



State of New Jersey

DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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MEDICAID INSTRUCTION NO: 03-01

DATE: November 18, 2003

TO: County Welfare Agency Directors
County Document Control Unit Coordinators
County Income Maintenance Administrative Supervisors

SUBJECT: Changes in Service Benefit Package for Restricted Alien
Parents/Caretakers on the Daily Medicaid Cards

PROGRAM: AFDC Related Including NJ FamilyCare

SYSTEM: FAMIS

As indicated in Medicaid Communication No. 03-17, dated September 29, 2003, effective November 1, 2003, all alien parents/caretakers identified as restricted aliens will have their current service benefit package changed to Plan "H". Additionally, all Plan "H" beneficiaries must be enrolled in one of the following Managed Care Service Administrator (MCSA) HMO's: **Horizon Mercy, University Health Plan, or AmeriChoice.**

Changes to print service benefit package "H" for restricted alien parents/caretakers, 21 years or older, on the daily Medicaid cards generated through Line "P" on FAMIS will be implemented on October 27, 2003, for cards issued for November 2003 and thereafter. Restricted alien parents/caretakers under the age of 21 years old will still have the service benefit package of Plan "A" printed on the Medicaid card.

Restricted alien parents/caretakers who were not enrolled in **Horizon Mercy, University Health Plan, or AmeriChoice** were asked to complete a HMO Plan Selection form and return it to the Health Benefits Coordinator by October 9, 2003. Any beneficiaries that were not currently enrolled in one of the designated MCSA HMO or did not return their HMO Plan Selection Form, the Medicaid Eligibility System will automatically assign them to one of the designated MCSA HMO along with their eligible family members on the case.

Enrollment in the designated MCSA HMO will systemically update the managed care information in the Health Insurance Number blocks on FAMIS. If the restricted alien parent/caretaker is not identified as being enrolled in a MCSA HMO's on FAMIS, their name will not be printed on the daily Medicaid card. This will not prevent a daily Medicaid card to be printed for the other eligible family members with the appropriate service benefit package. If, for some reason, FAMIS does not have the appropriate managed care enrollment, please call the DMAHS/OIS HelpDesk at (609) 588-2971.

Monthly Medicaid cards for restricted aliens who have a "380" Program Status Code are generated out of the Medicaid Eligibility System and will reflect this change in service package. If they are not enrolled in one of the designated MCSA HMO, their names will also not be printed on the monthly Medicaid card. If there is a problem with a beneficiary's managed care enrollment, please call (800) 701-0710.

The Manual Medicaid Card Template application has also been modified to reflect this change and has already been distributed to each County Board of Social Services with a revised instructional manual. Any initial or replacement Medicaid Cards issued prior to October 27, 2003, for a November 1, 2003, card must be generated through the Manual Medicaid Card Template.

Indicated below is the FAMIS coding to assist county staff in the identification of restricted alien parents/caretakers and MCSA HMO enrollment.

FAMIS Coding of An Active Restricted Alien Parent/Caretaker:

- | | |
|--|---|
| • Person Code | "A" or "B" |
| • Med. Person Code (HE/666, HM/660) | "01" through "09" |
| • Alien Type (BT/415, BX/419) | "Z0", "Z6", "ZC", "ZL", "ZP", or "ZV" |
| • Date of Entry (GF/837, GL/839) | Less than five years when compared to the card issuance date. |
| • Added/Removed Ind. (GC/679, GI/672) | "A" or "B" |
| • Medicaid Eligible Ind. (HI/776, HQ/773) | "Y" or space |
| • 2 nd Position of Work Ind. (JS/550, JT/549) | "N" or space * (In compliance with CSP/Medicaid Support) |
| • PSC ID (HL/845, HT/815) | "80" |

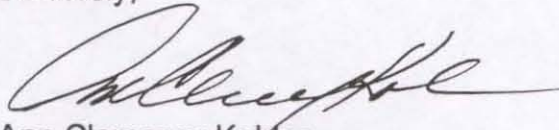
***Note:** The 2nd position of the Work Indicator identifies whether an individual is in compliance with CSP/Medicaid Support.

FAMIS Coding of MCSA HMO Enrollment

- Hospital Code (HG/914, HO/910) "00"
- HMO Code (Positions 1-2 of Health Insurance No. (HF/685, HN/681)) "ME" (Horizon Mercy)
"UN"(University Health Plan)
"MC" (AmeriChoice)
- Enrollment Date(Positions 3-6 of Health Insurance No. (HF/685, HN/681)) Must be less than or equal to card issuance date.
- Disenrollment Date (Positions 7-10 of Health Insurance No. (HF/685, HN/681)) Must be equal to zeros or equal to/greater than card issuance date.

Any system related questions regarding this communication may be directed to DMAHS/OIS Help Desk at (609) 588-2971. Any policy related questions should be directed to field service staff assigned to your county at DMAHS, Bureau of Eligibility Policy, at (609) 588-2556.

Sincerely,



Ann Clemency Kohler
Director

ACK :MAS

C: David C. Heins, Deputy Commissioner
Protective Services

Jeanette Page-Hawkins, Director
Division of Family Development

Edward Cotton, Director
Division of Youth and Family Services

James Smith, Director
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