

NJ FamilyCare and Hospitalized Inmates

Division of Medical Assistance and Health Services
2015

Agenda

- I. Welcome
- II. The Law and NJ FamilyCare
- III. Inmates and NJ FamilyCare
- IV. Appropriate use of State/Federal funds
- V. The Fix
- VI. Questions for Consideration
- VII. Inmate PE Application

Federal Health Law and Optional Medicaid Expansion

Impact on Correctional Facilities
and Hospitals

NJ FamilyCare

- The NJ FamilyCare (NJFC) program provides Medicaid coverage for the new adult population now eligible for coverage
- Most NJ FamilyCare beneficiaries are enrolled in managed care.

Presumptive Eligibility

- Provides temporary NJFC coverage while full eligibility is being determined
- State certified PE Coordinators are trained on eligibility criteria for PE
- PE applications are initiated by an approved Medicaid provider (Hospital) by the agency PE Coordinator
- No managed care enrollment

Medicaid Expansion

- Medicaid expansion creates a new population of Medicaid eligible individuals.
- Adults in the community who have gross income that falls below 138% of the Federal Poverty Level (FPL) could be eligible for Medicaid
- The majority of inmates will have an income that falls below 138% FPL

The Law: Inmates and Medicaid

- 1965 Federal law: Social Security Act Section 1905(a) Prohibits Federal Financial Participation (FFP) for medical care or services for inmates in a public institution, except as a patient in a medical institution.
- State law also prohibits the use of State Medicaid funds to cover inmate care
 - NJSA 30:4D-6 (e) No payments for medical assistance for an individual who is an inmate of a public institution (except as a patient in a medical institution)
 - *42 CFR §435.1010) -- incarcerated individuals who are expected to be hospitalized for a 24 hour period or longer at a medical institution, are not considered to be an inmate during that time and can be covered by Medicaid, if otherwise eligible*
- Today, medical coverage for inmates residing at correctional facilities are funded by the facility.

Inmates and Medicaid Exception

42 CFR §435.1010) “incarcerated individuals who are expected to be hospitalized for a 24 hour period or longer at a medical institution, are not considered to be an inmate during that time and can be covered by Medicaid if otherwise eligible”

A Look at the Numbers

- NJ FamilyCare has approximately 1.6 M people enrolled
- Of that, more than 300,000 new adults enrolled due to expansion
- Every month managed care organizations (MCOs) are paid for each NJ FamilyCare enrollee
- About 17,000 adults incarcerated at county jails would be NJ FamilyCare eligible

State Comptroller Findings

- More than \$7M state and county dollars were paid improperly for inmates
- Medicaid must be used appropriately

Correctional Facilities and Medicaid

- Inmates enrolled in NJ FamilyCare prior to incarceration should be dis-enrolled from managed care upon incarceration
- Inpatient hospitalizations, (> 24 hour) are eligible for Medicaid fee-for-service payment (in the NJ FamilyCare program) **and** federal reimbursement
- The MCOs are not responsible for the hospital bill for inmates eligible for Medicaid, nor is the correctional facility

Working Together on the Fix. . .

- Division of Medical Assistance and Health Services
- New Jersey County Jail Wardens Association
- NJ Association of Counties and the Department of Corrections
- **Presumptive Eligibility Certified** Hospital partners for the correctional facility in their area
- State's NJ FamilyCare Presumptive Eligibility Unit
- County Welfare Agencies

Results to Date

- Kick off NJ FamilyCare and Inmate meeting on August 11, 2014. State lead assigned.
- Inmate Presumptive Eligibility (PE) training
- Ongoing workgroup with Department of Corrections and Division of Medical Assistance and Health Services staff
- Follow up meetings with Association of Counties and Wardens
- Receiving daily electronic files of usable data on incarcerations

January 2015 Data Matching

- Systemic modification to any existing NJ FamilyCare coverage to add a **special inmate indicator**. This NJ FamilyCare coverage will be **limited to inpatient fee-for-service acute hospitalization only** during incarceration
- Inmate PE will only be done on any hospitalized inmate **without an active** NJ FamilyCare or PE segment
- Eligibility viewable on e-MEVs; messaging on REVs
- Suppress managed care enrollment and capitation payments during incarceration
- The correctional facility works **directly** with local CWA or State Vendor to help enroll inmates into NJ FamilyCare.

