

3560 and Third Party Liability Data Collection in CYBER

January 2024 - (02191)

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The purpose of this presentation is to provide an overview and updates on the following:

- Social Security Number Access
- 3560 Application
- 3560 Termination Requests
- Third Party Liability (TPL) data collection in CYBER

Social Security Number Access

The 3560 Application is for use by Care Management Organizations (CMO) and Mobile Response and Stabilization Services (MRSS) presumptive eligibility (PE) users to request Medicaid look alike coverage for youth receiving services through NJ Children's System of Care.

Social Security Number (SSN) access for CMO and MRSS users must have security groups **SSN_3560_Read** and **SSN_Update** to view and edit social security numbers in youth records in CYBER. SSN will appear *masked* to all users without the SSN security groups. The SSN is editable in the following locations:

- Demographics tab
- Insurance tab (Insurance Details)
- 3560 Application Requests (for Parents/Guardians and Youth/Child)

Note: The 3560 is not the same as Medicaid. It does not have any NJ FamilyCare (NJFC) medical benefits associated with the package. The 3560 is generated specifically for youth that are authorized for CSOC services that are not otherwise NJFC eligible. In these situations, the 3560 allows for the service to be billed through the Medicaid system for CSOC provider reimbursement.

This document assumes that the user has security access to view and edit the youth SSN.

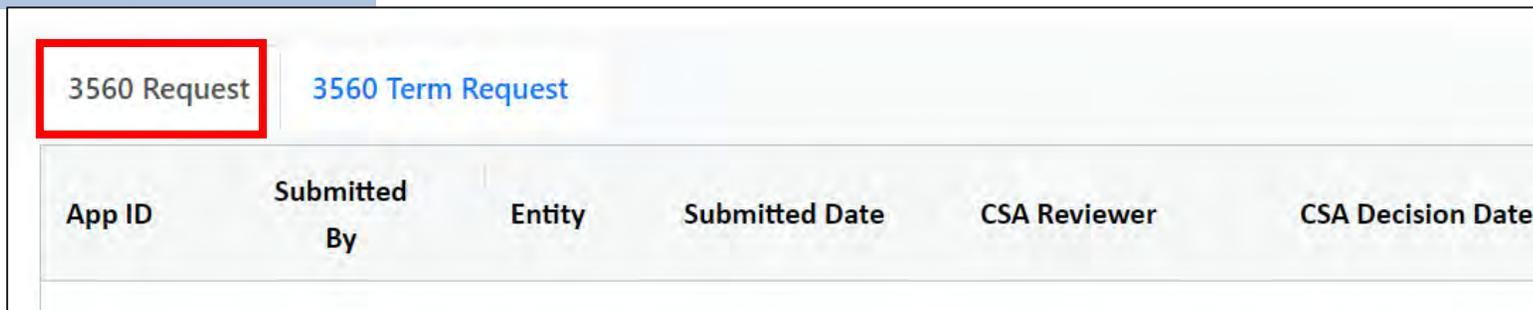
3560 Application Requests

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3560 Application Requests

To access and create a 3560 Application for a youth:

- First locate the accurate youth's CYBER record
- Click on the **Eligibility Request** link on the bottom left-hand side menu in CYBER.
- Make sure 3560 Request tab is active



3560 Application Requests

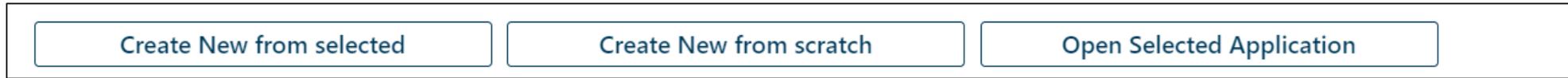
App ID	Submitted By	Entity	Submitted Date	CSA Reviewer	CSA Decision Date	CSA Decision
		CMO	11/15/2022		11/16/2022	Accepted

- 3560 Application Request grid includes the name of the PE entity
- Data in the grid will display with the oldest record first
- Columns can be sorted by clicking on column headings. Users can also search within each column header

3560 Applications sent to CSOC

3560 applications escalated to CSOC for review do not have a timeframe for processing; once a determination is made the PE Entity will be notified via email by PerformCare with CSOC’s decision.

