Welcome

You and your family deserve quality health care coverage. With Horizon NJ Health, you can count on it. Horizon NJ Health covers NJ FamilyCare program benefits plus additional benefits, special health programs and your personal doctor. You also get the special 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 all of this is covered at little or no cost to you.

Thank you for joining Horizon NJ Health. You made a great health plan choice for you and your family. Please look through this Member Handbook and keep it in case you need it at a later date. This handbook will help you understand all the benefits that are available to you and your family.

Remember, if you have questions any time – day or night – call our Member Services department toll free at 1-800-682-9090 (TTY 711). Someone is ready to help you 24 hours a day, seven days a week.

You may also write to Horizon NJ Health at:
Horizon NJ Health
Member Outreach Department
250 Century Parkway
Mt. Laurel, NJ 08054

We are here to help you.

Important Phone Numbers

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<td>Horizon NJ Health Enrollment Hotline</td>
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Words to Know

We’ve highlighted some key words throughout this handbook. Look for these boxes for definitions that will help you understand your Horizon NJ Health benefits and services.

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Your Horizon NJ Health ID Card
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Emergencies
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Programs for You and Your Family
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Who Can Join?
Many people can join NJ FamilyCare including children, pregnant women, legal guardians, single adults and childless couples. Eligibility is based on the number of people in your family and your family’s monthly income. You, your spouse and/or your family members must be New Jersey residents and, in most cases, you must have been without medical insurance for at least three months. There are some exceptions to this rule, so please call the NJ FamilyCare Health Benefits Coordinator toll free at 1-800-701-0710 (TTY 1-800-701-0720).

Signing Up and Getting Started
To become a Horizon NJ Health member, call a NJ FamilyCare Health Benefits Coordinator toll free at 1-800-701-0710. People with hearing difficulties may call the NJ FamilyCare TTY number toll free at 1-800-701-0720. Your membership must be verified and approved by the Division of Medical Assistance and Health Services (DMAHS).

It will take about 30 to 45 days for your membership in Horizon NJ Health to start. Until your membership is approved, your current health insurer – if you have insurance – will continue to provide your health care services. 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, you are allowing the release of your medical records to Horizon NJ Health.

When you sign up with Horizon NJ Health, it is important that you tell the Health Benefits Coordinator and Horizon NJ Health about any doctors you are currently seeing.

Keeping Your Membership
Most members must confirm that they are still eligible for membership every year. Aid to Families with Dependent Children (AFDC) and Temporary Assistance for Needy Families (TANF) members are checked for eligibility every six months.

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, you may call a Health Benefits Coordinator toll free at 1-800-701-0710 to find out your renewal date or to ask for a renewal form. People with hearing or speech difficulties may use TTY 1-800-701-0720.

It is very important that you contact your caseworker at the CWA or Health Benefits Coordinator at NJ FamilyCare when you move or change your phone number. Call a Health Benefits Coordinator to update your address and phone number so that you always receive information and updates about your Horizon NJ Health membership.

Renewal Process – Renew It or Lose It!
If you have NJ FamilyCare, you must renew your eligibility every year. If you don’t renew your NJ FamilyCare eligibility on time, you might have to start over as a new applicant, and this approval process will take longer.

You can call theNJ FamilyCare Health Benefits Coordinator (HBC) at 1-800-701-0710 (TTY 1-800-701-0720) to find out your renewal date or to ask for a renewal form. You can also contact your caseworker at your County Welfare Agency (CWA). To find the location and phone number of your local CWA, you can call the NJ FamilyCare hotline toll free at 1-800-356-1561 (TTY 711).

Please be sure to pay your premium on time if you have one.

If the state is able to verify your household information from other sources available to them, you will not get a paper 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 paper 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.

Provider Directory
Horizon NJ Health has a large network of doctors and other health care professionals that provide quality health care services to our members. This list is called the Provider Directory. All types of providers are listed, including doctors, hospitals, laboratory services, pharmacies, general dentists, dental specialists and more. There are three different ways to view the Provider Directory:

1. Online at horizonNJhealth.com – updated daily, this web-based directory lets you search for a provider by location, specialty, name and other fields. All types of providers are listed, including doctors, hospitals, laboratory services, pharmacies, general dentists and dental specialists. Members can also find a detailed list of dentists who treat children 6 years of age or younger in Horizon NJ Health’s “NJ Smiles Directory.” This separate list of dentists is located on horizonNJhealth.com under the Member Support tab, select Resources from the dropdown menu.

2. County-Specific Provider Directory – updated monthly, this directory is mailed to new members. It lists Primary Care Providers, dentists, hospitals, pharmacists and other commonly needed providers in and around a member’s county.

3. The Provider and Health Care Directory – updated twice a year, this book lists all specialists, hospitals, pharmacists and other providers.

All versions of the Provider Directory include information such as office hours, languages spoken and local public transportation services. To get a copy of a printed directory, call Member Services.

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). You can have a different PCP for each family member. 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.

An authorized person acting for you may help you choose a doctor. If you did not select a PCP on your enrollment form, we selected 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, log on to Member Online Services or call Member Services.

Words to Know
Provider: A person or location (such as your Primary Care Provider, hospital or dentist) that gives medical or dental care.
Premiums and Copayments

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

Premiums for NJ FamilyCare D members range from $44.50 to $151.50 each month. The amount is based on the family's income. If you do not pay your monthly premium on time, you may be disenrolled from the program. NJ FamilyCare collects all premiums.

**Your copayment amount is on your member ID card.**

The family limit on all annual copayments for members may not be more than 5 percent of their annual family income. For example, if a NJ FamilyCare D family of four earns $89,105 a year, the maximum amount of their copayments is $4,455.25. To keep track of copayments, members should ask for and keep receipts for all copayments made during the year. If you reach the maximum amount, call NJ FamilyCare at 1-800-701-0710 for help. For people with hearing or speech difficulties use TTY 1-800-701-0720.

Our multilingual Member Services staff is 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 printed on your member ID card and is on our website at 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. Member Services can give you details about times and locations of outreach events. Call 1-800-682-9090 (TTY 711).

**Horizon NJ Health Online Member Support**

As a Horizon NJ Health member, you have access to our secure online member support services. The following features will be available to you once you sign up:

- **Request an ID card** – if you need a new ID card, you can easily request one to be sent to you.
- **View your covered benefits** – learn about your benefit level, what is covered under your plan, and whether or not you have copayments for certain services.
- **Complete a health assessment** – complete a Health Needs Survey, learn about your risks, and see how you can make changes to your lifestyle to improve your health.
- **Change your PCP** – if you need to change your doctor, you can easily do this online.
- **Wellness Topics** – get personalized health news articles from WebMD based on the information you provide in your health assessment.

- **Enroll in a disease management program** – if you have a chronic condition, like asthma or diabetes, you can enroll in a specific disease management program to help manage your health issue(s).
- **Enroll in Mom’s Getting Early Maternity Services “GEMS” program** – if you are pregnant, you can enroll in the Mom’s GEMS program to get information for a healthy pregnancy and healthy baby.

To register for online member support services, visit horizonNJhealth.com and click Member Sign In.

We encourage you to sign up as soon as possible. You will find this self-service tool to be a useful resource for managing your health plan!

**Translation Services and Audio/Visual Information**

We have staff members who can speak many languages. If we do not speak your language, we will find 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. Horizon NJ Health can coordinate a sign language interpreter to be with you at the doctor’s office. Translators will make sure that your doctor knows what you are saying and you know what the doctor is saying. 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).

All Horizon NJ Health information for members is available in Spanish. 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**

- **Premium**: The monthly cost of health insurance paid by the member.
- **Copayment**: The amount a person must pay for a health care service at the time the service is given.
- **Benefit**: Service given to a person that is paid for by the health plan.
Always Carry it With You
Before your membership begins, a Horizon NJ Health ID card is mailed to you. Everyone in your family who is a Horizon NJ Health member will get his or her own card. Always carry your Horizon NJ Health ID card with you. It is one of the most important cards you have.

