



# Medicaid Monthly Renewal Report

August 2023 Report

# Introduction to the monthly report

The federal government gave states **12 months to redetermine** all members' eligibility for Medicaid, which means that around **one-twelfth of our 2 million members** will start going through the renewal process each month.

NJ FamilyCare wants to share information with the public throughout this process. We will provide monthly updates on data and reports to show our progress. We are focused on ensuring equitable outcomes across geography, racial and ethnic backgrounds, income, and disability status.

Below is an overview of key renewal data between April 1st and August 31st, 2023

## Status of Renewals Initiated for Redetermination as of August 31<sup>st</sup>, 2023

- 837,450 NJ FamilyCare members had their renewals initiated
  - 243,315 (29%) members were renewed and retained in NJ FamilyCare<sup>1</sup>
  - 128,263 (15%) members no longer qualified for NJ FamilyCare because they were determined ineligible or terminated for procedural reasons
  - 183,641 (22%) members have their renewal outcomes pending
  - 282,231 (34%) members had their renewals initiated but were not yet due<sup>2</sup>

1. Includes 52,904 NJ FamilyCare members whose renewals were initiated in July and August and due in September and October who have been renewed automatically

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# NJ FamilyCare started Medicaid eligibility checks in April 2023 with the goal of supporting our members

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**AS OF 8/31/2023**



**WE HAVE STARTED THE RENEWAL PROCESS FOR 837,450 MEMBERS**



**WE ARE REACHING OUT TO MEMBERS THROUGH MULTIPLE CHANNELS**

For members whose renewals have begun, we have:

Mailed **672,295** postcards

Placed **625,724** calls

Sent **503,813 texts**

Sent **195,762** emails



**WE HAVE AUTOMATICALLY RENEWED 125,606 (15%) MEMBERS**



**WE HAVE HELPED MEMBERS FIND OTHER SOURCES OF HEALTHCARE COVERAGE**

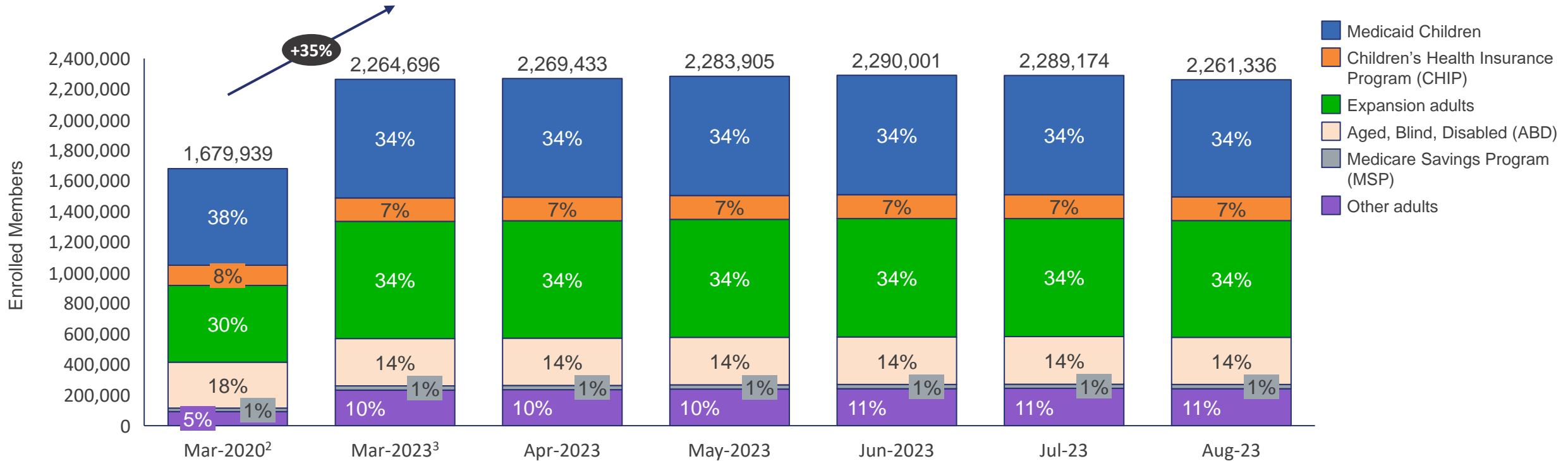
*Data on members transferred to other sources of healthcare coverage is coming soon*

