



**Member Handbook**

# Welcome

Thank you for becoming a Horizon NJ Health member. You and your family deserve quality health care coverage you can count on. With Horizon NJ Health, you can trust that you'll get the NJ FamilyCare benefits you need, plus programs and supports to keep you healthy. You also get the comfort of knowing that you are with the plan backed by Horizon Blue Cross Blue Shield of New Jersey. And the best part is that it's all covered at little or no cost to you.

Please look through this Member Handbook and keep it handy in case you need it later on. This handbook will help you understand all the benefits that are available to you and your family.

If you have questions, you can call Member Services toll free at **1-800-682-9090** (TTY **711**). We're here to help you 24 hours a day, seven days a week.

You may also write to:

**Horizon NJ Health  
Member Services  
1700 American Blvd.  
Pennington, NJ 08534**

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## *Words to Know*

**Key words are highlighted throughout this handbook.** Look for these boxes for definitions that will help you understand your Horizon NJ Health benefits and services.

# Important Phone Numbers

<b>Member Services</b>	We're here to help you 24 hours a day, seven days a week: <b>1-800-682-9090</b>
<b>Enrollment Hotline</b>	If you, a friend or a family member need help enrolling: <b>1-800-637-2997</b>
<b>Care Managers</b>	Speak with one of our experienced and compassionate Care Managers or learn about our health management programs: <b>1-800-682-9094 x89634</b>
<b>Dental Services</b>	Call Member Services at <b>1-800-682-9090</b> (TTY <b>711</b> ).
<b>24/7 Nurse Line</b>	If you have questions about your health, preventive screenings, medicine or test results, or just need peace of mind, you'll get reliable, expert advice you can count on: <b>1-800-711-5952</b>
<b>NJ FamilyCare Health Benefits Coordinator (HBC)</b>	For questions about the status of your NJ FamilyCare application or renewal date call: <b>1-800-701-0710</b> (TTY <b>1-800-701-0720</b> )
<b>Behavioral Health Services</b>	Your mental health and physical health are important to your overall health and well-being. Horizon Behavioral Health <sup>SM</sup> can help you manage all aspects of your health and get the level of care and support you need.
<b>Dedicated Support 24/7</b>	<p>We understand that asking for help can be scary, but you're not alone. Don't be afraid to ask for help getting an appointment right away or understanding your benefits. The Horizon Behavioral Health care team will work with you, your family, caretakers and doctors to make sure you are getting the treatment and support you need.</p> <p>Members enrolled with Division of Developmental Disabilities (DDD), call Horizon Behavioral Health<sup>SM</sup> at <b>1-800-682-9090</b>.</p> <p>Members not enrolled with DDD can call their local Medical Assistance Customer Center (MACC) for mental health services. To find the number of a local MACC, call the NJ FamilyCare hotline toll free at <b>1-800-356-1561</b> (TTY <b>711</b>).</p> <p>For community-based Substance Use Disorder services, call ReachNJ, the New Jersey Addiction Services Hotline at <b>1-844-REACHNJ (1-844-732-2465)</b> (TTY <b>711</b>), 24 hours a day, seven days a week.</p>
<b>Choice Counseling Services</b>	For help understanding the information in printed materials, call NJ FamilyCare at <b>1-800-701-0710</b> (TTY <b>1-800-701-0720</b> ).
<b>Printed Member Materials</b>	If you need materials, like a provider directory, call <b>1-800-682-9090</b> (TTY <b>711</b> ). There is no charge for printed materials and your request will be processed within five (5) business days.
<b>TTY Services</b>	Members with hearing or speech difficulties can call <b>711</b> .



# Top 10 Questions Asked by New Members

## 1. How do I know if a doctor or dentist is a Horizon NJ Health provider?

**Answer:** You can search for participating providers, dentists, hospitals and specialists by using our *Doctor & Hospital Finder* at [horizonNJhealth.com/findadoctor](http://horizonNJhealth.com/findadoctor). You can also call Member Services at **1-800-682-9090** (TTY **711**) for help to find a provider near you.

## 2. Can I go to a doctor or dentist who is not a part of Horizon NJ Health?

**Answer:** No. For your care to be covered under your Horizon NJ Health plan, you must use a provider who participates with Horizon NJ Health. Your Primary Care Provider (PCP) coordinates all of your health care needs.

You can choose which participating PCP you want to see. If you don't choose a PCP, one will be assigned to you.

If you get care from a provider who does not participate with Horizon NJ Health without our approval, you may be responsible for the cost.

## 3. Can I change my PCP?

**Answer:** Yes. Call Member Services at **1-800-682-9090** (TTY **711**) and we will help you choose a new PCP. You will get a new member ID card with the updated information. If you need to visit your PCP before you receive your new card, call Member Services and we will help you.

## 4. Do I need a referral to see a specialist?

**Answer:** No. You do not need a referral to see an in-network specialist. You must get care from a specialist who participates in Horizon NJ Health's network. If you get care from a provider who does not participate with Horizon NJ Health without our approval, you may be responsible for the cost.

## 5. Do I have dental coverage?

**Answer:** Yes. Call Member Services at **1-800-682-9090** (TTY **711**) if you have questions about your dental benefits.

## 6. If I have an emergency and the nearest hospital is not a part of Horizon NJ Health, will I have to pay the bill?

**Answer:** No. In an emergency, always go to the nearest hospital for care. You do not need to get approval from Horizon NJ Health to go to the Emergency Room (ER).

## 7. What do I do if I get a bill from a doctor?

**Answer:** You should not get bills for services covered by your plan. If you do get a bill, call Member Services at **1-800-682-9090** (TTY **711**). We will give you instructions on what to do.

## 8. How do I keep my coverage?

**Answer:** NJ FamilyCare members must renew their eligibility every year. If you do not renew on time, you may lose your eligibility. If you do not know your renewal date, call your county caseworker or the NJ FamilyCare Health Benefits Coordinator at **1-800-701-0710** (TTY **1-800-701-0720**).

## 9. How do I enroll my newborn?

**Answer:** Call NJ FamilyCare at **1-800-701-0710** (TTY **1-800-701-0720**). Your child must be enrolled in NJ FamilyCare to be a Horizon NJ Health member.

## 10. What is the phone number for NJ FamilyCare?

**Answer:** The toll-free number is **1-800-701-0710** (TTY **1-800-701-0720**).

# Your Membership

The Division of Medical Assistance and Health Services (DMAHS) will verify and approve your Horizon NJ Health membership, which takes about 30 to 45 days. Until your membership is approved, your current health insurer will continue to provide your health care services, if you have insurance. Horizon NJ Health will coordinate your care with your previous insurer once your membership starts.

The Health Benefits Coordinator will share your enrollment information with Horizon NJ Health. By signing your plan selection form, or having an authorized person sign for you, your medical records will be given to Horizon NJ Health.

It is important that you tell the Health Benefits Coordinator and Horizon NJ Health about any doctors you currently see.

## Keeping your membership

You must be eligible for NJ FamilyCare to be a Horizon NJ Health member. Most members must confirm that they are still eligible every year. Eligibility is checked every six months for Aid to Families with Dependent Children (AFDC) and Temporary Assistance for Needy Families (TANF).

If your application was processed at your local County Welfare Agency (CWA), they will contact you when it is time for a renewal.

If your NJ FamilyCare application was not processed at your local CWA, call a Health Benefits Coordinator toll free at **1-800-701-0710** (TTY **1-800-701-0720**) to find out your renewal date or ask for a renewal form.

## Keep your address updated

You must contact your caseworker at the CWA or Health Benefits Coordinator at NJ FamilyCare if you move or change your phone number. This way you will always get information and updates about your Horizon NJ Health membership.

## Renewal process – renew it or lose it!

Complete a Renewal Application **EVERY** year. Call NJ FamilyCare at **1-800-701-0710** (TTY **1-800-701-0720**) to find out your renewal date or to ask for a renewal form.

## What you need to know:

- If you don't renew your NJ FamilyCare eligibility, you might have to start over as a new applicant, and the approval process will take longer.
- The NJ FamilyCare eligibility renewal process for members who are Aged, Blind and Disabled is different and requires different updates. For a list of information that may be requested for eligibility renewal, visit: [state.nj.us/humanservices/dmahs/clients/medicaid/abd/ABD\\_Checklist\\_NJFC-ABD-CL-0416.pdf](https://state.nj.us/humanservices/dmahs/clients/medicaid/abd/ABD_Checklist_NJFC-ABD-CL-0416.pdf).
- Keep your contact information updated. NJ FamilyCare can show you how to do this.

## What you need to do:

- Open and respond to all mail from your County Welfare Agency (CWA), or whoever determines your eligibility.
- Contact your caseworker at your CWA or call NJ FamilyCare at **1-800-701-0710** (TTY **1-800-701-0720**). If you need the information for your local CWA, please call the Managed Care hotline at **1-800-356-1561** (TTY **711**) or visit [state.nj.us/humanservices/dfd/programs/njsnap/cbss/index.html](https://state.nj.us/humanservices/dfd/programs/njsnap/cbss/index.html).

# Your Membership (continued)

If DMAHS is able to verify your household information from other sources available to them, you will not get a renewal packet. These sources include the Department of Labor Wage Report, Unemployment Insurance Benefits, Temporary Disability Insurance Benefits, Internal Revenue Services and Social Security Benefits systems. If they cannot verify your household information, you will get a renewal packet with a renewal application.

Return the completed renewal application in the self-addressed envelope that came with it at least 30 days before your renewal date. If you have questions or need help completing the renewal application, call the NJ FamilyCare HBC at **1-800-701-0710** (TTY **1-800-701-0720**) or your local CWA.



# Finding a Doctor or Dentist

## Provider Directory

Horizon NJ Health has a large network of doctors and health care professionals that provide quality health care services. We have a **Provider Directory** that shows you who participates in our network. All types of providers are listed, including doctors, hospitals, laboratory services, pharmacies, general dentists, dental specialists and more.

You can search for a provider near you at [horizonNJhealth.com/findadoctor](https://horizonNJhealth.com/findadoctor). The *Doctor & Hospital Finder* is updated daily and lets you search for a provider by location, specialty, name and other fields.

You can also find a detailed list of dentists who treat children 6 years of age or younger in *The NJ FamilyCare Directory of Dentists Treating Children Under the Age of 6*.

This separate list of dentists is located at [horizonNJhealth.com/kidsdentists](https://horizonNJhealth.com/kidsdentists).

If you want a printed directory with a listing of providers near you, call Member Services.

Information about your provider, including your PCP and specialist, is available at [horizonNJhealth.com/findadoctor](https://horizonNJhealth.com/findadoctor). You can find a provider by:

- Name, office location and phone number
- Specialty
- Professional qualifications
- Languages spoken

To find additional provider information, including medical school and residency, visit:

- NJ Division of Consumer Affairs: [njconsumeraffairs.gov](https://njconsumeraffairs.gov)
- American Board of Medical Specialties: [abms.org](https://abms.org)

## Selecting your Horizon NJ Health doctor

You and each of your family members can choose a personal Horizon NJ Health doctor, known as a Primary Care Provider (PCP). Each family member can have a different PCP. For example, you can choose a pediatrician for your child and a general family doctor for yourself.

Use the Horizon NJ Health Provider Directory to find a doctor near you.

If you did not select a PCP on your enrollment form, we will select one for you based on where you live and your age. Member Services can also help you find a doctor in your area. You can change your PCP at any time. To change your PCP, sign in at [horizonNJhealth.com](https://horizonNJhealth.com) or call Member Services. An authorized person acting for you may help you choose a doctor.



## Words to Know

**Provider:** A person or location (such as your PCP, hospital or dentist) that gives medical or dental care.



# Copays

Families in the NJ FamilyCare program may be required by the State of New Jersey to pay a copay for service.

Your copay amount is on your member ID card.

The family limit on all annual copays for members may not be more than 5% of their annual family income. For example, if an NJ FamilyCare D family of four earns \$89,105 a year, the maximum amount of their copays is \$4,455.25. To keep track, ask for and keep receipts for all copays made during the year. If you reach the maximum amount, call NJ FamilyCare at **1-800-701-0710** (TTY **1-800-701-0720**) for help.



## *Words to Know*

**Copay:** The amount you must pay for a health care service at the time the service is given.

# Member Services (1-800-682-9090)

Our Member Services staff speaks many languages and are ready to help you get the most out of your Horizon NJ Health membership, 24 hours a day, seven days a week, including holidays. Any time you have a question about your benefits, how Horizon NJ Health works or how to get the care you need, give us a call. Our toll-free number is on the back of your member ID card and on [horizonNJhealth.com](http://horizonNJhealth.com).

To help you learn how Horizon NJ Health works and how to get the most out of your benefits, a Member Services representative will call you when your membership begins. This is the perfect time to ask any questions you may have.

We also offer educational and outreach activities throughout the year. Our Member Services team can give you details about times and locations of outreach events. Call **1-800-682-9090 (TTY 711)**.

**Register and sign in at** [horizonNJhealth.com](http://horizonNJhealth.com)

You can access your plan information quickly and easily at [horizonNJhealth.com](http://horizonNJhealth.com). Once you sign up, you can:

- **Request an ID card.** We will mail it to you.
- **View your covered benefits.** This includes your benefit level, what is covered under your plan, and whether or not you have copays for certain services.
- **Complete a Health Needs Survey.** Learn about your health risks and see how you can make changes to your lifestyle to improve your health.
- **Change your PCP.**
- **Read personalized health news articles** based on the information you provide in your health survey.

- **Enroll in a disease management program** to get help with a chronic condition, like asthma or diabetes.
- **Enroll in Mom's GEMS (Getting Early Maternity Services) program** to get information for a healthy pregnancy and baby, if you are pregnant.

To register, visit [horizonNJhealth.com](http://horizonNJhealth.com) and click *Member Sign In*.

We encourage you to sign up as soon as possible. This self-service tool is a useful resource so you can quickly access your plan information.

## Translation services and alternate formats

We have staff members who can speak many languages. If we do not speak your language, we can connect you to someone who does. We can arrange for a translator to talk over the phone with you and your doctor to help during your doctor's visit or a sign language interpreter to be with you at the doctor's office.

With the translator's help, you can get answers to all of your questions.

There is no cost to you to use our translation or sign language interpreter services. To schedule this service, just call Member Services toll free at **1-800-682-9090 (TTY 711)**.

Horizon NJ Health member communications are available in other languages. If you need information printed in another language, call Member Services. Materials for the visually and hearing impaired are also available through Member Services, including Braille, large print and listening systems.