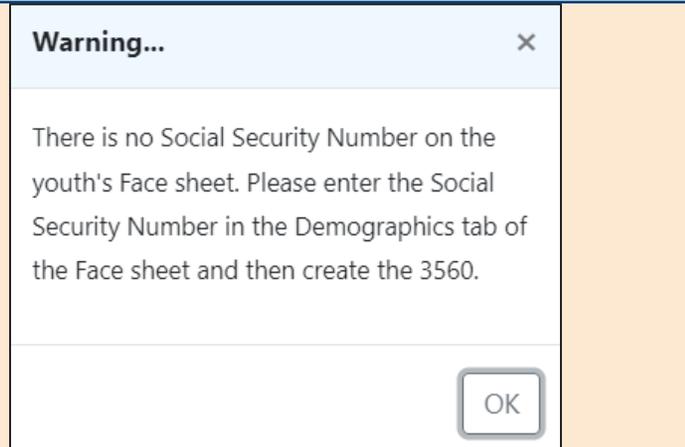
3560 Application Requests



CMO and MR PE Entities and PerformCare have the ability to create a new 3560 Application Request:

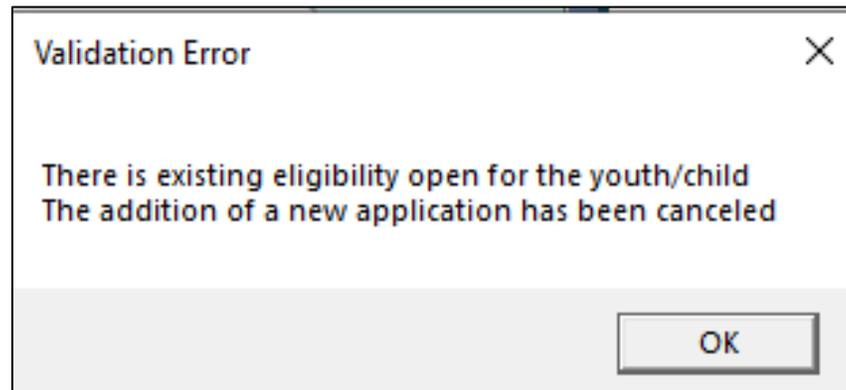
- **Create New from selected-** New 3560 application with pre-populated information from the previous 3560 application.

- **Create New from scratch-** Create a new 3560 application
The application will not generate unless the youth has a social security number entered on the Demographics tab. Only users with SSN security can enter the SSN for a youth. (See [Social Security Number Access](#))



- **Open Selected Application-** Open selected 3560 application

- **Always** check the start date of an existing eligibility segment on the Eligibility tab prior to creating a new Application Request.
- If there is an overlap of coverage (dates) of both applications, the user will be unable to submit the new Application.



3560 Request Tab

- Both **Medicaid Ineligible** and **Denied by Medicaid** have two selection menus for use if 'Yes' is checked; allowing the user to select two reasons for each.
- If a **Term Reason** is selected, the user is required to include a Requested End Date.
- Its important to include any non-clinical notes in the Comments box*;

*If the Comment requires a more detailed explanation, a Health Insurance Progress Note can be created for the explanation. Documentation is encouraged, but not required.

3560 Request Household Information Income Information Approval Eligibility

Where is youth currently located? [Dropdown]

Medicaid Ineligible Yes No If Yes, Reason for Ineligibility [Dropdown] [Dropdown]

Date of Application MM/DD/YYYY [Calendar] Date of Denial MM/DD/YYYY [Calendar]

Denied by Medicaid Yes No If Yes, Reason for Denial [Dropdown] [Dropdown]

Date of Application MM/DD/YYYY [Calendar] Date of Denial MM/DD/YYYY [Calendar]

Loss of Medicaid Yes No

DC&P Termination Yes No If Yes, Projected Term Date MM/DD/YYYY [Calendar]

Gap in Coverage Yes No

Term of Earlier 3560 Yes No

Other Yes No

Req Start Date MM/DD/YYYY [Calendar] Req End Date MM/DD/YYYY [Calendar] Term Reason [Dropdown]

Comments Family has private insurance. income exceeds NJFC limits

Hold Close Delete App Save Submit

3560 Request Tab

The screenshot shows a form with several sections:

- Where is youth currently located?** [Redacted]
- Medicaid Ineligible** Yes No
- If Yes, Reason for Ineligibility** [Dropdown menu]
- Date of Application** [Date field]
- Denied by Medicaid** Yes No
- If Yes, Reason for Denial** [Dropdown menu]
- Date of Application** [Date field]
- Loss of Medicaid** Yes No

The dropdown menu for 'If Yes, Reason for Denial' is open, showing the following options:

- Income
- Other Health Insurance Coverage
- Immigration Status** (highlighted in red)
- Legally admitted in to the country for less than the required time
- PE granted with in past year
- Residency
- Other

- **Immigration Status** exists in both menus for Ineligibility and Reason for Denial
- 777-00-0000 is used as SSN only for a non-citizen youth
- If youth is US Citizen/Legal Resident without SSN, please use a generic number 123-45-6789 and add the reason in the Comment Box for not having an SSN

This document assumes that the user has security access to view and edit the youth SSN.

