule an appointment for a complete, age/sex-specific baseline physical. If you have been identified

through a Complex Needs Assessment as a member with special medical needs, Healthfirst NJ will work with your PCP on the development of an Individual Health Care Plan at a time that is mutually agreeable to you. Implementation of the Care Plan must begin within thirty (30) business days of the date of the Needs Assessment, or sooner, according to your circumstances. Your Individual Health Care Plan will address continuation of existing relationships with non-network providers, referrals to special care facilities, standing referrals for long term specialty care, and responding to crisis situations after hours.

Call your children's PCP also, to get check-ups and immunizations as needed.

If you have just enrolled in Healthfirst NJ and are having a medical problem, please make an appointment to see your PCP right away. Don't wait until you've had a baseline physical exam. Call your PCP's office immediately.

If you need help, a Member Services Representative will make arrangements for you to see your PCP.

Remember: If you have a medical problem there is always someone available to assist you, anytime, day or night, 7 days a week, by calling your PCP's office.

IF YOU WANT TO CHANGE YOUR HEALTHFIRST NJ PCP

You may change your PCP for any reason. If you decide to change your PCP, please notify Healthfirst NJ Member Services immediately. We can help you switch to another in-network PCP of your choice or help you pick a new PCP. Healthfirst NJ will issue you a new Healthfirst NJ ID Card when you change your PCP. After that, you can change your PCP at any time. If you switch PCPs, this change becomes effective immediately.

Just call the Member Services Department, toll-free, at:

1-888-GO4-HFNJ (1-888-464-4365)

(English, Español)

TTY users call 1-800-852-7897

Monday to Friday, 8 am to 6 pm

Sometimes a PCP will ask us to find another PCP for a member. We will grant this request for these reasons:

- The member and the PCP do not get along well;
- The member takes legal action against the PCP; or
- The member does not follow the PCP's instructions.

Continuity of care - If your Healthfirst NJ Provider leaves the plan

There are times when your PCP or other provider may leave Healthfirst NJ. Healthfirst NJ will provide you written notification at least 30 business days prior to your provider leaving the network. If you wish, you may continue to see this provider for a transitional period.

**1-888-GO4-HFNJ (1-888-464-4365) for English or Español
English TTY 1-800-852-7897; Spanish TTY 1-866-658-7714**

To ensure continuity of care, Healthfirst NJ must give your provider prior approval to continue seeing you. Also, your provider must agree to accept the Healthfirst NJ payment rates as payment in full and follow all our rules and procedures while you are receiving care, just as if he or she was a provider participating with Healthfirst NJ. These rules apply to both new and existing members.

In order to ensure that you receive continuity of care, please contact Healthfirst NJ's Member Services Department and they will assist you in coordinating your care. Member Services can be reached Monday through Friday, 8:00 a.m. – 6:00 p.m., at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**.

The following are the specific situations when you can be approved to receive continuity of care:

When Medically Necessary - In cases where it is medically necessary for the covered person to continue treatment with the health care professional, for up to four months following the effective date of provider termination.

Pregnancy - In the case of pregnancy, through the postpartum evaluation of the covered person, up to six weeks after delivery.

Post-Operative Care - In the case of post-operative care, up to six months following the effective date of provider termination.

Oncology Treatment - In the case of oncological treatment, up to one year following the effective date of provider termination.

Psychiatric Treatment - In the case of psychiatric treatment, continuity of care is available up to one year following the effective date of provider termination.

If you would like to know more about continuity of care, please call our Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)**, **TTY 1-800-852-7897**, Monday through Friday, 8:00 a.m. – 6:00 p.m.

HOW TO GET REGULAR CARE

- Regular care means exams, regular check-ups, medical advice, shots (immunizations) or other treatments to keep you well, and referrals to hospitals or specialists when you need them. It means you and your PCP working together to keep you well or to see that you get the care you need. Day or night, your PCP is only a phone call away - be sure to call him or her whenever you have a medical question or concern. If you call after hours or on weekends, leave a message with when and how you can be reached. Your PCP will contact you back as quickly as possible.

Remember, your PCP knows you and how the health plan works.

- Your PCP will take care of most of your health care needs, but you must have an appointment to see your PCP. If you can't keep an appointment, call to let your PCP know as soon as possible. As soon as you choose a PCP, call to make your first appointment and prepare for it as much as you can. Your PCP will need to know as much about your medical history as you can tell him or her. Make a list of your and your family members' medical background, any health concerns you have now, and any other questions you want to ask. In most cases, your first visit should be within three months of joining the plan.
- If you need care before your first appointment, call your PCP's office to explain the problem. He or she will give you an earlier appointment (you should still keep the first appointment, unless you are told otherwise).

Appointment Scheduling

As a member of Healthfirst NJ you have the right to timely appointments with your PCP. Based on your medical needs, you can be scheduled for appointments differently. For your information, we have listed the appointment schedules below:

<i>An Appointment for:</i>	<i>Should Be Scheduled Within:</i>
Emergency Care	Immediately Upon Presentation
Urgent Medical or Behavioral Problems	24 hours
Baseline/Routine Physicals for Adults	180 days after enrollment
Baseline/Routine Physicals for Children and Adult Clients of DDD	90 days or following EPSDT guidelines
Routine, Non-Urgent, or Preventive Care	28 days
Well Child Care	28 days

<i>An Appointment for:</i>	<i>Should Be Scheduled Within:</i>
Initial Visit for Newborns With Their PCP	2 weeks after discharge
Initial Prenatal Care Visit During the 1st Trimester	3 weeks from a positive pregnancy test (home or laboratory)
Initial Prenatal Care Visit During the 2nd Trimester	7 days from the first request (in 1st and 2nd trimester)
Initial Prenatal Care Visit During the 3rd Trimester	3 days from the first request
Prenatal Care High Risk	3 days of identification
Lab and Radiology Services	3 weeks for routine or 48 hours for urgent services
Initial Family Planning	2 weeks
Non-Urgent "Sick Visits" (As Clinically Necessary)	72 hours
Non-Urgent Specialist Referrals	4 weeks
Mental Health/Substance Abuse	Emergency-Upon presentation
Mental Health/Substance Abuse	Urgent-24 hours after request
Mental Health/Substance Abuse	Routine-10 days after request
Dental Appointments	Emergency-48 hours or earlier, as needed
Dental Appointments	Urgent-3 days after referral
Dental Appointments	Routine-30 days after referral

Please refer to pages 59-62 for more information about getting help in an emergency or urgent situation.

HOW TO GET SPECIALTY CARE

Your PCP will care for almost all of your health care needs, but there may be times when you require the care of a doctor who is an expert in a specific field of medicine, called a specialist. Some examples of specialists you may need to see are:

- Podiatrist (doctor specializing in foot problems)
- Ophthalmologist (doctor specializing in eye problems)
- Orthopedist (doctor specializing in bone problems)
- Hematologist (doctor specializing in blood problems)
- Dermatologist (doctor specializing in skin problems)
- Cardiologist (doctor specializing in heart problems)

After reviewing your medical needs, your PCP will assist you in selecting a specialist if needed. You will get instructions on how to make the appointment with the Healthfirst NJ specialist. Just like you can switch PCPs, you may also choose a different specialist. If for any reason you want to receive care from a different specialist, you should talk to your PCP who can work with you to find another specialist to provide the care you need. You may also request a second opinion from another specialist.

At times, Healthfirst NJ may not have the type of specialist that you need to see, and it's possible to get an authorization from Healthfirst NJ to receive care from a specialist. If your PCP refers you to another doctor, we will pay for your care. Most of these specialists are plan providers. The Healthfirst NJ Provider Directory lists participating plan specialists. If we do not have a specialist in our network who can give you the medically necessary care you need, you or your PCP can call Medical Management, Monday through Friday, 8:00 a.m. to 5:00 p.m., at **1-866-467-7178**. Medical Management will assist you and your PCP in finding the appropriate specialist to provide the medically necessary care you need. You will not be responsible for any specialist costs, other than the applicable copays. If you think the specialist does not meet your needs, talk to your PCP. Your PCP can help you if you need to see a different specialist. There are some treatments and services that your PCP must ask Healthfirst NJ to approve before you can get them. Your PCP will be able to tell you what they are.

If you need to see a specialist for ongoing care, your PCP may be able to refer you for a specified number of visits or length of time (called a Standing Authorization/Referral).

If you have a long-term disease or a disabling illness that gets worse over time, your PCP may be able to arrange for:

- Your specialist to act as your PCP; or
- A referral to a specialty care center that deals with the treatment of your condition.
- You can also call Member Services for help in getting access to a specialty care center.

Periodically, your PCP may request input from a Healthfirst NJ Care Manager and check with your specialist to determine how much longer you will need to continue receiving care.

USE OF SPECIALTY CARE CENTERS

Healthfirst NJ allows members to access specialty care centers for certain specialized services if no suitable alternative exists in the network. The following guidelines will be applied:

- Either you or your PCP may contact us if it is believed that the best treatment can be provided in a specialty care center.
- We will try to find a specialty care center in our network that will meet your needs.
- We will contact the center and make all the arrangements. All this will be at no cost to you.

SECOND OPINIONS

You can get a second opinion at your request for a diagnosis or treatment of any and all medical conditions. If you want to have a different provider review the test results, diagnosis, or treatment plan proposed by a PCP or specialist, you should tell your PCP you want a “second opinion”. Your PCP is expected to refer you with written instructions to guide both you and the provider rendering the second opinion. It remains the PCP’s responsibility to monitor your care and provide primary care for services and health care management. You or your PCP can call Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897** for help in finding an in-network provider or specialist for the second opinion.

When the request for a second opinion involves a non-network provider, the service requires pre-authorization from the Medical Management Department by calling **1-866-467-7178**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

PROVIDER DIRECTORY

You should have received have a Provider Directory with this Handbook. The Directory is a list of all the doctors, clinics, hospitals, labs, and others who work with Healthfirst NJ. It lists the address, phone number, office hours, and special training of the providers.

The Provider Directory will also show which doctors and providers are taking new patients, but you should still call their offices to make sure that they are taking new patients at the time you choose your PCP.

We also contract with several FQHCs (Federally Qualified Health Centers). The list of FQHCs is in the front section of each Provider Directory.

All FQHCs give primary and specialty care. Some clients want to get their care from FQHCs because the centers have a long history in their neighborhood. You may also want to try them because they are easy to get to. You should know that you have a choice. You can choose a provider in your neighborhood, like an FQHC, or you can select a PCP in any part of the Healthfirst NJ network. Just call Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm for help.

BENEFITS AND SERVICES COVERED BY HEALTHFIRST NJ

Healthfirst NJ covers a wide range of services and benefits for medically necessary and preventive care. As a member of our plan, almost all your covered benefits will be provided and paid for by Healthfirst NJ, but in certain cases, as noted in this handbook, they will be administered by Medicaid providers and paid for by Medicaid Fee for Service by using your HBID Card.

The cost (if any) that you pay to receive your benefits varies based on which NJ Family Care/ Medicaid program you are qualified to join, and is printed on your Healthfirst NJ ID Card.

Keep track of the copays (if any) you pay each year. You must notify Healthfirst NJ Member Services at **1-888-GO4-HFNJ** if the total exceeds 5% of your income for the year. You must also notify NJ FamilyCare at **1-800-701-0710**. TTY users please call **1-800-701-0720**. If your copays exceed 5% in any year, you are not required to make additional copays for the rest of that year.

The program in which you are enrolled is displayed on the front of your Healthfirst NJ ID Card and is on the welcome letter sent with this booklet. If you are not sure which program you are in, please call our Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)**, **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm and we can assist you.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

EPSDT (Early and Periodic Screening, Diagnostic and Treatment) is a special program that provides for the early screening of children for medical problems and continues checking for problems as the child develops. The doctor conducts a complete unclothed physical exam and medical history assessment. The following areas are included in the exam: vision, teeth, hearing, nutrition, growth and development, mental health, social development and health education.

The doctor also administers immunizations to assist in protecting your child from disease, as well as screenings for lead to determine whether your child has been exposed to unhealthy levels of lead from paint or other sources. Healthfirst NJ's providers immunize your child against dangerous illness, such as measles, mumps, tetanus, rubella, pertussis, diphtheria, polio, haemophilus influenza type B, hepatitis B, chicken pox, pneumococcal disease and influenza.

Your child's Healthfirst NJ PCP will provide these checkups, treat the problems and call in specialists when needed. Healthfirst NJ covers all these services for members up to the age of 21 years.

At Healthfirst NJ, we put your health first; therefore, we encourage you to make regular use of your preventive medical and dental services. If you would like more information on these services or require assistance scheduling an appointment, please call our Member Services Department, Monday through Friday, 8:00 a.m. – 6:00 p.m., at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program services include:

- A complete health history including physical, social and mental health development.

