



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

NEWSLETTER

Volume 5 No. 60

October 1995

APPLICABLE TO PROVIDERS OF NEWARK GENERAL ASSISTANCE (GA) PHARMACEUTICAL SERVICES

TO: Providers of Pharmaceutical Services

SUBJECT: Verification of Beneficiary Eligibility for the Newark GA Program

EFFECTIVE: For Newark GA claims with service dates on or after November 1, 1995

BACKGROUND: The New Jersey Division of Medical Assistance and Health Services (DMAHS), in cooperation with the Division of Family Development (DFD), recently implemented a pilot pharmacy lock-in program **only** for Newark GA-eligible beneficiaries for pharmacy claims with service dates on or after September 1, 1995. The pilot program enhances DFD drug monitoring efforts to ensure the proper utilization of drugs prescribed for these beneficiaries (See the Medicaid Newsletter Volume 5, No. 44, dated July 1995). It is important to note that currently this pilot program is limited to Newark GA-eligible beneficiaries and does not change current lock-in requirements, or the lock-in status of beneficiaries enrolled in lock-in programs related to the New Jersey Medicaid or Pharmaceutical Assistance to the Aged and Disabled (PAAD) programs.

As you are aware, DMAHS, also in cooperation with DFD, implemented prior authorization requirements for certain drugs and related products covered by the Newark GA program. A complete list of drugs and related products requiring prior authorization are described in the Medicaid Newsletter, Volume 5, No. 52, dated September 1995.

To further enhance the efforts of the DFD to monitor drug utilization by Newark GA-eligible beneficiaries, the Division has implemented an eligibility tracking system. This is the same system used by the Medicaid program and establishes monthly periods of

eligibility for these beneficiaries which are referenced during claims processing by the New Jersey Medicaid Management Information System (NJMMIS). Initially, this new system will only apply to City of Newark residents who are eligible for Newark GA-covered services. DFD will expand this system to all GA-eligible beneficiaries in the near future.

ACTION: Residents of the City of Newark who are determined eligible for pharmaceutical services, **must** present a **new, valid monthly GA eligibility card**, or initial Pharmacy Selection Form (GA-61), prior to services being rendered. To beneficiaries presenting the GA-61 form, a new valid GA eligibility card should be available from the Newark GA program by the following calendar month.

A sample copy of the new GA eligibility card is attached for your information. This new card is similar to the Medicaid eligibility card and is intended to provide you with important information concerning the enrollment status of a City of Newark resident in the Newark GA program.

The new GA eligibility card is the **preferable** proof of a beneficiary's eligibility for services covered by the Newark GA program. Also acceptable is a valid GA-61 form. Medicaid providers authorized by DFD to provide pharmaceutical services to a Newark GA-eligible beneficiary are required to inspect the eligibility card to verify eligibility prior to providing services. DFD strongly recommends that pharmacies retain a copy of the new GA eligibility card on file to support any potential request for a "good faith" claim. A good faith claim reflects those situations in which a GA-covered service is provided based on the information included on the new eligibility card and the claim is denied payment. In these situations, as in the Medicaid program (See Medicaid Newsletter Volume 3, No. 1, dated January 1993), the pharmacy may submit a good faith claim to Unisys, the State's fiscal agent, for payment consideration.

Important characteristics of the new GA eligibility card include the following:

- (1) Use of the new GA eligibility card shall initially be limited to Newark GA-eligible beneficiaries.
- (2) To distinguish the new GA eligibility card from similar cards issued by the Medicaid program, the new GA eligibility card shall be printed on pink-colored card stock only.
- (3) Printed above the beneficiary's name on the GA eligibility card is the identity of the "selected" pharmacy which has been authorized by the Newark GA program to provide pharmacy services to the beneficiary identified on the card.

- (4) The new GA eligibility card **must** be signed by the Newark GA-eligible beneficiary or beneficiaries to whom the card has been issued.
- (5) The pharmacy providing a Newark GA-covered pharmaceutical service **must** request from the beneficiary "proof of identity" as described in the Medicaid Newsletter, Volume 5, No. 44, dated July 1995.

It is important to note that the eligibility of Newark GA beneficiaries will be validated by the NJMMIS. For those claims denied payment because the beneficiary is not eligible for coverage by the Newark GA program on a service date, the Error Code 301 "Recipient ineligible", or Error Code 321 "Recipient not on file" shall be printed with the disposition of the claim on the provider's Remittance Advice (RA) statement.

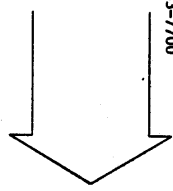
If you have questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services, Division of Medical Assistance and Health Services at (609)588-2724.

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

5244123456 10 01 95 07 14
 NEWARK CITY MUNICIPAL WELFARE DEPARTMENT (201) 733-7700

**GENERAL ASSISTANCE (GA)
 ELIGIBILITY CARD**
 is attached

JOHN DOE
 123 ANY STREET
 NEWARK NJ 07104-0000



RESTRICTED TO PHARMACY 1010101
 DEPARTMENT OF HUMAN SERVICES
 GENERAL ASSISTANCE-ID

VALID ONLY FOR THE MONTH OF OCTOBER 1995
 CASE # 5244123456

ELIGIBLE PERSONS	01	ELIGIBLE PERSONS	01
JOHN DOE		LAST PERSON PRINTED	

PHARMACY # 1010101
 CITY PHARMACY
 456 BROAD STREET
 NEWARK NJ 07104

NOTICE TO PROVIDER

REQUEST PERSONAL IDENTIFICATION IF YOU DO NOT KNOW THE PATIENT.

PLEASE REPORT THE CASE NAME, CASE NUMBER, AND PERSON NUMBER ACCURATELY ON ALL CLAIM FORMS AND OTHER COMMUNICATIONS RELATING TO THE CLAIM.

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