Show your card every time you get health care – when you see your personal Horizon NJ Health doctor or dentist, when you are referred to a specialist, when you fill a prescription, when you have lab work done, and if you go to a hospital Emergency Room (ER). You can use your card as long as you are a member.

Please keep your Horizon NJ Health 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 the Card

- Name of the member
- 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 on your dental benefits
- Your copayment amount for visiting your doctor, dentist or the ER or filling a prescription (if any)
- Our toll-free Member Services phone number is on the back of the card
- Information on what to do in an emergency is on the back of the card

If it is Lost or Stolen
If your 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 sent to you by the State of New Jersey, your Horizon NJ Health 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 will help make sure that all 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 15).

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- Effective date – the date your Horizon NJ Health benefits begin
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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 15).
Your Personal Doctor

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. There are health services that Medicare does not cover, but NJ FamilyCare does. These include:
- 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.* Member Services can help you choose a new doctor and will send you a new Horizon NJ Health ID card with the new doctor's name and phone number. You can also request to change your PCP through Horizon NJ Health Member Online Services. Sometimes, Horizon NJ Health reserves the right to deny a request to change to a new doctor. Situations where Horizon NJ Health may deny a request include:
- 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 your PCP believes that he or she cannot do this with a member, they may ask that the member be changed to another PCP. Other times in which a PCP may ask that a member be changed to another doctor include:
- If they cannot solve conflicts with the member
- If a member does not follow health care instructions, which stops the doctor from safely or ethically proceeding with the member's health care services
- If a member has taken legal action against the PCP

Q. What if I want to change my dentist?
A. If you want to change your dentist, you may select one from our list of participating providers at horizonnjhealth.com. Simply click Find a Doctor and select Dentist, or call Member Services for assistance at 1-800-682-9090 (TTY 711). You can also change your dentist through Horizon NJ Health Member Online Services.

Q. How do I know if I should go to a doctor or dentist for care?
A. To help choose between going to your medical doctor or a dentist, use the following as a guide:
- 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). Treatment of the oral cavity and supporting structures may require seeing a dental specialist, oral surgeon or maxillofacial surgeon.
- Medical treatment most often involves services not directly involving the teeth, such as treatment for broken jaws or removal of cysts and benign or malignant tumors in the mouth, and maxillofacial prosthetics (replacement of facial structures lost to disease or trauma).

Q. If I have Medicare and NJ FamilyCare, do I need to see a participating specialist?
A. Your PCP will make the decision to send you to a participating specialist. You must have a referral to see a participating specialist. An eye doctor (for a medical problem such as cataracts or an eye infection) or a heart specialist, are types of doctors you need a referral to see. Your PCP will send an electronic referral to the specialist.

• Routine gynecological/obstetrical (Ob/Gyn) care
• Family planning services
• Mammograms
• Routine eye examinations by an optometrist or eye doctor
• Dental care, including care from dental specialists
• Mental health or substance use services
• Services at a Federally Qualified Health Center (FQHC)
• Emergency Room (ER) visits
• Medicare-covered services for members enrolled in Medicare

*Unless the panel is full or you are in a Provider Lock-in Program.

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.

Referral: Approval from a PCP to visit a specialist. The doctor will send an electronic referral to the specialist you need to see.
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, you can ask your PCP for a “standing referral.” A standing referral lets you to go to your specialist as often as the specialist needs to see you to treat your medical condition. 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 your medical condition requires. Your doctor or dentist will need to contact Horizon NJ Health and talk to our Authorization unit. 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.

Q. What if I want a second opinion?

A. You can ask for another doctor’s or dentist's opinion for any medical, dental or surgical diagnosis. Talk to your PCP 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 doctor.

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. Soon after becoming a member, you should see your PCP. A baseline physical will let your doctor measure your health, review your health history and help prevent future health problems. We will encourage 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.

Regular Checkups Are Important

Regular medical and dental exams and tests can help find problems before they start. They can also help find problems early, when your chances for treatment and a cure are better, helping your chances for a longer, healthier life. Your age, health and family history, lifestyle choices (like what you eat, how active you are and whether you smoke) and other factors impact what services and screenings you need and how often you need them.

Now would also be a good time to schedule a dental exam. Children and adults should have a dental exam and have their teeth cleaned twice a year. If your effective date of enrollment is different from that 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.

If you need to see your PCP before you get your ID card, call Member Services. A representative will help make arrangements for you to see your PCP.

Very important: Keep your appointments!
When you are sick or injured and need care, call your doctor or dentist right away for an appointment. Sometimes, it can take a while to get an appointment, so do not delay in calling to schedule one.

Showing up for every doctor’s 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. That way, your doctor can use the time to help another patient. You should make every effort to be on time to your appointment.

Appointment Availability

Emergency services: Immediately when you show up at an emergency care site.

Urgent care: Within 24 hours of calling, your doctor will see you. Urgent care is when you need immediate medical attention but your concern is not life-threatening.

Symptomatic acute care: You will be seen within 72 hours. Having the flu is an example of this type of care.

Routine care: Checkups for illness, such as diabetes or high blood pressure, are available within 28 days.

Specialist care: Care can be received within four weeks, or within 24 hours if it is an emergency.

New member physicals: Appointments should be made within 90 days of initial enrollment for children and adult clients of DDD, and 180 days of initial enrollment for adults.

Remember:
- If you or your child is sick, your doctor will see you the same day in most cases.
- When you get to the doctor’s office on time for your appointment, you should not have to wait longer than 45 minutes.

Routine physicals: Physicals needed for school, camp, work, etc. are scheduled within four weeks.

Prenatal care: If you have a positive pregnancy test, your first appointment will be scheduled within three weeks. Your appointment should be scheduled within your first trimester. If you are identified as having a “high-risk” pregnancy, your appointment will be within three days. During a woman’s first and second trimester, appointments are available within seven days of the request. Appointments are available within three days during the last three months of pregnancy.

Lab and radiology services: Appointments are available within three weeks for routine care and 48 hours for urgent care. Your results will be available within ten business days of receipt, or 24 hours for urgent care.

Dental care: Emergency care is available within 48 hours, urgent care within three days and routine care within 30 days.

Behavioral health care: Appointments are available within ten days of referral 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 provider.
Emergencies

When should you go to the hospital Emergency Room (ER)? ONLY go when your situation is an emergency. An emergency medical condition is a severe illness or injury in which not getting immediate medical attention could put the health of the person (and with respect to a pregnant woman, the health of her unborn child) in serious danger. Emergencies involve serious injury to bodily functions or any bodily organ or part, or potential injury (i.e. thoughts of hurting self or others).

If an emergency exists, 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 referral from 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 emergency situations in which you should go to the ER 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.

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.

Dental Emergencies – Dental Office vs. Hospital Emergency Department

A dental emergency is when injury or serious infection in your mouth, or the area around your mouth, could put your life or health in danger unless you get fast treatment. Dental emergencies can include:

- Infection or swelling
- Pain from injuries to the mouth or jaw (including knocked out teeth)
- Heavy, uncontrolled bleeding
- A broken or dislocated jaw

These conditions can be dangerous to your health. If you have a dental emergency, call your dentist first. If you are unable to reach your dentist, you can call Horizon NJ Health Member Services at 1-800-682-9090 (TTY 711), or if it is 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 Emergency Room

Once at the ER, hospital staff will perform an ER screening exam to find out if an emergency exists. This is a covered benefit for all Horizon NJ Health members to see if the condition can be reasonably considered an emergency. An emergency medical condition is a condition with certain serious symptoms (including severe pain) such that a layperson with an average knowledge of medicine and health could reasonably believe that not getting medical help could put the health of the person (and, with respect to a pregnant woman, the health of her unborn child) in serious danger; serious damage to bodily functions; or serious wound to any body part. 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.

You are covered for emergencies 24 hours a day, seven days a week. This includes follow-up care in and out of the hospital. Within 24 hours, call your Horizon NJ Health PCP to tell him or her about the visit to the ER. If you cannot call, ask a friend or family member to call. You should visit your PCP for follow-up care, not the ER. This follow-up care is sometimes called “post-stabilization care.” Your PCP will coordinate your care after the emergency.

