



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 12 No. 59

July 2002

TO: Providers of Hospital Services - For Action
Health Maintenance Organizations - For Information Only

SUBJECT: Charity Care Documentation Requirements

EFFECTIVE: Immediately

PURPOSE: To provide information regarding the documentation requirements for charity care for Work First New Jersey/General Assistance (WFNJ/GA) and other NJ FamilyCare adults without children. Three action requirements are specified below.

BACKGROUND: NJ FamilyCare has proven to be a remarkably successful program. Unfortunately, with the amount of federal funding for the Children's Health Insurance Program (CHIP) decreasing and the State facing serious financial difficulties, the State is forced to make difficult choices. Some of these include the modifications to the NJ FamilyCare program. This letter provides a clarification of the way in which the charity care application process should be handled for those NJ FamilyCare individuals who will be receiving charity care.

ACTION: Effective for services rendered on or after June 15, 2002, WFNJ/GA beneficiaries' hospital services currently paid on a fee-for-service basis, including hospital-based behavioral health services, will be eligible for and processed through the New Jersey Hospital Care Payment Assistance Program (charity care). This also applies to hospital services paid on a fee-for-services basis on behalf of other NJ FamilyCare adults without children.

IDENTIFICATION/COVERAGE - This population has "70" in the third and fourth positions of the 12-digit June NJ FamilyCare eligibility card. If the patient is enrolled in an HMO, the HMO is responsible for the physical health services. The behavioral health services will convert to charity care. If the patient does not have HMO coverage, all hospital services will convert to charity care.

DOCUMENTATION - For any NJ FamilyCare adults without children, including WFNJ/GA patients, applying for charity care from June 15 through June 30, 2002, the Department of Health and Senior Services is requiring only minimal information to be given for either the standard charity care application or the less-stringent documentation form for emergency room admissions. In order for a beneficiary to use this minimal application process during this 2-week period, the patient must show to the hospital her/his valid June 2002 NJ FamilyCare card and HMO card (unless he/she is not enrolled in an HMO). A copy of both cards must be placed in the file for audit review. In order for the file to pass the audit process, the following information has to be filled

out on the application: patient name, patient address (if homeless, state homeless), and one form of charity care-acceptable identification. The patient should sign the application. The name on the identification must match the name on both the HMO card and the June 2002 NJ FamilyCare card. If the above criteria are met, charity care can be awarded for one year from the date of the initial hospital service.

ACTION: Effective for services rendered on or after July 1, 2002, WFNJ/GA beneficiaries will no longer be enrolled in managed care plans and all hospital services will be eligible for and processed through the New Jersey Hospital Care Payment Assistance Program.

IDENTIFICATION - This population will have "Plan G" printed on their monthly NJ FamilyCare eligibility cards beginning with the July card.

DOCUMENTATION - The same minimal documentation requirements listed above shall apply, effective July 1, 2002. These WFNJ/GA beneficiaries will not have a valid managed care card.

ACTION: Effective for services rendered on or after July 1, 2002, NJ FamilyCare adults without children, other than WFNJ/GA beneficiaries, will receive a different HMO service package. All physical health services will continue to be provided through the HMO. Behavioral health services will be eligible for and processed through the New Jersey Hospital Care Payment Assistance Program. These beneficiaries will be entitled to limited behavioral health services through community providers.

IDENTIFICATION - This population will have "Plan H" printed on their monthly NJ FamilyCare eligibility cards beginning with the July card.

DOCUMENTATION - The same minimal documentation requirements listed above shall apply effective July 1, 2002 for behavioral health services only. These beneficiaries must be enrolled in managed care, therefore, both cards must be photocopied and stored in the patient's file.

The Department of Health and Senior Services will be advising the auditing staff of the above protocol.

If you have any questions concerning this explanation, please call Thomas Calandra at (609) 984-7511.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**