

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Meeting of the Medical Assistance Advisory Council

Presentation on Unwinding the COVID-19
Public Health Emergency

April 28, 2022







COVID-19 Unwinding



"Unwinding" the federal Public Health Emergency

Since March 2020, NJ FamilyCare members have remained enrolled due to federal "maintenance of effort" requirements during the Public Health Emergency (PHE).

The PHE is expected to end on July 15, 2022, at which time standard redetermination activity is expected to resume.

CMS has given states 12 months after the PHE ends to reprocess eligibility for all Medicaid beneficiaries – this includes 2 million NJ FamilyCare members.

This "unwinding" represents the single largest redetermination exercise in the history of New Jersey's Medicaid program. Our preparedness for this exercise is a top priority at DMAHS.

What we will talk about today

- ✓ We are collaborating with existing operational and community partners to raise awareness and do this work the best way possible.
- ✓ We will coordinate with partner agencies to connect people who are no longer eligible for Medicaid to other coverage, including subsidized coverage through GetCoveredNJ.
- ✓ We will spread cases evenly over the twelve months and we have upgraded our eligibility systems throughout the PHE, which will help with quality and efficiency.
- ✓ There is always a pathway for eligibility appeals, which
 includes a Fair Hearing through the administrative
 courts, but we hope to resolve individual issues without
 the need for hearings in as many situations as possible.



North Star Principles for Unwinding the PHE

Serve people the best way possible.	We will resume Medicaid eligibility redeterminations as required by federal rules, with a focus on the quality of our work and support for our members.
Communicate with clarity and concern.	We will emphasize shared understanding as we manage broad technical systems and very unique individual circumstances.
Experiment with new ways to solve problems.	We will collaborate in new ways with our operational partners – and we will consider how we can use those new approaches to improve our program for the long-term.
Work closely with our stakeholders.	We will collaborate with our community stakeholders to raise awareness and provide support, with a shared commitment to equity, inclusion, and synergy.
Show people we care.	We will make empathy, positive energy, and collaborative focus our hallmark, internally and externally.

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Hypothetical Timeline for PHE Unwinding

4/18/22

Ambassador call center goes live

5/15/22

CMS announces that the federal PHE will not be extended

7/15/22

Federal PHE ends States have 12 months to redetermine eligibility for all members

10/1/22

First disenrollments occur (cases from August mailing if no appeal)

8/1/23

All pending renewals from PHE period have been sent by DMAHS

Post 10/1/23

Likely ongoing "good faith" cases and fair hearings























5/1/22

MCO member outreach kicks off priority on members who have not responded to recent mailings

6/1/22

Outreach continues Communications campaign underway

Counties prepare to manage volume

8/1/22

First renewal mailings that may result in disenrollment are sent

2022-2023

Continuing high volume of outreach. redetermination, and fair hearing activity

9/30/23

All determinations from the PHE are complete, per federal requirements

All dates are hypothetical pending federal guidance



Role of Eligibility Determining Agencies

Our Eligibility Determining Agencies (EDAs) will need to redetermine Medicaid eligibility for 2 million beneficiaries in the 12-month period following the end of the PHE. We will be spreading the activity evenly over those twelve months.

County Welfare Agencies

21 counties

- Responsible for eligibility for about 1 million members
- System upgrades initiated during PHE will support quality and efficiency
- 2022 MOU added incentives for renewal performance

NJ FamilyCare Health Benefits Coordinator Conduent

- Responsible for eligibility for about 1 million members
- Ambassador team will support all NJ FamilyCare members with address updates and unwinding questions
- Eligibility processing is within contractual timeframes

Weekly operating reports and monthly regulatory reports will track progress.

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Examples of Medicaid Eligibility Determination

Halima

- Called the Ambassador line to provide an <u>updated address</u> to NJ FamilyCare (or didn't)
- Received and responded to eligibility mailing
- Determined eligible
- Halima's eligibility continues

Hector

- Responded to eligibility mailing (or didn't)
- Hector <u>does not want to</u> remain enrolled
- Determined ineligible based on the information he provided or his non-response
- Hector's eligibility ends

Samuel

- Responded to eligibility mailing
- Determined <u>ineligible</u> due to income/assets
- Received disenrollment notice; account transfer to GetCoveredNJ
- Samuel wants to remain enrolled

Sofía

- <u>Did not respond</u> to eligibility mailing
- Determined ineligible due to non-response
- Received disenrollment notice, which includes GetCoveredNJ information
- Sofía wants to remain enrolled

Rapid response, informal resolution, and Fair Hearings will support these members



MCOs will support member-specific outreach strategy

Starting now:

MCOs will share updated member contact information with DMAHS

Starting May 1:

MCOs will reach out to members who have not responded to mailings

Once the PHE ends:

MCOs will help members avoid disenrollment and/or access other coverage

- For the first time, CMS is permitting states to accept updated member contact information from MCOs with a temporary waiver
- **Next steps**: We received CMS approval of our waiver request last week and testing is complete, so we will be formally operationalizing with MCOs in May
- For the first time, DMAHS is identifying MCO members who have not responded to recent eligibility mailings.
- MCOs will attempt to reach these members and their providers to update contact information and encourage them to respond to mail*
- **Next steps**: We are finalizing outreach plans for consistent messaging across the program
- Once the PHE ends, members set to disenroll will be identified for MCOs as we have done in the past
- MCOs will attempt to reach members and help them avoid disenrollment
- For the first time, CMS is allowing post-disenrollment outreach. We are working on an approach to this.
- Next steps: Finalize communication templates and protocols for MCOs

*Federal guidance states that MCO communications cannot be "intended to influence a beneficiary to enroll."



Important Messages to Share with our Communities

- Key messages to our communities today...
 - Call 1-800-701-0710 to make sure NJ FamilyCare has your current address
 - Respond to any mail you receive from NJ FamilyCare
- Message after the PHE ends...
 - Same as above, and:
 - If you believe you have been incorrectly terminated, you have appeal rights
 - If you are ineligible for NJ FamilyCare, you can apply for coverage through GetCoveredNJ

- Community partners include...
 - Health care providers and payers
 - Community leaders and organizations
 - Aging and disability advocates
 - Medical Assistance Advisory Council (MAAC) and Cover All Kids workgroup members
 - Regional Health Hubs
 - Sister agencies, including DOBI navigators