3560 Request Tab – Termination Reasons

Reasons for 3560 termination:

- Youth has other Medicaid/NJ FamilyCare (NJFC)
- Youth is no longer in the system of care
- Youth turns 21/No CSOC extension
- Youth is in OOH and potentially eligible for Medicaid or NJ FamilyCare
- Youth/parents/legal guardian has moved out of state
- Parents/legal guardian not engaged in the Medicaid application process
- Parents/legal guardian elects to disenroll from CSOC SOC
- CSOC discretion to request 3560 eligibility termination
- Death of the Youth
- Other

Req Start Date	MM/DD/YYYY	Req End Date	MM/DD/YYYY	Term Reason	
Comments	<input type="text"/>				<ul style="list-style-type: none">Youth has other Medicaid/NJ Family coverageYouth is no longer in NJ system of careYouth turns 21/No CSOC extensionYouth is in OOH and potentially eligible for MedicaidYouth/parents/legal guardian has moved out of stateParents/legal guardian refuses to cooperate with Medicaid application processParents/legal guardian elects to disenroll from CSOC SOCCSOC discretion to request 3560 eligibility terminationDeath of the youthOther
<input type="button" value="Hold"/> <input type="button" value="Close"/> <input type="button" value="Delete App"/> <input type="button" value="Save"/> <input type="button" value="Submit"/>					

Household Information Tab

3560 Request Household Information Income Information Approval Eligibility

Home Address Apt.#/Floor Area Home Phone: Area Cell Phone:

City State Zip County Language Spoken at home

Mailing Address, if different Apt.#/Floor City State Zip County

List ALL Parents/Guardians in the Household

List ALL Children UNDER THE AGE OF 21 Living in the Household

Demographic information will populate from the youth's Face Sheet.

- The youth's First and Last Name should be the same as the youth's birth certificate.
- Date of birth, gender and SSN should also populate
- Click the arrow icon () to view each parent(s) information

This document assumes that the user has security access to view and edit the youth SSN.

Household Information Tab – Parents/Guardians in the Household

⬆ List ALL Parents/Guardians in the Household

Add New

Add New Parent Record

First Name Last Name

SSN Birth Date

Race

Gender M F

Other health insurance now? Yes No

Full-time Student Yes No

Other health insurance with in the past 3 months? Yes No

US Citizen/Legal Resident Yes No

Parent/Guardian Marital Status Single Married Separated Divorced Widow/er

Accept Cancel Delete

- Select the “Add New” button to add parent/legal guardian information
- Please note that the SSN field is no longer required for parents/legal guardians

Household Information Tab – Add Children Under 21 to the Household

Add Child Record

First Name Last Name

SSN Birth Date

Race

Gender M F

Other health insurance now? Yes No

Full-time Student Yes No

Other health insurance with in the past 3 months? Yes No

US Citizen/Legal Resident Yes No

Date of Entry

Unpaid medical bills for the last 3 months? Yes No

Pregnant Yes No

How this child is related to the 1st parent? Child Stepchild Other

How this child is related to the 2nd parent? Child Stepchild Other

Accept Cancel Delete View Insurance

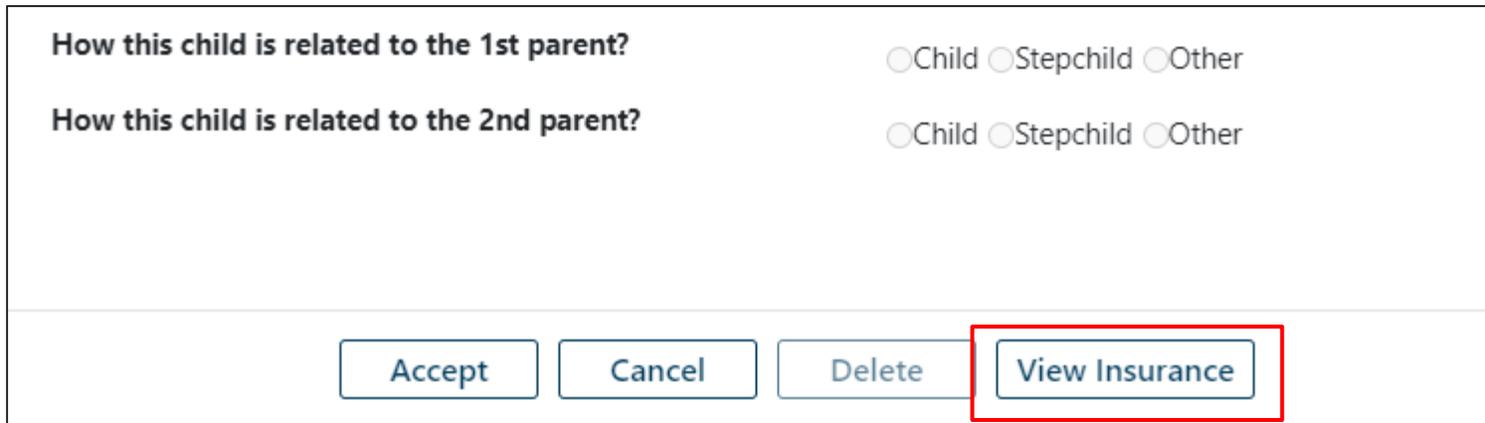
- Select youth's relation to parent(s) – If NJ FamilyCare considers the Legal Guardian as 'fiscally responsible' for the youth, include them on the 3560 application as the 'Parent'.

