



State of New Jersey

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January 10, 2020

To: All Interested Vendors {Bidders}

**Re: Bid Solicitation # 20DPP00442
Health Benefits Coordinator (HBC) for NJ FamilyCare Managed Care Programs**

Quote Submission Due Date: March 19, 2020 (2:00 p.m. Eastern Time)

Bid Amendment #2

The following constitutes Bid Amendment #2 to the above referenced Bid Solicitation:

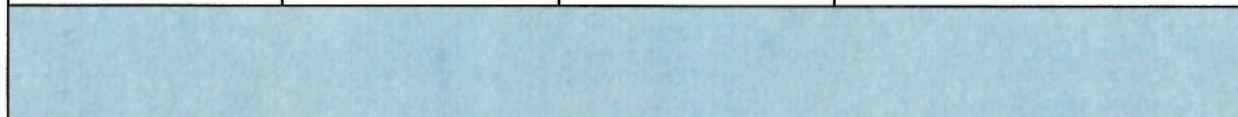
- Includes the presentation slides and sign in sheet from the Optional Site Visit detailed in Bid Solicitation Section 1.3.4.

It is the sole responsibility of the Vendor {Bidder} to be knowledgeable of all of the additions, deletions, clarifications, and modifications to the Bid Solicitation and/or the New Jersey Standard Terms and Conditions relative to this Bid Solicitation as set forth in all Bid Amendments.

All other instructions, terms, and conditions of the Bid Solicitation shall remain the same.

State of New Jersey
Division of Purchase and Property
Division of Medical Assistance and Health Services

BID SOLICITATION :	Health Benefits Coordinator	BID SOLICITATION NO:	T1392; 20DPP00442
DATE:	9-Jan-20	LOCATION:	QUAKERBRIDGE PLAZA BLDG 6 2ND FLOOR LIBRARY Mercerville, NJ



COMPANY	NAME	SIGNATURE
Automated Health Systems	Joseph Cini	
Automated Health Systems	Eng Tan	
Automated Health Systems	Brian Krug	
CGI	Mohammad Mayan	
Conduent	Ed Brooks	
Conduent	Gaynor Ferrell	
Conduent	Carla Salaris	
HCH Enterprises	Bruce Hurdle	
Maximus	Sam Loewner	
Medical Assistance and Health Services	Richard Headen	
Medical Assistance and Health Services	Barbara Dombroski	
Medical Assistance and Health Services	Peter Myers	
Medical Assistance and Health Services	HERNANDEZ MARIA Heidi Smith	
Medical Assistance and Health Services	Thomas Jordan	
Medical Assistance and Health Services	Mahesh Shama	
Medical Assistance and Health Services	Leigh Ruscher	
Medical Assistance and Health Services	Kimberly Zablow	
Purchase and Property	Shana Fletcher	
Medical Assistance	Achuta Nagireddy	
DMAHS-	Jennifer Miller	

DMAHS
DMAHS
MAH

Malika TURNER
Mahesh Shama
Christopher Compere
Kayvon Paul

Kayvon Paul

MBI / Get insured

**T1392 Health Benefits Coordinator
Optional Site Visit
NJ FamilyCare Integrated Eligibility System
Demonstration**

January 9, 2020

Agenda

- I. Introductions
- II. Site Visit Purpose
- III. NJ FamilyCare IES Functions Deployed and in Development
- IV. NJ FamilyCare IES Agile Development Timeline
- V. MAGI/ABD Application Demo
- VI. Worker Portal Demo

Introductions

- State Personnel
- Vendors

Purpose

- To provide a demonstration of existing NJ FamilyCare IES functionality
- To provide vendors an opportunity to generate and submit relevant system quote that leverage NJ FamilyCare IES functions

NJ FamilyCare IES Functions (HBC Relevant)

- **Currently Deployed**
 - MAGI Online Application
 - PE Online Application
 - Mobile Client Access
 - Federal Data Services Hub Integration
 - MAGI in the Cloud Integration
- **In Development**
 - Online Renewal/Redetermination
 - DIMS Integration
 - Full Electronic Notification (limited to eligibility application)
 - State Based Exchange

NJ FamilyCare IES Agile Development Timeline

DEPLOYMENT COMPLETE

PLANNED/IMPLEMENTING

MAGI Streamlined Application Jan 2014

MitC Webservice April 2014

MAGI Cloud Application June 2015

2014
2015

MEC Webservice Sep 2015

Outbound AT from FDSH Oct 2015

Medicaid Eligibility Check Oct 2015

MARS-E Security Certified

AVS (Asset) Sep 2016

Inbound AT to FDSH Jan 2017

2016
2017

NJHelps.org Screening Tool Jun 2017

SSA Composite Sep 2017

AVS (Address) Nov 2017

ABD Application Dec 2017

Electronic Notices Phase 1 Oct 2018

Verify Lawful Presence 1/2 Oct 2018/Jan 2019

Client/Mobile Access Oct 2018

2018
2019

PE Application Jul 2019

SSA Title II Jan 2019

FDSH AT (HBC) Redet/Paper Apr 2019

MAGI Paper to Online App Dec 2019

SBE Integration Oct 2020

HealthyKids Portal Jul 2020

DoAS Integration 2020

2020

Renewal/Redetermination 2020

Income Verif (Labor) 1st Qtr 2020

MES Upload 1st Qtr 2020

Full Paper App to Online App Apr 2020

DIMS Integration 1st Qtr 2020

Full Electronic Notifications 2020

ABD Paper to Online 1st Qtr 2020

2021

Modules and application development timeline are subject to change based on state and federal program requirements.

Demonstration

- Application Demo
- Worker Portal Demo



Affordable health coverage. Quality care.

The following screenshots demonstrate how a paper application is entered into the Worker Portal. This process is being demonstrated to simulate electronic data transfer to the IES application.

Purpose

The guide presented here is intended to help you navigate how to data enter in a physical paper application for the New Jersey FamilyCare Program into the Worker Portal electronically.

Some of the benefits of entering and processing applications in the Worker Portal include:

- Being able to utilize available electronic verifications and resources such as the MAGI calculator, SSA verification and VLP verification in **real-time**.
- Streamlining and expediting the application process.
- Standardized notices will be generated by the system and sent out to applicants. The notices will allow for customization at an agency level while still being easy for applicants to understand.
- Creating consistency across all Eligibility Determining Agencies

Data entry

To begin data entering a paper application into the Worker Portal click on the “Apply for NJFC” button found in the left hand column of your home page.

MAGI Calculator

Resources

Apply for NJIC

Apply for AHD

F.C New Attachment Report

NJ FAMILY CARE UAT

[Case Status](#)
[App type](#)

[Pending](#)
[Duplicate](#)
[Eligible](#)
[Ineligible](#)
[Withdraw](#)
[Admin Action](#)
[Complete](#)
[Error / Suspend](#)
[Pending MCS](#)
[Referred to ABD](#)
[Dismiss](#)
[Supervisor Review](#)

[Logout](#)

County

Merger

Deep Search

Clear Search

Member Search:

First Name

Last Name

ID#

DOB - MM/DD/YYYY

Sch Search

Search By Member

Show 10 ▼ items

Confirmation #	App Status	Processing Status	Received Date	Receiving Agency	HQH	Override name	County	App Type	Supervisor	Source	FPL	Provider Code	Policy #	Ref #	Attachment	App Subm
1160002570	N - New		10/1/2019	11	Not Cdd		MERCER	FC			0					Online Application
1160002572	N - New		10/1/2019	11	CMS Test		MERCER	FC			0			549571321		County Place Application
1160002573	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			78			1234		County Place Application
1160002574	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			78			1234		County Place Application
1160002575	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			78			1234		County Place Application
1160002576	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			78			1234		County Place Application
1160002577	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			78			1234		County Place Application
1160002578	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			78			1234		County Place Application
1160002579	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			110			4234		County Place Application
1160002580	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			110			1234		County Place Application
1160002581	N - New		10/1/2019	11	Medicaid Elana		MERCER	FC			110			1234		County Place Application

Page 1 of 1

Showing 1 to 1 of 1 entries displayed from 7 total entries.

Data entry

There are specific fields that are required for **each member** on an application in order to have your application put into the Worker Portal:

- Confirmation that the application was signed
- Name
- Date of birth (DOB)
- Address
- A Head of Household is chosen.
- At least one member on the application saying "Yes" that they want NJFC.

Stamped onto the application at your agency.

Address

Contact Details

Received Date *
MM/DD/YYYY

Reference Number *

Step 6

*Client signed paper application.

Home Address

Home Street *

Home Apt. #

Home City *

Home County *

Home Zip Code *

Home State

Mailing Address

Same as Home Address

Mailing Street *

Step 1

Data entry - Address

- When data entering information from the paper application, you can find the information you need for each field by looking at the corresponding sections in the paper app below.
- Click “Save and Next” when you’re done.

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Mailing Address

☐ Same as Home Address

Phone Numbers and Email

Save and Next

Step 1 →



Data entry - Household

- To add additional members, click on the “+Add to Household” button.
- If an applicant opts in for the Family Planning Program, click on the check box below.
- Click on “Save and Next.” to continue to the next section

NAVIGATION:

Address

Household

Relationship

Member Info

Income

Health Plan

Review

Rights and
Responsibilities

Confirmation

Household

Step 2: Person 1

Directions.

First, provide your birthdate, sex, and marital status. Once you do that, press the 'Add To Household' button. This will create a new row in the table below, so that you can describe another person living in your household. You'll need to do this for all the adults living in your household, as well as all the children under the age of 21.

If you plan on filing federal income taxes next year: Enter anyone who is filing jointly with you and anyone you intend to claim as your tax dependent, even if that person does not want health coverage or does not live with you. If you will be claimed as a tax dependent by someone else, enter the tax filer and any other dependents the tax filer intends to claim. This information is required to determine your correct household size.

If you DO NOT plan on filing federal income taxes next year: Enter all the adults who live in your household and all the children under 21 who live in your household or are away at school full-time.

