



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CN 712

TRENTON, NEW JERSEY 08625
(609) 588-2600

ALAN J. GIBBS
Commissioner

SAUL M. KILSTEIN
Director

MEDICAID COMMUNICATION NO: 91-18

DATE: July 16, 1991

TO: County Welfare Agency Directors
Medically Needy/New Jersey Care Units

SUBJECT: Changes in Processing Presumptive Eligibility Cases
Effective: August 1, 1991

As you know, a proposal for the Division of Medical Assistance and Health Services to assume responsibility for establishing temporary eligibility records for presumptively eligible pregnant women has been in the planning stages for the past several months. I am pleased to announce that this proposal will be ready to implement on August 1, 1991. This initiative is part of the Division's ongoing effort to be sensitive to the responsibilities imposed by program changes, and the corresponding strain on your resources, and to provide as much relief and assistance as possible.

There may be no obvious change in the number and types of documents which come to your office from the presumptive eligibility providers; however, what will change is how they will be handled. The providers will continue to forward a copy of the FD-334 (Certification of Presumptive Eligibility), which will now be canary rather than pink, and an FD-335 (face page of the New Jersey Care Pregnant Women and Infants Application). These will now be used by your agency to identify those individuals who will need an appointment for an interview. You may have noticed that the newer FD-334 is already in circulation. It was printed just as the supply of older forms was exhausted. Please continue to handle this document as before until the new procedures are effective.

The presumptive eligibility Medicaid identification number will be assigned by the Division of Medical Assistance and Health Services, and the initial card will be mailed from a central location. You will not be required to contact the provider until final disposition of each case has been completed. Instead, you will receive an acknowledgment similar to the one which is sent to the provider. It will contain the woman's presumptive eligibility number or, if she is already a Medicaid recipient, her current regular Medicaid number. Of course, you may continue to contact either the applicant or the provider if you require any information concerning the final Medicaid determination.

The changeover will be effective depending upon the date of the presumptive eligibility determination, rather than the date of receipt. Therefore, any case you receive which has a presumptive eligibility determination date prior to August 1, 1991, may be completed with the procedures now in effect.

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This will also apply to any pending presumptive eligibility cases which may exist. Any case which is sent to your agency containing a determination date later than August 1, 1991, must be forwarded to:

Division of Medical Assistance
and Health Services
CN-712, ISS Area #3
Trenton, N.J. 08625-0712

ATTENTION: Presumptive Eligibility Records Unit

A further change will be in the way final dispositions are reported and monitoring reports are submitted. Attached is a revised FD-373 to report the final disposition of each presumptive eligibility case. This form may be modified to include your agency's letterhead or it may be translated into a computerized document, but it must contain all of the information on the specimen form. It is extremely important that this document be used for all presumptive eligibility cases evaluated by a provider after August 1, 1991, and that a copy be forwarded to both the provider and the Division of Medical Assistance and Health Services.

If this document is completed and submitted at the appropriate times, with a copy to the Division of Medical Assistance and Health Services' address at the bottom of the page, the need to submit the monthly monitoring reports to the Office to Eligibility Policy and Operations will also be eliminated, beginning with the October submittals. It is hoped that the automated system which will assign presumptive eligibility numbers, issue Medicaid cards, and generate acknowledgments to your office and to the providers, will also be able to collect the statistics needed for monitoring. This will depend a great deal upon the new procedures being followed. In the event of outstanding dispositions, a report will be forwarded to you regularly, requesting dispositions on those cases which are overdue.

Another significant change which will take place in accordance with changes in federal regulations, is the length of the presumptive eligibility period. There will no longer be a fixed 45-day presumptive eligibility period. Instead, in most cases, the pregnant woman's eligibility begins on the day of her presumptive eligibility determination and ends on the last day of the following month; unless a determination of eligibility or ineligibility is made.

