Voucher Process for Providers/SCAs when Medicaid Terminates

Medicaid Termination CASE 1:

Support Coordinator (SC) is notified by **iRecord, family, or provider** that Medicaid is terminating:
- SC submits DDD Medicaid Troubleshooting Form to DDD Medicaid Eligibility Helpdesk: DDD.MediElighelpdesk@dhs.state.nj.us
- SC documents submission of Medicaid Troubleshooting Form in a case note

Medicaid Termination CASE 2:

Support Coordinator (SC) is notified by **DDD Waiver Unit Special Projects Team** that Medicaid is terminating:
- SC contacts appropriate party (individual, family, guardian, representative payee, agency) to discuss the information received from the Special Projects Team
- SC reminds appropriate party of the Medicaid eligibility requirement for receiving DDD services
- SC documents outreach in case note and in Monthly Monitoring Tool

In Both CASE 1 and CASE 2:

- Special Projects Team advises SC of next steps needed to maintain Medicaid (contact Board of Social Services, submit NOEA for Waiver Unit to process Medicaid Only application, etc.)
- SC continues monthly monitoring:
    a. SC includes updates on Medicaid status and reinstatement efforts in case notes and Monthly Monitoring Tool
    b. SC sends monthly Medicaid Update email to Medicaid Eligibility Helpdesk, providing details about Medicaid status and reinstatement efforts (subject line: **Medicaid Update: DDDID #**)

Requesting Approval to Submit Voucher

If Medicaid has not been reinstated 30 days prior to the Medicaid termination date indicated in iRecord:
- SC submits **Request to Submit Voucher for Payment** form to Medicaid Eligibility Helpdesk (subject line: **Voucher Request: DDDID #**). Please note that this form is used to determine if a voucher may be submitted once a Medicaid determination is made, which can take up to 90 days (see Process for Submitting Approved Voucher, below)
- Medicaid Eligibility Helpdesk reviews Request to Submit Voucher for Payment, and approves or denies

- Medicaid Eligibility Helpdesk notifies SC and service provider via email of approval or denial of Request to Submit Voucher for Payment
- SC notifies individual/family of approval/denial

Submitting Approved Voucher

- Approval is only in effect until a Medicaid determination is made
- If Medicaid is reinstated and there is no gap in service coverage, provider will claim as usual through DXC (*formerly Molina*)
- If Medicaid eligibility determination has not been made by **90 days after Medicaid termination date**, provider should submit voucher for services rendered while Medicaid was terminated* via email to the DDD Medicaid Eligibility Helpdesk: DDD.MediElighelpdesk@dhs.state.nj.us

    *Example:
    o If Medicaid terminated on December 31, provider should submit voucher to DDD for January-February-March services on or after April 1
    o If Medicaid terminated on December 31 and was re-established in April with a retroactive Medicaid date of February 1, provider should submit voucher to DDD for January services and claim to DXC (*formerly Molina*) as usual for services from February 1 forward

PLEASE NOTE:
- A provider who receives payment for services via voucher cannot bill DXC for those services; this is Medicaid fraud and will be reported to the DHS Medicaid Fraud Division
- Proof of each waiver service rendered (activity sheets, log entries, etc.) need to be submitted for each day that a payment is being requested.
- A provider who is not financially solvent can request to submit a voucher before 90 days after the Medicaid termination date.

FORMS FOR VOUCHER PROCESS

Request to Submit Voucher for Payment
Payment Voucher Template
Payment Voucher (fillable)

Voucher process forms and information are available for download on the DDD website:
www.nj.gov/humanservices/ddd/programs/ffs_implementation.html