



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

NEWSLETTER

Volume 5 No. 58

November 1995

TO: All Providers (Except Pharmacies and Nursing Facilities)

SUBJECT: Expansion of the Medically Needy Program

EFFECTIVE: July 1, 1995

BACKGROUND: The New Jersey Medicaid program is expanding medically needy coverage to include long-term care and related pharmacy services for eligible individuals residing in Medicaid participating nursing facilities. As a result, individuals who require institutional level care, but who are income ineligible for the Medicaid program, may now qualify for Medicaid through the Medically Needy program.

With the implementation of the Medically Needy program expansion, covered services (See 10:49-5.3) provided to eligible residents of Medicaid participating facilities, including individuals previously covered under the General Assistance program, will be reimbursed through the Unisys claims processing system.

- ACTION:**
1. The county welfare agency is responsible for eligibility determinations and will accrete each eligible case to the Medicaid eligibility file with a medically needy identification number, i.e., Program Code 15, 25, 35, or 55 in the third and fourth position of the number.
 2. The eligibility file will identify the Medicaid effective and termination dates.

For individuals who must use incurred medical expenses to meet spend-down, including private nursing facility charges, the effective date will be the day after spend-down liability is met. In these cases, eligibility will terminate at the end of the covered month and the process will be repeated for each future month so long as eligibility exists.

For individuals who do not have to use incurred medical expenses to meet spend-down, the effective date will be the first day of the month and eligibility will continue through the end of the six-month budget period unless there is a change in circumstances which affects eligibility.

3. Claims for covered services for each of the eligible groups, i.e., pregnant women, children, and aged, blind, or disabled individuals, provided during an eligible period may be submitted to the fiscal agent for reimbursement using standard Medicaid billing procedures. Services provided prior to the effective date of eligibility are the client's responsibility, except as noted below.

4. To receive payment for services provided on the day that spend-down is met (one day prior to the effective date) but which were not used to satisfy spend-down, a claim transmittal form (sample attached) must be obtained from the county welfare agency and submitted with the claim. Claims for services one day prior to the eligibility effective date which are submitted without a claim transmittal form attached will be denied.

5. The Medically Needy program does not provide inpatient hospital coverage, except to pregnant women. Nor does the program provide chiropractic coverage to individuals who are aged, blind, or disabled. Although, the costs of these services may be used to: (1) satisfy the spend-down liability, where necessary, or (2) reduce the income that must be contributed to the cost of care, the individual remains responsible for payment and may be billed accordingly, except as noted in item #4 above. Any claims submitted to the Medicaid program for such services will be denied.

If you have any question concerning this Medicaid Newsletter, please contact the Medicaid District Office which services your area of operations.

Attachment

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





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

MEDICALLY NEEDED CLAIM TRANSMITTAL

RECIPIENT INFORMATION

PROVIDER INFORMATION

HSP (Medicaid) CASE NO. _____

PROVIDER NO. _____

NAME _____

PROVIDER NAME _____

ADDRESS _____

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