



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

NEWSLETTER

Volume 29 No. 05

March, 2019

TO: Medical Day Care Providers – **For Action**
Managed Care Organizations (MCOs) – **For Information Only**

SUBJECT: Medical Day Care (MDC) prior authorization process

EFFECTIVE: March 1, 2019

PURPOSE: Provide clarification related to prior authorization process

BACKGROUND: Prior to March 1, 2019, all prior authorization requests for Medical Day Care are reviewed and authorized by the Division of Aging Services (DoAS).

ACTION: Effective 03/01/2019, the responsibility for Medical Day Care (MDC) prior-authorization shall transfer to the Division of Medical Assistance and Health Services (DMAHS). DMAHS will be responsible for all MDC authorizations for adult and pediatric individuals seeking fee-for-service (FFS) coverage for MDC services. FFS coverage of MDC only applies to Medicaid eligible individuals enrolled in Plan A or the Alternative Benefit Plan (ABP). This includes those beneficiaries who are pending enrollment in a managed care organization (MCO) or previously MCO enrolled with a temporary gap in MCO enrollment. For those beneficiaries with a gap in MCO enrollment, efforts shall be made by DMAHS to close the gap and maintain MCO coverage. For those instances when the gap cannot be closed, requests will be authorized for the gap period only. For those beneficiaries with new eligibility and pending MCO enrollment, the authorization shall be up to 90 days pending all criteria has been met. The MDC provider is responsible to verify that Medicaid eligibility is established and/or remains continuous prior to sending in a Prior Authorization (PA) request. Prior authorizations for MDC are only valid as long as the beneficiary maintains Medicaid eligibility.

As of March 1, 2019 Medical Day Care Prior Authorizations will be mailed to:

Monmouth Medical Assistance Customer Center (MACC)
100 Daniels Way
Freehold, NJ 07728

Adult Medical Day Care Services (MDC)

The Division of Medical Assistance and Health Services (DMAHS) is the entity responsible for Medical Day Care (MDC) authorizations for individuals screened as clinically eligible for MDC services and who are Medicaid eligible, pending enrollment in an MCO. The clinical eligibility screening will be conducted by DMAHS staff based on the information provided on the PA and the PA-4a (see attached).

- a) DMAHS will enter an authorization for up to 90-days to facilitate MDC services while the individual awaits enrollment in an MCO. After enrollment in an MCO, the FFS authorized services shall continue under continuity of care until the MCO completes their own assessment and determines clinical eligibility. At this time, the MCO shall provide authorization for these services going forward.
- b) DMAHS will also enter an authorization up to 90 days for individuals identified with a gap in managed care enrollment. For those individuals whose MCO MDC authorization was valid at the time of MCO disenrollment, FFS shall continue to authorize services at the same hours per day until the beneficiary returns to MCO coverage. For those eligible for retroactive prior authorization, prior authorization can only be entered for temporary gaps which meet the following criteria:
 - i. Identified and referred for prior authorization no later than 90 days after MCO disenrollment date
 - ii. Have a valid MCO authorization at the time of MCO disenrollment; copy must be submitted by the MDC when submitting the PA
 - iii. Have had no break in Medicaid eligibility

Process:

The MDC Provider is responsible for submitting a Prior Authorization (PA) form and all required documentation to DMAHS. Prior Authorization (PA) forms are only accepted from NJ FamilyCare certified Medical Day Care service providers. Required documentation includes:

- **Prior Authorization FD-411 Form (PA)** – completed accurately and in full.
- **Prior Authorization FD-411 Form (PA) and OCCO approval letter for MDC**
- **MCO Authorization** – required for gap request for individuals previously authorized by an MCO and is currently Medicaid FFS with no break in Medicaid eligibility. The MCO disenrollment date must have been no more than 90 days from the date of the request and the MCO authorization end date must be AFTER the date of MCO termination.

NOTE: Individuals dis-enrolled from an MCO more than 90 days prior or whose authorization expired prior to MCO disenrollment are required to be screened to determine clinical eligibility and are not eligible for retroactive authorization.

Upon receipt of the PA and required documentation, DMAHS will review the PA for completeness and accuracy ensuring the Medicaid number is active and/or correct. DMAHS shall check for MCO enrollment and attempt to close any gaps when possible. If information on the PA request is inaccurate or missing, DMAHS will notify the provider via the Provider Communication Form. The Provider will be required to generate a new PA and resubmit the request as appropriate.

