



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

KEVIN M. RYAN
Acting Commissioner

ANN CLEMENCY KOHLER
Director

MEDICAID COMMUNICATION NO. 06-07

DATE: July 13, 2006

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

SUBJECT: Revised Health Benefits Identification Card (HBID) Emergency
Services Letter

Attached is the revised HBID Emergency Services Letter. This letter will replace the Emergency Services Letter attached to Medicaid Communication 06-04, dated May 10, 2006. To avoid any confusion, please destroy the original Emergency Services Letter and use only this version of it.

Questions regarding this communication should be referred to the Office of Policy Development at 609-588-2556.

Sincerely,

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

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

Carol Grant, 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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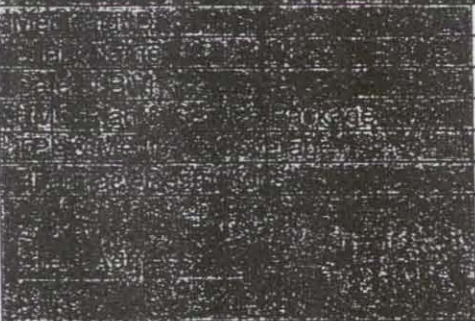

ANN CLEMENCY KOHLER
Director

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.**

	
	
EMERGENCY SERVICES LETTER VALID FROM _____ UNTIL _____	