Chapter 2: Important phone numbers and resources

Introduction

This chapter gives you contact information for important resources that can help you answer your questions about our plan and your health care benefits. You can also use this chapter to get information about how to contact your Care Manager and others to advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of your *Evidence of Coverage*.

[*If applicable, plans should modify this chapter to include contact information for other resources.*]

[*Plans should refer to other parts of the Evidence of Coverage using the appropriate chapter number and section. For example, "refer to* ***Chapter 9****,* ***Section A****." An instruction* [*insert reference, as applicable*] *appears with many cross references throughout the Evidence of Coverage. Plans may always include additional references to other sections, chapters, and/or member materials when helpful to the reader.*]

[*Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.*]

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# Member Services

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)>. This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number>. This call is free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [*Fax number is optional.*] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | *<*URL*>* |

Contact Member Services to get help with:

* questions about the plan
* questions about claims or billing

[*If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.*]

* coverage decisions about your health care
* A coverage decision about your health care is a decision about:
* your benefits and covered services.
* Call us if you have questions about a coverage decision about your health care.
* To learn more about coverage decisions, refer to **Chapter 9** of your *Evidence of Coverage*.
* appeals about your health care
* An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake or disagree with the decision.
* To learn more about making an appeal, refer to **Chapter 9** of your *Evidence of Coverage* or contact Member Services.
* complaints about your health care
* You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with our plan. You can also make a complaint to us or to the Quality Improvement Organization (QIO) about the quality of the care you received (refer to **Section F** [*insert reference, as applicable*]).
* You can call us and explain your complaint at <phone number>.
* If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section above [*insert reference, as applicable*]).
* You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* *[Insert additional instructions regarding how to make a complaint as directed by the state.*]
* To learn more about making a complaint about your health care, refer to **Chapter 9** of your *Evidence of Coverage*.
* coverage decisions about your drugs
* A coverage decision about your drugs is a decision about:
* your benefits and covered drugs.
* This applies to your Medicare Part D drugs and NJ FamilyCare covered drugs and over-the-counter drugs.
* For more on coverage decisions about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.
* appeals about your drugs
* An appeal is a way to ask us to change a coverage decision.
* For more on making an appeal about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.
* complaints about your drugs
* You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
* If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section above [*insert reference, as applicable*].)
* You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
* For more on making a complaint about your prescription drugs, refer to **Chapter 9** of your *Evidence of Coverage*.
* payment for health care or drugs you already paid for
* For more on how to ask us to pay you back, or to pay a bill you got, refer to **Chapter 7** of your *Evidence of Coverage*.
* If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to **Chapter 9** of your *Evidence of Coverage*.

# Your Care Manager

[*Plans should include information explaining what a Care Manager is, how members can get a Care Manager, how they can contact the Care Manager, and how they can change their Care Manager. Plans can modify this section as appropriate.*]

| Contact Type |  |
| --- | --- |
| CALL | <Phone number(s)>. This call is free.  <Days and hours of operation> [*Include information on the use of alternative technologies.*]  We have free interpreter services for people who do not speak English. |
| TTY | <TTY phone number>. This call is [*insert if applicable:* not] free.  [*Insert if the plan uses a direct TTY number:* This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]  <Days and hours of operation> |
| FAX | [*Fax number is optional.*] |
| WRITE | <Mailing address> |
| EMAIL | [*Email address is optional.*] |
| WEBSITE | [*URL is optional.*] |

Contact your Care Manager to get help with:

* questions about your health care
* questions about getting behavioral health (mental health and substance use disorder treatment) services
* questions about transportation
* questions about Managed Long Term Services and Supports (MLTSS)
* [*Plans may insert bullets noting additional areas that Care Managers can provide assistance with.*]

# State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare. In New Jersey, the SHIP is called theState Health Insurance Assistance Program (SHIP).

The SHIP is not connected with any insurance company or health plan.

|  |  |
| --- | --- |
| CALL | 1-800-792-8820  <Days and hours of operation> |
| TTY | 711 |
| WRITE | NJ State Health Insurance Assistance Program  PO Box 807  Trenton NJ 08625 |
| WEBSITE | <https://nj.gov/humanservices/doas/services/q-z/ship/index.shtml> |

Contact SHIP for help with:

* questions about Medicare
* SHIP counselors can answer your questions about changing to a new plan and help you:
* understand your rights,
* understand your plan choices,
* make complaints about your health care or treatment, **and**
* straighten out problems with your bills.

# Quality Improvement Organization (QIO)

Our state has an organization called Livanta. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.Livanta is not connected with our plan.

|  |  |
| --- | --- |
| CALL | 1-866-815-5440 |
| TTY | 1-866-868-2289  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WRITE | Livanta LLC BFCC-QIO 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701-1105 |
| WEBSITE | [www.livantaqio.com/en/states/new\_jersey](http://www.livantaqio.com/en/states/new_jersey) |

Contact Livanta for help with:

* questions about your health care rights
* making a complaint about the care you got if you:
* have a problem with the quality of care,
* think your hospital stay is ending too soon, **or**
* think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

# Medicare

Medicare is the federal health insurance program for people 65 years of age or over, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

|  |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048. This call is free.  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](https://www.medicare.gov/)  This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing facilities, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.  It includes helpful websites and phone numbers. It also has documents you can print right from your computer.  If you don’t have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website and review the information with you. |

# NJ FamilyCare (Medicaid)

NJ FamilyCare helps with medical and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call the NJ Department of Human Services, Division of Medical Assistance and Health Services.

Because you are eligible for and enrolled in both Medicare and Medicaid, your coverage through our plan includes coverage for all of the benefits you are entitled to under Medicaid managed care (NJ FamilyCare). As a result, [*insert 2025 plan name*] covers all of your Medicaid benefits, such as hearing aids, routine vision exams, and comprehensive dental services. Additionally, Medicaid pays your Part B premium for you.

|  |  |
| --- | --- |
| CALL | NJ Department of Human Services, Division of Medical Assistance and Health Services  1-800-701-0710  <Days and hours of operation> |
| TTY | 711 |
| WRITE | NJ Department of Human Services  Division of Medical Assistance and Health Services  PO Box 712  Trenton, NJ 08625-0712 |
| WEBSITE | [www.state.nj.us/humanservices/dmahs/](http://www.state.nj.us/humanservices/dmahs/) |

# Office of the Insurance Ombudsman

The Office of the Insurance Ombudsmanworks as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. The Office of the Insurance Ombudsman also helps you with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free.

|  |  |
| --- | --- |
| CALL | 1-800-446-7467  <Days and hours of operation> |
| TTY | 711 |
| WRITE | The Office of the Insurance Ombudsman  NJ Department of Banking and Insurance  PO Box 472  Trenton NJ 08625-0472 |
| WEBSITE | [www.state.nj.us/dobi/ombuds.htm](http://www.state.nj.us/dobi/ombuds.htm) |

# New Jersey Office of the State Long-Term Care Ombudsman

The New Jersey Office of the State Long-Term Care Ombudsman helps people get information about nursing homes and resolve problems between nursing homes and residents or their families.

The New Jersey Office of the State Long-Term Care Ombudsman is not connected with our plan or any insurance company or health plan.

|  |  |
| --- | --- |
| CALL | 1-877-582-6995  <Days and hours of operation> |
| TTY | 711 |
| WRITE | NJ Long-Term Care Ombudsman  P.O. Box 852  Trenton, NJ 08625-0852 |
| WEBSITE | [www.nj.gov/ooie/](https://www.nj.gov/ooie/) |

# Programs to Help People Pay for Their Prescription Drugs

The Medicare.gov website ([www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs) p](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs)rovides information on how to lower your prescription drug costs. For people with limited incomes, there are also other programs to assist, as described below.

I1. Extra Help

Because you are eligible for Medicaid, you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug plan costs. You do not need to do anything to get this “Extra Help.”

|  |  |
| --- | --- |
| CALL | 1-800-MEDICARE (1-800-633-4227)  Calls to this number are free, 24 hours a day, 7 days a week. |
| TTY | 1-877-486-2048 This call is free.  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WEBSITE | [www.medicare.gov](http://www.medicare.gov) |

# Social Security

Social Security determines eligibility and handles enrollment for Medicare. U.S Citizens and lawful permanent residents who are 65 and over, or who have a disability or End-Stage Renal Disease (ESRD) and meet certain conditions, are eligible for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic. If you are not getting Social Security checks, you have to enroll in Medicare. To apply for Medicare, you can call Social Security or visit your local Social Security office.

If you move or change your mailing address, it is important that you contact Social Security to let them know.

|  |  |
| --- | --- |
| CALL | 1-800-772-1213  Calls to this number are free.  Available 8:00 am to 7:00 pm, Monday through Friday.  You can use their automated telephone services to get recorded information and conduct some business 24 hours a day. |
| TTY | 1-800-325-0778  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| WEBSITE | [www.ssa.gov](http://www.ssa.gov) |

# Railroad Retirement Board (RRB)

The RRB is an independent Federal agency that administers comprehensive benefit programs for the nation’s railroad workers and their families. If you receive Medicare through the RRB, it is important that you let them know if you move or change your mailing address. If you have questions regarding your benefits from the RRB, contact the agency.

|  |  |
| --- | --- |
| CALL | 1-877-772-5772  Calls to this number are free.  If you press “0”, you may speak with a RRB representative from 9 a.m. to 3:30 p.m., Monday, Tuesday, Thursday and Friday, and from 9 a.m. to 12 p.m. on Wednesday.  If you press “1”, you may access the automated RRB Help Line and recorded information 24 hours a day, including weekends and holidays. |
| TTY | 1-312-751-4701  This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.  Calls to this number are *not* free. |
| WEBSITE | [www.rrb.gov](https://www.rrb.gov/) |

# Group insurance or other insurance from an employer

If you (or your spouse or domestic partner) get benefits from your (or your spouse’s or domestic partner’s) employer or retiree group as part of this plan, you way call the employer/union benefits administrator or Member Services if you have any questions. You can ask about your (or your spouse’s or domestic partner’s) employer or retiree health benefits, premiums, or the enrollment period. You may also call 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048) with questions related to your Medicare coverage under this plan.

If you have other prescription drug coverage through your (or your spouse’s or domestic partner’s) employer or retiree group, please contact **that group’s benefits administrator.** The benefits administrator can help you determine how your current prescription drug coverage will work with our plan.

# Other resources

[*Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, or area agencies on aging or any other sections as directed by the state. Plans should format consistently with other sections, include a brief description and information about any other resources they add, and update the Table of Contents.*]