# NJ FamilyCare enrollment

## Total members enrolled in NJ FamilyCare<sup>1</sup>

X

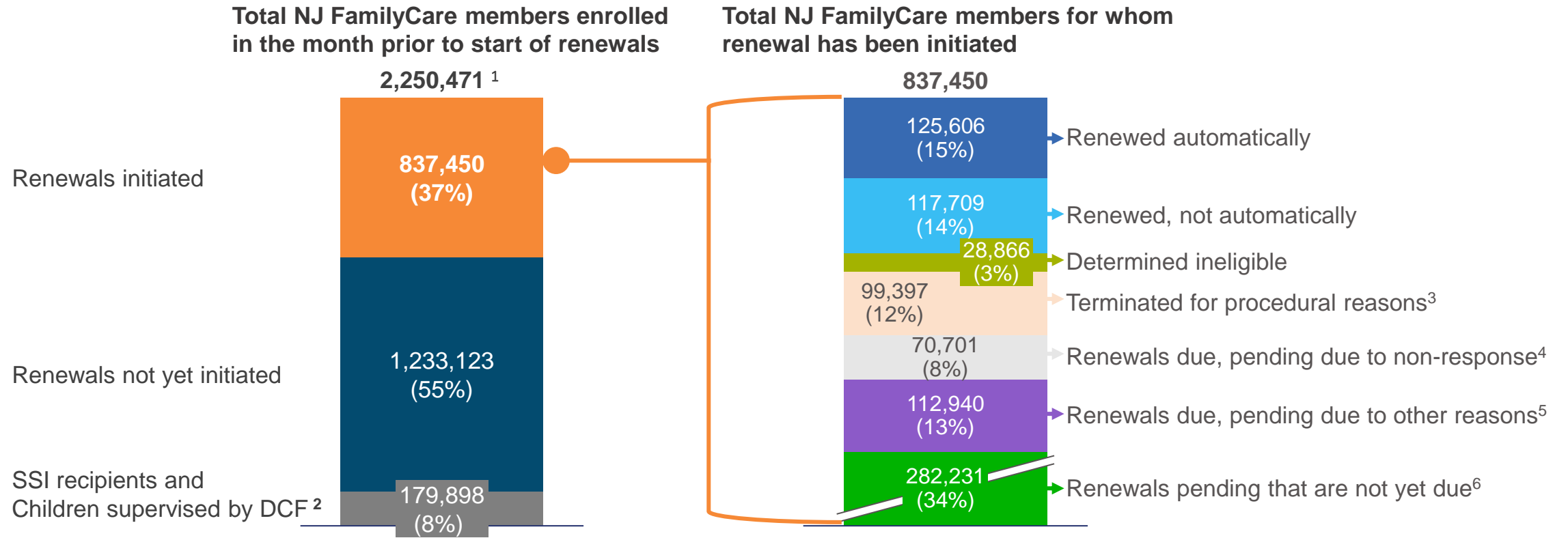
Percent change in NJ FamilyCare enrollment between March 2020 – March 2023



1. The enrollment counts in this report differ from those in the NJFC Public Statistics dashboard due to differences in timeframes, and inclusion and exclusion criteria. The enrollment counts in this report include individuals in Medicare Savings Program (excluded from Public Stats); and exclude presumptively eligible members and individuals receiving State-only funded coverage or federally funded NJFC coverage for emergency services only (these populations are included in the NJFC Public Statistics dashboard). Furthermore, each month's net enrollment count results from the combined impact of new enrollments and disenrollments in the program.
2. March 2020 represents the start of Public Health Emergency (PHE)-related continuous enrollment period
3. March 2023 represents end of PHE-related continuous enrollment period

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Enrollment Data File, March 2020 – August 2023