- A complete unclothed physical exam including vision and hearing screening, lead screening, dental inspection and nutritional assessment.
- Immunizations according to age, health history, and the schedule established by the Advisory Committee on Immunization Practices for Pediatric Vaccines.
- Health education and guidance on health care.
- Referrals for further diagnosis and treatment or follow-up of all abnormalities.
- Non-prescription (Over the Counter – OTC) drugs.
- Private duty nursing when medically indicated as a result of EPSDT screening.

EPSDT information is sent to members in their Healthfirst NJ welcome packet. It contains details about the importance of well-child check-ups, including screenings and immunizations (shots). The welcome packet also contains an EPSDT check-up schedule by age so that parents know when it is time for their child to see his or her doctor. Healthfirst NJ also reminds members by mail to make an appointment with their PCP.

For NJ FamilyCare B and C members, coverage is limited to early and periodic screening and diagnostic tests, medical examinations, immunizations, and dental, vision, hearing and lead screening services.

For NJ FamilyCare D members, coverage is limited to well child care, including immunizations and lead screening and treatment.

Home Bound Medical Transportation

If you are a homebound member and require special services such as an ambulette for non-emergency medical care, please call Healthfirst NJ toll-free at **1-888-GO4-HFNJ (1-888-464-4365) TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm. Our Member Service Representatives will help arrange transportation for you.

Remember – do not call an ambulance for routine transportation.

Home Bound Medical Transportation is covered for all NJ FamilyCare/Medicaid members with the exception of NJ FamilyCare/Medicaid D members.

Lower Mode Transportation and Ambulette Services

If you need lower mode transportation such as bus, taxi or livery service to reach covered services, please contact LogistiCare at **1-866-527-9933** to arrange for transportation or you may contact Healthfirst NJ Member Services at **1-888-GO4-HFNJ (1-888-464-4365) TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm for assistance.

Lower Mode Transportation and Ambulette Services are not covered for NJ FamilyCare/Medicaid B, C and D members.

Your Healthfirst NJ Prescription Plan (Express Scripts Pharmacy)

Healthfirst NJ has arranged for Express Scripts Pharmacy to manage your prescription benefits.

How to get the prescription drugs you need:

Most prescription and non-prescription (Over the Counter – OTC) drugs are covered as long as your doctor orders them and they are part of the approved Healthfirst NJ formulary. A formulary is a list of approved medications that Healthfirst NJ covers. A committee of doctors and pharmacists reviews the list to ensure that the medicines are safe and effective.

To get your prescription drugs, you must take your prescription to any pharmacy listed in the Healthfirst NJ Provider Directory. Or to find the pharmacy nearest to you, call Express Scripts at **1-877-266-1484**. TTY users should call **1-800-899-2114**. The pharmacy is required to dispense the generic version of your prescription drug when available. When medically necessary, your doctor may instruct the pharmacy to dispense the brand name version of your prescription. If your doctor determines that you must have a medication that is not included in the Healthfirst NJ formulary, or is included in the formulary but requires prior authorization, he or she can call Express Scripts and request the medication.

While you are waiting for a decision on your request, the pharmacy will provide a 72-hour supply of the medication.

ABD (Aged, Blind and Disabled) members can show their HBID Card at any Medicaid pharmacy to receive prescriptions under fee for service. There is no OTC coverage for NJ FamilyCare D members.

Healthfirst NJ has the option to require prior authorization for certain prescriptions if the number of prescriptions written by a mental health/substance abuse provider for mental health/substance abuse-related conditions is greater than four (4) per month per member or may be harmful based on the member's medical conditions or other drugs already prescribed to the member. Drugs in this category that require weekly prescriptions shall be counted as one (1) per month and not as four (4) separate prescriptions. For more information on prior authorization, see page 45.

Refills and Pharmacy Lock - In

To make sure that all the medications you are taking are safe to use together, Healthfirst NJ recommends that you use one pharmacy to fill your prescriptions. This means the pharmacist will make sure that the drug being given isn't the same as another drug given at the same time, or has added side effects. Your pharmacist is a trained expert who can review the entire list of drugs you are taking and give advice about how to prevent harm. For this reason pharmacists and doctors recommend that everyone use just one pharmacy.

If Healthfirst NJ thinks that a member's use of pharmacy services has been unusual or if there is the possibility of drug interaction, Healthfirst NJ will require the member to use only one pharmacy. This will be the pharmacy of the member's choice within the Healthfirst NJ network.

If Healthfirst NJ identifies you for a pharmacy "lock-in", you will be notified in advance and will be permitted to choose or change pharmacies for good cause, by calling Member Services at **1-888-GO4-HFNJ (1-888-464-4365)**, TTY users call **1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm.

You also request an appeal of this lock-in for the following reasons:

1. You do not agree with our decision regarding the lock-in;
2. You request to change pharmacies, but Healthfirst NJ denies your request; or
3. Healthfirst NJ takes too long to review your request to change your pharmacy.

You can also request an appeal for emergency and additional medications filled at a non-designated pharmacy.

Appeals should be submitted to: Healthfirst NJ, Attn: Appeals and Grievances, P. O. Box 12102, Newark, NJ 07101-3402.

A seventy-two (72) hour emergency supply of medication at pharmacies other than the designated lock-in pharmacy will also be permitted to ensure you have a supply of your medication on an urgent/emergent basis when the assigned pharmacy does not have the medication available to you.

If you have any questions or concerns regarding the Pharmacy Lock-In Program, you may contact Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm.

Mental Health and Substance Abuse (including alcohol and chemical abuse treatment)

You may go for one (1) mental health assessment and one (1) chemical dependence assessment without a referral. You must use a Healthfirst NJ provider but you do not need approval from your PCP.

Unless you are a Division of Developmental Disabilities (DDD) member, you will receive Mental Health or Substance Abuse services by using your Health Benefits ID card (HBID). You may seek treatment with any provider who takes Medicaid Fee-for-Service.

To receive chemical dependence assessment assistance, use your HBID and go to a provider who accepts Medicaid Fee-for-Service. DDD members must receive their Mental Health and Substance Abuse services from a Healthfirst NJ provider using their Healthfirst NJ ID Card.

Please call Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm if you have any questions on how to obtain mental health or substance abuse services or need assistance in obtaining/coordinating services.

SERVICES YOU ARRANGE FOR YOURSELF (SELF REFERRAL SERVICES)

Most of the time, you will need your Healthfirst NJ PCP to assist you in choosing a Healthfirst NJ specialist for covered services. However, there are some types of specialist care and covered services that you arrange for yourself without seeing your PCP or calling Healthfirst NJ.

These are called self-referral services and include:

Arranging for Women's Health Care/Prenatal Care/Continuing Care during Pregnancy

Healthfirst NJ understands the importance of regular, preventive care with a women's health care specialist, called an OB/GYN.

Make an appointment with a Healthfirst NJ OB/GYN for:

- Yearly routine well-women exams
- Women's health problems (Gynecological care)
- Care during pregnancy and delivery (prenatal care), pregnancy-related problems, and care after childbirth
- Family planning and reproductive health services, including birth control and termination of pregnancy (free access service)

Remember, prenatal and postpartum care is an important part of staying healthy. That's why we want you to see an OB/GYN and start receiving your prenatal care as soon as you know you are pregnant. We offer pregnant members educational materials and tips for caring for themselves and their child before and after birth as part of the Healthy Mom/Healthy Baby program. Learn more about this program for moms-to-be on page 57. It is very important to receive ongoing care throughout your pregnancy.

If you are pregnant or have children, you may be eligible for the WIC (Women, Infants and Children) program. This program is not part of Healthfirst NJ, but we can help you get more information about this program.

The WIC Program

The WIC program provides you with supplemental foods, health care referrals, and nutrition education for pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five (5) who are found to be at nutritional risk.

To apply to be a WIC participant, contact your local WIC agency to set up an appointment. The WIC agency will tell you what you need to bring to your appointment to determine eligibility. If you need the name, address and telephone number of your local WIC agency, contact our Member Services Department for assistance at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm.

Family Planning Services

The following services can be accessed anytime from any Healthfirst NJ provider or clinic that accepts regular Medicaid, whether or not they participate with Healthfirst NJ. Just show your Healthfirst NJ ID card or your HBID.

Certain members enrolled in NJ FamilyCare D may only receive the following services from a provider in the Healthfirst NJ network. Services received from non-plan providers will not be covered by Healthfirst NJ. Call our Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm, for more information or to find out if you can get these services outside the Healthfirst NJ provider network.

Family Planning services include:

- Birth control advice, medication, supplies and devices
- Drugs and biologicals
- Pregnancy testing
- Sterilization
- Physical exams including breast and pelvis
- Diagnostic and lab tests
- Testing for sexually transmitted diseases (STDs)
- Genetic testing and counseling
- HIV testing, including pre-and post-test counseling

Remember: You do not need a referral from your Healthfirst NJ PCP to get these services. However, you should always let your Healthfirst NJ PCP know about any and all medical care you receive.

If you need treatment for any condition identified when you obtain these services at a clinic that accepts Medicaid, you must make sure all further treatments are received through Healthfirst NJ authorized providers.

Here are some other phone numbers that may be helpful for you:

New Jersey AIDS Hotline
Toll free and confidential Call for facts – Call for help
In New Jersey: (800) 624-2377 (24 hrs, 7 days) TTY/TDD: (201) 926-8008 National: (973) 926-7443
National AIDS Hotline
1-800-342-AIDS (2437) (24 hrs, 7 days)
Domestic Violence Hotline Number
1-800-572-SAFE (7233)

HIV Testing and Counseling

You can get these services from Healthfirst NJ doctors if you talk to your PCP first. When you get these services as part of a family planning visit, you can go to any doctor or clinic that takes Medicaid and offers family planning services (see “Family Planning” section above). You do not need a referral when you get this service as part of a family planning visit. You can also go to anonymous counseling and testing clinics offered by the state and local health departments.

Tuberculosis (TB) Diagnosis and Treatment

You can choose to go either to your PCP or to your local public health agency for diagnosis and/or treatment of TB. You do not need a referral to go to the county public health agency.

Your Healthfirst NJ Vision Plan (Davis Vision)

Healthfirst NJ, your health plan, has arranged for Davis Vision to provide you with vision care services.

How to get the vision services you need:

The Davis Vision network operates an open network meaning members can select and visit any eye doctor within the network. These providers are listed in your provider directory. You get a provider directory when you enroll. If you need a new directory, you can get a new one by calling Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897** or view the directory online at www.healthfirstnj.org.

Members need to show their Healthfirst NJ member ID cards to access vision benefits. You will not receive a separate vision ID card. When you visit your Davis vision provider you should present your Healthfirst NJ ID card. If you have additional questions about your vision coverage,

please call the Davis Vision customer service number at **1-800-753-3311**, Monday to Friday, 8 am – 11 pm, Saturday, 9 am – 4 pm, and Sunday, 12 pm – 4 pm.

YOUR HEALTHFIRST NJ DENTAL PLAN (DENTAQUEST DENTAL)

Healthfirst NJ has arranged for DentaQuest Dental to provide you with dental care services.

Healthfirst NJ strongly encourages you to obtain a baseline dental examination upon enrollment. You should also have a dental exam and cleaning twice a year. If you have a dental emergency, such as severe pain, swelling, and uncontrolled bleeding, contact your dentist and he or she will see you for an emergency appointment right away. In a dental emergency, any prior authorization requirements that might otherwise apply are waived.

How to get the dental services you need:

The DentaQuest network operates an open network meaning members can select and visit any dentist within the network. These providers are listed in your provider directory. You get a provider directory when you enroll and you can get a new one by calling Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or TTY **1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm. You can also view the Provider Directory online at www.healthfirstnj.org.

DentaQuest Dental members need to show their Healthfirst NJ member ID cards to access dental benefits. You will not receive a separate dental ID card. When you visit your dentist you should present your Healthfirst NJ ID card. If you have additional questions about your dental care coverage, please call the DentaQuest customer service number at 1-800-896-2373, Monday to Friday, 9 am to 6 pm.

Covered Dental Services:

Diagnostic and Preventive Services - These include oral exams, cleanings, sealants, fluoride treatments and x-rays. NJ FamilyCare (NJFC) D members are only covered up to 19 years of age.

Basic Dental Services – These include fillings, gum treatments, extractions and root therapy. NJ FamilyCare (NJFC) D members are only covered up to 19 years of age.

Limitations – The following procedures are covered once in a thirty six (36) month period: full mouth or panoramic x-rays and sealants.