Parent names appear here

Household Information Tab – Add Children Under 21 to the Household

- Social Security Number (SSN) is required for the applicant youth requesting 3560 coverage. (If Demographics are completed on the Face Sheet, the applicant SSN, First Name, Last Name and date of birth will automatically populate to the 3560 application.) If not completed, user will be unable to submit the 3560 request.
- 777-00-0000 is used as SSN only for a non-citizen youth.
- If youth is US Citizen/Legal Resident without SSN, please use a generic number 123-45-6789 and add the reason in the Comment Box for not having an SSN.
- Answer youth's Student Status question
- Answer youth's Legal Status question
- ***Date of Entry*** should not be used for US citizens
- 'Pregnant' is not a required field; but it is encouraged to answer the question. If the youth is pregnant, this information should be entered in the Comments box of the 3560 Requests tab for an enriched benefit.

Add Children Under 21 to the Household - View Insurance



How this child is related to the 1st parent? Child Stepchild Other

How this child is related to the 2nd parent? Child Stepchild Other

Accept Cancel Delete **View Insurance**

- Clicking on 'View Insurance' button will bring up the youth's current insurance information (from the Insurance tab of the Face Sheet).
- If the youth has Third Party Liability (TPL, or private health insurance) enter the Policy holder information.
- Enter required Policy number (the application will be rejected without a valid policy number)
- Do not add NJFC/3560 as previous coverage

View Insurance

Insurance

First Name Last Name DOB ID

Parent/Guardian indicates the youth has TPL

Add Insurance Clear Search

Active Insurance | All Insurance

Source	Type	Status	Start Date	End Date	S
OIT	CAID/NJFC HMO: 086		03/01/2023		
OIT	CAID/NJFC:		01/01/2023		

Accept Cancel Delete View Insurance

- The youth insurance information can be viewed from the 3560 application or on the Insurance tab of the youth's Face Sheet.
- The **Youth Insurance Information** window allows users to see the youth's **Active** and **All** (current and past) insurance coverage listed on the screen grid; while not having to navigate away from the 3560 Application.
- See [Third Party Liability](#) for more information.

Income Information – Add Income

The screenshot shows a web form titled "Add New Income Information". The form contains the following fields and controls:

- Select from Parents and Children in household:** A dropdown menu.
- Name of person receiving income, including children:** A text input field.
- Employer Name:** A text input field, highlighted with a red border.
- Type of Employment:** Radio buttons for Self-Employed, Owner, and Employee. This section is highlighted with a red border.
- Employer Address:** A text input field.
- City, State, Zip:** Three separate input fields for address details.
- Date job started:** A date picker with the format MM/DD/YYYY.
- Employer Phone Number:** A text input field.
- Does Employer offer health insurance?:** Radio buttons for Yes and No.
- Changed jobs in the last six months?:** Radio buttons for Yes and No. This section is highlighted with a red border.
- Former Employer:** A text input field.
- Date job ended:** A date picker with the format MM/DD/YYYY. This section is highlighted with a red border.

When information is entered in the Employer fields, **Type of Employment** and **Work Income** (next slide) become required.

If the user selects 'Yes' for Changed jobs in the last six months, the **Former Employer** and **Date Job Ended** fields become required.

Income Information – Add Income continued

- Add Work Income (before taxes)
- Please round up to nearest whole dollar (Do not include cents)
- Indicate ‘How often paid?’
- If the parent(s) income is substantial, please add the information in the Comments Box on the 3560 Request tab.
- When the user enters an amount for *Other income*, at least one checkbox for the source of the income must be selected.

