

CHAPTER 49

ADMINISTRATION MANUAL

Authority

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2008 d.230, effective July 11, 2008.
See: 40 N.J.R. 984(a), 40 N.J.R. 4531(a).

Chapter Expiration Date

Chapter 49, Administration Manual, expires on July 11, 2013.

Chapter Historical Note

Chapter 49, Administration, was adopted and became effective prior to September 1, 1969. Subchapters 1 through 6 were amended by R.1977 d.213, effective July 1, 1977. See: 9 N.J.R. 123(b), 9 N.J.R. 342(c).

Pursuant to Executive Order No. 66(1978), Chapter 49, Administration, was readopted as R.1990 d.390. See: 22 N.J.R. 1512(a), 22 N.J.R. 2313(a).

Chapter 49, Administration, was repealed and a new Chapter 49, Administration, was adopted by R.1992 d.317, effective August 17, 1992. See: 24 N.J.R. 1728(b), 24 N.J.R. 2837(a). Subchapter 19, Prepaid Health Care Services: Medicaid Eligibles, was repealed by R.1995 d.337, effective June 19, 1995. See: 27 N.J.R. 853(a); 27 N.J.R. 2446(b).

Pursuant to Executive Order No. 66(1978), Chapter 49, Administration, was readopted as R.1997 d.354, effective August 8, 1997. As a part of R.1997 d.354, effective September 2, 1997, Chapter 49, Administration, was renamed Chapter 49, Administration Manual; Subchapter 2, New Jersey Medicaid Recipients, was renamed Subchapter 2, New Jersey Medicaid Beneficiaries; Subchapter 9, Provider and Recipient's Rights and Responsibilities; Administrative Process, was renamed Subchapter 9, Provider and Beneficiary's Rights and Responsibilities; Administrative Process; Subchapter 17, Home and Community-Based Services Waivers, was recodified as N.J.A.C. 10:49-22, Home and Community Based Services Waiver Programs; Subchapter 18, Home Care Expansion Program, was recodified as N.J.A.C. 8:81-2, and Subchapter 18, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), was adopted as new rules; Subchapter 19, HealthStart, was adopted as new rules; Subchapter 21, Pharmaceutical Assistance to the Aged and Disabled (PAAD), was recodified as N.J.A.C. 8:81-3, and Subchapter 21, The Medicaid Managed Care Program—NJ Care, was adopted as new rules; Subchapter 22, Lifeline Programs, was recodified as N.J.A.C. 8:81-4, and Subchapter 22, Home and Community-Based Services Waiver Programs, was adopted as new rules; and Subchapter 23, Hearing Aid Assistance to the Aged and Disabled, was recodified as N.J.A.C. 8:81-5, and a new Subchapter 23, Lifeline Programs, was adopted as new rules. See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Subchapter 24, Work First New Jersey/General Assistance Claims Processing, was adopted by R.2000 d.309, effective August 7, 2000. See: 32 N.J.R. 1342(a), 32 N.J.R. 2900(a).

Chapter 49, Administration Manual, was readopted as R.2003 d.81, effective January 22, 2003. See: 34 N.J.R. 2647(a), 35 N.J.R. 1116(a).

Subchapter 20, The Garden State Health Plan (GSHP), was repealed by R.2003 d.82, effective February 18, 2003. See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

Chapter 49, Administration Manual, was readopted as R.2008 d.230, effective July 11, 2008. As a part of R.2008 d.230, Subchapter 21, The Medicaid Managed Care Program—NJ Care 2000, was renamed The Medicaid/NJ FamilyCare Managed Care Program, effective August 4, 2008. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 10:49-1.1 Scope and purpose
- 10:49-1.2 Organization
- 10:49-1.3 Definitions
- 10:49-1.4 Overview of provider manuals
- 10:49-1.5 through 10:49-1.8 (Reserved)

