RTE-Medicaid-Ltr_07A

NJFAMILYCARE
Affordable health coverage. Quality care.

PO Box 4818, Trenton, NJ 08650-4818

Policy Number: 0000000000

Si necesita la carta traducida en español por favor llame un Coordinador de Beneficios de Salud a 1-866-295-4389. Procure por un representante que hable español.

#BWNNFKV 07A
HOH NAME
ADDRESS LINE 1
YOURTOWN NJ 000000

September 11, 2012

Dear HOH NAME:

Now that you are on Medicaid, you need to choose a Health Maintenance Organization (HMO) as part of the NJ FamilyCare Program.

IT IS NOW TIME TO CHOOSE AN HMO

YOU MUST CHOOSE AN HMO OR ONE WILL BE CHOSEN FOR YOU. Look over the enclosed material and decide which HMO is best for you and your family.

If you do not choose by October 14, 2012, an HMO will be chosen for you.

HERE'S WHAT TO DO

To choose an HMO you can:

- Call your Health Benefits Coordinator toll-free at 1-866-472-5338 and select your HMO

Or

- **Follow the step-by-step instructions in the brochure** that is included with this letter. This brochure tells you how to complete your enrollment in an HMO.

Or

- Visit one of the NJ FamilyCare offices listed below. Please call 1-866-472-5338 or TTY 1-800-701-0720 (for hearing impaired individuals) for specific days and times.

Newark Office	Camden Office	Paterson Office	New Brunswick Office	Hamilton Office
60 Park Place	216 Haddon Ave	100 Hamilton Plaza 1	303 George St - Plaza 1	100 American Metro Blvd.
Suite 605	Suite 323	Suite 400	Suite 410	Suite 105
Newark, NJ	Westmont, NJ	Paterson, NJ	New Brunswick, NJ	Hamilton, NJ

Sincerely,
NJ FamilyCare

P.S. Sign up now! Call a Health Benefits Coordinator at 1-866-472-5338 or TTY 1-800-701-0720 (for hearing impaired individuals) if you need help or have any questions.

SEE NEXT PAGE FOR IMPORTANT INFORMATION

SPECIAL NOTE ABOUT FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Some health centers are designated by the federal government as **FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs).** FQHCs offer primary and preventive health, mental health and social services, usually in one place. Services are provided by physicians, nurse practitioners and certified nurse midwives.

New Jersey must make **FQHC** services available to Medicaid recipients.

If you want to get your health care from an **FQHC**, you must choose an HMO that has an **FQHC** as a provider in their network. If you choose an HMO that does not contract with an **FQHC**, you may not be able to get your basic health care at an **FQHC**.

Atlantic County
Southern Jersey Family Medical Center, Hammonton
609-567-0434

Bergen County
North Hudson Community Action Corp. Health Center
Appointment Phone # 1-800-624-0224 or 201-210-0200

Burlington County
Southern Jersey Family Medical Center, Burlington City
609-386-0775
Southern Jersey Family Medical Center, Pemberton
609-894-1100

Camden County
CAMcare Health Corporation, Camden
856-541-3270
Project H.O.P.E.
Bergen Lanning Health Center, Camden
856-968-2320

Cape May County
Community Health Care, Inc.
609-465-0258

Cumberland County
Community Health Care, Inc.
856-451-4700

Essex County
Newark Community Health Centers, Newark
973-483-1300
Newark Homeless Health Care, Essex Co.
973-733-5300
Pediatric Health Care Clinic
973-733-7533

Gloucester County
CAMcare Health Corporation, Paulsboro
856-687-2200

Hudson County
Horizon Health Centers
201-451-6300
North Hudson Community Action Corp. Center
201-866-9320
Metropolitan Family Health Network
201-478-5802

Mercer County
Henry J. Austin Health Center, Inc.
609-278-5900

Middlesex County
Eric B. Chandler Health Center
732-235-6700
Jewish Renaissance Medical Center
732-376-9333 or 732-324-5611

