



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

WILLIAM WALDMAN
Commissioner

MEDICAID COMMUNICATION NO. 98-2

January 22, 1998

TO: County Welfare Agency Directors
Division of Developmental Disabilities
Division of Youth and Family Services

SUBJECT: Medicaid Eligibility Identification Card

In an effort to improve operational efficiency and provide our beneficiaries with an enhanced product, the Division of Medical Assistance and Health Services is pleased to introduce the new Medicaid Eligibility Identification Card.

The new card is a laser print pressure seal process which replaces the present pin feed impact print/heat seal method.

The laser seal method has many advantages, most important of which is its ability to significantly reduce production time, thus enabling us to produce the card later in the month. This will result in a later date to update the eligibility file on-line.

The production of the card will begin in January 1998 for issuance of a February card for our beneficiaries.

You should continue to use your existing card stock for initial and replacement cards. We will have an ample supply for those offices that may require additional card stock.

Attached is a sample of the card for your information.

Questions regarding the new eligibility card may be directed to Douglas Eide,
Office of Information Systems, at (609) 588-2897.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen I. Squarrell", followed by a long horizontal flourish.

Karen I. Squarrell
Acting Director

KIS:E

Attachment

c Len Fishman, Commissioner
Susan C. Reinhart, Ph.D., Deputy Commissioner
Department of Health and Senior Services

Karen Highsmith, Director
Division of Family Development

ATTENTION: WORKING PARENTS AND ADULTS

If you raised a child in your HOME for at least 6 MONTHS in 1996 and earned LESS than a set amount (\$25,078 for ONE child; \$28,495 for TWO or MORE children), you may qualify for the EARNED INCOME CREDIT (EIC) of up to \$2,152 for ONE child and to \$3,556 for TWO or MORE children. FOSTER PARENTS may qualify if a child lived in the HOME for a FULL calendar year. If you were not raising children, were between the ages of 25 and 64, and earned LESS than \$9,500 in 1996, you may qualify for to \$323. To learn more about how to get the EIC and help filing your tax forms, call the IRS at 1-800-829-1040.

IMPORTANT NOTICE

You must sign the front of this card on the line above the Recipient's Signature. If you are unable to sign the card, the individual representing you must sign your name, initial the card and explain his/her relationship to you.

Immediately notify the Medicaid District Office or the Division of Youth and Family Services case manager or the County Welfare Agency (as appropriate);

1. if you have Medicare coverage or other health insurance not listed or incorrectly listed; or
2. if any changes are necessary to the front of this card; or
3. if you have any questions regarding the use of this card or
4. if this card is lost or stolen. (Unless the report of the loss or theft can be documented at the appropriate agency, you may be liable to repay Medicaid for any benefits obtained through its unauthorized use).

REMOVE ID CARD ALONG THIS PERFORATION

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
MEDICAID ELIGIBILITY IDENTIFICATION CARD

ADDITIONAL HEALTH INSURANCE

MEDICAID CASE NO. PERSON NO.

SOC. SEC. ACCT. NO.

DATE OF BIRTH

VALID FROM

TO

USE THIS CARD WHEN YOU NEED MEDICAL SERVICES

RECIPIENT'S SIGNATURE

HSNX4H

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES
PO BOX 712
TRENTON NJ 08625-0712

RETURN SERVICE REQUESTED

FIRST CLASS MAIL
U.S. POSTAGE
PAID
TRENTON NJ
Permit No. 21