Services, when provided by a dentist, are considered medical rather than dental care if:

- When provided by a medical doctor, they would be considered medical services,
- They may be provided by either a medical doctor or a dentist, and
- They are provided by a dentist who is authorized to provide those services in NJ or in the state where he/she practices

Services Available Using Your Medicaid Health Benefits ID Card (HBID) (Not covered by Healthfirst NJ)

As a Healthfirst NJ member, you are entitled to all services covered by NJ FamilyCare/Medicaid. Healthfirst NJ does not cover certain services, such as some mental health and substance abuse services. Healthfirst NJ can assist members in locating a referral provider. Contact Healthfirst NJ Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm.

You can get these services from any provider who takes Medicaid by using your HBID Card.

To receive these services, show your HBID card to the participating Medicaid provider of your choice.

In some cases, your PCP or other health care professional may need to order these services or assist you in obtaining them.

You can access programs in your community that offer these services or be referred by another provider without authorization by Healthfirst NJ. You use your regular HBID card to obtain these services:

Mental Health

- Intensive psychiatric rehab treatment
- Day treatment
- Intensive case management
- Partial care and partial hospitalization
- Rehab services to those in community homes or in family-based treatment
- Clinic services for children with a diagnosis of Serious Emotional Disturbance (SED), at mental health clinics certified by the State Office of Mental Health
- Continuing day treatment

All covered mental health services are available by using your HBID card.

For DDD clients, most mental health services are provided by Healthfirst NJ.

Alcohol and Substance Abuse Services

- Methadone maintenance and administration
- Substance Abuse- including diagnosis, treatment and detoxification
- Outpatient alcohol rehab
- Outpatient alcohol clinic services
- Outpatient chemical dependence for youth programs
- Chemical dependence (including alcohol and substance abuse) services ordered by the County Welfare Agency (CWA).

- Suboxone and Subutex or any other drug within this category when used for treatment of opioid dependence

Other Medicaid Services

- Atypical antipsychotic drugs within the Specific Therapeutic Drug Classes H7T and H7X and its generic-equivalents and any other new atypical antipsychotic.
- Up to twelve (12) inpatient hospital days required for social necessity in accordance with Medicaid regulations
- DDD/Community Care Waiver (CCW) waiver services:
 - ◆ individual supports (which includes personal care and training)
 - ◆ habilitation
 - ◆ case management
 - ◆ respite and
 - ◆ Personal Emergency Response Systems (PERS)
- Nursing Facility Care greater than 30 days (not covered for NJ Family Care B and C)
- Inpatient psychiatric services for members under age 21 or over age 65
- Intermediate Care Facility/Intellectual Disability Services for NJ Family Care A
- Waiver for NJ Family Care A
- Personal Care Assistant Services (not covered for NJ FamilyCare B and C)
- Medical Day Care (not covered for NJ Family Care B and C)
- Outpatient Rehab – Physical therapy, occupational therapy, and speech pathology services (For NJ Family Care B & C enrollees, limited to 60 days per therapy per year)
- Transportation – lower mode (not covered for NJ Family Care B and C)
- Sex Abuse Examinations
- Services Provided by New Jersey MH/SA and DYFS/DCF Residential Treatment Facilities or Group Homes
- Family Planning Services and Supplies when furnished by a non-participating provider
- Home health agency services for the ABD (Aged, Blind and Disabled) population
- Prescription drugs (legend and non-legend covered by the Medicaid fee for service program) for the ABD population and other dual eligible individuals
- Certain Dental Care Services, contact Member Services for more information
- Elective, induced abortions and other related procedures

Services NOT Covered by Healthfirst NJ or NJ FamilyCare/Medicaid

These services are not available from Healthfirst NJ or NJ FamilyCare/Medicaid. If you get any of these services, you may have to pay the bill.

The following services are not covered for members enrolled in Medicaid or NJ FamilyCare A, B or C:

- Services not medically necessary
- Cosmetic surgery, except when medically necessary and with prior approval
- Experimental organ transplants and investigational services
- Infertility treatment services
- Rest cures, personal comfort, convenience items and custodial care
- Respite Care
- Services involving the use of equipment in facilities; the purchase, rental or construction of which has not been approved by applicable laws and regulations of the State of New Jersey
- All claims arising directly from services provided by or in institutions owned or operated by the federal government such as Veterans Administration hospitals
- Services provided in an inpatient psychiatric institution, that is not an acute care hospital, to individuals under 65 years of age and over 21 years of age.
- Services provided to all persons without charge. Services and items provided without charge through programs of other public or voluntary agencies (for example, New Jersey Department of Health and Senior Services, New Jersey Heart Association, First Aid Rescue Squad and so forth) shall be utilized to the fullest extent possible.
- Services or items furnished for any sickness or injury occurring while the covered person is on active duty in the military.
- Services provided outside the United States and territories.
- Services or items furnished for any condition or accidental injury arising out of and in the course of employment for which any benefits are available under the provisions of any workers' compensation law, temporary disability benefits law, occupational disease law, or similar legislation, whether or not the Medicaid beneficiary claims or receives benefits hereunder and whether or not any recovery is obtained from a third-party for resulting damages.
- That part of any benefit which is covered or payable under any health, accident, or other insurance policy (including any benefits payable under the New Jersey no-fault automobile insurance laws), any other private or governmental health benefit system, or through any similar third-party liability, which also includes the provision of the Unsatisfied Claim and Judgment Fund.
- Any service or items furnished for which the provider does not normally charge.

- Services furnished by an immediate relative or member of the Medicaid beneficiary's household.
- Services billed for which corresponding health care records do not adequately and legibly reflect the requirements of the procedure code utilized by the bill provider.
- Services or items reimbursed based upon submission of a cost study when there are no acceptable records or other evidence to prove either the costs allegedly incurred or beneficiary income available to offset those costs. In the absence of financial records, a provider may substantiate costs or available income by means of other evidence acceptable to the Division. .

The following services are not covered for members enrolled in NJ FamilyCare D:

- Non-medically necessary services
- Intermediate Care Facilities/Intellectual Disability Services
- Private duty nursing unless authorized by Healthfirst NJ
- Personal Care Assistant Services
- Medical Day Care Services
- Chiropractic Services
- Dental service except for persons under age 19
- Orthotic devices
- Targeted Care Management for the chronically ill
- Residential treatment center psychiatric programs
- Religious non-medical institutions care and services
- EPSDT except for well-child care including immunizations and lead screening and treatments
- Transportation Services including non-emergency ambulance, invalid coach and lower mode transportation
- Blood and Blood Plasma, except administration of blood, processing of blood, processing fees and fees related to autologous blood donations are covered
- Cosmetic Surgery
- Custodial Care
- Special Remedial and Educational Services
- Experimental and Investigational Services
- Medical Supplies, except diabetic supplies
- Infertility Services
- Rehabilitative Services for Substance Abuse
- Weight reduction programs or dietary supplements, except surgical operations, procedures or treatment of obesity when approved by Healthfirst NJ
- Acupuncture and acupuncture therapy, except when performed as a form of anesthesia in connection with covered surgery

- Temporomandibular joint disorder treatment, including treatment performed by prosthesis placed directly in the teeth
- Recreational Therapy
- Sleep Therapy
- Court-ordered services
- Thermograms and thermography
- Biofeedback
- Radial keratotomy
- Respite Care
- Nursing facility services
- Hearing Aid Services, except for children under 16 years old
- Audiology Services, except for children under 16 years old

You may have to pay for any service that your PCP does not approve. Also, if before you get any service you agree to be a private pay patient, you will have to pay for the services yourself. This includes:

- non-covered services (listed above),
- unauthorized services,
- services provided by providers not part of the Healthfirst NJ network

If you have any questions, call Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm.

BENEFITS GRID – A Summary of your Benefits by Plan Type

BENEFITS (Subject to policies and procedures)	MEDICAID & NJ FAMILYCARE A	ABD MEMBERS	NJ FAMILYCARE B & C	NJ FAMILYCARE D
Abortion	Medicaid FFS*	Medicaid FFS*	Medicaid FFS*	Medicaid FFS*
Acupuncture	COVERED	COVERED	COVERED	NOT COVERED (Except for Anesthesia)
Allergy Testing	COVERED	COVERED	COVERED	COVERED
Blood & Plasma Products	COVERED	COVERED	COVERED	NOT COVERED (except admin of blood, processing of blood, processing fees, and fees related to autologous blood donations are covered)
Bone Mass Measurement (Bone Density)	COVERED	COVERED	COVERED	COVERED
Care Management	COVERED	COVERED	COVERED	COVERED
Nurse Practitioner / Certified Nurse Midwife	COVERED	COVERED	COVERED	COVERED
Chiropractor Services (Manual Manipulation of Spine)	COVERED	COVERED	COVERED (\$5 copay for NJFC C only)	NOT COVERED
Colorectal Screening Exams (recommended for ages 50 and above)	COVERED	COVERED	COVERED	COVERED
Court Ordered Services	COVERED – Contact Healthfirst NJ	COVERED – Contact Healthfirst NJ	COVERED – Contact Healthfirst NJ	NOT COVERED
Dental Services	COVERED	COVERED	COVERED - (\$5 copay for NJFC C member except for preventive dental)	COVERED for children under the age of 19.
Diabetic Education	COVERED	COVERED	COVERED	COVERED
Diabetic Supplies	COVERED	COVERED	COVERED	COVERED

* **Medicaid FFS** – The member is COVERED using his/her NJ FamilyCare/Medicaid Health Benefits ID Card. Services are provided by a Medicaid Participating Provider.

** **Self Refer** – The member may choose any doctor from the Healthfirst NJ Provider Network without seeing their PCP.

BENEFITS (Subject to policies and procedures)	MEDICAID & NJ FAMILY-CARE A	ABD MEMBERS	NJ FAMILYCARE B & C	NJ FAMILYCARE D
Durable Medical Equipment (DME)/ Assistive Technology Devices	COVERED	COVERED	COVERED	<p>COVERED But limited to the following Equipment/Devices:</p> <ul style="list-style-type: none"> • Alternating Pressure Pads • Bed Pans • Bladder Irrigation Supplies • Blood Glucose Monitors and Supplies • Canes • Commodes • Note: Bathroom devices permanently attached are not covered • Crutches and Related Attachments • Fracture Frames • Gastrostomy Supplies • Hospital Beds(Manual, Semi-Electric, Full Electric) and Related Equipment • Ileostomy Supplies • Infusion Pumps • Intermittent Positive Pressure Breathing(IPPB) Treatment and Related Supplies • IV Poles • Jejunostomy Supplies • Lancets and Related Devices • Loop Heals/Loop Toes Devices • Lymphedema Pumps • Manual Wheelchairs and Related Equipment <p>Note: Motorized wheelchairs are not covered. Note: Types of covered wheelchairs include: full-reclining; high-strength lightweight; heavy duty; and semi-reclining Mattress Overlays Note: Low air loss and air fluidized bed systems not covered.</p> <ul style="list-style-type: none"> • Nasogastric Tubing • Nebulizers and Related Supplies • Needles • Ostomy Supplies • Over-Bed Tables • Oxygen and Related Equipment and Supplies <p>Note: Liquid and gas systems and oxygen concentrators are covered. Note: Ventilation systems are not covered.</p> <ul style="list-style-type: none"> • Pacemaker Monitors • Parenteral Nutrition • Patients Lifts • Pneumatic Appliances • Sitz Bath • Suction Machines and Related Supplies • Syringes • Tracheostomy Supplies • Traction/Trapeze Apparatus • Urinals • Urinary Pouches and Related Supplies • Urine Glucose Tests • Walkers and Related Attachments • Wheelchair Seating/Support Systems

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BENEFITS (Subject to policies and procedures)	MEDICAID & NJ FAMILYCARE A	ABD MEMBERS	NJ FAMILYCARE B & C	NJ FAMILYCARE D
DYFS/DCF Residential Treatment	Medicaid FFS*	Medicaid FFS*	Medicaid FFS*	NOT COVERED
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(0 through 20 yrs of age)	COVERED	COVERED	COVERED includes physical exams, dental, vision, hearing and lead	EPSDT is limited to well child visits including lead screening and treatment. Immunizations are covered.
Emergency Medical Care	COVERED	COVERED	COVERED (\$10 copay for NJFC C members)	COVERED (\$35 copay for NJFC D members unless referred by PCP or admitted to hospital)
Emergency Medical Transportation (Ambulance)	(COVERED)	COVERED	COVERED	COVERED
Routine Eye Exams	COVERED	COVERED	COVERED (\$5 copay for NJFC C members)	COVERED (\$5 copay for NJFC D members, except newborns covered under FFS)
Family Planning Basic Services (Self Referral Reproduction Health (Procedures/Devices)	COVERED Member may Self Refer** to participating OB/GYN. Medicaid FFS* when furnished by a non- participating doctor	COVERED Member may Self Refer** to participating OB/GYN. Medicaid FFS* when furnished by a non- participating doctor	COVERED Member may Self Refer** to participating OB/GYN. Medicaid FFS* when furnished by a non- participating doctor	COVERED Member may Self Refer** to participating OB/GYN Family Planning Providers. Services are not available from non- participating doctors with the exception of NJ FamilyCare D members PSC 380.
Hearing Exams/Audiology	COVERED	COVERED	COVERED	COVERED (under the age of 16)
Hearing Aids and Batteries	COVERED	COVERED	COVERED	COVERED (under the age of 16)
Hemodialysis	COVERED	COVERED	COVERED	COVERED
HIV/AIDs Testing	COVERED	COVERED	COVERED	COVERED
Home Health Care & Infusion Therapy	COVERED	Home Health Care covered by Medicaid FFS*. Infusion covered by Healthfirst NJ.	COVERED	COVERED Limited to skilled nursing for a homebound beneficiary and medical social services
Hospice Care	COVERED	COVERED	COVERED	COVERED
Immunizations (May be provided in the home for homebound members)	COVERED	COVERED	COVERED	COVERED
Infertility Testing & Services	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED
Inpatient Hospitalization (acute care, rehabilitation and special hospitals)	COVERED	COVERED	COVERED	COVERED

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** **Self Refer** – The member may choose any doctor from the Healthfirst NJ Provider Network without seeing their PCP.