Add New Income Information

Date job started

Employer Phone Number

Does Employer offer health insurance? Yes No

Changed jobs in the last six months? Yes No

Former Employer

Date job ended

Work Income (before taxes per pay period) Amount \$

How often paid? Every Week Every 2 Weeks 2 Times a Month Once a Month

Other Income (Please select the sources of the other income and enter the total in the "Monthly Amount" box below)

Monthly Amount \$

Child Support Alimony Cash Support Other Social Security Benefits Unemployment

Rental Income

If this person PAYS for day care for a child or disabled adult, list

Monthly Amount \$

If this person PAYS child support or alimony, list

Monthly Amount \$

Approval Tab

- If the CSA has entered a Start/Term date, and the Application is reviewed by CSOC, the CSOC dates will take precedence.
- When PerformCare or CSOC accept/reject the application, the date and time will appear in the Comments box.

The screenshot displays the 'Approval' tab in the PerformCARE system. It features two main approval sections: 'CSA 3560 Approval' and 'CSOC 3560 Approval'. Each section includes a 'Do Not Add SPC37' checkbox, a dropdown for 'Accept Reject Status', and date pickers for 'Start Date' and 'Term Date'. Below these are text input fields for 'Comments', with 'CSA review' and 'CSOC review' entered respectively. A 'Calculated Results' section shows two rows: 'Potentially Eligible for Medicaid' and 'Potentially Eligible for NJ Family Care', each with columns for 'N', '0.000', and '1'. At the bottom, a row of buttons includes 'Hold', 'Close', 'Delete App', 'Save', and 'Submit', with the 'Submit' button highlighted by a red rectangle.

- Calculated Results area will populate, according to the information logged in the youth's record.
- Do not add a termination date unless the request is for **Gap in Coverage**
- Comments should not include youth's treatment or diagnosis
- Please click Submit. If the application is only saved, it is considered incomplete.

3560 Request Household Information Income Information Approval **Eligibility**

MAID	EffDate	EndDate	StatCode	StatDesc	SPC
------	---------	---------	----------	----------	-----

The Eligibility Tab displays the same information that is on the Eligibility tab of the youth's Face Sheet.

Please note: 3560-5xx numbers are different than 'regular' 3560 numbers as they cover **respite services ONLY**.

A youth can receive both a 3560-5xx and 3560 eligibility number.

Unsent Authorizations

The youth must be NJFC/Medicaid eligible at the start date of the authorization period in order for the authorization to be considered a NJFC/Medicaid authorization and transmit into the State Medicaid Fiscal Agent's system. Check the eligibility tab to confirm the youth's NJ FamilyCare/3560 number is showing with the correct start and end dates to cover the prior authorization. Please **allow up to 7 business days** for the NJ FamilyCare/3560 number to attach to the authorization. PerformCare transmits authorizations to State Medicaid Fiscal Agent on Tuesdays and Thursdays ONLY. If the authorization has not transmitted after 7 business days from the date the authorization was created, please contact PerformCare by using the Customer Service Request Form: www.performcarenj.org/servicedesk/.

Unsent Authorizations

- The youth must be NJFC/Medicaid eligible at the start date of the authorization period in order for the authorization to be considered a NJFC/Medicaid authorization and transmit into the State Medicaid Fiscal Agent's system.
- Check the eligibility tab to confirm the youth's NJ FamilyCare/3560 number is showing with the correct start and end dates to cover the prior authorization.
- Please **allow up to 7 business days** for the NJ FamilyCare/3560 number to attach to the authorization.
- PerformCare transmits authorizations to State Medicaid Fiscal Agent on Tuesdays and Thursdays ONLY.
- If the authorization has not transmitted after 7 business days from the date the authorization was created, please contact PerformCare by using the Customer Service Request Form: www.performcarenj.org/servicedesk/.

3560 Termination Requests

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3560 Termination Requests

- To access/create a **3560 Termination** for a youth:
- First locate the youth's CYBER record,
- Then click on the Eligibility Request button on the bottom left-hand side menu in CYBER.
- Click the 3560 Terminations tab



