



# NJ FAMILY CARE

Affordable health coverage. Quality care.

## Express Lane Eligibility

New Jersey Department of  
Human Services

May 2009



# NJ on The Road to Universal Health Coverage



- New Jersey is committed to providing health insurance to children and affordable coverage options for their parents/guardians.
- In July 2008 Governor Corzine signed a law significantly expanding the NJ Family Care program.
  - **Mandates** all children age 18 and under have health insurance.
  - **Amended NJ tax form** to request dependents health insurance status.
  - **Expands** income eligibility for parents and guardians to 200 percent of the Federal Poverty Level (FPL) or \$44,100 for a family of four people.
  - **Formed a collaborative Workgroup** of State Departments and agencies for Outreach, Retention and Enrollment.



# Simultaneous Federal Law Supports State Enrollment Efforts



- CHIPRA allows states to comply with the citizenship and identity documentation requirement by using a data matching process with the Social Security Administration in 2010.
- CHIPRA allows states to do Express Lane Eligibility (ELE).
- Provides outreach grants and performance bonuses.



# Identifying Uninsured Dependents

- In January of 2009, all tax filers completing their 2008 NJ Tax 1040 form were asked to declare the health insurance status of all dependents.
  
- To date, a total of 269,332 households representing 434,455 uninsured dependents 18 years or younger were identified.
  - Of those households, 104,099 NJ residents applied for the earned income tax credit (EITC), an indication that these families may be eligible for either Medicaid or NJ FamilyCare (NJFC).



# Express Lane Outreach

- State law allows the NJ Taxation Dept to electronically send the mail file of all residents who have uninsured dependents to NJFC for outreach.
- 11,332\* households were sent application packets on May 8<sup>th</sup>. (Small sample size will allow NJFC to address any unanticipated issues.)
- Subsequent mailings will occur on an ongoing basis, each round will reach approx 25% more households.

5 \*Figure is based on the 269,332 households identified January - April



# Application Packet

- Each resident on the outreach list is sent an application packet containing:
  - A letter from the Governor explaining why they are receiving the Express Lane Application packet in the mail.
  - Express Lane Application coded for tracking purposes.
  - NJFC factsheet containing general program information.
  - Rights and Responsibilities
  - Privacy Notices
  - Brightly Colored Yellow Pre-Paid Self Addressed Return Envelope



**TAX TIP**



Taken From 2008 1040 Tax Booklet

**Line 13 - Dependents' Information**

You must enter on Line 13 the full name, social security number, and year of birth for each dependent child or other dependent claimed on Lines 9 and/or 10. You must also fill in the appropriate oval to indicate whether or not each dependent has health insurance coverage on the date you file the return. If you have more than four dependents, enter the required information for the first four dependents on Lines 13a - d and enclose a statement with the return listing the information for the *additional* dependents. The dependents you list must be the same persons who qualify as your dependent children or other dependents for Federal income tax purposes. Enter the same social security number, individual taxpayer identification number (ITIN), or adoption taxpayer identification number (ATIN) for each dependent that you entered on your Federal return. To obtain an ATIN, file Form W-7A, Application for Taxpayer Identification Number for Pending U.S. Adoptions, with the Internal Revenue Service. See page 16 for information on obtaining a social security number or ITIN.

**Note:** If you qualify for the New Jersey earned income tax credit (see the instructions for Line 50) and you listed a "qualifying child" on your Federal Schedule EIC who is not claimed as your dependent for New Jersey purposes, you must enter on Line 13 the child's name, social security number, and birth year.

**NJ-1040 2008** STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

For Tax Year Jan-Dec, 31, 2008, Or Other Tax Year Beginning \_\_\_\_\_, 2008, Month Ending \_\_\_\_\_, 20\_\_\_\_

↓ **IMPORTANT! YOU MUST ENTER YOUR SSN (s).** ↓ Fill in  If application for Federal extension is enclosed or enter confirmation # \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ Last Name, First Name and Initial \_\_\_\_\_

Spouse's/CU Partner's Social Security Number \_\_\_\_\_ Home Address \_\_\_\_\_

County/Municipality Code \_\_\_\_\_ City, Town, Post Office \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NJ RESIDENCY STATUS** If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From MM/DD/YY To MM/DD/YY

