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TO: All Providers (Except HMOs, ICF/MRs, Nursing Facilities and Hospitals)

SUBJECT: Clarification of General Assistance (GA) Policy Regarding "Good Faith"
Claims Processing

EFFECTIVE: Immediately

BACKGROUND: As providers are aware, the New Jersey Division of Medical Assistance and Health Services (DMAHS), in cooperation with the Division of Family Development (DFD), is processing health care claims for the General Assistance (GA) program with service dates on and after February 1, 1997, in addition to pharmacy claims. Accordingly, all Medicaid procedures shall apply to GA health care claims, including Medicaid prior authorization requirements. Please see the Medicaid Newsletter Volume 7, No. 7, dated January 1997 for additional information.

ACTION: During the initial period of implementation, several difficulties were identified with regard to the confirmation of GA beneficiary eligibility data by the State's claims processing system. For example, some municipalities, which are not fully automated, have experienced delays in updating the eligibility file which is accessed during claims processing. In these situations, some providers have experienced unanticipated claim denials based on eligibility editing procedures.

Due to these eligibility concerns, DFD has changed its policy regarding "Good faith" claims processing, as initially described in the Medicaid Newsletter, Volume 7, No. 7. As an interim measure, providers are advised to retain a copy of the monthly identification letter or card issued by the municipal welfare department. A copy of this letter or card will facilitate a provider's request for a "good faith" payment in those rare instances in which a service may be denied for eligibility reasons.

Please note that all requests for “good faith” payments **must** include a hard-copy claim with a copy of the municipal welfare eligibility letter or card attached. All “good faith” claims **must** be submitted to:

Unisys
Attention: Good Faith Claim
P.O. Box 4801
Trenton, NJ 08650

In addition, for pharmacy claims, please report the phrase “good faith” and the Internal Control Number (ICN) of the Point Of Sale (POS) denied claim in field 18 on the MC-6 pharmacy claim form.

If you have any questions regarding this Newsletter, please contact Unisys provider Services at 1-800-776-6334.

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(BLUE TAB MARKED “5”)**