If the pregnant woman has contacted the county to arrange for final determination and the county has not scheduled an appointment or made such a determination within the presumptive eligibility period, however, we are now required to extend that eligibility period until such time as the county is able to make a final determination. You will note that the disposition document contains space to indicate that a woman's application remains pending at the end of the initial period. Such cases may be extended for an additional month, with submittal of another disposition required at the end of the additional time period. For this reason, it is important to submit

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the dispositions in a timely manner. Of course, if a final determination has been completed, the presumptive eligibility number must be terminated and the termination date should be indicated on the disposition form.

Attached also are samples of the letters which will be used in the new process. Each number issued to identify a presumptive eligibility recipient will begin with the usual county code (01 to 21) and program code (30). The two digits which follow will always be "99", with the next four digits being sequentially assigned for each county, beginning with "0001". The person number, of course, will remain 05. If any county has already issued an identification number of 99----, with program code 30, kindly advise the Presumptive Eligibility Records Unit immediately. If you have been planning to use this number series for any reason, please consider alternatives. To further assist your staff with this process, comprehensive Presumptive Eligibility Operational Guidelines, similar to those distributed to providers, will be forwarded to the New Jersey Care Units under separate cover, together with updated New Jersey Care Manuals. It is hoped that this material can be distributed within the next few weeks.

As always, your continued cooperation and assistance in this effort will be greatly appreciated and will ensure that these changes will work for the benefit of all. If your staff has any questions, either now or after implementation, they may contact Nancy Scarlata at the Office of Eligibility Policy and Operations (609) 588-2556. She may also be contacted if you experience any difficulty with the new process, or for assistance with any policy matter related to presumptive eligibility. If you have difficulty with a specific case, you may contact the Presumptive Eligibility Records Unit directly at (609) 588-2210.

Sincerely,



Saul M. Kilstein
Director

SMK:PSd

Attachments

cc: Marion E. Reitz, Director
Division of Economic Assistance

Nicholas Scalera, Director
Division of Youth and Family Services



State of New Jersey

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

SAUL M. KILSTEIN
DIRECTOR

QUAKERBRIDGE PLAZA
CN 712
TRENTON, NEW JERSEY 08625-0712

Date: _____

Re: _____

Dear Provider:

The information circled in red on the attached document is incomplete or unusable. In order to avoid delays in eligibility and access to services for your client and your reimbursement for Medicaid eligible services, please correct or complete the necessary items and return the material to this office as soon as possible. If we may be of assistance in completing this information please call (609) 588-2210.

Inquiries may be directed to the Presumptive Eligibility Records Unit at (609) 588-2210.

Thank you for your attention to this matter.

Presumptive Eligibility Records Unit



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICESSAUL M. KILSTEIN
DIRECTORQUAKERBRIDGE PLAZA
CN 712
TRENTON, NEW JERSEY 08625-0712Attn: PE Coordinator
Hudson County Division of Welfare
John F. Kennedy Office Building
100 Newkirk Street
Jersey City, NJ 07306

May 12, 1991

Dear PE Coordinator:

A Certification of Presumptive Eligibility form for Jane Doe was received at this agency and processed.

When billing for presumptive eligibility services, please use the information below:

Medicaid No. 0930990001-05

P.N.

Effective Date: May 15, 1991Termination Date: June 30, 1991Patient's Name: Jane DoeAddress: 100 Main StreetAnytown, New Jersey 00000Birth Date: 08/19/62Social Security No. 000-00-0000

The Medicaid number is valid until the client has been determined eligible or ineligible for Medicaid, or on the date given above.

Inquiries may be directed to the Presumptive Eligibility Records Unit at (609) 588-2210.

C: Jersey City Medical Center



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICESSAUL M. KILSTEIN
DIRECTORQUAKERBRIDGE PLAZA
CN 712
TRENTON, NEW JERSEY 08625-0712Attn:
Jersey City Medical Center
Family Health Center
88 Clifton Place
Jersey City, NJ 07304

May 12, 1991

Dear Provider:

A Certification of Presumptive Eligibility form for Jane Doe was received at this agency and processed.