**FILING STATUS** (Fill in only one)

- Single
- Married/CU Couple, filing joint return
- Married/CU Partner, filing separate return. Enter Spouse's/ CU Partner's Social Security Number in the boxes above
- Head of household
- Qualifying widow(er)/ Surviving CU Partner
- Regular  Yourself  Spouse/ CU Partner  Domestic Partner
- Age 65 or Over  Yourself  Spouse/CU Partner
- Blind or Disabled  Yourself  Spouse/CU Partner
- Number of your qualified dependent children \_\_\_\_\_
- Number of other dependents \_\_\_\_\_
- Dependents attending colleges \_\_\_\_\_
- Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10) \_\_\_\_\_

**DEPENDENTS**

13. Dependent's Last Name, First Name, Middle Initial	Dependent's Social Security Number	Birth Year	Does dependent have health insurance? (see instr.)	
			Yes	No
a	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
b	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
c	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
d	_____ - _____ - _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>

**GOVERNATORIAL ELECTIONS FUND** Do you wish to designate \$1 of your taxes for this fund?  Yes  No  
If joint return, does your spouse/CU partner wish to designate \$1?  Yes  No

Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I occupied the rental property for which I am applying for the tenant homestead rebate as my principal residence on October 1, 2006. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
Spouse's/CU Partner's Signature (if filing jointly, BOTH must sign) \_\_\_\_\_ Date \_\_\_\_\_

If you do not need forms mailed to you next year, fill in (See instruction page 15) \_\_\_\_\_

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) \_\_\_\_\_

Paid Preparer's Signature \_\_\_\_\_ Federal Identification Number \_\_\_\_\_  
Firm's Name \_\_\_\_\_ Federal Employer Identification Number \_\_\_\_\_

Division Use: 1 2 3 4 5 6 7





The NJ FamilyCare Express Lane Application is a quick and easy way to enroll your child(ren) in the NJ FamilyCare program. If you wish to apply for benefits along with your child(ren), please use the regular NJ FamilyCare Application, which is available online at [www.njfamilycare.org](http://www.njfamilycare.org) or by calling 1-800-701-0710 (TTY 1-800-701-0720 for hearing impaired individuals).

In order to use the Express Lane Application for your child(ren), your Social Security Number(s) is needed in the space provided. If your Social Security Number(s) is not available, then you can apply for benefits for your child(ren) using the regular NJ FamilyCare Application.

In most cases, you will not need to submit any supporting documentation. Verification of your income will be done using an income match with your most recently submitted State of New Jersey Income Tax Return (1040 Form). If you have had a recent change of income since submitting your tax return, you may want to apply using the regular NJ FamilyCare Application to be sure the correct income is used to determine your child's(ren's) eligibility. You can expect to hear from us in 3-4 weeks.

PARENT(s)/GUARDIAN(s) NAME	Sex (M/F)	Social Security Number

ADDRESS		
Home Address:	Apt#/Floor:	Home Phone:
City:	Zip:	Cell Phone:
Mailing Address (if different):	County:	Email Address:

**List ALL Children UNDER THE AGE OF 21 Living in Your Household** *Use paper to add additional children.*

Child Name	Sex M/F	Social Security Number	State/Country of Birth and Birthdate (DOB) MM/DD/YYYY	US Citizen?	Other health insurance now or in the past 3 months?
			St/Ctry: / / DOB: / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			St/Ctry: / / DOB: / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			St/Ctry: / / DOB: / /	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is anyone listed above pregnant?  Yes  No If yes, check one:  Parent  Child (This information may be used to determine household size)  
Does anyone have unpaid medical bills for the last 3 months?  Yes  No

**Health Maintenance Organization (HMO) Information: You will have to pick an HMO to be enrolled.**

Select an HMO from the choice below:

<input type="checkbox"/> AmeriChoice	<input type="checkbox"/> AMERIGROUP	<input type="checkbox"/> HealthNet	<input type="checkbox"/> Horizon NJ Health	<input type="checkbox"/> University Health Plans
Available in ALL counties	Available in ALL counties; except Salem County	Available in ALL counties; except Atlantic, Cape May, Sussex and Warren Counties	Available in ALL counties	Available in ALL counties; except Cape May County

Your child's Doctor/Name & Address: \_\_\_\_\_  
Is anyone applying taking prescription medicines; and/or using any special medical equipment; and/or receiving any medical treatment?  Yes  No  
If you need assistance selecting your HMO, contact a Health Benefits Coordinator at 1-866-472-5338.

