



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

NEWSLETTER

Volume 24 No. 15

February 2015

PLEASE DISREGARD THE DECEMBER 2014 VERSION OF THIS NEWSLETTER IN ORDER TO CLARIFY PREVIOUSLY ANNOUNCED BILLING PROCEDURES

TO: Acute Care Hospitals – **For Action**
Advanced Practice Nurses (APNs), Chiropractors, Nurse Midwives,
Physicians, Podiatrists, Psychologists, Health Maintenance
Organizations – **For Information Only**

SUBJECT: **Incarcerated Individuals and NJ FamilyCare (NJFC) Fee-for-Service (FFS) Coverage of Inpatient Hospital and Certain Inpatient-Related Professional Services**

EFFECTIVE: Inpatient hospital and certain inpatient-related professional claims with service dates on or after January 1, 2014

PURPOSE: To notify NJFC FFS providers who provide inpatient hospital and certain inpatient-related professional services to incarcerated individuals of a State decision to expand the NJFC program to provide FFS coverage of these services. This Newsletter is intended to clarify billing procedures previously announced in Newsletter Volume 24, No. 15. All revisions are underlined in this revised Newsletter.

BACKGROUND: Claims for inpatient hospital, outpatient hospital, professional services, limited to physician, nurse midwife and advanced practice nurse (APN) services, provided to New Jersey Department of Corrections (DOC) or State inmates are currently processed by the State's Fiscal Agent, Molina Medicaid Solutions (Molina). Molina uses the State Bureau of Identification (SBI) number reported by the DOC to process claims for State inmates. Claims for similar services provided to County inmates are typically processed by the County or by a fiscal intermediary under contract with the County Department of Corrections.

42 CFR Section 435.1010 offers states the opportunity to receive federal Medicaid funding for inpatient hospital and inpatient-related professional services provided to incarcerated individuals who are expected to be hospitalized for a 24-hour or longer period at a medical institution. With the State decision on January 1, 2014 to expand the NJFC program to include single adults ages 19 to 64 years with incomes up to 133% of the Federal Poverty Level (FPL), incarcerated individuals that meet this criteria

are eligible to receive NJFC FFS coverage for inpatient hospital services, including inpatient professional services provided during a hospital stay. A similar opportunity also exists for incarcerated individuals 65 years of age or older who may be eligible to receive similar FFS coverage for inpatient hospital services under the Supplemental Security Income (SSI) Program.

To support this initiative, Molina will match inmate files received from both County and State Departments of Corrections with the Medicaid Eligibility File on a daily basis to identify incarcerated individuals with NJFC FFS coverage. Any County or State inmate determined eligible for NJFC FFS coverage at the time of incarceration shall have the message ***“the benefit package is limited to inpatient acute care, FFS only”*** displayed or announced by the response received from MEVS, eMEVS or REVS.

A Special Program Code (SPC) value of ‘98’ shall be assigned to NJFC-eligible State inmates and a SPC value of ‘99’ shall be assigned to NJFC-eligible County inmates. **The attachment represents an eMEVS response with Medicaid Special Program Data displayed.**

All inpatient hospitalization charges shall be submitted to Molina using the UB-04 claim form or 837I claim transaction reporting the inmate’s Medicaid identification (ID) number. Inpatient-related professional services shall be billed using the 1500 claim form or 837P claim transaction. The inpatient hospital claim and claims for certain inpatient-related professional services shall be paid by NJFC FFS only.

It is important to note that NJFC FFS coverage for services provided to inmates incarcerated by the County (SPC ‘99’) or New Jersey Department of Corrections (SPC ‘98’) shall be limited to only inpatient hospital and certain inpatient-related professional services provided to inmates during their incarceration. All other hospital-based services shall not be considered for payment by Molina.

Molina will continue to process inpatient hospital, outpatient hospital and certain professional service claims, including physician, nurse midwife and advanced practice nurse (APN) claims for State inmates identified by a State Bureau of Identification (SBI) number who are not eligible for NJFC FFS coverage. The hierarchy for billing inmate hospitalization charges requires that hospitals bill for potential benefit coverage in the following order: commercial insurance, Medicare, NJFC FFS, then the County or Department of Corrections.

ACTION: Claims with service dates on or after January 1, 2014 for inpatient hospital and certain inpatient-related professional services, including physician, podiatry, psychologist, chiropractic, nurse midwife and APN services, provided to County or State inmates ages 19 to 64 shall be billed directly to Molina reporting the inmate’s Medicaid ID Number. The County or the DOC may request a hospital to resubmit an inpatient hospital or inpatient-related professional claim to Molina if the County or the DOC is able to obtain an active Medicaid ID number for an inmate whose

inpatient costs were previously paid or are under payment consideration by the County or the DOC.

