State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

MICHELE K. GUHL
Commissioner

MARGARET A. MURRAY
Director

MEDICAID COMMUNICATION NO. 99-23 **DATE:** November 23, 1999

TO: County Welfare Agency Directors

SUBJECT: Implementation of Plan D of the NJ KidCare Program

The Balanced Budget Act of 1997 expanded Title XIX of the Social Security Act (Medicaid) and created a new title, Title XXI of the Act, also referred to as the "Children's Health Insurance Program Initiative." Title XXI was created to provide insurance coverage to targeted low-income uninsured children. The State has been providing NJ KidCare health care benefits, under Plans A, B, and C, to uninsured New Jersey residents who are under age 19 and with family income at or below 200 percent of the federal poverty level. These children must not qualify for Medicaid coverage (including the Medically Needy program **if** they qualify without spend-down or have bills to meet the spend-down) and must not have comprehensive health care insurance coverage.

Effective August 1, 1999, NJ KidCare has expanded to include a new **Plan D**. Plan D is for uninsured children with gross family income above 200% of the federal poverty level, but no greater than 350% of the federal poverty level. Like Plans B and C, Plan D offers eligible beneficiaries a managed care benefit package, supplemented with certain services provided on a Fee-For-Service (FFS) basis. However, the scope of the benefit package differs from that provided by NJ KidCare Plans B and C.

Plan D requires a monthly premium of $30.00 to $100.00 per family payable directly to the State. Plan D beneficiaries must also pay co-payments for certain covered benefits.

In-plan health care benefits covered by Plan D will be provided by the same Health Maintenance Organizations (HMOs) which participate in the State's New Jersey Care 2000 managed health care program. Under Plan D, certain out-of-plan healthcare benefits, such as mental health services continue to be provided under the State's current fee-for-service arrangement. Attached is a NJ KidCare Plans A, B, C and D Benefits Comparison.

Eligibility for Plan D as with Plans B and C will be processed **only** by the State designated eligibility determination agency. **Applications for those applicants whose income is above the limit for Plan A should be forwarded to the designated eligibility determination agency (Birch and Davis) for processing.**

In order to isolate the new populations covered by **New Jersey KidCare Plan D,** four new PSCs were developed. These PSCs will **only be used by the State designated eligibility determination agency** when entering eligibility into the Medicaid Eligibility System.

All NJ KidCare Plan D numbers will begin with "24" (i.e., 2430056789-21).

- PSC **493:** 201% FPL, up to and including 250% FPL
- PSC **494:** 251% FPL, up to and including 300% FPL
- PSC **495:** 301% FPL, up to and including 350% FPL
- PSC **496:** newborns

Attached is a chart with the income guidelines for NJ KidCare Plans A, B, C and D. These guidelines are based on 1999 federal poverty levels. The 2000 federal poverty levels should be available in late March 2000.

Questions should be referred to the Bureau of Eligibility Policy at (609) 588-2556.

Sincerely,

Margaret A. Murray
Director

MAM:G
Attachments
c: Christine Grant, Commissioner
William Conroy, Acting Deputy Commissioner
Department of Health and Senior Services

David C. Heins, Director
Division of Family Development

Charles Venti, Director
Division of Youth and Family Services

NJ KidCare Plans A, B and D
Benefits Comparison

	NJ KidCare Plan A	NJ KidCare Plan B	NJ KidCare Plan C	NJ KidCare Plan D
Income Level	133% FPL**	134-150% FPL	151-200% FPL	201-350% FPL
***Uninsured for 6 months** (see Page 3 for details)	No	Yes	Yes	Yes
Eligibility	Entitlement	Non entitlement	Non entitlement	Non entitlement
Redetermination	6 months	12 months	12 months	12 months
Premiums	No	No	$15 per month per family	$30-$100 per month per family based on sliding scale
Services incl. in Contractor's Benefit Package				
Primary Care Services	Yes	Yes	Yes - $5 PCC***	Yes - $5 PCC
Preventive Health care	Yes	Yes	Yes	Yes
EPSDT	Yes-inc. Pvt. Duty Nsg	Yes-inc. Pvt Duty Nsg, if auth by HMO	Yes-inc. Pvt. Duty Nsg, if auth by HMO	No - Well child care, lead screening & immunizations are covered by HMO $5 PCC
Emergency Care	Yes	Yes	Yes - $10 PCC	Yes - $35 PCC
Inpatient Care	Yes	Yes	Yes	Yes - No PCC
Outpatient Care	Yes	Yes	Yes - $5 PCC	Yes - $5 PCC
Lab Services	Yes	Yes	Yes	Yes - $5 PCC
Radiology	Yes	Yes	Yes	Yes - $5 PCC
Prescriptions	Yes	Yes	Yes-$1/$5 PCC	Yes- $5 PCC,$10>34 day No OTC

