



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712
Trenton, NJ 08625-0712

CHRIS CHRISTIE
Governor

ELIZABETH CONNOLLY
Acting Commissioner

KIM GUADAGNO
Lt. Governor

MEGHAN DAVEY
Director

MEDICAID COMMUNICATION NO. 17-04

DATE: March 6, 2017

TO: NJ FamilyCare Eligibility Determining Agencies

SUBJECT: Disclosure of Eligibility Determination Information to
NJ FamilyCare Providers

This communication is to provide guidance to all Eligibility Determining Agencies (EDAs) regarding the sharing of application status with healthcare providers. Historically, EDAs do not release confidential applicant information, and providers can access eligibility information from MEVS and eMEVS; however, providers waiting to submit claims may not know when an application has been denied if the applicant or authorized representative does not share that information with the healthcare provider. Effective from the date of this communication going forward, all NJ FamilyCare EDAs may provide application status information according to the guidelines established below.

Information permitted to be shared by the EDAs with a healthcare provider will be limited to the following statuses:

- Application is pending (reason, if appropriate)
- Applicant was determined eligible effective (date)
- Application was denied on (date) for (reason)
- Applicant was determined eligible effective (date), but for a transfer penalty of (number) days

The information shared must be directly connected to the EDA's determination of eligibility or to whether medical assistance will be granted that may cover healthcare claims of the healthcare provider seeking the information. Information must not be shared with any billing agencies associated with the provider. Attached is a sample letter that may be used by the EDAs to communicate this information to providers.

Any further confidential applicant or beneficiary information must be obtained by the healthcare provider from the applicant/beneficiary or their Authorized Representative. EDAs should develop contacts at nursing facilities' (NF) and assisted living facilities' (ALF) healthcare providers in their county to make these communications efficient. No protected health information or personally identifiable information (including but not limited to names and Social Security numbers) can be placed in an email unless the email is sent securely using encryption software.

Federal Medicaid law requires that applicant information only be disclosed when directly connected to the administration of the Medicaid program, which includes establishing eligibility, determining the amount of medical assistance, providing services for beneficiaries, and investigations directly related to the program. Access to information concerning applicants or beneficiaries must be restricted to persons who are subject to standards of confidentiality that are comparable to those of DMAHS. DMAHS and the EDAs are prohibited from publishing names of applicants or beneficiaries. Unless the information is to be used by the EDA to verify income, eligibility and the amount of medical assistance, the EDA must obtain permission from the individual or his family before responding to a request for information from an outside source. If an emergency situation prevents DMAHS or the EDA from obtaining applicant or beneficiary consent prior to release, DMAHS or the EDA must notify the family or individual immediately after supplying the information. Where a court issues a subpoena for a case record or for an EDA representative to testify concerning an applicant or beneficiary, the EDA must inform the court of the applicable statutory provisions, policies, and regulations restricting disclosure of information.

The NJ FamilyCare Application and the NJ FamilyCare Aged, Blind and Disabled Application includes in the Rights and Responsibilities section a statement that the EDA may share the current status or outcome of an application with a healthcare provider that has or is providing healthcare services to the applicant upon request by the healthcare provider.

Children's Health Insurance Program (CHIP) confidentiality requirements require adherence to HIPAA and federal law, (42 CFR 457.1110). The Affordable Care Act requires the protection of personally identifiable information and restricts disclosure of eligibility information to only those authorized to receive it, (45 CFR 155.260). The Health Insurance Portability and Accountability Act (HIPAA) allows, as applicable here, the disclosure of applicant information when it is related to payment activities of a healthcare provider for healthcare services provided to an individual and is subject to safeguarding by the healthcare provider receiving the information. Healthcare providers are subject to the confidentiality requirements of Medicaid, CHIP and HIPAA.

It is the responsibility of healthcare providers to ensure their staff will comply with HIPAA and Medicaid/CHIP confidentiality requirements. These standards can be found at NJAC 10:49-9.7; 42 CFR 431.300 et seq., 42 C.F.R. 457.1110, 45 C.F.R. 155.260, 45 CFR 160, 162 and 164.

If you have any questions regarding this Medicaid Communication, please refer them to the Division's Office of Eligibility field representatives for your agency at 609-588-2556.

Attachment: EDA Provider Response Sample Letter
MD:km

c: Elizabeth Connolly, Acting Commissioner
Department of Human Services

Valerie Harr, Deputy Commissioner
Department of Human Services

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services

Liz Shea, Assistant Commissioner
Division of Developmental Disabilities

Joseph Amoroso, Director
Division of Disability Services

Nancy Day, Director
Division of Aging Services

Natasha Johnson, Director
Division of Family Development

Cathleen D. Bennett, Commissioner
Department of Health

Allison Blake, Commissioner
Department of Children and Families

(EDA Letterhead or NJFC Logo)

Date

(Facility Name)
(Address 1)
(Address 2)
(City, State Zip)

Dear _____,
(Provider's Name)

The application status information you requested for _____ is as follows:
(Client's Name)

The application status is:

- Pending an eligibility determination for _____.
(Reason, if appropriate)
- Determined eligible effective _____.
(Date)
- Denied on _____ for _____.
(Date) (Reason)
- Determined eligible effective _____, but for a transfer penalty of _____ days.
(Date) (Number)

Please contact _____ at _____ if you have any questions.
(County Worker's Name) (Phone Number)

Sincerely,

NJ FamilyCare Aged, Blind, Disabled Programs