

The 2016 Changes in the Medicare Drug Benefit for People Who Have Both Medicare and Medicaid (the Dual Eligibles)

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The Arc of New Jersey

- Largest non-profit advocacy organization for people with intellectual and other developmental disabilities and their families
- Parent directed membership organization founded in 1946
- Chapters in all 21 counties
- Affiliated with The Arc of the United States
- Governed by a volunteer Board of Directors

Mission Statement

The Arc of New Jersey is committed to enhancing the quality of life of children and adults with intellectual and developmental disabilities and their families, through advocacy, empowerment, education and prevention.

Departments of The Arc of NJ

- The Arc Family Institute
- Governmental Affairs / Public Policy
- Public Affairs / Communication

Programs & Projects

- Mainstreaming Medical Care
- New Jersey Self-Advocacy Project
- Project HIRE
- Criminal Justice Advocacy Program
- Planning for Adult Life

What is a “Dual Eligible”?

- A dual eligible is a person who has both Medicaid and Medicare benefits.
- Most dual eligibles receive their prescription drugs from Medicare Part D.

Dual Eligibles – No Deadline to Enroll in New Medicare Drug Plan

- Dual eligibles can switch to a new Medicare drug plan at any time! The enrollment deadlines that are announced in marketing materials and on TV are not applicable to the dual eligibles.

Federal Oversight for the Medicare Drug Benefit

- The Medicare prescription drug benefit is called **Medicare Part D**.
- The federal agency that has authority over all aspects of Medicare – including Medicare Part D – is the Centers for Medicare and Medicaid Services (CMS).

Important Terms

- **Low Income Subsidy (LIS):** Medicare beneficiaries with limited income and resources may qualify for extra help, in the form of a Low Income Subsidy (LIS), to pay for prescription drug costs.
- **Dual eligibles are automatically eligible for the LIS.**

Important Terms (cont.)

- **Prior Authorization:** A cost-containment procedure that requires a prescriber to obtain permission from the prescription drug plan (PDP) to prescribe a medication.
- **Step Therapy:** The practice of beginning drug therapy for a medical condition with the most cost-effective drug, and progressing to more costly drug therapy only if necessary; the primary goal is cost-containment.

Important Terms (cont.)

- **Quantity Limits:** For safety and cost reasons, a drug plan may limit the amount of pills that they cover for a particular drug. With the physician's documentation of medical necessity, this requirement may be waived.

The 2016 MEDICARE PART D Information for New Jersey's Dual Eligibles

What is a “Benchmark” Drug Plan?

- When a dual eligible enrolls in a benchmark drug plan, there is no monthly premium fee.
- The Medicare drug plans do require a monthly fee; however, for the dual eligibles, that fee is subsidized by CMS up to a specific amount (which is known as the benchmark).
- There are two types of drug plans: Basic and Enhanced, but only the Basic plans can qualify as benchmark plans.

Overview of Benchmark Drug Plans for NJ's Dual Eligibles

- In 2015, there were 10 benchmark plans for NJ's dual eligibles.
- Beginning on January 1, 2016, NJ will have 8 benchmark drug plans.
- **All but two of the benchmark plans from 2015 will be benchmark in 2016.**
- The two benchmark Part D drug plans from 2015 that **will not benchmark** in 2016 are:
 - SmartD Rx Saver from Stonebridge
 - Transamerica Medicare Rx Classic from Stonebridge

Drug Plan Performance Rating

- The CMS ratings for NJ's drug plans range from a high of 4 stars to a low of 2.5.
- If a drug plan has a low rating of 2.5 stars for 3 years in a row, CMS views it as a "low performing plan"