First Name *	Middle Name	Last Name *	DOB *	Gender	Is Pregnant	Number of babies expected	Pregnant Due Date	Marital Status
				--None--	☐			--None--

+ Add to Household

To enter another person who lives in the household, press the 'Add to Household' button.

If any person on this application is **not eligible** for NJ FamilyCare, would you like them to be evaluated for family planning services (Plan First Program)?

Yes ☐ Check here for all applicants on this application to be evaluated for family planning services. +

Back

Save Progress

Save and Next

Step 2: Person 2

Note If there are more than two applicants, additional applicants will ALSO be printed on a page titled Step 2: Person 2.

Step 2

Data entry - Household

- ***Note*** There is a difference between choosing option “Save Progress” and “Save and Next.”
- “Save Progress” simply saves the information on your current screen. This application isn’t able to be processed in the Worker Portal yet.
- To complete the initial data entry of this paper application at a later date, you will have to locate it in the Worker Portal by clicking on the “Unfinished” section.

[Logout](#)
 Logged in as training1

Case Status: New Pending Duplicate Eligible Ineligible Withdraw Complete Referred to ABD Dismiss Supervisor Review

App Type: FC ▼ Unfinished

Search By: Confirmation Number ▼ Search Deep Search Clear Search

Member Search:

First Name	Last Name	DOB	MM/DD/YYYY	Reference Number
Search By Member				

Show 10 ▼ entries

Confirmation Number	App status	App Date	Applicant Name	App Type	Federal Poverty Level	Receiving Agency	County	Reference Number	Applicant Address	Worker Name
Unfinished	N - New	11/06/2019	McTestA Christina	FC	0	NY	MERCER	123456789	6 Quakeridge Plz Trenton 08619	training1
Unfinished	N - New	11/06/2019	McTestG Christopher	FC	0	NY	MERCER	1122	6 Quakeridge Plz Trenton 08619	training1
Unfinished	N - New	11/06/2019	McTestM Christina	FC		NY	MERCER	5484654163	6 Quakeridge Plz Trenton 08619	training1

Showing 1 to 3 of 3 entries

Data entry - Relationships

- Every relationship is based off the person identified in **Step 2: Person 1**.
- Follow your current procedures for determining relationships as you have used them when using the Stand Alone MAGI calculator.
- Click on "Save and Next" when you have completed the relationships.



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NAVIGATION:

Address

Household

Relationship

Member Info

Income

Health Plan

Review

Rights and Responsibilities

Confirmation

Relationships

Step 2: Person 2
(question # 2)

Directions.

Please fill in the blanks, so that we can know more about your family

Family Details

- Kell Maresh is a --None-- of Dellah Bard
- Kell Maresh is a --None-- of Rhy Maresh
- Kell Maresh is a --None-- of Alucard Emery
- Dellah Bard is a --None-- of Rhy Maresh
- Dellah Bard is a --None-- of Alucard Emery
- Rhy Maresh is a --None-- of Alucard Emery

[Back](#)

[Save Progress](#)

[Save and Next](#)

Click For additional information on the field.

Division of Medical Assistance and Health Services

New Jersey Department of Human Services (DHS)

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Data entry – Member Info

- The “Member Information” section defaults to the first person on the application.
- Below, Q refers to the question number on the page of the paper application.

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NAVIGATION:

[Address](#)

[Household](#)

[Relationship](#)

[Member Info](#)

[Income](#)

[Health Plan](#)

[Review](#)

[Rights and Responsibilities](#)

[Confirmation](#)

Found on the first
page of:

Step 2: Person 1

**With three
exceptions**

Member Information - Kell Maresh

1. Does this person want NJ FamilyCare? ☒ Yes ☐ No **Q9**
2. Social Security Number (ex: 123-45-6789) SSN Not given **Q6**
Include the Social Security Number (SSN) for those family members who want NJ FamilyCare. In the event that a person applying is found to be NJ FamilyCare eligible, their SSN will be required to enroll in the NJ FamilyCare program in accordance with federal rules and regulations. You may be asked to provide it later, if it is not provided at this time. A newborn's SSN must be provided as soon as it is available. You are not required to provide a SSN if you are not applying. However, providing your SSN will speed up the application process.
3. Does this person have Health Insurance? --None-- --None-- **Step 4**
4. Is this person currently enrolled in NJ FamilyCare? --None-- --None-- **Step 3**
5. Race --None-- --None-- **Q16**
6. Are you or anyone in your family Native American Indian or Alaska Native? --None-- **Step 3**
7. US Citizen? --None-- --None-- **Q4**
8. Were you in foster care at age 18 or older? --None-- --None-- **Q14**
9. Full-time Student? --None-- --None-- **Q13**
10. Has this person had other health insurance in the last three months other than NJ FamilyCare? --None-- --None--
11. Does the member requesting coverage have medical bills for the last 3 months that have not been paid? --None-- --None-- **Q11**

[Back](#) [Save Progress](#) [Save and Next](#)

Data entry – Member Info (continued)

- The “Member Information” section will ask you for the information for each member of the application.
- For all additional members after the first, their information can be found on the first page labeled Step 2: Person 2 *for that specific member*.

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NAVIGATION:

Address

Household

Relationship

Member info

Income

Health Plan

Review

Rights and Responsibilities

Confirmation

Member Information - Delilah Bard

1. Does this person want NJ FamilyCare? **Yes** • Q10
2. Social Security Number (ex: 123-45-6789) **SSN Not given** Q6
Include the Social Security Number (SSN) for those family members who want NJ FamilyCare. In the event that a person applying is found to be NJ FamilyCare eligible, their SSN will be required to enroll in the NJ FamilyCare program in accordance with federal rules and regulations. You may be asked to provide it later, if it is not provided at this time. A newborn's SSN must be provided as soon as it is available. You are not required to provide a SSN if you are not applying. However, providing your SSN will speed up the application process.
3. Does this person have Health Insurance? **--None--** • Q18
4. Is this person currently enrolled in NJ FamilyCare? **--None--** • Q4
5. Race **--None--** • Q18
6. Are you or anyone in your family Native American Indian or Alaska Native? **--None--** • Q14
7. US Citizen? **Not Given** • Q4
8. Were you in foster care at age 18 or older? **--None--** • Q14
9. Full-time Student? **--None--** • Q16
10. Has this person had other health insurance in the last three months other than NJ FamilyCare? **--None--** • Q12
11. Does the member requesting coverage have medical bills for the last 3 months that have not been paid? **--None--** • Q12

Step 4

Step 3

Found on the first
page of:

Step 2: Person 2

Back Save Progress Save and Next

Data entry – Income Info

- Just like the previous section, “Income Information” defaults to the first person on the application.
- Income Info is broken up into two sections: Income and Tax Details
- All of the information for the income section can be found on the second page of Step 2: Person 1.

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NAVIGATION:

[Address](#)

[Household](#)

[Relationship](#)

[Member Info](#)

[Income](#)

[Health Plan](#)

[Review](#)

[Rights and Responsibilities](#)

[Confirmation](#)

Income Info - Kell Maresh

☐ Check this box if ALL of the following statements are TRUE:-

- This person has neither 'Work' or 'Other' income -AND-
- This person did not change jobs within the last six months -AND-
- This person does not have any allowable deductions

Indicating no income will delay the processing of your application if a discrepancy is found during the electronic verification process. It is important that you explain how you are living with no income in the Additional Comments section on the next page.

Work Income

☐ Check if this person does not have Work Income

Employment Type	Employer Name	Employer Provides Insurance	Work Type
☐ Not Given		☐ --None--	☐ --None--
Employer Address1 :	Employer Address2/Building# :	City :	Zip :
Work Phone Number	Job Start Date (mm/yyyy)	Payment Period	Work Income (before taxes per pay period)
		☐ Not Given	

Q19

[+ Add Work Income](#)

Has this person had a change in their employment status in the last 6 months?
If yes, please select the reason from the drop down box below.

Data entry – Income Info (continued)

- The tax details section is specific in regards to tax filing status.
- This information is found in section 7a. and 7b. on the first page of Step 2: Person 1.



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Note On the paper application the client checks the box if they plan to file a tax return. On the paper application if they leave the box unchecked, it is assumed that the applicant is NOT filing a tax return.

Here, you only check the box if they DON'T plan to file a tax return.

[+ Add Deduction](#)

TAX DETAILS:-

☐ Check this box if you don't plan to file a federal income tax return NEXT YEAR (You can still apply for health insurance even if you don't file income tax return)

Will you be claimed as a dependent on someone's tax return?

--None-- ▾

If Yes, Please list the name of the tax filer:

How are you related to tax filer:

Will You File Jointly with spouse?

If Yes, Name of spouse:

--None-- ▾

Dellilah Bard

Will you claim any dependents on your tax return?

--None-- ▾

If Yes, Add Dependents

none

[+ Add Dependent](#)

[Back](#)

[Save Progress](#)

[Save and Next](#)

Data entry – Income Info (continued)

- The “Income Information” section will ask you for the information for each member of the application.
- For all additional members after the first, their information can be found on the second page labeled Step 2: Person 2 *for that specific member*.

NAVIGATION:

Address

Household

Relationship

Member Info

Income

Health Plan

Review

Rights and Responsibilities

Confirmation

Income Info - Delilah Bard

☐ Check this box if ALL of the following statements are TRUE:-

- This person has neither 'Work' or 'Other' income -AND- .
- This person did not change jobs within the last six months -AND-
- This person does not have any allowable deductions

Indicating no income will delay the processing of your application if a discrepancy is found during the electronic verification process. It is important that you explain how you are living with no income in the Additional Comments section on the next page.

Work Income

☐ Check if this person does not have Work Income

Employment Type --None--	Employer Name Employer Address2/Building# :	Employer Provides Insurance --None--	Work Type --None--
Employer Address1 :	City :	Zip :	
Work Phone Number	Job Start Date (mm/yyyy)	Payment Period --None--	Work Income (before taxes per pay period)

[+ Add Work Income](#)

Has this person had a change in their employment status in the last 6 months?
If yes, please select the reason from the drop down box below.