FREQUENTLY ASKED QUESTIONS

- 1. How can the hospital determine that a County or State inmate age 19 to 64 is eligible for NJFC FFS coverage?**

Response: The message *“the benefit package is limited to inpatient acute care, FFS only”* shall be displayed or announced in the response received from MEVS, eMEVS or REVS. In addition, the SPC value of ‘98’ shall be displayed (see attachment) in the eMEVS or MEVS response identifying a NJFC-eligible State inmate; and a SPC value of ‘99’ shall be displayed in the eMEVS or MEVS response identifying a NJFC-eligible County inmate. The hospital and/or professional providing an inpatient-related professional service should take appropriate action based on the SPC value and/or message received.

- 2. After a hospital determines that an inmate age 19 up to age 65 does not have NJFC FFS coverage by accessing MEVS, eMEVS or REVS, what alternative is available for the hospital to access NJFC FFS coverage for inpatient services provided to an inmate?**

Response: New Jersey hospitals that are certified Presumptive Eligibility (PE) providers may complete the new Presumptive Eligibility for Inmates application found online at <https://pe.dhs.state.nj.us> to enroll uninsured but eligible County or State inmates up to age 65 into NJFC when they are admitted to their facility. Assuming eligibility requirements are met, an individual is limited to one PE enrollment per twelve months; an individual must be 19 to up to 65 years of age; and not eligible for Medicare. The intent of PE is to provide seamless temporary insurance until full eligibility for NJFC is determined by the local County Welfare Agency. A presumptively eligible inmate will be identified by the value ‘2570’ in the first four positions of the Medicaid ID Number.

- 3. If a hospital determines that a County or State inmate is not enrolled in NJFC, or is otherwise not eligible for PE, will the hospital continue to bill the County or the Department of Corrections directly for the cost of inpatient hospital services?**

Response: If a State inmate is not enrolled in NJFC, or is otherwise not eligible for PE, the hospital will continue to bill Molina for inpatient hospital, outpatient hospital, and certain professional services, including physician, nurse midwife and APN services. Molina uses the State Bureau of Identification (SBI) number reported by the DOC to process claims for State inmates. If the inmate is a County inmate, these services are billed to the County.

4. An inmate 65 years of age or older is admitted to our hospital with no evidence of NJFC FFS coverage. Can the hospital use the PE option to enroll the inmate in NJFC?

Response: No. For those 65 and over, PE is not an option. Medicaid eligibility through the Aged, Blind and Disabled (ABD) Program must be determined by the local County Welfare Office. Those County or State inmates eligible for Medicaid (NJFC) or the ABD Program must have their inpatient hospitalization paid by that Program.

5. Can a hospital bill NJFC for inpatient hospital and inpatient-related professional services during a period of County or State incarceration reporting an existing Medicaid ID Number reported by MEVS, eMEVS or REVS?

Response: Yes

6. Is a hospital required to bill Medicare Part A (hospital coverage) for services provided to a County or State inmate?

Response: NJFC is always the payer of last resort. Hospitals receive Medicare Part A information as part of the MEVs or eMEVS transaction and the REVS response. The hospital is required to bill Medicare Part A first prior to billing the NJFC FFS program.

7. Is a health care professional required to bill Medicare Part B (coverage of professional services) or primary insurance first for inpatient hospital and inpatient hospital-related services provided to a County or State inmate?

Response: Yes, providers of professional services can query MEVS, eMEVS and REVS to determine if a County or State inmate has Medicare Part B or primary insurance coverage.

8. How does a provider of inpatient professional services during a period of incarceration report the 'Place of Service' on an inpatient-related professional claim to ensure that these services are eligible for County or DOC payments?

Response: For a professional service DOC claim submitted to Molina for a State inmate not enrolled in NJFC, or who is otherwise not eligible for PE, the acceptable 'Place of Service' code values may include '0' for an emergency department service; '3' for inpatient hospital services; and '7' for outpatient hospital services.

It is important to note that '3' (inpatient hospital) is the only 'Place of Service' code value accepted by Molina on a professional County or DOC claim for a Medicaid-eligible inmate.

9. **When a County or State inmate is hospitalized for less than a 24-hour period, should the hospital and/or the healthcare professional bill NJFC?**

Response: NJFC FFS coverage is limited to hospitalizations of 24 hours or longer. When a County or State inmate is admitted into a hospital, the assumption is that the inpatient hospital stay is for a minimum of 24 hours and the stay is eligible for NJFC FFS coverage.