## Words to Know

**Benefit:** A covered service paid by the health plan.

# Your Member ID Card

## Always carry it with you

Your Horizon NJ Health member ID card is mailed to you before your coverage begins. Everyone in your family who is a Horizon NJ Health member will get his or her own card. Always carry your Horizon NJ Health member ID card with you. It is one of the most important cards you have.

Show your card every time you see your doctor, dentist or specialist, when you fill a prescription, when you have lab work done, and if you go to a hospital ER. You can use your card as long as you are a member.

Please keep your member ID card safe and never let anyone else use or borrow it. It is illegal to lend your member ID card or number to anyone. You could lose your NJ FamilyCare benefits and may even go to jail.

## What is on your member ID card

- Your name
- Effective date – the date your Horizon NJ Health benefits begin
- Your doctor's name and phone number
- A phone number to help you access information about your dental benefits
- Your copay (if you have one)
- Our toll-free Member Services phone number
- Information on what to do in an emergency

## Lost or stolen ID cards

If your member ID card is lost or stolen, call Member Services right away. We will cancel your old card and send you a new one.

## Other ID cards


You should carry your Health Benefits Identification (HBID) card from the State of New Jersey, your Horizon NJ Health member ID card and cards for any other health insurance you may have, including Medicare. Show all your cards any time you visit a doctor, dentist, hospital, pharmacy, lab or other provider. This helps your providers know how to bill for that service, supply or prescription.

You will need to show your doctor the HBID card to get NJ FamilyCare Fee-for-Service benefits not covered by Horizon NJ Health (see the *Your Benefits and Services* section on page 18).

# Your Member ID Card

## Dental benefit indication

Member name \_\_\_\_\_  
 Member ID number \_\_\_\_\_  
 Primary Care Provider \_\_\_\_\_  
 Primary Care Provider phone \_\_\_\_\_  
 Issue date \_\_\_\_\_  
 Effective date \_\_\_\_\_




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NAME  
 MEMBER ID NO: YHZ  
 PCP  
 PHONE  
 ISSUE DATE  
 EFFECTIVE  
 BC/BS Plan Codes 280/780  
[horizonNJhealth.com](http://horizonNJhealth.com)

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**NJ FamilyCare**

Plan \_\_\_\_\_  
 Dental Benefit \$ \_\_\_\_\_  
 Emergency \$ \_\_\_\_\_  
 PCP Copay \$ \_\_\_\_\_  
 Dental Copay \$ \_\_\_\_\_  
 Specialist Copay \$ \_\_\_\_\_  
 Rx Generic \$ \_\_\_\_\_  
 Rx Brand \$ \_\_\_\_\_  
 Pharmacies Group: HORIZON, BIN 610606, ProCtrl: HMC  
 086-19-153

Copay amount



Independent licensees of the Blue Cross and Blue Shield Association.

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- Always carry this ID card. You must use your selected Primary Care Provider (PCP) for medical care. Members with Medicare Advantage or other insurance must use that plan's PCP. Refer to the member handbook for specific copay information.
- EMERGENCIES — If you are having an emergency, call "911." You do not need approval to go to the ER. If you get emergency care, you should follow up with your PCP within 24 hours or as soon as possible.

**horizonNJhealth.com**  
 Member Services (including dental and vision): **1-800-682-9090**  
 TTY: 711  
 Provider Services: **1-800-682-9091**  
 Dental Provider Services: **1-855-878-5368**  
 Hospital or Pharmacy Prior Auth: **1-800-682-9094**

- Hospitals must call to verify eligibility and obtain precertification for inpatient and outpatient hospital services.
- Standard Claims: Horizon NJ Health Claims Processing Department  
 PO Box 24078 Newark, NJ 07101-0406
- Dental Claims: Horizon NJ Health,  
 PO Box 299, Milwaukee, WI 53201
- Outside of NJ, the member only has coverage for urgent and emergent care. Out of state, non-Horizon NJ Health providers: submit claims to local BCBS plan.

Member Services

Emergencies

# Your Personal Doctor

## Your Primary Care Provider (PCP) can arrange all of your care

**If you need medical care, call your doctor's office first – at any time, 24 hours a day, seven days a week.** Your doctor will know how to help. Most non-emergency health care services must be planned through your PCP.

Your health services are covered 24 hours a day, seven days a week. Horizon NJ Health covers services by PCPs, specialists, dentists, dental specialists, certified nurse midwives, certified nurse practitioners, clinical nurse specialists, physician assistants and independent clinics in Horizon NJ Health's network. Your PCP may sometimes ask other health care providers to help you and your family get care quickly.

## Questions and answers about your doctor and dentist

### Q. If I have Medicare and NJ FamilyCare, do I need to see my Horizon NJ Health PCP?

A. For most health services, you can see your Medicare doctors as long as they accept patients who have Medicare. NJ FamilyCare covers some services that Original Medicare does not cover, including:

- Dental services
- Vision services
- Hearing services
- Incontinence supplies
- Personal care assistant services (for certain members)
- Medical day care (for certain members)
- Personal Preference Program (for certain members)

For these services, you should only see a doctor in the Horizon NJ Health network.

### Q. What if I want to change my doctor?

A. You can change your PCP at any time, unless you're in a Provider Lock-in Program. Member Services can help you choose a new doctor and will send you a new Horizon NJ Health member ID card with the new doctor's name and phone number. You can also request to change your PCP through [horizonNJhealth.com](http://horizonNJhealth.com).

Sometimes, Horizon NJ Health can deny a request to change to a new doctor, including:

- If a PCP asks that a member not be included on his or her list of patients
- If a PCP has too many patients to take any more

Creating a positive, healthy relationship with your doctor is important. If a PCP believes that he or she cannot do this with a member, they may ask that the member be changed to another PCP. A PCP may ask that a member be changed to another doctor if:

- They cannot resolve conflicts with the member
- A member does not follow health care instructions, which stops the doctor from safely or ethically proceeding with the member's health care services
- A member has taken legal action against the PCP



# Your Personal Doctor (continued)

## Q. How do I find a dentist or dental specialist?

A. If you need to find a dentist or a dental specialist, you can select one from our list of participating providers at [horizonNJhealth.com](http://horizonNJhealth.com). Click *Find a Doctor* and select *Dentist*, or call Member Services for assistance at **1-800-682-9090** (TTY **711**). You do not need a referral to see a participating dental specialist.

You can also change your dentist when you sign in to [horizonNJhealth.com](http://horizonNJhealth.com).

## Q. How do I know if I should go to a doctor or dentist for care?

A. Dental treatment usually involves services performed on the teeth or performed to fix or replace teeth, such as fillings, extractions (removing teeth), dentures and crowns (caps). Some treatments may require seeing a dental specialist, such as an oral and maxillofacial surgeon or a maxillofacial prosthodontist (replacement of facial structures lost to disease or trauma).

Medical treatment involves services not directly involving the teeth, such as treatment for broken jaws, removal of cysts and benign or malignant tumors in the mouth.

If you are unsure, you can also call Member Services for help at **1-800-682-9090** (TTY **711**).

## Q. What if I need to see a specialist?

A. There may be times when your PCP decides to send you to a participating **specialist**. If you have a condition that needs ongoing care from a participating specialist (such as kidney disease or HIV) or you have a life-threatening or disabling condition or disease, the specialist may be able to act as your PCP and specialty care provider.

## Q. What if my condition requires care from a doctor or dentist who does not participate with Horizon NJ Health?

A. Horizon NJ Health has thousands of doctors, general dentists and medical and dental specialists throughout New Jersey in our network. If we do not have a doctor to care for your condition, we will work with your PCP or dentist to make sure you get the care you need.

You may also get special approval from Horizon NJ Health for an out-of-network doctor if you need it. Your doctor or dentist will need to contact Horizon NJ Health. If you use an out-of-network doctor without approval from Horizon NJ Health, you will have to pay for those services on your own.



## *What if I cannot reach my doctor or dentist right away?*

There could be times – maybe at night or on weekends – when your doctor or dentist is not in the office. You should still call your doctor's or dentist's office. Your doctor or dentist has a plan in place to help you even if the office is closed.



## *Words to Know*

**Specialist:** A doctor or dentist who has been specially trained in a certain field of medicine, like a cardiologist, Ob/Gyn or orthodontist.

# Your Personal Doctor (continued)

## Q. What if I want a second opinion?

- A. You can ask for another opinion for any medical, behavioral health, dental or surgical diagnosis. Talk to your PCP, behavioral health provider or dentist about a second opinion. He or she will make all of the arrangements, or you may call Member Services for help finding another provider.

## Make an appointment right away

After you become a member of Horizon NJ Health, we will call you or your authorized personal representative to welcome you to the plan, explain our benefits and services, and give you information about being a member.

You should see your PCP soon after you become a member. A baseline physical will let your doctor review your health and health history and can prevent future health problems. We will urge your PCP's office to contact you to schedule the appointment if you do not schedule one. Your PCP's office should schedule appointments for routine visits within 28 days of your request. If you need to see your PCP before you get your member ID card, call Member Services. We will help make arrangements for you to see your PCP.

Now is a good time to schedule a dental exam. Children and adults should get a dental exam and have their teeth cleaned twice a year. Members with special needs are eligible for more frequent visits.

If your effective date of enrollment is different from the date given to you by your Health Benefits Coordinator, Horizon NJ Health will notify you (or an authorized person when applicable) of the new date of enrollment.

## Very important: Keep your appointments!

Showing up for every appointment is the only way your doctor and dentist can make sure that you and your family are getting the quality care you deserve. Your doctor has saved time to see you. If you cannot keep an appointment, call and let your doctor or dentist know right away, at least 24 hours before the appointment. You should make every effort to be on time to your appointment.

When you are sick or injured and need care, call your doctor or dentist right away for an appointment.



## ***Regular Checkups are Important***

Regular medical and dental exams and tests can help find problems early, when your chances for treatment are better. The services and screenings you need depend on your age, health and family history, lifestyle choices (like what you eat, how active you are and whether you smoke) and other factors.



***When you are sick, your doctor will see you (or your child) on the same day in most cases.***

# Your Personal Doctor (continued)

## **Appointment availability**

### **Emergency services:**

Immediately

### **Urgent care (not life-threatening):**

Within 24 hours of calling

### **Sick visits:**

Within 72 hours

### **Routine care (checkups for illness, such as diabetes):**

Within 28 days

### **Specialist care:**

Within four weeks for routine care, or within 24 hours for emergencies

### **New member physicals:**

Within 90 days of initial enrollment for children and DDD adults; Within 180 days of initial enrollment for adults

### **Routine physicals (for school, camp, work, etc.):**

Within four weeks

### **Prenatal care:**

Within three weeks after a positive pregnancy test (three days if high risk)

- First and second trimester:  
Within seven days

- Third trimester: Within three days

## **Lab and radiology services:**

Within three weeks for routine care and 48 hours for urgent care; your results will be available within 10 business days for routine care and 24 hours for urgent care

## **Dental care:**

Within 30 days for routine care, three days for urgent care (not life-threatening) and 48 hours for emergencies

## **Behavioral health care:**

Within 7 to 10 business days for routine care and 24 hours for urgent care

If you have an emergency, you will be seen immediately when you get to your behavioral health office or facility.

## **Doctor office wait times:**

When you arrive on time for your appointment, you should not have to wait longer than 45 minutes to see your doctor.

# Emergencies

ONLY go to a hospital ER when your situation is an emergency. An emergency medical or behavioral health condition is a severe illness or injury where not getting immediate medical attention could put your health (and with respect to a pregnant woman, the health of her unborn child) in serious danger. Emergencies involve serious injury to bodily functions, organs or parts or risk for potential injury (such as thoughts of hurting self or others).

If you are having an emergency, go to the nearest ER, or call **911**, 24 hours a day, seven days a week. You do not need approval from Horizon NJ Health or a doctor to go to the ER.

Sometimes, it can be hard to tell if you have a real emergency. Here are some examples of emergencies that you should go to the ER for or call **911**:

- Chest pain
- Broken bones
- Difficulty breathing, moving or speaking
- Poisoning
- Heavy bleeding
- Drug overdose
- Car accident
- You have thoughts of hurting yourself or others

If you are in labor during pregnancy, follow your Ob/Gyn's instructions on what to do. For a pregnant woman having contractions, an emergency exists when there is not enough time for 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.

If it is an emergency, call your PCP if you can. Your doctor will know how to help. He or she can send you to the closest participating hospital and let the hospital know you are coming. If there is no time to call your doctor,

call **911**. Go to the nearest hospital to treat your emergency, even if the hospital or doctor does not participate with Horizon NJ Health. All hospitals must provide emergency care.

You are covered for emergencies 24 hours a day, seven days a week. This includes follow-up care in and out of the hospital.

## Dental emergencies – office vs. ER

A dental emergency that may need to be treated in an emergency room may include an injury or serious infection in your mouth or the area around your mouth that could put your life or health in danger unless you get treatment quickly. Dental emergencies can include:

- Dental infection causing a large area of facial swelling
- Injuries to the mouth or jaw (including knocked out teeth)
- Heavy, uncontrolled oral or facial bleeding
- A broken or dislocated jaw

If you have a dental emergency, call your dentist first. If you are unable to reach your dentist, call Member Services at **1-800-682-9090** (TTY **711**). After normal business hours, you can call our 24/7 Nurse Hotline at **1-800-711-5952**, 24 hours a day, seven days a week. For life-threatening emergencies, go to the ER or call **911**.

## At the ER

Once at the ER, hospital staff will perform an ER screening exam. This is a covered benefit for all Horizon NJ Health members to see if the condition is an emergency.

For behavioral health emergency room visits, mental health providers will determine a working diagnosis and plan of action for treatment. Depending on your evaluation, if appropriate, you may be admitted to the hospital for treatment, given medication, provided with crisis counseling and/or referred for treatment after leaving the hospital.

# Emergencies (continued)

If a child is a suspected victim of physical/child abuse and/or neglect, he or she will be examined at the ER.

When foster home placement of a child occurs after business hours, the child will have a medical examination at the ER.

## After you leave the ER

Within 24 hours of an ER visit, call your PCP. If you cannot call, ask a friend or family member to call. You should visit your PCP for follow-up care, not the ER, within seven days of your discharge from the hospital. Your PCP will coordinate your care after the emergency.

## Urgent medical and dental care

If your situation is not an emergency, but it is medically necessary for you to get treatment quickly, call your doctor or dentist. This is known as urgent care. Your doctor or dentist can make arrangements for you to come into the office quickly for care.