Tip: Utilize this check box if an applicant has no work income (hint: generally useful for children)

Data entry – Income Info (continued)

- If you have someone that is being claimed as a dependent such as a child, even if they have no income information to provide, this section still needs to be filled out.
- This information is found in section 8a. and 8b. on the first page of Step 2: Person 2.
- Click on "Save and next".

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[+ Add Deduction](#)

TAX DETAILS:-

☐ Check this box if you don't plan to file a federal income tax return NEXT YEAR (You can still apply for health insurance even if you don't file income tax return)

Will you be claimed as a dependent on someone's tax return?

If Yes, Please list the name of the tax filer:

How are you related to tax filer:

--None-- ▾

Will You File Jointly with spouse?

If Yes, Name of spouse:

--None-- ▾

De'lliah Bard

Will you claim any dependents on your tax return?

--None-- ▾

If Yes, Add Dependents

none

[+ Add Dependent](#)

[Back](#)

[Save Progress](#)

[Save and Next](#)

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Health Plan

- If an MCO choice was not made on the application and the selection is left blank, it will be auto assigned for the applicant.
- You MUST chose a Head of Household/Point of Contact.
- Click "Save and Next" to continue.



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NAVIGATION:

Address

Household

Relationship

Member Info

Income

Health Plan

Review

Rights and Responsibilities

Confirmation

Health Plan

Doctor Information

Who is your child's Doctor?

Who is your Doctor?

Address:

Address:

Step 5

Please answer these questions

Choose Health Plan MERCER County:

Other Information

Choose Head of the Household/Point of Contact:

What language you speak at home:

--None--

For help in choosing a Health Plan, call 1-800-701-0710. The NJ FamilyCare Plan selected only applies if you are eligible for NJ FamilyCare.

This will default to the county of the applicant based on their home address.

Step 1 Question 1

Step 1 Question 17

Additional Comments

Income/Additional Comments:

Back Save Progress Save and Next

Data entry – Review

- On the “Review” page you can jump back to any previous section of the application to check or edit the information you entered.
- Click on “Save and Next” to continue.

NAVIGATION:

- Address >
- Household >
- Relationship >
- Member Info >
- Income > ✖
- Health Plan >

Review

Rights and
Responsibilities
Confirmation

Review

+ Address Information

+ Household Information

+ Relationship Information

+ Member Information-Kell Maresh

+ Member Information-Delilah Bard

+ Member Information-Rhy Maresh

+ Member Information-Alucard Emery

+ Income Information-Kell Maresh

+ Income Information-Delilah Bard

+ Income Information-Rhy Maresh

+ Income Information-Alucard Emery

Edit

Edit

Edit

Edit

Edit

Edit

Edit

Edit

Edit

Edit

Edit

Data entry – Rights and Responsibilities

- If there is any missing information, it will be broken down by field and inform you what pieces of information are missing for each member.
- If the information is missing, you can still move forward.

NAVIGATION:

- Address ✓
- Household ✓
- Relationship ✓
- Member Info ✓
- Income ✗
- Health Plan ✓
- Review ✓

Rights and Responsibilities

Confirmation

Rights and Responsibilities

Summary of Missing Application Information

Errors

HOUSEHOLD

- KELL MARESH: Indicate marital status
- DELILAH BARD: Indicate marital status
- RHY MARESH: Indicate marital status
- ALUCARD EMERY: Indicate marital status

MEMBER INFO

- KELL MARESH: Provide Social Security Number or check the Not Given checkbox.
- KELL MARESH: Do you have health insurance.
- KELL MARESH: Indicate US Citizenship Status
- KELL MARESH: Select the Last 3 months insurance status.
- DELILAH BARD: Provide Social Security Number or check the Not Given checkbox.
- DELILAH BARD: Do you have health insurance.
- DELILAH BARD: Indicate US Citizenship Status
- DELILAH BARD: Select the Last 3 months insurance status.
- RHY MARESH: Provide Social Security Number or check the Not Given checkbox.
- RHY MARESH: Do you have health insurance.
- RHY MARESH: Indicate US Citizenship Status
- RHY MARESH: Select the Last 3 months insurance status.
- ALUCARD EMERY: Provide Social Security Number or check the Not Given checkbox.
- ALUCARD EMERY: Do you have health insurance.
- ALUCARD EMERY: Indicate US Citizenship Status
- ALUCARD EMERY: Select the Last 3 months insurance status.

INCOME: Work Income

- KELL MARESH: Indicate employment type
- KELL MARESH: Indicate pay period
- KELL MARESH: Before taxes each pay period what is your income ?

INCOME: Tax Details

Data entry – Rights and Responsibilities (continued)

- Finally, make a choice from the drop down for voter registration (if applicable) and click on the “Submit Application” button.
- When data entering a paper application into the Worker Portal, you don’t have to track statistics for voter registration by hand as this page captures that info.

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are the name's of those dependents?

- DELILAH BARD: Is being claimed as a dependent on someone's tax return(Yes or No)? If answered YES what is the name of the tax filer and how are related to them ?
- DELILAH BARD: Will be filing jointly with spouse ? Yes or NO
- DELILAH BARD: Will you claim any dependents on you tax return(Yes or NO)? If answered If YES, What are the name's of those dependents?
- RHY MARESH: Is being claimed as a dependent on someone's tax return(Yes or No)? If answered YES what is the name of the tax filer and how are related to them ?
- ALLUCARD EMERY: Is being claimed as a dependent on someone's tax return(Yes or No)? If answered YES what is the name of the tax filer and how are related to them ?

HEALTH PLAN

- Select one of the Health Plans.
- Select language spoken.

Receiving Agency - **Mercer County**

Based on your estimated monthly income, your NJ FamilyCare application will be submitted to the Mercer County Board of Social Services for processing.

Would you like a Voter Registration Application mailed to you? --None--

If you would like help in filling out the voter registration application form, we will help you, call 1-800-356-1561. The decision whether to seek or accept help is yours. You may fill out the application form in private.

[Back](#)

[Save](#)

[Submit Application](#)



Data entry – Confirmation

- On this page, you will get your confirmation number and you can print a copy of the application review.
- *Note* if an application has a confirmation number that begins with “22” then this application has been sent to the vendor. ***You will not be able to process this application because the household income is too high. Case over 147% are sent to the vendor.***
- Click on the “Done” button.



[Español](#) [Help](#) [Logout \(Christopher Comparri \)](#)

NAVIGATION:

- Address ✓
- Household ✓
- Relationship ✓
- Member Info ✓
- Income ✓
- Health Plan ✓
- Review ✓
- Rights and Responsibilities ✓

Confirmation

Confirmation

This Application has been electronically submitted to Mercer County Board of Social Services.

The Application Confirmation number is: **11000025842**

Print review

Done

To apply for other programs you may be eligible for such as SNAP (formerly food stamps) or cash assistance, click here.

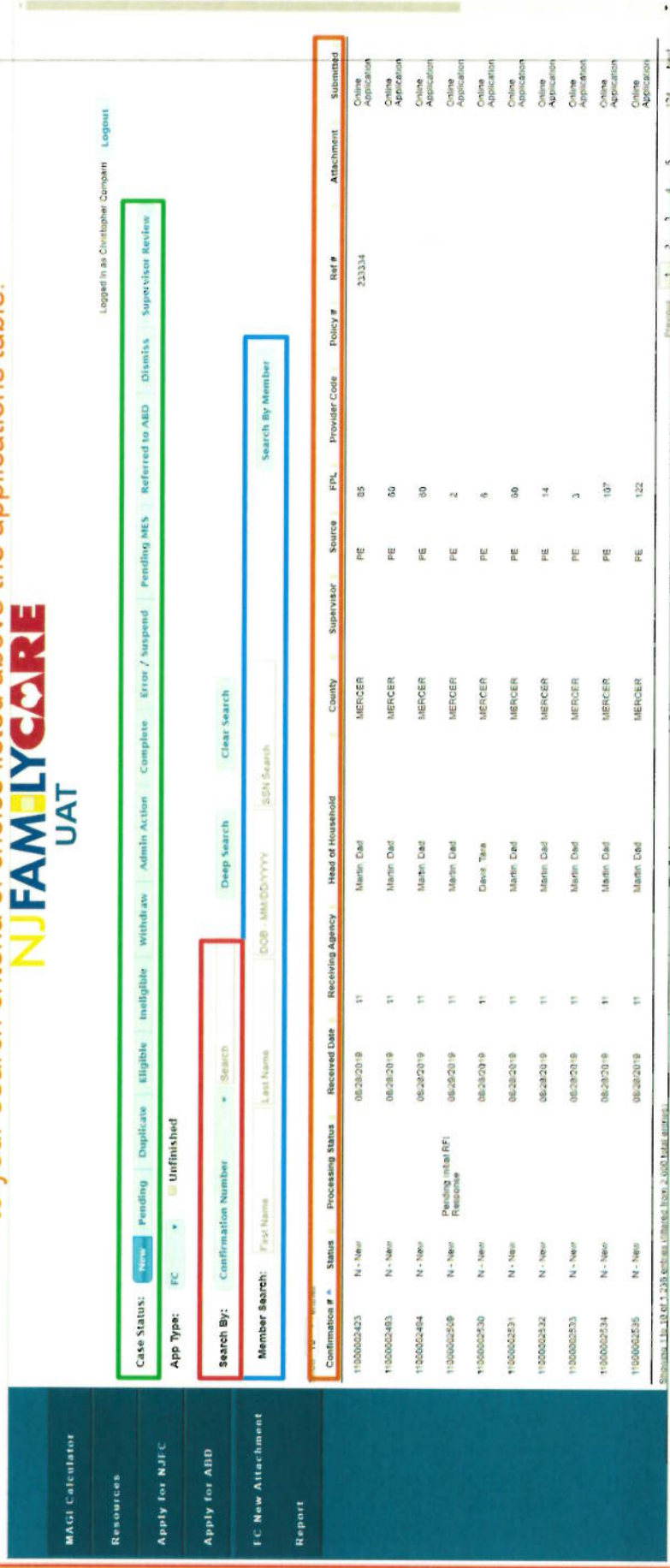


Affordable health coverage. Quality care.