Sample Screen Shot MEVS

<ul style="list-style-type: none"> Site Requirements Help Index by Topic State Web Sites Account Links HIPAA Submitter Login Manage Challenge Question Manage Sub Accounts Log Off Communication Contact Provider Services Contact Webmaster Fed & State Stats & Regs Forgot My Password Provider Directory Provider Enrollment Application Provider Registration Information Approved Vendor List Billing Supplements / Training Packets Recent Newsletters Edit Codes FAQ Forms & Documents Physician Administered Drugs (UOM) Rate and Code Information Newsletters & Alerts NJ State MAC Secured Options Change Password Change Email Clear Claim Connection eMevs eMevs History LTC Census Report Distribution Request Judge Run EHR Incentive Program Non-Billing Provider Directory Claims Mgmt CCF Submit DDE Claim Adjust a Claim Void Claim 	<p>Welcome to the New Jersey Medical Assistance Program's Medical Eligibility Verification Service.</p> <p>Enter your eligibility criteria below. Be certain to select and complete one of the following sets of criteria.</p> <p> <input checked="" type="radio"/> Recipient Id Number <input type="radio"/> SSN and Date of Birth <input type="radio"/> Name and Date of Birth <input type="radio"/> Name and SSN <input type="radio"/> Card Control Number and Date of Birth </p> <p>Search By:</p> <p style="text-align: center; color: gray;">Rectangular Snip</p> <table border="0" style="width: 100%;"> <tr> <td>Service Period Begin Date:</td> <td>Service Period End Date:</td> <td>Recipient Medicaid ID Number:</td> </tr> <tr> <td><input type="text" value="01/01/2015"/></td> <td><input type="text" value="01/1/2015"/></td> <td><input type="text" value="999999999999"/></td> </tr> <tr> <td>First Name:</td> <td>Last Name:</td> <td>Middle Initial:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>SSN:</td> <td>Date of Birth: (mm/dd/yyyy)</td> <td>Card Control Number:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p style="text-align: center;"> <input type="button" value="Reset Page"/> <input type="button" value="Submit Request"/> <input type="button" value="Print Result"/> </p> <hr/> <p>Results as of 1/1/2015 3:00 PM:</p> <table border="0" style="width: 100%;"> <tr> <td>Last Name: SMITH</td> <td>First Name: JANE</td> <td>Middle Initial: E</td> </tr> <tr> <td>Submitted Recipient Id #: 999999999999</td> <td>Eligible: Yes</td> <td></td> </tr> <tr> <td>Date of Birth: 12/28/1978</td> <td>SSN:</td> <td></td> </tr> <tr> <td>Card Control Number:</td> <td></td> <td></td> </tr> </table> <p>Medicaid Eligibility Data: Title XIX Medicaid Anticipated LIS Level: 2</p> <table border="0" style="width: 100%;"> <tr> <td>Begin Date: 1/1/2014</td> <td>End Date: 9/30/2014</td> </tr> <tr> <td>Recipient Id # for Billing: 999999999999</td> <td>Message: PROGRAM 320</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td>Eligible Services:</td> <td>1-Medical Care</td> <td>33-Chiropractic</td> <td>35-Dental Care</td> </tr> <tr> <td></td> <td>47-Hospital</td> <td>48-Inpatient Hospital</td> <td>50-Outpatient Hospital</td> </tr> <tr> <td></td> <td>86-Emergency Services</td> <td>88-Pharmacy</td> <td>98-Physician Visits</td> </tr> <tr> <td></td> <td>AL-Vision</td> <td>MH-Mental Health</td> <td>UC-Urgent Care</td> </tr> </table> <p>Medicaid Recipient Lockin Data:</p> <table border="0" style="width: 100%;"> <tr> <td>Lockin Begin Date:</td> <td>Lockin End Date:</td> </tr> <tr> <td>Message: I</td> <td></td> </tr> </table> <div style="background-color: yellow; padding: 5px;"> <p>Medicaid Special Program Data:</p> <p>Begin Date: 1/1/2015 End Date: 1/31/2016</p> <p>Message: THE BENEFIT PACKAGE IS LIMITED TO INPATIENT ACUTE CARE FEE FOR SERVICE ONLY</p> <p>Special Pgm Code: 98</p> </div> <p>Medicaid Managed Care Data:</p> <table border="0" style="width: 100%;"> <tr> <td>MCO Name: HORIZON NJ HEALTH</td> <td>MCO Phone Number: 8006820091</td> </tr> <tr> <td>Begin Date: 1/1/2014</td> <td>End Date: 12/31/2014</td> </tr> <tr> <td>MCO Patient ID:</td> <td>Plan Code: 086</td> </tr> </table>	Service Period Begin Date:	Service Period End Date:	Recipient Medicaid ID Number:	<input type="text" value="01/01/2015"/>	<input type="text" value="01/1/2015"/>	<input type="text" value="999999999999"/>	First Name:	Last Name:	Middle Initial:	<input type="text"/>	<input type="text"/>	<input type="text"/>	SSN:	Date of Birth: (mm/dd/yyyy)	Card Control Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name: SMITH	First Name: JANE	Middle Initial: E	Submitted Recipient Id #: 999999999999	Eligible: Yes		Date of Birth: 12/28/1978	SSN:		Card Control Number:			Begin Date: 1/1/2014	End Date: 9/30/2014	Recipient Id # for Billing: 999999999999	Message: PROGRAM 320	Eligible Services:	1-Medical Care	33-Chiropractic	35-Dental Care		47-Hospital	48-Inpatient Hospital	50-Outpatient Hospital		86-Emergency Services	88-Pharmacy	98-Physician Visits		AL-Vision	MH-Mental Health	UC-Urgent Care	Lockin Begin Date:	Lockin End Date:	Message: I		MCO Name: HORIZON NJ HEALTH	MCO Phone Number: 8006820091	Begin Date: 1/1/2014	End Date: 12/31/2014	MCO Patient ID:	Plan Code: 086
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Inmate Presumptive Eligibility