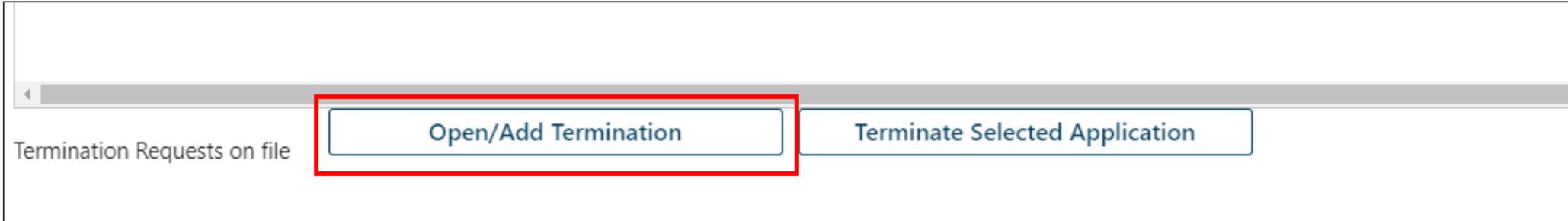
3560 Request	3560 Term Request						
Term ID	Submitted By	Entity	Submitted Date	CSA Reviewer	CSA Decision Date	CSA Decision	CSOC Reviewer

3560 Termination Requests

3560 Request	3560 Term Request						
Term ID	Submitted By	Entity	Submitted Date	CSA Reviewer	CSA Decision Date	CSA Decision	CSOC Reviewer

- 3560 Termination Request grid includes the name of the Entity that submitted the Application.
- Data in the grid will display with the oldest record first; columns can be sorted by clicking on column headings. Users can also search within each column header

3560 Termination Requests



Clicking on the **Open/Add Termination** button will allow the user to create a new Termination Request for the youth.

If there are no open 3560 records available for termination, the user will receive an error message and will be unable to create the termination.

- This will prevent multiple termination requests from being submitted for the same 3560 number.

3560 Termination Requests

Termination Items: [Eligibility](#)

3560 Number

Termination Reason

Term Date MM/DD/YYYY



Comments

The 3560 number drop down box will list all the youth's open and qualified for 3560 terminations.

3560 Termination Requests

Termination Items: Eligibility

3560 Number

Termination Reason

Term Date MM/DD/YYYY

Comments

Termination Reason

- Youth has other Medicaid/NJ Family coverage
- Youth is no longer in NJ system of care
- Youth turns 21/No CSOC extension
- Youth is in OOH and potentially eligible for Medicaid
- Youth/parents/legal guardian has moved out of state
- Parents/legal guardian refuses to cooperate with Medicaid application process
- Parents/legal guardian elects to disenroll from CSOC SOC
- CSOC discretion to request 3560 eligibility termination
- Death of the youth
- Other

- Users should select a termination reason and term date.
- The request can be rejected if the requested term date or reason does not fall within 3560 guideline.

3560 Termination Requests

The screenshot displays a web form for processing 3560 Termination Requests. It is divided into two main sections: CSA and CSOC. Each section contains a 'Status' dropdown menu (currently showing 'Accept Reject'), a 'Term Date' field (with a placeholder 'MM/DD/YYYY' and a calendar icon), and a large 'Comments' text area. At the bottom of the form, there are four buttons: 'Close', 'Delete App', 'Save', and 'Submit'.

- The **Term Date** box (MM/DD/YYYY) for PerformCare/CSOC will be active based upon user's log-in.
- PerformCare and CSOC can Accept or Reject a 3560 Termination request. **CSA Accept Reject Status** and **CSOC Accept Reject Status** have a drop-down menu; which includes **Accepted**, **Rejected** and new '**Clear Status**' option. Selecting '**Clear Status**' will default to a blank box.
- **Save** button will save the request as is and allow the user to return to the 3560 Termination Request at a later time.

3560 Auto-Terminations

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- If a youth **has a currently active 3560 number and is eligible for NJFC/Medicaid**, thus creating an overlap in coverage, the 3560 number will be auto-terminated the day before the Medicaid Effective Date. This may occur if the youth has NJFC/Medicaid coverage that has not been associated with the CYBER record.
- If the 3560 number was **opened after the NJFC/Medicaid became effective**, the 3560 number will be auto-terminated the day after it was opened.
- If an active 3560 number exists for a **youth that has been transitioned from CMO/MRSS into the community** (meaning the youth will no longer be enrolled with a PE Entity). The 3560 number will be auto-terminated on the last day of the month following the close of access to the youth in CYBER.

- When a youth **enters an Out-of-Home (OOH) facility and has an open 3560 number**, the system will auto-terminate the 3560 on the last calendar day of the month following the Episode end date.
 - Only 3560 numbers or segments that began prior to Episode will be auto-terminated.
 - The Referral Date for the Episode will be used to calculate the date for auto-termination.

- When a **youth turns 21** and has an open 3560 number, the system will auto-terminate the 3560 on the last calendar day of the youth's birth month.
 - The auto-termination will be created in the system 2 months prior to the termination date; the upcoming termination will display on the Expiring Eligibility link of the Welcome Page.
- If there has been **no activity in a youth's record for 90 days** (no Treatment Plans, Authorizations or Progress Notes have been entered), the system will auto-terminate the 3560 on the last day of the month following the 91st day of inactivity.