Workflow – Processing a case in the Worker Portal

Workflow – Searching for cases

- Now that you have data entered your paper application into the Worker Portal, it is time to start processing it!
- You can find and sort applications a number of different ways in the Worker Portal:
 - You can sort applications by "Case Status" by clicking on the buttons along the top row
 - Utilizing the "Search By:" feature simply by clicking on the drop down box.
 - Member Search can be utilized if you know at least two of the required data elements in the boxes.
 - You can sort by various fields such as how the application was submitted by clicking on the arrows next to your search criteria of choice listed above the applications table



Workflow – Searching for your case

- The most common way to search for your application is by confirmation number.
- Start by clicking on the “Search By:” button and choosing “Confirmation Number” from the drop down menu.
- After you type your confirmation number in the box, you may need to click on additional status types. To do so, simply click on the buttons next to “Case Status.”
- If your case is still not appearing in the results below, click on the “Deep Search” button.
- After you have found your case, click anywhere on the application to jump right into it.

NJFAMILYCARE UAT

Logged in as Christopher Compant Logout

Case Status: **New** Pending Duplicate Eligible Ineligible Withdrawn In Action Complete Error / Suspend Pending MCS Referred to ABD Dismissed Supervisor Review

App Type: **FC** Unfinished

Search By: Confirmation Number **11000025642** Deep Search Clear Search

Member Search: First Name Last Name DOB MAID-YYYY Search By Member

Showing 10 of 10 results

Confirmation #	Status	Processing Status	Received Date	Receiving Agency	Head of Household	County	Supervisor	Source	FPL	Provider Code	Policy #	Ref #	Attachment	Submitted
11000025642	N-New	Pending Initial RFI Response	10/16/2019	11	Margen, Kai	MERCER		0			12345	12345		County/State Application

Workflow – Flipping a case status

- After clicking on your application, it defaults to the “Application View” tab.
- Click on the “Case Update” tab.
- You will need to flip the case status from “New” to “Pending.”
- To do so, click on the dropdown box next to “Application Status” and choose “P - Pending.”
- Click on the “Save” button. A message at the top of the screen will appear when saved.

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Application View Member View Verification (New) Case Update MAG Calculator Attachments View VLP Request Application Settings Notification Case Notes Activity Log SSA Verification

Success:
• Information saved successfully

Confirmation#: 1100025842

Application Status:	P - Pending
Processing Status:	Pending Initial RFI Response
Policy #:	A12345
Status Comment:	Notes here for training purposes.
Reference #:	12345
Reference Comment:	Notes here for training purposes.
DIMS #:	23456
Supervisor Code:	C1
Worker Code:	C2

Last Modified by: Christopher Compari
Last Modified Date: 10/16/2019

Save **Cancel** **Update Application**

Workflow – Flipping a case status (RFI)

- If you data entered a paper application into the Worker Portal and you receive the Reminder below, you will need to generate a Request For Information (RFI) letter.
- *Note* your case has still been flipped into a “Pending” status but more information may be required in order to properly determine eligibility.
- **This is not an error message!**

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

close

Application View Member View Verification (New) Case Update MACal Calculator Attachments View VLP Request Application Settings Notification FC Notes Activity Log SSA Verification

Reminder:

- This Application has Missing Information, RFI letter is needed

Confirmation#: 11000025842

Application Status:	P - Pending
Processing Status:	Pending Initial RFI Response
Policy #:	A12345
Status Comment:	Notes here for training purposes.
Reference #:	12345
Reference Comment:	Notes here for training purposes.
DMS #:	23 456
Supervisor Code:	C1
Worker Code:	C2
Save Cancel Update Application	

It act Modified by: Christopher Connari

Workflow – Running Verifications

- Now that you're in a "Pending" status, it's time to check and run (if necessary) your verifications.
- Start by clicking on the "Verification" tab.
- You have to first choose the member whose verifications you want to run by selecting a member from the dropdown box next to "Member."
- Then you can select between running an SSA or VLP verification by selecting an option from the dropdown box next to "Service."
- Once you have selected your member and the verification you want to run, click on the "Submit" button.

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Confirmation #: 11000025842

Request

Member: Kell Maresh Service: SSA

Submit

Verification Details

Request Type	Request Date	Response Date	SSN	SSN Verified	Name Verified	DOB Verified	Identity Verified	Citizenship Confirmation	Death Confirmation
NJFC-Manual	10/30/2019 13:06	10/30/2019 13:06	123-45-6789	NO	NO	NO	NO	NO	NO

Workflow – Running Verifications (continued)

- When you run a manual verification a time stamp of the request type, date, and if the information was verified will be logged down under the “Verification details” (pictured below.)
- If ALL of the fields (“SSN Verified” through “Citizenship Confirmation”) come back with a “Yes” then your information has been verified and you are good to go.
- If a field comes back with a “No” you will need to update information and re-run verifications manually.
- The only field that can be filled with a “No” is “Death Confirmation.”

Verification Details

Request Type	Request Date	Response Date	SSN	SSN Verified	Name Verified	DOB Verified	Identity Verified	Citizenship Confirmation	Death Confirmation
NJFC-Manual	10/30/2019 13:06	10/30/2019 13:06	123-45-6789	NO	NO	NO	NO	NO	NO

There are three instances where a manual verification should be ran:

1. If you are trying to process your case the same day you data enter it into the Worker Portal. These MUST be ran before flipping the case from “New” to “Pending.”
2. If you receive a Request For Information alert after switching your case from “New” to “Pending” and you are trying to process the case the same day it has been data entered.
3. If you do an update to the case and change any of information relating to SSA or VLP.

Workflow – Running Verifications (continued)

Verification Details

Request Type	Request Date	Response Date	SSN	SSN Verified	Name Verified	DOB Verified	Identity Verified	Citizenship Confirmation	Death Confirmation
NJFC-Manual	10/30/2019 13:06	10/30/2019 13:06	123-45-6789	NO	NO	NO	NO	NO	NO

- **There are two Request Types: “Batch” or “Manual.”**
- Batch verifications are ran automatically overnight after a paper app is data entered into the Worker Portal and when an online application enters the Worker Portal.
- Manual verifications are the type described on the previous slide. They are ran by the worker.
- If you update information on a case that can have an impact on either SSA or VLP verification, you will need to rerun verifications for **EACH** member whose information you updated but only for the affected service.
- *Note* A manual verification will only be necessary if you are trying to process your case the same day you data enter it into the Worker Portal **OR** if you do an update to the case and change any information.
- Verifications will need to be ran for **EACH** member and for **EACH** service if you are trying to process a case the same day it is data entered into the Worker Portal.
- Prior to generating your RFI letter, you must run your SSA and VLP verifications for any application.
- By doing so, you will be able to generate on the RFI letter any additional fields that are necessary to determine eligibility.

Workflow – Generating your RFI letter

- To request missing information, first click on the “Notification” tab.
- Click on the dropdown box under “**Letter Type**” and choose “Missing Information – Request for Information.”
- To request additional verification information for a specific member, choose which member you are requesting information for by using the dropdown box under “**Member Name**.”
- Using the dropdown box under “**Verification Type**” additional options for “Citizenship/Immigration” or “Income” will be added to the RFI which provide acceptable documentation to act as proof of citizenship status or income upon clicking the “**Add**” button.
- *Note* **SSN** is prepopulated if a batch or manual verification was ran and the SSN wasn’t verified at the federal hub.

DMAHS 1 : NJ FamilyCare Case Processing Module

Application View Member View Verification Case Update MACI Calculator Attachments View VLP Request FC Notes Application Settings Notification Log

Confirmation#: 11000951826

Notifications

Letter Type: Missing Information – Request for inform *

Worker Details

Worker Name: (XXX) XXX-XXXX Phone Number: (XXX) XXX-XXXX Ext: (XXX) XXX-XXXX

Fax Number: (XXX) XXX-XXXX Return Office: (XXX) XXX-XXXX

Failed Verification Request for Information

Member Name: Bryce Harper Verification Type: Citizenship/Immigration *

Summary of Verification RFI to Include in Notice

Bryce Harper SSN
Rhys Hoskins SSN

Additional Documentation Request

Remove Remove

Add

Workflow – Generating your RFI letter

- You can provide detailed comments requesting additional documentation by filling out the field “**Additional Documentation Request**.” You **do not** have to click on anything for the comments in this section to be added to the RFI.
- Workers must place their name, phone number, fax number and return office in the fields under the “**Worker Details**” section prior clicking on the “**Preview Notice**” button.

DMAHS 1 : NJ FamilyCare Case Processing Module

close

Application View

Member View

Verification

Case Update

MAGI Calculator

Attachments View

VLP Request

FC Notes

Application Settings

Notification

Activity Log

Letter Type

Missing Information - Request for Inform

Worker Name

Phone Number

Ext

Fax Number

Return Office

Failed Verification Request for Information

Member Name

Verification Type

Bryce Harper

Citizenship/Immigration

Summary of Verification RFI to Include in Notice

Bryce Harper

SSN

Rhys Hoskins

SSN

Remove

Remove

Additional Documentation Request

Insert additional comments here!

Preview Notice

Create

Yellow Arrow

Red Arrow

Workflow – Generating your RFI letter

- After clicking on the “Preview” button, a new tab will be opened in your web browser with the RFI letter.
- Verification requests and any additional documentation requests will be included in this letter.
- Note* This is NOT the letter that is to be printed and sent to the applicant as it is marked with “DRAFT ONLY”
- After reviewing the letter, click on the small “X” in the web browser tab to return to the application.

FCM...right...draft...

Don't click here!

