

CHAPTER 80

HEALTHSTART PLUS

Authority

N.J.S.A. 26:2H-1 et seq., specifically 26:2H-5.

Source and Effective Date

R.1992 d.160, effective April 6, 1992.
See: 24 N.J.R. 62(a), 24 N.J.R. 1338(a).

Executive Order No. 66(1978) Expiration Date

Chapter 80, HealthStart Plus, expires on April 6, 1997.

Chapter Historical Note

Chapter 80, HealthStart Plus, became effective on April 6, 1992.
See: Source and Effective Date.

See section annotations for additional rulemaking.

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SUBCHAPTER 1. GENERAL PROVISIONS

8:80-1.1 Purpose; scope

HealthStart Plus is funded through a limited appropriation and is contingent on the availability of those funds and the amount allocated by the Department of Health to support specific services for the purpose of improved health outcomes for underinsured pregnant women and their infants through the provision of preventive and primary health care services.

8:80-1.2 Definitions

For the purpose of this chapter, the following words, phrases, names and terms shall have the following meanings:

“Authorized eligibility worker” means an employee of the health provider authorized by the Department of Health to provide HealthStart Plus.

“Comparable insurance” means a third party resource for payment of health care costs for preventive and primary ambulatory care, including prenatal care, and inpatient care.

“Family income” means the income of the pregnant woman and her spouse or the parents’ or legal guardians’ income for the child for the 12 months immediately preceding the date of application. In the event the spouse is not living in the household, the spouse’s income may be excluded from calculation of the household income upon presentation of a signed statement by the mother that the spouse does not contribute to the household income.

“HealthStart Plus” means a package of comprehensive maternity and pediatric health care services delivered by a provider authorized by the Department of Health; the funding source expires on June 30, 1993. HealthStart Plus maternity services include prenatal care, delivery and post partum care up to end of the calendar month of the sixtieth day of the end of the pregnancy. HealthStart Plus pediatric care includes newborn care and comprehensive health care to the end of the calendar month of the child’s first birthday.

“Liquid assets” means cash, certificates of deposit, government bonds and other marketable securities which are readily converted to cash.

“Poverty level” means the Federal poverty income guidelines published annually in the “Federal Register” by the U.S. Department of Health and Human Services. The most recently published guidelines shall be used to determine eligibility.

“Total family income” means the combined wages, alimony, interest and all other earnings as required to be reported on the most recent U.S. Tax 1040 form as gross income for the pregnant woman and her spouse or the parent’s or legal guardians of the child.

SUBCHAPTER 2. ELIGIBILITY

8:80-2.1 Eligibility requirements

(a) In order to be enrolled for HealthStart Plus services, a completed application must be received by provider(s) authorized by the Department of Health to provide HealthStart Plus services no later than February 28, 1994. Application forms shall be available from provider(s) authorized by the Department of Health to provide HealthStart Plus services. Applications for HealthStart Plus shall include, but not be limited to, the following information:

1. Name and address of applicant;
2. Date the applicant began to reside in the State;
3. Date of birth of the applicant;
4. Place of birth and date of discharge from the hospital following birth for applicants who are children less than one year of age;

5. Estimated date of delivery and the name and address of any health care provider of any prenatal care rendered for this pregnancy, if the applicant is a pregnant woman;

6. The name of any health care benefits program or health care insurance, including New Jersey Medical Assistance and Health Services, from which the applicant is entitled to receive benefits;

7. A description of the benefits the applicant is entitled to under any health care benefits plan or health care insurance and the name and telephone number of a contact person who can verify these benefits;

8. Total family income for the previous 12 months;

9. Submission of appropriate documentation of income for the most recent tax year; and

10. Statement of type and value of all the family's liquid assets.

(b) Eligibility for HealthStart Plus is limited to pregnant women and the infants born of those pregnancies and children less than one year of age. Once eligibility has been determined, the pregnant woman shall remain eligible for and enrolled in HealthStart Plus until the last day of the calendar month in which the 60th post partum day occurs. For the child, born to a pregnant woman who was enrolled in HealthStart Plus, eligibility and enrollment shall be automatic at the time of birth unless the mother requests that no enrollment occur. For children, eligibility and enrollment for HealthStart Plus end on the last day of the calendar month in which the child's first birthday occurs.

(c) In order to be eligible for HealthStart Plus services, a pregnant woman must be a resident of the State of New Jersey. For the child born to a resident of New Jersey but whose mother was not enrolled in HealthStart Plus, the child shall be considered a resident of the State 14 days after discharge from the hospital or birthing center to his or her parent(s)' or legal guardian's home in the State. For the child who moves to New Jersey, the child will be considered a resident once he has resided in New Jersey for a full calendar month. Neither citizenship nor alien status shall be considered in eligibility determination. Enrolled women and children who do not remain residents of the State of New Jersey shall cease to be eligible for HealthStart Plus.