2016 Benchmark Plans in NJ

2015 BENCHMARK DRUG PLANS	BENCHMARK IN 2016?	PLAN'S PERFORMANCE RATING
AARP Medicare Rx Saver	YES	3 Stars
Aetna Medicare Rx Saver	YES	3 Stars
Envision Rx Plus Silver	YES	3 Stars
Express Scripts Medicare Value	YES	4 Stars
Humana – Preferred Rx Plan	YES	3.5 Stars
SilverScript Choice	YES	4 Stars
SmartD Rx Saver	NO	Plan terminating. All LIS members will be moved to Express Scripts Value plan for \$0 premium.
Transamerica Medicare Rx Classic from Stonebridge	NO	<p>Increase in premium over benchmark. Most LIS members will be auto-enrolled into another \$0 premium benchmark Plan. They will receive letter from CMS on Blue paper Informing them of new drug plan.</p> <p>However, “Choosers” will receive letter from CMS on Tan paper telling them to enroll in another plan. <u>If they stay in this plan, they will have to pay \$47.40 per month.</u></p>
Symphonix Value Rx (formerly called Symphonix Rite Aid Value)	YES	2.5 Stars
WellCare Classic	YES	2.5 Stars

Tan “Choosers” Letter

- Some dual eligibles are still enrolled in a drug plan that is not a benchmark plan.
- They are paying a monthly premium fee when they would pay \$0 if enrolled in a benchmark plan.
- CMS sends a tan colored letter to these dual eligibles, to let them know they can switch to a \$0 benchmark plan or stay in the same drug plan and pay a monthly fee. Changing to a benchmark drug plan is not required.

<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>HICN <1234>
September 2015**Information from Medicare about drug plan cost changes**

This notice is to make sure you know about your Medicare drug plan's 2016 premium costs. **Starting January 1, 2016, your monthly premium cost in <Organization Marketing Name>'s <Plan Name> will be <Future Amount>.** Right now, your monthly premium cost in <Plan Name> is <Amount>.

Here are your options for 2016:

1. **If you do nothing, you'll stay in <Plan Name> for 2016 and pay <Future Amount> per month.** Don't send any money now – your plan will contact you about your payments. You'll send your payment to the plan, not Medicare.
2. **You can switch to a different Medicare drug plan.** See the list of Medicare drug plans on the back of this notice. You can join any plan in this list and pay \$0 monthly premium in 2016.

Since you qualify for Extra Help, you can switch to a different Medicare drug plan anytime for coverage starting the first day of the next month.

What to do next

You may want to compare the costs, coverage, and customer service ratings of other Medicare drug plans in your area before you make your decision. If you want to join a different plan, call 1-800-MEDICARE (1-800-633-4227), or call that plan directly. TTY users should call 1-877-486-2048. For free help in another language, say "Agent" at any time to talk to a customer service representative.

Get help & more information

For help understanding this notice, show it to a family member, case manager, or someone else you trust. You can also call your local Office on Aging or your State Health Insurance Assistance Program at <SHIP phone number> for free, personalized health insurance counseling, or call 1-800-MEDICARE for help.

CMS does not discriminate in its programs and activities. To request this notice in an alternative format, please call: 1-800-Medicare or email: AltFormatRequest@cms.hhs.gov.

Note: If you're in a State Pharmacy Assistance Program, let them know about any changes you make so they can coordinate your benefits.



Disenrollment for Non-Payment of Monthly Premium

- Dual eligibles enrolled in a benchmark drug plan have no monthly premium fee.
- **CAUTION:** If dual eligibles are enrolled in a non-benchmark plan, and they don't pay the monthly fee, the drug plan will disenroll them.
- If this happens, CMS will auto-enroll them into a benchmark plan, BUT there may be a period of non-coverage of prescription drugs before this occurs.

How To Get Drug Coverage if Terminated From Drug Plan

- Ask the pharmacist to enroll the dual eligible in LINET: Limited Income Newly Eligible Transition Program, with Humana.
- This process allows pharmacist to enroll dual eligible (or other Low Income Subsidy person) into a temporary Part D plan (LINET Humana) in order to get medications immediately.
- This process is also for dual eligibles NEW to Medicare Part D who are not yet auto-enrolled.
- If pharmacists need help with LINET enrollment, they can call **800-783-1307, ext. 1.**

Medicare Part D Co-Pays for Dual Eligibles

- For most dual eligibles with developmental disabilities, drug co-pays for 2016 will be **\$1.20** for each generic and **\$3.60** for each brand name drug (no change from this year).
- For dual eligibles on the Community Care Waiver (CCW) and Managed Long Term Services and Supports (MLTSS): **\$0** co-pays for Medicare Part D drugs.