NJ FAMILYCARE
Affordable health coverage. Quality care.

STATE OF NEW JERSEY
Department of Human Services
Division of Medical Assistance and Health Services

November 04, 2019
Reference #: AL23
Confirmation #: 11000025838
Si necesita esta carta en español, por favor llame al
(609) 980-4320.

REQUEST FOR INFORMATION

Dear Kelli Maresb,

Thank you for your application for NJ FamilyCare. Answer all questions below and return. Your application will not be processed until all the information requested is received. The following information must be received within ten (10) days from the date of this letter to complete your application.

For Kelli Maresb, DOB 01/01/1986

- Indicate marital status:
Married _____
Single _____
Divorced _____
Separated _____
Widowed _____
- Social Security Number (SSN): _____ or Tax ID: _____
- Did Kelli have any other health insurance within the past three months? Yes _____ No _____
- Is Kelli a U.S. Citizen? Yes _____ No _____
If not a U.S. Citizen, provide the date of entry into U.S. _____
- Alien USCIS Number: _____
Card Number: _____
AKA: _____
Document Type: _____
- List all members in household, even if they are not applying for coverage. Identify their relationship to Kelli.

• Select one of the following health plans:
Aetna Better Health of NJ _____
Anthemgroup _____
Horizon NJ Health _____
United Healthcare _____
Wellcare Health Plan _____

Workflow – Generating your RFI letter

- Click on the “Create” button to create the RFI letter.
- The “**Notification History**” will be generated time stamping the date it was done and which subject the letter was mailed out requesting information for.
- This letter will be printable by clicking on the “**View**” button under the attachment section of the “Notification History.” This will open the letter in a new tab just as it did when you previewed the letter. It can be printed from there this time without the “Draft” watermark.
- Once the RFI letter is created, there is a 14 day client response window that is initiated.
- The system clock will count 14 days based on the date the letter was created. It will also update the processing status of the case. This will update the processing status accordingly.

DMAHS 1 : NJ FamilyCare Case Processing Module

Application View

Member View

Verification

Case Update

MAGI Calculator

Attachments View

VLP Request

FC Notes

Application Settings

Notification

Activity Log

Summary of Verification RFI to Include in Notice

Bryce Harper

SSN

Remove

Rhys Hoskins

SSN

Remove

Additional Documentation Request

Insert additional comments here!

Preview Notice

Create

Notification History

Subject

Missing Information - Request for information

Delivery Method

Paper

Sent Date

11/13/2019 9:58 AM

Status

Read Date

Attachment Download

View

Workflow – Updating information

- First, find and select your application by searching for the confirmation number on the Worker Portal home page.
- After selecting your application, click on the “Case Update” tab.
- To update the information, click on the “Update Application” button.
- A new tab will be opened in your web browser at this point.



DMAHS 1 : NJ FamilyCare Case Processing Module
UAT

close

Application View Member View Verification (New) **Case Update** MAGI Calculator Attachments View VLP Request Application Settings Notification FC Notes Activity Log SSA Verification

Confirmation#: 11000025842

Application Status:	P - Pending
Processing Status:	Pending Initial RFI Response
Policy #:	A12345
Status Comment:	Notes here for training purposes.
Reference #:	12345
Reference Comment:	Notes here for training purposes.
DIMS #:	23 456
Supervisor Code:	C1
Worker Code:	C2

Save Cancel Update Application

Last Modified by: Christopher Comparr
Last Modified Date: 10/16/2019



Workflow – Updating information

- In this new tab, a summary of the missing information is given and what section each piece of missing information can be found in is listed.
- To update information on the application, you must click on the corresponding field you wish to update.

The screenshot displays the NJ FamilyCare UAT (User Acceptance Testing) application. The top navigation bar includes 'Español', 'Help', and 'Logout (Christopher Comparri)'. The main content area is titled 'Rights and Responsibilities' and features a 'Summary of Missing Application Information' section. This section lists various fields that require updates, categorized under 'Errors'. The 'Errors' section is divided into two sub-sections: 'HOUSEHOLD' and 'MEMBER INFO'. The 'HOUSEHOLD' section lists errors for KELL MARESH, DELILAH BARD, and RHY MARESH, all requiring updates to marital status. The 'MEMBER INFO' section lists errors for KELL MARESH, DELILAH BARD, RHY MARESH, and ALUCARD EMERY, all requiring updates to Social Security Number or health insurance status. A red box highlights the 'INCOME: Tax Details' section, which lists errors for KELL MARESH, DELILAH BARD, and ALUCARD EMERY, all requiring updates to tax return information. A red arrow points from the 'Rights and Responsibilities' tab in the left navigation menu to the 'Summary of Missing Application Information' section. The left navigation menu includes 'Address', 'Household', 'Relationship', 'Member Info', 'Income', 'Health Plan', 'Review', 'Rights and Responsibilities', and 'Confirmation'. The bottom of the page features the NJ FamilyCare logo and the text 'Affordable health coverage. Quality care.'

Navigation: Address, Household, Relationship, Member Info, Income, Health Plan, Review, Rights and Responsibilities, Confirmation

Summary of Missing Application Information

Errors

HOUSEHOLD

- KELL MARESH: Indicate marital status
- DELILAH BARD: Indicate marital status
- RHY MARESH: Indicate marital status

MEMBER INFO

- KELL MARESH: Provide Social Security Number or check the Not Given checkbox.
- KELL MARESH: Do you have health insurance.
- KELL MARESH: Indicate US Citizenship Status
- KELL MARESH: Select the Last 3 months insurance status.
- DELILAH BARD: Provide Social Security Number or check the Not Given checkbox.
- DELILAH BARD: Do you have health insurance.
- DELILAH BARD: Indicate US Citizenship Status
- DELILAH BARD: Select the Last 3 months insurance status.
- RHY MARESH: Provide Social Security Number or check the Not Given checkbox.
- RHY MARESH: Do you have health insurance.
- RHY MARESH: Indicate US Citizenship Status
- RHY MARESH: Select the Last 3 months insurance status.
- ALUCARD EMERY: Provide Social Security Number or check the Not Given checkbox.
- ALUCARD EMERY: Do you have health insurance.
- ALUCARD EMERY: Indicate US Citizenship Status
- ALUCARD EMERY: Select the Last 3 months insurance status.

INCOME: Tax Details

- KELL MARESH: Is being claimed as a dependent on someone's tax return (Yes or No)? If answered YES what is the name of the tax filer and how are related to them?
- DELILAH BARD: Is being claimed as a dependent on someone's tax return (Yes or No)? If answered YES what is the name of the tax filer and how are related to them?

Workflow – Updating information

- To update address related information click on the “Address” tab.
- In the “Address” field, you can update the home street, apt #, city, county & zip code as well as the phone numbers and email addresses for the client.

NJ FAMILYCARE UAT

Home Address is verified.

Please click on Save and Next to continue with the application.

Received Date *	10/16/2019	Application Signed Date	10/1/2019
Reference Number *	12345		★ Client signed paper application.

Home Address

Home Street ★
6 Quakerbridge Pkz

Home Apt. #

Home City ★
Trenton

Home County ★
MERCER

Home Zip Code ★
08619 - 1253

Home State
NJ

Mailing Address

★ Same as Home Address

Navigation: Address (selected), Household, Relationship, Member Info, Income, Health Plan, Review, Rights and Responsibilities, Confirmation.

Footer: NJ FAMILYCARE, Affordable health coverage. Quality care. 41

Workflow – Updating information

- Once you have updated the information, make sure to click on the “Save” button at the bottom.

NJFAMILYCARE UAT
rights and responsibilities
Confirmation

224 E State St

[Español](#) [Help](#) [Logout \(Christopher Comparri \)](#)

Home Apt. #

Home City *
Trenton

Home County *
MERCER

Home Zip Code *
08625

Home State
NJ

Mailing Address

☒ Same as Home Address

Phone Numbers and Email

Home Phone No
(609) 586-5521

Cell Phone No
(609) 555-6623

Email
magu123@yahoo.com

Save

Workflow – Updating information

- To update household related information click on the “Household” tab.
- In the “Household” field, you can update:
 - ❖ First & Last Name
 - ❖ Date of birth (DOB)
 - ❖ Gender
 - ❖ If a member is pregnant (number of babies expected and due date)
 - ❖ Marital Status

NAVIGATION:

Address

Household

Relationship

Member Info

Income

Health Plan

Review

Rights and
Responsibilities

Confirmation

Household

Directions.

First, provide your birthdate, sex, and marital status. Once you do that, press the 'Add To Household' button. This will create a new row in the table below, so that you can describe another person living in your household. You'll need to do this for all the adults living in your household, as well as all the children under the age of 21.

If you plan on filing federal income taxes next year: Enter anyone who is filing jointly with you and anyone you intend to claim as your tax dependent, even if that person does not want health coverage or does not live with you. If you will be claimed as a tax dependent by someone else, enter the tax filer and any other dependents the tax filer intends to claim. This information is required to determine your correct household size.

If you DO NOT plan on filing federal income taxes next year: Enter all the adults who live in your household and all the children under 21 who live in your household or are away at school full-time.

First Name *	Middle Name	Last Name *	DOB *	Gender	Is Pregnant	Number of babies expected	Pregnant Due Date	Marital Status
Kelli		Maresch	1/1/1986	Male	☐			Married
Dellian		Bard	2/2/1987	Female	☐			Married
Rhy		Maresch	3/3/2014	Male	☐			Single
Alucard		Emery	4/4/2018	Male	☐			Single

Workflow – Updating information

- You can also add or remove members from an application as well as change the response if the applicant wished to be evaluated for family planning services.
- As with all other fields, when updated with the new information, make sure to click on the “Save” button at the bottom.



Español Help Logout (Christopher Comparri)

Directions.

First, provide your birthdate, sex, and marital status. Once you do that, press the 'Add To Household' button. This will create a new row in the table below, so that you can describe another person living in your household. You'll need to do this for all the adults living in your household, as well as all the children under the age of 21.

