



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 9 No. 3

January 1999

**TO:** All Providers

**SUBJECT:** Medicaid/NJ KidCare Eligibility Identification Cards

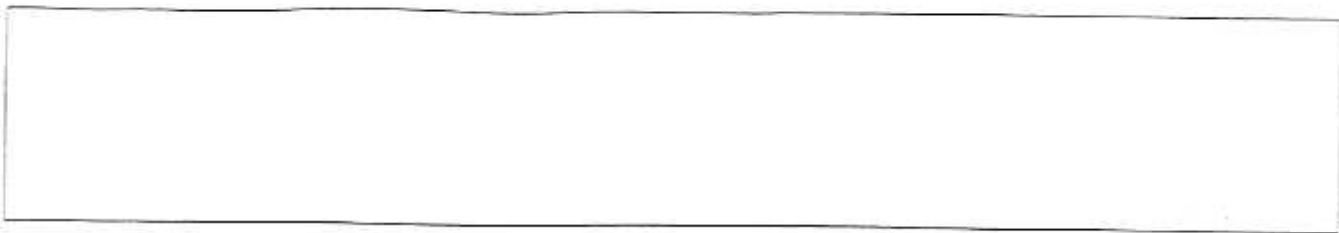
**EFFECTIVE:** January 1, 1999

**BACKGROUND:** The Division of Medical Assistance and Health Services (DMAHS) is pleased to announce that an additional enhancement to the Medicaid and NJ KidCare card system will soon be available. This enhancement will allow cards for all programs to be printed in a standard format. NJ KidCare cards are distinguished by their cranberry color, while all other cards produced by the Division are blue. TANF/AFDC Medicaid cards are not produced by the Division, and therefore their color and format will remain unchanged.

**ACTION:** The most notable difference in the new format of the cards is that the address will be placed only on the outside of the card. In addition, the social security number of the beneficiary will no longer appear on the card. The production of the newly formatted cards will begin in December 1998 for the January 1999 Medicaid/NJ KidCare Eligibility Cards. Attached are copies of the newly formatted cards.

If you have any questions concerning the format of the new cards, you may call Doug Eide, Technical Services at (609) 588-2897.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**



**IMPORTANT NOTICE**

You (or your Parent, Legal Guardian, or Representative) must sign this card on the line above Beneficiary's Signature.

Immediately notify the Medicaid District Office, the Division of Youth and Family Services (case manager), or the County Board of Social Services if:

1. you have any questions about the use of this card; or
2. any changes are necessary due to missing or incorrect information; or
3. this card is lost, stolen, or damaged.

REMOVE ID CARD ALONG THIS PERFORATION

MANUMC  
035401

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
Medicaid Eligibility Identification Card



Beneficiary Name                      DOB      P.N. Svc. Plan

Medicaid Identification No. \_\_\_\_\_

VALID FROM                      TO

Additional Health Coverage Information

\_\_\_\_\_  
BENEFICIARY'S SIGNATURE

SAMPLE

MANUMD

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. 71

NJ KidCare is here! Do you have or know any children without health insurance or who are not eligible for Medicaid due to their age or family income? Health care coverage may be available for low-income children under age 19 through the NJ KidCare program. For more details, call your County Welfare Agency or 1-800-701-0710.

¡NJ KidCare ya llegó! ¿Tiene o conoce usted a niños que no tienen seguro de salud o que no son elegibles para recibir Medicaid debido a su edad o a los ingresos de sus familias? Por medio del programa NJ KidCare, puede haber disponibilidad de beneficios de salud para niños de ingresos limitados menores de 19 años. Para más información, llame la agencia de bienestar o llame 1-800-701-0710.

**IMPORTANT NOTICE**

You (or your Parent, Legal Guardian, or Representative) must sign this card on the line above Beneficiary's Signature.

Immediately notify the office responsible for your application (the County Board of Social Services or the Health Benefits Coordinator at 1-800-701-0710 or 1-800-701-0720 (TTY)) if:

1. you have any questions about the use of this card; or
2. any changes are necessary due to missing or incorrect information; or
3. this card is lost, stolen, or damaged.

REMOVE ID CARD ALONG THIS PERFORATION

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
NJ KidCare Eligibility Card



Beneficiary Name                      DOB      P.N.      Svc. Plan

*SAMPLE*

KidCare Identification No. \_\_\_\_\_

VALID FROM                      TO

Additional Health Coverage Information  
ENROLLED IN HMO AMERICAID,  
1-800-600-4441

NO MEDICARE

\_\_\_\_\_  
BENEFICIARY'S SIGNATURE

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

RETURN SERVICE REQUESTED

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