SUBCHAPTER 2. NEW JERSEY MEDICAID BENEFICIARIES

- 10:49-2.1 Who is eligible for Medicaid?
- 10:49-2.2 Persons eligible under the New Jersey Medicaid program
- 10:49-2.3 Persons eligible under the Medically Needy program
- 10:49-2.4 Persons eligible under Home and Community-Based Services Programs
- 10:49-2.5 Persons eligible under the NJ FamilyCare program
- 10:49-2.6 Eligibility process (variations to routine procedure)
- 10:49-2.7 Applying for Medicaid eligibility for a newborn infant or for an inpatient upon admission to a hospital
- 10:49-2.8 Presumptive eligibility
- 10:49-2.9 Medicaid or NJ FamilyCare-Plan A retroactive eligibility
- 10:49-2.10 Verification of eligibility for Medicaid or NJ FamilyCare; or Pharmaceutical Assistance to the Aged and Disabled (PAAD) services
- 10:49-2.11 Recipient Eligibility Verification System (REVS)/Medicaid Eligibility Verification System (MEVS)
- 10:49-2.12 Medicaid or NJ FamilyCare Eligibility Identification Number and Health Benefits Identification (HBID) Card
- 10:49-2.13 Forms that validate Medicaid eligibility
- 10:49-2.14 (Reserved)
- 10:49-2.15 Health Benefits Identification (HBID) Card and Emergency Services Letter
- 10:49-2.16 Validation form (FD-34) Validation of Eligibility
- 10:49-2.17 Medicaid application
- 10:49-2.18 (Reserved)
- 10:49-2.19 Medicaid or NJ FamilyCare eligibility—aliens

SUBCHAPTER 3. PROVIDER PARTICIPATION

- 10:49-3.1 Provider types eligible to participate
- 10:49-3.2 Enrollment process
- 10:49-3.3 Providers with multi-locations
- 10:49-3.4 Medicaid or NJ FamilyCare provider billing number
- 10:49-3.5 One-time provider enrollment

SUBCHAPTER 4. PROVIDERS' ROLE IN A SHARED HEALTH CARE FACILITY

- 10:49-4.1 Definitions
- 10:49-4.2 Scope
- 10:49-4.3 Registration of shared health care facilities
- 10:49-4.4 Prohibited practices; administrative requirements
- 10:49-4.5 Quality of care requirements

SUBCHAPTER 5. SERVICES COVERED BY MEDICAID AND THE NJ FAMILYCARE PROGRAMS

- 10:49-5.1 Requirements for provision of services
- 10:49-5.2 Services available to beneficiaries eligible for, or children who are presumptively eligible for, the regular Medicaid and NJ FamilyCare-Plan A programs
- 10:49-5.3 Services available to beneficiaries eligible for the Medically Needy program
- 10:49-5.4 Emergency medical services for aliens and prenatal care for specified pregnant alien women
- 10:49-5.5 Services not covered by the Medicaid or NJ FamilyCare-Plan A program

- 10:49-5.6 Services available and unavailable to beneficiaries eligible for, or who are presumptively eligible for, NJ FamilyCare-Plan B or C
- 10:49-5.7 Services available and unavailable to beneficiaries eligible for NJ FamilyCare-Plan D and Plan D for adults
- 10:49-5.8 Services available for beneficiaries eligible for NJ FamilyCare-Plan H
- 10:49-5.9 Services available for beneficiaries eligible for NJ FamilyCare-Plan G
- 10:49-5.10 Services available to beneficiaries eligible for NJ FamilyCare-Plan I

SUBCHAPTER 6. AUTHORIZATIONS REQUIRED BY MEDICAID AND THE NJ FAMILYCARE PROGRAMS

- 10:49-6.1 Prior and retroactive authorization (general)
- 10:49-6.2 Out-of-State medical care and services

SUBCHAPTER 7. SUBMITTING CLAIMS FOR PAYMENT (POLICIES AND REGULATIONS)

- 10:49-7.1 General provisions
- 10:49-7.2 Timeliness of Medicaid claim submission
- 10:49-7.3 Third party liability (TPL) benefits
- 10:49-7.4 Prohibition of payment to factors
- 10:49-7.5 Use of service bureau and/or management agency
- 10:49-7.6 Timeliness of charity care claim submission

SUBCHAPTER 8. PAYMENT FOR SERVICES PROVIDED

- 10:49-8.1 Fiscal Agent
- 10:49-8.2 Medicaid claims payment and charity care claims pricing
- 10:49-8.3 Adjustments following payment of claims
- 10:49-8.4 Claims payment by direct deposit (electronic funds transfer or EFT)
- 10:49-8.5 Outstanding checks