If you plan on filing federal income taxes next year: Enter anyone who is filing jointly with you and anyone you intend to claim as your tax dependent, even if that person does not want health coverage or does not live with you. If you will be claimed as a tax dependent by someone else, enter the tax filer and any other dependents the tax filer intends to claim. This information is required to determine your correct household size.

If you DO NOT plan on filing federal income taxes next year: Enter all the adults who live in your household and all the children under 21 who live in your household or are away at school full-time.

First Name *	Middle Name	Last Name *	DOB *	Gender	Is Pregnant	Number of babies expected	Pregnant Due Date	Marital Status
Kell		Maresh	1/1/1986	Male	☐			Married
Dellah		Bard	2/2/1987	Female	☒			Married
Rhy		Maresh	3/3/2014	Male	☐			Single
Alucardi		Emery	4/4/2018	Male	☐			Single

To enter another person who lives in the household, press the 'Add to Household' button.

If any person on this application is **not eligible** for NJ FamilyCare, would you like them to be evaluated for family planning services (Plan First Program)?

Yes ☒ Check here for all applicants on this application to be evaluated for family planning services. +

Back

Save

Workflow – Updating information

- To update relationships information, click on the “Relationships” tab.
- When a member is added to the application in the “Household” tab, you must come to this tab and update your relationships.
- As with all other fields, when updated with new information, make sure to click on the “Save” button at the bottom.

NAVIGATION:

[Address](#)

[Household](#)

[Relationship](#)

[Member Info](#)

[Income](#)

[Health Plan](#)

[Review](#)

[Rights and Responsibilities](#)

[Confirmation](#)

Relationships

Directions.

Use fill in the blanks, so that we can know more about your family.

Family Details

- Kell Maresch is a Spouse of Delilah Bard
- Kell Maresch is a Parent/Legal guardian of Rhy Maresch
- Kell Maresch is a Parent/Legal guardian of Alucard Emery
- Delilah Bard is a Parent/Legal guardian of Rhy Maresch
- Delilah Bard is a Parent/Legal guardian of Alucard Emery
- Rhy Maresch is a Sibling/Step Sibling of Alucard Emery

[Back](#)

[Save](#)

Workflow – Updating information

- To update member specific information, click on the “Member Info” tab.
- On the “Member Info” tab, you can update information such as: if the applicant wants NJ FamilyCare, SSN, citizenship status, if the applicants have other health insurance or if someone is a full-time student.
- ***Note* This information is sorted by each member individually.** You must click on the specific member name whose information you wish to update.
- As with all other fields, when updated with the new information, make sure to click on the “Save” button at the bottom.

NJFAMILYCARE UAT

[Español](#) [Help](#) [Logout \(Christopher Comparri \)](#)

NAVIGATION

[Address](#)

[Household](#)

[Relationship](#)

[Member Info](#)

[Kell Maresh](#)

[Delliah Bard](#)

[Rhy Maresh](#)

[Alucard Emery](#)

[Rights and Responsibilities](#)

[Confirmation](#)

Member Information - Kell Maresh

1. Does this person want NJ FamilyCare? ☒ Yes ☐ No ☐ SSN Not given
2. Social Security Number(ex: 123-45-6789) ☐ SSN Not given
include the Social Security Number (SSN) for those family members who want NJ FamilyCare. In the event that a person applying is found to be NJ FamilyCare eligible, their SSN will be required to enroll in the NJ FamilyCare program in accordance with federal rules and regulations. You may be asked to provide it later, if it is not provided at this time. A newborn's SSN must be provided as soon as it is available. You are not required to provide a SSN if you are not applying. However, providing your SSN will speed up the application process.
3. Does this person have Health Insurance? ☐ No ☐ Yes
4. Is this person currently enrolled in NJ FamilyCare? ☐ No ☐ Yes
5. Race
6. Are you or anyone in your family Native American Indian or Alaska Native? ☐ No ☐ Yes
7. US Citizen? ☐ Yes ☐ No
8. Were you in foster care at age 18 or older? ☐ No ☐ Yes
9. Full-time Student? ☐ No ☐ Yes
10. Has this person had other health insurance in the last three months other than NJ FamilyCare? ☐ No ☐ Yes
11. Does the member requesting coverage have medical bills for the last 3 months that have not been paid? ☐ No ☐ Yes

[Back](#)

[Save](#)

Workflow – Updating information

- Citizenship override will now be available in the Application update feature on the “Member Information” page of the application.

7. US Citizen?

• Citizenship override

• Immigration Status

- If you make a change to the SSN (social security number) or citizenship status of an applicant, a pop up box (pictured below) will appear informing you that you will need to submit a manual SSA or VLP verification.
- This can be done after you enter in all of the updated applicant information, closed out of the application and gone back into it so that it is updated with all of the new information you entered.

uat-dmahs.cs33.force.com says

An override has occurred that may impact verifications for this applicant. Please submit a manual SSA and VLP verification. Click OK, then SAVE to capture changes.

OK

Workflow – Updating information

- To update income information, click on the “Income” tab.
- On the “Income Info” tab, you can update information such as work income, payment period, actual amount earned as well as adding additional work income.
- *Note* **This information is sorted by each member individually.** You must click on the specific members name whose information you wish to update.

NAVIGATION:

Address

Household

Relationship

Member Info

Income

Kell Mares

Delliah Bard

Rhy Mares

Alucard Emery

Responsibilities

Confirmation

Income Info - Kell Mares

☒ Check this box if ALL of the following statements are TRUE:-

- This person has neither 'Work' or 'Other' income -AND- .
- This person did not change jobs within the last six months -AND- .
- This person does not have any allowable deductions

no income will delay the processing of your application if a discrepancy is found during the electronic verification page. It is important that you explain how you are living with no income in the Additional Comments section on the next page.

Work Income

☒ Check if this person does not have Work Income

No Work Income. (To change this please uncheck the checkbox above.)

Other Income

☒ Check if this person does not have Other Income

No Other Income. (To change this please uncheck the checkbox above.)

ALLOWABLE DEDUCTIONS:-

☒ Check this box if this person doesn't make any Payments such as alimony, etc.

No Payments. (To change this please uncheck the checkbox above.)

TAX DETAILS:-

☐ Check this box if you don't plan to file a federal income tax return NEXT YEAR (You can still apply for health insurance even if you don't file income tax return)

Will you be claimed as a dependent on someone's tax return?

No

If Yes, Please list the name of the tax filer:

Workflow – Updating information

- On the “Income info tab” you can also update information by adding or removing tax dependents, including various deductions such as alimony, update a member’s tax filing status and if they are filing jointly with a spouse.
- As with all other fields, when updated with the new information, make sure to click on the “Save” button at the bottom.

Other Income

☒ Check if this person does not have Other Income

No Other Income. (To change this please uncheck the checkbox above.)

ALLOWABLE DEDUCTIONS:-

☒ Check this box if this person doesn't make any Payments such as alimony, etc.

No Payments. (To change this please uncheck the checkbox above.)

TAX DETAILS:-

☒ Check this box if you don't plan to file a federal income tax return NEXT YEAR (You can still apply for health insurance even if you don't file income tax return)

Will you be claimed as a dependent on someone's tax return?

If Yes, Please list the name of the tax filer:

How are you related to tax filer:

Will You File Jointly with spouse?

If Yes, Name of spouse:

Will you claim any dependents on your tax return?

If Yes, Add Dependents

Ralph Nolan

Rebecca Nolan

 + Add Dependent

 Back

 Save

Workflow – Updating information

- To update Health Plan information, click on the “Health Plan” tab.
- On the “Health Plan” tab, you can update information such as a clients MCO selection (if not chosen), the head of household and add any additional comments.
- As with all other fields, when updated with the new information, make sure to click on the “Save” button at the bottom.

NJFAMILYCARE UAT Español Help Logout (Christopher Comparri)

Household >

Relationship >

Member Info >

Income >

Health Plan >

Review >

Rights and Responsibilities >

Confirmation >

Doctor Information

Who is your child's Doctor? Address:

Who is your child's Doctor? Address:

Please answer these questions

Choose Health Plan: **MERCER** County:

Not Given
For help in choosing a Health Plan, call 1-800-701-0710.
The NJ FamilyCare Plan selected only applies if you are eligible for NJ FamilyCare.

Other Information

Choose Head of the Household/Point of Contact: **test class**

What language you speak at home: Not Given

Additional Comments

Income/Additional Comments: sdhbxn

Workflow – Updating information

- When you're finished updating information in the application, simply close out of that tab in your web browser and click on the "close" button on the application.
- When you go back into the application, any changes you make will be recorded in the "Activity Log" tab in the application.
- The "Application Override" tab is going to be removed! The PE Override tab will remain.
- Older applications with field values that have utilized the application override feature will have a one time update done to accept those values so that they aren't lost.
- The field values that were changed using the "Application Override" tab will be logged under the "Activity Log" tab.
- *Note* **ANY** action you take will be recorded in the Activity Log and will be time stamped, dated, have your name on it as well as the members name (if applicable) and the value that was changed.

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Confirmation#: 11000025842

Refresh	Case Activity	Date	Worker Name	Action	Member Name	Original Value	New Value
		10/21/2019 11:56 AM	Christopher Comparr	Update - Spoken Language		Not Given	English
		10/21/2019 11:56 AM	Christopher Comparr	Update - Health Plan		Not Given	AmeriGroup New Jersey
		10/21/2019 11:56 AM	Christopher Comparr	Update - Claimed as Dependent	Alucard Emery		No
		10/21/2019 11:56 AM	Christopher Comparr	Update - Claimed as Dependent	Rhy Mareah		No
		10/21/2019 11:55 AM	Christopher Comparr	Update - Claimed as Dependent	Deilah Bard		No
		10/21/2019 11:55 AM	Christopher Comparr	Update - Claimed as Dependent	Kell Mareah		No
		10/21/2019 11:44 AM	Christopher Comparr	Update - Race	Alucard Emery		White

Application View Member View Verification Panel Case Update MAGI Calculator Attachments View VLP Request Application Settings Notification Case Notes Activity Log SSA Verification

Workflow – MAGI calculator

- After checking or running your verifications you will need to run your MAGI calculator.
- Click on the “MAGI Calculator” tab.
- To run your calculation, click on the “Calculate FPL/PSC” button.
- Your FPL, PSC, MAGI household size and Plan name will all be generated.
- If you need to, you can print this report by clicking on the “Print Report” button.
- *Note* You can revisit this tab at any time to print out the report. You won’t have to run a stand alone calculation!