If you are not sure if your illness or injury is an emergency, call your doctor or dentist first. Some examples of illness or injury that can be treated in a medical or dental office are:

- Cold, cough or sore throat
- Earaches
- Cramps
- Bruises, small cuts or minor burns
- Rashes or minor swelling
- Backaches from a pulled muscle
- Toothaches
- Swelling around a tooth
- Teething discomfort or loose “baby teeth”
- Broken natural teeth or lost fillings or crowns
- Pain or discomfort following dental treatment
- Bleeding following tooth extraction

## Out of town?

If you have an emergency while out of town, go to the nearest hospital and show the hospital staff your Horizon NJ Health member ID card. You do not need to get prior approval from Horizon NJ Health for emergency services.

If you need medical attention that is not an emergency, call your PCP right away for help finding medical care from a doctor in the area. Horizon NJ Health will coordinate your care between your PCP and the out-of-network provider. Dental emergencies will be covered by non-participating providers.

Horizon NJ Health will not cover care received outside of the United States and its territories.

## Out-of-state care for students

If your situation is not an emergency, but it is medically necessary for you to get care quickly, out-of-state full-time students can visit an out-of-town urgent care center. There are many urgent care centers throughout the United States open seven days a week. You do not need an appointment. You do not need to get prior approval from Horizon NJ Health to visit an urgent care center for an urgent medical condition. Just show the staff your Horizon NJ Health member ID card. After the visit, call Horizon NJ Health’s Utilization Management Department at **1-800-682-9094**. We will need the doctor’s information from the urgent care center to arrange for payment.

If your situation is life-threatening, you should go to the closest ER, or call **911**. If your condition is not urgent or an emergency, call your PCP. Your PCP can tell you if you need care right away or schedule an appointment for when you’re in town.



# Your Benefits and Services

As a Horizon NJ Health member, you get the benefits and services you are entitled to through the NJ FamilyCare program.

You pay little or nothing for the medical care and services you get through Horizon NJ Health. Make sure you know how Horizon NJ Health works, especially when it comes to emergency care, seeing your doctor and when you need an authorization. If you get services that are not covered by Horizon NJ Health or authorized by your PCP, you may be billed. Before care is given, your doctor should tell you if a service is not covered and if you will be billed.

If you are not sure whether a service is covered, call Member Services at **1-800-682-9090** (TTY **711**).



## ***Do you know what benefit level you have?***

Your Horizon NJ Health member ID card shows your benefit level. Each level has different benefits and copays. Your level is based on your health, income and the number of people in your family, and is set by the NJ FamilyCare program.

# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Abortions</b>	Covered by FFS.* Abortions and related services, including (but not limited to) surgical procedure; anesthesia; history and physical exam; and lab tests			
<b>Acupuncture</b>	Covered			
<b>Autism Services</b>	Covered by Horizon NJ Health and FFS. Only covered for members under 21 years of age with Autism Spectrum Disorder. Covered services include Applied Behavioral Analysis (ABA) treatment, augmentative and alternative communication services and devices, Sensory Integration (SI) services, allied health services (physical therapy, occupational therapy and speech therapy), and Developmental Relationship based services including but not limited to DIR, DIR Floortime and the Greenspan approach therapy.			
<b>Blood &amp; Blood Products</b>	Covered Whole blood and derivatives, as well as necessary processing and administration costs, are covered. Coverage is unlimited (no limit on volume or number of blood products). Coverage begins with the first pint of blood.			
<b>Bone Mass Measurement</b>	Covered Covers one measurement every 24 months (more often if medically necessary), as well as physician's interpretation of results.			
<b>Cardiovascular Screenings</b>	Covered For all persons 20 years of age and older, annual cardiovascular screenings are covered. More frequent testing is covered when determined to be medically necessary.			
<b>Chiropractic Services</b>	Covered Covers manipulation of the spine.			
<b>Colorectal Screening</b>	Covered Covers any expenses incurred in conducting colorectal cancer screening at regular intervals for beneficiaries 45 years of age or older, and for those of any age deemed to be at high risk of colorectal cancer. <ul style="list-style-type: none"> <li>• <i>Barium Enema</i> – Covered When used instead of a flexible sigmoidoscopy or colonoscopy, covered once every 48 months.</li> <li>• <i>Colonoscopy</i> – Covered Covered once every 120 months, or 48 months after a screening flexible sigmoidoscopy.</li> <li>• <i>Fecal Occult Blood Test</i> – Covered Covered once every 12 months.</li> <li>• <i>Flexible Sigmoidoscopy</i> – Covered Covered once every 48 months.</li> </ul>			

\*Fee-for-Service



# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<p><b>Dental Services</b></p>	<p>Covered</p> <p>Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services.</p> <p>Some procedures may require prior authorization with documentation of medical necessity. Orthodontic services are allowed for children and are age restricted and only approved with adequate documentation of a handicapping malocclusion or medical necessity.</p> <p>Examples of covered services include (but are not limited to): oral evaluations (examinations); X-rays and other diagnostic imaging; dental cleaning (prophylaxis); topical fluoride treatments; fillings; crowns; root canal therapy; scaling and root planing; complete and partial dentures; oral surgical procedures (to include extractions); intravenous anesthesia/sedation (where medically necessary for oral surgical procedures).</p> <p>Dental examinations, cleanings, fluoride treatment and any necessary X-rays are covered twice per rolling year. Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special health care needs.</p> <p>Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity.</p> <p>Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through the age of three (3) years old. If additional care is needed, members can find a complete list of dentists who treat children 6 years of age or younger in <i>The NJFC Directory of Dentists Treating Children Under the Age of 6</i>. This separate list of dentists is located at <a href="http://horizonNJhealth.com/kidsdentists">horizonNJhealth.com/kidsdentists</a>.</p>		<p>Covered</p> <p>Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services.</p> <p>Some procedures may require prior authorization with documentation of medical necessity. Orthodontic services are allowed for children and are age restricted and only approved with adequate documentation of a handicapping malocclusion or medical necessity.</p> <p>Examples of covered services include (but are not limited to): oral evaluations (examinations); X-rays and other diagnostic imaging; dental cleaning (prophylaxis); topical fluoride treatments; fillings; crowns; root canal therapy; scaling and root planing; complete and partial dentures; oral surgical procedures (to include extractions); intravenous anesthesia/sedation (where medically necessary for oral surgical procedures).</p> <p>Dental examinations, cleanings, fluoride treatment and any necessary X-rays are covered twice per rolling year. Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special health care needs.</p> <p>Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity.</p> <p>Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through the age of three (3) years old. If additional care is needed, members can find a complete list of dentists who treat children 6 years of age or younger in <i>The NJFC Directory of Dentists Treating Children Under the Age of 6</i>. This separate list of dentists is located at <a href="http://horizonNJhealth.com/kidsdentists">horizonNJhealth.com/kidsdentists</a>.</p> <p><b>NJ FamilyCare C and D members have a \$5 copay per dental visit (except for diagnostic and preventive services).</b></p>	



# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Diabetes Screenings</b>	<p>Screening is covered (including fasting glucose tests) if you have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes.</p> <p>Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months.</p>			
<b>Diabetes Supplies</b>	<p>Covered</p> <p>Covers blood glucose monitors, test strips, insulin, injection aids, syringes, insulin pumps, insulin infusion devices, and oral agents for blood sugar control. Covers therapeutic shoes or inserts for those with diabetic foot disease. The shoes or inserts must be prescribed by a podiatrist (or other qualified doctor) and provided by a podiatrist, orthotist, prosthetist, or pedorthist.</p>			
<b>Diabetes Testing and Monitoring</b>	<p>Covered</p> <p>Covers yearly eye exams for diabetic retinopathy, as well as foot exams every six months for members with diabetic peripheral neuropathy and loss of protective sensations.</p>			
<b>Diagnostic and Therapeutic Radiology and Laboratory Services</b>	<p>Covered</p> <p>Covered, including (but not limited to) CT scans, MRIs, EKGs, and X-rays.</p>			
<b>Durable Medical Equipment (DME)</b>	<p>Covered</p>			
<b>Emergency Care</b>	<p>Covered</p> <p>Covers emergency department and physician services.</p>		<p>Covered</p> <p>Covers emergency department and physician services.</p> <p><b>NJ FamilyCare C members have a \$10 copay.</b></p>	<p>Covered</p> <p>Covers emergency department and physician services.</p> <p><b>NJ FamilyCare D members have a \$35 copay.</b></p>

# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>EPSDT (Early and Periodic Screening, Diagnosis and Treatment)</b>	<p>Covered</p> <p>Coverage includes (but is not limited to) well child care, preventive screenings, medical examinations, dental, vision, and hearing screenings and services (as well as any treatment identified as necessary as a result of examinations or screenings), immunizations (including the full childhood immunization schedule), lead screening and private duty nursing services. Private duty nursing is covered for eligible EPSDT beneficiaries under 21 years of age who live in the community and whose medical condition and treatment plan justify the need.</p>	<p>Covered</p> <p>Coverage includes early and periodic screening and diagnostic medical examinations, dental, vision, hearing, and lead screening services.</p> <p><b><i>Coverage for treatment services identified as necessary through an examination is limited to those services that are available under your benefits, or specified services under the FFS program.</i></b></p>		
<b>Family Planning Services and Supplies</b>	<p>Covered</p> <p>Horizon NJ Health shall reimburse family planning services provided by non-participating network providers based on the Medicaid fee schedule.</p> <p>The family planning benefit provides coverage for services and supplies to prevent or delay pregnancy and may include: education and counseling in the method of contraception desired or currently in use by the individual, or a medical visit to change the method of contraception. Also includes, but is not limited to: sterilizations, defined as any medical procedures, treatments, or operations for the purpose of rendering an individual permanently incapable of reproducing.</p> <p>Covered services include medical history and physical examination (including pelvis and breast), diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices (including pregnancy test kits, condoms, diaphragms, Depo-Provera injections and other contraceptive supplies and devices), counseling, continuing medical supervision, continuity of care and genetic counseling.</p> <p><b><i>Exceptions: Services primarily related to the diagnosis and treatment of infertility are not covered (whether furnished by in-network or out-of-network providers).</i></b></p>			
<b>Federally Qualified Health Centers (FQHC)</b>	<p>Covered</p> <p>Includes outpatient and primary care services from community-based organizations.</p>			





# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Hearing Services/ Audiology</b>	<p>Covered</p> <p>Covers routine hearing exams, diagnostic hearing exams and balance exams, otologic and hearing aid examinations prior to prescribing hearing aids, exams for the purpose of fitting hearing aids, follow-up exams and adjustments, and repairs after warranty expiration.</p> <p>Hearing aids, as well as associated accessories and supplies, are covered.</p>			
<b>Home Health Agency Services</b>	<p>Covered</p> <p>Covers nursing services and therapy services by a registered nurse, licensed practical nurse or home health aide.</p>			
<b>Hospice Care Services</b>	<p>Covered</p> <p>Covers drugs for pain relief and symptoms management; medical, nursing, and social services; and certain durable medical equipment and other services, including spiritual and grief counseling.</p> <ul style="list-style-type: none"> <li>• Covered in the community as well as in institutional settings.</li> <li>• Room and board included only when services are delivered in institutional (non-residence) settings. Hospice care for members under 21 years of age shall cover both palliative and curative care.</li> </ul> <p><b>NOTE: Any care unrelated to the member's terminal condition is covered in the same manner as it would be under other circumstances.</b></p>			
<b>Immunizations</b>	<p>Covered</p> <p>Influenza, Hepatitis B, pneumococcal vaccinations, and other vaccinations recommended for adults are covered. The full childhood immunization schedule is covered as a component of EPSDT.</p>			
<b>Inpatient Hospital Care</b>	<p>Covered</p> <p>Covers stays in critical access hospitals; inpatient rehabilitation facilities; inpatient mental health care; semi-private room accommodations; physicians' and surgeons' services; anesthesia; lab, X-ray, and other diagnostic services; drugs and medication; therapeutic services; general nursing; and other services and supplies that are usually provided by the hospital.</p> <ul style="list-style-type: none"> <li>• <i>Acute Care – Covered</i> Includes room and board; nursing and other related services; use of hospital/Critical Access Hospital facilities; drugs and biologicals; supplies, appliances, and equipment; certain diagnostic and therapeutic services, medical or surgical services provided by certain interns or residents-in-training; and transportation services (including transportation by ambulance).</li> <li>• <i>Psychiatric – For coverage details, please refer to the Behavioral Health chart.</i></li> </ul>			
<b>Mammograms</b>	<p>Covered</p> <p>Covers a baseline mammogram for women age 35 to 39, and a mammogram every year for those 40 and over, and for those with a family history of breast cancer or other risk factors. Additional screenings are available if medically necessary.</p>			



# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Maternal and Child Health Services</b>	<p>Covered</p> <p>Covers medical services for perinatal care, and related newborn care and hearing screenings, including midwifery care, Centering Pregnancy, immediate postpartum LARC (Long-Acting Reversible Contraception) and all dental services (to include but not limited to additional dental preventive care and medically necessary dental treatment services).</p> <p>Also covers childbirth education, doula care, lactation support.</p> <p>Breastfeeding equipment, including breast pumps and accessories, are covered as a DME benefit.</p>			
<b>Medical Day Care (Adult Day Health Services)</b>	<p>Covered</p> <p>A program that provides preventive, diagnostic, therapeutic and rehabilitative services under medical and nursing supervision in an ambulatory (outpatient) care setting to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.</p>	<p><i>Not covered</i></p>		
<b>Nurse Midwife Services</b>	<p>Covered</p>		<p>Covered</p> <p><b>\$5 copay for each visit (except for prenatal care visits)</b></p>	

# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Nursing Facility Services</b>	<p>Covered</p> <p>Members may have patient pay liability.</p> <ul style="list-style-type: none"> <li>• <i>Long Term (Custodial Care)</i> – Covered. Covered for those who need Custodial Level of Care (MLTSS). Members may have patient pay liability.</li> <li>• <i>Nursing Facility (Hospice)</i> – Covered. Hospice care can be covered in a Nursing Facility setting. *See Hospice Care Services.</li> <li>• <i>Nursing Facility (Skilled)</i> – Covered. Includes coverage for Rehabilitative Services that take place in a Nursing Facility setting.</li> <li>• <i>Nursing Facility (Special Care)</i> – Covered. Care in a Special Care Nursing Facility (SCNF) or a separate and distinct SCNF unit within a Medicaid-certified conventional nursing facility is covered for members who have been determined to require intensive nursing facility services beyond the scope of a conventional nursing facility.</li> </ul>	<p><i>Not covered</i></p>		
<b>Organ Transplants</b>	<p>Covered</p> <p>Covers medically necessary organ transplants including (but not limited to): liver, lung, heart, heart-lung, pancreas, kidney, liver, cornea, intestine, and bone marrow transplants (including autologous bone marrow transplants). Includes donor and recipient costs.</p>			

# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Outpatient Surgery</b>	Covered			
<b>Outpatient Hospital/ Clinic Visits</b>	Covered		Covered <b>\$5 copay per visit (no copay if the visit is for preventive services).</b>	
<b>Outpatient Rehabilitation</b> <i>(Occupational Therapy, Physical Therapy, Speech Language Pathology)</i>	Covered Covers physical therapy, occupational therapy, speech pathology and cognitive rehabilitation therapy.	Covered Covers physical, occupational, and speech/language therapy. <b>Limited to 60 days per therapy per calendar year.</b>		
<b>Pap Smears and Pelvic Exams</b>	Covered Pap tests and pelvic exams are covered every 12 months for all women, regardless of determined level of risk for cervical or vaginal cancers. Clinical breast exams for all women are covered once every 12 months. All laboratory costs associated with the listed tests are covered. Tests are covered on a more frequent basis in cases where they are deemed necessary for medical diagnostic purposes.			
<b>Personal Care Assistance</b>	Covered Covers health-related tasks performed by a qualified individual in a beneficiary's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a beneficiary's written plan of care.	<i>Not covered</i>		
<b>Podiatry</b>	Covered Covers routine exams and medically necessary podiatric services, as well as therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts. <b>Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.</b>		Covered Covers routine exams and medically necessary podiatric services, as well as therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts. <b>\$5 copay per visit</b> <b>Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.</b>	



# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Prescription Drugs</b>	<p>Covered</p> <p>Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, Iron, Zinc, and minerals, including potassium, and niacin. All blood clotting factors are covered.</p>		<p>Covered</p> <p>Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, Iron, Zinc, and minerals, including potassium, and niacin. All blood clotting factors are covered.</p> <p><b>There is a \$1 copay for generic drugs, and a \$5 copay for brand name drugs.</b></p>	
<b>Physician Services – Primary and Specialty Care</b>	<p>Covered.</p> <p>Covers medically necessary services and certain preventive services in outpatient settings.</p>		<p>Covered</p> <p>Covers medically necessary services and certain preventive services in outpatient settings.</p> <p><b>\$5 copay for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment, age-appropriate immunizations; prenatal care and pap smears, when appropriate).</b></p>	
<b>Private Duty Nursing</b>	<p>Covered</p> <p>Private duty nursing is covered for members who live in the community and whose medical condition and treatment plan justify the need.</p> <p><b>Private Duty Nursing is only available to EPSDT beneficiaries under 21 years of age, and to members with MLTSS (of any age).</b></p>			
<b>Prostate Cancer Screening</b>	<p>Covered</p> <p>Covers annual diagnostic examination including digital rectal exam and Prostate Specific Antigen (PSA) test for men 50 and over who are asymptomatic, and for men 40 and over with a family history of prostate cancer or other prostate cancer risk factors.</p>			
<b>Prosthetics and Orthotics</b>	<p>Covered</p> <p>Coverage includes (but is not limited to) arm, leg, back and neck braces; artificial eyes; artificial limbs and replacements; certain breast prostheses following mastectomy; and prosthetic devices for replacing internal body parts or functions. Also covers certified shoe repair, hearing aids and dentures.</p>			
<b>Renal Dialysis</b>	<p>Covered</p>			
<b>Routine Annual Physical Exams</b>	<p>Covered</p>			





# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Smoking/ Vaping Cessation</b>	<p>Covered</p> <p>Coverage includes counseling to help you quit smoking or vaping, medications such as Bupropion, Varenicline, nicotine oral inhalers and nicotine nasal sprays, as well as over-the-counter products including nicotine transdermal patches, nicotine gum, and nicotine lozenges.</p> <p>The following resources are available to support you in quitting smoking/vaping:</p> <ul style="list-style-type: none"> <li>• NJ Quitline: Design a program that fits your needs and get support from counselors. Call toll free <b>1-866-NJ-STOPS (1-866-657-8677) (TTY 711)</b>, weekdays, from 8 a.m. to 8 p.m. (except holidays) and Saturday, from 11 a.m. to 5 p.m., ET. The program supports 26 different languages. Learn more at <a href="http://njquitline.org">njquitline.org</a>.</li> </ul>			
<b>Transportation (Emergency)</b> <i>(Ambulance, Mobile Intensive Care Unit)</i>	<p>Covered</p> <p>Coverage for emergency care, including (but not limited to) ambulance and Mobile Intensive Care Unit.</p>			
<b>Transportation (Non-Emergent)</b> <i>(Non-Emergency Ambulance, Medical Assistance Vehicles/MAV, Livery, Clinic)</i>	<p>Covered by FFS.</p> <p>Medicaid Fee-for-Service covers all non-emergency transportation, such as mobile assistance vehicles (MAVs), and non-emergency basic life support (BLS) ambulance (stretcher). Livery transportation services, such as bus and train fare or passes, car service and reimbursement for mileage, are also covered.</p> <p>For COVID-related services, livery/car transportation services, ambulatory, ambulatory with assistance, wheelchair, stretcher, mass transit/bus passes, and mileage reimbursement are covered.</p> <p>May require medical orders or other coordination by Horizon NJ Health, PCP, or providers.</p> <p><b>Modivcare transportation services are covered for NJ FamilyCare A, ABP, B, C or D members. All transportation including livery is available for all members including B, C and D.</b></p>			
<b>Urgent Medical Care</b>	<p>Covered</p> <p>Covers care to treat a sudden illness or injury that isn't a medical emergency, but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse).</p>	<p>Covered</p> <p>Covers care to treat a sudden illness or injury that isn't a medical emergency, but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse).</p> <p><b>NOTE: There may be a \$5 copay for urgent medical care provided by a physician, optometrist, dentist or nurse practitioner.</b></p>		



# Your Benefits and Services (continued)

Service Benefit	NJ FamilyCare A/ABP	NJ FamilyCare B	NJ FamilyCare C	NJ FamilyCare D
<b>Vision Care Services</b>	<p>Covered</p> <p>Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices and intraocular lenses.</p> <p>Yearly exams for diabetic retinopathy are covered for member with diabetes.</p> <p>A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma.</p> <p>Certain additional diagnostic tests are covered for members with age-related macular degeneration.</p>		<p>Covered</p> <p>Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices, and intraocular lenses.</p> <p>Yearly exams for diabetic retinopathy are covered for member with diabetes.</p> <p>A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma.</p> <p>Certain additional diagnostic tests are covered for members with age-related macular degeneration.</p> <p><b>\$5 copay per visit for Optometrist services.</b></p>	
<ul style="list-style-type: none"> <li>• <i>Corrective Lenses –</i></li> </ul>	<p>Covered</p> <p>Covers 1 pair of lenses/frames or contact lenses every 24 months for members age 19 through 59, and once per year for those 18 years of age or younger and those 60 years of age or older.</p> <p>Covers one pair of eyeglasses or contact lenses after each cataract surgery with an intraocular lens.</p>			

## Behavioral health benefits

Horizon NJ Health covers a number of behavioral health benefits for you. Behavioral health includes both mental health services and Substance Use Disorder treatment services. Some services are covered for you by Horizon NJ Health, while some are paid for directly by Medicaid Fee-for-Service (FFS). You will find details in the chart below.

Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<b>Mental Health</b>					
<b>Adult Mental Health Rehabilitation</b> <i>(Supervised Group Homes and Apartments)</i>	Covered	Covered by FFS.	Not covered		
<b>Inpatient Psychiatric</b>	<p>Covered</p> <p>Coverage includes services in a <b>general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF)</b> or critical access hospital.</p>				

# Your Benefits and Services (continued)

Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<b>Mental Health</b>					
<b>Independent Practitioner Network or IPN</b> ( <i>Psychiatrist, Psychologist or APN</i> )	Covered	Covered by FFS.			
<b>Outpatient Mental Health</b>	Covered	Covered by FFS. Coverage includes services received in a <b>General Hospital Outpatient</b> setting, <b>Mental Health Outpatient Clinic/Hospital</b> services, and outpatient services received in a <b>Private Psychiatric Hospital</b> . Services in these settings are covered for members of all ages.			
<b>Partial Care</b> ( <i>Mental Health</i> )	Covered	Covered by FFS. <b>Limited to 25 hours per week (5 hours per day, 5 days per week).</b> <b>Prior authorization required.</b>			
<b>Acute Partial Hospitalization Mental Health/ Psychiatric Partial Hospitalization</b>	Covered	Covered by FFS. <b>Admission is only through a psychiatric emergency screening center or post psychiatric inpatient discharge.</b> <b>Prior authorization required for Acute Partial Hospitalization.</b>			
<b>Psychiatric Emergency Services (PES)/Affiliated Emergency Services (AES)</b>	Covered by FFS.				

# Your Benefits and Services (continued)

Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<b>Substance Use Disorder</b>					
<b>Substance Use Disorder Treatment</b>	The American Society of Addiction Medicine (ASAM) provides guidelines that are used to help determine what kind of Substance Use Disorder (SUD) treatment is appropriate for a person who needs SUD services. Some of the services in this chart show the ASAM level associated with them (which includes "ASAM" followed by a number).				
<b>Ambulatory Withdrawal Management with Extended On-Site Monitoring/ Ambulatory Detoxification</b> <i>ASAM 2 - WM</i>	Covered	Covered by FFS.			
<b>Care Management Services</b>	Covered	Covered by FFS.			
<b>Inpatient Medical Detox/Medically Managed Inpatient Withdrawal Management (Hospital-based)</b> <i>ASAM 4 - WM</i>	Covered				
<b>Long Term Residential (LTR)</b> <i>ASAM 3.1</i>	Covered	Covered by FFS.			
<b>Non-Medical Detoxification/ Non-Hospital Based Withdrawal Management</b> <i>ASAM 3.7 - WM</i>	Covered	Covered by FFS.			
<b>Office-Based Addiction Treatment (OBAT)</b>	Covered Covers coordination of patient services on an as-needed basis to create and maintain a comprehensive and individualized SUD plan of care and to make referrals to community support programs as needed.				

# Your Benefits and Services (continued)

Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
<b>Substance Use Disorder</b>					
<b>Opioid Treatment Services</b>	Covered	<p>Covered by FFS.</p> <p>Includes coverage for <b>Methadone Medication Assisted Treatment (MAT) and Non-Methadone Medication Assisted Treatment.</b></p> <p>Coverage for <b>Non-Methadone Medication Assisted Treatment</b> includes (but is not limited to) FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications; substance use disorder counseling; individual and group therapy; and toxicology testing.</p>			
<b>Peer Recovery Support Services</b>	Covered	<p>Covered by FFS.</p> <p>Includes coverage for Methadone Medication Assisted Treatment (MAT) and Non-Methadone Medication Assisted Treatment. Coverage for Non-Methadone Medication Assisted Treatment includes (but is not limited to) FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications; substance use disorder counseling; individual and group therapy; and toxicology testing.</p>			
<b>Substance Use Disorder Intensive Outpatient (IOP)</b> <i>ASAM 2.1</i>	Covered	Covered by FFS.			
<b>Substance Use Disorder Outpatient (OP)</b> <i>ASAM 1</i>	Covered	Covered by FFS.			
<b>Substance Use Disorder Partial Care (PC)</b> <i>ASAM 2.5</i>	Covered	Covered by FFS.			
<b>Substance Use Disorder Short Term Residential (STR)</b> <i>ASAM 3.7</i>	Covered	Covered by FFS.			

# Your Benefits and Services (continued)

## What Horizon NJ Health covers

To get benefits covered by the NJ FamilyCare program, call your NJ FamilyCare case worker, a Medical Assistance Customer Centers office in your area (visit [state.nj.us/humanservices/dmahs/info/resources/macc/MACC\\_Directory.pdf](http://state.nj.us/humanservices/dmahs/info/resources/macc/MACC_Directory.pdf)), your PCP or Horizon NJ Health Member Services.

If any changes are made to your benefits, Horizon NJ Health or the State of New Jersey will notify you within 30 days.

## Utilization Management

Horizon NJ Health wants to make sure you receive the right care, in the right setting. To do this, we have a Utilization Management (UM) process. This process ensures that you get timely, efficient and quality service from doctors, hospitals, dentists and other providers, as soon as possible.

Horizon NJ Health helps with admissions, discharges and length-of-stay issues when a member is admitted to a hospital or **ambulatory surgical center**. We give doctors information about our care and disease management programs when necessary.

Most of all, we work with your PCP or specialist to ensure that you get the continuous care you need throughout your illness and recovery. Horizon NJ Health has special staff who can help you with UM questions. If you have questions about our UM process, please call Member Services at **1-800-682-9090 (TTY 711)**.

## Dental services

Good oral health is important to your body's overall health. You should visit your dentist twice a year for an oral exam and cleaning, and complete any course of treatment he or she recommends. Dental visits should start when a child turns 1 year old or when the first tooth can be seen. All NJ FamilyCare members have comprehensive dental benefits. Twice yearly dental checkups are a covered benefit. More frequent visits are covered for members with special health care needs. Some services require prior authorization (approval) with documentation of medical necessity.

Orthodontic services are allowed for children and are age restricted. They are only approved with sufficient documentation of a handicapping malocclusion or medical necessity. Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity (see *Special Needs Members*, page 38).

You do not need prior authorization for routine dental care, such as regular cleanings, fillings and X-rays. You can choose your dentist or dental specialist from the *Online Doctor & Hospital Finder*, which includes a list of participating general dentists and pediatric dentists for children ages 0-6 years old. For a list of dentists, please visit [horizonNJhealth.com/findadoctor](http://horizonNJhealth.com/findadoctor) and select *Dentist* from the dropdown menu. You can also call Member Services at **1-800-682-9090 (TTY 711)**.



## Words to Know

**Ambulatory Surgical Center:** A site that provides surgical care but does not provide care overnight



# Your Benefits and Services (continued)

## Vision services

Members are covered for routine eye exams every one or two years based on their age and health. There may be times when you may need more exams during the year or need to see a vision specialist (ophthalmologist).

Members with diabetes should have an eye exam every year, including a dilated retinal eye exam.

You will need to see an eye doctor who participates with Horizon NJ Health. To find an eye doctor near you, visit [horizonNJhealth.com/findadoctor](http://horizonNJhealth.com/findadoctor), or call Member Services at **1-800-682-9090 (TTY 711)**.

## Laboratory services

LabCorp is the laboratory services provider for Horizon NJ Health members. Your doctor will give you a **prescription** for laboratory testing. Take that prescription and your Horizon NJ Health member ID card when you get lab work done.

You can use the *Online Doctor & Hospital Finder* to find a LabCorp location near you. LabCorp also offers online appointment scheduling at all New Jersey Patient Service Centers. Visit [LabCorp.com/PSC](http://LabCorp.com/PSC) to find a location. Walk-in patients are also welcome.