**1-888-G04-HFNJ (1-888-464-4365) for English or Español
English TTY 1-800-852-7897; Spanish TTY 1-866-658-7714**

BENEFITS (Subject to policies and procedures)	MEDICAID & NJ FAMILYCARE A	ABD MEMBERS	NJ FAMILYCARE B & C	NJ FAMILYCARE D
Lab Tests and X-Rays (Diagnostic and therapeutic)	COVERED	COVERED	COVERED	COVERED (\$5 copay for each visit that is not part of an office visit.)
Mammograms (Screening)	COVERED Member may Self Refer**. Baseline for women 35-39 and annual for women 40+	COVERED Member may Self Refer**. Baseline for women 35-39 and annual for women 40+	COVERED Member may Self Refer**. Baseline for women 35-39 and annual for women 40+	COVERED Member may Self Refer**. Baseline for women 35-39 and annual for women 40+
Medical Day Care	Medicaid FFS*	Medicaid FFS*	NOT COVERED	NOT COVERED
Medical Supplies	COVERED	COVERED	COVERED	NOT COVERED
Mental Health/Substance Abuse	COVERED Only for members enrolled in the Division of Developmental Disabilities(DDD) Covered by Medicaid FFS* for all other members	COVERED Only for members enrolled in the Division of Developmental Disabilities(DDD) Covered by Medicaid FFS* for all other members	COVERED Only for members enrolled in the Division of Developmental Disabilities(DDD) Covered by Medicaid FFS* for all other members	COVERED Only for members enrolled in the Division of Developmental Disabilities(DDD) Inpatient hospital services for mental health, including psychiatric hospitals, limited to 35 days per year, covered under Medicaid FFS*. There is no limit to the number of days for CHIP beneficiaries under the age of 19.
Methadone & Methadone Maintenance	Methadone maintenance for substance abuse treatment is covered by Medicaid FFS*.	Methadone maintenance for substance abuse treatment is covered by Medicaid FFS*	Methadone maintenance for substance abuse treatment is covered by Medicaid FFS*.	Methadone for substance abuse is limited to detox only and is covered by Medicaid FFS*. There is no service limit for CHIP beneficiaries under the age of 19.
Nursing Facility Care	COVERED limited to the first 30 days of admission	COVERED limited to the first 30 days of admission	NOT COVERED except for rehabilitation services, limited to the first 30 days of admission	NOT COVERED
Optical Appliances	COVERED	COVERED	COVERED	COVERED Limited to one pair of glasses or contact lenses per 24 month period or as medically necessary.
Organ Transplant	COVERED	COVERED	COVERED	COVERED
Organ Transplant Evaluation	with Prior Authorization	with Prior Authorization	with Prior Authorization	with Prior Authorization

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** **Self Refer** – The member may choose any doctor from the Healthfirst NJ Provider Network without seeing their PCP.

BENEFITS (Subject to policies and procedures)	MEDICAID & NJ FAMILYCARE A	ABD MEMBERS	NJ FAMILYCARE B & C	NJ FAMILYCARE D
Organ Transplants (Includes donor and recipient costs unless individuals were already placed on a transplant list while in Medicaid FFS prior to initial enrollment in Healthfirst NJ. Includes donor and recipient inpatient hospital costs for members who are placed on a transplant list or become eligible for a transplant while enrolled in managed care prior to disenrollment to Medicaid FFS within two (2) months of transplant)	COVERED	COVERED	COVERED	COVERED
Orthodontia	COVERED Orthodontic services are only to be provided to children in cases where medical necessity can be proven, such as cases involving developmental and facial deformities causing functional difficulties in speech and mastication, and trauma. Orthodontic treatment will refer to limited, interceptive, and comprehensive orthodontic treatment as well as all other ancillary orthodontic services, with these services being considered only when the medical criteria	COVERED Orthodontic services are only to be provided to children in cases where medical necessity can be proven, such as cases involving developmental and facial deformities causing functional difficulties in speech and mastication, and trauma. Orthodontic treatment will refer to limited, interceptive, and comprehensive orthodontic treatment as well as all other ancillary orthodontic services, with these services being considered only when the medical criteria	COVERED Orthodontic services are only to be provided to children in cases where medical necessity can be proven, such as cases involving developmental and facial deformities causing functional difficulties in speech and mastication, and trauma. Orthodontic treatment will refer to limited, interceptive, and comprehensive orthodontic treatment as well as all other ancillary orthodontic services, with these services being considered only when the medical criteria for exemptions as noted above have been met.	COVERED Orthodontic services are only to be provided to children in cases where medical necessity can be proven, such as cases involving developmental and facial deformities causing functional difficulties in speech and mastication, and trauma. Orthodontic treatment will refer to limited, interceptive, and comprehensive orthodontic treatment as well as all other ancillary orthodontic services, with these services being considered only when the medical criteria for exemptions as noted above have been met.
Orthotic Devices	COVERED	COVERED	COVERED	NOT COVERED
Outpatient Hospital, Outpatient Surgery, Same Day Surgery, Ambulatory Surgical Center	COVERED	COVERED	COVERED	COVERED Excludes mental health visits
Pain Management Services	COVERED	COVERED	COVERED	COVERED
Pap Smears and Pelvic Exams	COVERED	COVERED	COVERED	COVERED
Parenting/Child Birth Education	COVERED	COVERED	COVERED	COVERED
Personal Care (in home)/Aide Services Medically Necessary (Office-Based, Non- Surgical)	Medicaid FFS*	Medicaid FFS*	NOT COVERED	NOT COVERED

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** **Self Refer** – The member may choose any doctor from the Healthfirst NJ Provider Network without seeing their PCP.

BENEFITS (Subject to policies and procedures)	MEDICAID & NJ FAMILYCARE A	ABD MEMBERS	NJ FAMILYCARE B & C	NJ FAMILYCARE D
Podiatry Services	COVERED	COVERED	COVERED (\$5 copay per visit)	COVERED Excludes routine hygienic care of the feet, including the treatment of corns and calluses, the trimming of nails, and other hygienic care such as cleaning or soaking feet in the absence of a pathological condition. (\$5 copay per visit)
Post-Acute Care	COVERED at Medicaid- participating acute-care hospital	COVERED at Medicaid- participating acute-care hospital	COVERED at Medicaid- participating acute-care hospital	COVERED at Medicaid- participating acute-care hospital
Preventive Health Care & Counseling/ Health Promotion	COVERED	COVERED	COVERED	COVERED
Primary Care Provider	COVERED	COVERED	COVERED (NJFC C members pay \$5 copay/visit except for well-child visits, lead screening & treatment, immunizations, prenatal care, pap smears)	COVERED (NJFC D members pay \$5 copay/visit when provided during normal office hours except for well-child visits, lead screening & treatment, immunizations, prenatal care, pap smears. \$5 copay only applies to the first prenatal visit. When provided during non-office hours and for home visits, copay is \$10.)
Private Duty or Skilled Nursing Care	COVERED If related to EPSDT screening	COVERED If related to EPSDT screening	COVERED If related to EPSDT screening	NOT COVERED Unless authorized by Healthfirst NJ
Prostate Cancer Screening Exams (recommended for males ages 50 and above)	COVERED	COVERED	COVERED	COVERED
Prosthetics	COVERED	COVERED	COVERED	COVERED Prosthetics limited to the initial provision of a prosthetic 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. Repair and replacement services are covered when due to congenital growth.
Radiation/Chemotherapy/ Hemodialysis	COVERED	COVERED	COVERED	COVERED
Radiology Scans (MRI, MRA, PET)	COVERED	COVERED	COVERED	COVERED (NJFC D members pay \$5 copay when not part of an office visit.)
Second Medical/ Surgical Opinions (Second Opinions)	COVERED	COVERED	COVERED	COVERED

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** **Self Refer** – The member may choose any doctor from the Healthfirst NJ Provider Network without seeing their PCP.

BENEFITS (Subject to policies and procedures)	MEDICAID & NJ FAMILYCARE A	ABD MEMBERS	NJ FAMILYCARE B & C	NJ FAMILYCARE D
Rehabilitation (Outpatient Occupational Therapy/ Physical Therapy/ Speech Therapy, Inpatient Rehab Facility)	Outpatient Rehab covered by Medicaid FFS* Inpatient Rehab- covered by Healthfirst NJ	Outpatient Rehab covered by Medicaid FFS* Inpatient Rehab- covered by Healthfirst NJ	Outpatient Rehab covered by Medicaid FFS* is limited to 60 days of therapy per year. Inpatient Rehab covered by Healthfirst NJ	Outpatient Rehab (Medicaid FFS*) is limited to treatment for a 60 (business) day consecutive period per incident of illness or injury beginning with the first day of treatment per contract year. Speech therapy treatment of delays in speech development, unless resulting from disease, injury, or congenital defects are not covered. Inpatient Rehab covered by Healthfirst NJ.
Sex Abuse Examinations	Medicaid FFS*	Medicaid FFS*	Medicaid FFS*	Medicaid FFS*
Sleep Apnea Studies	COVERED	COVERED	COVERED	COVERED
Smoking Cessation	COVERED	COVERED	COVERED	COVERED
Specialty Physician Services	COVERED	COVERED	COVERED	COVERED
Thermograms & Thermography	COVERED	COVERED	COVERED	NOT COVERED
Transportation – Emergency – Ambulance, MICU	COVERED	COVERED	COVERED	COVERED
Transportation – Non-Emergency – Ambulance, Invalid Coach must be arranged by calling Member Services	COVERED	COVERED	COVERED	NOT COVERED
Transportation – Lower Mode	Medicaid FFS*	Medicaid FFS*	NOT COVERED	NOT COVERED
Urgent Care	COVERED	COVERED	COVERED	COVERED
Waiver and Demonstration Program Services	Medicaid FFS*	NOT COVERED	NOT COVERED	NOT COVERED

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** **Self Refer** – The member may choose any doctor from the Healthfirst NJ Provider Network without seeing their PCP.

Services Not Covered for NJ Medicaid or FamilyCare A, B, C Enrollees

- Services not medically necessary
- Cosmetic surgery, except when medically necessary and with prior approval
- Experimental organ transplants and investigational services
- Infertility treatment services
- Rest cures, personal comfort, convenience items and custodial care
- Respite Care
- Services involving the use of equipment in facilities, the purchase, rental or construction of which has not been approved by applicable laws of the State of New Jersey and regulations issued pursuant thereto
- All claims arising directly from services provided by or in institutions owned or operated by the federal government such as Veterans Administration hospitals
- Services provided in an inpatient psychiatric institution, that is not an acute care hospital, to individuals under 65 years of age and over 21 years of age.
- Services provided to all persons without charge. Services and items provided without charge through programs of other public or voluntary agencies (for example, New Jersey Department of Health and Senior Services, New Jersey Heart Association, First Aid Rescue Squad and so forth) shall be utilized to the fullest extent possible.
- Services or items furnished for any sickness or injury occurring while the covered person is on active duty in the military.
- Services provided outside the United States and territories.
- Services or items furnished for any condition or accidental injury arising out of and in the course of employment for which any benefits are available under the provisions of any workers' compensation law, temporary disability benefits law, occupational disease law, or similar legislation, whether or not the Medicaid beneficiary claims or receives benefits hereunder and whether or not any recovery is obtained from a third-party for resulting damages.
- part of any benefit which is covered or payable under any health, accident, or other insurance policy (including any benefits payable under the New Jersey no-fault automobile insurance laws), any other private or governmental health benefit system, or through any similar third-party liability, which also includes the provision of the Unsatisfied Claim and Judgment Fund.
- Any service or items furnished for which the provider does not normally charge.
- Services furnished by an immediate relative or member of the Medicaid beneficiary's household.
- Services billed for which corresponding health care records do not adequately and legibly reflect the requirements of the procedure code utilized by the bill provider.
- Services or items reimbursed based upon submission of a cost study when there are no acceptable records or other evidence to substantiate either the costs allegedly incurred or beneficiary income available to offset those costs. In the absence of financial records, a provider may substantiate costs or available income by means of other evidence acceptable to the State of New Jersey.

