




Affordable health coverage. Quality care.

What to Expect After Applying for NJ FamilyCare

June 2023



What Happens After Submitting an Application

- 
- Eligibility Determination Process
 - Enrollment in a Health Plan
 - Using the Benefits
 - Post-Eligibility Processes



Objectives

1. Be familiar with Presumptive Eligibility (PE)
2. Understand the NJ FamilyCare eligibility determination process
3. Know how to enroll in a Health Plan
4. Use the benefits
5. Understand processes that take place after someone is approved for NJ FamilyCare
6. Understand health literacy and its importance when helping others



Module 1

Presumptive Eligibility (PE)



Presumptive Eligibility (PE)

- Temporary healthcare coverage for patients who receive services from a certified PE Provider and meet the PE program rules
- Covers same populations, has the same rules to qualify, and includes the same health services as NJ FamilyCare
- Coverage through Fee-for-Service (FFS) Medicaid participating providers. No Health Plan enrollment.



PE (cont'd.)

- PE applications are completed online by the certified PE Provider
- Patient can also apply for full NJ FamilyCare coverage at the same time. It's only a few extra questions.
- PE Provider gives patient copy of Confirmation Page/application and cover letter explaining next steps



PE (cont'd.)

- Application reviewed and temporary PE coverage established for eligible applicants
- Patient can use Health Benefits Identification card to access benefits. Their old card might be reactivated, or they could get a new card.
- Application also sent to NJ FamilyCare Eligibility Determining Agency



Module 2

NJ FamilyCare Eligibility Determination Process

- Eligibility Determining Agency (EDA)
- Letters from EDA
- NJ FamilyCare Benefit Plans



NJ FamilyCare Eligibility Determining Agency (EDA)

- State Vendor or local County Board of Social Services
- Process NJ FamilyCare applications using the same rules
- Eligibility decision within 45 days
- Renew their members the following year



County Board of Social Services

- Process applications for lower-income (Medicaid) families
- Transfers higher-income (CHIP) families to the State Vendor
- Offer many other programs such as food stamps (SNAP) and cash assistance



State Vendor

- Professional eligibility vendor hired by the State
- 5 regional offices
 - See www.njfamilycare.org for locations
- Processes applications for lower-income (Medicaid) and higher-income (CHIP) families
- Processes applications sent by GetCoveredNJ
- Enrolls ALL eligible applicants into State-contracted Health Plans



GetCoveredNJ

- Does not determine eligibility for NJ FamilyCare
- Sends potential NJ FamilyCare applicants to State Vendor
- State Vendor determines eligibility for NJ FamilyCare
- Account transfers **to and from** NJ FamilyCare



NJ FamilyCare EDA Communication

- Sent to Head of Household and address listed on application
- Include Policy/Confirmation Number
- Phone number of EDA
 - Status of application
 - Eligibility
 - Changes in family situation



Types of Letters

- Application Received
- Request for Information (RFI)/Missing Information (if needed)
- Eligibility Outcome
- Enrollment Confirmation (for eligible applicants only)



RFI/Missing Information Letter

- Electronically verified:
 - Identity, including birth date and Social Security Number
 - U.S. Citizenship/immigration status
 - Income of every household member
- Letter sent only if unable to verify
- If no response, application will close



Eligibility Outcome Letter

- Household members who requested NJ FamilyCare coverage
- Eligibility Decision
 - Approved
 - Denied with reason
- Directions on how to appeal



Approved Household Members

- Benefit Plan assigned
- Effective Date when coverage begins
 - Plan A/ABP: first day of month they applied
 - Plan B/C/D: first day of month their Health Plan coverage starts
- Effective Date is blank
 - Plan B/C/D: Coverage cannot begin until a Health Plan is selected



Denied Household Members

- Denial reason for each individual
 - No response to requests for additional information
 - Over income
 - Not a New Jersey resident
 - Over age
 - U.S. Citizenship/Qualified Immigrant status not verifiable
 - Other current insurance coverage
 - Etc.



