



**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*

JENNIFER VELEZ  
*Acting Commissioner*

ANN CLEMENCY KOHLER  
*Director*

**MEDICAID COMMUNICATION NO. 07-01**

**DATE: February 14, 2007**

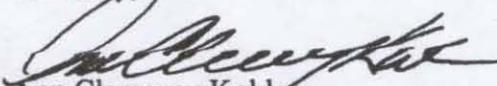
**TO:** County Welfare Agency Directors  
ISS Area Supervisors  
Statewide Eligibility Determination Agency

**SUBJECT:** Revised HBID Emergency Services Letter with Acting Commissioner  
Jennifer Velez's Name

Attached is the revised HBID Emergency Services Letter with the name of our current Acting Commissioner of Human Services, Jennifer Velez. The body of the Emergency Services Letter has not changed. This letter replaces the Emergency Services Letter attached to Medicaid Communication 06-07, dated July 13, 2006. Please destroy the previous Emergency Services Letter and use only this version of it.

Questions regarding this communication should be directed to your field representative in the Office of Policy Development at 609-588-2556.

Sincerely,

  
Ann Clemency Kohler  
Director

ACK:Pp  
Attachment

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

Greg 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

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## HEALTH BENEFITS IDENTIFICATION CARD Emergency Services Letter



Dear Provider: (Please see checked block below)

- NEW APPLICANT:** The NJ FamilyCare/Medicaid client listed below has been newly approved as eligible, and will receive a permanent plastic Health Benefits Identification (HBID) card in the mail shortly. In the meantime, please accept this letter in place of the client's new permanent HBID card. **For new applicants only this letter serves as temporary verification of Medicaid eligibility for the period listed below.**
  
- CLIENT AWAITING REPLACEMENT CARD:** The NJ FamilyCare/Medicaid client listed below is awaiting a replacement card. In the interim, please use the Medicaid information for the client, printed below, in order to determine eligibility for this client using any one of the available eligibility verification systems you normally use. **This letter is not proof of eligibility for this client.**

CLIENT	
Medicaid ID	
Client Name	
Date of Birth	
HMO Plan & Service Package	
TPL & Medicare Coverage	
Pharmacy Restrictions	
Client Address	
AUTHORIZING OFFICE	
Office Name	
Name of Staff Contact	
Phone Number	
<b>EMERGENCY SERVICES LETTER VALID FROM _____ UNTIL _____</b>	