

Process for Provider Agencies and Support Coordination Agencies to Receive Payment via Voucher when Medicaid Terminates

Per DIVISION CIRCULAR #3 (N.J.A.C. 10:46): In order to receive Division services, individuals are responsible to apply, become eligible for, and maintain Medicaid eligibility.

- The Division of Developmental Disabilities (DDD) and the DDD Medicaid Eligibility Helpdesk (DDD.MediEligHelpdesk@dhs.nj.gov) understand that issues can arise that cause a short-term loss of Medicaid.
- This Voucher Process was created to bridge the gap when there is a **temporary** loss of Medicaid, to allow critical services to continue while the Medicaid issue is in process of being resolved.
- Payments via voucher to Support Coordination Agencies (SCAs) and provider agencies are time-limited and cannot be made indefinitely.
- Per the process below, the DDD Medicaid Eligibility Helpdesk will initially approve vouchering for a 90-day period, beginning with the Medicaid termination date. This should allow ample time for the individual/guardian to work on re-establishing Medicaid
- Subsequent requests will be reviewed and approved on a case-by-case, month-to-month basis for instances where the individual/guardian is **actively working** on the Medicaid reinstatement, but a determination hasn't been made after 90 days from the Medicaid termination date.
- The DDD Medicaid Eligibility Helpdesk will monitor the case and review the monthly updates provided by the SCA.
- If the Medicaid application is denied and/or the individual/guardian does not comply with the necessary steps to reinstate Medicaid, subsequent requests to Voucher will not be approved.
 - In these situations, the DDD Medicaid Eligibility Helpdesk will recommend the SCA submit an SOS to the SC Helpdesk, with a recommendation to RI/AI the plan and disenroll the individual from the waiver program.

Medicaid Termination Scenario 1

The Support Coordination Agency (SCA) becomes aware of the Medicaid termination via **iRecord, family, or provider**:

- SCA submits **DDD Medicaid Troubleshooting Form** to DDD Medicaid Eligibility Helpdesk: DDD.MediEligHelpdesk@dhs.nj.gov
- SCA documents submission of **DDD Medicaid Troubleshooting Form** in a case note.

Medicaid Termination Scenario 2

The Support Coordination Agency (SCA) is notified of the Medicaid termination by **DDD Waiver Unit Special Projects Team/DDD Medicaid Eligibility Helpdesk**:

- SCA contacts appropriate party (individual, family, guardian, representative payee, agency, etc.) to discuss the information received from the Waiver Unit Special Projects Team/DDD Medicaid Eligibility Helpdesk.

- SCA reminds appropriate party of the Medicaid eligibility requirement for DDD eligibility and receipt of DDD waiver services.
- SCA documents outreach in case note and in Monthly Monitoring Tool.

In Both Scenario 1 and Scenario 2

- The DDD Medicaid Eligibility Helpdesk advises the SCA of next steps needed to reinstate Medicaid (e.g., contact Board of Social Services, submit NOEA for Waiver Unit to process Medicaid Only application, etc.).
- SCA continues monthly monitoring:
 - SCA includes updates on Medicaid status and reinstatement efforts in case notes and Monthly Monitoring Tool
 - SCA sends monthly Medicaid update email to Medicaid Eligibility Helpdesk, providing details about Medicaid status and reinstatement efforts (subject line: **Medicaid Update: DDDID #**)

Requesting Approval to Submit Voucher

If Medicaid has not been reinstated 30 days prior to the Medicaid termination date indicated in iRecord:

- The SCA may submit the **Voucher Approval Request** form to the DDD Medicaid Eligibility Helpdesk (subject line: **Voucher Request: DDDID #**).
- The DDD Medicaid Eligibility Helpdesk reviews the **Voucher Approval Request** form and notifies the SCA via email of the approval or denial.
 - If approved, the DDD Medicaid Eligibility Helpdesk will provide the **Payment Voucher** template to be completed for payment and instructions for submission.
 - All provider agencies active in the service plan will be copied on the email and asked to submit their own **Voucher Approval Request** form for tracking purposes.
 - If denied, the DDD Medicaid Eligibility Helpdesk will provide an explanation for the denial in the email response.
 - The SCA notifies individual/guardian of the determination.

Voucher Submission for Approved Requests

Because it can take up to 90 days for Medicaid to make an eligibility determination, SCAs and providers are required to wait until the end of that time period as the expectation is that Medicaid will reinstate with no gap in coverage.

- Approval is only in effect until a Medicaid determination is made
 - If Medicaid is reinstated and there is no gap in coverage, SCA/provider will submit claims as usual through Gainwell
 - If Medicaid eligibility determination has not been made by **90 days after Medicaid termination date**, the SCA/provider should submit the **Payment Voucher** for services

rendered while Medicaid was terminated to the DDD Medicaid Eligibility Helpdesk:
DDD.MediEligHelpdesk@dhs.nj.gov

***Examples**

EXAMPLE A: Medicaid terminated on 12/31/23 and Medicaid was not reinstated by 4/1/24 (gap in coverage from 1/1/24 – 3/31/24):

- The SCA/provider agency can submit payment vouchers to the DDD Medicaid Eligibility Helpdesk for January, February and March.
- Additional Voucher Approval Request Forms will need to be submitted monthly for approval to voucher after April 2024.

EXAMPLE B: Medicaid terminated on 12/31/23 and was reinstated in April 2024 with a retroactive Medicaid eligibility date of 2/1/24 (gap in coverage from 1/1/24 – 1/31/24):

- The SCA/provider agency can submit a voucher to DDD Medicaid Eligibility Helpdesk for January 2024 but should submit claims to Gainwell as usual for services from February forward since Medicaid has been reinstated.

EXAMPLE C: Medicaid terminated on 12/31/23 and was reinstated in April 2024 retroactive to 1/1/24 (no gap in coverage):

- The SCA/provider agency should not submit vouchers to the DDD Medicaid Eligibility Helpdesk for payment. Claims can be made to Gainwell as usual since Medicaid has been reinstated and there is no gap in Medicaid coverage.

PLEASE NOTE:

- If an SCA/provider receives payment for services via voucher, they cannot bill Gainwell for those same services/dates; this would be Medicaid fraud that would be reported to the DHS Medicaid Fraud Division.
- Proof of each waiver service rendered (i.e.: activity sheets, log entries, etc.) need to be submitted for each service/day/unit that a payment is being requested. Instructions will be provided upon approval of the voucher payment request.
- In the event the Medicaid application is denied, or there are extenuating circumstances delaying Medicaid eligibility, a determination will be made on a case-by-case basis regarding the continuation of services and DDD Waiver enrollment.
- A provider who is not financially solvent can request to submit a voucher before 90 days after the Medicaid termination date.
- In some instances when Medicaid is reinstated retroactively and the Prior Authorizations (PAs) do not update automatically. If an SCA or provider has difficulty billing after a retroactive Medicaid reinstatement they should submit a [DDD IT Helpdesk Ticket](#) for resolution.
- DDD reserves the right to deny payment via voucher in situations where the provider agency seeking voucher payment is also the Representative Payee for SSA benefits, and due to their actions, the individual's Medicaid is terminated (e.g., accumulation of assets in agency-managed bank account, non-compliance with the annual redetermination process, etc.)