Appealing a Decision

- Both Fair Hearings and Grievances are for when people disagree with their eligibility decision
- Give **specific reason** for disagreeing with the eligibility determination



Benefit Plans for Eligible Applicants

Plan A

Plan B

Plan C

Plan D

**Plan
ABP**



Plan A

- Adults, pregnant women, and children
- Income for adults is up to 138% FPL
Income for pregnant women is up to 205% FPL
Income for children is up to 147% FPL
- No premiums or copays
- Coverage under Fee-for-Service (FFS) Medicaid until enrolled in the Health Plan
- Can request up to 3 months retroactive coverage
 - If eligible during that time
 - Pays for services received from FFS Medicaid Providers only
- If they do not choose a Health Plan, one will be selected for them
- Most can have other insurance



Plan B

- Children only
- Income above 147% up to 150% FPL
- No premiums or copays
- Coverage starts when enrolled in Health Plan
- If they do not choose a Health Plan, application will close



Plan C

- Children only
- Income above 150% up to 200% FPL
- No premium
- Copays range \$5-\$10
- Coverage starts when enrolled in Health Plan
- If they do not choose a Health Plan, application will close



Plan D

- Children only
- Income above 200% up to 355% FPL
- No premium
- Copays range \$5-\$35
- Coverage starts when enrolled in Health Plan
- If they do not choose a Health Plan, application will close



Plan ABP – Alternative Benefit Package

- Adult population eligible due to the Affordable Care Act
- Income up to 138% FPL
- No premiums or copays
- Coverage under Fee-for-Service (FFS) Medicaid until enrolled in the Health Plan
- Can request up to 3 months retroactive coverage
 - If eligible during that time
 - Pays for services received from FFS Medicaid Providers only
- If they do not choose a Health Plan, one will be selected for them
- Can have other insurance except Medicare



Module 3

Enrollment in a Health Plan

- NJ FamilyCare Health Plans
- Deciding which to use
- How to select



Health Plan Enrollment

- All NJ FamilyCare members must enroll in a Health Plan
- State Vendor manages ALL NJ FamilyCare Health Plan enrollments
- Call 1-800-701-0710 to speak to a Health Benefits Coordinator



What Does the Health Plan Do?

- Provider network
- Member services
- Marketing and community outreach
- Utilization management
- Disease management
- Care management
- Quality assurance
- Program integrity (fraud/waste/abuse)
- Claims processing
- Complaints, grievances & appeals
- Compliance
- Information systems
- Finance



The 5 NJ FamilyCare Health Plans



Choosing a Health Plan

- Info at www.njfamilycare.org
- All offer the same health services
- All 5 available in all NJ counties
 - WellCare not in Hunterdon County
- Choose the Health Plan their doctors accept



Selection and Changing

- Select Health Plan on NJ FamilyCare application
- If not selected on the application
 - Letter advising to choose by certain deadline
 - After deadline, Plan A or ABP will have Health Plan chosen for them. Plan B,C, or D application will close.
- Can change to a different plan for good cause



Enrollment Confirmation Letter


- Policy Number
- Member's name and birth date
- Benefit Plan
- Health Plan
- Enrollment Date
- Services covered by Health Plan vs. Fee-for-Service



NJ FamilyCare HBID and 5 Health Plan Card Samples

State of New Jersey
Health Benefits Identification Card


Department of Human Services



Division of Medical Assistance and Health Services

CCN: XXXXXXXXXXXXXXXX

JANE DOE

Horizon 

NJ FamilyCare

NAME	Plan
MEMBER ID NO: YHZ	Dental Benefit
PCP	Emergency \$
PHONE	PCP Copay \$
ISSUE DATE	Dental Copay \$
EFFECTIVE	Specialist Copay \$
BC/BS Plan Codes 280/780	Rx Generic \$
horizonNJhealth.com	Rx Brand \$
	Pharmacies Group: HORIZON, BIN 610006, ProClt: HMC
	086-19-153

Aetna Better Health® of New Jersey 

NJ FamilyCare A

Member ID # XXXXXXXXXXXXXXXX Date of Birth 00/00/0000

Member Name Last Name, First Name Sex X

PCP Last Name, First Name

PCP Phone 000-000-0000 Effective Date 00/00/0000

Dental Benefit*

CO-PAYS

PCP \$0	Brand \$0	RxBIN: 610591
ER \$0	Generic \$0	RxPCN: ADV
		RxGRP: RX8829
		Pharmacist Use Only: 1-855-319-6286



