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,

[Signature]

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
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.

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<tr>
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<tbody>
<tr>
<td>Client Name</td>
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<td>Date of Birth</td>
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<td>HMO Plan &amp; Service Package</td>
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<td>TPL &amp; Medicare Coverage</td>
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<tr>
<td>Pharmacy Restrictions</td>
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<td>Client Address</td>
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**EMERGENCY SERVICES LETTER VALID FROM** ___________ **UNTIL** ___________