

3. The MEI Card issued for the Medically Needy Program will have the following message printed on the top of the card: "Medically Needy Eligible, Check Provider Manual for Authorized Services." It is important for the provider to always review the eligibility dates and to be aware that eligibility is not always established for an entire month. Coverage may begin on any day during the month. Also, a provider shall always review the "service code" for each Medically Needy recipient. The service code will enable the provider to determine which services are available to each Medically Needy recipient (see N.J.A.C. 10:49-2.3 and 10:49-5.3 for service exceptions). The service codes for the three groups under Medically Needy are:

- (A) Group A—Pregnant women
- (B) Group B—Needy children
- (C) Group C—Aged, blind and disabled.

#### **10:49-2.14 Validation Form (DYFS-16-36) Validation for Health Services Program (Medicaid)**

(a) The DYFS-16-36 Validation Form (see Appendix, N.J.A.C. 10:49) is issued by the Division of Youth and Family Services (DYFS) to certain eligible children (Medicaid recipients). This form indicates eligibility for covered health services during the months shown on the form itself.

1. The validation form shall be retained by the recipient to whom it is issued.
2. The form is the indicator of eligibility for this group of children.
  - i. Any Medicaid recipient enrolled in a HMO shall also be required to show his or her HMO ID Card.
  - ii. The HSP (Medicaid) Case Number shall be entered exactly as it appears on the validation form on all requests for authorization of services and when submitting claim forms.

#### **10:49-2.15 Validation Form (FD-34) Validation of Eligibility**

(a) The FD-34 Form, Validation of Eligibility (see Appendix, N.J.A.C. 10:49), identifies a Medicaid recipient who resides in a State or county institution.

1. The validation form shall be prepared and completed by the authorized Medicaid representative at the State or county institution. It is valid for the calendar month it is issued (up to a period of 31 days) to a Medicaid recipient (patient/resident) in a State or county governmental psychiatric hospital or an intermediate care facility/mental retardation, and is used to obtain Medicaid covered services outside of the institutional setting. The form shall be returned with the Medicaid resident.
2. Form FD-34 requires the signature, title, and telephone number of the authorized representative at the institution.

3. The Medicaid resident or patient of a State or county institution receiving covered health services in the community is identified by the 12-digit HSP (Medicaid) Case Number in which the first two digits identifies the institution. (See N.J.A.C. 10:49-2.10(b)2).

(b) The New Jersey Medicaid Program has designated specific Medicaid District Offices to handle prior authorization requests for services for patients/residents from each institution and family care residents who are under the jurisdiction of the Division of Developmental Disabilities. If the patient/resident's HSP (Medicaid) Case Number begins with any of the following numbers, providers shall contact the Medicaid District Office (MDO) indicated (for MDO Directory, see Appendix at N.J.A.C. 10:49).

- 31—Morris MDO
- 32—Mercer MDO
- 32—Hunterdon MDO (Applicable only to 600,000 series)
- 33—Monmouth MDO
- 34—Camden MDO
- 35—Hunterdon MDO
- 36—Monmouth MDO
- 37—Bergen MDO
- 37—Hudson MDO (Applicable only to 600,000 series)
- 38—Essex—Suburban MDO
- 39—Camden MDO
- 41—Cumberland MDO
- 42—Passaic MDO
- 43—Hunterdon MDO
- 44—Cumberland MDO
- 45—Burlington MDO
- 46—Burlington MDO
- 47—Middlesex MDO
- 48—Hunterdon MDO
- 90—MDO in county in which recipient resides.

#### **10:49-2.16 Medicaid application**

(a) If a person has not applied for benefits, is unable to pay for services provided, and appears to meet the requirements for eligibility for the New Jersey Medicaid Program, the provider shall encourage the person, or his or her representative, to apply for benefits:

1. To the county welfare agency for programs such as Aid to Families with Dependent Children; Medicaid Only; New Jersey Care ... Special Medicaid Programs for pregnant women, children, and the aged, blind, or disabled; or for Medically Needy;
2. To the Social Security Administration for Supplemental Security Income benefits for the aged, blind, and disabled; or

3. In certain cases, to the New Jersey Division of Youth and Family Services, Department of Human Services.

(b) If it is not known which agency is responsible for determining eligibility or which program might be applicable, the Medicaid District Office will be able to provide guidance in this matter (for MDO Directory, see Appendix N.J.A.C. 10:49).

(c) All providers are encouraged to refer pregnant women who may be eligible for Medicaid to a provider authorized to determine presumptive eligibility. The names and addresses of these providers may be obtained by calling the HOT LINE at 1-800-321-BABY.

### SUBCHAPTER 3. PROVIDER PARTICIPATION

#### 10:49-3.1 Provider types eligible to participate

(a) The following provider types are eligible to participate as Medicaid providers:

1. Chiropractors and/or chiropractic groups;
2. Clinics (independent outpatient health care facilities);
3. Clinical laboratories;
4. Dentists and/or dentist groups;
5. Hearing aid dealers;
6. Health maintenance organizations;
7. Home health agencies;
8. Homemaker agencies;
9. Hospices;
10. Hospitals;
  - i. General;
  - ii. Psychiatric; and
  - iii. Special;
11. Nursing facilities, including intermediate care facilities for the mentally retarded;
12. Medical suppliers;
13. Medical day care centers;
14. Nurse-midwives;
15. Opticians;
16. Optometrists;
17. Orthotists;
18. Pharmacies;
19. Physicians and/or physician groups;
20. Podiatrists and/or podiatrist groups;
21. Prosthetists;
22. Psychologists and/or psychologist groups;
23. Residential treatment facilities;
24. Transportation providers; and
25. State and county agencies that have agreed to provide personal care assistant services.

#### Cross References

Regional Perinatal Centers and Community Perinatal Centers, providing services in accordance with this section, see N.J.A.C. 8:33C-4.2.

#### 10:49-3.2 Enrollment process

(a) Providers shall be required to complete a Medicaid Provider Application and sign a Provider Agreement (see Appendix, 10:49) or a specialized agreement, and/or such other documentation as the Program may require, depending on the nature of the services provided.

1. Policies and rules pertaining to shared health care facilities are outlined in N.J.A.C. 10:49-4.

(b) All Medicaid providers other than an individual practitioner and/or group of practitioners shall be required to complete Form HCFA-1513, Ownership and Control Interest Disclosure Statement (see Appendix N.J.A.C. 10:49) at the time of application or reapplication. Providers prior to 1973 were not required to utilize provider agreement forms; however, they shall comply with all applicable State and Federal Medicaid laws, policies, rules and regulations.

1. As a condition of continued participation in the New Jersey Medicaid Program, a provider may, from time to time, be required to:

- i. Complete a provider application form and sign a provider participation agreement; and/or
- ii. Complete a Form HCFA 1513, Ownership and Control Interest Disclosure Statement. This requirement shall not be applicable to individual practitioners(s) or groups of practitioners.

2. The New Jersey Medicaid Program shall terminate any existing agreement or contract if the provider fails to disclose information required by (b)1ii above.

3. Enrollment documentation requested by the New Jersey Medicaid Program shall be furnished within 35 calendar days of the date of the written request.

(c) An out-of-State provider shall have a current, approved provider agreement with the New Jersey Medicaid Program and hold a current, valid certification and/or license from the appropriate agency under the laws of the respective state in which the provider is located.