



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712
Telephone 1-800-356-1561

JON S. CORZINE
Governor

CLARKE BRUNO
Acting Commissioner

ANN CLEMENCY KOHLER
Director

MEDICAID COMMUNICATION NO. 06-11

DATE: December 28, 2006

TO: County Welfare Agency Directors
Institutional Services Section (ISS) Area Supervisors
Statewide Eligibility Determination Agency

SUBJECT: Revised NJ FamilyCare Renewal Notice

As you are aware, the Division of Medical Assistance and Health Services (DMAHS) has been working on a more client-friendly version of the NJ FamilyCare Renewal Notice. The Renewal Notice is designed to give easily-understood instructions for timely renewal of FamilyCare to insure continued health care coverage for children and families.

Attached is the revised notice in English and Spanish. We recommend that you begin to use this notice immediately using your county letterhead. Should you have any questions, please contact the DMAHS Bureau of Eligibility Operations field staff assigned to your county at 609-588-2835.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Clemency Kohler".

Ann Clemency Kohler
Director

ACK:Ff
Attachments

C: Fred M. Jacobs, M.D., J.D., Commissioner
Kathleen M. Mason, Assistant Commissioner
Department of Health and Senior Services

Jeanette Page-Hawkins, Director
Division of Family Development

Gregory Fenton, Acting Director
Division of Developmental Disabilities

William Ditto, Director
Division of Disability Services

Kevin Martone, Assistant Commissioner
Division of Mental Health Services

Eileen Crummy, Director
Division of Youth and Family Services

NJ FAMILYCARE RENEWAL NOTICE

Dear Parent/Caregiver:

It is time to renew your family's NJ FamilyCare health insurance.

You must return your Renewal Application by _____ or your FamilyCare case will be closed on _____.

To continue your health insurance, you have the following two options:

1. **Apply by Mail:** Please complete the enclosed FamilyCare application. Instructions are included. Use the enclosed return envelope.

OR

2. **Make an in-office appointment:** If you need help with the application, please call me within _____ days of receipt of this letter to schedule an appointment.

Be sure to renew timely or you will lose your health insurance and your HMO coverage.

Sincerely,

Case Worker

Phone Number

Enclosure/NJ FamilyCare Application

AVISO DE RENOVACIÓN DE NJ FAMILYCARE

Estimado(a) Padre/Madre/Proveedor de Cuidados:

Es hora de renovar el seguro de salud de su familia con NJ FamilyCare.

Usted debe devolver su Solicitud de renovación para _____ o su caso con FamilyCare será cerrado el _____.

Para conservar su seguro de salud, usted tiene las dos opciones siguientes:

3. **Presentar su solicitud por correo:** Por favor llene la solicitud de FamilyCare adjunta. Las instrucciones están incluidas. Utilice el sobre que se incluye.

O

4. **Haga una cita en la oficina:** Si necesita ayuda con la solicitud, por favor llámeme dentro de _____ días a partir del recibo de esta carta para programar una cita.

Asegúrese de renovar a tiempo o usted perderá su seguro de salud y su cobertura de HMO.

Atentamente,

Trabajador de caso

Número de teléfono

Documento adjunto/Aplicación de NJ FamilyCare