DMAHS 1 : NJ FamilyCare Case Processing Module
UAT

Application View Member View Verification (New) Case Update **MAGI Calculator** Attachments View VLP Request Application Settings Notification Case Notes Activity Log SSA Verification

MAGI Calculation

Search For: Confirmations 111000025842

Calculate FPL/PSC

First Name	Last Name	DOB	Sex	Is Pregnant	Number Requested of babies Family expected Planning	US Citizen?	Full-time Student?	Countable Member Income	MAGI Income	Family Size	Other Insurance	FPL%	PSC	Plan Name
Aell	Marresh	1/11/1986	Male	▼	Yes	Yes	No	▼	0	2	No	0	320	NJ FamilyCare Psa
Delliah	Bard	2/2/1987	Female	▼	Yes	Yes	No	▼	0	2	No	0	320	NJ FamilyCare Psa
Rhy	Marresh	3/3/2014	Male	▼	Yes	Yes	No	▼	0	4	No	0	310	NJ FamilyCare Psa
Alucard	Emery	4/4/2016	Male	▼	Yes	Yes	No	▼	0	4	No	0	310	NJ FamilyCare Psa

Print Report

Workflow – Setting dispositions

- After completing your MAGI calculation, you will need to set the disposition of eligibility for each member on the application.
- To set your dispositions at the member level, you will have to jump back into the “Case Update” tab.
- On this screen, scroll down and make sure that under “Household Summary” a program is being displayed. This information will be generated based off of the results of your MAGI calculation.



DMAHS 1 : NJ FamilyCare Case Processing Module UAT

Application View
Member View
Verification (New)
Case Update
MAGI Calculator
Attachments View
VLP Request
Application Settings
Notification
Case Notes
Activity Log
SSA Verification

Member Information

Select Member

Household Summary

First Name	Last Name	Birth Date	Eligibility Status	Program	Denial reason	Refer to FFM
Kell	Maresh	01/01/1986	P - Pending	NJFC-Plan A		
Delilah	Bard	02/02/1987	P - Pending	NJFC-Plan A		
Rhy	Maresh	03/03/2014	P - Pending	NJFC-Plan A		
Alboard	Emery	04/04/2018	P - Pending	NJFC-Plan A		

Supervisor Approval

FFM Transfer

MAGI Outcome

Denial Reason Updated

Supervisor Approval

Workflow – Setting dispositions (Eligible!)

- Select a member that has been determined as eligible from the “Member Information” drop down box.
- In the “Status” dropdown box, select “E - Eligible.”
- In the “Program” drop down box, the appropriate Plan should be prepopulated and match the Program listed below in the “Household Summary.”
- Enter in the case number for the member in the “Member Case Number.” section and provide any additional member related comments in the “Member Comment” section.
- Click on the “Save” button when you are done.

E - Eligible

--None--

P - Pending

E - Eligible

I - Ineligible

V - Referred to Vendor

A - Referred to ABD

N - Not Applying

D - Duplicate

W - Withdraw

D - Dismiss

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Application View

Member View

Verification (New)

Case Update

MAGI Calculator

Attachments View

VLP Request

Application Settings

Notification

Case Notes

Activity Log

SSA Verification

Member Information

Kell Maresh

Program

NJFC-Plan A

Member Case Number :

12345

Member Comment:

Notes here for training purposes.

Save

Cancel

Last Modified by:

Christopher Compatti

Last Modified Date:

10/30/2019

Household Summary

First Name	Last Name	Birth Date	Eligibility Status	Program	Denial reason	Refer to FFM
Kell	Maresh	01/01/1986	E - Eligible	NJFC-Plan A		No
Delliah	Bard	02/02/1987	P - Pending	NJFC-Plan A		
Rhy	Maresh	03/03/2014	P - Pending	NJFC-Plan A		
Alburd	Emery	04/04/2018	P - Pending	NJFC-Plan A		

Workflow – Setting dispositions (Ineligible)

- Select a member that has been determined to be ineligible from the “Member Information” drop down box.
- In the “Status” dropdown box, select “I - Ineligible.”
- In the “Denial Reason” drop down box, select the appropriate denial reason.
- Enter in the case number for the member in the “Member Case Number:” section and provide any additional member related comments in the “Member Comment” section.
- Click on the “Save” button when you are done.

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Application View Member View Verification (New) Case Update MAGI Calculator Attachments View VLP Request Application Settings Notification Case Notes Activity Log SSA Verification

Close

Member Information Daliah Bard

Status: Denial Reason: Member Case Number: Member Comment:

Last Modified by: Christopher Comparri
Last Modified Date: 10/31/2019

Save Cancel

Household Summary

First Name	Last Name	Birth Date	Eligibility Status	Program	Denial reason	Refer to FFM
Keil	Maresh	01/01/1986	E - Eligible	NJFC-Plan A	No	No
Deitlah	Bard	02/02/1987	I - Ineligible	NJFC-Plan A	Over income threshold	Yes
Rhy	Maresh	03/03/2014	E - Eligible	NJFC-Plan A	No	No
Abucurd	Emery	04/04/2018	E - Eligible	NJFC-Plan A	No	No

Workflow – Setting dispositions (Supervisor Review)

- Now that your dispositions have been set for each member, it's time to turn the case over to your supervisor.
- On the "Case Update" tab under the section "Application Status" use the dropdown box to change the case status to "S- Supervisor Review."
- Under "Supervisor Name" select your supervisor
- You will need to fill out your Supervisor Code and Worker Code.
- Click on the "Save" button.



DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Application View Member View Verification (New) Case Update Case Calculator Attachments View VLP Request Application Settings Notification Case Notes Activity Log SSA Verification

Success:
• Information saved successfully

Confirmation#: 11000025842

Application Status:	S - Supervisor Review
Processing Status:	Pending Initial RFI Response
Supervisor Name:	Christopher Compari
Policy #:	A12345
Status Comment:	Notes here for training purposes.
Reference #:	12345
Reference Comment:	Notes here for training purposes.
DIMS #:	23 456
Supervisor Code:	C1
Worker Code:	C2

Save Cancel Update Application

Last Modified by: Christopher Compari
Last Modified Date: 10/16/2019

Workflow – Setting dispositions (final notes)

- Dispositions must be set for each member on the application.
- You can have both ineligible and eligible members on the same application.
- Ineligible members will have a denial reason generated in the “Denial reason” column. This column is left blank for eligible members.
- An ineligible member will be referred to the FFM. This is noted by a “Yes” in the “Refer to FFM” column.

Application View

Member View

Verification (New)

Case Update

MAGI Calculator

Attachments View

VLP Request

Application Settings

Notification

Case Notes

Activity Log

SSA Verification

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Member Information

Deilah Bard

Status :

Denial Reason:

Member Case Number :

Member Comment:

I - Ineligible

Over income threshold

1234

Notes here for trading purposes.

Save

Cancel

Last Modified by: Christopher Compari

Last Modified Date: 10/31/2019

Household Summary

First Name	Last Name	Birth Date	Eligibility	Status	Program	Denial reason	Refer to FFM
Keil	Maresh	01/01/1986	E - Eligible		NJFC-Plan A		No
Deilah	Bard	02/02/1987	I - Ineligible		NJFC-Plan A	Over income threshold	Yes
Rhy	Maresh	03/03/2014	E - Eligible		NJFC-Plan A		No
Alucard	Emery	04/04/2018	E - Eligible		NJFC-Plan A		No



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Workflow – Supervisors & the Worker Portal

Supervisor Workflow – Searching for your case

- On the home page under “Case Status” you’ll want to click on the button labeled “Supervisor Review”, making sure to click on the “New” button as well to turn off that search parameter.
- Click on the “Search By:” button and choose “Confirmation Number” from the drop down menu.
- If your case is still not appearing in the results below, click on the “Deep Search” button.
- After you have found your case, click anywhere on the application to jump right into it.

MAGI Calculator
Resources
Apply for NJFC
Apply for ABD
FC New Attachment
Report

Case Status:
New
Pending
Duplicate
Eligible
Ineligible
Withdraw
Admin Action
Complete
Error / Suspend
Pending MES
Referred to ABD
Dismiss
Supervisor Review

App Type:
FC
Unfinished

Search By:
Confirmation Number
11000025642
Deep Search
Clear Search

Member Search:
First Name
Last Name
DOB - MM/DD/YYYY
SSN Search
Search By Member

Show 10 entries
Confirmation #
Status
Processing Status
Received Date
Receiving Agency
Head of Household
County
Supervisor
Source
FPL
Provider Code
Policy #
Ref #
Attachment
Submitted

11000025642	S - Supervisor Review	Pending Initial RFI Response	10/16/2018	11	Mamash, Karl	MERCER	Christopher Combsam	0		A12345	12345			County Paper Application
-------------	-----------------------	------------------------------	------------	----	--------------	--------	---------------------	---	--	--------	-------	--	--	--------------------------

Showing 1 to 1 of 1 entries (filtered from 2,000 total entries)
Previous
1
Next

Logged In as Christopher Combsam
Logout

Deep Search

Supervisor Workflow – No approval

- Go to the "Case Update" tab and scroll down to the "Member Information" section.
- Review the work and case notes input by the worker to determine if you agree with the disposition they set for each members eligibility.
- After reviewing the case, if you do not agree with the disposition set by the worker and believe that they need to go back to re-work the case, go back to the "Case Update" tab.
- At the top, choose the dropdown box under "**Application Status**" and set the case back to "P – Pending."
- Click on the "Save" button.
- Email the worker with the confirmation number and instruct them to re-work the case.