Urgent Medical and Dental 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 wait until you talk to your doctor or dentist 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
- Broken natural teeth or lost fillings or crowns
- Pain or discomfort following dental treatment
- Bleeding following tooth extraction

If your situation is not an emergency, but it is medically necessary for you to get treatment quickly, call your PCP right away to get help to find 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 urgent care center. There are many urgent care centers throughout the United States open seven days a week, and 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 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, it is best to call your PCP for an appointment the next time you are back in town. Your PCP can also give you advice on how and when to get care if you are not sure if your condition is urgent.
As a member of Horizon NJ Health, 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 a referral. Otherwise, you might be billed if you get services that are not covered by Horizon NJ Health or authorized by your Primary Care Provider (PCP). Before care is given, your doctor should tell you if a service is not covered and if you will be billed for the service. If you are not sure whether a service is covered, call Member Services toll free at 1-800-682-9090 (TTY 711).

### Your Benefits and Services

- **What Horizon NJ Health Covers**
- **Benefit Plan Type**

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</tr>
<tr>
<td>Chiropractic Services</td>
<td>Covered</td>
<td></td>
<td></td>
<td></td>
<td>Covered with a $5 copayment</td>
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<tr>
<td>Cognitive Rehabilitation Therapy</td>
<td>Covered</td>
<td></td>
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<tr>
<td>Comprehensive Dental Benefits</td>
<td>There is no copayment for diagnostic and preventive services. The following covered services require Prior Authorization: crowns, bridges, full dentures, partial dentures, gum treatments, root canals, surgical extractions, complex oral surgery, implants when medically necessary to support a complete denture, and orthodontics. Access to dental treatment in a hospital or surgical center is based on medical diagnosis.</td>
<td></td>
<td></td>
<td></td>
<td>Covered with a $5 copayment, except for diagnostic and preventive services. The following services require Prior Authorization: crowns, bridges, full dentures, partial dentures, gum treatments, root canals, surgical extractions, complex oral surgery, implants when medically necessary to support a complete denture, and orthodontics. Access to dental treatment in a hospital or surgical center is based on medical diagnosis.</td>
</tr>
<tr>
<td>Diabetic Supplies &amp; Equipment</td>
<td>Covered</td>
<td></td>
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<tr>
<td>Durable Medical Equipment &amp; Assistive Technology Devices</td>
<td>Covered</td>
<td></td>
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<tr>
<td>Emergency Medical Care/Emergency Services</td>
<td>Covered</td>
<td></td>
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<td>Covered with a $10 copayment for Emergency Room services</td>
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<td></td>
<td>Covered with a $35 copayment for Emergency Room services, except when referred by a PCP for services that should have been provided in the PCP’s office or when admitted to the hospital</td>
</tr>
</tbody>
</table>
### Your Benefits and Services  
(continued)

<table>
<thead>
<tr>
<th>What Horizon NJ Health Covers</th>
<th>BENEFIT PLAN TYPE</th>
</tr>
</thead>
</table>
| EPSDT (Early and Periodic Screening, Diagnosis & Treatment) | **NJ FAMILYCARE A**  
Covered, including medical exams, dental, vision, hearing and lead screening services. Covered for treatment services identified through the exam  
**NJ FAMILYCARE ABP**  
**NJ FAMILYCARE B**  
**NJ FAMILYCARE C**  
**NJ FAMILYCARE D** |
| Family Planning | Covered. Covered by Fee-for-Service when services are not given by a Horizon NJ Health doctor. Coverage includes medical history and physical exams (including pelvic and breast), diagnostic and lab tests, drugs and biologicals, medical supplies and devices, counseling, continuing medical supervision, continuity of care and genetic counseling.  |
| Group Homes & DCPP Residential Treatment Facilities | Covered |
| Hearing Aid Services | Covered |
| Home Health Agency Services | Covered, including nursing services by a registered nurse and/or licensed practical nurse; home health aide service; medical supplies and equipment; physical, occupational and speech therapy services; pharmaceutical services; and durable medical equipment |
| Hospice Services | Covered in the community as well as in institutional settings. Room and board are included only when services are delivered in an institutional (non-private residence) setting. Hospice care for children under age 21 shall cover both palliative and curative care. |
| Hospital Services (Inpatient) | Covered  
**Hospital Services (Outpatient)**  
Covered  
Covered with a $5 copayment, except for preventive services |
| Intermediate Care Facilities/Intellectual Disability | Covered by Fee-for-Service  
Not Covered |
| Laboratory Services | Covered, including routine testing related to the administration of atypical antipsychotic drugs |
| Maternity Services | Covered, including related newborn care and hearing screening |
| Medical Day Care | Covered  
Not Covered |
| Medical Supplies | Covered |
## Your Benefits and Services

### What Horizon NJ Health Covers

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>NJ FAMILYCARE A</th>
<th>NJ FAMILYCARE ABP</th>
<th>NJ FAMILYCARE B</th>
<th>NJ FAMILYCARE C</th>
<th>NJ FAMILYCARE D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Inpatient Hospital Services (Including Psychiatric Hospitals)</td>
<td>Covered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Outpatient Services</td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
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</tr>
<tr>
<td>Mental Health – Home Health</td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
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<tr>
<td>Methadone (Maintenance and Administration)</td>
<td>Covered</td>
<td></td>
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<tr>
<td>Nurse Midwife</td>
<td>Covered</td>
<td></td>
<td></td>
<td>Covered with a $5 copayment for each visit, except for prenatal care visits</td>
<td></td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>Covered</td>
<td></td>
<td></td>
<td>Covered with a $5 copayment for each visit, except for preventive care services</td>
<td></td>
</tr>
<tr>
<td>Nursing Facility Services (Custodial Care, Rehabilitation, Post-acute Care, Skilled Nursing Care and Services in Special Nursing Facilities, Such as Ventilator Facilities, Pediatric Long-term Care and Treatment for AIDS)</td>
<td>Covered</td>
<td></td>
<td>Covered, no Custodial Care</td>
<td></td>
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</tr>
</tbody>
</table>
| Optical Appliances                                                    | Covered for select eyeglasses and contact lenses as follows:  
  • Age 18 and under and 60 and older - Replacement eyeglasses or contact lenses annually if prescription changes | • Age 19 to 59 - Replacement eyeglasses or contact lenses every two years if prescription changes  
  Replacement eyeglasses or contact lenses may be dispensed more frequently if significant vision changes occur. Contact lens exams and fittings are covered only when deemed medically necessary over glasses. |
| Optometrist Services                                                   | Covered for one routine eye exam per year | Covered for one routine eye exam per year with a $5 copayment |
| Organ Transplants                                                     | Covered for transplant-related medical costs for the donor and recipient |                   |                 |                 |                 |
| Orthodontic Services                                                  | Coverage is limited to members up to age 21 or loss of eligibility who require these services due to medical need, including developmental problems or jaw injury. Prior authorization required. | Coverage is limited to members up to age 21 or loss of eligibility who require these services due to medical need, including developmental problems or jaw injury, with a $5 copayment. Prior authorization required. |
| Orthotics                                                             | Covered         |                   |                 |                 |                 |
## Your Benefits and Services (continued)