Two Categories of Medicare Drug Plans: Basic and Enhanced

- **Basic drug plans** meet the minimum standards set by Medicare with regard to costs and coverage.
- **Enhanced drug plans** may have a broader formulary.

Monthly Fee if a Dual-Eligible Selects a Non-Benchmark Plan

- Wide variation in monthly premiums for dual eligibles in **non-benchmark** plans
- When enrolled in a non-benchmark plan, copays for covered drugs will still be \$1.20 or \$3.60 (\$0 copay if CCW or MLTSS) and no deductible.
- For 2016: The lowest monthly premium for a non-benchmark plan is \$3.70 per month (**Symphonix PrimeSaver Rx** formally called Symphonix Premier Rx)

Why Would Dual Eligibles Select a Non-Benchmark Drug Plan?

- If a dual eligible needs a medication not available on the formulary of benchmark drug plans, but it is available in non-benchmark plan – it may be more cost-effective to pay a relatively low monthly premium to get the needed medications.
- This decision must be made on an individual basis.
- The next 4 slides show all of NJ's Medicare Part D stand-alone drug plans for 2016. The chart also shows the monthly premium fees for NJ's non-benchmark drug plans in 2016.

Data as of October 19, 2015

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	NJ PAAD
UnitedHealthcare aarpmedicareRx.com 1-888-867-5564 <i>National Plan</i>	AARP MedicareRx Saver Plus	Basic	\$0	\$40.00	\$360	No Gap Coverage	S5921	349	3 stars	PAAD cannot pay the premium
	AARP MedicareRx Preferred	Enhanced	\$25.80	\$65.80	\$0	No Gap Coverage	S5820	003	3 stars	
Aetna Medicare 1-800-213-4599 aetnamedicare.com <i>National Plan</i>	Aetna Medicare Rx Saver	Basic	\$0	\$34.30	\$360	No Gap Coverage	S5810	038	3 stars	PAAD
CIGNA Medicare Rx 1-800-735-1459 cignamedicareRx.com <i>National Plan</i>	CIGNA-HealthSpring Medicare Rx Secure	Basic	\$22.20	\$62.20	\$360	No Gap Coverage	S5617	018	3 stars	
	CIGNA-HealthSpring Medicare Rx Secure-Extra	Enhanced	\$9.70	\$49.70	\$250	No Gap Coverage	S5617	249	3 stars	
EnvisionRx Plus 1-866-250-2005 envisionrxplus.com <i>National Plan</i>	EnvisionRx Plus Silver	Basic	\$0	\$40.70	\$360	No Gap Coverage	S7694	004	3 stars	PAAD

* Plan's Overall Performance Rating determined by Medicare and based on 2015 data. Rating range is 1 to 5 stars, with 5 highest rating.

Plans in yellow have \$0 premium for those with Medicaid or Low Income Subsidy (also known as "Extra Help"). All yellow plans are referred to as "benchmark" plans. Plans with \$0 for those with PAAD are marked in green.

** Plans work with many pharmacies, but offer two pricing structures: one for network pharmacies and another for preferred pharmacies. You will pay the plan's standard copays at pharmacies and reduced copays at preferred pharmacies within your plan's network. This column shows chain stores where preferred pricing is available for each plan. Many indep pharmacies and grocery stores may also offer preferred pricing for your plan. Check with your plan and/or pharmacy.

For assistance in choosing a Medicare Part D Drug Plan contact the New Jersey State Health Insurance Assistance Program (SHIP) at 1-800-792-8820 or call 1-800-MEDICARE.