Auto-Termination – When and How

- In addition, CYBER will auto-terminate 3560 numbers after they have been active for a year.
 - The annual auto-termination will be scheduled 60 days in advance so that users will see it on their Welcome Page (Expiring Eligibility).
 - The termination date will be the last day of the month prior to the month in which the 3560 number was initially opened.

When user clicks on the **Eligibility Requests button** and **3560 Termination tab** in the youth's record:

- Auto-Terminated 3560 numbers will appear in the Termination tab where users can view all recorded terminations assigned to youth.
- The PerformCare Accept Reject Status Comments field will be populated with 'Auto Terminated' along with the reason for the auto-termination.

Note: If a user has created a 3560 Termination request manually, it will be processed even if the 3560 number falls into one of the previously mentioned termination categories.

Third Party Liability (TPL)

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- Third Party Liability (TPL) functionality within CYBER allows users to enter the youth's family private health insurance. This information is accessible in the youth's Face Sheet Insurance tab and in the 3560 Application.
- This functionality will also include automatic data gathering of NJ FamilyCare (Medicaid)/HMO/MCO coverages, as well as 3560 eligibility information.
- The Medicaid information that displays on the youth's Eligibility tab will continue to show there, but also appears on the Insurance tab so that all Eligibility/Insurance information can be viewed in one grid.

- Any CYBER user that has access to a youth's record will have access to the Insurance tab.
- Only CSA, CSOC, and PE Entities will have the ability to add or edit TPL information.
- Any TPL records created by a CYBER user can be opened (double-click on record in the grid) and edited.
- Any non-CYBER created records (those that are fed into the system from State Medicaid Fiscal Agent or Office of Information Technology (OIT) cannot be edited and can only be reviewed in the Insurance grid.

Third Party Liability – Insurance Tab

Dashboard Demographics Episodes Provider Supports Dx/Med Eligibility **Insurance** Legal Doc*

First Name Last Name DOB ID Parent/Guardian indicates the youth has TPL.

Active Insurance | All Insurance

Source	Type	Status	Start Date	End Date	Sent Date	Date Entered	Description	Comment
OIT	3560: (FSS Only)						Status: 641 CBHS Only	
Cyber 3560	TPL: Horizon BC/BS						Coverage Type: Medical/Surgical/Mental ...	

This grid will also include:

- Source – CYBER (manually entered), State Medicaid Fiscal Agent, OIT
- Type – Type of coverage; TPL, 3560, NJ FamilyCare, etc.
- Status – *Completed* is displayed when the TPL has been reviewed by OIT
- Start and End Dates - of insurance coverage
- Sent Date – The date the TPL is sent to OIT for review
- Entered Date – The date the TPL is completed and saved in CYBER
- Description – Coverage Type; HMO, Major Medical, Medicare Supplemental, etc.
- Comment – to be used by PE Entities regarding the youth’s insurance coverage

To create a new TPL record, click on the ‘**Add Insurance**’ button.

The **Add New Insurance** window will open.

Third Party Liability – Insurance Tab

Dashboard Demographics Episodes Provider Supports Dx/Med Eligibility **Insurance** Legal Doc*

First Name Last Name DOB ID

Parent/Guardian indicates the youth has TPL

Add Insurance Clear Search

Active Insurance | All Insurance

- By default, only the **Active Eligibility** insurance will appear in the grid. To see all insurance that the youth has been covered in while in the Children’s System of Care, click the toggle link for '**All Eligibility**'.

Third Party Liability – Add New Insurance

Insurance Details

Source: Cyber 3500

YOUTH INFORMATION

LAST NAME * FIRST NAME * DATE OF BIRTH ** SSN YOUTH/CHILD ID MEDICAID

ADDRESS 1 ADDRESS 2 CITY STATE ZIP

YOUTH INSURANCE INFORMATION

LAST NAME * FIRST NAME * DATE OF BIRTH ** SAME AS ABOVE INSURANCE CARD PRESENT

ADDRESS 1 ADDRESS 2 CITY STATE ZIP

POLICY HOLDER INFORMATION

LAST NAME * FIRST NAME SSN ** INSURER CODE INSURANCE CARRIER * INSURER PHONE

INS. ADDRESS 1 INS. ADDRESS 2 CITY STATE ZIP

INSURANCE INFORMATION

Save Save & Close Copy Complete Delete Cancel

The **Source** and **Youth Information** will populate automatically.