<table>
<thead>
<tr>
<th>What Horizon NJ Health Covers</th>
<th>BENEFIT PLAN TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NJ FAMILYCARE A</td>
</tr>
<tr>
<td>Outpatient Diagnostic Testing</td>
<td>Covered</td>
</tr>
<tr>
<td>Partial Care Program</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
</tr>
<tr>
<td>Partial Hospital Program</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
</tr>
<tr>
<td>Personal Care Assistant Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Personal Preference Program Services</td>
<td>Covered</td>
</tr>
<tr>
<td>Podiatrist Services</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Covered. Routine hygienic care of feet, including the treatment of corns and calluses, trimming of nails and other hygienic care in the absence of a pathological condition, is not covered.</td>
</tr>
<tr>
<td>Prescription Drugs (Retail Pharmacy)</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Covered, including atypical antipsychotics, Suboxone and Subutex or any other drug within this category when used for the treatment of opioid dependence (methadone is covered for DDD clients, MLTSS and FIDE-SNP members), and drugs that may be excluded from Medicare Part D coverage. No coverage for erectile dysfunction drugs and drugs not covered by a third-party Medicare Part D formulary.</td>
</tr>
<tr>
<td>Prescription Drugs (Medicare Part B Doctor-Administered)</td>
<td>Covered</td>
</tr>
<tr>
<td>Primary Care, Specialty Care and Women's Health Services</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Covered</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Covered</td>
</tr>
<tr>
<td></td>
<td>Covered for members under age 21, DDD Support Plus PDN and MLTSS members.</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>Covered</td>
</tr>
<tr>
<td>Radiology Services (Diagnostic &amp; Therapeutic)</td>
<td>Covered</td>
</tr>
</tbody>
</table>
## Your Benefits and Services

### What Horizon NJ Health Covers

<table>
<thead>
<tr>
<th>Benefit</th>
<th>BENEFIT PLAN TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rehabilitation Services (Outpatient Physical Therapy, Occupational Therapy and Speech Therapy)</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Sex Abuse Examinations and Related Diagnostic Testing</strong></td>
<td>Covered by Fee-for-Service</td>
</tr>
<tr>
<td><strong>Social Necessity Days</strong></td>
<td>Covered</td>
</tr>
<tr>
<td><strong>Specialty Foods (Medical Foods)</strong></td>
<td>Coverage is limited to nutritional supplements requiring medical supervision for members with inborn errors of metabolism and related genetic conditions. Medical foods and special diets for all other medical conditions are not covered.</td>
</tr>
<tr>
<td><strong>Substance Use (Inpatient and Outpatient)</strong></td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
</tr>
<tr>
<td><strong>Substance Use (Day Treatment/Partial Hospitalization)</strong></td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
</tr>
<tr>
<td><strong>Substance Use (Outpatient and Intensive Outpatient)</strong></td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
</tr>
<tr>
<td><strong>Substance Use (Residential and Short-term Residential)</strong></td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
</tr>
<tr>
<td><strong>Sub-acute Medically Managed Detoxification and Enhanced Medically Managed Detoxification</strong></td>
<td>Covered for DDD, FIDE-SNP and MLTSS members. All other members are covered by Fee-for-Service.</td>
</tr>
<tr>
<td><strong>Transportation Services - Emergency Ambulance (911)</strong></td>
<td>Coverage is limited to ambulance, ground and air, for medical emergencies only.</td>
</tr>
<tr>
<td><strong>Transportation to Medically Necessary Services</strong></td>
<td>Covered by Fee-for-Service through LogistiCare. To schedule, call LogistiCare at 1-866-527-9933 (TTY 1-866-288-3133).</td>
</tr>
<tr>
<td><strong>Transportation - Livery Services (Bus and Train Fare or Passes, Car Service, Mileage Reimbursement) to Medically Necessary Services</strong></td>
<td>Covered by Fee-for-Service through LogistiCare. To schedule, call LogistiCare at 1-866-527-9933 (TTY 1-866-288-3133).</td>
</tr>
</tbody>
</table>
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, 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 of the change within 30 days.

Utilization Management
If you are very sick, Horizon NJ Health wants to make sure you receive the right care for your problem, 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.

Horizon NJ Health helps with referrals to specialists, 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 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).

Vision Services
Members are covered for routine eye exams every one or two years based on their age and health. You do not need a referral from your PCP for routine eye care. If you need more exams during the year or you need to see a vision specialist, such as an ophthalmologist, you will need to get a referral from your PCP.

Members with diabetes can have an eye exam every year, which should include a dilated retinal eye exam.

Vision services are available only from participating Horizon NJ Health eye doctors. For a list of eye doctors, please visit horizonNJhealth.com and click Find a Doctor, and select an eye doctor. You can also 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 Horizon NJ Health Provider Directory to find a LabCorp location near you. LabCorp also offers online appointment scheduling at all New Jersey Patient Service Centers. Visit 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 on your own. Visit patient.labcorp.com to register. Note that LabCorp will give your test results to your doctor before posting them to your online account.

Prescription Services
Horizon NJ Health covers many medications that are offered to you at no cost or at a low copayment. These approved drugs make up 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, or approval in advance. It is important that the medications you take are safe and effective. That is why Horizon NJ Health has a committee made up of practicing doctors and pharmacists who review and approve our formulary. Certain over-the-counter products are covered with a written prescription (for example, Loratadine, Alaway, Zaditor OTC, Omeprazole, Lansoprazole, smoking deterrents). Some medications are not covered under your pharmacy benefit and they include, but are not limited to, the following: fertility agents, weight loss drugs and erectile dysfunction medications.

Horizon NJ Health requires the use of generic medicine when available. If your doctor decides that you must have 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 are waiting for a response, the pharmacy can provide a 72-hour supply of the medicine. The Horizon NJ Health Pharmacy Department will work with your doctor to fulfill your prescription needs. If you have questions, call toll free at 1-800-682-9094 (TTY 711).

The Approved Drug List (formulary) is updated annually and as changes are made or new medications 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 newsletters, which are mailed to all members. Covered pharmaceuticals, including those that require prior authorization, are listed on our website at horizonNJhealth.com. There is no copayment for prescription medications for NJ FamilyCare A, ABP and B members. For members with NJ FamilyCare C and D, the copayment is $1 for generic drugs and $5 for brand name drugs. In general, Horizon NJ Health allows up to a 30 day supply of drugs.

You can have prescriptions filled at any participating pharmacy. For a list of pharmacies or to find the pharmacy nearest to you, call Member Services. Participating pharmacies are also listed in the Provider Directory and on the Horizon NJ Health website at horizonNJhealth.com.

Our website also has information on pharmaceutical management procedures, including the formulary listing, policies and limitations. Limitations include quantity, plan, supply/fulfill, step therapy and age. Paper copies of the pharmaceutical management procedures are available by contacting the Pharmacy Department at 1-800-682-9094 (TTY 711).

Words to Know
Ambulatory Surgical Center: A site that provides surgical care but does not provide care overnight
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
Formulary: A list of approved medicines that Horizon NJ Health covers
Pharmacy Lock-In

Members who see different doctors may have many types of medicine prescribed to them. This can be dangerous. The Pharmacy Lock-In program coordinates a member’s care between pharmacies and doctors. To make sure your pharmacy is coordinated, you should use only one pharmacy to fill your prescriptions. This will let the pharmacist learn about your health and be better able to help you with your medicine needs. Members who use many pharmacies or doctors may be reviewed each month to make sure that they are getting the proper care. If it is decided that using only one pharmacy will help the member get better care, the member may be “locked-in” to one pharmacy. We will send letters to the member, pharmacy and doctor when a lock-in is needed.

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, LogistiCare, at 1-866-527-9933, (TTY 1-866-288-3133). For livery service, such as car service to a medical appointment, etc., you can also call LogistiCare for reservations.

There is a 20 mile limit for transportation to your pharmacy. We will send letters to the member, pharmacy and doctor when a limitation is needed.

To report any problems with your transportation to LogistiCare, call 1-866-333-1735. You may also visit the LogistiCare website at wecare.logistiicare.com, where you can complete an online form and LogistiCare will respond to your issue.

Remember:
Do not call an ambulance for routine transportation.

Behavioral Health Services

Horizon NJ Health provides behavioral health benefits for members of the Division of Developmental Disabilities (DDD). DDD members can call Horizon Behavioral Health toll free at 1-877-695-5612 (TTY 711) for more information.

Most Horizon NJ Health members get mental health and/or substance use services through the NJ FamilyCare program. You do not need a referral from your PCP to see a behavioral health or substance use provider. If you need medicine for mental health and/or substance use, your mental health and/or substance use provider can prescribe the medicine for you.