Your doctor will give you your lab test results. Or, you can use *LabCorp Patient*, an online service, to download and print your test results. Visit [Patient.labcorp.com](http://Patient.labcorp.com) to register. LabCorp will give your test results to your doctor before posting them to your online account.

## Prescription services

Horizon NJ Health covers many medicines at little or no cost to you. The approved prescription drugs make up our formulary. It's important that the medicines you take are safe and effective. That's why Horizon NJ Health has a committee made up of doctors and pharmacists who review and approve our formulary.

If your doctor wants to prescribe a drug that is not included in our formulary, he or she will need to call us to get prior authorization. A prior authorization is an approval that the doctor needs to get from us before we cover the cost.

Certain over-the-counter (OTC) products are covered with a written prescription from the prescriber. Some medicines are not covered under your pharmacy benefit. This includes, but is not limited to, fertility agents, weight loss drugs and erectile dysfunction medicines.

Horizon NJ Health requires the use of generic medicine when available. If your doctor decides that you must take a medicine that is not in the formulary, including a brand-name medicine exception, he or she can ask for special permission for you to get the medicine. While you're waiting for a response, the pharmacy can give you a 72-hour supply of the medicine. Our Pharmacy Department will work with your doctor to meet your prescription needs. If you have questions, call **1-800-682-9094 x81016 (TTY 711)**.



## Words to Know

**Ophthalmologist:** A doctor who treats people with eye problems, eye diseases and does eye surgery

**Prescription:** An order written by a doctor for a drug, test or other health service

# Your Benefits and Services (continued)

The Approved Drug List (formulary) is updated annually and as changes are made or new medicines are approved. The Approved Drug List is updated as of the date that formulary changes are put in place. Changes to this list are included in the member newsletter that we mail to all members. Covered drugs, including those that need prior authorization, are listed on our website at [horizonNJhealth.com/covered\\_drugs](http://horizonNJhealth.com/covered_drugs).

NJ FamilyCare A, ABP and B members have no copay for prescription medicines. NJ FamilyCare C and D members have a \$1 copay for generic medicines and \$5 copay for brand name medicines. Horizon NJ Health allows up to a 30-day supply of medicines.

You can have prescriptions filled at any participating pharmacy. To find pharmacies near you visit [horizonNJhealth.com](http://horizonNJhealth.com), or call Member Services.

Our website has information on pharmaceutical management procedures, including the formulary, policies and limitations. Limitations include quantity, plan, supply/fill, step therapy (trying less expensive options before “stepping up” to medicines that cost more) and age. For a paper copy of the pharmaceutical management procedures, call the Pharmacy Department at **1-800-682-9094 x81016 (TTY 711)**.

If you take prescription drugs for a chronic condition like diabetes or asthma, it is important to take them as directed. Taking your medicines correctly is key in managing your health condition.

What you can do to:

- **Talk to your doctor** – review all medicines you take (both prescription and over-the-counter (OTC)) and let your doctor know if you are experiencing any side effects, like dizziness.
- **Talk to your pharmacist** – make sure you understand the instructions for taking your medicines.
- **Take as directed** – take all your medicines exactly as the label says to make sure they work the right way to treat your condition.
- **Refill your prescriptions in a timely manner** – refill your prescription before you run out of medicines. Ask your pharmacy about automatic refills so your medicine is always refilled and ready for you.
- **Fill all of your prescriptions at the same pharmacy** – this allows your pharmacist to see all the medicines you take in case there are any issues.

If you have any questions about your medicines, talk to your doctor or pharmacist.

## Pharmacy lock-in

Members who see different doctors may have many types of medicine prescribed. This can be dangerous. The Pharmacy Lock-In program coordinates a member’s care between pharmacies and doctors. To make sure your pharmacy care is coordinated, you should use only one pharmacy to fill your prescriptions.



## Words to Know

**Formulary:** A list of approved medicines that Horizon NJ Health covers

# Your Benefits and Services (continued)

This lets the pharmacist learn about your health and be more able to help you with your medicine. Members who use many pharmacies or doctors may be reviewed each month to make sure that they are getting the right care. If it's decided that using only one pharmacy will help the member get better care, the member may be "locked-in" to one pharmacy. Horizon NJ Health members must use in-network, contracted pharmacies in the State of New Jersey to fill their prescriptions. We will send letters to the member, pharmacy and doctor when a lock-in is needed. Members can appeal a Pharmacy Lock-In.

## Medical transportation

Horizon NJ Health will provide emergency transportation for all NJ FamilyCare A, B, C, D and ABP enrollees.

All non-emergency medical transportation services will be provided by the NJ FamilyCare Fee-for-Service program. If you need special services or transportation for your medical care, you can call the transportation broker, Modivcare, at **1-866-527-9933** (TTY **1-866-288-3133**). You can also book your transportation online at [modivcare.com](http://modivcare.com). For livery service, such as car service to a medical appointment, you can call Modivcare for reservations. There is a 20 mile limit for transportation to your provider, unless an authorization is provided for offices outside this radius. You should call by noon at least two days before your transportation need. After your medical appointment is over, if you haven't scheduled a pickup time, you or someone at the doctor's office can call the *Where's My Ride* phone number at **1-866-527-9934** (TTY **711**) and request a pickup. The transportation provider will pick you up within 90 minutes.

To report any problems with your transportation to Modivcare, call **1-866-333-1735**.

**Remember – do not call an ambulance for routine transportation.**

## Behavioral health services

Horizon NJ Health provides behavioral health benefits for members who receive services from the Division of Developmental Disabilities (DDD) members. Those enrolled can call Horizon Behavioral Health to get behavioral health benefits, including mental health or Substance Use Disorder treatment programs and recovery support at **1-877-695-5612** (TTY **711**), 24 hours a day, seven days a week.

Most Horizon NJ Health members get mental health and/or Substance Use Disorder services through the NJ FamilyCare program. If you need medicine for mental health and/or Substance Use Disorder, your mental health and/or Substance Use Disorder provider can prescribe the medicine for you.

If you or your family member needs help with a mental health or Substance Use Disorder, you can contact:

- Your PCP
- Members not enrolled with DDD or MLTSS should call their local Medical Assistance Customer Center (MACC) for mental health services. To find the number of a local MACC, call the NJ FamilyCare Hotline at **1-800-701-0710** (TTY **1-800-701-0720**) or visit [state.nj.us/humanservices/dmahs/info/resources/macc/MACC\\_Directory.pdf](http://state.nj.us/humanservices/dmahs/info/resources/macc/MACC_Directory.pdf)
- For Substance Use Disorder services for adults 18 and over, call ReachNJ at **1-844-276-2777** (TTY **711**), 24 hours a day, seven days a week.
- A Horizon NJ Health Care Manager at **1-800-682-9090** (TTY **711**)

# Your Benefits and Services (continued)

- To get services for adults 18 years and older, call the New Jersey Division of Mental Health Services at **1-800-382-6717** (TTY **1-877-294-4356**) during business hours.
- For mental health and/or Substance Use Disorder services for youth or adults, call NJ Mental Health Cares toll free at **1-866-202-HELP (1-866-202-4357)** (TTY **1-877-294-4356**), weekdays, from 8 a.m. to 8 p.m., Eastern Time (ET).

## Services not covered by NJ FamilyCare Fee-for-Service or Horizon NJ Health

Services not covered by Horizon NJ Health or the NJ FamilyCare Fee-for-Service program include:

- All services not medically necessary, provided, approved or arranged by a Horizon NJ Health participating doctor (within his or her scope of practice) except emergency services.
- Any service or items for which a provider does not normally charge.
- Cosmetic services or surgery except when medically necessary and approved.
- Experimental procedures or experimental organ transplants.
- Services provided by or in an institution run by the federal government, such as the Veterans Administration hospitals.
- Respite care (except MLTSS members).
- Rest cures, personal comfort, convenience items and services and supplies not directly related to the care of the patient. Examples include guest meals and telephone charges. Costs incurred by an accompanying parent(s) for an out-of-state medical intervention are covered under EPSDT.
- Services in which health care records do not reflect the requirements of the procedure described or procedure code used by the provider.

- Services provided by an immediate relative or household member.
- Services involving the use of equipment in facilities in which its purchase, rental or construction has not been approved by the State of New Jersey.
- Services resulting from any work-related condition or accidental injury when benefits are available from any workers' compensation law, temporary disability benefits law, occupational disease law or similar law.
- Services provided or started while on active military duty.
- Services or items reimbursed based on submission of a cost study in which there is no evidence to support the costs allegedly incurred or beneficiary income to make up for those costs. If financial records are not available, a provider may verify costs or available income using other evidence that the NJ FamilyCare program accepts.
- Services provided outside the United States and its territories.
- Infertility diagnoses and treatment services (including sterilization reversals and related medical and clinic office visits, drugs, laboratory services, radiological and diagnostic services and surgical procedures).
- Services provided without charge. Programs offered free of charge through public or voluntary agencies should be used to the fullest extent possible.
- Any service covered under any other insurance policy or other private or governmental health benefit system or third-party liability.

# Programs for You and Your Family

## Special needs members

Horizon NJ Health has a Care Management Department to help 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 severe illness, you can get care management.

New members will get a call from Horizon NJ Health and be asked a few questions about their health. Your answers will help determine your chronic care needs.

You can also ask for an evaluation to see if you qualify for the special needs program by calling the Care Management Department at **1-800-682-9094 x89634 (TTY 711)**. Your PCP, specialist, social worker, community-based case manager or any other concerned agency can also ask for an evaluation for you.

A Horizon NJ Health Care Manager will complete a Comprehensive Needs Assessment. After the assessment is completed, a Care Manager will let you know what level of care management you or your family member needs and develop a Plan of Care. If you have a complex need, you will work with your Care Manager and your PCP or specialist to create a care plan that fits your needs.

## Care Management for special needs

There may be times when you need more than routine health care services. Horizon NJ Health has a program for members who need extra personal care. Our Care Management team helps coordinate complex health care and psychosocial needs for members who have special needs. Call us at **1-800-682-9094 x89634 (TTY 711)** if you have questions or concerns about:

- Baby needs
- Personal care
- Housing issues
- Advocacy
- Clothing
- NJ FamilyCare
- Domestic violence
- Attendants (home health aides or personal care assistants)
- Substance Use Disorder
- Parenting assistance
- Food
- WIC
- Mental health
- Support groups

Members with special needs may need extra access to doctors and specialists. Horizon NJ Health's Care Management team will help make sure that medical needs are met. They give education and support, including access to non-participating specialists if necessary. These members get an extra dental benefit of four preventive visits per year. Dental treatment in an operating room (OR) or Ambulatory Surgical Center (ASC) is also available for members with special needs when medically necessary. The Care Management team coordinates dental services and care with the help of the Dental Operations department, as needed.

Call your doctor's office first – at any time, 24 hours a day, seven days a week – whenever you need medical care. For a true emergency, go to the nearest ER, or call **911**.



# Programs for You and Your Family (continued)

## Care Management for the aged

Members age 65 and older may need additional services. Horizon NJ Health provides special services to help with:

- Assessing and managing depression
- Assessing and managing cognitive impairment
- Caregiver support
- Preventing institutionalization
- Access to preventive services, including but not limited to:
  - Flu and pneumonia vaccines
  - Mammograms
  - Cervical cancer screening
  - Colorectal health
  - Prostate education
- Disease management for conditions such as:
  - Asthma
  - Congestive Heart Failure (CHF)
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Diabetes
  - HIV/AIDS
  - Hypertension

For information about these services, call the Care Management Department at **1-800-682-9094 x89634 (TTY 711)**.

We have screening tools and educational materials, and we will connect you with the right resources.

## Family planning services

If you are interested in family planning and contraceptive services, including genetic testing and counseling, we can help you find the services you need. We can also help you find doctors and clinics near you. Remember to take your Horizon NJ Health member ID card when you go to your appointment. You can also get family planning and contraceptive services from other clinics and doctors who accept the NJ FamilyCare program but who are not in the Horizon NJ Health network. Use your Health Benefits Identification Card (HBID) if you visit them.

## Women's services

If you need women's health services or you are going to have a baby, make an appointment with an Ob/Gyn or a certified nurse midwife (CNM) in Horizon NJ Health's provider network.

It's important for women to visit an Ob/Gyn for regular care. Women age 21 through 65 years old should have a pap test every three years. Women between the ages of 30 and 65 should be tested every five years if getting a pap test combined with a human papillomavirus (HPV) test. A pap test is the best way to find pre-cancerous cells that may cause cervical cancer. Routine cervical cancer screening is covered, at no cost to you.

Yearly mammograms are recommended for women age 40 and older, and are covered, at no cost to you. A mammogram can find breast cancer early – often one and a half to two years before a lump is big enough to be felt.



## Words to Know

**Pap test:** A cervical cancer screening



# Programs for You and Your Family (continued)

## Help for pregnant women: Mom's GEMS

If you think you are pregnant, call your Ob/Gyn or CNM right away for an appointment. As a mother-to-be, you can join the Mom's GEMS Program. GEMS stands for "Getting Early Maternity Services." Mom's GEMS can help you get good prenatal care, childbirth education classes, breastfeeding education, doula services, nutrition advice and, after your baby is born, postpartum information.

Once you learn you are pregnant, you will need to let your County Board of Social Services know so you can keep your NJ FamilyCare eligibility throughout your pregnancy.

### When you are pregnant, you should see your Ob/Gyn:

- At least once during the first two months, or once you know you are pregnant
- Every four weeks during the first six months
- Every two weeks during the seventh and eighth month
- Every week during the last month

You should visit your Ob/Gyn as scheduled after the birth of your baby for a postpartum visit.

If you are pregnant or have children, you are likely eligible for the WIC (Women, Infants and Children) program. This program gives you nutritional benefits, such as free milk, eggs and cheese. To apply for WIC in New Jersey, contact your local WIC agency to set up an appointment.

Horizon NJ Health can also help you with lactation services, such as breastfeeding classes/counseling and getting a breast pump and supplies.

## Is your family growing or changing?

Do you have a new family member or a new baby? Call Member Services at **1-800-682-9090** (TTY **711**) right away so we can help you get your new family member enrolled. It's also very important to tell your County Board of Social Services caseworker or Health Benefits Coordinator. Your child must enroll in NJ FamilyCare to be enrolled in Horizon NJ Health.

## Keeping your children healthy

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) program is a government mandate that helps keep your children healthy. Horizon NJ Health has several programs to make sure your children get all of the EPSDT benefits through age 21.

The EPSDT program helps keep your child's immunizations and well-child visits on track. It also reminds parents to have their child's PCP screen for medical problems early and continue to check for problems as the child grows.