Monmouth County
Monmouth Family Health Center, Long Branch
732-413-2030 appointment phone number
VNA of Central Jersey, Asbury Park
732-774-6333 appointment phone number
VNA of Central Jersey, Red Bank
732-219-6620 appointment phone number
VNA of Central Jersey, Keyport
732-888-4149 appointment phone number

Morris County
Zufall Health Center
973-328-3344

Ocean County
Ocean Health Initiatives, Inc., Lakewood
732-363-6655

Passaic County
Paterson Community Health Center
973-790-6594

Salem County
Southern Jersey Family Medical Center, Salem
856-935-7711

Sussex County
Neighborhood Health Center, Newton
973-383-7001 Dental Only

Union County
Neighborhood Health Center, Plainfield
908-753-6401

Warren County
Neighborhood Health Center, Phillipsburg
908-454-4600

SPECIAL NOTE TO PREGNANT WOMEN

Good health care for you and your baby is very important. When you choose an HMO, it is very important for you to check with your obstetrician first to make sure he/she is in the HMO you choose. If you do not choose an HMO, an HMO will be chosen for you and this may affect your prenatal care. If you have any questions, please call an HBC at 1-866-472-5338.

If you have any questions or need help, call an HBC at:
1-866-472-5338 or (TTY) 1-800-701-0720 (for hearing impaired individuals)

NJ FAMILYCARE
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For Internal Use Only		FC-PSF/FRM004A Batch #
County:	Expected Enrollment Date:	NJ FamilyCare #:

HMO Plan Selection Form:

Section 1: PLEASE FILL IN THE FOLLOWING INFORMATION

Language spoken at home: _____

Head of Household Name: _____ NJ FamilyCare Number: [illegible] Person No.: ____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Household Phone: _____ Other Phone: _____ (e.g., work, neighbor, cellular, pager, relative, etc.) Daytime Phone: _____

Authorized Person/Guardian Name: _____ Authorized Person/Guardian Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Information on Family Members to be enrolled: If you need to include more family members, use another piece of paper.

First Name	Last Name	Date of Birth	Sex	Social Security Number	Race	Ethnicity	Who is your Current Doctor? (include Name, City/Town, Phone #)

RACE CODES: 1A5 = White; 1A3a = Black/African American, 1A3b = Black/Caribbean, 1A3c = Black/Other; 1A1 = American Indian/Alaska Native; 1A2a = Asian Indian, 1A2b = Chinese, 1A2c = Filipino, 1A2d = Japanese, 1A2e = Korean, 1A2f = Vietnamese, 1A2g = Other Asian; 1A4 = Native Hawaiian/Other Pacific Islander; 1B = Two or more races.
ETHNIC CODES: (Hispanic or Latino Origin: Any Race): 2A1 = Mexican; 2A2 Puerto Rican; 2A3 = Cuban; 2A4 = Central American; 2A5 = South American; 2A6 = Other Hispanic or Latino

Is anyone listed: Taking prescription medicines? ☐ **Yes** ☐ **No** **Receiving any medical treatment?** ☐ **Yes** ☐ **No**
Using any special medical equipment? ☐ **Yes** ☐ **No**

Section 2: CHOOSE YOUR HMO: Please see HMO flyer for available HMOs.

Name of HMO you want to enroll in: _____

Section 3: SIGN AND DATE FORM

By signing this form, I represent that I have read and understood the Privacy Notice and the Statement of Understanding. I am giving permission to release my medical records and those of any of my family members who enroll in the program, to the program's HMO's and its providers.

Sign your name here: _____ **Date:** _____

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Next Step: When you receive your HMO ID card, please check the name of your primary care provider and all other information for accuracy. If there are any problems with the card, call the HMO's member services for changes and corrections. Please call your HMO and tell them about any services or medicines you are taking and need to continue. See the HMO Booklet for toll free Member Services phone numbers.

To **enroll in an HMO**, return this form to:
NJ FamilyCare, PO Box 8125, Trenton, NJ 08650