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Confirmation#: 11000025842

Application Status: Pending Initial RFI Response

Processing Status: Christopher Compari

Supervisor Name: A12345

Policy #: Notes here for training purposes.

Status Comment: 12345

Reference #: Notes here for training purposes.

Reference Comment: 23456

DIMS #: C1

Supervisor Code: C2

Worker Code:

S - Supervisor Review

Save Cancel Update Application

Last Modified by: Christopher Compari

Last Modified Date: 10/16/2010

Supervisor Workflow – Approving the case

- First you must review the work and case notes input by the worker to determine if you agree with the disposition they set for each members eligibility.
- After reviewing the case, if you agree with the disposition set by the worker, you can scroll down to the section titled "Supervisor Approval" that is located above "Household Summary."
- Click on the "Approve" button.
- If any members are ineligible and need to be sent to the FFM, an FFM Transfer will occur automatically, sending the entire case to the FFM. A time stamp with that history will be generated.

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Application View Member View Verification (New) Case Update MAGI Calculator Attachments View VLP Request Application Settings Notification Case Notes Activity Log SSA Verification

Household Summary

First Name	Last Name	Birth Date	Eligibility Status	Program	Denial reason	Refer to FFM
Kell	Maresh	01/01/1986	E - Eligible	NJFC-Plan A		No
Deiliah	Bard	02/02/1987	I - Ineligible	NJFC-Plan A	Over income threshold	Yes
Rhy	Maresh	03/03/2014	E - Eligible	NJFC-Plan A		No
Alucard	Emery	04/04/2018	E - Eligible	NJFC-Plan A		No

Supervisor Approval

FFM Transfer

- ✓ MAGI Outcome
- ✓ Denial Reason Updated
- ✓ Supervisor Approval

Sent To FFM History:

Sent By- Christopher Comparri 10/31/19 11:26 AM |
Successful

Supervisor Workflow – Approving the case

- Scroll to the top of the “Case Update” tab after submitting your approval.
- Change the dropdown box under “**Application Status**” to “**C – Complete**” and hit the “Save” button.



DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Close

Application View Member View Verification (New) Case Update MAGI Calculator Attachments View VLP Request Application Settings Notification FC Notes Activity Log SSA Verification

Confirmation#: 11000025842

Application Status:	C - Complete
Processing Status:	Pending Initial RFI Response
Policy #:	A12345
Status Comment:	Notes here for training purposes.
Reference #:	12345
Reference Comment:	Notes here for training purposes.
DIMS #:	23 456
Supervisor Code:	C1
Worker Code:	C2
Save Cancel Update Application	
Last Modified by: Christopher Comparr	
Last Modified Date: 10/16/2019	

Workflow - Recap

Workers

- Flip your case from "New" to "Pending"
- Run your verifications and generate your RFI if an alert appears.
- Run your MAGI calculator.
- Work the case by setting the disposition for each members eligibility.
- Flip your case from "Pending to "Supervisor Review"

Supervisors

- Review the case to see if you agree with the eligibility determination done by the worker.
- Set the case back to "Pending" if you believe further work is needed.
- Approve the case if you agree with the eligibility determination.
- Flip the case from "Supervisor Review" to "Complete."



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Denying a case for missing information



Workflow – Generating your RFI letter

New "Processing Status" field added to show RFI workflow. Certain Processing Statuses must be evaluated daily such as:

Initial RFI

- Pending Initial RFI Response (waiting for additional information)
- When a case is in a processing status of Create RFI Denial 14 days have passed since initial RFI was sent. At this point, a worker must generate and preview the letter.

RFI Denial Notice

- Pending RFI Denial (waiting for additional info from second RF/Denial letter.)
- RFI Response Overdue
- System will automatically switch case to "Complete" status.

Verification (New) Case Update Application Override MAGI Calculator Attach

Case Notes Activity Log SSA Verification

Confirmation#: 11000025313

Application Status: P - Pending

Processing Status: Pending Initial RFI Response

Reference #:

DIMS #:

Redet Supervisor Code:

Redet Worker Code:

Status Comment:

Show 10 entries

Confirmation #	App Status	Processing Status	Received Date	Receiving Agency	Head of Household
11000025604	P - Pending	RFI Response Overdue	10/02/2019	11	flow, Notification
11000025313	P - Pending	Pending Initial RFI Response	09/24/2019	11	Zab, Kim
11000025314	P - Pending	Pending Initial RFI Response	09/24/2019	11	Zab, Kim

Workflow – Denial letters

- Prior to denying a case for missing information, you must generate a denial letter. Workers should create the preview for the denial letter.
- Denial letters for missing information can only be generated 14 days after the request for information (RFI) letter was sent out. To generate a denial letter, click on the “Letter Type” dropdown box and select “**Missing Information – Denial**.”
- Workers must place their name, phone number, fax number and return office in the fields under the “**Worker Details**” section prior clicking on the “Preview Notice” button located at the bottom of the page.

DMAHS 1 : NJ FamilyCare Case Processing Module

Application View Member View Verification Case Update MAGI Calculator Attachments View VLP Request FC Notes Application Settings Notification Activity Log

Confirmation#: 11000951826

Notifications
Letter Type
Missing Information - Denial
--Select--
Missing Information - Request for Information
Missing Information - Denial

Failed Verification Request for Information
Member Name
Bryce Harper
Verification Type
Citizenship/Immigration

Worker Details
Worker Name
Phone Number
(XXX) XXX-XXXX
Fax Number
(XXX) XXX-XXXX
Return Office
(XXX) XXX-XXXX
Ext

Summary of Verification RFI to Include in Notice
Bryce Harper SSN
Rhys Hoskins SSN

Additional Documentation Request

Add

Remove

Remove

Workflow – Denial letters

- After clicking on the “Preview” button, a new tab will be opened in your web browser with the Denial for Missing Information letter.
- Denial reason and fair hearing rights are included.
- Note* This is NOT the letter that is to be printed and sent to the applicant. Worker should review this letter to ensure accuracy before setting changing the case status.
- After reviewing the letter, click on the small “X” in the web browser tab to return to the application.





Affordable health coverage. Quality care.
STATE OF NEW JERSEY
Department of Human Services
Division of Medical Assistance and Health Services

October 02, 2019
Reference #: A123
Confirmation #: 11000025522
If you need this letter in Spanish, please call
1-800-356-1561

Dear Naruto Uzumaki:
Based on your NJ FamilyCare application dated 09/30/2019, your eligibility results are below.

Name	Birth Date	Eligibility Determination
Naruto Uzumaki	01/01/1986	Denied

A Request for Information sent on 09/30/2019 has not been received; therefore your application could not be processed. Your application will be denied if all of the following information is not received within ten (10) days from the date of this letter.

For Naruto Uzumaki 01/01/1986

- Indicate marital status:
☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
- Indicate gender:
☐ Male ☐ Female
- Social Security Number (SSN): _____ or Tax ID: _____
- Does NARUTO have health insurance? If Yes, what is the name of the insurance company and what is the policy number _____
 If not a U.S. Citizen: Yes _____ No _____
- Is NARUTO a U.S. Citizen? Yes _____ No _____
 Alien/USCIS Number: _____
 Card Number: _____
 AKA: _____
 Document Type: _____
- Did NARUTO have any other health insurance within the past three months? Yes _____ No _____
- Indicate employment type:
 Works for Employer _____
 Business Owner _____

Workflow – Denial for missing information

- If the client fails to provide the information 14 days after the denial letter is sent out, it's time to deny the case.
- Workers must find your case by the confirmation number in the Worker Portal.
- Go to the "Case Update" tab.
- Select a member that has been determined to be ineligible from the "Member Information" drop down box.
- In the "Status" dropdown box, select "I - Ineligible."
- In the "Denial Reason" drop down box, select "Failure to provide information required to determine eligibility."
- Enter in the case number for the member in the "Member Case Number:" section and provide any additional member related comments in the "Member Comment" section.
- Click on the "Save" button when you are done.
- Flip the case to "S – Supervisor Review."

I - Ineligible	▼
Does not meet citizenship or immigration requirements	
-None-	
Already eligible (on MES as MAGI)	
Already eligible (on MES as Non MAGI)	
Eligible for Medicare	
Failure to provide information required to determine eligibility	
Psychiatric Institution	
Not NJ Resident	
Over age	
Over income threshold	
Does not meet citizenship or immigration requirements	
Undocumented Alien	

Workflow – Denial letters

- *Note* ONLY a supervisor can create a denial letter.
- Click on the “Create” button to create the denial letter.
- The “Notification History” will be generated time stamping the workers name who created the letter, the date it was done and which subject the letter was mailed out requesting information for or in this case, denying.
- This letter will be printable by clicking on the “View” button under the attachment section of the “Notification History.”

DMAHS 1 : NJ FamilyCare Case Processing Module

UAT

Application View Member View Verification Case Update Application Override MAGI Calculator Attachments View VAP Request Application Settings Notification Case Notes Activity Log

Naruto Uzumaki
Summary of Verification RFI to Include in Notice
Naruto Uzumaki
Citizenship/Immigration
Remove

Additional Documentation Request
Comments, comments, comments

Preview Notice Create

Notification History

Subject	Created By	Created Date	Attachment
Missing information - Denial	Christopher	10/1/2019 9:32 AM	View

NJ FamilyCare IES Functions (HBC Relevant)

- **Currently Deployed**
 - MAGI Online Application
 - PE Online Application
 - Mobile Client Access
 - Federal Data Services Hub Integration
 - MAGI in the Cloud Integration
- **In Development**
 - Online Renewal/Redetermination
 - DIMS Integration
 - Full Electronic Notification (limited to eligibility application)
 - State Based Exchange

Questions

**All questions must be submitted via NJ Start
pursuant to the instructions in the RFP**