If you think you or a member of your family needs help with a mental health or substance use problem, 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 1-800-356-1561 (TTY 711).
- For substance use services and referrals for adults 18 and over, call the New Jersey Addiction Services Hotline 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)
- To get services for adults 18 years and older, call your PCP or 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 services for youth or adults, call NJ Mental Health Cares toll free at 1-866-202-4357 (TTY 1-877-294-4356), Monday through Friday, from 8 a.m. to 8 p.m., Eastern Time.

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 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 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 duty in the military.
- 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.
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 catastrophic illness, you can get care management.

New members will receive 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 for Special Needs
There may be times when you need more than routine health care services. Horizon NJ Health has a special program for members who need extra personal care. Our Care Management unit can help coordinate complex health care and psychosocial needs for Horizon NJ Health members who are identified as having special needs.

Call us if you have questions or concerns about:
- Baby needs
- Substance use
- Personal care
- Parenting assistance
- Housing issues
- Food
- Advocacy
- WIC
- Clothing
- Mental health
- NJ FamilyCare
- Support groups
- Domestic violence
- Attendants (home health aides or personal care assistants)

Members with special needs may need extra access to doctors and specialists. Horizon NJ Health’s Care Management team will help make sure that the member’s medical needs are met and that they receive the education and support they need, including access to non-participating specialists if necessary. These members are entitled to an additional dental benefit of four preventive screenings per year.

If you have a condition that needs ongoing care from a participating specialist or you have a life-threatening or disabling condition or disease, you can ask your PCP for a “standing referral.” This lets you go to your specialist as often as needed to treat your medical condition.

Members with a special medical need may ask to have a Horizon NJ Health participating specialist as their PCP. You may also request a referral to certain care facilities for highly specialized care or to continue care with a non-participating doctor.

Call our Care Management Department at 1-800-682-9094 x89634 (TTY 711), about these services. Licensed staff have screening tools and educational materials and will connect you with the right resources.

Care Management for the Aged
Our Care Management Department recognizes that members 65 and older may need additional services. Horizon NJ Health provides special services to help with the following:
- Assessing and managing depression
- Assessing and managing cognitive impairment
- Caregiver support
- Preventing institutionalization
- Access to preventive services, including but not limited to:
  - Immunizations against the flu and pneumonia
  - Mammograms
  - Cervical cancer screening
  - Colorectal health
  - Prostate education
- Disease management for conditions such as:
  - Asthma
  - Congestive Heart Failure (CHF)
  - Cardiobstructive Pulmonary Disease (COPD)
  - Diabetes
  - HIV/AIDS
  - Hypertension

Call our Care Management Department at 1-800-682-9094 x89634 (TTY 711), about these services. Licensed staff have screening tools and educational materials and 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, Horizon NJ Health can help you find the services you need and will tell you about doctors and clinics that are close to you. Remember to take your Horizon NJ Health 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, call an Ob/Gyn or a certified nurse midwife (CNM) who participates in Horizon NJ Health’s network and make an appointment. You do not need a referral from your Horizon NJ Health PCP.

It is important that women visit an Ob/Gyn for regular care. You should have a Pap test once every three years if you are 20 years of age or older or sexually active.

Words to Know

Pap test: A cervical cancer test
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 is designed to help you get good prenatal care, regular checkups, nutrition advice and postpartum information after your baby is born.

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 may be eligible for an extra program called WIC (Women, Infants and Children). 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.

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. Horizon NJ Health’s helps maintain the health of your children from birth until they are 21 years old. This program helps keep your child’s immunizations and well-child visits on track and reminds parents to have their child’s PCP screen for medical problems early and continue to check for problems as the child grows.

Taking your children to the doctor is very important for their healthy 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:
- Newborn – 3 days post hospital discharge
- Under 6 weeks
- 2 months
- 6 months
- 12 months
- 18 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. The doctor will also give lead screenings to find out if your child has been exposed to dangerous levels of lead from paint or other sources. These visits are also a good time to ask questions and talk about any problems or concerns you have.

Your child’s Horizon NJ Health doctor will give these checkups, treat problems and call in specialists if they are needed. Horizon NJ Health covers all of these services for members up to the age of 21.

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

Remember that immunizations are safe and effective. By making sure your child is immunized, you can protect your child from serious illnesses, such as:
- Mumps
- Polio
- Rubella
- Chicken pox
- Influenza
- Rotavirus
- Hepatitis A
- Measles
- Meningitis
- Diphtheria
- Tetanus
- Hepatitis B
- Pertussis
- Pneumococcal invasive disease

Words to Know
- Prenatal care: Care for pregnant women
- Postpartum: Care for a woman after she delivers a baby
- EPSDT: Stands for Early and Periodic Screening, Diagnostic and Treatment. This is a group of tests required for children up to age 21 to make sure they are getting appropriate care.

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), and tell us right away. We will help you get your new family member enrolled. Also, it is very important to tell your County Board of Social Services caseworker or Health Benefits Coordinator. Your child must be enrolled in the NJ FamilyCare program 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. Horizon NJ Health’s helps maintain the health of your children from birth until they are 21 years old. This program helps keep your child’s immunizations and well-child visits on track and reminds parents to have their child’s PCP screen for medical problems early and continue to check for problems as the child grows.

Taking your children to the doctor is very important for their healthy 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:
- Newborn – 3 days post hospital discharge
- Under 6 weeks
- 2 months
- 6 months
- 12 months
- 18 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. The doctor will also give lead screenings to find out if your child has been exposed to dangerous levels of lead from paint or other sources. These visits are also a good time to ask questions and talk about any problems or concerns you have.

Your child’s Horizon NJ Health doctor will give these checkups, treat problems and call in specialists if they are needed. Horizon NJ Health covers all of these services for members up to the age of 21.

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

Remember that immunizations are safe and effective. By making sure your child is immunized, you can protect your child from serious illnesses, such as:
- Mumps
- Polio
- Rubella
- Chicken pox
- Influenza
- Rotavirus
- Hepatitis A
- Measles
- Meningitis
- Diphtheria
- Tetanus
- Hepatitis B
- Pertussis
- Pneumococcal invasive disease

Be sure your children 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. The NJ Smiles program allows non-dental providers to perform oral screenings, caries, risk assessments, anticipatory guidance, fluoride varnish applications and give dental referrals for children through age 6. If additional care is needed, members can find a comprehensive list of dentists who treat children 6 years of age or younger in Horizon NJ Health’s “NJ Smiles Directory.” This separate list of dentists is located on horizonNJhealth.com under Member Support, then select Resources.

Services for You:
Horizon NJ Health helps members manage many health issues. Call toll free at 1-800-682-9094 (TTY 711) for information about these issues:
- Mom’s GEMS (prenatal care)
- Childhood Wellness (immunizations and well-child visits)
- Lead
- Complex Case Management
- Asthma
- Diabetes
- Congestive Heart Failure (CHF)
- Hypertension
- COPD
- HIV/AIDS
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 in Horizon NJ Health identified as having special needs. Horizon NJ Health’s Care Management team will help make sure that the child’s medical needs are met and they receive the support they need.

Children with special needs also have Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefits to help keep them healthy. Horizon NJ Health helps promote and maintain the health of your children from birth until they are 21 years old. This program helps keep your child’s immunizations and well-child visits on track and 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 additional dental benefit of four preventive screenings 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, you can ask your child’s PCP for a “standing referral.” This lets your child go to the specialist as often as needed to treat the condition.

Children with a special need may be able to have a Horizon NJ Health participating specialist as their PCP. You may also request a referral to certain care facilities for highly specialized care or to continue care with a non-participating doctor when necessary.

Test Your Child for Lead Poisoning
According to New Jersey state law, your child must be tested for lead poisoning, first between 9 and 18 months old (preferably at 12 months) and again at 24 months. Any child who is 6 months of age or older and is exposed to a known or suspected lead hazard, should be screened. Children between the ages of 27 months and 6 years old should be tested if not previously tested. Lead care management is given to all Horizon NJ Health members up to 6 years of age who have high blood lead levels. 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 preventative measures, including housekeeping, hygiene, appropriate nutrition and why it is 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 any high blood lead levels found in your child are lowered so your child stays healthy.