SUBCHAPTER 9. PROVIDER AND BENEFICIARY'S RIGHTS AND RESPONSIBILITIES; ADMINISTRATIVE PROCESS

- 10:49-9.1 NJ FamilyCare-Plan C personal contribution to care and Plan D copayments
- 10:49-9.2 NJ FamilyCare-Plans C and D—premiums
- 10:49-9.3 Limitation on cost sharing—Plan C
- 10:49-9.4 Civil rights
- 10:49-9.5 Observance of religious belief
- 10:49-9.6 Free choice by beneficiary and provider
- 10:49-9.7 Confidentiality of records
- 10:49-9.8 Provider certification and recordkeeping
- 10:49-9.9 Patient's (beneficiary) certification
- 10:49-9.10 Withholding of provider payments
- 10:49-9.11 Integrity of the Medicaid and NJ FamilyCare programs; gifts/gratuities prohibited
- 10:49-9.12 Fraud and abuse
- 10:49-9.13 Informing individuals of their rights
- 10:49-9.14 Provisions for appeals; fair hearings
- 10:49-9.15 Advance directives

SUBCHAPTER 10. NOTICES, APPEALS AND FAIR HEARINGS

- 10:49-10.1 Definitions
- 10:49-10.2 Notices
- 10:49-10.3 Opportunity for fair hearing
- 10:49-10.4 Advance notice of intent to terminate, reduce, or suspend assistance for Medicaid and NJ FamilyCare-Plan A beneficiaries
- 10:49-10.5 Location of hearing
- 10:49-10.6 Impartiality of official conducting the hearing
- 10:49-10.7 Beneficiary's right to different medical assessment
- 10:49-10.8 Hearing procedures
- 10:49-10.9 Prompt, definitive and final action
- 10:49-10.10 Notification to claimants

- 10:49-10.11 Action upon favorable decision to claimants
- 10:49-10.12 Hearing decision
- 10:49-10.13 Accessibility of hearing decisions to local agencies and the public

SUBCHAPTER 11. EXCLUSION FROM PARTICIPATION IN THE NEW JERSEY MEDICAID AND NJ FAMILYCARE PROGRAMS (SUSPENSION, DEBARMENT, AND DISQUALIFICATION)

- 10:49-11.1 Program participation

SUBCHAPTER 12. PROVIDER REINSTATEMENT

- 10:49-12.1 Definitions
- 10:49-12.2 Requests for reinstatement
- 10:49-12.3 Petition by debarred, disqualified or suspended person
- 10:49-12.4 Director's powers
- 10:49-12.5 Provider Reinstatement Committee
- 10:49-12.6 Criteria for reinstatement
- 10:49-12.7 Committee procedures

SUBCHAPTER 13. PROGRAM CONTROLS

- 10:49-13.1 Medical review and evaluation
- 10:49-13.2 Audits
- 10:49-13.3 Applicability to DMAHS programs of provisions relating to fraud and abuse, third-party liability and administrative and judicial remedies
- 10:49-13.4 Rewards for information relating to fraud and abuse

SUBCHAPTER 14. RECOVERY OF PAYMENTS AND SANCTIONS

- 10:49-14.1 Recovery of payments correctly made
- 10:49-14.2 Sanctions—Special Status Program
- 10:49-14.3 Authority to adjust, compromise, settle or waive claims, liens, and certificates of debt
- 10:49-14.4 Recoveries involving a county welfare agency (CWA)
- 10:49-14.5 Administrative charges/service fees
- 10:49-14.6 Contracts with county welfare agencies

SUBCHAPTER 15. AVAILABILITY AND MAINTENANCE OF PROGRAM POLICY ISSUANCES

- 10:49-15.1 Maintenance of public policy issuances
- 10:49-15.2 Availability of material
- 10:49-15.3 Reproduction of policy material

SUBCHAPTER 16. DEMONSTRATION PROJECTS

- 10:49-16.1 Purpose
- 10:49-16.2 Definitions
- 10:49-16.3 Implementation of projects
- 10:49-16.4 Necessary criteria for a demonstration project
- 10:49-16.5 Sanctions related to demonstration projects

SUBCHAPTER 17. (RESERVED)

SUBCHAPTER 18. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)

- 10:49-18.1 Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

SUBCHAPTER 19. HEALTHSTART

- 10:49-19.1 HealthStart

SUBCHAPTER 20. (RESERVED)

SUBCHAPTER 21. THE MEDICAID/NJ FAMILYCARE MANAGED CARE PROGRAM

- 10:49-21.1 Purpose and scope
- 10:49-21.2 Capitation payment system
- 10:49-21.3 Medicaid beneficiaries