NJ KidCare Plans A, B, C and D
Benefits Comparison

	NJ KidCare Plan A	NJ KidCare Plan B	NJ KidCare Plan C	NJ KidCare Plan D
Family Planning	Yes	Covered	Covered	Covered
Outpatient. Rehab Services	60 Days per tx per contract yr (PT, OT, ST & Audiology) App. EOB-FFS	60 Days per tx per year limit	60 Days per tx per year limit - no PCC	60 Consecutive days per illness begins 1st treatment of contract year
Podiatry Services	Yes-no routine care	Yes-no routine care	Yes-no routine care $5 PCC	Yes-no routine care $5 PCC
Chiropractor Services	Yes-for spinal manipulation only	Yes-for spinal manipulation only	Yes-for spinal manipulation only $5 PCC	Not covered
Optometry Services	Yes	Yes	Yes- $5 PCC	Yes- $5 PCC
Optical Appliances	Yes-varied HMO reimbursement rate	Yes	Yes	Yes- limited to 1 appliance per 24 months or as medically necessary
Hearing Aid Services	Yes	Yes	Yes	Not covered
HHA Services	Yes-must be State licensed & meet Medicare requirements. Assoc. w/ skilled nsg., PT, OT or ST. PCA is FFS	Yes-must be State licensed & meet Medicare requirements. Assoc. w/ skilled nsg, PT, OT or ST. No PCA benefit	Yes-must be State licensed & meet Medicare requirements. Assoc. w/ skilled nsg, PT, OT or ST. NO PCA benefit	Yes-limited to skilled nursing for a home bound member -No PCA benefit. NO PCC
Hospice Services	Yes- provided by an agency meeting Medicare certification requirements	Yes- provided by an agency meeting Medicare certification requirements	Yes- provided by an agency meeting Medicare certification requirements	Yes - NO PCC
Durable Medical Equipment	Yes	Yes	Yes	Not covered

NJ KidCare Plans A, B, C and D
Benefits Comparison

	NJ KidCare Plan A	NJ KidCare Plan B	NJ KidCare Plan C	NJ KidCare Plan D
Medical Supplies	Yes	Yes	Yes	No- except diabetic supplies
Dental Services	Yes	Yes	Yes - $5 PCC unless preventive services	Not covered except preventive dentistry for children under 12
Prosthetics & Orthotics	Yes	Yes- use Medicaid criteria for shoes	Yes- use Medicaid criteria for shoes	Yes- prosthetics are covered. No orthotics are covered
Organ Transplants	Yes- donor & recipient inpatient hospital costs are excluded (FFS****)	Yes-organ transplant inpatient hospital costs are FFS	Yes-organ transplant inpatient hospital costs are FFS	Yes- donor & recipient inpatient hospital costs are excluded (FFS)
Transportation Services	Yes-ambulance, MICU, & invalid coach Lower mode-FFS	Yes-ambulance, MICU & invalid coach No lower mode	Yes-ambulance, MICU, & invalid coach No lower mode	Limited to ambulance for medical emergency
Mental Health/SA	Yes- FFS	Yes- FFS	Yes- FFS	Yes- FFS- $25 PCC

*There are exceptions to the six month waiting period of being uninsured such as, insurance that is **not** comprehensive (for example, coverage purchased through schools) does not disqualify children from enrollment in NJ KidCare. Also, families who have lost insurance coverage for their children through no fault of their own (for example, lay off) do not have to wait six months to apply for NJ KidCare.

** Federal Poverty Level

*** Personal Care Contribution

**** Fee For Service

1999 Gross Income Standards for Families with Children (Including NJ KidCare)

Family Size	AFDC (July 16,1996)		A Up to 133% of the Poverty Level		B Up to 150% of the Poverty Level		Pregnant Women and Children Under the Age of 1		C Up to 200% of the Poverty Level $15/month premiums		D Up to 250% of the Poverty Level $30/month premiums		D Up to 300% of the Poverty Level $60/month premiums		D Up to 350% of the Poverty Level $100/month premiums	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
1	$2,220	$185	$10,960	$914	$12,360	$1,030	$15,244	$1,271	$16,480	$1,374	$20,600	$1,717	$24,720	$2,060	$28,840	$2,404
2	4,428	369	14,710	1,226	16,590	1,383	20,461	1,706	22,120	1,844	27,650	2,305	33,180	2,765	38,710	3,226
3	5,316	443	18,461	1,539	20,820	1,735	25,678	2,140	27,760	2,314	34,700	2,892	41,640	3,470	48,580	4,049
4	6,084	507	22,211	1,851	25,050	2,088	30,895	2,575	33,400	2,784	41,750	3,480	50,100	4,175	58,450	4,871
5	6,804	567	25,962	2,164	29,280	2,440	36,112	3,010	39,040	3,254	48,800	4,067	58,560	4,880	68,320	5,694
6	7,488	624	29,713	2,477	33,510	2,793	41,329	3,445	44,680	3,724	55,850	4,655	67,020	5,585	78,190	6,516

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