



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

NEWSLETTER

Volume 19 No. 40

July 2009

- TO:** Providers of Nursing Facility Services - For Action
Health Maintenance Organizations - For Information Only
- SUBJECT:** Health Maintenance Organization (HMO) coverage of the first 30 days for all nursing facility (NF) admissions
- EFFECTIVE:** Nursing facility admissions that begin on or after July 1, 2009
- PURPOSE:** To advise providers of NF care of a change in benefits for the first 30 days of nursing facility coverage for all NJ FamilyCare A clients.

BACKGROUND Skilled and custodial NF care is a fee-for-service (FFS) paid benefit. Rehabilitation/post-acute care services up to the 30th day from the date of admission are the responsibility of the HMO.

Due to a change in the contract for state fiscal year 2010, whereby the HMOs will cover skilled, post-acute, custodial and rehabilitative services, the first 30 days of admission will be the financial responsibility of the HMO for NJ FamilyCare A enrollees. Authorized NF admissions for rehabilitation services only will continue to be a HMO covered benefit for NJ FamilyCare B, C and D enrollees. Please note that there is no change in coverage for Hospice services and these services will remain the financial responsibility of the client's HMO beyond the first 30 days of admission. FFS claims for services provided during this 30-day period will be denied.

Verification of eligibility is the responsibility of the NF provider who must contact the client's HMO prior to admission. The NF provider must also contact the Department of Health and Senior Services (DHSS) to request a Pre-Admission Screening (PAS) if it is determined that the HMO enrollee will require more than 30 days stay in the NF. The NF provider must contact DHSS to request a PAS within 15 days of the client's date of admission to prevent a delay in the payment of claims. All claims for services provided up to and including the first 30 days should be submitted to the client's HMO. If the client requires continued NF care after the first 30 days, the NF provider must contact the client's HMO and request that the HMO notify Medicaid to terminate the client's HMO coverage. Thereafter the State will provide per diem coverage on FFS claims. FFS claims for per diem charges will be denied until the client's HMO coverage is terminated.

ACTION: Effective for NF claims with admission dates on or after July 1, 2009, FFS Medicaid will no longer be responsible for coverage of the first 30 days of NF admission for all NJ FamilyCare A clients. For admissions prior to July 1, 2009, rehabilitation/post-

acute care claims will remain the financial responsibility of the HMO, and skilled/custodial nursing care will be a FFS paid benefit. NF admissions for all levels of care that occur on or after July 1, 2009 will be the financial responsibility of the HMO for the first 30 days. Admissions that occur prior to July 1, 2009 and overlap the July 1, 2009 date should be billed as follows (see attached chart): 1) Admissions for Custodial Care and Skilled Nursing Care will continue to be billed as FFS. 2) Admissions for Rehabilitation, Hospice and Post-Acute Care will continue to be billed to the HMO. After the 30th day of admission, claims for all levels of care except for Hospice should be billed as FFS. Hospice Care is the financial responsibility of the HMO for the entire admission. When it is determined that a client requires a longer stay than 30 days, it is the responsibility of the NF provider to contact the HMO and request that the HMO notify Medicaid to terminate the client's HMO coverage.

Please be advised coverage beyond the 30th day will be subject to the existing regulations established by the State Department of Health and Senior Services as well as the financial requirements for institutional Medicaid.

Verification of Medicaid eligibility and HMO enrollment for all programs remains the responsibility of the provider.

If you have any questions concerning the changes in benefits described in this Newsletter, please contact the client's HMO Provider Relations Department. (See list attached)

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

HMO Provider Relations Department Phone Numbers

AMERIGROUP New Jersey	1-800-454-3730
AmeriChoice	1-888-362-3368
Healthfirst NJ	1-866-889-2523
Horizon NJ Health	1-800-682-9091
Health Net	1-800-963-6286
University Health Plans	1-800-780-2438

WHO SHOULD THE NURSING FACILITY BILL?

Service Type	Patient Admissions Before July 1, 2009	Patient Admissions that Overlap July 1, 2009	Patient Admissions On or After July 1, 2009	On the 31 st Day of Admission
Custodial Care	FFS	FFS	HMO	FFS
Rehabilitation	HMO	HMO	HMO	FFS
Skilled Nursing	FFS	FFS	HMO	FFS
Post-Acute Care	HMO	HMO	HMO	FFS
Hospice Care	HMO	HMO	HMO	HMO