Insurance Carrier – choose the appropriate company from the menu that appears after user starts to enter information; the remainder of the insurance fields will populate.

Policy Information can be found on the insurance card (see next slide for a sample).

*There are no required fields; users can Save & Close without completing.

Sample Insurance Cards

Aetna Better Health* of New Jersey

NJ FamilyCare A

Member ID # XXXXXXXXXXXX
 Member Name Last Name, First Name
 PCP Last Name, First Name
 PCP Phone 000-000-0000

Date of Birth 00/00/0000
 Sex X
 Effective Date 00/00/0000

**Dental Benefit*
 CO-PAYS**

PCP \$0	Brand \$0	RxBIN: 610591
ER \$0	Generic \$0	RxPCN: ADV
		RxGRP: RX8829

Pharmacist Use Only: 1-855-319-6280

AetnaBetterHealth.com/NewJersey
 THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

Amerigroup
 An Anthem Company

**Amerigroup Community Care
 NJ FamilyCare A**
 www.mylifegroup.com/nj
 Member Name:
 Primary Care Provider (PCP)
 PCP Address:
 PCP Telephone #

Copays: Office Visit: \$0 Emergency Room Visit: \$0
 Pharmacy: \$0 FOR OTHERS \$10 FOR BRAND NAME

Dental: 1-833-276-0648 Vision: 1-800-674-8501
 9th Inpatient: 848 Amerigroup 9th Outpatient: 848 Medicaid Fee-for-Service
 Amerigroup Member Services: 1-800-400-4441 24/7 9th Crisis: 1-877-842-7187
 Pharmacy Member Services: 1-833-207-3115

Effective Date:
 Date of Birth:
 Subscriber #:
 RxGRP: WKPA
 RxPCN: WP
 RxBIN: 020107

FIDELIS CARE

Member: (Member Name)
 Member ID: (SSN)
 Plan Name: (Plan Name)
 Effective Date: (xx/xx/xxxx)
 Primary Care Provider (PCP):
 (City Name)
 PCP Phone: (1-555-123-9876)
 Dental: (1-800-442-2375)

Issue Date: (xx/xx/xxxx)
 Medicaid #: (00765432)
 Co-Pay Information:
 Dental: \$000
 Emergency: \$000
 PCP: \$000
 Pharmacy: \$000
 Specialist: \$000

Horizon

NJ FamilyCare

Plan:
 Dental Benefit:
 Emergency: \$
 PCP Copay: \$
 Dental Copay: \$
 Specialist Copay: \$
 Rx Generic: \$
 Rx Brand: \$
 Pharmacy Group: HORIZON BEN CHOICE
 PH24: 848C
 800-75-1513

NAME:
 MEMBER ID NO: YHC
 PIP
 PHONE
 ISSUE DATE
 EFFECTIVE
 BCBS Plan Codes: 289788
 horizonNJhealth.com

UnitedHealthcare Community Plan

Health Plan (80540): 911-86047-08

Member ID: 000300088 Group Number: NJFAMCAR

Member:
 REISSUE ENGLISH Payer ID: 86047

PCP Name:
 DOUGLAS GETWELL
 PCP Phone: (856)547-7300

OPTUMRx

Rx Bin: 610494
 Rx Grp: AMNJ
 Rx PCN: 4343
 COPAY TIER 1 ID:
 \$1.95

Copay: OFFICER \$0/\$10
 See reverse for dental/vision benefits. NJ FamilyCare C
 DOI-0501 Underwritten by AmeriChoice of New Jersey, Inc.

ID Number = Policy Number

RxGrp = Group Number



Action Buttons

- **Save** – allows to save the record and keep the window open for further editing
- **Save & Close** – will save the record and close it, returning the user to the Insurance tab
- **Copy** – duplicates the existing TPL information record in the Insurance tab grid
- **Complete** – runs a validation on the required fields to check for completeness; if all fields are filled in, the record will be locked for editing and will be sent to the Office of the Medicaid Inspector General (OMIG) for verification. If the fields are not completed, the user will receive an error message, stating which fields are missing and indicating that the record has not been saved.
- **Delete** – available only for records that have a status of 'open'.
- **Cancel** – will cancel any actions taken prior to a Save.
- **View Comment** – an Insurance Details Comment may be entered by clicking this button.

If you have questions about the 3560 Application and/or Termination Request functionality or the TPL functionality, please review the existing training documentation at:

<https://www.performcarenj.org/provider/training.aspx>

For technical or procedure issues, please use the Customer Service Request Form.

PerformCare Customer Service

www.performcarenj.org/ServiceDesk/

1-877-652-7624

HELPING
NEW JERSEY'S
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