



Your Horizon NJ Health 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 with 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.

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** (TTY **1-800-701-0720**) to find out your renewal date or to ask for a renewal form.

Keep your address updated

It is very important that you contact your caseworker at the CWA or Health Benefits Coordinator at NJ FamilyCare if 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!

In order to be a Horizon NJ Health member, you have to keep your NJ FamilyCare eligibility. You must fill out a Renewal Application at least EVERY year. Call NJ FamilyCare at **1-800-701-0710** (TTY **1-800-701-0720**) to find out your renewal date or to ask for a renewal form.

What you need to know:

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



What you need to do:

- Open and respond to all mail from your County Welfare Agency (CWA) or your eligibility determining agency.
- You can contact your case worker at your CWA or call NJ FamilyCare at **1-800-701-0710** (TTY **1-800-701-0720**). If you need the information for your local CWA, please call the Managed Care hotline at **1-800-356-1561** (TTY **711**) or visit **state.nj.us/humanservices/dfd/programs/njsnap/cbss/index.html**.
- Pay your premiums on time, if you have any.

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.