# Renewal status snapshot



1. This enrollment count excludes members who were in reasonable opportunity to confirm their immigration status in the month prior to the start of Unwinding and new enrollees after the start of PHE Unwinding.
2. New Jersey residents who receive Supplemental Security Income (SSI) from the federal Social Security Administration (SSA) and children supervised by the Department of Children and Families (DCF) are automatically eligible for Medicaid and not included in the PHE Unwinding renewal schedule.
3. Reasons for procedural terminations include non-response or insufficient response to renewal.
4. This includes members whose renewals are due and who have not responded or responded with insufficient information and will be given a grace period.
5. This includes members whose renewals are pending a final eligibility decision for reasons other than non-response.
6. This includes members whose renewals have been initiated but not yet due.

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – August 2023

# Key performance indicators

		MAGI and non-disability related		Age and Disability-related	
		Cumulative since start of renewals <sup>1</sup>	August 2023	Cumulative since start of renewals <sup>1</sup>	August 2023
<b>Enrollment</b>	Total number of members enrolled <sup>2</sup>		1.93M		335K
<b>Renewals Initiated</b>	Total number of members with renewals initiated	765,747	156,063	71,703	14,360
<b>Renewals Due</b>	Total number of members with renewals due	453,628	151,030	49,717	15,792
	Renewed <sup>3</sup>	167,745 (37%)	41,293 (27%)	22,666 (46%)	5,285 (33%)
	Determined ineligible <sup>4</sup>	25,645 (6%)	5,574 (4%)	3,221 (6%)	1,057 (7%)
	Terminated for procedural reasons <sup>5</sup>	91,886 (20%)	1,382 (1%)	7,511 (15%)	269 (2%)
	Pending <sup>6</sup>	168,352 (37%)	102,781 (68%)	16,319 (33%)	9,181 (58%)
<b>Fair Hearings</b>	Total number of fair hearings pending greater than 90 days <sup>1,7</sup>		887		

1. This represents activity between 4/1/23 - 8/31/23. Renewals due include only outcomes for members whose renewals were initiated in April, May and June due in June, July and August, respectively.
2. Indicator is reported on a point in time basis
3. The renewal counts of NJFC members renewed include reinstatements and reenrollments, 4673 and 1162 in June and July respectively.
4. Members whose renewals were due and who were determined ineligible for Medicaid after review
5. Members whose renewals were due and who did not respond or who responded with insufficient information for an eligibility decision.
6. Members whose renewals are due and who have not responded, responded with insufficient information and will be given a grace period, or pending a final eligibility decision for reasons other than non-response.
7. This is the total number of pending fair hearings across all eligibility categories

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – August 2023

# Renewal outcomes, June – July renewals

	MAGI and non-disability related		Age and Disability-related	
	June 2023	July 2023	June 2023	July 2023
<b>Total number of members with renewals due <sup>1</sup></b>	146,020	156,487	17,416	16,509
Renewed <sup>2</sup>	63,635 (43%)	62,817 (40%)	9,748 (56%)	7,633 (46%)
Determined ineligible <sup>3</sup>	9,824 (7%)	10,247 (7%)	1,193 (7%)	971 (6%)
Terminated for procedural reasons <sup>4</sup>	45,341 (31%)	45,163 (29%)	3,570 (20%)	3,672 (22%)
Pending <sup>5</sup>	27,220 (19%)	38,351 (24%)	2,905 (17%)	4,233 (26%)

1. This represents activity between 4/1/23 - 8/31/23. Renewals due include only outcomes for members whose renewals were initiated in April and May and due in June and July respectively.

2. This include 4,673 and 1,162 members (MAGI and ABD) who were due for renewal in June and July respectively; and who were reinstated in NJ FamilyCare. Reasons for reinstatements include responding to renewal during the 90-day reconsideration period, automatic renewal following a previous termination, or reinstatement due to a pending or finalized fair hearing case.