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 these triggers. This has helped many children and adults. Peak flow meters and spacers are available with a prescription from your PCP. It is important to take your asthma medication as prescribed by your doctor, even if you don’t feel any symptoms.

Diabetes Disease Management
Horizon NJ Health has clinical staff available to help any member who has been diagnosed with diabetes. Horizon NJ Health can help members learn to manage their diabetes. It is important for diabetics to complete recommended screenings such as lab tests, and seeing an eye doctor for a retinal exam. Routine screenings will monitor your diabetes and can be an early indicator for worsening conditions.

Diabetic education materials about meal planning, insulin and medication use are available, and Horizon NJ Health will help members 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. Members are given helpful tips to reduce symptoms of CHF, such as how a proper diet and medicine can control blood pressure. Horizon NJ Health can help coordinate your health care between your PCP and specialist.
At Horizon NJ Health, we want 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 no-cost programs and services to all New Jersey residents.

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. They also check members’ skin for damage from the sun, using a skin analysis machine. Flu shots are available for adult members during flu season. Oral health screenings are given by our staff dentist.
- **Nutrition and exercise** – The Care-A-Vans have 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
Horizon NJ Health’s health educators are available to teach you about getting and staying healthy. Horizon NJ Health holds 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.

Dancing for Your Health™
Our Dancing for Your Health program is nationally known for showing people of all ages how to use dance as an easy, fun and no-cost way to exercise. Team NJ will show you how to do many popular dances.

Horizon Healthy Journey
Horizon NJ Health understands that it may be difficult to remember all of the health care recommendations and appointments for you and your family. The Horizon Healthy Journey program is designed to keep you on track with reminders and educational materials relevant to your health care needs. We will contact you by phone with both live and automated calls. You will also receive materials by mail. Horizon NJ Health will work with your doctors to make sure they are aware of the recommended services for you and your family.

Smoking Cessation
Being smoke-free is one of the best things you can do to improve your health. By quitting smoking, you can improve your lung function and circulation. You can also reduce your chance of developing certain cancers and heart disease, among many other benefits. It may help you add years to your life.

New Jersey has several support options to help you quit smoking:

- **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), Monday through Friday, from 8 a.m. to 8 p.m. (except holidays) and Saturday, from 11 a.m. to 5 p.m. The program supports 26 different languages at njquitline.org.
- **NJ QuitNet:** Free peer support and trained counselors, available 24 hours a day, seven days a week at quitnet.com.
- **NJ Quitcenters:** Receive professional face-to-face counseling in individual or group sessions. Locate a center by calling 1-866-657-8677 (TTY 711) or visit quitnet.com.

The medicines listed below are available to Horizon NJ Health members and can help you quit smoking. Ask your doctor if any of these are right for you:

- Bupropion (Zyban)
- Nicotine transdermal patches (Nicoderm)
- Nicotine polacrilex gum (Nicorette)
- Nicotine polacrilex lozenge (Commit)
Your Rights and Responsibilities

You deserve the best health care. As a member of Horizon NJ Health, you have a partner who will help you get the care you need. Horizon NJ Health will treat you with respect and there are certain rights you can expect from Horizon NJ Health. There are also responsibilities that Horizon NJ Health expects from you.

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 doctors who can treat you. They will work in the Horizon NJ Health network of doctors.
  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.
- Know how Horizon NJ Health pays its doctors. This will help you know if there are financial reasons tied to making medical decisions.
- 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, even if that amount is not what the doctor chooses to charge.
- Be part of the discussion with your doctor in making decisions about your health care.
- Information and open talk about your medical condition and ways of treating that condition.
- 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.
- 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.
- Have the 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.
- Refuse medical treatment with an understanding of the results if you choose to not have medical treatment.
- Refuse medical treatment with an understanding of the results if you choose to not have medical treatment.
- 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.

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 information about what you have to do to see a specialist. This is called the referral process.
  2. Have a second opinion or a visit to a doctor for another point of view in certain cases.
  3. Be referred to a specialist who has experience treating your disability or health condition if you have a disability or condition that lasts a long time.
  4. Request a referral that you can use over again, known as a standing referral order, when you need to see a specialist for a medical condition that is long-lasting.
- 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:

- 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.
Your Rights and Responsibilities (continued)

You have the right to:

- Ask questions and 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.
  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.

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 their results and other information that helps you get the right care. Horizon NJ Health uses your PHI to manage and pay for your health care. This includes using the information 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 many procedures to help ensure that 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 inspect 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 receive confidential communications of your PHI if the disclosure to others could harm you
- Receive information on certain things that are disclosed about you

If you want to make any requests about your legal rights or would like information, contact Horizon NJ Health toll free at 1-800-637-2997 (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 48.

Your Member Responsibilities

As a member of Horizon NJ Health, you also 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.
- Seeking care regularly 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 questions of your doctor so you can understand your health problems and the care you are receiving.
- Being part of developing treatment goals that you and your doctor 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 an appointment must be cancelled.
- 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 copayments or premiums (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.
Advance Directives
It is a good idea to make an advance directive. An advance directive is a legal document in which you state instructions about how you want to be cared for during the end stages of your life. It is sometimes called a living will. This document can help your family and doctors know how to treat you if you become too sick to tell them. There are three kinds of advance directives in New Jersey:
• A proxy directive means you can name a person (18 years old or older) to make health care decisions when you no longer can.
• An instruction directive states your desires/instructions for care.
• 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 in the document.
You can also get more information from your County Welfare Agency. The State of New Jersey has forms and information on their website at state.nj.us/health/advancedirective.

Reporting Abuse, Neglect or Exploitation
You have the right to be free from exploitation, fraud and abuse. Professionals, including care takers, are required to report suspected abuse, neglect or exploitation of any:
• Child or adult who resides in a community setting
• Elderly living in nursing homes or other long-term care facilities
If you believe you are the subject of abuse, neglect or exploitation, report it immediately to the appropriate source outlined below:

Adult Protective Services
The New Jersey Adult Protective Services (APS) program has offices in each of the 21 counties. Reports may be made to those County APS offices or to:
The Public Awareness, Information, Assistance & Outreach Unit 24-Hour Toll-Free Hotline: 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).

Child Abuse Hotline (SCR)
24-Hour Toll-Free Hotline: 1-877-NJ ABUSE (1-877-652-2873) (TTY 1-800-835-5510)

Horizon NJ Health evaluates and approves new technology, including reviewing guidelines from Horizon Healthcare of New Jersey, Inc., leading medical literature and published clinical guidelines and speaking with experts in specific areas, including practicing doctors. We do all of this to make sure that you are receiving the best possible health care.

We Value Your Opinion
Every few months, Horizon NJ Health hosts a community health advisory meeting with members, community health advocates and community leaders to talk about ways to improve member services, health education and member outreach activities. If you would like to join us at this meeting, call Horizon NJ Health’s Marketing Department at 1-800-682-9094 (TTY 711) or email communications@horizonNJhealth.com.

Member Satisfaction Survey Results
Each year, Horizon NJ Health members are asked what things we and our doctors do well and what things could be done better. This is called the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. Answers to these questions help us improve the services that we provide. Results of the most recent member satisfaction survey are available on our website at horizonNJhealth.com or can be mailed to you by calling Member Services.
If you have coverage through another insurance plan, including Medicare, as well as Horizon NJ Health, your doctor must use the other insurance plan for payment before he or she bills Horizon NJ Health for your care. To be sure that the doctor bills the correct plan, show ALL of your insurance member ID cards when you go to the doctor.

When using benefits covered by the other insurance plan, follow the requirements of that plan. This includes the need for referrals or using network doctors.

The Division of Medical Assistance and Health Services (DMAHS) has a publication with more information for members enrolled in both Medicare and Medicaid, “When You Have Medicaid and Other Insurance.” This can be found on their website at [www.state.nj.us/humanservices/dmahs/home/Medicaid_TPL_Coverage_Guide.pdf](http://www.state.nj.us/humanservices/dmahs/home/Medicaid_TPL_Coverage_Guide.pdf). If you would like a copy of the publication or have questions, you may call Member Services at 1-800-682-9090 (TTY 711).