- Began September 2104
- For an eligible inmate admitted for an **inpatient hospitalization**
- Limit benefit to ***inpatient*** hospitalization-fee for-service claims for inmates
- Without an inmate PE eligibility segment, or other matched Medicaid segment, inpatient hospital claim will not be reimbursed by Medicaid

Inmate PE Application

- New online PE application for inmates age 19 thru age 64 only.
- Complete an Inmate PE application within 72 hours of the date of inmate **inpatient hospitalization for any inmate** without open eligibility segment
- Online application simultaneously sent to both the State PE Unit and CWA ---same county as inmate's correctional facility.
- Inmate PE will be established the date of admission of a hospital stay and can last up to 60 days. The PE applications must be processed.

CWA and Correctional Facility Questions for Consideration

- Which one of the local agencies should take the lead for the county to plan the follow up meeting(s) to discuss the details on how this will work in their county?
- On average, how many inmates get hospitalized each month or year?
- Who is the “Inmate Coordinator” for the correctional facility and who is the “Inmate Coordinator” the local CWA? The Inmate coordinator should be sure the application is taken and completed.
- The PE application asks for a home address – what is the correctional facility’s address?
- The PE application asks for a telephone number – whose telephone number at the correctional facility should be used?
- Who at the county correctional facility will work with the local CWA to help “fill in the blanks” and retrieve any missing information so that the NJ FamilyCare application can be processed?
- How much lead time is needed to complete an application at the CWA?
- The PE application will be electronically submitted to the local CWA in the county where the correctional facility is located. What if the inmate is being released to a different county?

Hospitalized Inmate PE

The Inmate PE Application



MAGI CALCULATION

List of Applications

Confirmation No:
PE Status:
FC Status (FS):
Comments:

Name:
PE Case#:
Policy Number:

Filter Applications: New Pending Completed Unfinished Eligible Ineligible FFM
 All NJFC PE only PEPW Only FC Only

Search For CONFIRM # Like Pg Size: 100 Items:P:

Start

Please do not apply again if you have submitted an application and have not received a reply. It can take up to 3-4 weeks to hear from us. If you have any changes, or wish to inquire about the status of your application, you can call the agency to which your online application was sent.

- NJ FamilyCare is free or low-cost health insurance for uninsured children and certain low-income parents. To learn more, click on "What is it?" on the menu bar of the NJ FamilyCare website. To self-screen for income eligibility, click on "Income Eligibility and Cost".
- **To be eligible for NJ FamilyCare:**
 - Applicants must live in New Jersey
 - Child applicants, 18 or younger, must be a US citizen or qualified immigrant whose documents allow them to remain here permanently, **regardless of date of entry.**
 - Parent/guardian applicants of a child 18 or younger must be a US citizen or qualified immigrant including those with legal permanent resident status **for at least 5 years.**
 - All applicants must meet the rules of the program.
- **It's easy to apply!**
 - Filling out this online application will take about 10 minutes. You must answer all questions that have an asterisk (*).
 - When you are done, click on the [Submit the Application] button on the last page. You may also print a copy to keep for yourself by clicking on the [Print the Application] button.
- **What you will need:**
 - To fill out this application, you will need the following information about your family before you begin. (Family includes adoptive or natural parents and their spouses, or guardians if there are no parents, and children under 21.):
 - Names and birthdates
 - Social Security numbers for those applying for coverage
 - Information about other health insurance
 - Information about income, both work income and any other income
- **Immigrant Information:**
 - To be eligible, immigrants must have documents that allow them to reside in the U.S. permanently.
 - Applying for NJ FamilyCare will not hurt your chances of getting a green card or becoming a citizen.
 - Information provided to NJ FamilyCare is not shared with the U.S. Citizenship and Immigration Services.
 - A parent's immigration status does not need to be provided if the parent is not requesting health coverage for him or her self.
 - A parent's status has no effect on the eligibility of a child.
- **How to make sure your family gets the health coverage they need and deserve:**
 - **You will be asked to provide certain documents that verify what you have said on the application regarding income, citizenship or immigration status, and other health insurance if applicable. If these documents are not provided, enrollment of your family members cannot take place. This will be explained more fully when you have completed the online application.**
- **You will have a chance to review your application and make changes or corrections before submitting it.**

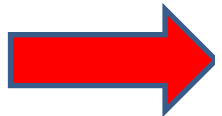
Please click "Start" button below to begin.
Please select the type of application you are entering:

PE for Children/Adult PE for Pregnant Women

Start

Click: START to enter application.

Address



Inmate Hospitalization Only

HOME ADDRESS ⓘ

Please use the Addr2 field for apartment or trailer #

Addr1/Street: * Addr2/Apt#:

City * State Zip -

* MAILING ADDRESS ⓘ Same as Home Address Different than Home Address

Addr1/Street: Addr2/Apt#:

City State Zip -

* CONTACT PHONE NUMBERS. We need at least one phone number to contact you.

Home Phone No: ⓘ - - Cell Phone No: - -

Other Phone No: - - E-mail:

Note: Information represented with * is required. Click ⓘ For additional information on the field.

Back

Next

Must check the box **Inmate Hospitalization Only**

Enter the correctional facility's **address** as the Inmate's home address. Provide a contact **telephone** for the correctional facility, by entering this as the Home or Cell Phone. The PE Coordinator and/or the CWA will use this information if any follow-up needed

Address

Inmate Hospitalization Only

For inmate cases please provide mailing address in place of Home address.

HOME ADDRESS ?

Please use the Addr2 field for apartment or trailer #

Addr1/Street: * Addr2/Apt#:

City * State Zip -

County *

MAILING ADDRESS ? Same as Home Address Different than Home Address

Same as Home Address. (To change this please change the selection above.)

CONTACT PHONE NUMBERS. We need at least one phone number to contact you.

Home Phone No: ? - - Cell Phone No: - -

Other Phone No: - - E-mail:

Note: Information represented with * is required. Click ? For additional information on the field.
Please verify your address. If you feel this address is correct, please select a COUNTY to which you belong to and click NEXT button.

Back

Next

Enter the county of the correctional facility if it does not pre-populate.

NJ Department of Human Services NJ FamilyCare Online Application

My E-mail My Calendar 6/11/2014 User: Charlene M South NJ Family Care / PE Close

List Applications Enter Application Users

Select a Language: ENGLISH

Start Address Household Member Info Income HMO Review Sign Submit Confirmation

Inmate
Household Members



HOW TO COMPLETE THIS PAGE:

- Please enter name as it appears on birth certificate.
- Please enter details of PARENTS/GUARDIANS living in your HOUSEHOLD.
- Please enter details of SINGLE ADULT/CHILDLESS COUPLE living in your HOUSEHOLD
- Please enter details of CHILDREN UNDER THE AGE OF 21 living in your HOUSEHOLD.
- Then click on "Add to the Household List" Button to add the household member
- When finished adding Household members. Click on the "Next" Button to go to the next page.

Household Member Information (List Parents/Guardians, children information)

First Name* John Middle Name Last Name* Doe

Date Of Birth* 02 - 01 - 1980
(mm-dd-yyyy)

Sex* Male

Status?* Single

Add Household Member Clear

Note: Information represented with * is required. Click ⓘ For additional information on the field.

Back

Next

Enter the inmate's information. The status is always Single.
Click **Add Household Member**. Click **Next**

Inmate

Household Members

HOW TO COMPLETE THIS PAGE:

- Please enter name as it appears on birth certificate.
- Please enter details of PARENTS/GUARDIANS living in your HOUSEHOLD.
- Please enter details of SINGLE ADULT/CHILDLESS COUPLE living in your HOUSEHOLD
- Please enter details of CHILDREN UNDER THE AGE OF 21 living in your HOUSEHOLD.
- Then click on "Add to the Household List" Button to add the household member
- When finished adding Household members, Click on the "Next" Button to go to the next page.

Household Member Information (List Parents/Guardians, children information)?

First Name* Middle Name Last Name*

Date Of Birth* --
(mm-dd-yyyy)

Sex*

Status?*

Change	Remove	SNO	First_Name	Middle_Name	Last_Name	Sex	DOB	Status
Change	Remove	1	John		Doe	M	2/1/1980	X

Note: Information represented with * is required. Click  For additional information on the field.

Added household member to the list. To add more members, Enter Household Member Information and Click "Add Household Member" again. If you have entered all the members and want to proceed next please click on the "Next" Button.



This is what the application looks like once you click **Add Household Member**.
Click: **NEXT** to continue.

Inmate

Member Information John Doe (X)

MEMBER INFORMATION:- John Doe

Do you want NJ Family Care for this person? * Yes No

Do you want Presumptive Eligibility? * Yes No

Social Security No.(Ex: 123-45-6789)*
 Include the Social Security Number (SSN) for those family members who want NJ FamilyCare. In the event that a person applying is found to be NJ FamilyCare eligible, their SSN will be required to enroll in the NJ FamilyCare program in accordance with federal rules and regulations. You may be asked to provide it later, if it is not provided at this time. A newborn's SSN must be provided as soon as it is available. You are not required to provide a SSN if you are not applying. However, providing your SSN will speed up the application process.

- - Not given

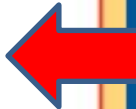
Race/Ethnicity

US Citizen ? * Yes No

Does this person have Health Insurance? * Yes No

Is this person currently enrolled in NJ FamilyCare?* Yes No

Did this person have other Health Insurance within the last 3 months? * Yes No



Note: Information represented with * is required. Click For additional information on the field.

Back

Next

Most of the asterisks default to “No” meaning it will pre-populate whenever possible. **You can change the answer to “Yes” if the inmate wants NJFC consideration.**

Ask “Do you want NJ FamilyCare?” and proceed. Enter SSN if you have it. Race and Citizenship Information

Inmate

Member Information John Doe (X)

MEMBER INFORMATION:- John Doe

Do you want NJ Family Care for this person? * Yes No

Do you want Presumptive Eligibility? * Yes No

Social Security No.(Ex: 123-45-6789)*
Include the Social Security Number (SSN) for those family members who want NJ FamilyCare. In the event that a person applying is found to be NJ FamilyCare eligible, their SSN will be required to enroll in the NJ FamilyCare program in accordance with federal rules and regulations. You may be asked to provide it later, if it is not provided at this time. A newborn's SSN must be provided as soon as it is available. You are not required to provide a SSN if you are not applying. However, providing your SSN will speed up the application process.

281 - 22 - 4512 Not given

Race/Ethnicity White

US Citizen ? * Yes No

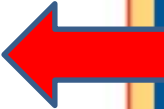
If not a citizen, please enter Date of Residence: *
You must provide your Date of Residence as a Legal Resident, if you want to apply for NJ FamilyCare.

02 - 02 - 1995

Does this person have Health Insurance? * Yes No

Is this person currently enrolled in NJ FamilyCare?* Yes No

Did this person have other Health Insurance within the last 3 months? * Yes No



Note: Information represented with * is required. Click For additional information on the field.

Back

Next

This is what the application looks like once you have entered the SSN, Race and Citizenship Information. CLICK **NEXT** to continue.

Inmate

Income details for Household Member:- John Doe

Check this box if ALL of the following statements are TRUE:

- This person has neither 'Earned' or 'Other' income -AND-
- This person did not change jobs within the last six months -AND-
- This person does not have any payments to be made

EARNED INCOME:- Check this box if this person doesn't have Earned Income

No Earned Income. (To change this please Uncheck the Check Box above.)

OTHER INCOME:- Check this box if this person doesn't have Other Income

No Other Income. (To change this please Uncheck the Check Box above.)

Did this person change jobs in the last six months? Yes No

Did not change jobs in the last six months. (To change this please Click 'Yes' above.)

PAYMENT DETAILS:- Check this box if this person doesn't have any Payments to be made

No Payments. (To change this please Uncheck the Check Box above.)

Note: Information represented with * is required. Click For additional information on the field.

Back

Income details for Household Member:- John Doe

Next

This page is done. The first box has been checked...the Inmate is considered to have zero income, no employment and no payments being made.

Click **NEXT**

NJ Department of Human Services NJ FamilyCare Online Application

My E-mail My Calendar 6/11/2014 User: Charlene M South NJ Family Care / PE Close

List Applications Enter Application Users

Select a Language: ENGLISH

Start Address Household Member Info Income **HMO** Review Sign Submit Confirmation

Inmate

Choosing Your Health Plan

Doctor Information

Who is your child's Doctor? Address:

Who is your Doctor? Address:
(If applying for NJ FamilyCare)

Please answer the below:

Choose Health Plan for **MERCER** county: * For help in choosing on Health Plan, call **1-800-701-0710**

Is anyone applying for NJ FamilyCare:
 Taking prescription medicines? Yes No
 Receiving any medical treatment? Yes No
 Using any special medical equipment? Yes No

Other information:

Family Size: *
 Total Monthly Countable Income: * (use Worksheet)
 Income Comments:
 Choose Head of the Household: *
 What language do you speak at home:

Note: Information represented with * is required. Click For additional information on the field.

Can't Select HMO

Pre-populated

Next

Although this page will appear, no Health Plan will be assigned or allowed to be selected. Nothing is required on this page. **CLICK NEXT**

NJ Department of Human Services NJ FamilyCare Online Application

My E-mail My Calendar 6/11/2014 User: Charlene M. South NJ Family Care / PE Close

List Applications Enter Application Users

Select a Language: ENGLISH

Start Address Household Member Info Income HMO Review Sign Submit Confirmation

Review

- You have now entered all of the information needed to complete the NJ FamilyCare online application
- You can review the application by clicking on the 'Review Application' button below.
- You can also change the information you have entered by clicking on the 'Back' button below until you see the page you want to update.
- When you are done, please click on the 'Next' button below to sign and submit your application.

Review Application

Best printed on legal-size paper.

Back

Next

Review this application. Make sure it is correct before you submit an Inmate PE application.

The Inmate PE application will go to the State PE Unit, and simultaneously to the local CWA

Inmate
Sign

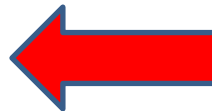
Please read the following statements and then check off whether you agree to the statements or not using the appropriate box below.

- I certify that I am applying for:

First Name	Middle Name	Last Name	Date of Birth	Place of Birth
John		Doe	02/01/1980	

- I represent that I have read and understood the [Privacy Notice](#), and that I will obey the law and regulations of the program.
- I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal and state law if I provide false and or untrue information.
- I know that I must promptly tell Presumptive Eligibility Unit if anything changes or becomes different from what I wrote on this application including changes in income, address or household size. I understand that a change in my information could affect the eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

- I agree with the statements above.
- I do NOT agree with one or more statements above.



Note: Your application can NOT be submitted unless you have agreed to all of the statements.

Back

Next

Click I agree with the statements above...
Click **NEXT**

Inmate

Submit

Should not be Sent- PE Only

Please choose Provider Location: * 693 - MONMOUTH FAMILY HEALTH CENTER

Back

Submit the Application

Same. You must choose your PE Provider Location.

List Applications	Enter Application	Users							
Select a Language: ENGLISH									
Start	Address	Household	Member Info	Income	Health Plan	Review	Sign	Submit	Confirmation

Inmate

Confirmation

YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED

This application was electronically submitted to the State Presumptive Eligibility Unit and the Mercer County Board of Social Services, 200 Wolverton Street, PO Box 1450, Trenton, NJ 08650

You may make additions or corrections by contacting the Presumptive Eligibility Unit.

