



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

NEWSLETTER

Volume 5 No. 51

September 1995

TO: All Hudson County Providers

SUBJECT: "Lower-Mode" Transportation

EFFECTIVE: September 15, 1995

BACKGROUND: Under Federal regulations, a state Medicaid agency must ensure that transportation is available for clients when necessary to obtain a Medicaid-covered service. The New Jersey Medicaid program provides for "lower-mode" (non-ambulance, non-invalid coach) transportation service in one of two ways: (1) as a State-contracted service in Essex and Hudson Counties; and (2) as a county welfare agency-arranged and/or provided service in the remaining 19 counties.

A State contract that was awarded to a single transportation provider in Hudson County on August 15, 1994, will terminate in the near future. Under a revised contract, the Division of Medical Assistance and Health Services is contracting with several vendors that meet specified terms and conditions, for the purpose of providing lower-mode transportation to Medicaid clients in Hudson County on and after September 15, 1995.

ACTION: Effective September 15, 1995, lower-mode transportation services in Hudson County will be provided by vendors approved under the revised contracting system. All lower-mode transportation must be prior authorized by the Medicaid District Office.

If a Hudson County Medicaid client has a transportation-related question or is in need of lower-mode transportation service for the purpose of obtaining a Medicaid-covered service, a toll-free number, 1-800-315-5278, connects the caller to the Essex Medicaid District Office, 153 Halsey Street, 4th Floor, Newark, N.J., where assistance may be obtained.

An up-to-date list of State-contracted, lower-mode transportation providers in Hudson County may be obtained by contacting Kate Strauss1, Director, Essex County Medicaid District Office, at 1-800-315-5278 or (201) 648-2470, and Peter K. Rosswaag at (609) 588-2629.

Questions concerning this Newsletter may be directed to Mr. Rosswaag at (609) 588-2629.

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



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MEDICALLY NEEDEY CLAIM TRANSMITTAL

RECIPIENT INFORMATION

HSP (Medicaid) CASE NO. _____

NAME _____

ADDRESS _____

PROVIDER INFORMATION

PROVIDER NO. _____

PROVIDER NAME _____

PROVIDER ADDRESS _____

TYPE OF SERVICE	DATE OF SERVICE	CHARGE	PAYMENT FROM OTHER SOURCE	CLIENT OBLIGATION	TOTAL FROM OTHER SOURCES
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Provider Instructions and Information:

- The services listed above were provided to the identified individual during a covered retroactive period.
- This transmittal does not guarantee payment. Your claim will be processed in accordance with current Medicaid and Medically Needy regulations.
- Each claim form submitted for payment for services listed above must be attached to this document.
- Please enter your provider number in the appropriate space in the upper right corner.
- Any amount listed in the column entitled "Client Obligation" is the responsibility of the client and should be paid by the client directly to you.

NUMBER OF ITEMS _____

SIGNATURE _____
 Authorized Representative