### When You Have Both Medicare and NJ FamilyCare

<table>
<thead>
<tr>
<th>If the Service Is:</th>
<th>Use This Type of Doctor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>An approved, Medicare-covered benefit (for example: primary care, lab tests, specialists)</td>
<td>Use a Medicare doctor (does not need to be in the Horizon NJ Health network)</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>Use a Medicare hospital. If possible, use a hospital also in the Horizon NJ Health network</td>
</tr>
<tr>
<td>Emergency care received at a hospital emergency department</td>
<td>Go to the nearest hospital</td>
</tr>
<tr>
<td>A medically necessary service not covered by Medicare but covered by Horizon NJ Health (for example: dental services or hearing aids)</td>
<td>Use a Horizon NJ Health network doctor</td>
</tr>
</tbody>
</table>

### When You Have Other Insurance and NJ FamilyCare

<table>
<thead>
<tr>
<th>If the Service Is:</th>
<th>Use This Type of Doctor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>An approved, covered benefit from the other insurance, including referrals from that insurance's PCP, prescription drugs and inpatient hospital stays</td>
<td>Use a doctor from that insurance's network (does not need to be in the Horizon NJ Health network)</td>
</tr>
<tr>
<td>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)</td>
<td>Use a Horizon NJ Health network doctor</td>
</tr>
</tbody>
</table>

### Bills

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

- Been treated for a service not covered by Horizon NJ Health.
- Sought care from a non-participating doctor without a referral or authorization from Horizon NJ Health.
- Received a service not covered by the NJ FamilyCare program.
- Not paid your NJ FamilyCare copayment when services were delivered.

In these cases, you will be responsible to pay the entire cost of the service and must make payment arrangements directly with the doctor.

In all other cases, you should not get bills for any covered medical services. Please note that this does not apply to copayments or deductibles required for certain NJ FamilyCare C and D members.

If you receive a bill for any covered medical service, call Horizon NJ Health’s Member Services Department about the bill. Member Services 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 copayments.

This is to remind you that DMAHS has the authority to 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 back DMAHS 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 previously provided to you when you applied for NJ FamilyCare.


If you get a bill

Do not ignore it; call Member Services for instructions, and we will help you.
Ending Your Membership

There are a few ways that your Horizon NJ Health membership could end:

You Can Choose to End 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 every 12 months during the Open Enrollment Period.
- 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 the new health plan you select.

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 60 days, you will be re-enrolled in Horizon NJ Health. If you become eligible again after 60 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.

You Could Lose Your Membership
- If you reside 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 (by loaning your ID card to someone else, for example). You will be told in writing about this decision and the date that your membership will end. You have the right to file an official grievance if you are not satisfied with this decision.
- If you do not send in a renewal application on time.
- If NJ FamilyCare D members do not pay their premiums.
- If you are incarcerated, your membership will be suspended until you are released.

When You Leave Horizon NJ Health
- You will need to sign your enrollment application to allow us to 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 there is a change in the treatment plan by the treating dentist. This prior authorization approval will be honored for as long as it is active, or for a period of six months, whichever is longer. If the prior authorization has expired, a new request for prior authorization will be required.
- Destroy your Horizon NJ Health ID card. It is very important that you protect your privacy by destroying the old cards so no one can steal your identity or your 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 voluntarily from Horizon NJ Health, you can list your reasons for leaving in writing.
- Enrollment and disenrollment are always subject to verification and approval by New Jersey DMAHS. For details, call your State Health Benefits Coordinator at 1-800-701-0710 (TTY 1-800-701-0720).
Fraud, Waste and Abuse

It is very important that you take personal responsibility for your health care and the costs of your care. Make sure you know as much as possible about the doctors you use and the treatments they provide.

Billions of dollars are lost to health care fraud, waste and abuse each year. That means money is paid for services that may never have been given. It could also mean that the service that was billed was not the one performed. Fraud, waste and abuse happen when someone victimize consumers.

What is Fraud, Waste and Abuse?
Fraud and abuse happen when someone knowingly gives false information that lets someone get a benefit they are not entitled to.

Examples of Doctor Fraud, Waste and Abuse
• Forging or altering bills or receipts
• Billing for services that may never have been given
• Billing for services that were not performed
• Giving a patient a false diagnosis to justify tests, surgeries or other procedures that are not medically necessary
• Billing more than once for the same service

Examples of Member Fraud, Waste and Abuse
• Telling a lie on purpose that results in you or another person receiving benefits that you or they are not entitled to
• Loaning or selling your Horizon NJ Health member ID card or the information on the card to someone else
• Forgery or altering prescriptions

Misuse of your Horizon NJ Health ID card could result in you losing eligibility for health care services. Fraud and abuse are also crimes punishable by legal action with possible time in jail.

Fraud, Waste and Abuse

If you or someone you know is aware of health care fraud, waste and abuse, you should immediately report it to Horizon NJ Health’s Fraud Hotline at 1-855-FRAUD20 (1-855-372-8320) (TTY 711), or the New Jersey Medicaid Fraud Division at 1-888-937-2835 (TTY 1-877-294-4356).

When making a report, please be clear about which person you believe is committing the fraud, tell us dates of service or items in question, and describe in as much detail as possible why you believe fraud may have been committed. If possible, please include your name, telephone number and address so we can contact you if we have questions during the investigation.

Any information you give us will be treated with strict confidentiality and no medical information will be released without lawful authorization. When reporting suspected insurance fraud, you do not have to give your contact information. If you decide to give your contact information, we will try to keep it confidential as much as legally possible.

Horizon NJ Health has a grievance procedure for resolving disagreements between members, providers and/or Horizon NJ Health’s operation or any cause of member dissatisfaction. Upon request, the notification of grievance and appeal rights shall be in your primary language. You may file your grievance and/or appeal in your primary language. You will also receive the decision in your primary language. Issues regarding emergency care will be addressed immediately. Issues regarding urgent care will be addressed within 48 hours in your primary language. Horizon NJ Health will not discriminate against a member or attempt to disenroll a member for filing a grievance or appeal.

Grievance Procedure
A grievance can be filed by phone or in writing and can usually be resolved by contacting Member Services. If you have a grievance, call 1-800-682-9090 (TTY 711), to talk about it with one of our Member Services representatives. If you want, you may send a written grievance to:

Grievances Department
1700 American Blvd.
Pennington, NJ 08534

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

When we receive your call or letter, the following steps will occur:

1. If you call to file a grievance, a Member Services representative will be available to discuss and help resolve your grievance. During this call the Member Services representative will make every attempt to resolve your grievance.
   • If you are not satisfied with the resolution from the Member Services representative during your call, tell the representative and the grievance will be forwarded to Horizon NJ Health’s Complaint Resolution Analyst for further investigation.
   • The Complaint Resolution Analyst will investigate the grievance and you will get a written notification about the outcome within 30 days of receipt of the grievance.

2. If you submit a written grievance by mail, a Complaint Resolution Analyst will try to contact you by telephone within 24 hours of receipt of the grievance to discuss and assist in resolving your grievance. The Complaint Resolution Analyst will document all the information discussed with you in our complaint tracking system. An investigation will begin immediately.
   • Written grievances are to be resolved as required by the urgency of the situation, but no later than 30 days after receipt. Once complete, you will receive a written notice with final outcome within 30 days of receipt of the grievance.
Appeals
You or your doctor (with your written approval) have the right to ask Horizon NJ Health to review and change our decision if we have denied or reduced your benefits. This is called an appeal. An appeal can be oral or written. Appeals filed orally must be followed up with a written request. All appeals must be submitted within 60 days of the date of the denial letter. Please follow the appeal process described below.
You also have the right to ask the State to review Horizon NJ Health’s decision about your service. This is called a Fair Hearing. You have this benefit if you are a NJ FamilyCare A or Alternative Benefit Plan (ABP) member. Call Horizon NJ Health at 1-800-682-9090 (TTY 711) to ask if you are eligible. You may request a Fair Hearing following the completion of an Internal Appeal. However, the timeframe to request a Fair Hearing in writing is within 120 days from the date of the notice of adverse decision following the Internal Appeal of a denial determination.
If you wish to appeal home care benefits, such as Personal Care Assistance (PCA), administered by the Personal Preference Program, please use the Personal Care Assistance (PCA) appeal option.