10. **What impact will these changes for processing NJFC eligibility and claim payments for incarcerated members have on the MCOs and capitation payments?**

Response: The MCOs are not responsible for providing services or claim payments for any services received by a member during a period of County or State incarceration. MCO enrollment segments for periods in which a member has been determined to be incarcerated at the County or State level shall be "suspended" for the days in which a member is incarcerated, in accordance with the current MCO contract language. The period of suspension is inclusive of the initial date of incarceration through the correctional facility discharge date.

11. **When a MCO member is incarcerated, the response from MEVS, eMEVS or REVS shows that our member is eligible for managed care coverage. What are the MCO's coverage responsibilities during a period of incarceration?**

Response: When an inmate is incarcerated and MEVS, eMEVS or REVS is queried by a hospital or a professional providing an inpatient-related professional service, the response may indicate that an inmate has managed care coverage. The MCO has no coverage responsibilities for a member incarcerated by the County or the DOC.

It is important to note that DMAHS is developing programming to ensure that duplicate claim payments for inpatient hospital and/or inpatient-related professional services were not paid under an inmate's Medicaid ID Number and his/her State Bureau of Identification (SBI) number for the same date(s) of service. Any duplicate claim payments shall be recovered by the State of New Jersey.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE



Search: Go

- Home
- Site Requirements
- Help Index by Topic
- State Web Sites
- Account Links**
- HIPAA Submitter Login
- Manage Challenge Question
- Manage Sub Accounts
- Log Off
- Communication**
- Contact Provider Services
- Contact Webmaster
- Fed & State Stats & Regs
- Forgot My Password
- Provider Directory
- Provider Enrollment Application
- Provider Registration
- Information**
- Approved Vendor List
- Billing Supplements / Training Packets
- Recent Newsletters
- Edit Codes
- FAQ
- Forms & Documents
- Physician Administered Drugs (UOM)
- Rate and Code Information
- Newsletters & Alerts
- NJ State MAC
- Secured Options**
- Change Password
- Change Email
- Clear Claim Connection
- eMeas
- eMeas History
- LTC Census
- Report Distribution
- Request Judge Run
- EHR Incentive Program
- Non-Billing Provider Directory
- Claims Mgmt**
- CCF
- Submit DDE Claim
- Adjust a Claim
- Void Claim

Welcome to the New Jersey Medical Assistance Program's Medical Eligibility Verification Service.

Enter your eligibility criteria below. Be certain to select and complete one of the following sets of criteria.

- Recipient Id Number
- SSN and Date of Birth
- Name and Date of Birth
- Name and SSN
- Card Control Number and Date of Birth

Search By:

Service Period Begin Date:	Service Period End Date:	Recipient Medicaid ID Number:
<input type="text" value="01/01/2015"/>	<input type="text" value="01/1/2015"/>	<input type="text" value="999999999999"/>
First Name:	Last Name:	Middle Initial:
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN:	Date of Birth: (mm/dd/ccyy)	Card Control Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Results as of 1/1/2015 3:00 PM:

Last Name: SMITH First Name: JANE Middle Initial: E
 Submitted Recipient Id #: 999999999999 Eligible: Yes
 Date of Birth: 12/28/1978 SSN:
 Card Control Number:

Medicaid Eligibility Data: Title XIX Medicaid Anticipated LIS Level: 2

Begin Date: 1/1/2014	End Date: 9/30/2014
Recipient Id # for Billing: 999999999999	Message: PROGRAM 320
Eligible Services:	1-Medical Care 33-Chiropractic 35-Dental Care 47-Hospital 48-Inpatient Hospital 50-Outpatient Hospital 86-Emergency Services 88-Pharmacy 98-Physician Visits AL-Vision MH-Mental Health UC-Urgent Care

Medicaid Recipient Lockin Data:

Lockin Begin Date: Lockin End Date:
 Message: I

Medicaid Special Program Data:

Begin Date: 1/1/2015 End Date: 1/31/2015
 Message: THE BENEFIT PACKAGE IS LIMITED TO INPATIENT ACUTE CARE FEE FOR SERVICE ONLY
 Special Pgm Code: 98

Medicaid Managed Care Data:

MCO Name: HORIZON NJ HEALTH MCO Phone Number: 8006829091
 Begin Date: 1/1/2014 End Date: 12/31/2014
 MCO Patient ID Number: Plan Code: 086
 Message:

Medicare Part A Data:

Begin Date: End Date:
 HIC Number:

Medicare Part B Data:

Begin Date: End Date:
 HIC Number:

Medicare Part D Data:

Start Date: End Date:
 Contract Number: Plan Id:
 Name: Policy Number:
 Group Number: NJ Insurer Code:
 Copay Level:

Commercial Third Party Coverage Data:

Begin Date: End Date:
 Policy Number: Group Number:
 Carrier Name:
 Message: