



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712
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Governor

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Commissioner

KIM GUADAGNO
Lt. Governor

JOHN R. GUHL
Director

Reissued February 25, 2010

Attachment corrected; please disregard all previous versions/copies

MEDICAID COMMUNICATION NO. 09-20

DATE: December 31, 2009

TO: County Welfare Agency (CWA) Directors
Statewide Eligibility Determination Agencies

SUBJECT: NJ FamilyCare/Medicaid Administrative Renewals

NOTE: The only correction for this re-issuance is the phone number for a Spanish-speaking representative within the attached sample letter.

As you are aware, New Jersey is pro-active with initiatives to acquire and retain medical coverage for all our eligible residents, especially the children of our State. In order to streamline the eligibility renewal process, the Division of Medical Assistance and Health Services (DMAHS) is allowing the CWAs to "administratively" renew (also known as redetermination) certain cases through available online verification systems such as LOOPS, DABS, FLI (Family Leave Insurance), State Wages, child support, and Social Security Benefits systems.

Use of these systems to verify certain income is acceptable as long as the information found on these systems is consistent with the information previously submitted on the NJ FamilyCare/Medicaid case file. If the CWA uses these systems to verify this information at the time of renewal, they must document this source by printing and adding the appropriate screens to the case record. A letter notifying the family that they continue to appear to be eligible or appear to be eligible for another program still must be sent. Should anyone in the household have a change in service packages (Service Plan A to Plan D, vice versa, etc.) then their notice must include information regarding their new service package. A sample letter and service package information have been attached for your review and utilization.

The Division's Bureau of Quality Control is aware of this process, and that the Wage system runs one calendar quarter behind "real time."

When checking these systems for Social Security benefits please be reminded to check for Medicare eligibility and enrollment. Adults in Program Status Codes

(PSCs) 497/498/763 are ineligible for NJ FamilyCare if they have other third party liability (TPL) insurance. Medicare is considered TPL except for children in the NJ FamilyCare programs. Termination of eligibility from programs which mandate beneficiaries to be uninsured will require notice of such adverse action.

Those listed as “self-employed” are exempt from administrative renewals and must complete the renewal application. If income, child support, and/or citizenship cannot be verified by the use of the above identified systems, then the renewal application packet shall be sent to recipients to be returned for evaluation for continued eligibility. Cases which cannot be administratively renewed or are not returned timely shall be terminated for non-compliance. **Do not terminate cases for missing documents prior to checking existing records in your agency that may have the information needed.**

If you have any questions regarding this Medicaid Communication, please refer them to the Division’s Office of Policy field service staff for your agency at 609-588-2556.

Sincerely,



John R. Guhl
Director

JRG:M
Attachments

c: Jennifer Velez, Commissioner
Department of Human Services

William Ditto, Executive Director
Division of Disability Services

Kevin Martone, Deputy Commissioner
Department of Human Services

Jeanette Page-Hawkins, Director
Division of Family Development

Kenneth W. Ritchey, Assistant Commissioner
Division of Developmental Disabilities

Janet F. Rosenzweig, Acting Commissioner
Department of Children and Families

Matthew D’Oria, Acting Commissioner
Kathleen M. Mason, Assistant Commissioner
Patricia Polansky, Assistant Commissioner
Department of Health and Senior Services

(Eligibility Determining Agency Letterhead)

Date: (Enter Date)

(Case#)
(Head Of Household Name)
(Address)
(City, NJ Zip)

Dear (HOH Name):

As you know, you are required to renew your NJ FamilyCare/Medicaid policy every year. In the past, you received a renewal packet that needed to be completed and returned along with all the necessary verification documentation, so that NJ FamilyCare could determine your family's continued eligibility for the program.

We are pleased to inform you that the renewal process has been changed to make it more efficient and easier for our families. The completion of the paper renewal form is not necessary as we are able to verify your household information from other sources that have become available to us such as the NJ Department of Labor Wage Report, Unemployment Insurance Benefits, Temporary Disability Insurance Benefits, and Social Security Disability or Survivor Benefits.

If you do not agree with the outcome because your family's circumstances have recently changed, please contact your County Welfare Agency immediately.

The family member(s) below remain eligible for the following benefit plan(s):

Name	Birth Date	Plan	Effective Date

Please Note the Following:

- Some changes may result in a new renewal date for your case.
- **A change in plan could mean a change in services.** Please carefully read the information regarding services offered by your plan.
- These changes will not result in a change in your HMO. If a new family member is being added to your case, he or she must be enrolled in the same HMO as the rest of the family. Please call 1-800-701-0710 if you want to change the HMO your family has been using.

You are required to contact your County Welfare Agency immediately if you have any changes in your household, including the following:

- In your family size (additional or fewer household members).
- In household income (whether it goes up or down).
- If someone in your household is expecting a baby.
- If anyone in your household who applied for NJ FamilyCare/Medicaid gets other health insurance (including Medicare).
- If you move (within or outside of New Jersey).

Remember:

- When you receive services you will need to use your NJ FamilyCare/Medicaid ID Card and your HMO ID card when enrolled.
- Your insurance needs to be renewed annually. We will send required renewal information to you prior to the end of your twelve-month eligibility period. You must follow the directions at that time to keep your insurance.

Si necesita la carta traducida en español por favor llame al 1-800-356-1561. Pregunte por un representante que hable español.

Sincerely,

(Eligibility Agency/Worker Information)