Appeal Process
The appeal process consists of an Internal Appeal completed by Horizon NJ Health. Horizon NJ Health will review its decision about the services you asked for. If you are not happy with our decision at the end of the Internal Appeal or if Horizon NJ Health’s decision was not made by the deadline set, you may ask to have your request reviewed by someone outside of Horizon NJ Health. This is an External Appeal. During the appeal process, you have the right to continue to get the Horizon NJ Health service in question until the end of the process if:
• Your appeal is filed in a timely fashion
• The service was previously approved by Horizon NJ Health and the appeal involves the termination, suspension or reduction of that service
• The service was ordered by an authorized provider
• The appeal request is made on or before the final day of the previously approved authorization, or within 10 calendar days of the notification of adverse benefit determination, whichever is later

In the event that Horizon NJ Health fails to meet its obligation to send the notification of adverse benefit determination at least 10 calendar days prior to the final day of the previously approved authorization, Horizon NJ Health shall automatically extend the authorization to a date 10 calendar days after the date on which the notification was sent.
You may ask for a copy of the benefit provision, guideline, protocol or other criterion on which the appeal decision was based. Horizon NJ Health will provide the medical records relating to the determination.

Internal Appeal
Your Internal Appeal must be started no later than 60 days after the date of the denial letter sent to you. You or your doctor must:
• Call Horizon NJ Health toll free at 1-800-682-9094 (TTY 711). Oral requests for an appeal must be followed up in writing, or
• Fax your letter to the Appeals department at 1-609-583-3028, or
• Send us a letter to: Horizon Medical Appeals PO Box 10194 Newark, NJ 07101

Let us know:
1. Your name and Horizon NJ Health ID number
2. Your doctor’s name
3. That you want to appeal our decision
4. The reason you want to appeal
5. If the services are for urgent or emergency treatment

Horizon NJ Health must get back to you with a decision within 30 calendar days. If your appeal is about services for urgent or emergency treatment, we will tell you the results of your appeal within 72 hours (three days – weekends and holidays count).
If we do not approve the services you are asking for in your appeal, Horizon NJ Health will send you a letter and explain why. We will also tell you how to file an External Appeal.

Dental Internal Appeals
If you disagree with Horizon NJ Health’s decision, you (or your provider, with your written consent) have a right to appeal this action. You have a right to appeal through Scion Dental’s Internal Appeal process. You also have the option to appeal to the Independent Utilization Review Organization (IUR), NJ FamilyCare A and ABP members have the right to request a Fair Hearing. You must follow the following Internal Appeal Process.

Health Plan Internal Appeal Process:
You can file an Internal Appeal by:
1. Calling Scion Dental at 1-855-878-5371 (TTY 1-800-508-6975) and ask for an expedited, or fast appeal. An expedited or fast appeal means that Horizon NJ Health will decide your Internal Appeal within 72 hours of receipt. You may ask for an expedited, or fast appeal, if you are an inpatient in a facility, if the care you received was for an urgent or emergency health concern or if it is medically necessary and taking 30 calendar days to decide the appeal could seriously harm you in some way.
If you call to request an expedited, or fast appeal, you do not have to follow up your phone call with a written request.

In your letter, you should include an explanation for the reason you are appealing our decision and then sign your request for an appeal. You have 60 calendar days from the date on which the notification was sent to request an Internal Appeal.
If you do not request your appeal within these timeframes, the services will not continue during the appeal. Scion Dental will decide your Internal Appeal within 30 calendar days of receipt of your appeal.
If you or your treating provider believe this 30 calendar-day timeframe for deciding your appeal is too long and could harm your health, please call Scion Dental at 1-855-878-5371 (TTY 1-800-508-6975) and ask for an expedited, or fast appeal. An expedited or fast appeal means that Horizon NJ Health will decide your Internal Appeal within 72 hours of receipt. You may ask for an expedited, or fast appeal, if you are an inpatient in a facility, if the care you received was for an urgent or emergency health concern or if it is medically necessary and taking 30 calendar days to decide the appeal could seriously harm you in some way.
If you call to request an expedited, or fast appeal, you do not have to follow up your phone call with a written request.
Grievance and Appeal Procedures (continued)

External Appeal
If you want to appeal the denial of your Internal Appeal, you may ask that someone outside of Horizon NJ Health review your request for service. This is done by an Independent Utilization Review Organization (IURO). Within 60 days of the date of Horizon NJ Health’s written notice of the internal appeal decision, you or your doctor must:

- Fill out the form called Application for the Independent Health Care Appeals Program, sent to you with the results of your Internal appeal decision from Horizon NJ Health. Be sure to sign the form. Your signature allows the IURO to review your medical records and other medical information that may be needed for your appeal.

The IURO will give you its decision within 45 days after it gets all the materials it needs to make a decision. You may present your information about your case directly to the Appeals Committee either in person or by telephone. You may have someone come with you to the proceedings.

If your appeal is about services for urgent or emergency treatment, you should call the DOBI at 1-609-292-5316 x50998, or call toll free at 1-888-393-1062 and ask that your appeal be reviewed within 48 hours (two days – weekends and holidays count). You still must complete the form.

Horizon NJ Health must accept the decision of the IURO.

Fair Hearing
In addition to your right to Horizon NJ Health’s appeal process, you may have the right to ask the State to review Horizon NJ Health’s decision about your service. This is known as a Fair Hearing. This right applies to all NJ FamilyCare A members as well as NJ FamilyCare ABP members.

If you are not sure if you have a right to a Fair Hearing, call Member Services toll free at 1-800-682-9090 (TTY 711).

If you are eligible and want to ask for a Fair Hearing, as soon as you can, but no later than 120 calendar days from the date of Horizon NJ Health’s decision letter on your Internal Appeal, you must send a letter to the State at:

New Jersey Department of Human Services
Division of Medical Assistance and Health Services
Fair Hearing Section
PO Box 712
Trenton, NJ 08625-0712

Let the State know in your letter:
1. Your name and Horizon NJ Health ID number
2. Your doctor’s name
3. That you want a Fair Hearing
4. The reason you want a Fair Hearing
5. If the services are for urgent or emergency treatment
6. Your telephone number
7. Include a copy of the Horizon NJ Health denial letter

If you want to continue getting the benefits in question during the Fair Hearing process, you must request to do so in writing within 10 calendar days from the date of the notice of adverse decision following the Internal Appeal, or until the end of the prior approved authorization, whichever is later. You must follow this timeframe, even though you have 120 calendar days to request a Fair Hearing. If you request continued benefits and your appeal is denied, you may have to pay the cost of the services.

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

The OAL judge will give the State an opinion on your request and the State will then decide whether to accept or deny your request. The State will give you its decision within 90 days, unless your request is for urgent or emergency treatment.

If you want to appeal the State’s decision, you have the right to appeal to the Appellate Division of Superior Court.
Getting help in another language
Multi-language Interpreter Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-682-9090 (TTY 711). This document is also available in other languages, as well as other formats, such as large print and Braille.

Notice of Nondiscrimination

Horizon NJ Health complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon NJ Health provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services
Please call Member Services at 1-800-682-9090 (TTY 711) or the phone number on the back of your member ID card, if you need the free aids and services noted above and for all other Member Services issues, including:

• Claim, benefits or enrollment inquiries
• Lost/stolen ID cards
• Address changes
• Any other inquiry related to your benefits or health plan

Filing a Section 1557 Grievance
If you believe that Horizon NJ Health has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age, or disability, you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon NJ Health’s Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

Horizon NJ Health – Civil Rights Coordinator
PO Box 10194
Newark, NJ 07101

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHB Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TTY)

OCR Complaint forms are available at www.hhs.gov/ocr/office/file index.html.

Para ayuda en español, llame a 1-800-682-9090 (TTY 711).

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