3. Members whose renewals were due and who were determined ineligible for Medicaid after review

4. Members whose renewals were due and who did not respond or who responded with insufficient information for an eligibility decision

5. Members who were granted a good cause extension or who returned their renewal application and pending processing by a Medicaid eligibility determining agency

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – August 2023

# Glossary of Terms



# Glossary of terms (1/3)

**MAGI:** members eligible for NJ FamilyCare programs based on their Modified Adjusted Gross Income (MAGI).

**Non-MAGI:** members eligible for NJ FamilyCare programs based on criteria other than their Modified Adjusted Gross Income (MAGI).

**ABD:** members eligible for NJ FamilyCare programs based on aged, blind, or disabled status.

**CHIP:** Children's Health Insurance Program provides healthcare coverage to eligible children.

**MSP:** Medicare Savings Program helps members with limited income pay for their Medicare premiums.

**Expansion adults:** members eligible for NJ FamilyCare programs based on the Affordable Care Act's (ACA) Medicaid expansion.

**Other adults:** all other members eligible for NJ FamilyCare programs.

**Pending applications:** applications received by the NJ FamilyCare for which a final eligibility determination has not been made.

**Renewal process timeline:** number of days from the day a renewal process is initiated to when a final eligibility determination is expected. For New Jersey, this timeline is 90 days.

**Renewals initiated:** total number of members, including those receiving full or limited benefits, with an annual renewal that was initiated between the first and last day of the reporting period. This metric is not cumulative and only includes data on renewals initiated in the reporting period.

## Glossary of terms (2/3)

**Renewals due for completion:** total number of members, including those receiving full or limited benefits, with an annual renewal due in the reporting period. This metric is not cumulative and should only include data on renewals due in the reporting period.

**Renewals initiated, not yet due:** total number of members whose annual renewal processes were initiated in a prior month but whose renewal date is not yet due as of the end of the reporting period.

**SSI recipients:** Individuals who are blind, aged 65 or older or who have a qualifying disability who receive Supplemental Security Income (SSI) from the federal Social Security Administration (SSA).

**DCF-supervised children:** Children under supervision of the New Jersey's Department of Children and Families.

**NJ FamilyCare enrollment:** count of all members enrolled in NJ FamilyCare including those receiving full and limited benefits.

**Retained in NJ FamilyCare:** total number of members, including those receiving full or limited benefits, whose annual renewal was due in the reporting period who were renewed and retained in a NJ FamilyCare program.

**Determined ineligible:** total number of members, including those receiving full or limited benefits, whose annual renewal was due in the reporting period who were determined ineligible for Medicaid or CHIP.

**Accounts transferred to GetCoveredNJ:** total number of members who were determined ineligible for Medicaid or CHIP and were transferred to the state Marketplace in the reporting period (i.e., GetCoveredNJ). This metric is not cumulative and should only include data on beneficiaries determined ineligible and transferred to the Marketplace in the reporting period.

## Glossary of terms (3/3)

**Terminated for procedural reasons:** total number of members, including those receiving full or limited benefits, whose annual renewal was due in the reporting period that were determined ineligible for NJ FamilyCare for procedural reasons in the reporting period. Procedural reasons include instances where a beneficiary fails to provide information necessary to complete a Medicaid or CHIP redetermination. This metric is not cumulative and should only include data on renewals due in the reporting period.

**Renewals due, not yet completed:** total number of annual renewals for members, including those receiving full or limited benefits, that were due in the reporting period that were not completed, or a final eligibility determination had not been made as of the end of the reporting period. This metric is not cumulative and should only include data on renewals due in the reporting period.

**Beneficiaries reinstated:** members reinstated in NJ FamilyCare programs after initial termination.

**Pending fair hearings:** all pending fair hearings for which the state has not taken final administrative action within 90 days of the date the agency received a request for a fair hearing.

**Unwinding:** 12-month period following the end of the Public Health Emergency (PHE)-related continuous enrollment provision during which states must complete Medicaid eligibility reviews for all enrolled Medicaid and CHIP members.

**EDA:** Medicaid eligibility determining agency that may review members' information.

**HBC:** Health Benefit Coordinator is a Medicaid eligibility determining agency.