Services Not Covered for NJ FamilyCare D Enrollees

- Non-medically necessary services
- Intermediate Care Facilities/Intellectual Disability
- Private duty nursing unless authorized by the contractor
- Personal Care Assistant Services
- Medical Day Care Services
- Chiropractic Services
- Dental service except for children under age 19
- Orthotic devices
- Targeted Care Management for the chronically ill
- Residential treatment center psychiatric programs
- Religious non-medical institutions care and services
- EPSDT except for well-child care including immunizations and lead screening and treatments
- Transportation Services including non-emergency ambulance, invalid coach and lower mode transportation
- Hearing Aid Services except for children under 16 years
- Blood and Blood Plasma, except administration of blood, processing of blood, processing fees and fees related to autologous blood donations are covered
- Cosmetic Services
- Custodial Care
- Special Remedial and Educational Services
- Experimental and Investigational Services
- Medical Supplies, except diabetic supplies
- Infertility Services
- Rehabilitative Services for Substance Abuse
- Weight reduction programs or dietary supplements, except surgical operations, procedures or treatment of obesity when approved by the contractor
- Acupuncture and acupuncture therapy, except when performed as a form of anesthesia in connection with covered surgery
- Temporomandibular joint disorder treatment, including treatment performed by prosthesis placed directly in the teeth
- Recreational Therapy
- Sleep Therapy
- Court-ordered services
- Thermograms and thermography
- Biofeedback
- Radial keratotomy
- Respite Care
- Nursing facility services
- Audiologist Services, except for children under 16 years

WHAT TO DO IF YOU RECEIVE A BILL FROM A PROVIDER

If you receive a bill from a provider and it is for a service covered by Healthfirst NJ, or you don't know if it is and need assistance to find out, please contact our Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8:00 am to 6:00 pm.

If you receive a bill from a health care provider who is not part of the Healthfirst NJ network or for a procedure, treatment, or service that is not a covered health care benefit by Healthfirst NJ and/or by Medicaid, you may be financially responsible for the bill. To avoid being financially responsible for medical bills, use a provider who is participating in the Healthfirst NJ network and verify that your procedure, treatment or service is a covered health care benefit. If you have obtained prior authorization for a visit to a non-network provider, or to an in-network provider and a non-network provider in the same practice sees you, you are only responsible for any copay that you would have to pay if that provider was in-network. For more information on prior authorization, see page 45. If you visit the emergency room or are admitted to an in-network hospital, the services you receive are considered in-network even if the doctors that admit you or treat you while you are there are not in the Healthfirst NJ network. If you have any questions or would like clarification, please contact our Member Services Department Monday through Friday, 8:00 a.m. – 6:00 p.m., at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**.

Our Member Services Department can assist you with determining if the bill you received should be paid for by Healthfirst NJ, or if it is your copayment and payable by you. If this is an item Healthfirst NJ should have paid for, we will contact the provider for you and work with him or her to resolve the claim with us directly.

Remember to show your Healthfirst NJ ID Card to all your providers in order to reduce any bills you receive in error. Please be aware that Healthfirst NJ providers are prohibited from balance billing our members. Balance billing is when a doctor bills a patient for the difference in cost of what he/she charges for the services rendered and the amount he/she was paid by the patient's health plan. If you think you have been balance billed, please contact our Member Services Department Monday through Friday, 8:00 a.m. – 6:00 p.m., at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**.

Keep track of the copays you pay each year. You must notify Healthfirst NJ Member Services at **1-888-GO4-HFNJ** if the total exceeds 5% of your income for the year. You must also notify NJ FamilyCare at **1-800-701-0710**. If your copays exceed 5% in any year, you are not required to make additional copays for the rest of that year.

SERVICE AUTHORIZATION AND ACTIONS

Prior Authorization

There are some treatments and services that you need approval for before you receive them or in order to be able to continue receiving them. This approval is called prior authorization. The following treatments and services must be approved before you get them:

Services That Require Pre-Authorization

- All Out of Network Services
- Acute Rehabilitation Admissions
- All Elective Admissions to a Hospital
- All Procedures done in an Ambulatory Surgery setting
- Behavioral Health Services – for DDD clients (Member may self-refer first visit for mental health assessment and first chemical dependence assessment)
- DME (Diabetic and medical supplies do not require authorization)
- Hearing Aids
- Home Health Services for Non-ABD members

ABD members are the responsibility of the State's NJ FamilyCare/Medicaid program. Please call **1-800-356-1561**. For personal care assistant services, please call **1-609-292-4800**.

- Hospice Care
- Nursing Facility Admissions
- Pain Management Services
- PET Scans
- Physical, Occupational and Speech Therapy
- Private Duty Nursing

Covered for EPSDT-age children and NJ FamilyCare/Medicaid D members, regardless of age, when authorized by Healthfirst NJ.

- Mental Health/Substance Abuse Prescriptions

Healthfirst NJ has the option to require prior authorization for certain prescriptions if the number of prescriptions written by a mental health/substance abuse provider for mental health/substance abuse-related conditions is greater than four (4) per month per member or may be harmful based on the member's medical conditions or other drugs already prescribed to the member. Drugs in this category that require weekly prescriptions shall be counted as one (1) per month and not as four (4) separate prescriptions.

Asking for approval of a treatment or service is called a service authorization request. To get approval for these treatments or services, you or your provider need to call the Healthfirst NJ Medical Management Department, Monday through Friday, 8:00 a.m. to 5:00 p.m., at **1-866-467-7178** or **TTY 1-800-852-7897**.

You will also need to get authorization if you are getting one of these services now, but need to continue or get more of the care. This is called **concurrent review**.

What happens after we get your service authorization request?

Healthfirst NJ has a review team to be sure you get the covered services you need. Doctors and nurses are on the review team. Their job is to be sure the treatment or service you asked for is medically needed and right for you. They do this by checking your treatment plan against medically acceptable standards.

Any decision to deny a service authorization request, or to approve it for an amount that is less than requested, is called an action. These decisions will be made by a qualified health care professional. If our Medical Director decides that the requested service is not medically necessary, the decision will be made by a clinical peer reviewer, who may be a doctor or may be a health care professional who typically provides the care you requested. You can request the specific medical standards, called clinical review criteria, used to make the decision for actions related to medical necessity.

After we get your request we will review it under a standard or fast track process. You or your doctor can ask for a fast track review if it is believed that a delay will cause serious harm to your health. If your request for a fast track review is denied, we will tell you and your case will be handled under the standard review process. In all cases, we will review your request as fast as your medical condition requires but no later than the timeframes mentioned below.

We will tell you and your provider both by phone and in writing if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options you will have for appeals or fair hearings if you don't agree with our decision.

Timeframes for prior authorization requests:

- Standard review: We will make a decision about your request within 10 working days of when we have all the information we need, or sooner if needed.
- Fast track review: We will make a decision and you will hear from us within 24 hours of when we have all the information we need but no later than 72 hours after we receive the request for services.

Timeframes for concurrent review requests:

- Concurrent review: We will make a decision within 1 (one) work day of when we have all the information we need.

If we need more information to make a decision about your service request we will:

- Write and tell you what information is needed. If your request is in a fast track review, we will call you right away and send a written notice later.
- Tell you why the delay is in your best interest.

You, your provider, or someone you trust may also ask us to take more time to make a decision. This may be because you have more information to give us to help decide your case. This can

be done by calling our Medical Management Department, Monday through Friday, 8:00 a.m. to 5:00 p.m., at **1-866-467-7178**.

We will notify you of our decision by the date our time for review has expired. If you are not satisfied with this answer, you have the right to file an action appeal with us. See the Action Appeal section below in this handbook.

Other Decisions About Your Care

Sometimes we will do a concurrent review on the care you are receiving to see if you still need the care. We may also review other treatments and services you have already received. This is called retrospective review. We will tell you if we take these other actions.

Timeframes for notice of other actions:

- In most cases, if we make a decision to reduce, suspend or terminate a service we have already approved and you are now getting, we must tell you at least 10 days before we change the service.
- If we are checking care that has been given in the past but not authorized, and you are asking us to review it for coverage, we will make a decision about paying for it within 30 days of receiving necessary information for the retrospective review. If we deny payment for a service we will send a notice to you and your provider the day the payment is denied. You are responsible to pay for any care you received that we did not authorize.

ACTION APPEALS

Any decision to deny a service authorization request, or to approve it for an amount that is less than requested, is called an action. These decisions will be made by a Medical Director. You, or your doctor (with your approval), have the right to ask Healthfirst NJ to review and change our decision when we have denied or reduced your benefits. This is called an action appeal.

Anytime there has been a decision to deny or reduce your benefits, Healthfirst NJ will notify you in your primary language of your right to file an action appeal.

There is a special process for doing this. You may also have the right to ask Medicaid to review Healthfirst NJ's decision about your service. This is called a Medicaid Fair Hearing.

The appeal process has three stages. In both Stage 1 and Stage 2, Healthfirst NJ will review its decision about the services you asked for. If you are not happy with our decision at the end of Stage 1, you may request a Stage 2 appeal. If you are unhappy with Healthfirst NJ's decision at the end of Stage 2, or our decision was not made by the time deadline set for either stage, you may ask to have your request for these services reviewed by someone outside of Healthfirst NJ. An outside review is called an External or Stage 3 appeal.

You may appeal if:

- Your appeal is made within the time allowed
- Your service was previously approved by Healthfirst NJ
- The service was ordered by a Healthfirst NJ provider
- The time period that the provider approved the services has not yet ended

Stage 1 Appeal

Your appeal must be requested no later than 60 days after the date of the original denial notification letter. You, or your doctor, with your written consent, must:

- Call Healthfirst NJ toll free at **1-888-GO4-HFNJ (1-888-464-4365)** (**TDD/TTY 1-800-852-7897**) and ask for assistance with your appeal, or
- FAX your letter to the Appeals department at **1-866-505-7041** or
- Send your letter to:

Healthfirst NJ
Attention: Appeals & Grievances Department
P.O. Box 12102
Newark, NJ 07101-3402

Make sure you tell us:

1. Your name and ID number
2. Your doctor's name
3. That you want to appeal our decision
4. The reason you want to appeal
5. If the services are for urgent or emergency treatment

Fast Track Action Appeal

If the reduced or denied services are for urgent or emergency treatment, or if you are in the hospital, Healthfirst NJ will fast track your appeal and tell you the results within 72 hours (three days – weekends and holidays count).

You or your provider can also request a fast track appeal if taking the time for a standard appeal decision would put your life or health in serious risk. To request a fast track appeal, you or your provider should call **1-866-889-2527**. If your request for a fast track appeal is denied, your appeal will be transferred to the standard appeal timeframe.

Standard Action Appeal

All other appeals fall under the standard appeal timeframe. Under the standard appeal timeframe, we will get back to you with our decision in 5 work days or less from the day we received your appeal.

1-888-GO4-HFNJ (1-888-464-4365) for English or Español
English TTY 1-800-852-7897; Spanish TTY 1-866-658-7714

If we do not approve the services you are asking for in your appeal, Healthfirst NJ will send you a letter and explain why. We will also tell you how to file a Stage 2 Appeal.

Stage 2 Appeal

If you want to appeal Healthfirst NJ's decision of your Stage 1 Appeal, then as soon as you can, but no later than 60 days after you receive the written decision of your Stage 1 appeal, you, or your doctor with your written consent, must:

- Call Healthfirst NJ toll free at **1-888-GO4-HFNJ (1-888-464-4365)** or **(TDD/TTY 1-800-852-7897)** and ask for assistance with your Step 2 Appeal, or
- FAX your letter to the Appeals department at **1-866-505-7041**, or
- Send your letter to:

Healthfirst NJ
Attention: Appeals & Grievances Department
P.O. Box 12102
Newark, NJ 07101-3402

Make sure you tell us:

1. Your name and ID number
2. Your doctor's name
3. That you want to appeal our decision
4. The reason you want to appeal
5. If the services are for urgent or emergency treatment

Healthfirst NJ has a panel of doctors that will review your appeal. Your appeal will be reviewed by a physician or other licensed health care professional in the same or similar specialty that would typically manage the case you are appealing. The person reviewing your Stage 2 appeal will not have been involved in the first decision to deny services or the decision of your Stage 1 appeal. You or your provider can request that the physician or other health care professional reviewing your case may participate in the panel's review of your appeal.