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	NJ PAAD
Express Scripts Medicare 1-866-477-5704 express-scriptsmedicare.com <i>National Plan</i>	Express Scripts Medicare Value	Basic	\$0	\$37.50	\$360	No Gap Coverage	S5660	106	4 stars	PAAD
	Express Scripts Medicare Choice	Enhanced	\$35.70	\$75.70	\$360, \$0 deduct for Tier 1 drugs	No Gap Coverage	S5660	207	4 stars	
First Health Part D 1-800-588-3322 firsthealthpartd.com <i>National Plan</i>	First Health Part D Value Plus	Enhanced	\$5.60	\$30.20	\$0	Yes	S5768	127	3 stars	
	First Health Part D Premier Plus	Enhanced	\$46.00	\$86.00	\$0	Yes	S5768	187	3 stars	
Horizon Blue Cross Blue Shield of NJ 1-800-224-1234 horizonblue.com	Horizon Medicare Blue Rx Standard	Basic	\$23.20	\$63.20	\$360	No Gap Coverage	S5993	001	4 stars	
	Horizon Medicare Blue Rx Enhanced	Enhanced	\$64.70	\$104.70	\$0	Yes	S5993	003	4 stars	

Company Name	Plan Name	Benefit Type	Premium with Medicaid or Extra Help	Full Monthly Drug Premium for those w/out Extra Help	Annual Drug Deductible	Extra Coverage Offered in the Gap	Contract ID	Plan ID	Plan's Performance Rating*	NJ PAAD
Humana Insurance 1-800-706-0872 humana-medicare.com <i>Plan</i>	Humana Walmart Rx Plan	Enhanced	\$9.30	\$18.40	\$360, \$0 deduct for Tier 1 drugs	No Gap Coverage	S5884	150	3.5 stars	
	Humana Preferred Rx Plan	Basic	\$0	\$36.30	\$360	No Gap Coverage	S5884	131	3.5 stars	PAAD
	Humana PDP Enhanced	Enhanced	\$28.10	\$68.10	\$0	Yes	S5884	062	3.5 stars	
SilverScript Insurance 1-866-552-6106 silverscript.com <i>National Plan</i>	SilverScript Choice	Basic	\$0	\$32.50	\$0	No Gap Coverage	S5601	008	4 stars	PAAD
	SilverScript Plus	Enhanced	\$54.10	\$94.10	\$0	Yes	S5601	009	4 stars	
Stonebridge Life Insurance Company 1-877-527-1958 transamericamedicare.com	Transamerica Medicare Rx Classic	Basic	\$47.40	\$87.40	\$360	No Gap Coverage	S9579	003	3 stars	
Symphonix Health 1-855-355-2280 symphonixhealth.com	Symphonix Value Rx <i>(formerly called Symphonix Rite Aid Value)</i>	Basic	\$0	\$36.20	\$360	No Gap Coverage	S0522	004	2.5 stars	PAAD
	Symphonix PrimeSaver Rx <i>(formerly called Symphonix Premier Rx)</i>	Enhanced	\$3.70	\$40.30	\$200, \$0 deduct for Tier 1 drugs	No Gap Coverage	S0522	050	2.5 stars	

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United American Insurance Co. 1-866-299-3406 uamedicarepartd.com <i>National Plan</i>	United American - Essentials Currently Under CMS Sanction. Cannot enroll new members.	Enhanced	\$17.50	\$43.00	\$190, \$0 deduct for Tier 1 drugs	No Gap Coverage	S5755	109	info not available	
	United American - Select Currently under CMS Sanction. Cannot enroll new members.	Basic	\$29.90	\$69.90	\$360	No Gap Coverage	S5755	075	info not available	
	United American - Enhanced Currently under CMS Sanction. Cannot enroll new members.	Enhanced	\$63.60	\$103.60	\$230, \$0 deduct for Tier 1 drugs	Yes	S5755	007	info not available	
WellCare 888-423-5252 wellcarepdp.com <i>National Plan</i>	WellCare Classic	Basic	\$0	\$38.50	\$360, \$0 deduct for Tier 1 drugs	No Gap Coverage	S5967	141	2.5 stars	PAAD
	WellCare Extra	Enhanced	\$25.00	\$65.00	\$0	No Gap Coverage	S5967	176	2.5 stars	

*Plan's Overall Performance Rating determined by Medicare and based on 2015 data. Rating range is 1 to 5 stars, with 5 highest rating.