AetnaBetterHealth.com/NewJersey

THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

NJMEDA1

UnitedHealthcare | Community Plan

Health Plan (80840) 911-86047-08

Member ID: 000300088 Group Number: NJFAMCAR


Member: REISSUE ENGLISH

Member: DOUGLAS GETWELL

PCP Name: DOUGLAS GETWELL

PCP Phone: (856)547-7300

Payer ID: 86047


OPTUMRx™
 Rx Bin: 610494
 Rx Grp: AMNJ
 Rx PCN: 4343
 COPAY: TIER 1 / 2
 \$1/\$5

Copay: OFFICE/ER \$5/\$10

See reverse for dental/vision benefits DOI-0501

NJ FamilyCare C Underwritten by AmeriChoice of New Jersey, Inc.

 **Amerigroup**
An Anthem Company

Amerigroup Community Care

NJ FamilyCare A

www.myamerigroup.com/nj

Member Name:

Primary Care Provider (PCP):

PCP Address:

PCP Telephone #:

Co-pays: Office Visits: \$0 Emergency Room Visits: \$0

Pharmacy: \$0 FOR GENERIC / \$0 FOR BRAND NAME

Effective Date:

Date of Birth:

Subscriber #:

RxGRP: WKPA

RxPCN: WP

RxBIN: 020107

Dental: 1-833-276-0848 Vision: 1-800-879-6901

BH Inpatient: Bill Amerigroup BH Outpatient: Bill Medicaid Fee-for-Service

Amerigroup Member Services: 1-800-600-4441 24/7 BH Crisis: 1-877-842-7187

Pharmacy Member Services: 1-833-207-3115

 **WellCare**
of New Jersey

Issue Date: 03/1/2022

Member: Sample A Sample

Member ID: 98765432

Plan Name: NJ FamilyCare

Effective Date: 3/1/2022

Primary Care Provider (PCP): Sally Smith

PCP Phone: 1-910-123-4567

Dental: 1-888-442-2375

Medicaid #: 4567890C

Co-Pay Information

Dental	\$0
Emergency	\$0
PCP	\$0
Pharmacy	\$0
Specialist	\$0

Putting It All Together...

Benefit Plan	Coverage Start Date	Health Plan: Auto-Assigned or Chosen?	Health Plan Enrollment Date	Premium
Plan A	Month of Application/ Fee-for-Service	Chosen or Auto-assigned	First of month following eligibility determination*	No
Plan ABP	Month of Application/ Fee-for-Service	Chosen or Auto-assigned		
Plan B	Date enrolled in Health Plan	Chosen		
Plan C	Date enrolled in Health Plan	Chosen		
Plan D	Date enrolled in Health Plan	Chosen		

***Eligibility determination in the later part of the month may push enrollment an additional month later.**



Module 4

Using the Benefits

- What is covered
- Cost share
- Choosing a provider



Pathway to Better Health

Make your health a priority



Understand your health coverage



Know where to go for care



Find a provider



Make an appointment



Be prepared for the visit



Decide if the provider is right for you



Next steps after your appointment



What Is Covered?

- Well Visits
- Physician Care
- X-ray and Lab Tests
- Hospitalizations
- Vision and Hearing Screening
- Dental
- Mental Health/Substance Use Disorder Treatment
- Prescriptions
- And much more



Cost Shares

- Premiums are no longer charged as of July 2021
- Copay
 - Plan C \$5-\$10
 - Plan D \$5-\$35



How to Choose a Provider

- ✓ Patient-Provider Relationship
- ✓ Location
- ✓ In the Health Plan

Call Health Plan Member Services to choose or change



Module 5

After Joining NJ FamilyCare Program

- Special processes
- Status review
- Renewal
- Disenrollment



Reasonable Opportunity Period (ROP)

- Applicant's U.S. Citizen or Qualified Immigrant status cannot be verified through electronic sources
- Applicant meets all other program requirements and cooperates with NJ FamilyCare requests for information
- Applicant is enrolled in NJ FamilyCare temporarily
- Coverage will continue if successfully verified; coverage will end if not
- Applicant can only receive ROP coverage once in their lifetime



Premium Support Program (PSP)

- Applicants who are eligible for NJ FamilyCare AND have access to employer-sponsored insurance
- First receive NJ FamilyCare coverage
- PSP Unit analyzes service package and cost of employer-sponsored insurance
- If employer-sponsored insurance meets certain criteria, member seamlessly transferred and paid on regular schedule