Your application was submitted on [7/11/2014](#).

Your confirmation number is [11140700027](#).

[Print the Application](#)

[Print this page](#)

[Done](#)

Best printed on legal-size paper.

You print this page and keep it for **your records**.

The PE Coordinator should always keep a copy of the Confirmation page and the application.

The Inmate does not get a copy of anything.

NJ FamilyCare / PE



NJ FamilyCare / P.O. Box 8367 / Trenton, NJ 08650 / 1-800-701-0710 (TTY 1-800-701-0720) WE SPEAK 150 LANGUAGES WWW.NJFAMILYCARE.ORG

Confirmation Number: 11140700027 INMATE	County or Vendor: MERCER
OA Confirmation Number:	OA Serial Number:
Sent Date: 7/11/2014 4:31:26 PM	Printed On: 7/11/2014 4:34:10 PM
Enrollment Site #:693	Policy #:

1. HOUSEHOLD INFORMATION	
Home Address:	123 MAIN STREET, TRENTON, NJ, 08610
Mailing Address:	123 MAIN STREET, TRENTON, NJ, 08610
County:	MERCER
Phone Numbers:	Home: 609-555-5555
E-mail Address:	
Language spoken at home:	ENGLISH

List ALL Adults and Children UNDER THE AGE OF 21 Living in Your Household

Adult First Name	Adult Middle Name	Adult Last Name	Do you want NJ Family Care?	Sex	Social Security No.	Race/Ethnicity	AI/AN	Birth Date MM/DD/YYYY	US Citizen?/DOE	Place of Birth	Foster care?	Full-time student?	Other health insurance now?	Adult Marital Status	Deeming Household Member
John		Doe	No(PE)	Male	281-22-4512	W		02/01/1980	No 2/2/1995				No	Single	No

Are your children currently enrolled in NJ Family Care? No
 If yes, the NJ Family Care Policy Number:

No Children information entered.

** Race/Ethnicity Codes: B-Black S-Hispanic W-White I-Native American Indian/Alaska Native A-Asian/Pacific Islander O-Other

Is anyone listed above pregnant? No
 If yes, write name(s) and due date(s):

Does anyone above have medical bills for the last three months? No
 If yes, please write name(s):

2. INCOME INFORMATION FOR PARENTS/GUARDIANS AND CHILDREN UNDER 21 - see instructions

No Eamed Income details entered.

No Uneamed Income details entered.

The county of the correctional facility based on the address will appear.



Income Comments: Inmate

Do any of the employers listed above offer health insurance? No

If yes, please list Employer Name:

Employer Address:

Has anyone listed changed jobs in the last six months? No

If yes, please list Name:

Former employer:

Date job ended:

3. HMO SELECTION: You must pick an HMO to be enrolled. Please see HMO flyer for available HMOs.	
Choose HMO :	
Who is your doctor? :	
Address :	
Who is your child's doctor?	
Address :	



This section is purposefully blank.
This field is not required for PE for Inmates.

Is anyone applying:

Taking prescription medicines? No

Receiving any medical treatment? No

Using any special medical equipment? No

I hereby certify that I am the parent/guardian of the following child(ren) who are applying for NJ FamilyCare/Medicaid and that I have provided accurate information regarding the child(ren) on the application.

First Name	Middle Name	Last Name	Date of Birth	Place of Birth
John		Doe	02/01/1980	

By signing this form, I represent that I have read and understood the Privacy Notice and the NJ FamilyCare program "Rights and Responsibilities", and that I will obey the law and regulations of the program. I understand that I am giving the NJ FamilyCare program permission to release my medical records and those of any of my family members who enroll in the program, to the program's HMOs and its providers. I also authorize the NJ Division of Taxation to release my tax return information to NJ FamilyCare for purposes of determining eligibility for the program. In addition, I hereby authorize any educational institutions or school district to release my medical records or those of my child(ren) to the NJ FamilyCare program for the purpose of determining eligibility and billing the Program. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment. (I understand that I may be asked to verify the above information)

Sign Your Name Here: ----->(ELECTRONICALLY SIGNED) Date : 6/11/2014 4:01:50 PM

Chris Christie
Governor
State of New Jersey

Kim Guadagno
LL Governor
State of New Jersey

Thank You