State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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ADDRESS REPLY TO:
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MEDICAID COMMUNICATION NO. 91-13 **DATE:** June 17, 1991

TO: County Welfare Agency Directors in the counties of Atlantic, Burlington, Camden, Essex, Mercer, Middlesex, Morris, Passaic, Sussex and Union Counties.

SUBJECT: Garden State Health Plan (GSHP)

The Garden State Health Plan is a network model, public Health Maintenance Organization (HMO) operated as a separate entity in the New Jersey Division of Medical Assistance and Health Services. It is the first and only public HMO in the country operated under a Medicaid State Plan. The GSHP currently has networks operating in ten counties -- Atlantic, Burlington, Camden, Essex, Mercer, Middlesex, Morris, Passaic, Sussex and Union. So that the County Welfare Agencies can continue to successfully help outreach the Medicaid population for enrollment in the Garden State Health Plan, this is to advise you of changes affecting GSHP enrollment. Detailed eligibility criteria is provided for the Document Control Unit coordinators to use when accreting data to FAMIS and the Medicaid Eligibility file.

The Garden State Health Plan now maintains open enrollment for **categorically needy, non-institutionalized Medicaid eligible individuals residing in the ten counties. Most new GSHP enrollees will receive two consecutive six-month periods of guaranteed Medicaid eligibility beginning with the effective date of enrollment. Each of these individuals must be receiving AFDC, or be deemed recipients of AFDC, or meet specified qualifying Medicaid eligibility (i.e. children under 21 years of age), on the first day of the first month of each six-month segment. Those GSHP enrollees in a REACH/JOBS Medicaid extension will receive one six-month period of guaranteed Medicaid eligibility if they meet enrollment criteria. However, enrollment is not available to the REACH Medicaid extensions not covered under JOBS. Additionally, some eligibles who meet the enrollment criteria may be enrolled in the GSHP without receiving the guarantee of Medicaid eligibility.**

All references to Program Status Codes (PSC) in this communication refer to those used in the Medicaid Eligibility file.

ENROLLMENT

Those eligible to be enrolled include:

1) Categorically needy individuals who are Aged, Blind, Disabled, or receiving AFDC benefits may be enrolled. Children under 21 years of age, including those in foster care/adoption assistance under DYFS, may also be enrolled. Each may receive guaranteed eligibility. (Such are given the GSHP code VV as instructed below.)

2) Unless they are non-federally matched (see below), REACH/JOBS Medicaid extension participants may join the Plan. REACH/JOBS extensions are identified by the extension type N or Y on the Medicaid Eligibility file. (Such are given the GSHP code VV as instructed below.)

   - REACH/JOBS Medicaid extension participants may be enrolled on the first day of the first month of extension. Each will receive <u>two</u> consecutive six-month periods of guaranteed eligibility.

   - REACH/JOBS Medicaid extension participants may be enrolled between the first day of the second month and the first day of the seventh month of extension. These are eligible to receive <u>one</u> six-month period of guaranteed eligibility.

3) Community Medicaid Only individuals [Non-institutionalized Aged, Blind, and Disabled].

4) All members of a Medicaid case must enroll when at least one member qualifies. GSHP policy requires that all must participate in the Plan or none may participate. Individuals with non-federally matchable Program Status Codes do not disqualify a case from enrolling, or remaining on the Plan after enrollment has occurred, as long as one case member has a federally matchable Program Status Code (310 or 320).

Program Status Codes eligible to be enrolled include: 110, 120, 130, 210, 220, 230, 310, 320, 330, 410, 420, (*see NOTE below), 510, 520, 530, 600, 620, 630.

*[NOTE: Also eligible are PSC 450 or 460 individuals **when accompanied by** one or more PSC 310 individual(s) on the same case; known as "K" segment cases. PSC 470 individuals are eligible **when accompanied by** one or more PSC 320 individual(s) on the same case.]

6) Individuals in certain extension periods or specified portions of extensions:

   - 4 month Child Support and Paternity; extension type D

   - 12 month REACH extension (State funded); extension type J and V

   - REACH/JOBS Medicaid extension after the first day of the seventh month of extension; extension type Y

   - REACH/JOBS Medicaid extension during non-federally matched periods; extension type Z

7) Individuals who are presumptively eligible including AFDC, SSI, and pregnant women.

8) Individuals in other non-federally matched programs.

Program Status Codes not eligible to be enrolled: 140, 160, 170, 180, 190, 240, 260, 270, 280, 290, 340, 350, 360, 370, 390, 430, 440, (*see NOTE below), 480, 481, 490, 491, 540, 560, 570, 580, 590, 650, 710, 760, and the Institutional Services Section codes of 600 ISS, 620 ISS, 630 ISS, 640 ISS.