## Words to Know

**Prenatal care:** Care for pregnant women

**Postpartum:** Care for a woman after she delivers a baby

**EPSDT:** Early and Periodic Screening, Diagnostic and Treatment. This is a program for children up to age 21 to make sure they are getting appropriate care.

# Programs for You and Your Family (continued)

Taking your children to the doctor is very important for their growth and development. Your children need to go to the doctor several times a year up to age 2 and at least once a year from 2 to 20 years old. Babies should see their doctor at the following ages:

- Within 3 to 5 days post hospital discharge
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- And once a year through age 20

During well-child visits, the doctor will check your child's vision, teeth, hearing, nutrition, growth and development, give vaccinations, treat any problems identified and refer your child to a specialist, if needed. These visits are also a good time to ask questions and talk about any problems or concerns you have.

Horizon NJ Health covers all of these services for members up to the age of 21.

Horizon NJ Health covers prescription and non-prescription drugs, in-home ventilator services and private-duty nursing for children, when needed.

Immunizations are safe and effective. By getting your child immunized, you can protect your child from serious illnesses, such as:

- Mumps
- Polio
- Tetanus
- Chicken pox
- Hepatitis B
- Rotavirus
- Meningitis
- Measles
- Rubella
- Diphtheria
- Influenza
- Hepatitis A
- Pertussis
- Pneumococcal invasive disease

Children should get these immunizations before their second birthday.

Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through age 3. If additional care is needed, members can find a complete list of dentists who treat children 6 years of age or younger in *The NJFC Directory of Dentists Treating Children Under the Age of 6*. This separate list of dentists is located at [horizonNJhealth.com/kidsdentists](http://horizonNJhealth.com/kidsdentists).

## Children with special health care needs

Horizon NJ Health has a special program for children who need extra care. Our Care Management Department can help coordinate complex health care and psychosocial needs for children enrolled who have special needs. Our Care Management team will help make sure that medical needs are met and they receive the support they need.

# Programs for You and Your Family (continued)

Children with special needs also have Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefits to help keep them healthy. Horizon NJ Health helps keep your child healthy from birth until they are 21 years old. This program helps keep your child's immunizations and well-child visits on track. It also reminds parents to have their child's PCP screen for medical problems early and keep checking for problems to help prevent serious disease as the child grows. Children with special needs have an extra dental benefit of four preventive visits per year.

If your child has a condition that needs ongoing care from a participating specialist or has a life-threatening or disabling condition or disease, your child can go to the specialist as often as needed to treat the condition.

## Get your child tested for lead poisoning

Lead poisoning happens when too much lead gets into the body by eating or breathing it, or through the skin. According to New Jersey state law, your child must be tested for lead poisoning between 9 and 18 months old (preferably at 12 months) and again between 18 and 26 months (preferably at 24 months old). Any child age 6

months or older who has been exposed to a known or suspected lead source should have a lead test right away. If a child between the ages of 24 months and 6 years old has not received a screening blood lead test, the child must get tested immediately, regardless of whether the child is determined to be at a low or high risk.

Children age 6 and under who have high blood lead levels will be placed in a lead care management program. Lead Care Managers are nurses who work with you to help keep your child lead free. The lead program gives you information about keeping your home lead free and safe. You will get information on blood lead levels and how to prevent lead poisoning, including housekeeping, hygiene, appropriate nutrition and why it's so important that you follow your doctor's instructions when dealing with lead problems.

A Horizon NJ Health nurse will work with your child's PCP, the Department of Health, WIC and laboratories to make sure that your child's high blood lead levels are lowered so your child can be healthy.



## Services for you

We can help you with any health issues. Call toll free at **1-800-682-9094** (TTY 711) for information about these issues:

- Asthma
- HIV/AIDS
- Diabetes
- Lead
- COPD
- Hypertension
- Mom's GEMS (prenatal care)
- Congestive Heart Failure (CHF)
- Complex Case Management
- Childhood Wellness (immunizations and well-child visits)



## Words to Know

**Lead:** Can be found in places you don't expect. Cooking utensils, toys, jewelry, makeup and candies imported from other countries may contain lead.

# Programs for You and Your Family (continued)

## **Asthma management**

Horizon NJ Health has clinical staff available to help you or your child greatly lower the risk of asthma attacks.

You will learn what “triggers” your asthma attacks and how to avoid them. Peak flow meters and spacers are available with a prescription from your PCP. It’s important to take your asthma medicine as prescribed by your doctor, even if you don’t feel any symptoms.

## **Diabetes disease management**

Our clinical staff is available to help any member diagnosed with diabetes. We can help you learn to manage your diabetes. It’s important for diabetics to complete recommended screenings such as lab tests and see an eye doctor for a retinal exam.

Educational materials about meal planning, insulin and medicine use are available, and Horizon NJ Health will help you find a diabetic specialist and/or nutritionist.

You can get prescriptions for insulin and syringes from your PCP. Diabetic testing machines and supplies are also available with a prescription from your PCP.

## **Congestive heart failure (CHF) management**

Horizon NJ Health has clinical staff available to help you improve your quality of life, reduce hospitalizations and emergency room visits, and provide you with more information about CHF.

You will get helpful tips to reduce symptoms of CHF, such as how a proper diet, weight monitoring, fluid management and medicine can control blood pressure. We can help coordinate your health care between your PCP and specialist.

## **Hypertension management**

Hypertension is high blood pressure. This is known as a “silent killer” because there may be no symptoms. We will help you learn about high blood pressure, its signs and symptoms, medicine and how to manage their blood pressure and prevent stroke.

## **COPD management**

COPD stands for chronic obstructive pulmonary disease. Clinical staff are available to help members with COPD to help them learn more about this disease and how to reduce symptoms.

## **HIV/AIDS management**

Horizon NJ Health has Care Managers to help members diagnosed with HIV or AIDS. Horizon NJ Health works closely with members and their doctors to create and coordinate the best plan of care.



## **Words to Know**

**COPD:** A lung disease that makes it hard to breathe

# Programs for You and Your Family (continued)

## Horizon Neighbors in Health: Education Works

You can earn a high school diploma through our Horizon Neighbors in Health: Education Works program, at no cost to you. The program will:

- **Connect you** with groups in your area to help you study.
- **Give you telephone coaching** throughout the process to help you stay on track.
- **Work with you one-on-one** to understand your situation and remove any barriers that are preventing you from getting your high school diploma, such as transportation to the testing center or childcare during the test.\*
- **Pay** the pre-test and test fees.\*\*

To learn more, call **1-609-537-2076** (TTY **711**), weekdays, 9 a.m. to 5 p.m., ET or visit [horizonNJhealth.com/EducationWorks](https://horizonNJhealth.com/EducationWorks).

\*Services will be provided when needed.  
Not all members will receive these services.

\*\*Limited to three attempts.



**If you no longer want to be enrolled** in a disease management program, please call our Care Management Department toll free at **1-800-682-9094** (TTY **711**).

# Keeping You Healthy

Horizon NJ Health wants to help keep the people of our state healthy and well. Our health representatives – we call them “Team NJ” – participate in more than 1,000 community health events throughout New Jersey every year. Team NJ offers fun and educational programs and services to all New Jersey residents at no cost.

## Care-A-Van

Our Care-A-Vans are like health centers on wheels. These vans have nurses and health educators who speak many languages. They can teach about healthy topics and give medical screenings. Some things we offer in the Care-A-Van are:

- **Health screenings** – Nurses give blood pressure, cholesterol and glucose screenings.
- **Nutrition and exercise** – Our educators use the van’s meeting areas to teach people about being healthy, either one-on-one or in small groups.
- **Horizon NJ Health information** – Learn more about Horizon NJ Health and find out how to enroll.

## Health education

Our health educators can teach you about getting and staying healthy. We have workshops, programs and presentations at different events and locations in the community. Topics include asthma, diabetes, nutrition, child obesity, cancer screenings and prevention, dental health, lead poisoning prevention and more.

## Meet “NJ”

“NJ” is Horizon NJ Health’s mascot. This loveable pup shares health messages with children in a fun, unique way, such as why exercise and a healthy diet are important.

## Horizon *Healthy Journey* Program

The Horizon *Healthy Journey* program will remind you when it’s time for your preventive health screenings or services. You may hear from us through live and automated calls, or we may send you reminders in the mail. We will work with your doctors to make sure they are aware of the recommended services for you and your family.

## Get help quitting smoking or vaping

Being smoke-free is one of the best things you can do to improve your health. By quitting smoking or vaping, you can improve your lung function and circulation. You can also reduce your risk of heart disease, cancer and other health problems. It may help you add years to your life.

The thought of quitting may be overwhelming, or you may not know where to start. We’re here to help. We cover counseling, prescription medicines and over-the-counter products like nicotine patches and gum to help you stop smoking or vaping.

You can also get help from:

- **NJ Quitline:** Design a program that fits your needs and get support from counselors. Call toll free **1-866-NJ-STOPS (1-866-657-8677)** (TTY **711**), weekdays, from 8 a.m. to 8 p.m. (except holidays) and Saturday, from 11 a.m. to 5 p.m., ET. The program supports 26 different languages. Learn more at [njquitline.org](http://njquitline.org).
- **NJ Quitcenters:** Get professional face-to-face counseling in individual or group sessions. To find a center, call **1-866-657-8677** (TTY **711**).

# Keeping You healthy (continued)

## LifeLine Program

Horizon NJ Health works with SafeLink Wireless to offer the LifeLine Program at no cost to you.

You may be eligible to get:

- A free smartphone, 4.5 GB of data and 350 monthly minutes
- Unlimited text messages
- Free calls to Horizon NJ Health Member Services that won't count toward your minutes

If you already have your own phone, you may be able to use it for this program. For more information and to see if you're eligible, apply at [SafeLink.com](https://www.SafeLink.com) and enter the Promo Code *Horizon*, or call **1-877-631-2550** (TTY **711**).



# Your Rights and Responsibilities

## Your member rights

### You have the right to:

- Be treated with respect, dignity and a right to privacy at all times.
  - Get care no matter what your age, race, religion, color, creed, gender, national origin, ancestry, political beliefs, sexual or affection preference or orientation, health status, marital status or disability.
  - Have access to care that has no communication or access barriers, including the assistance of a translator if needed.
  - Get medical care in a timely way and have access to a PCP or doctor who will help you. A PCP is the doctor you will see most of the time who will coordinate your care. He or she will be there for you, 24 hours a day, 365 days a year, if you need urgent care. This includes the right to:
    1. Choose your own doctor from the Horizon NJ Health list of doctors.
    2. Get a current list of Horizon NJ Health in-network doctors who can treat you.
    3. Have a doctor make the decision to say whether your services as a member should be limited or not given at all.
    4. Have no “gag rules” in Horizon NJ Health. This means doctors are free to discuss all medical treatment options with you even if the services are not covered by Horizon NJ Health.
    5. Know how Horizon NJ Health pays its doctors. This will help you know if there are financial reasons tied to making medical decisions.
    6. Not have doctors give you a bill for extra money. Your health insurance pays an amount of money to the doctor. The doctor cannot charge you more than your plan allows, even if that amount is not what the doctor chooses to charge.
7. Be part of the discussion with your doctor in making decisions about your health care.
  8. Information and open talk about your medical condition and ways of treating that condition.
  9. Choose from different ways of treating your condition that are presented in a clear and understandable way, regardless of the cost or what your benefits cover.
  10. Have your medical condition explained to a family member or guardian if you are not able to understand it, and have it written down in your medical records.
  11. Refuse medical treatment with an understanding of the results if you choose to not have medical treatment.
  12. Refuse care from a specific doctor.
  13. Get care that supports a meaningful quality of life free of harmful procedures, including unnecessary physical restraints or isolation, excessive medicine, physical or mental abuse and neglect.

# Your Rights and Responsibilities (continued)

## You have the right to:

- Have a choice of specialists. These are doctors who treat special illnesses or problems. This includes the right to:
  1. Get help finding a specialist if you need one.
  2. Have a doctor visit for a second opinion or to get another point of view in certain cases.
  3. See a specialist who has experience treating your disability or health condition.
  4. Get care from a doctor who does not work with Horizon NJ Health when a Horizon NJ Health doctor is not available.

## You have the right to:

- Call **911** for what may be a life-threatening situation without letting Horizon NJ Health know before you do it. If you go to the ER, this includes the right to:
  1. Have Horizon NJ Health pay for a medical screening exam in the ER to see whether an emergency medical condition exists.

## You have the right to:

- Certain coverage benefits after the birth of a child. This includes the right to:
  1. Stays in the hospital after you have had a baby that are no less than 48 hours for a normal vaginal delivery and no less than 96 hours after a cesarean section birth.
  2. Get up to 120 days of continued coverage, if it is medically necessary, from a doctor who is no longer in the Horizon NJ Health network, including:
    - Up to six months after surgery
    - Six weeks after childbirth

- One year of psychological or oncologic (cancer) treatment

No coverage may be continued if the doctor is let go from his or her job because they are a danger to their patients, has committed fraud or has been disciplined by the State Board of Medical Examiners.

## You have the right to:

- Give instructions about your health care and name someone else to make health care decisions for you. This includes the right to:
  1. Make an advance directive about medical care. An advance directive is also known as a living will. It includes instructions that say what actions should be taken for a person's health if they are no longer able to make decisions. Federal law requires doctors to ask about a member's advance directive.

## You have the right to:

- Ask questions to get answers and information about your health plan and anything you do not understand. You can also make suggestions. This includes the right to:
  1. Get timely notice of changes to your benefits or the status of your doctor.
  2. Get information about Horizon NJ Health's services, doctors and providers.
  3. Offer suggestions for changes in policies, procedures and services. This can include your own rights and responsibilities.
  4. Look at your medical records at no charge.

# Your Rights and Responsibilities (continued)

5. Be informed in writing if Horizon NJ Health decides to end your membership.
6. Tell Horizon NJ Health when you no longer want to be a member.

## You have the right to:

- Appeal a decision based on medical necessity to deny or limit coverage your doctor recommends, first within Horizon NJ Health and then through an independent organization that can make a decision. An appeal is a request you make to Horizon NJ Health on decisions made about your care. This includes the right to:

1. File a grievance about the organization or the care provided using your first language.
2. Know that you or your doctor cannot be punished for filing a grievance or appeal against Horizon NJ Health. Also, you cannot be disenrolled as a member for filing a grievance or appeal against Horizon NJ Health.
3. Contact the Department of Human Services if you are not satisfied with Horizon NJ Health's decision about a grievance or appeal.
4. Use the Medicaid Fair Hearing process if you are eligible.

## Your member responsibilities

As a member of Horizon NJ Health, you have responsibilities. You are responsible for:

- Treating doctors and all health care providers with respect and kindness.
- Talking openly and honestly with your PCP or specialist when telling them about your health.