We will send you a letter letting you know that we have received your appeal request. This will be done within 10 work days (not including weekends and holidays) after we get your phone call or letter. We will get back to you with a decision on a standard appeal within 20 work days. If your appeal is about services for urgent or emergency treatment, or if you are in the hospital, we will fast track your appeal and will get back to you within 72 hours (three days – weekends and holidays count).

You or your provider can also request a fast track appeal if taking the time for a standard appeal decision would put your life or health in serious risk. To request a fast track appeal, you or your provider should call 1-866-889-2527. If your request for a fast track appeal is denied, your appeal will be transferred to the standard appeal timeframe.

If we do not approve the services you are asking for in your Stage 2 Appeal, Healthfirst NJ will send you a letter and tell you why. The letter will also let you know how to file a Stage 3 External Appeal and include the forms required to file a Stage 3 External Appeal.

Stage 3 External Appeal

If you want to appeal the denial of your Stage 2 Appeal, you may ask that someone outside of Healthfirst NJ review your request for service. This is done by an Independent Utilization Review Organization (IURO). Within 60 days after you get Healthfirst NJ's written notice of your Stage 2 Appeal decision, you, or your doctor with your written consent, must:

- Fill out the form called Application for the Independent Health Care Appeals Program. This form will be included with your Stage 2 Appeal decision from Healthfirst NJ.

Be sure to sign the form. Your signature allows the IURO to review your medical records and other medical information about you that may be needed for your appeal.

- Send the completed form with a \$2 check or money order made out to "New Jersey Department of Banking and Insurance" to:

NJ Department of Banking and Insurance
Office of Managed Care
ATTN: IHCAP
20 West State Street, 9th Floor
P.O. Box 329
Trenton, NJ 08625-0329

The IURO will give you its decision within 30 days after it gets all the materials it needs to make a decision.

If your appeal is about services for urgent or emergency treatment, you should call the Department of Banking and Insurance at **1-609-292-5316, extension 50998** or call toll free at **1-888-393-1062** and ask that your appeal be reviewed within 48 hours (two days – weekends and holidays count). You still must complete the form. Healthfirst NJ must accept the decision of the Independent Utilization Review Organization.

Medicaid Fair Hearing

In addition to your right to Healthfirst NJ's appeal process, you may have the right to ask for a Medicaid Fair Hearing to review your request for service. This applies to all Medicaid and NJ Family Care A members, as well as members in NJ FamilyCare D with a program status code of 380.

If you are not sure if you have a right to a Medicaid Fair Hearing, call Member Services toll free at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8 am to 6 pm.

If you are eligible and want to ask for a Medicaid Fair Hearing, within 20 calendar days from the date of Healthfirst NJ's denial letter, you must send a letter to Medicaid at:

**New Jersey Department of Human Services
Division of Medical Assistance and
Health Services
Medicaid Fair Hearing Section
P.O. Box 712
Trenton, NJ 08625-0712**

Let Medicaid know in your letter:

1. Your name and ID number
2. Your doctor's name
3. That you want a Medicaid Fair Hearing
4. The reason you want a Medicaid Fair Hearing
5. If the services are for urgent or emergency treatment
6. Include a copy of the denial letter

During any stage of the HMO Appeal Process or the Medicaid Fair Hearing Process (if you are eligible for a Medicaid Fair Hearing), you have the right to continue to get the HMO service until the end of the Appeal Processes if:

- You or your provider requested the appeal timely;
- The appeal involves the termination, suspension or reduction of a previously authorized service;
- The service was ordered by a network provider;
- The time period covered by the original authorization has not ended or adequate notice was given for you to make a timely appeal; and
- You requested continuation of benefits in writing within 10 days of the date of the initial denial letter and again within 10 days of the date of the Stage 3 denial letter for those eligibles who requested the Medicaid Fair Hearing Process.

If you request a continuation of benefits during the appeal process and your appeal is denied, you may be required to pay for the costs of these services. If you have any questions or need help in another language, please call our Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365) / TTY 1-800-852-7897**.

At the hearing someone outside of Healthfirst NJ and Medicaid will review your request for services. This person is a judge from the Office of Administrative Law (OAL) who will listen to you and others that come to speak for you or with you at the hearing. You have the right to be at the Medicaid Fair Hearing or have a lawyer, friend, or other person to go with or for you.

The OAL judge will give Medicaid an opinion on your request and Medicaid will then decide whether to accept or deny your request. Medicaid will get back to you with its decision within 90 days. If you want to appeal Medicaid's decision, you have the right to appeal to the Appellate Division of Superior Court.

You may request help with your Healthfirst NJ appeal or Medicaid Fair Hearing by calling the Health Care Consumer Assistance Program toll free at **1-888-838-3180**. TDD/TTY users may call **1-609-633-7106**.

You also have the right, at any time, to file a complaint with the New Jersey Department of Banking and Insurance at the following address:

**New Jersey Department of Banking and Insurance
Consumer Inquiry and Case Preparation Unit
P.O. Box 471
Trenton, NJ 08625-0471
Phone: 1-800-446-7467 or 1-609-292-7272**

COMPLAINT/GRIEVANCE PROCESS

We hope our health plan serves you well. If you have a problem, talk with your PCP or call or write Member Services. Most problems can be solved right away. If you have a problem or dispute with the care or services you've received, you can file a complaint with the plan. Problems that are not solved right away over the phone and any complaint that comes in the mail will be handled according to our complaint procedure described below.

You can ask someone you trust (such as a legal representative, a family member, or friend) to file the complaint for you. If you need our help because of a hearing or vision impairment, or if you need translation services, or help filing the forms we can help you.

We will not make things hard for you or take any action against you for filing a complaint.

You also have the right to contact the Department of Banking and Insurance, or in the case of NJ FamilyCare/Medicaid members, the Division of Medical Assistance and Health Care Services within the Department of Human Services regarding your complaint.

How to File a Complaint with the Plan:

To file by phone, call Member Services at **1-888-GO4-HFNJ (1-888-464-4365)**, Monday– Friday from 8:00 a.m. to 6:00 p.m. TTY users call **1-800-852-7897**. If you call us after hours, leave a message with our answering service. We will call you back the next work day. If we need more information to make a decision, we will tell you.

You can write to us with your complaint or call the Member Services number and request a complaint form. It should be mailed to:

**Healthfirst NJ
Attention: Appeals & Grievances Department
P.O. Box 12102
Newark, NJ 07101-3402
or FAX the complaint to 1-866-505-7041**

What Happens Next: When and How does a Complaint become a Grievance?

If we don't solve the problem right away over the phone or within 5 work days after we get your complaint, it becomes a grievance. We will send you a letter acknowledging your grievance within 15 work days. The letter will tell you:

- who is working on your grievance
- how to contact this person
- if we need more information

Your grievance will be reviewed by one or more qualified people. If your grievance involves clinical matters your case will be reviewed by one or more qualified health care professionals.

After We Review your Grievance:

- We will let you know our decision within 30 days from the date we received your initial complaint. We will write you and tell you the reasons for our decision.
- When a delay would risk your health, we will let you know our decision 48 hours from when we have all the information we need to answer your grievance. We will call you with our decision. You will get a letter to follow up our communication in 3 work days.
- If we are unable to make a decision about your grievance because we don't have enough information, we will send a letter and let you know.

What Happens if you are not Satisfied with our Decision?

If you are not happy with Healthfirst NJ's decision, you, or someone on your behalf, can file a complaint at any time with the Department of Banking and Insurance, or in the case of NJ FamilyCare/Medicaid members, the Division of Medical Assistance and Health Care Services within the Department of Human Services. If your grievance involves a denial or reduction of covered benefits or services, or denial of access to medically necessary treatment, you may appeal our grievance decision following the action appeal process described on pages 47-52.

REMEMBER

Neither you nor your doctor will ever be penalized or treated badly by Healthfirst NJ for filing a complaint, grievance, appeal or requesting a Fair Hearing.

QUALITY IMPROVEMENT PROGRAMS

Our goal is to keep members as healthy as possible. To do this, the Quality Improvement Department has designed health promotion and screening programs to help improve your health. Also a team of Healthfirst NJ clinical staff and coordinators are available to assist you in getting the care you need and deserve.

These wonderful programs provide you with education, prevention and outreach services so you can take charge and better manage your health. Please call **1-866-889-2524** to speak to one of our clinical staff about the Quality Improvement Programs. Take a closer look at the following free and confidential programs:

Immuni-Kids

Immunizations are an important part of keeping your child healthy. This program will educate you on preventive guidelines for immunizations for babies and young children.

Healthy Teens

Teens are concerned about many health issues. This program will help your teens learn how to take care of their health. It focuses on education, prevention, screenings and child development for teens of all ages. In addition, teens can receive a newsletter where they can read about health issues, send in questions, and learn more on becoming a healthy teen.

Advantage (Adult Preventive Program)

We believe prevention is the key to good health. Through this adult prevention program, you can get the information you need to live a healthy and active lifestyle.

Once a member of this program you will...

- Receive educational materials on women's and men's health issues
- Find out how to get screenings for certain health conditions
- Learn about the preventive guidelines you should follow to stay healthy
- Get access to free and confidential mental health resources

Diabetes Control for Life

About 1 in 20 Americans has diabetes. We help people with diabetes feel better and stay healthy for life! Learn how to prevent and control diabetes through our education and outreach programs.

Once a member of this program you will...

- Receive reminder mailings for check-ups, including tests for glucose, fat levels in the blood, protein in the urine and eye health
- Get tips on diabetes care and healthy living

- Receive rewards for achieving goals for diabetes management

Heartwise

Heart disease is the #1 cause of death in the United States today. We want to help you keep your heart healthy. Prevention and education are important in helping you manage your health.

Once a member of this program you will...

- Get counseling on modifiable health risks and preventive guidelines
- Learn how to monitor blood pressure, blood sugar and fat levels regularly
- Receive reminder mailings for check-ups
- Receive referrals to smoking cessation programs

Women's Health

Our Women's Health Program provides information on the importance of preventive health services specific to women.

Once a member of this program you will...

- Receive educational materials on issues that affect women's health
- Receive reminder calls and mailings for preventive services such as breast cancer screenings and cervical cancer screenings

THE HEALTHFIRST NJ CARE MANAGEMENT DEPARTMENT

Care Management and Disease Management Programs

The Healthfirst NJ Care Management Department will monitor your health care services to ensure that you receive the right medical care, at the right time, in the right setting.

The Healthfirst NJ Care Management staff is available 24 hours a day, 7 days a week to assist you with your health care needs.

Medical Unit
1-866-467-7178

Mental Health/Substance Abuse Unit
1-866-467-7178

The toll free telephone number for Mental Health/Substance Abuse can also be found on your ID card.

The Care Management staff reviews your health care services in several ways. We help arrange health care services such as those listed below:

- Hospital inpatient care
- Outpatient surgery
- Outpatient care
- Home care
- Medical equipment to be used in your home, such as wheelchairs

In the event of an emergent hospital stay, the Care Management staff will call and speak to the hospital staff involved in your care. There are times we review your hospital medical records after you have received care. Often, our Care Management Team and/or our Medical Director review these records.

Sometimes you or your health care provider may not agree with the decisions Healthfirst NJ makes about your care. When this happens, you have the right to an appeal. Please see the Appeals section on page 47 to learn more about this process.

The Care Management staff wants to make sure you get the best care possible. Healthfirst NJ has care management and disease management programs for prenatal care, asthma, mental health and substance abuse, HIV, Chronic Obstructive Pulmonary Disease (COPD), hypertension, congestive heart failure, lead exposure, diabetes and domestic violence. These programs will help you better manage your health.

Our specially trained Care Managers, who have clinical backgrounds, will talk with you about prevention and disease management. Care Managers will arrange follow up care for you with your PCP after emergency room treatment as needed or discharge from an inpatient hospital stay as needed. We will send you information about topics such as how to keep you and your children healthy. If you are interested in any of the Healthfirst Care Management programs, or need more details on the programs described below, call our Medical Management Department, Monday through Friday, 8:00 a.m. to 5:00 p.m., at **1-866-467-7178**.

1-888-G04-HF NJ (1-888-464-4365) for English or Español
English TTY 1-800-852-7897; Spanish TTY 1-866-658-7714

Healthy Mom/Healthy Baby Program (OB Care)

The “Healthy Mom/Healthy Baby” Program focuses on identifying pregnant members and providing community outreach. The goal is to educate all of our pregnant population regarding the importance of prenatal and postpartum care. A nurse will be part of your care.

Important things to remember when you are pregnant:

- Get prenatal care as soon as you think you are pregnant
- Eat healthy foods and take vitamins with folic acid every day
- Don’t smoke, drink alcohol or use drugs because it can affect the health of your baby

Asthma Program

The Asthma Care Management Program helps members with asthma recognize the early signs of asthma and teaches them how to manage their condition. This is done through education regarding signs/symptoms of asthma, proper medication technique and the importance of follow up care.