*[NOTE: PSC 450 and 460 individuals are not eligible to be enrolled **unless accompanied by** one or more PSC 310 individual(s) on the same case; known as "K" segment cases. PSC 470 individuals are not eligible to be enrolled **unless accompanied by** one or more PSC 320 individual(s) on the same case.]

GUARANTEED ELIGIBILITY

Medicaid coverage is assured when an active GSHP enrollee loses qualifying eligibility, no longer receives cash assistance, and is within the guarantee period (identified by GSHP code VV and an effective date, as indicated below). However, the file must be reviewed to determine that, beginning with the date of enrollment, categorical eligibility (see above eligible PSC) existed on the first day of the first month or the first day of the seventh month. REACH/JOBS Medicaid cases in extension are exempt from meeting categorically needy criteria and may be enrolled up through the first day of the seventh month of the extension period.

For anyone in REACH/JOBS extension no additional coding is required. However, for all others who lose qualifying eligibility the following actions must be taken by the Document Control Units to build the appropriate transactions on the Medicaid Eligibility file:

Those not eligible to be enrolled include:

1) Institutionalized individuals (Title XIX residential institutions, long term care nursing facilities, rehabilitation hospitals, and mental institutions).

2) Individuals in restricted programs such as Pharmacy Lock-in, Physician Lock-in.

   [NOTE: Some exceptions to lock-in are accepted on a case by case basis as determined by the GSHP.]

3) Individuals eligible for State-only services under MAA 65+.

4) Individuals in the New Jersey Care...Special Medicaid Programs, including Medically Needy.

   [NOTE: New Jersey Care participants, except Medically Needy, are tentatively scheduled to be offered enrollment after July, 1991. Confirmation will be sent prior to implementation.]

5) Individuals in a Special Program:

Special Program Number	Special Program Name
(03)	Model Waiver III;
(04)	Model Waiver I;
(05)	AIDS Community Care Alternatives Program;
(06)	Model Waiver II;
(07)	Division of Developmental Disabilities - Community Care Waiver (DDD-CCW);
(08)	Community Care Program for Elderly and Disabled;
(09)	Home Care Expansion Program;
(10)	Temporary Aliens;
(11)	(Reserved);
(12)	Guarantee Period - HIP;
(13)	Transfer of Resources;
(14)	Hospice.

   [NOTE: There is a pilot demonstration project in Middlesex County which allows the enrollment of (07) DDD-CCW individuals. Final determination for appropriateness of Plan enrollment is made by the GSHP.]

a) The termination transaction will not be processed automatically because time still remains in the guarantee period. A Special Program segment must be built for the remaining time. Such will be required for all case members including those with a GSHP code of XX, as explained below.

b) On screen option 061: a termination transaction must be entered, immediately preceded by the new line of eligibility for the remaining time of guarantee [i.e., if GSHP enrollment was effective on 01/01/91 and the termination is 02/28/91, a new line of eligibility must be built from 03/01/91 to 06/30/91].

c) On screen option 061: any new line of eligibility must use a Program Status Code reflecting no money payment [i.e., formerly PSC 110 now PSC 120; formerly PSC 310, now PSC 320].

d) On screen option 064: a Special Program 14 segment must be built showing time frames equal to the new line of Medicaid eligibility [i.e., as in the example above, from 03/01/91 to 06/30/91].

GSHP CODES OF VV AND XX

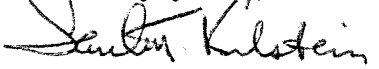
The GSHP codes of VV and XX are entered on the FAMIS 105 form in Health Insurance Number blocks HF/685, HN/681, or RC/029.

The GSHP code **VV** is used to indicate guaranteed Medicaid coverage. VV is assigned to each case member at the beginning of the initial enrollment period and must be concurrent with the initial effective date as it appears on the GSHP Subfile.

The GSHP code **XX** means the individual or the case does not receive guaranteed eligibility. Its use must be concurrent with the initial effective date as it appears on the GSHP Subfile. Also, the XX is used whenever an addition is made to an active case after the date of GSHP initial enrollment has passed. For example when a newborn is added, when a child is adopted, or an essential person is added to a case after the initial GSHP effective date.

If you have any questions, please contact the Garden State Health Plan at 609-588-3526.

Sincerely yours,



Saul M. Kilstein
Director

SMK:Hb
cc: Marion Reitz, Director
Division of Economic Assistance