Individuals Pending Medicaid Managed Care Enrollment:

For those individuals whose MDC prior authorization expired **after** the MCO termination date and are awaiting new MCO enrollment:

- a) If MCO date of enrollment is within 30 calendar days from date of receipt of the PA, DMAHS will enter a temporary authorization for the fee-for-service (FFS) period.
- b) If date of MCO enrollment is greater than 30 calendar days from date of receipt of the PA or there is no MCO enrollment posted, the individual shall be mailed the PA-4a Request Letter along with a PA-4a form.
- c) Upon receipt of the PA-4a, DMAHS will confirm the following:
 - The Individual Name, Provider Name and correlating PA# shall be written on the PA-4a by DMAHS.
 - DMAHS shall mail the letter and form to the individual and a copy of the letter shall be placed in individual file.
 - DMAHS shall keep a file including the individual name, date the letter sent, and expected date of MCO enrollment.
 - If no response has been received from the individual within 20 calendar days, then the PA shall be faxed to the referring MDC provider, with the provider response form, indicating the reason that the request cannot be processed. Refer to Medicaid MCO for authorization.
- d) Upon receipt of the PA-4a, DMAHS will confirm the following:
 - PA-4a is complete including a Physician's signature.
 - Managed care enrollment has not occurred.
 - Continuous Medicaid eligibility
- e) If the PA-4a is confirmed as complete and accurate and the MCO enrollment has not occurred, DMAHS shall:

- Enter a PA for the time period beginning with the date of receipt of the PA-4a and ending the day prior to MCO enrollment.
- The NJMMIS system generates an authorization letter to the individual and provider.
- If the PA-4 is incomplete or inaccurate, DMAHS shall fax the MDC provider the provider response form indicating the reason that the request cannot be processed.

Pediatric Medical Day Care (PMDC)

Pediatric PA Process for Neonatal Intensive Care Unit (NICU) Discharges:

The PA4a is not required for Pediatric MDC admissions for children discharged from the NICU.

When a PA request is received for a NICU the DMAHS will verify that all documentation is complete and correct. If all criteria are met the PA will be authorized for 90 days and entered into NJMMIS as follows:

- If the child is Technology Dependent the service code entered in DXC is **Z1863**.
- If the child is Medically Complex the services code entered in DXC is **Z1864**.

Pediatric PA Process excluding NICU:

Upon receipt of the PA and required documentation, DMAHS will review the PA for completeness and medical necessity and ensure there is no MCO coverage for the requested time period.

If the PA is confirmed as complete and accurate the DMAHS will process the PA as per standard protocol including the following service codes:

- If the child is Technology Dependent the service code entered in DXC is **Z1863**.
- If the child is Medically Complex the services code entered in DXC is **Z1864**.

If there are any questions regarding the information listed in this Newsletter, please contact the Monmouth MACC at 732-863-4400.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

**New Jersey Department of Human Services
PHYSICIAN CERTIFICATION
FOR ADULT DAY HEALTH / PEDIATRIC MEDICAL DAY CARE**

Provider
PA No.

Fax completed form to _____ no later than: _____

Name (Last, First)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Medicaid No.
Home Street Address		Telephone Number
City, State, Zip Code		Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth	Social Security Number	Medicare Number
Primary Contact Name		Primary Contact Telephone No.

MEDICAL AND CARE NEEDS – TO BE COMPLETED BY PHYSICIAN

1. Primary Diagnosis: _____
 Additional Diagnoses: _____

2. Activities of Daily Living and/or Cognitive Limitations:

ADL	Independent	Supervision/ Cueing	Limited Assistance or Greater	ADL Provided at ADHS
Bathing/Dressing				<input type="checkbox"/> Yes <input type="checkbox"/> No
Toilet Use				<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer				<input type="checkbox"/> Yes <input type="checkbox"/> No
Locomotion				<input type="checkbox"/> Yes <input type="checkbox"/> No
Bed Mobility				<input type="checkbox"/> Yes <input type="checkbox"/> No
Eating				<input type="checkbox"/> Yes <input type="checkbox"/> No

Cognitive Status	Intact	Impaired
Short Term Memory		
Procedural Memory		

Decision Making:

Minimally Impaired
 Moderately Impaired
 Severely Impaired
 Modified Independent

3. Skilled Services Provided Daily Onsite at ADH/PMDC for Unstable Medical Conditions (*attach supporting documentation*):

4. Is there a reasonable indication that patient might need hospital or nursing home care within 30 days without the Adult Day Health or Pediatric Medical Day Care services? Yes No

I certify to the above-named individual's diagnosis and related care needs.

Name of Physician (Print)	Signature	Date
Address		Telephone Number