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IMPORTANT PLAN INFORMATION

Keep this information with your Member Handbook

The Community-Based Palliative Care (CBPC) program
Effective April 1, 2026, Wellpoint will provide state-directed CBPC benefits to pediatric members and adult members electing palliative care providers outside the Carelon Palliative Care program.

Overview of Services
The Community-Based Palliative Care (CBPC) program supports members with serious health conditions. It focuses on easing symptoms, coordinating care, and helping you and your family navigate the health system, while you keep getting your regular treatments. Care is provided at home or in other community places (not in a hospital) by an interdisciplinary care team. The interdisciplinary care team creates a care plan based on your needs and goals. Depending on your individual needs, services may include:

- Help managing symptoms
- Home visits from nurses, social workers, or other licensed providers
- Help with planning for future care needs
- Coordinating and connecting you to other services
- Emotional, social, and spiritual support for you and your caregivers
- Reviewing and adjusting medications
- Guidance and support for caregivers
- Access to a 24/7 telephone line for urgent questions or concerns

Please note: Palliative care and hospice care are different, and you **do not** need to have a terminal diagnosis to get palliative care. Palliative care can help anyone with a serious illness who is having a hard time with daily activities or managing their health. You can still get other medical treatments and keep seeing your regular doctor while receiving palliative care.

Member Eligibility Criteria
To be considered eligible for CBPC, you must have a serious illness and signs that it has affected your daily life. Examples of qualifying serious illnesses and changes in daily life are listed below. Your health plan may also approve CBPC if it decides the service is medically necessary for you.

1. Diagnosis with serious illness:
   Eligible conditions include (but are not limited to):

Adult:

- Cancer (stage III or IV)
- Congestive heart failure
- Chronic obstructive pulmonary disease (COPD)
- End-stage renal disease (ESRD) or chronic kidney disease
- Cirrhosis or liver disease
- Degenerative neural condition (i.e., Parkinson's, severe neurodegenerative disorders)
- Alzheimer's and dementias
- Diabetes
- Stroke
- AIDS

Pediatric:

- Cardiac disease
- Pulmonary disease
- Neurological disorder
- Cancer
- Renal disease
- End-stage liver disease
- Genetic disorders
- Metabolic/inclusion disease
- Gastrointestinal disease or conditions
- Orthopedic disorders
- Neonatal
- Infectious disease

2. Quality of life impairment, as indicated by one of the following:
   a) Documented decline in ability to do daily activities
   b) Recent acute care use: two or more emergency room visits in the last six months, or at least one hospital stay in the last 12 months
   c) Other signs of functional decline or serious disease not listed above

To learn more about the program and whether you qualify, please reach out to Wellpoint Member Services: **833-731-2147 (TTY 711)**.

Accessing Services

There are several ways to get CBPC services:

1) You (or someone helping you, like your provider, family member, or a community group) can use the Program Eligibility Screening Tool, then contact Wellpoint for next steps; if the screen shows you may qualify, Wellpoint can help you find an in-network provider for an assessment

2) Your healthcare provider or your health plan can also refer you directly for an assessment

In either case, eligibility is confirmed with a Comprehensive Medical Assessment using the state's standard tool. This is done in-person by a qualified, Medicaid-enrolled clinician. Prior authorization is not needed to be assessed for the program. If you are eligible, Wellpoint will approve services and start care planning with your palliative care team.

To stay in the CBPC program, you will be reassessed every six months, or sooner if your health changes a lot. If you still qualify, your approval will be extended for another six months.

Service Coordination
If you join CBPC, Wellpoint will assign a care manager (if you don't already have one). The care manager works with your palliative care team to coordinate Medicaid-covered services that support your palliative care plan – for example, personal care assistance, home health, or needed equipment. Your palliative care team will meet at least once a month to review your needs and update the care plan, and at least one of these monthly meetings will include your Wellpoint Care Manager.

Finding a Provider
To find a community based palliative care provider in Wellpoint's network, search our network directory at **wellpoint.com/nj/medicaid/search-providers**. If you need help finding a provider, contact Member Services at **833-731-2147 (TTY 711)**, Monday through Friday from 8 a.m. to 6 p.m. Eastern time. If your provider is out of network, please have them contact Wellpoint's Network Provider Services at **833-731-2149** and/or access the Provider website at **provider.wellpoint.com/new-jersey-provider/home**.

Contact Information and Phone Numbers
Please refer to your member handbook information on the following:

- General questions
- Find a provider and/or check if a provider is in-network
- Service authorization
- Claims submissions, status, and disputes
- Grievances or appeals

If you need to contact Wellpoint staff, you may contact Member Services at **833-731-2147 (TTY 711)**, or MLTSS Member Services at **855-661-1996 (TTY 711)**, Monday through Friday from 8 a.m. to 6 p.m. Eastern time.

Care Management for *ADULTS ONLY (18 years old and above)*

Carelon Palliative Care

Phone: 844-232-0500

Fax: 844-249-5579

Carelon's referral form: Carelon Palliative Care Referral Form for Adults Only

Note: NO PRIOR AUTHORIZATION IS REQUIRED FOR ADULTS

Prior Authorization Required for *pediatric* members (17 years old and below) and *ADULT* Members Electing Palliative Care Providers Outside the Carelon Program.

Dept. Phone **Core Medicaid Members**: 800-452-7101

UM fax number: 877-244-1720

Suzanne Veit, Manager

Email: suzanne.veit@wellpoint.com

Direct phone: 732-623-5861

Dept. phone **LTSS Members**: 800-452-7101

UM fax number: 888-240-4716

Keisha Woodson, Manager

Email: keisha.woodson@wellpoint.com

Direct phone: 732-882-4606

Dept. phone **FIDE Members**: 866-805-4589

UM fax number: 844-429-9632

Patrick Alston, Manager

Email: patrick.alston@wellpoint.com

Direct phone: 757-268-6106

Care management for *pediatric* members (17 years old and below) and *ADULT* Members Electing Palliative Care Providers Outside the Carelon Program.

Dept. phone **Core Medicaid Members**: 833-420-2195

CM fax number: 877-244-1724

Vivian Binenstock, Director HCMS

Email: vivian.binenstock@wellpoint.com

Direct phone: 732-590-3526

Dept. Phone **LTSS Members**: 800-452-7101

CM fax number: 888-240-4716

Jennifer Iskandar, Director LTSS

Email: jennifer.iskandar@wellpoint.com

Direct phone: 862-441-2508

Dept. phone **FIDE Members**: 833-607-6516

CM fax number: 866-959-1537

Kisha McIntyre, Manager FIDE

Email: kisha.mcintyre@wellpoint.com

Direct phone: 757-681-5013

Community-Based Palliative Care Benefits Grid

Service/Benefit	Members in DDD, MLTSS, or FIDE SNP	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Community-Based Palliative Care (CBPC)	**Covered by Wellpoint** Covers services included as part of the Community-Based Palliative Care benefit.				

Additional Information

Medicaid members can qualify for the benefit if they have serious disease **and** show evidence of reduced quality of life, including:

- Are in functional decline (e.g., significant difficulty with 1+ activity of daily living)
- Two (2) or more emergency department visits in the past six (6) months
- One (1) acute hospitalization in the past year

MCOs can also approve members via individual determinations of medical necessity based on the member's condition and the Comprehensive Assessment, even if the above criteria are not met.

The CBPC benefit is available to all NJ FamilyCare members who meet the above criteria, including adult and pediatric members, MCO and FFS members, duals and non-duals, and any plan type (e.g., Core Medicaid, MLTSS, FIDE-SNP).