



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN  
Governor

MICHELE K. GUHL  
Commissioner

MARGARET A. MURRAY  
Director

**MEDICAID COMMUNICATION NO. 00-7**

**DATE: April 20, 2000**

**TO:** County Welfare Agency Directors

**SUBJECT:** Reporting Procedures for NJ KidCare Applications transferred from Agencies Receiving Payment for Successful Enrollments

**REFERENCE:** New Jersey KidCare

As you know, the Division is working with many Community Based Organizations (CBO's) which are assisting in enrollment activities for NJ KidCare. Some of these CBO's have been awarded grants for doing this work, and are receiving \$25 for every application they help complete which results in a successful enrollment. The state vendor has been reporting monthly on all the applications forwarded to them by these Grantees, and we are now requesting that the County Boards of Social Service (CBOSS) submit a monthly report as well. (Please see the attached reporting form, which must be reproduced for future use.)

A list of the Grantees and corresponding enrollment site numbers is attached. In addition to the aforementioned CBO's, there will soon be participation by other Grantees, such as Federally Qualified Health Centers, and local Health Departments. As this occurs, we will forward additional names and enrollment site numbers to you.

**How an Application Gets Forwarded**

The Grantees will complete an initial screening using the applicable eligibility requirements. Once a cursory evaluation is made, they will forward the application, along with the required documentation, to the appropriate agency in accordance with the guidelines outlined below.

1. If a member of a household is currently receiving assistance through the County Board of Social Services and the remaining potentially eligible members are eligible for Plan A, the application will be referred to the CBOSS for processing.
2. If the potentially eligible members appear to be Plan A eligible, and there are no other household members receiving assistance through the CBOSS, the applicant will be given a choice of where they would like the application to be forwarded, either to the CBOSS or state vendor.

3. If the potentially eligible members appear to be Plans B, C or D eligible, even in those situations where other household members may be receiving medical assistance (NJ KidCare Plan A) through the CBOSS, the case will be referred to the state vendor.

### **What to Do upon Receipt of Application**

Once an application is received by the County Board of Social Services, the eligibility worker must identify those cases that are complete and viable as opposed to those cases that require additional outreach before processing can occur.

1. Complete cases are to be processed for a final eligibility determination.
2. Cases requiring additional outreach should be identified on the report as "pending," and the missing information should be obtained in accordance with established guidelines currently in place for NJ KidCare case processing.

If there is a problem with any Grantee consistently submitting incomplete applications, please notify the Office of NJ KidCare at 609-588-3526.

### **Notification of Case Outcomes via the Attached Reporting Form**

The County Board of Social Services will report to the Office of NJ KidCare, the outcomes of those cases that have been transferred (either directly or through the state vendor) from the Grantees initiating the application. The report should be submitted by the 10<sup>th</sup> of every month, beginning May 10, 2000, for cases handled the previous month. When reporting, the status of cases should be categorized as follows:

1. **Cases that are approved and enrolled**  
The Medicaid identification number and effective date of eligibility for each case must be indicated.
2. **Cases that require additional outreach and are in pending status**  
Indicate reasons for pending status: missing information (i.e. household income, household expense, immigration, insurance, pregnancy, or general) or pending managed care. Such cases must be followed up in subsequent monthly reports, until they are either determined to be eligible or are denied.
3. **Cases that are denied**  
The reason for denial must be indicated for each case: timed out (i.e. missing information); covered under another government program; currently has health insurance; income exceeds NJ KidCare limits; not a citizen or qualified alien.

4. **Cases that are referred to State vendor**  
Applications where income is over Plan A levels must be referred to the State eligibility determination agency.

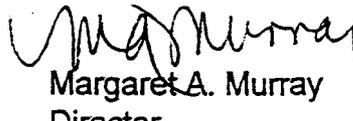
**Office of NJ KidCare Responsibilities**

It is the responsibility of the Office of NJ KidCare to:

1. notify the appropriate Grantees of case outcomes; and
2. reimburse said Grantees in accordance with their contractual agreements for those cases that resulted in eligibility.

Thank you for your cooperation. If you have any questions regarding this communication, please contact Lois Gelade, Office of NJ KidCare, at 609-588-3526.

Sincerely,

  
Margaret A. Murray  
Director

MAM:Gg

Attachment

C: Christine Grant, Commissioner  
William Conroy, Acting Deputy Commissioner  
Department of Health and Senior Services

David C. Heins, Director  
Division of Family Development

Charles Venti, Director  
Division of Youth and Family Services

# NJ KidCare Month Enrollment Report

## County Boards of Social Services

Name of County: \_\_\_\_\_

For applications during month of \_\_\_\_\_

Contact Person: \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Enroll-ment Site #	Medicaid #	Head of Household	Name, Date of Birth, and Social Security # of One Child	Date of Eligibility	Pending	Denied	Ref. to State Vendor

**PENDING:** Indicate if missing information(i.e. income, immigration, or general), pending state approval, or pending managed care  
**DENIED:** Indicate if timed out – missing information, covered under another gov't program (i.e. Medicaid), currently has health insurance