Status Review/Changes

- Applicant or member must report any changes to the EDA
 - Income
 - Household size, including pregnancy
 - Contact information, including address
 - Head of household
- EDA will decide how to use the new information



Renewals

- NJ FamilyCare must re-evaluate all members every year
- It is important to report changes such as:
 - Income
 - Household size, including pregnancy
 - Contact information, including address



Administrative Renewals

EDA checks State databases



Information confirms eligibility



Member automatically renewed



Renewal Application

- Shorter version of application
- Include all household members and income
- Reminder letter sent before end of renewal period
- Coverage will end if renewal is not completed



Renewal Processing

- Processed like the first application
- Electronic verification of information
- RFI sent if unable to verify
- Eligibility Outcome Letter lists household members and if coverage will continue or end
- Directions on how to appeal



Reasons for Disenrollment

- No longer eligible
 - Residence
 - Age
 - Income
 - Etc.
- No response to renewal or EDA request for information
- By request
- Family will receive a Termination Letter that lists reason and date coverage will end



Reconsideration

- Applies to members whose coverage will end because of not sending in renewal or other information
- Send information within 90 days to be reconsidered
- If they qualify, coverage will backdate with no gap
- Sending information after 90 days may result in gap in coverage



Appealing Disenrollment

- Any member whose coverage will end can appeal the decision
- Give **specific reason** for disagreeing with the eligibility determination
- May also have the option to request a Continuation of Benefits until the final decision is made



Who to Call?

- NJ FamilyCare
 - Application processing
 - Eligibility
 - Report changes in family situation such as income
 - Renewal
 - Select or change Health Plan (State Vendor only)
- Health Plan Member Services
 - Find a new provider
 - Switch to a different provider
- Provider
 - Health needs



Module 6

Health Literacy and Cultural Competence



“When it is obvious that the goals cannot be reached, don't adjust the goals, adjust the action steps.”

-- *Confucius*





CLAS

In 1999, the U.S. Department of Health and Human Services' Office of Minority Health first proposed national standards for Culturally and Linguistically Appropriate Services (CLAS).

Principal Standard:

- Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs

<https://thinkculturalhealth.hhs.gov/clas>



Definition of Health Literacy

Health Literacy health lit·er·a·cy

“The ability to get, understand, and use basic health information and services to make good health decisions”

-- *www.hhs.gov*



Use Plain Language

Simple words your audience understands the first time

- Choose words carefully
- Organize information
- Make information easy to find



Health Literacy

- The capacity to obtain, process, and understand basic health information
- Affects how people use healthcare



Why Is Health Literacy Important?

Only 12 percent of adults have proficient health literacy.



Consumers with Low Health Literacy

A consumer may say things like:

- I forgot my glasses
- My eyes are tired
- I'll take this home for my family to read

A consumer may do things like:

- Arrive late to meetings
- Return forms that are only partially filled out
- Call or visit you several times to clarify things

I DON'T UNDERSTAND THIS



Language Barriers

“If communication problems occur during a conversation about something like high blood pressure, the consequences could be severe.”

*-- Joel Cantor, Sc.D.
Director, Center for State Health Policy
Distinguished Professor
Department of Public Policy*



Who Is Responsible for Improving Health Literacy?

- Healthcare Professionals
- Adult Educators
- Community Assistors



Improving Health Literacy

- Identify the intended users for health information and services
- Gauge the appropriateness of the content
- Make information easy to use
- Evaluate user's understanding before, during, and after



Cultural Competence

“Cultural competence is the ability of health organizations and practitioners to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations, and to apply that knowledge to produce a positive health outcome.”

-- *Healthcare.gov*



How Can You Help?

REPEAT VITAL INFORMATION

USE SIMPLE WORDS

AVOID ACRONYMS

USE SIMPLE SENTENCES

USE AN ACTIVE VOICE

AVOID TECHNICAL LANGUAGE

USE FAMILIAR WORDS

EXPLAIN DIFFICULT TERMS

GIVE INFORMATION IN SMALL CHUNKS

USE A FRIENDLY TONE

CONSIDER THE CUSTOMER



Roadmap to Better Health