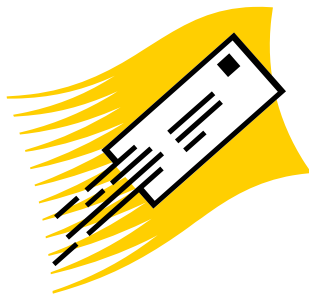
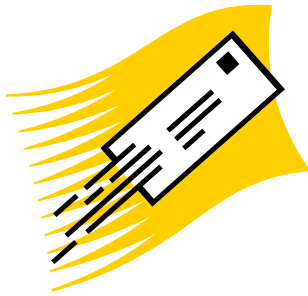
**SPECIAL NOTICE**

If the children in your family are not eligible for NJ FamilyCare coverage because your household income is above 350% of the Federal Poverty Level (for example \$6,432 per month for a household size of four), there is another program called NJ FamilyCare ADVANTAGE, which offers healthcare coverage, at reasonable costs, to children up to the age of 19. Please call Horizon NJ Health at 1-800-837-2997, or visit their website at [www.horizonnjhealth.com](http://www.horizonnjhealth.com).

**Signature**

By signing this form, I represent that I have read and understood the Privacy Notice and the NJ FamilyCare program "Rights and Responsibilities", which I can also get at the NJ FamilyCare website at [www.njfamilycare.org](http://www.njfamilycare.org) or by calling 1-800-701-0710, and that I will obey the law and regulations of the program. I understand that I am giving the NJ FamilyCare program permission to release my medical records and those of any of my family members who enroll in the program, to the program's HMOs and its providers. I also authorize the NJ Division of Taxation to release my tax return information to NJ FamilyCare. In addition, I hereby authorize any educational institutions or school district to release my medical records or those of my child(ren) to the NJ FamilyCare program for the purpose of determining eligibility and billing the Program. I certify under penalty of law that everything I have stated in this application is true. I am aware that if any of the statements made by me in this application are willfully false, I am subject to punishment.

 **SIGN YOUR NAME HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_







# Express Lane Eligibility Process

1. Resident self identifies insurance status on 2008 NJ 1040 Form.
2. Taxation sends monthly mail file to NJFC Health Benefits Coordinator (HBC) and they mail Express Lane Application packets.
3. The applicant mails the completed and signed Express Lane application using the yellow pre-paid return envelope.
  - Applications are tracked, so if a resident fails to send in an application, a reminder postcard is sent in the mail.



# Express Lane Eligibility Process Continued

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4. Using the parents' social security number, applicant authorization, and interagency agreement, a match is done with the taxation database to obtain Gross Income.
5. When income information is verified by Taxation, a series of electronic verifications continue which include:
  - The HBC checks to see if the applicant is already enrolled in Medicaid or NJFC.
  - HBC checks status of other insurance.
  - The child's social security number is then matched against other state databases to determine citizenship and identity.
6. If income is below AFDC standard applicant is sent information about their local County Welfare Agencies informing them that they may be eligible to receive additional social services.



# Express Lane Eligibility Process Continued

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7. HBC finishes eligibility process (including screening and enrollment requirements) and mails determination letter. If the applicant is eligible (and depending on the plan) he/she is charged any applicable premiums.
  - If the applicant is not found eligible for the ELE process, he/she is given the opportunity to apply thru the normal NJFC process.
  
8. Once premiums are received (if applicable), the children are enrolled and receive their identification cards in the mail.
  - If an applicant's income is over the limit, they are then sent information about the NJFC Advantage Program or told they can reapply using the normal process.



# Advantages of Express Lane

- Verification of information is done via electronic databases, not paper documentation
- 2008 NJ 1040 tax form is used for income verifications
- Processing time from beginning to end is cut substantially.
  - If applicants meet eligibility requirements and their information can be electronically verified, the process only takes 3 – 4 weeks.





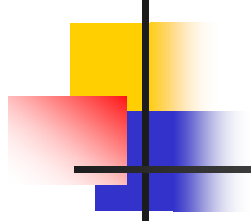
## Express Lane Works Best for:

- Children who are U.S. Citizens
- Children whose parents are wage earners (not self employed)
- Children whose parents are willing to provide their Social Security numbers
- Children with no other insurance
- Children in households with no significant changes in income from 2008



# Lessons Learned

- Timing is everything. Legislative support for Express Lane Eligibility is important.
- Involve CMS early. State Plan Amendments are required.
- Use the help from national experts to think outside the box and current state process.
- Appreciate that you are your State Medicaid Expert to discern from the expert's recommendations what could work best.
- Form a small cohesive and trusted Medicaid/SCHIP team with a "can do" attitude.
- Form an Express Lane Eligibility interagency collaboration with one ELE Champion as lead. Must have database sharing however be prepared to work within the constraints of the agency and come up with workarounds.
- Alert key stakeholders, legislature, local agencies of the initiative and the new process so they are informed and can support the process.



THANK YOU!!!

**NJ FAMILY CARE**

Affordable health coverage. Quality care.