- Getting regular care from a doctor to protect your health. This includes making appointments for routine checkups and shots.
- Following Horizon NJ Health's rules for medical care.
- Giving information that is needed to a doctor and Horizon NJ Health so care can be provided to you.
- Asking your doctor questions so you can understand your health problems and the care you're getting.
- Developing treatment goals with your doctor that you both agree on.
- Following your doctor's advice that was agreed on and considering the results if you do not.
- Keeping appointments and calling in advance if you need to cancel.
- Reading all Horizon NJ Health member materials and following the rules of membership.
- Following the right steps when filing grievances about care.
- Learning about health issues through education when it is offered.
- Paying any copays (the amount of money your health plan says you need to pay when getting care) when you have to do so.
- Letting the Health Benefits Coordinator and Horizon NJ Health know about any doctors you are seeing when you enroll in Horizon NJ Health.



# Your Rights and Responsibilities (continued)

## Treatment of minors

Horizon NJ Health will provide care for members younger than 18 years old following all laws. Treatment will be at the request of the minor's parent(s) or other person(s) who have legal responsibility for the minor's medical care. You have the right to make informed decisions and allow treatment of your dependents who are minors, or under 18 years old.

In certain cases, New Jersey law allows minors to make health care decisions for themselves. Horizon NJ Health will allow treatment of minors when decisions are not made with their parent(s) or guardian(s) in the following cases:

- Minors who go to an ER for treatment because of an emergency medical condition
- Minors who want family planning services, maternity care or sexually transmitted diseases (STD) services
- Minors living on their own who have their own NJ FamilyCare or Health Benefits ID (HBID) card as head of their household

## Your personal health information

Federal rules protect your personal health information (PHI). This is information about you and may describe your medical history, insurance information, tests and test results and other information that helps you get the right care.

Horizon NJ Health uses your PHI to:

- Pay provider claims
- Give you information about care management programs and services that fit your needs
- Share with a personal representative, like a family member, at your request

- Share with law enforcement when required by law
- Share with researchers when requested, following legal requirements

Horizon NJ Health has procedures in place so your PHI stays private. This includes using secure technological systems, offices and records management procedures and training staff.

## In addition, you have a right to:

- Privacy of your medical information and records
- Request access to review and copy your PHI
- Request something be added to your PHI
- Request certain use of the PHI and that the sharing of some information be restricted
- Request to get confidential communications of your PHI if the sharing to others could harm you
- Get information on certain things that are shared about you

If you want to make requests about your legal rights or need information, call Horizon NJ Health at **1-800-682-9090** (TTY **711**). Ask to speak to the Health Insurance Portability and Accountability Act (HIPAA) privacy coordinator.

If you would like to file a grievance about how your PHI was used, you may do so following the Grievance process described on page 59.

## Advance directives

It's a good idea to make an advance directive. An advance directive is a legal form that lets your family and doctors know how you want to be treated if you become too sick to tell them. It is sometimes called a living will.

# Your Rights and Responsibilities (continued)

There are three kinds of advance directives in New Jersey:

- A **proxy directive** means you can choose an adult to make health care decisions for you if your doctor says you cannot understand your diagnosis or care options.
- An **instruction directive** states what care you do or don't want if you're unable to make your own choices.
- A **combined directive** names a person and gives instructions for care.

Now, while you are healthy, is the time to think about an advance directive. Your doctor can help you make one. Talk to him or her about your care options and what to include.

You can also get more information from your County Welfare Agency. An easy-to-use advance directive form is available on the State of New Jersey's website at [state.nj.us/health/advancedirective](http://state.nj.us/health/advancedirective). Once you create an advance directive, share it with your doctor and your loved ones, and keep a copy in a safe place.

## Reporting abuse, neglect or exploitation

You have the right to get care without exploitation, fraud and abuse. Professionals, including care providers, are required to report suspected abuse, neglect or exploitation of any:

- Child or adult who lives in a community setting
- Elderly adult living in a nursing home or other long-term care facility

If you believe you are being abused, neglected or exploited, report it right away to the appropriate source listed below:

### Adult Protective Services

The New Jersey Adult Protective Services (APS) program has offices in each of the 21 counties. Reports can be made to the County APS offices or to The Public Awareness, Information, Assistance & Outreach Unit 24-Hour Toll-Free Hotline at **1-800-792-8820** (TTY **711**).

### Child Protective Services

The New Jersey Division of Child Protection and Permanency (DCPP) handles all reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers. These must be reported to the State Central Registry (SCR) 24-Hour Toll-Free Hotline at **1-877-NJ ABUSE (1-877-652-2873)** (TTY **1-800-835-5510**).

# More About Horizon NJ Health

Horizon NJ Health makes sure you get the best possible care. We update our technology and clinical guidelines from Horizon Healthcare of New Jersey, Inc., with feedback from experts and practicing doctors.

If you would like a copy of the clinical or preventive guidelines that Horizon NJ Health follows, call Member Services at **1-800-682-9090 (TTY 711)**. The guidelines are also on our website at [horizonNJhealth.com/clinicalguidelines](http://horizonNJhealth.com/clinicalguidelines).

## We value your opinion

Every few months, we host a community health advisory meeting. These meetings include our members, community health advocates and community leaders to talk about ways to improve member services, health education and ways that we reach out to members. To join us at this meeting, email our Marketing team at [HNJHAnswers@horizonNJhealth.com](mailto:HNJHAnswers@horizonNJhealth.com).

## Member satisfaction survey results

Each year, we ask our members if they are satisfied with their health plan and providers. This is called the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. The answers help us improve our services. Results of the most recent survey are available at [horizonNJhealth.com](http://horizonNJhealth.com) or can be mailed to you by calling Member Services.

## How your doctor is paid

Doctors in our network are paid by Horizon NJ Health in different ways. Your doctor may be paid each time he or she treats you (fee-for-service) or a doctor may be paid a set fee each month for each member, whether or not the member actually gets services (capitation). Your doctor may also get a salary.

These payment methods can include agreements to pay some doctors more bonuses based on things, such as member satisfaction, quality of care, control of costs and use of services. This does not affect decisions that result in providing fewer services. Horizon NJ Health does not reward providers for denying coverage.

## Medical decision-making

Utilization Management (UM) decisions are based on the member's health care needs and services and the NJ FamilyCare benefit. Horizon NJ Health does not pay or offer rewards to those who make UM decisions, or to its staff who handle the UM decisions for denials of coverage or services that are needed for good health. Horizon NJ Health does not stop doctors from talking to their patients about all treatment options, even if the service(s) is not covered.

If you would like more information about how your doctor is paid or decisions are made, call Member Services at **1-800-682-9090 (TTY 711)**.

## How we protect your private information

We want you to know how we use and protect your private information, and the rights you have regarding your protected health information (PHI). To read our Notice of Privacy Practices, visit [horizonNJhealth.com/privacy-policy](http://horizonNJhealth.com/privacy-policy).



# When you Have Medicaid and Other Health Insurance

If you have coverage through another insurance plan, including Medicare, in addition to Horizon NJ Health, your doctor must use the other insurance plan for payment before he or she bills Horizon NJ Health for your care. It's important to show ALL of your insurance member ID cards when you go to the doctor, to make sure he or she bills the right plan.

When you use benefits covered by another insurance plan, you will need to follow the requirements of that plan. This includes the need for using network doctors.

The Division of Medical Assistance and Health Services (DMAHS) has a publication with information for members enrolled in both Medicare and Medicaid, "When You Have Medicaid and Other Insurance." You can find this at [state.nj.us/humanservices/dmahs/home/Medicaid\\_TPL\\_Coverage\\_Guide.pdf](http://state.nj.us/humanservices/dmahs/home/Medicaid_TPL_Coverage_Guide.pdf). If you would like a copy of the publication or have questions, call Member Services at **1-800-682-9090 (TTY 711)**.

## When you have both Medicare and NJ FamilyCare/Medicaid

If the service is:	Use this type of doctor:
An approved, Medicare covered benefit (for example: primary care, lab tests, specialists, outpatient hospital service, radiology)	Use a Medicare doctor (does not need to be in the Horizon NJ Health network).
Inpatient hospital care	Use a Medicare hospital. If possible, use a hospital also in the Horizon NJ Health network.
Emergency care received at a hospital emergency department	Go to the nearest hospital.
A medically necessary service not covered by Medicare but covered by Horizon NJ Health (for example: dental services, hearing aids, personal care assistant services)	Use a Horizon NJ Health network doctor.
Given by a provider who has opted out of Medicare for Medicare Part A and Part B members and is not in Horizon NJ Health's network	Use providers who participate in Medicare to avoid being responsible for medical bills.
Given to a Medicare Advantage Health Plan member by an unapproved, uncovered out-of-network provider	Use providers who are in the Medicare Advantage Health Plan's provider network, to avoid being responsible for medical bills.
A prescription drug covered under Medicare Part D	Use a Medicare participating pharmacy.
For nursing facility care, including short-term inpatient rehabilitation settings	For guidance, contact the State Health Insurance Assistance Program (SHIP) at <b>1-800-792-8820 (TTY 711)</b> , Medicare at <b>1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)</b> or Horizon NJ Health Member Services at <b>1-800-682-9090 (TTY 711)</b> .



# When you Have Medicaid and Other Health Insurance (continued)

When You Have Other Insurance and NJ FamilyCare	
If the service is:	Use this type of doctor:
An approved, covered benefit from the other insurance, prescription drugs and inpatient hospital stays	Use a doctor from that insurance's network (does not need to be in the Horizon NJ Health network).
A medically necessary service that may not be covered by the other insurance but is covered by Horizon NJ Health (for example: personal care assistance services, family planning services)	Use a Horizon NJ Health network doctor.
Given by a provider that is not in your other health insurance provider network and is not in Horizon NJ Health's provider network and was not authorized by your other health insurance	Use providers who are in your other insurance's provider network to avoid being responsible for medical bills.
A prescription drug covered by your other health insurance	Use a pharmacy that participates with your other health insurance to receive your prescription drugs.
A prescription drug not covered by your other health insurance, but is covered by Horizon NJ Health	Use a pharmacy in Horizon NJ Health's network.
An inpatient stay in your other health insurance provider hospital	Use a hospital that is in your other health insurance provider network. If possible, use a hospital that is also in Horizon NJ Health's network.
Emergency care received at a hospital emergency department	Go to the nearest hospital.
For nursing facility care	Use a facility that is in both your other health insurance and Horizon NJ Health's provider networks.

# Bills

The only time you should get a bill from a doctor is when you:

- Received a service not covered by Horizon NJ Health.
- Sought care from a non-participating doctor without an authorization from Horizon NJ Health.
- Received a service not covered by the NJ FamilyCare program.
- Have not paid your NJ FamilyCare copay when services were given.

In these cases, you will be responsible to pay the entire cost of the service (except in cases where only a copay is due) and must make payment arrangements with the doctor.

In all other cases, you should not get bills for any covered medical services. This does not apply to copays or deductibles needed for certain NJ FamilyCare C and D members.

If you get a bill for any covered medical service, call Member Services. We may ask you to send the bill to:

**Horizon NJ Health**  
**Member/Provider Correspondence**  
**PO Box 24077**  
**Newark, NJ 07101-0406**

NJ FamilyCare C and D members must pay any required copays.

DMAHS can file a claim and lien against the estate of a deceased Medicaid client or former client to recover all Medicaid payments for **services received by that client on or after age 55. Your estate may be required to pay DMAHS back for those benefits.**

The amount that DMAHS may recover includes, but is not limited to, all capitation payments to any managed care organization or transportation broker, regardless of whether any services were received from an individual or entity that was reimbursed by the managed care organization or transportation broker. DMAHS may recover these amounts when there is no surviving spouse, no surviving children under the age of 21, no surviving children of any age who are blind, and no surviving children of any age who are permanently and totally disabled as determined by the Social Security Administration. This information was given to you when you applied for NJ FamilyCare.

To learn more, visit [state.nj.us/humanservices/dmahs/clients/The\\_NJ\\_Medicaid\\_Program\\_and\\_Estate\\_Recovery\\_What\\_You\\_Should\\_Know.pdf](https://state.nj.us/humanservices/dmahs/clients/The_NJ_Medicaid_Program_and_Estate_Recovery_What_You_Should_Know.pdf).



**If you get a bill do not ignore it.** Call Member Services and we will help you.

# Ending Your Membership

If you decide to end your membership or change to another health plan, you may do so without cause during the yearly open enrollment period from **October 1 to November 15** by calling a Health Benefits Coordinator at **1-800-701-0710 (TTY 1-800-701-0720)**.

- NJ FamilyCare program members may end their membership without cause during the first 90 days after the date of enrollment or notice of enrollment (whichever happened later), and then during the Open Enrollment Period, which happens every 12 months.
- Except for Division of Child Protection and Permanency (DCPP) members, if a member moves out of New Jersey, he or she must leave Horizon NJ Health. DCPP members will be moved to Fee-for-Service coverage.

Members may leave Horizon NJ Health with good cause at any time.

If you are a NJ FamilyCare A or ABP member, you must choose another health plan before your membership ends. Once you ask to be disenrolled, it will take about 30 to 45 days from the date you ask until the time you are enrolled in your new health plan.

During this time, Horizon NJ Health will continue to provide your health care services. This includes transferring to another Managed Care Organization or the NJ FamilyCare Fee-for-Service Program. A Health Benefits Coordinator will help you understand this process.

- If you lose eligibility, you will be disenrolled from Horizon NJ Health. If you get your eligibility back within 90 days, you will be re-enrolled in Horizon NJ Health. If you become eligible again after 90 days, you may be enrolled in a different health plan if you do not select Horizon NJ Health or if Horizon NJ Health cannot accept any more members in your county.

## Ways you could lose your membership

- If you live outside New Jersey for more than 30 days.
- If you do not keep your appointment to renew your NJ FamilyCare eligibility at the County Welfare Agency or the State-contracted vendor.
- If you refuse to uphold your responsibilities (for example, if you loan your member ID card to someone else). You will be told in writing about this decision and the date that your membership will end. You have the right to file a grievance if you are not satisfied with this decision.
- If you do not send in a renewal application on time.
- If you are an NJ FamilyCare D member and do not pay your premiums.
- If you are incarcerated, your membership will be suspended until you are released.

## When you leave Horizon NJ Health

- When you leave Horizon NJ Health, you will need to sign your enrollment application so we can send your medical records to your new health plan.
- If your enrollment with Horizon NJ Health ends before an approved dental service has been completed, Horizon NJ Health will cover the service until completion, unless your dentist changes the treatment plan. This prior authorization approval will be honored for as long as it is active, or for six months, whichever is longer. If the prior authorization has expired, a new request for prior authorization is needed.