Mental Health/Substance Abuse Program

Our specialized Behavioral Care Managers will provide a personalized assessment of your needs and help you find a Healthfirst NJ provider to treat you.

HIV Program

The goal of the HIV Care Management Program is member education, coordination of medical care to help prevent opportunistic infections, and early identification of behavioral health and/or community resource needs.

Chronic Obstructive Pulmonary Disease (COPD) Program

The goals of the COPD program are to aid in preventing disease progression, relieving symptoms, increasing exercise tolerance, and improving overall health status by preventing and treating complications and minimizing side effects from treatment.

Hypertension Program

The goal of the program is to work with Primary Care Providers (PCPs) by focusing on education and care planning that will help improve our members’ quality of life.

Congestive Heart Failure Program (CHF)

The CHF Disease Management Program focuses on education and prevention of symptom recurrence, which improves the quality of life of our members.

Lead Program

The goal of the program is to identify members who have been exposed to lead and have elevated blood lead levels. Care Management, including education and assistance with treatment, is provided for members with Blood Lead Levels of 10 mg/dl or above.

Diabetes Care Management Program

The Diabetes Care Management Program provides member education and advice on living a full and healthy lifestyle while managing the disease.

Domestic Violence Program

The Domestic Violence program provides outreach services to members who are victims of child abuse or domestic violence. We will also arrange or facilitate access to appropriate services for our members.

Special Needs Members

Healthfirst NJ has staff to help our members with special health care needs. If you or a family member has a complex or chronic medical condition, physical or developmental disability or a catastrophic illness, you may be eligible for care management.

If you have been identified through a Complex Needs Assessment as a member with special medical needs, Healthfirst NJ will work with your PCP on the development of an Individual Health Care Plan at a time that is mutually agreeable to you, but not later than thirty (30) business days of the date of the Needs Assessment, or sooner, according to your circumstances.

Your Individual Health Care Plan will address continuation of existing relationships with non-network providers, referrals to special care facilities, standing referrals for long term specialty care, and responding to crisis situations after hours.

For children with special health care needs, this includes methods for well-child care, health promotion, disease prevention, coordination of specialty care and continuation of existing relationships with non-network providers when this would be in the child's best medical interest.

If you or a family member has special health care needs, please contact our Medical Management Department at 1-866-467-7178, TTY 1-800-852-7897, Monday to Friday, 8 am to 5 pm.

HOW TO GET HELP

Getting help from Healthfirst NJ Member Services

Healthfirst NJ prides itself on the providing you with caring, well-trained, and courteous staff. We want you to be a satisfied member of our plan. If you have any questions, concerns, or even complaints about any of your benefits or about arranging medical care, please call the Healthfirst NJ Member Services Department. This number is printed on your Healthfirst NJ ID Card. Member Services representatives are available to talk with you by phone between the hours of 8:00 a.m. and 6:00 p.m., Monday through Friday at the numbers listed below.

If, after regular hours, you have a medical problem and need help reaching your PCP, you can still call the Healthfirst NJ Member Services number. A medical answering service will be able to assist you 24 hrs a day, 7 days a week. Someone is always available to help you contact your PCP with a medical problem.

Healthfirst NJ Member Services Department
1-888-GO4-HFNJ (1-888-464-4365)

For members who are visually impaired, please call **1-866-658-7713** to use a Telebraille operator. A copy of this handbook is also available on audio cassette upon your request.

For members who are hearing/speech impaired, please call **1-800-852-7897** to use a TDD/TTY operator.

Getting help in an Emergency

As a Healthfirst NJ member, there is always someone available to help you with any medical problem. This is particularly important if you have an unexpected medical problem that requires immediate attention.

- Call 911
- Call your PCP's office anytime, day or night, 7 days a week for medical help. This phone number is listed on your Healthfirst NJ ID Card, and you should also write it into the page provided at the front of this Handbook.
- If you have trouble reaching your PCP's office for a medical problem after business hours, call Healthfirst NJ Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**. Someone is always available to help you contact your PCP's office.

What is an Emergency?

An emergency is a medical situation that is an unexpected or sudden illness, accident or injury that could cause serious injury or death if not treated immediately.

Examples of some medical emergencies are:

- Heart attack
- Loss of consciousness
- Stroke
- Convulsions
- Poisoning
- Uncontrolled Bleeding
- Severe trouble breathing
- Drug overdose
- Broken bones
- Serious thoughts or actions of hurting oneself or someone else

An emergency is defined as a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (1) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition, placing the health of the person or others in serious jeopardy, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; or (2) serious impairment to such person's bodily functions; or (3) serious dysfunction of any bodily organ or part of such person; or (4) serious disfigurement of such person. With respect to a pregnant woman who is having contractions, an emergency exists where there is not enough time to make a safe transfer to another hospital before delivery or the transfer may pose a threat to the health or safety of the woman or the unborn child. In cases of true emergencies prior approval for treatment is not needed.

Emergency Services are available to you twenty-four (24) hour per day, seven (7) day per week. This includes out-of-area coverage within the United States and its territories and procedures for emergency and urgent health care service.

You do not need approval or authorization to receive emergency services in or out of the service area and you have the right to use any hospital or other setting for emergency care. You are not charged for the costs of emergency screening examinations; this charge will be covered by Healthfirst NJ when the condition appears to be an emergency medical condition to a prudent layperson.

Post Stabilization Care Services

What are Post Stabilization Care Services?

Post Stabilization Care Services are services related to an emergency medical condition that are provided after you are stabilized in order to maintain the stabilized condition or to improve or resolve your condition. These types of services are covered.

What to Do in an Emergency (In or Out of Area)

In a medical emergency, every second counts. Get immediate medical help. Either:

- Call 911 or your local emergency number
- Go to the nearest emergency room
- Go to the nearest place where you can get medical care.

When you receive emergency care, always show your Healthfirst NJ ID Card. This makes certain that the bill for emergency services is sent to Healthfirst NJ, not to you.

What to Do After an Emergency

- After an emergency, call Member Services as soon as you can.
- You may need to get follow-up care. All follow-up care after an emergency must be provided, arranged or authorized by your PCP.

Getting Help when it's Serious but not an Emergency (Urgent Conditions)

There are many injuries and illnesses which, while serious, are not life threatening and not considered true emergencies. These illnesses and injuries are called urgent conditions.

Urgent conditions need to be treated right away – within 24 to 48 hours – but will not immediately cause permanent damage or death. Some examples of urgent conditions are:

- Ear aches
- Sprains
- Minor injuries

If you or a family member has an unexpected medical problem and you are not sure if it is an emergency or an urgent condition, call your PCP's office right away – anytime, night or day, 7 days a week.

What to do if you need urgent care

If you need urgent care and are in the Healthfirst NJ service area:

- Call your PCP's office anytime, 24 hours a day, 7 days a week, to reach someone who can help you.
- Do not go to an emergency room for urgent conditions. Use the emergency room only for true emergencies.

If you need urgent care and you are outside the Healthfirst NJ service area, and you cannot wait to return home:

You should seek out the care you need. If you have questions about the care you need, call your PCP's office. Someone is available through your PCP's telephone number anytime, 24 hours a day, 7 days a week, to reach a health care professional who can give you instructions and help you get proper care. Describe your problem to them. Your PCP's number is listed on your Healthfirst NJ Member ID Card.

Remember

- You do not need prior approval for emergency services.
- Use the Emergency Room only if you have an emergency.
- The Emergency Room in or out of area should NOT be used for problems like the flu, sore throats, or ear infections.
- If you have questions, call your PCP or Healthfirst NJ at: **1-888-GO4-HFNJ (1-888-464-4365)**, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users call **1-800-852-7897**.

MAKING CHANGES TO YOUR MEMBERSHIP

Please notify Healthfirst NJ if you want to change your primary care provider (PCP), your address or telephone number, if you are having a baby, or if you wish to enroll or disenroll any dependents from Healthfirst NJ. You can do this by filling out the member change form on our website at www.healthfirstnj.org and mailing it to Member Services, or by calling Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or TTY **1-800-852-7897**.

What to do if You are Having a Baby

If you are or become pregnant, your child will become part of Healthfirst NJ unless your newborn child is in a group that cannot join managed care. You should call us and your County Welfare Agency (CWA) or the Health Benefits Coordinator for NJ Family Care right away if you become pregnant to register your baby. Call Healthfirst NJ to help choose a doctor for your newborn baby before he or she is born at **1-888-GO4-HFNJ (1-888-464-4365)** or TTY **1-800-852-7897**. If you do not call before the baby is born, you must call Healthfirst NJ the next business day after the birth. Please notify Healthfirst NJ as soon as possible after you learn you are pregnant.

What to do if you are Changing your Address or Telephone Number

It is important that Healthfirst NJ have your correct address and telephone number so that we can send you the latest information and notify you of upcoming events. To let us know about address or phone number changes:

- Call Healthfirst NJ Member Services, free of charge, at **1-888-GO4-HFNJ (1-888-464-4365)**, TTY **1-800-852-7897**, Monday to Friday, 8 am to 6 pm., or
- Complete and mail the Healthfirst NJ Member Change Form to Member Services. You can print a copy from our website at www.healthfirstnj.org or call Member Services and have a copy mailed to you.

Advance Directives

There may come a time when you can't decide about your own health care. By planning in advance, you can arrange now for your own wishes to be carried out. First, let family, friends and your PCP know what kinds of treatment that you do or do not want. Second, you can appoint an adult that you trust to make decisions for you. Be sure to talk with your PCP, your family or others close to you so they will know what you want. Third, it is best if you put your thoughts in writing. The documents listed below can help. You do not have to use a lawyer, but you may wish to speak with one about this. You can change your mind and these documents at

any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if there comes a time when you cannot speak for yourself.

Health Care Proxy: With this document, you name another adult that you trust (usually a family member or friend) to decide about medical care for you if you are not able to do so. If you do this, you should talk with the person so they know what you want.

CPR and DNR: You have the right to decide if you want any special or emergency treatment to restart your heart or lungs if your breathing or circulation stops. If you do not want special treatment, including cardiopulmonary resuscitation (CPR), you should make your wishes known in writing. Your PCP will provide a DNR (Do Not Resuscitate) order for your medical records. You can also get a DNR form to carry with you and/or a bracelet to wear that will let any emergency medical provider know about your wishes

Organ Donor Card: This wallet sized card says that you are willing to donate parts of your body to help others when you die. Also, indicate on your driver's license to let others know if and how you want to donate your organs.

LEAVING HEALTHFIRST NJ: DISENROLLMENT

We hope you will be completely satisfied with Healthfirst NJ. If any problems arise, we want to know about them. Call our Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897**, Monday to Friday, 8 am to 6 pm. We will try to help.

If you remain dissatisfied, you may file a formal grievance or disenroll from Healthfirst NJ. If you want to disenroll, go to the Health Benefits Coordinator (HBC) to fill out a disenrollment form or you may call **1-800-701-0710** toll free.

You have the right to identify your reasons for disenrolling in writing. If you disenroll, please return your membership ID card to Healthfirst NJ at P.O. Box 48327, Newark, NJ 07101-4837.

Medicaid/NJ FamilyCare A members may disenroll without reason from Healthfirst NJ within the first ninety (90) days of their enrollment date or the date they receive notice of enrollment, whichever is later. After the ninety (90) day period, they cannot disenroll without good cause until twelve (12) months after the initial date of enrollment.

If you are a Medicaid/NJ FamilyCare A member and disenroll, you must join another health plan. You cannot get coverage through the Medicaid Fee-For-Service (FFS) Program.

NJ FamilyCare B, C, and D members may disenroll without reason during the first ninety (90) days after they are effective with Healthfirst NJ and every twelve (12) months thereafter.

If you disenroll from Healthfirst NJ, you must join another managed care plan. You cannot get coverage through the Medicaid Fee-For-Service (FFS) Program.

Supplemental Security Income (SSI); New Jersey Care; Special Medicaid Program; Aged, Blind & Disabled (ABD) members; DDD members; and members eligible through the Division of Youth and Family Services/Department of Children and Families (DYFS/DCF) may disenroll at any time. There is no lock-in provision for these members. It will take thirty (30) to forty-five (45) days for their disenrollment to become effective.

Good Cause Disenrollments:

At any time, you can request disenrollment from Healthfirst NJ for good cause. Below are descriptions of acceptable reasons for asking the HBC to enroll you in another plan and disenroll you from Healthfirst NJ while you are in the lock-in period.

Examples of good cause are:

- We cannot provide a suitable PCP for you within 30 minutes or 30 miles of your home.
- Our health plan does not meet other State standards and you are harmed because of it.
- You move out of our service area.
- You, Healthfirst NJ, and the HBC all agree that disenrollment is best for you.
- You are or become exempt or excluded from Medicaid managed care. One example would be if you need long term care that is not covered by Medicaid managed care.

