



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

CHRISTINE TODD WHITMAN
Governor

WILLIAM WALDMAN
Commissioner

MEDICAID COMMUNICATION NO. 98-14 **DATE:** June 29, 1998

TO: County Welfare Agency Directors
Tax Security Liaisons
Institutional Services Section Area Supervisors

SUBJECT: Implementation of IRS/IEVS
Matches for Tax Year 1996

The purpose of this Communication is to provide an update to the scheduling of the IRS/IEVS monthly matches for Tax Year 1996. Medicaid Communication 97-16, dated August 26, 1997, indicated that these matches would begin soon after the completion of Tax Year 1995. However, due to a delay in implementing programming changes for Tax Year 1996 and other operational issues, we were unable to keep to our original plans, resulting in the following revised schedule.

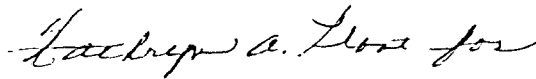
At this time, we are planning to combine new applicant months July and August 1997 for mid-July 1998 output; September and October 1997 new applicant months for early September 1998 output; and the November 1997 Annual Run, which also includes new applicant month December 1997, for output by late October 1998. We apologize for having to initiate this accelerated matching schedule and appreciate your cooperation.

Also, as a result of IRS coding additions, the FD-348 and IRS/IEVS matched records reports have been modified to include non-payment indicator fields (NP1 and NP2). The IRS document codes for Tax Year 1996, which were included with Medicaid Communication 97-16, define the various non-payment indicators relative to the corresponding document type. For your reference, attached are the two report sample formats showing where the new fields will appear.

We also previously advised that the Division was in the process of revising the LD-141 notification letter. I am happy to report that an 8 1/2" x 14" self-mailer will be used in the first scheduled match for Tax Year 1996 for those counties still utilizing the form. Attached is a sample LD-141 for your reference. You will note that the text has been changed to include language which was adopted as a result of the survey we conducted with your agencies. Hopefully, these changes will help to improve the overall efficiency of IEVS processing.

Thank you for your cooperation in this matter. Any questions concerning this Communication should be directed to Ginni Jaslar of the Division's Office of Information Systems at (609) 588-2762.

Sincerely,



Karen I. Squarrell
Acting Director

KIS:S

Attachments

c: Len Fishman, Commissioner
Susan C. Reinhard, Ph.D., Deputy Commissioner
Department of Health and Senior Services

Karen Highsmith, Director
Division of Family Development

Michele Guhl, Deputy Commissioner
Division of Youth and Family Services



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

WILLIAM WALDMAN
Comptroller

MAY 03, 1998

IMPORTANT MEDICAID NOTICE

Este aviso/noticia puede afectar su
elegibilidad para beneficios de Medicaid.
Si usted necesita ayuda, favor de
comunicarse con su trabajador(a) social.

Federal regulations require this agency to obtain and use certain financial information which has been reported to the Internal Revenue Service (IRS) and Social Security Administration (SSA) in order to determine ongoing eligibility for Medicaid. As a result, we have identified financial information as listed below.

If any of the items listed below have NOT BEEN REPORTED to the County Welfare Agency/Board of Social Services, it is very important for you or your representative to contact the agency in the county where you reside as soon as possible. If ALL of this information has been reported and is already known to the agency, it is not necessary to respond to this letter.

Your cooperation in this matter is essential to your maintaining ongoing eligibility for Medicaid benefits.

COUNTY OF SUPERVISION	MEDICAID NUMBER	SSN	CONTROL NUMBER
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Information below is for tax year 1995 :

Bank or Payer

Account Number

LD 141 (REV. 6/1/95)

New Jersey Is An Equal Opportunity Employer

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
F-MAIL
PO Box 712
TRENTON, NJ 08625-0712

RETURN SERVICE REQUESTED



NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
INCOME AND ELIGIBILITY VERIFICATION SYSTEM

RUN DATE: 04/21/98 PAGE:
FILE MONTH: 04/98
TAX YEAR: 96

REPORT NO: IRS/IEVS-WR535-01
COUNTY OF SUPERVISION:

IRS/IEVS-LISTING OF MATCHED RECORDS

HSP CASE NO CASE NAME SSN
PROG STATUS CODE ST CNT NO
FIRST PAYEE NAME LINE
SECOND PAYEE NAME LINE
PAYEE MAILING ADDRESS
PAYEE CITY
ST ZIP PAYER TIN ACCT NO
HISTORY
FIRST PAYER NAME LINE
SECOND PAYER NAME LINE
PAYER ADDRESS
PAYER CITY-STATE-ZIP
MONEY FIELD DT FD ESTIM PRIN
NON-PAY1 NON-PAY2

FD-348

ISSUE DATE: 04/21/98

MED/ONLY
MATCH CRITERIA: SSN AND NAME CONTROL

UNEARNED INCOME MATCH
IRS TAX YEAR 1996

FILE MONTH 04/1998

CASE NUMBER CASE NAME
FIRST PAYEE NAME
SECOND PAYEE NAME
PAYEE STREET ADDRESS
PAYEE CITY
FIRST PAYER NAME
SECOND PAYER NAME
PAYER ADDRESS
PAYER CITY STATE ZIP

SSN PSC CONTROL NO
PAYEE ACCOUNT NUMBER
ST ZIP CODE
PAYER TIN
MONEY
DT FD NP1 NP2
ESTIMATE