



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

NEWSLETTER

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TO: Acute Care General, Private Psychiatric, Comprehensive Rehabilitation and Specialty Hospitals – For Action
Managed Care Organizations – For Information

SUBJECT: NJ FamilyCare Managed Care Organization (MCO) Contract Revisions for Inpatient Hospital Claims Reporting

EFFECTIVE: January 1, 2022

PURPOSE: To notify hospitals of the revised UB-04 and HIPAA 837(I) transaction reporting requirements specific to inpatient services for NJ FamilyCare MCO adjudication

BACKGROUND: In February 2020, HMS-Permedion, the State appointed New Jersey Utilization Review (NJUR) vendor, expanded the scope of the hospital audits to include MCO encounter transactions. The hospital audits included UR, Quality of Care, DRG Validation and Billing audits of inpatient hospital services. The subsequent audit adverse determinations and hospital appeals identified UB-04 claims and HIPAA 837(I) transactions, while in accordance with the MCO payer specification process, did not require certain UB-04 reporting as it was not specifically required in the current Division of Medical Assistance and Health Services (DMAHS) MCO contract.

ACTION: All inpatient hospital claims submitted to NJ FamilyCare MCOs must include, but are not limited to the following data elements on the UB-04 and HIPAA 837(I) transactions:

- Diagnosis Code(s)
- Procedure Code(s)
- Sex
- Discharge Status Code
- Date of Birth
- Newborn Birth Weight
- Admission Date
- Discharge Date
- Skilled level of Care (SNF) or Administrative Days and associated dates
- Residential level of Care (denied days) and associated dates

This reporting requirement applies to all claims received by the MCOs on or after January 1, 2022.

If you have questions concerning this Newsletter, please contact HMS-Permedion at 609-632-1500 or Permedion.NJUR@hms.com.