- We have not been able to provide services to you as we are required to under our contract with the State.
- Poor quality of care

How to Disenroll

To disenroll or change plans, just call the Health Benefits Coordinator (HBC) toll free at **1-800-701-0710** or **TTY 1-800-701-0720**. Your plan change request will be reviewed and must be approved by DMAHS before you are able to join another plan and disenroll from Healthfirst NJ. The review may take 30-45 days before your coverage ends with Healthfirst NJ. Until your coverage ends with Healthfirst NJ you must continue to use your Healthfirst NJ providers. Your new insurance will let you know when you are approved and we will tell you when your Healthfirst NJ coverage ends. We will work with your other insurance and HBC to coordinate your coverage. Your signature on the application authorizes the release of your medical records to your new insurance and the HBC.

You or your child may have to leave Healthfirst NJ if you or your child:

- Moves out of our service area
- Changes to another managed care plan
- Joins an HMO or other insurance plan through work
- Goes to prison
- Enters an institution (nursing home, jail, VA Hospital, etc.)

We can ask you to leave Healthfirst NJ

You can also lose your Healthfirst NJ membership, if you often:

- Don't keep appointments
- Repeatedly go to the emergency room for non-emergency care
- Don't follow Healthfirst NJ rules
- Do not fill out forms honestly or do not give true information (fraud).
- Refuse to work with your PCP in regard to your care or – your PCP may request that you be transferred to another PCP within the plan if he/she feels that would be in your best interest.

If you are disenrolled for alleged fraud or improper behavior, you have a right to a Medicaid Fair Hearing.

To arrange a Fair Hearing, write to the following address:

**Division of Medical Assistance & Health Services
Medicaid Fair Hearing Section
P. O. Box 712
Trenton, NJ 08625-0712**

INFORMATION THAT YOU CAN REQUEST

How Our Providers Are Paid

You have the right to adequate and timely information related to physician incentives and may ask us whether we have any special financial arrangements with our physicians that might affect your use of health care services.

You may call the Healthfirst NJ Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897** if you have specific concerns. We also want you to know that most of our providers are paid in one or more of the following ways:

- If our PCPs work in a clinic or health center, they probably receive a salary. The number of patients they see does not affect how much they are paid.
- Our PCPs who work from their own offices may get a set fee each month for each patient for whom they are the patient's PCP. The fee stays the same whether the patient needs one visit or many, or even none at all. This is called capitation.
- Providers may also be paid by fee-for-service. This means that the plan pays them an agreed-upon fee for each service they provide.
- Some of our providers are also paid under a "physician incentive plan", where Healthfirst NJ keeps a percentage (less than 25%) of the capitation amount each month as an incentive to control costs and taking preventative measures to keep members healthy.
- Some providers may also be eligible to receive a quality incentive bonus as a means to encourage the appropriate provision of preventive care services.

We value your ideas and want to hear from you on ways that we can improve Healthfirst NJ. You can help us develop policies that best serve all of our members. Call the Healthfirst NJ Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897** to tell us about your ideas or if you are interested in joining our member advisory board.

Other Information Available from Member Services

- A list of names, addresses, and titles of the Board of Directors, Officers and Owners of Healthfirst NJ Health Plan of New Jersey, Inc.
- A copy of the plan's most recent financial statements/balance sheets, summaries of income and expenses.
- A copy of the most recent individual direct pay subscriber contract.
- Information from the State Division of Banking and Insurance (DOBI) about consumer complaints about the Healthfirst NJ plan.
- How we keep your medical records and member information private.
- How Healthfirst NJ checks the quality of care provided to our members.
- A list of the hospitals our health providers work with.

- If you ask us in writing, we will tell you the guidelines that we use to review conditions or diseases that are covered by our plan.
- We will tell you, in writing, the qualifications needed and how health care providers can apply to be part of the Healthfirst NJ.
- If you ask, we will tell you (1) whether our contracts or subcontracts include physician incentive plans that affect the use of referral services, and, if so, (2) information on the type of incentive arrangements used; and (3) whether stop loss protection is provided for physicians and physician groups.

MEMBER RIGHTS AND RESPONSIBILITIES

Your rights

As a member of Healthfirst NJ, you have:

- The right to be treated with respect, dignity, and need for privacy;
- The right to be provided with information about the organization, its services, the practitioners providing care, and members rights and responsibilities and
- The right to be able to communicate and be understood with the assistance of a translator if needed.
- The right to be able to choose primary care practitioners, within the limits of the plan network, including the right to refuse care from specific practitioners;
- The right to participate in decision-making regarding your health care, to be fully informed by the Primary Care Practitioner, other health care provider or Care Manager of health and functional status, and to participate in the development and implementation of a plan of care designed to promote functional ability to the optimal level and to encourage independence;
- The right to voice grievances about the organization or care provided and recommend changes in policies and services to plan staff, providers and outside representatives of your choice, free of restraint, interference, coercion, discrimination or reprisal by the plan or its providers;
- The right to be free from harm, including unnecessary physical restraints or isolation, excessive medication, physical or mental abuse or neglect;
- The right to be free of hazardous procedures;
- The right to receive information on available treatment options or alternative courses of care;
- The right to refuse treatment and be informed of the consequences of such refusal
- The right to have services provided that promote a meaningful quality of life and autonomy for members, independent living in members' homes and other community settings as long as medically and socially feasible, and preservation and support of members' natural support systems
- The right to be treated with fairness, respect and recognition of your dignity and right to privacy at all times
- The right to treatment without discrimination as to race, color, religion, sex, age, marital status or national origin.
- The right to be told where, when and how to get the services needed from Healthfirst NJ.
- The right to the privacy of medical records and personal health information.
- The right to be afforded a choice of primary care providers and specialists within the plan network.

- The right to have access to your medical records in accordance with applicable Federal and State laws and to discuss it with their PCP or specialist.
- The right to request a copy of personal health information maintained by Healthfirst NJ and to receive an accounting of certain disclosures of personal health information made.
- The right to obtain a current directory of providers.
- The right to be fully informed by your PCP, Care Manager or other health care provider regarding your health, treatment choices and to participate in decisions about their health care. The PCP, Care Manager or other health care provider must explain things in a way that you understand, including benefits and risks of all treatments in order to promote functional ability to the optimal level and to encourage independence.
- The right to a second opinion about your care.
- The right to refuse any recommended medical treatment or care including life sustaining treatment.
- The right to a free medical screening exam in the emergency room to determine if an emergency exists.
- The right to call 911 for emergency without prior authorization.
- The right to use Advance Directives. Advance Directives are documents, which state members' decisions about medical treatment if you are either permanently or temporarily unable to make these decisions or choices for yourself. Any changes to state law concerning Advanced Directives will be sent to you no later than 90 days after the effective date of the change by Healthfirst NJ.
- The right to appoint a Health Care Proxy, who is someone who you can trust to make health care decisions on your behalf. The Health Care Proxy uses your Advance Directives as a guideline to implement your wishes.
- The right to file a grievance and appeal grievance decisions made by Healthfirst NJ.
- The right for you or, where applicable, an authorized person on your behalf to offer suggestions for changes in Healthfirst policies and procedures.
- The right to voice member complaints about concerns or problems members are having regarding coverage or care and recommended changes in policies and services with Healthfirst NJ or with the Division of Medical Assistance and Health Services, or the Department of Banking and Insurance, and the right to receive an answer in a reasonable amount of time.
- The right to information about health care coverage and costs.
- The right to information about Healthfirst NJ, its services, providers and members rights and responsibilities, including information about Healthfirst NJ's financial condition and provider qualifications.
- The right to receive communication in the language understood by the member, or be provided a translator if needed.
- The right to be free from balance billing.

- The right to participate in decision-making regarding your health care.
- The right to adequate and timely information related to physician incentives.
- The right to terminate enrollment.
- The right to know that you and your provider will not be penalized by Healthfirst NJ for filing a complaint, grievance or appeal or requesting a Fair Hearing.

Treatment and Rights of Minors

If you are a minor (under age 19), you have the right to approve your own health care in certain situations, for example, if you are pregnant.

In the case of an emergency where a minor's condition requires prompt attention for the preservation of life and limb, such attention should be given immediately regardless of whether the consent has been received.

Minors are informed of their rights as a part of the Grievance and Action Appeals process.

If you have questions about your rights, call the Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY1-800-852-7897**, Monday to Friday 8 am to 6 pm.

Your Responsibilities

As a member of Healthfirst NJ, you agree to:

- Work with your PCP to guard and improve your health
- Find out how your health care system works
- Listen to your PCP's advice and ask questions when you are in doubt
- Call or go back to your PCP if you do not get better, or ask for a second opinion
- Treat all Healthfirst NJ staff with the respect that you expect yourself
- Tell us if you have problems with any health care staff by calling the Member Services Department
- Keep your appointments. If you must cancel your appointments, call the provider's office as soon as you can.
- Use the emergency room only for real emergencies.
- Call your PCP when you need medical care, even if it is after-hours.
- Provide your doctors, hospitals and other medical professionals, information they may need in order to render care to you.

What is Fraud and Abuse

Fraud and abuse occurs when someone knowingly gives false information that allows someone to get a benefit to which they are not entitled.

Examples of Provider Fraud and Abuse:

- Forging or altering bills or receipts
- Billing for services not actually performed
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that aren't medically necessary
- Billing more than once for the same service

Examples of Member Fraud and Abuse:

- Any lie told on purpose that results in you or some other person receiving benefits they are not entitled to
- Loaning or selling your Healthfirst NJ Member ID Card

If you suspect fraud and abuse, please call our Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)**. TTY users should call **1-800-852-7897**.

Medicaid Benefits Received After Age 55

Medicaid Benefits received after age 55 may be reimbursable to the State of New Jersey from your estate. The recovery may include premium payments made on your behalf to Healthfirst NJ.

ALWAYS REMEMBER...

- To show your Healthfirst NJ ID Card and identify yourself as a Healthfirst NJ member before receiving any Healthfirst NJ covered services.
- To visit your primary care provider (PCP) for a baseline physical (new member check-up) when you become a member, and to bring along records of past medical care you have received.
- To notify Healthfirst NJ about changes in your address, telephone number, or family status.
- To receive all your covered medical services through your PCP or by referral, except in true emergencies or exceptions listed in this handbook.
- To keep scheduled appointments and to call in advance if you need to cancel.
- If you are unhappy with your PCP, you may select another one by calling our Member Services Department.
- To call your PCP or Healthfirst NJ Member Services if you need assistance with transportation or transportation reimbursement.
- That preventive health care services, including immunizations and prenatal care, are available through Healthfirst NJ.
- To ask your PCP ahead of time what you should do in case of a medical problem, especially if you are pregnant, have asthma, diabetes or any other chronic medical condition.
- To notify your PCP or Member Services within 48 hours after receiving emergency care, so that we can arrange any follow-up care you may need.
- To call Healthfirst NJ Member Services at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY 1-800-852-7897** if you need help, have questions or do not understand any of the benefits or services described in this handbook.

Healthfirst NJ's Community Advisory Committee (CAC)

We are constantly working to make our plan the best it can be for our members and the communities we serve. Healthfirst NJ's Community Advisory Committee is made up of our members, our employees, and representatives from community organizations in our service area that help children, the elderly, and people with disabilities and/or special needs. Meetings are held four (4) times a year and the Committee's ideas and recommendations are used to improve the quality of services our members receive and our work in the community at large. We hear directly from our members and healthcare advocates in our neighborhoods about what we are doing well and where we can do better. At Healthfirst NJ, we believe that progress means not only responding to our members' needs but also anticipating them. The CAC is just one way that we seek feedback from the people we serve in order to continue providing healthcare that meets the diverse needs of all our members.

If you would like to join the Healthfirst NJ Community Advisory Committee, please contact Member Services Department at **1-888-GO4-HFNJ (1-888-464-4365)** or **TTY1-800-852-7897**, Monday to Friday 8 am to 6 pm.

Your Opinion Matters

We welcome your comments on how we are doing. Tell us what works well for you and what does not. We need your help in making Healthfirst NJ a successful plan, because no one knows better than you how well Healthfirst NJ is serving its customers!

You may offer suggestions or send your comments by writing to us at:

Healthfirst NJ
PO Box 12105
Newark, NJ 07101-3405

Thank you for choosing Healthfirst NJ as your partner in health care.

1-888-GO4-HFNJ
(1-888-464-4365)
English TTY 1-800-852-7897
Spanish TTY 1-866-658-7714
(for the hearing or speech impaired)
Monday - Friday, 8:00 a.m. – 6:00 p.m.
www.healthfirstnj.org



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