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If person also has private health insurance...

- Not permitted to have both drug coverage from private health insurance and Medicare Part D.
- If private health insurance drug coverage is as good as (or better than) Medicare Part D, employer should provide a letter of "creditable coverage." Disenroll from Medicare Part D.
- When enrolled in a private drug plan dual eligibles are still entitled to low-income subsidy. Therefore, copays for covered medicine will still be \$1.20 or \$3.60 (\$0 if CCW or MLTSS), and no deductible.

The PAAD program

- Pharmaceutical Assistance to the Aged and Disabled (PAAD) is for NJ residents with low income, but income is too high for Medicaid
- **To qualify for PAAD:**
 - Must be 65 years of age or older, or at least 18 years old and receiving Social Security Title 2 Disability benefits and
 - For 2016, **income for a single person must be under \$26,575; if married, income must be under \$32,582**

What does PAAD cover?

- PAAD covers prescription drugs, insulin and insulin supplies
- Required to enroll in a Medicare Part D prescription drug plan **or** a creditable private drug plan. PAAD covers Medicare Part D premiums for certain drug plans.
- With PAAD, the **drug co-payment is \$5 (or less) for each PAAD covered generic drug and \$7 (or less) for each PAAD covered brand name drug.**
- PAAD also covers cost share for Part B covered medications obtained from local pharmacy.

7 Part D Drug Plans Where Premiums are Paid by NJ PAAD in 2016

- Aetna Medicare Rx Saver
- Envision Rx Plus Silver
- Express Scripts Medicare Value
- Humana Preferred Rx Plan
- SilverScript Choice
- Symphonix Value Rx (formally called Symphonix Rite Aid Value)
- WellCare Classic

More on PAAD

- Application form must be filled in; available on PAAD website; may take 4 to 6 weeks or longer to process.
- People eligible for PAAD may also qualify for other benefits, including property tax freeze, reduced motor vehicle fees, etc.
- For questions on PAAD, call **1-800-792-9745**
- Website: www.aging.nj.gov and click on PAAD on the left side bar

Transition Policy

- For the first 90 days of 2016, CMS expects all Part D plans to **cover one 30-day fill** for drugs which the member is currently taking that are either:
 - a) not on the formulary, or
 - b) are on the formulary but require prior authorization or step therapy
- Pharmacist should print out a message from drug plan at the point of sale, saying this is a one-time transition fill.
- CMS requires the Part D plans to send written notice to each enrollee who receives a transition fill, within 3 business days.

Formulary Changes that May Affect All Dual Eligibles

- Every year, in January, Medicare drug plans are permitted to change their formulary (the list of drugs they pay for)
- Many plans are dropping coverage for brand name drugs that treat mental health problems. Consumers who take brand name drugs (such as Carbatrol, Keppra XR, Risperdal, Clozaril & Depakote) should check to see if their plan will continue to cover it. If not, and if they can't take a generic, they will need to submit an exception request.
- Caregivers should find out if the enrollee's current prescription drugs will still be covered in January, 2016.

No “lock-in” For Dual Eligibles!

- Dual eligibles are not “locked in” to a Medicare drug plan.
- If dual eligibles want to switch drug plans and they don’t get it done in December, they can switch anytime next year.
- Drug plan changes are always effective the first day of the next month.

New Enrollees Will Get Drug Plan Identification Cards

- People who are enrolling in a new Medicare drug plan should look for the new drug plan's ID card in the mail.
- Bring the new ID card to the pharmacy.

Consumer's Pharmacy Must Be Affiliated with the Drug Plan's Network

- Before switching to a new Medicare drug plan, check with your pharmacy to be certain that it is affiliated with the new drug plan.
- Most of the major pharmacy chains are affiliated with all of the Medicare drug plans.
- Small pharmacies may not have as many affiliations.