# Ending Your Membership (continued)

- Once your enrollment ends, you will need to destroy your Horizon NJ Health ID card. It's very important that you protect your privacy by destroying the old cards so no one can steal your identity or benefits.
- It will take 30 to 45 days between when you ask to leave and the date your enrollment with Horizon NJ Health ends. Horizon NJ Health or NJ FamilyCare will continue to provide services until the disenrollment date.
- If you decide to disenroll on your own, you can list your reasons for leaving in writing.
- Enrollment and disenrollment must be verified and approved by DMAHS. For details, call your State Health Benefits Coordinator at **1-800-701-0710** (TTY **1-800-701-0720**).

# Fraud, Waste and Abuse

We are committed to the prevention, detection and reporting of health care fraud, waste and abuse.

## What is fraud, waste and abuse?

Fraud happens when someone knowingly gives false information that lets another person get a benefit they are not entitled to. Waste and Abuse are when services are overused and directly or indirectly cause unnecessary costs.

## Examples of provider fraud, waste and abuse

- Billing for services or goods that were not given
- Billing for the same service more than once
- Billing without the right proof
- Unbundling services or goods that are supposed to be billed together
- Billing for more costly services or goods than those that were given (also called “upcoding”)
- Forging or altering bills or receipts

## Examples of member fraud, waste and abuse

- Selling or loaning your member ID card or the information on it to someone else
- Purposely getting services or goods you don’t need
- Selling your prescriptions or prescription medicines illegally
- Lying about your income or other things to be eligible for your health plan

## Reporting suspected fraud, waste and abuse

To report suspected fraud, waste or abuse, call:

- Horizon NJ Health Special Investigations Fraud Hotline at **1-855-FRAUD20 (1-855-372-8320, TTY 711)**
- New Jersey Medicaid Fraud Division of the Office of the State Comptroller’s Office (MFD) at **1-888-9FRAUD (1-888-973-2835)**

All calls and information are kept confidential. You do not need to give your name or personal information.

For provider-related matters, please provide:

- Name, address and phone number of provider
- NPI or Tax ID of the provider
- Dates of events
- Specific details about the suspected fraud or abuse

For member-related matters, please provide:

- The person’s name, date of birth, Social Security number, member ID
- The person’s address
- Specific details about the suspected fraud, waste, or abuse

# Grievance and Appeal Procedures

We have a grievance procedure to resolve disagreements between members, providers and/or our operation or any cause of member dissatisfaction. You can ask to get your grievance and appeal rights in your primary language. You may file your grievance or appeal in your primary language. You will also get the decision in your primary language. Issues about emergency care will be addressed immediately. Grievances about urgent care will be addressed within 48 hours. Horizon NJ Health will not discriminate against a member or attempt to disenroll a member for filing a grievance or appeal.

## Grievance procedure

You can file a grievance by phone or in writing. A grievance can usually be resolved by talking to Member Services at **1-800-682-9090** (TTY **711**).

You may send a written grievance to:

**Grievances Department**  
**1700 American Blvd.**  
**Pennington, NJ 08534**

You can file a dental grievance by calling **1-855-878-5371** (TTY **1-800-508-6975**). The Dental Operations team will handle all dental grievances and send you a letter with the outcome.

## Here's what will happen when we receive your call or letter:

1. If you call to file a grievance: a Member Services representative will make every attempt to resolve it.
  - a. If you are not satisfied with the resolution, tell the representative and the grievance will be forwarded to a Complaint Resolution Analyst for further investigation.
  - b. The Complaint Resolution Analyst will investigate the grievance and you will get a written notification about the outcome within 30 days of receiving the grievance.
2. If you submit a written grievance by mail: a Complaint Resolution Analyst will contact you by telephone within 24 hours of receiving the grievance to help find a resolution. The Complaint Resolution Analyst will document all the information that you discuss. An investigation will begin immediately.
  - a. Written grievances are to be resolved as needed by the urgency of the situation, but no later than 30 days after we receive them. Once complete, you will get a written notice of the final outcome within 30 days from when the grievance was received.

# Grievance and Appeal Procedures (continued)

## Utilization Management appeal process:

Service Denial/Limitation/Reduction/Termination based on Medical Necessity

You and your provider should receive a notification letter within two business days of Horizon NJ Health's decision to deny, reduce or terminate a service or benefit. If you disagree with the Horizon NJ Health's decision, you (or your provider, with your written permission) can challenge it by requesting an appeal. See the summary below for the timeframes to request an appeal.

Stages	Timeframe for Member/ Provider to Request Appeal	Timeframe for Member/ Provider to Request Appeal with Continuation of Benefits for Existing Services	Timeframe for Appeal Determination to be reached	FamilyCare Plan Type
<p><b>Internal Appeal</b> The Internal Appeal is the first level of appeal, administered by Horizon NJ Health. This level of appeal is a formal, internal review by health care professionals selected by Horizon NJ Health who have expertise appropriate to the case in question, and who were not involved in the original determination.</p>	60 calendar days from date on initial notification/ denial letter	<ul style="list-style-type: none"> <li>On or before the last day of the current authorization; or</li> <li>Within ten calendar days of the date on the notification letter, <b>whichever is later</b></li> </ul>	30 calendar days or less from health plan's receipt of the appeal request	A /ABP B C D
<p><b>External/IURO Appeal</b> The External/IURO appeal is an external appeal conducted by an Independent Utilization Review Organization (IURO).</p>	60 calendar days from date on Internal Appeal notification letter	<ul style="list-style-type: none"> <li>On or before the last day of the current authorization; or</li> <li>Within ten calendar days of the date on the Internal Appeal notification letter, <b>whichever is later</b></li> </ul>	45 calendar days or less from IURO's decision to review the case	A /ABP B C D
<p><b>Medicaid Fair Hearing</b></p>	120 calendar days from date on Internal Appeal notification letter	<p><b>Whichever is the latest of the following:</b></p> <ul style="list-style-type: none"> <li>On or before the last day of the current authorization; or</li> <li>Within ten calendar days of the date on the Internal Appeal notification letter, or</li> <li>Within ten calendar days of the date on the External/IURO appeal decision notification letter</li> </ul>	A final decision will be reached within 90 calendar days of the Fair Hearing request.	A /ABP only



# Grievance and Appeal Procedures (continued)

## Initial adverse determination

If Horizon NJ Health decides to deny your initial request for a service, or to reduce or stop an ongoing service that you have been receiving for awhile, this decision is also known as an adverse determination. We will tell you and your provider about this decision as soon as we can, often by phone. You will receive a written letter explaining our decision within two business days.

If you disagree with the plan's decision, you or your provider (with your written permission) can challenge the decision by requesting an appeal. You or your provider can request an appeal either orally (by phone) or in writing. To request an appeal orally, you can call Horizon NJ Health at **1-800-682-9090 (TTY 711)**, 24 hours a day, seven days a week. Written appeal requests should be mailed to the following address:

**Horizon Medical Appeals**  
**PO Box 10194**  
**Newark, NJ 07101**

You have **60 calendar days** from the date on the initial adverse determination letter to request an appeal.

## Internal Appeal

The first stage of the appeal process is a formal internal appeal to Horizon NJ Health (called an Internal Appeal). Your case will be reviewed by a doctor or another health care professional, selected by Horizon NJ Health who has expertise in the area of medical knowledge appropriate for your case. We will be careful to choose someone who was not involved in making the original decision about your care. We must make a decision about your appeal within 30 calendar days (or sooner, if your medical condition makes it necessary).

If your appeal is denied (not decided in your favor), you will receive a written letter from us explaining our decision. The letter will also include information about your right to an External Independent Utilization Review Organization (IURO) Appeal, and/or your right to a Medicaid State Fair Hearing, and how to request these types of further appeal. You will also find more details on those options later in this section of the handbook.

## Expedited (fast) appeals

You have the option to request an expedited (fast) appeal if you feel that your health will suffer if we take the standard amount of time (up to 30 calendar days) to make a decision about your appeal. Also, if your provider informs us that taking up to 30 calendar days to reach a decision could seriously jeopardize your life or health, or your ability to fully recover from your current condition attain, we must make a decision about your appeal within 72 hours.

## Dental Internal Appeals

Dental Internal Appeals follow the same timeframes as those in the UM Appeals Chart. You can file a Dental Internal Appeal by:

1. Calling SKYGEN USA Dental at **1-855-878-5371 (TTY 1-800-508-6975);**  
**AND**
2. Writing to SKYGEN USA Dental at PO Box 295, Milwaukee, WI 53201.

**If you call first, you must follow-up your phone request by writing to SKYGEN USA Dental at the address in #2 above.**

In your letter, you should include an explanation for the reason you are appealing our decision and then sign your request for an appeal.

# Grievance and Appeal Procedures (continued)

However, if you are currently getting these services, and you want them to continue automatically during the appeal, you must either request an Internal Appeal on or before the final day of the previously approved authorization, or request an Internal Appeal within 10 calendar days from the date on which the notification was sent, whichever is later.

If you do not request your appeal within these timeframes, the services will not continue during the appeal. SKYGEN USA Dental will decide your Internal Appeal within 30 calendar days of receipt of your appeal.

**If you call to request an expedited, or fast appeal, you do not have to follow up your phone call with a written request.**

## External (IURO) Appeal

If your Internal Appeal is not decided in your favor, you (or your provider acting on your behalf with your written consent) can request an External (IURO) Appeal by completing the **External Appeal Application** form. A copy of the *External Appeal Application* form will be sent to you with the letter that tells you about the outcome of your Internal Appeal. You or your provider must mail the completed form to the following address within 60 calendar days of the date on your Internal Appeal outcome letter:

**Maximus Federal – NJ IHCAP  
3750 Monroe Avenue, Suite 705  
Pittsford, New York 14534**

Office: **1-888-866-6205**

You may also fax the completed form to **1-585-425-5296**, or send it by email to [stateappealseast@maximus.com](mailto:stateappealseast@maximus.com).

If a copy of the *External Appeal Application* is not included with your Internal Appeal outcome letter, please call Member Services at **1-800-682-9090** (TTY **711**) to request a copy.

External (IURO) Appeals are not conducted by Horizon NJ Health. These appeals are reviewed by an Independent Utilization Review Organization (IURO), which is an impartial third-party review organization that is not directly affiliated with either Horizon NJ Health or the State of New Jersey. The IURO will assign your case to an independent physician, who will review your case and make a decision. If the IURO decides to accept your case for review, they will make their decision within 45 calendar days (or sooner, if your medical condition makes it necessary).

You can also request an expedited, or fast, External (IURO) Appeal, just as you can with Internal Appeals. To request an expedited appeal, you or your provider should fax a completed copy of the *External Appeal Application* form to Maximus Federal at **1-585-425-5296**, and ask for an expedited appeal on the form in **Section V, Summary of Appeal**. In the case of an expedited External (IURO) Appeal, the IURO must make a decision about your appeal within 48 hours.

If you have questions about the External (IURO) Appeal process, or if you would like to request assistance with your application, you can also call the New Jersey Department of Banking and Insurance (DOBI) at **1-888-393-1062** or **1-609-777-9470**.

# Grievance and Appeal Procedures (continued)

The External (IURO) Appeal is optional. You don't need to request an External (IURO) appeal before you request a Medicaid State Fair Hearing. Once your Internal Appeal is finished, you have the following options for requesting an External (IURO) Appeal *and/or* a Medicaid State Fair Hearing:

- You can request an External (IURO) Appeal, wait for the IURO's decision and **then** request a Medicaid State Fair Hearing, if the IURO did not decide in your favor.
- You can request an External (IURO) Appeal **and** a Medicaid State Fair Hearing **at the same time** (just keep in mind that you make these two requests to different government agencies).
- You can request a Medicaid State Fair Hearing *without* requesting an External (IURO) Appeal.

**Also, please note: Medicaid Fair Hearings are only available to NJ FamilyCare Plan A and ABP members.**

## Medicaid State Fair Hearing

You have the option to request a Medicaid State Fair Hearing after your Internal Appeal is finished (and Horizon NJ Health has made a decision). Medicaid State Fair Hearings are run by staff from the New Jersey Office of Administrative Law. You have up to **120 calendar days** from the date on your **Internal Appeal** outcome letter to request a Medicaid State Fair Hearing. You can request a Medicaid State Fair Hearing by writing to the following address:

**Fair Hearing Section  
Division of Medical Assistance and  
Health Services  
PO Box 712  
Trenton, NJ 08625-0712**

If you make an expedited (fast) Medicaid State Fair Hearing request and you meet all of the requirements for an expedited appeal, a decision will be made within 72 hours of the day the state agency received your Medicaid Fair Hearing request.

**Please note:** The deadline for requesting a Medicaid State Fair Hearing is always 120 days from the date on the letter explaining the outcome of your Internal Appeal. This is true even if you request an External (IURO) Appeal in the meantime. The 120 day deadline to ask for a Medicaid State Fair Hearing always starts from the outcome of your *Internal Appeal*, not your External (IURO) Appeal.

## Continuation of benefits

If you are asking for an appeal because the plan is stopping or reducing a service or a course of treatment that you have already been receiving, you can have your services/benefits continue during the appeal process. Horizon NJ Health will automatically continue to provide the service(s) while your appeal is pending, as long as all of the following requirements are met:

- The appeal involves the termination, suspension or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider; and
- You (or your provider, acting on your behalf with your written consent) file(s) the appeal within **10 calendar days** of the date on the initial adverse determination letter, or on or before the final day of the original authorization, **whichever is later**.

# Grievance and Appeal Procedures (continued)

Your services will *not* continue automatically during a Medicaid State Fair Hearing. If you want your services to continue during a Medicaid State Fair Hearing, you must request that ***in writing*** when you request a Fair Hearing, and you must make that request within:

- **10 calendar days** of the date on the Internal Appeal outcome letter; **or** within
- **10 calendar days** of the date on the letter informing you of the outcome of your External (IURO) Appeal, if you requested one; **or**
- On or before the final day of the original authorization, **whichever is later**.

**Please note: If you ask to have your services continue during a Medicaid State Fair Hearing and the final decision is not in your favor, you may be required to pay for the cost of your continued services.**

If you have any questions about the appeal process, you can contact Horizon NJ Health Member Services at **1-800-682-9090** (TTY 711).



1700 American Blvd.  
Pennington, NJ 08534  
**1-800-682-9090 (TTY 711)**  
[horizonNJhealth.com](http://horizonNJhealth.com)

## **Nondiscrimination Policy**

Read about Horizon NJ Health's [nondiscrimination policy](#).

## **Getting Help in Your Language**

If you need help understanding this information, you have the right to [get help in your language](#) at no cost to you.

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