(d) If a pregnant woman or child has comparable health insurance coverage, such individuals shall not be eligible for HealthStart Plus services. If the individual has third party health care coverage but that coverage is not comparable, eligibility will exist for the uncovered services. In this event, as a condition of eligibility, the family is required to provide all health care coverage information to the health care provider designated by the Department to provide HealthStart Plus services as is necessary to coordinate benefits. HealthStart Plus is the payor of last resort and will not provide payment for services that are included in any other health care coverage for the pregnant woman¹ or child.

(e) The pregnant woman or the parents or legal guardian of the child must agree to pay 10 percent of the premium cost of each family member enrolled in HealthStart Plus to the health care provider designated by the Department to provide HealthStart Plus services.

(f) The total family income shall not exceed 300 percent of the poverty level for the household size and liquid assets shall not exceed \$4,500. For the pregnant woman, the household includes her spouse, the unborn child, her children and her spouse's children under the age of 21 residing in the same household. The income of the parents of a pregnant woman shall not be considered in determining eligibility. Once income eligibility is established for the pregnant woman, the child born of that pregnancy shall automatically be deemed income eligible for the first 12 months of life. For a child, the household includes the child's parents or legal guardians and blood-related siblings (including half-blood).

(g) As a condition of eligibility for HealthStart Plus, the family shall present upon application adequate documentation of total family income sufficient for the authorized eligibility worker to determine income eligibility for the program. Adequate documentation may include, but is not limited to, a copy of the most recent U.S. Tax 1040 form of the family. If the U.S. Tax 1040 form from the most recent year is not available, or if income has significantly changed from the income reflected on the U.S. Tax 1040 form, copies of unemployment benefits checks or statements, copies of the four consecutive weeks' paystubs from the immediately preceding four weeks or a statement from the employer may be substituted.

(h) No child or pregnant woman who is receiving (or would be eligible for benefits if he or she applied) benefits through New Jersey Medical Assistance and Health Services Program(s) shall be eligible for HealthStart Plus services.

(i) A pregnant woman, requesting transfer from a hospital-based prenatal care provider, who is at or beyond the 28th week of pregnancy, shall be ineligible for HealthStart Plus.

(j) As a condition of eligibility, the pregnant woman or parents/legal guardians of the child agree to consent to the release of medical records to the Department of Health that are necessary to evaluate the impact of this program and service delivery.

¹ So in original.

SUBCHAPTER 3. APPEALS

8:80-3.1 Appeals process

(a) The following applies to first level appeals:

1. Upon receipt of an ineligibility determination by the authorized HealthStart Plus provider, the applicant may make appeal of such determination to the Department by filing a written appeal addressed to:

New Jersey State Department of Health
HealthStart Plus Program
CN 364
363 West State Street
Trenton, New Jersey 08625

2. The appeal shall comply with the following requirements:

- i. The appeal shall be in writing;
- ii. The written appeal must include all reasons for the appeal and any documentation or proof in support thereof; and
- iii. Appeals must be received by the State Office no later than 14 days from the date of the determination of ineligibility made by the HealthStart Plus provider.

3. Upon receipt of the appeal, the Department shall:

- i. Acknowledge receipt of the appeal in writing to the applicant within 14 days;
- ii. Conduct such review and analysis as is necessary to determine if there is a basis for the claim; and
- iii. Issue a written determination to the applicant within 30 days of original receipt of the appeal.

(b) The following applies to second level appeals:

1. Upon receipt of a determination by the HealthStart Plus Program, an applicant who wishes to further dispute such determination may appeal to the State Commissioner of Health by submitting a written appeal to:

New Jersey State Department of Health

HealthStart Plus
John Fitch Plaza
CN 360
Trenton, New Jersey 08625-0360
ATTN: State Commissioner of Health

2. Appeals must be received at the above address no later than 14 days from the date of determination made by the HealthStart Plus Program.

3. The written appeal shall include all reasons and grounds for disputing the HealthStart Plus Program determination, and all proof and documentation in support of the appeal.

4. The State Commissioner of Health shall either direct the Department staff to conduct such review and analysis as is necessary to reach a decision on the appeal, and may direct a conference be held with the applicant, or may refer the matter to the Office of Administrative Law pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

5. Except for appeals referred to the Office of Administrative Law, the State Commissioner of Health shall issue a decision on the appeal within 45 days from the date of original receipt of the appeal. Appeals referred to the Office of Administrative Law shall be decided by the State Commissioner of Health within 45 days from the date of filing of the Initial Decision of the Administrative Law Judge.

6. Decisions made by the State Commissioner of Health shall be final, with subsequent appeal to the Superior Court of New Jersey as permitted by court rules.

(c) Applicants may not receive HealthStart Plus benefits while an appeal is pending at any level.

CHAPTERS 81 THROUGH 90

(RESERVED)