Aspects of Medicare Part D That Do Not Apply to the Dual Eligibles or to PAAD

- Monthly premium fees
 - As long as consumer is enrolled in a benchmark or PAAD-affiliated plan, there is no premium fee
- The “Donut Hole” – doesn’t exist for duals or PAAD
- No deductibles for dual eligibles or PAAD
- Drug tiers
 - As long as a drug is on the formulary, it does not matter which tier it is on
- No lock-in; can switch to another drug plan at any time

Caution Regarding Medicare Advantage Plans

- Although dual eligibles enrolled in Medicare Advantage plans are not required to pay co-pays, in practice, co-pays are often charged. It is difficult to convince providers that co-pays should be waived for dual eligibles.
- Not required to pay doctor or medical co-pays.

New Jersey D-SNP Summary of Changes for 2016

November 10, 2015

Voluntary enrollment in Medicare HMO D-SNP

- Dual eligibles may enroll voluntarily in a Medicare Dual Eligible Special Needs Plan - D-SNP. **Enrollees do not receive any bills when using in-network providers.**
- If thinking about joining a D-SNP:
 - Network of doctors, hospitals & prescription drugs are through the D-SNP. **Must** use the D-SNP's provider network.
 - Cannot be in a stand-alone drug plan if enrolled in a D-SNP. Check the D-SNP formulary before enrolling to be sure needed drugs are on the formulary.
 - Enrollees in D-SNP have a \$0 co-pay for prescription drugs.
 - Can disenroll from D-SNP anytime – call **1-800-Medicare** to disenroll and select a Part D plan.

Changes Coming to D-SNP in 2016

- **NJ will have three D-SNP plans in operation as of January 1, 2016** (see next slide for plan benefit name and service area description).
- All three plans have been designated by CMS as Fully Integrated Dual Eligible SNP (FIDE-SNP).
- MLTSS enrollees are permitted to enroll in D-SNP starting 1/1/16.
- **Integrated care for Medicare-Medicaid enrollees in New Jersey includes*:**
 - Fully Integrated Medicare-Medicaid option including all acute, chronic, behavioral, and long-term care services and supports benefits;
 - A streamlined, integrated appeal process; and
 - Increased State monitoring of service utilization through the use of data analytics.

D-SNP Service Areas 2016

Medicaid Managed Care Plan	Special Needs Plan Name	Counties of Operation
Amerigroup New Jersey, Inc.	Amerivantage Dual Coordination (New Name!) (HMO-SNP)	Atlantic Bergen Burlington Cumberland* Essex Gloucester* Hudson Mercer Middlesex Monmouth Morris Ocean Passaic Somerset Union
UnitedHealthcare	UnitedHealthcare Dual Complete One (HMO-SNP)	Atlantic Bergen Burlington Essex Hudson Mercer Monmouth Morris Ocean Union
WellCare Health Plans, Inc.	WellCare Liberty (HMO-SNP)	Bergen Essex Hudson Middlesex Morris Passaic Somerset Union

How to Obtain Answers for Medicare Questions

- Check the www.Medicare.gov website
- Call 1-800-MEDICARE
- Call the current drug plan and speak with a customer service representative
- Contact a SHIP counselor (State Health Insurance Assistance Program). SHIP counselors are VERY busy until open enrollment for non-dual eligibles ends on Dec. 7th
- The next slide provides phone numbers for free Medicare counseling from the NJ SHIP program

State Health Insurance Assistance Program (SHIP) Telephone Numbers
SHIP HOTLINE: 1-800-792-8820

Local County Office	Telephone
Atlantic	888-426-9243
Bergen	201-336-7413
Burlington	609-894-9311, ext. 1494
Camden	856-858-3639
Cape May	609-886-8138
Cumberland	856-459-3090
Essex	973-643-5710
Gloucester	856-468-1742
Hudson	201-369-5280, Press1, then ext. 4258
Hunterdon	908-788-1361
Mercer	609-924-2098 Ext.14
Middlesex	732-745-3295
Monmouth	732-728-1331
Morris	973-784-4900 Ext. 101
Ocean	800-668-4899
Passaic	973-569-4060
Salem	856-339-8622
Somerset	908-704-6319
Sussex	973-579-0555 Ext.1223
Union	908-273-6999
Warren	908-475-6591