State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PO BOX 712
TRENTON, NEW JERSEY 08625-0712

DONALD T. DIFRANCESCO
Acting Governor

JAMES W. SMITH, JR.
Acting Commissioner

DEBORAH C. BRADLEY
Acting Director

1-800-356-1561

MEDICAID COMMUNICATION NO. 01 - 25 DATE: November 29, 2001

TO: County Welfare Agency Directors
Statewide Eligibility Determination Agency

SUBJECT: Clarification of changes in NJ FamilyCare Program, Effective September 1, 2001

This is a follow-up to Medicaid Communication 01-14 regarding eligibility issues which have been brought to our attention as a result of the suspension of certain single adults and couples from enrollment into the NJ FamilyCare program.

ReDeterminations (PSC 762 and 763)

There may be situations in which an individual had been enrolled in one of the non-parent NJ FamilyCare segments (prior to September 1, 2001), but failed to cooperate with the redetermination process in a timely manner. As a result, a termination date is entered onto the eligibility system for the end of that month. Subsequently, however, the individual complies with the redetermination process after the monthly cut-off date, but before the end of that redetermination month. In these situations, if found eligible, these individuals will qualify for continuous coverage of NJ FamilyCare benefits and eligibility should be processed accordingly.

However, systems edits will prevent your making these changes after cut-off. Therefore, it will be necessary for you to forward the names and Medicaid numbers of these individuals as soon as you have identified them, using the attached form, to the attention of field staff assigned to your counties at:

DMAHS
Bureau of Eligibility Policy, MC #32
P.O. Box 712
Trenton, New Jersey 08625
Fax: (609) 588-7343
Telephone: (609) 588-2556.

NOTE: **WFNJ/GA beneficiaries (PSC 761) who lose eligibility for WFNJ benefits after September 1, 2001 are not eligible for NJ FamilyCare PSC 762 or 763 coverage, even though they may have been eligible for those segments prior to their WFNJ/GA eligibility.**

Transition Cases (PSC 762 and 763)

In addition, there may be individuals in the above segments who were on the program prior to the enrollment suspension, including those who applied prior to September 1, 2001. A change in status after September 1, 2001 is allowed and the continued eligibility process applies, should there be a future program status change. This group will generally involve individuals who are transferred between the county boards of social services and the statewide vendor because of income changes.

Again, it should be noted that individuals who later become eligible for WFNJ/GA (PSC 761) coverage and lose their eligibility for that program are not eligible for NJ FamilyCare coverage under segments PSC 762 and PSC 763, even though they may have been eligible under those segments prior to their WFNJ/GA eligibility.

For cases with an application submitted prior to September 1, 2001, enrollment into managed care is necessary to establish eligibility for the PSC 762 segment. Therefore, it is critical that the HMO selection form be completed and submitted to the vendor as soon as possible. **Even though your agencies have the capability to data enter an eligibility date onto the Medicaid Eligibility File, if the managed care enrollment does not coincide with the eligibility date appearing on the File, a monthly card will not be issued, and our billing agent, Unisys, will not pay for any fee-for-service claims submitted for that individual.**

For new cases identified with PSC 762, the system will issue a card after managed care enrollment. No initial manual cards should be issued by the county boards of social services. However, replacement cards may be issued for those who are eligible after their enrollment into managed care. Therefore, it is essential that the eligibility file be used to verify managed care enrollment prior to issuing any replacement cards. In addition, replacement cards need to include the managed care message. **If managed care is not added timely to the system for the same eligibility period, it will be necessary for you to change the eligibility date to the month that managed care enrollment coincides with the eligibility date.**

In order to facilitate the managed care enrollment process, when assisting individuals in completing the HMO Selection form, please write "762" on the top of the form and submit to:

NJ FamilyCare
P.O. Box 3034
Hamilton, New Jersey 08619
ATTENTION: Cheryl Akins
FAX: (609) 918-1524.

In addition, to assist you with coordination of eligibility dates and managed care enrollment, a weekly discrepancy report is issued to your agency. It is important for you to use this report to identify individuals with eligibility dates on the Medicaid Eligibility File, but not yet enrolled in managed care. As a result, eligibility does not yet exist for these individuals and it will be necessary for you to adjust the eligibility date once managed care enrollment takes place.

Pregnant Women

Under the NJ FamilyCare program, you have been advised to have single pregnant women eligible under PSC 761, 762, and 763 evaluated for the Pregnant Women segment of New Jersey Care...Special Medicaid Programs (PSC 490). Any pregnant woman who was enrolled in NJ FamilyCare as a single adult, as of September 1, 2001, and was subsequently found eligible for Medicaid coverage as a pregnant woman, will be allowed to revert to eligibility as a NJ FamilyCare single adult after the termination of pregnancy, if she does not have a child that would qualify her for AFDC or NJ FamilyCare benefits under the family segments of the program and she continues to meet the criteria for single coverage.

Children who turn age 19

Children who turn age 19 and age out of the NJ KidCare segments of the NJ FamilyCare program will be evaluated for Medicaid Special coverage up to age 21 under the rules found in N.J.A.C. 10:69, AFDC-Related Medicaid, **and/or** WFNJ/General Assistance benefits found in N.J.A.C. 10:90. If these children do not qualify for coverage under either of these two segments, they cannot be enrolled in the NJ FamilyCare program (PSC 762 or 763). However, they may be evaluated for coverage under the Medically Needy program.

I would like to take this opportunity to thank you for your agency's contributions to the success of the NJ FamilyCare program. Please share this information with appropriate staff and direct any questions relating to this Communication to the Division's Bureau of Eligibility Policy field staff assigned to your county at (609) 588-2556. Your anticipated cooperation in this matter is appreciated.

Sincerely,

Deborah C. Bradley
Acting Director

DCB: S
Attachment
c: George DiFerdinando, M.D., Acting Commissioner
William Conroy, Deputy Commissioner
Department of Health and Senior Services

David Heins, Director
Division of Family Development

Charles Venti, Director
Division of Youth and Family Services

NJ FAMILYCARE REINSTATEMENT FORM
(TO BE USED FOR PSC 762 AND 763)

DATE: _____

TO: _____
DMAHS Bureau of Eligibility Policy
Field Representative

FROM: _____ TELEPHONE # _____

COUNTY:_____

BENEFICIARY NAME:

MEDICAID NUMBER:

REASON FOR REQUEST:

MONTH DUE FOR REDETERMINATION:

DATE REDETERMINAITON RECEIVED:

DATE REDETERMINATION PROCESSED:

EFFECTIVE ELIGIBILITY DATE REQUESTED:

DISPOSITION:

DMAHS REPRESENTATIVE: _____

DATE: _____ TELEPHONE: _____