When billing for presumptive eligibility services, please use the information below:

Medicaid No. 0930990001-05

P.N.

Effective Date: May 15, 1991Termination Date: June 30, 1991Patient's Name: Jane DoeAddress: 100 Main StreetAnytown, New Jersey 00000Birth Date: 08/19/62Social Security No. 000-00-0000

The Medicaid number is valid until the client has been determined eligible or ineligible for Medicaid, or on the date given above.

Inquiries may be directed to the Presumptive Eligibility Records Unit at (609) 588-2210.

C: Hudson County Division of Welfare



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICESSAUL M. KILSTEIN
DIRECTORQUAKERBRIDGE PLAZA
CN 712
TRENTON, NEW JERSEY 08625-0712Attn: PE Coordinator
Ocean County Board of Social Services
P. O. Box 547 - 1027 Hooper Avenue
Toms River, NJ 08754-0547

May 12, 1991

Dear PE Coordinator:

A Certification of Presumptive Eligibility form for Jane Doe was received at this agency.Medicaid No. 1530123456-01

P.N.

Effective Date: May 15, 1991

Termination Date: _____

Patient's Name: Jane DoeAddress: 100 Main StreetAnytown, New Jersey 00000Birth Date: 07/20/70Social Security No. 000-00-0000

The Medicaid number given represents current Medicaid eligibility in another program. Presumptive eligibility is unnecessary.

C: UMDNJ Kennedy Memorial Hosp.



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICESSAUL M. KILSTEIN
DIRECTORQUAKERBRIDGE PLAZA
CN 712
TRENTON, NEW JERSEY 08625-0712Attn:
Mountainside Hospital
Bay & Highland Avenues
Montclair, NJ 07042

May 12, 1991

Dear Provider:

A Certification of Presumptive Eligibility form for Jane Doe was received at this agency.Medicaid No. 0730123456-01
P.N.Effective Date: May 15, 1991

Termination Date: _____

Patient's Name: Jane DoeAddress: 100 Main StreetAnytown, New Jersey 00000Birth Date: 06/13/70Social Security No. 000-00-0000

The Medicaid number given represents current Medicaid eligibility in another program. Presumptive eligibility is unnecessary.

C: Essex County Board of Social Services

DISPOSITION OF PRESUMPTIVE ELIGIBILITY

FROM: _____ TO: _____

RE: _____ Phone: () _____

Address _____ SSN _____-_____-_____
_____ Date of Birth ____/____/_____

Presumptive Eligibility Number: _____-05
P.N.
Effective Date ____/____/____ Termination Date ____/____/____

FINAL DETERMINATION

ELIGIBLE: []

Medicaid No. _____-____ Program: _____
P.N. (AFDC, NJCare, Med. Needy, Med. Special)

INELIGIBLE: Income [] Failure to Cooperate [] Non-Resident []
Date of Ineligibility ____/____/____

NO SHOW: FAILED TO MAKE/KEEP APPT. [] CANNOT LOCATE: []

OTHER: MOVED: Other County [] MOVED: Out of State [] WITHDRAWN []
PENDING [] *(Requires Extended P.E. Period)

Estimated Date of Completion: ____/____/____

*** Any presumptively eligible pregnant woman who has applied for regular Medicaid but has not received a final determination, is entitled to a continuance of presumptive eligibility until such a determination is completed. Extensions of presumptive eligibility require that an additional disposition report be submitted at the end of any extension of the presumptive eligibility period.**

Agency Representative Date ()
Telephone

A copy of this case disposition MUST be forwarded to the Division of Medical Assistance and Health Services, CN-712, ISS Area #3, Trenton, New Jersey 08625, Attention : Presumptive Eligibility Records Unit, no later than one week after the conclusion of the initial or extended presumptive eligibility period .