



NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Medicaid Monthly Renewal Report

June 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 June 30th, 2023

Status of Renewals Initiated for Redetermination

- 500,794 NJ FamilyCare members had their renewals initiated
 - 109,575 (22%) were renewed and retained in NJ FamilyCare¹
 - 10,675 (2%) no longer qualify for NJ FamilyCare because they were determined ineligible or terminated for procedural reasons
 - 97,350 (19%) are pending
 - 283,194 (57%) NJ FamilyCare members had their renewals initiated but are not yet due²

1. Includes 55,117 NJ FamilyCare members whose renewals were initiated in May and June and due in July and August who have been renewed automatically

2. Excludes 55,117 NJ FamilyCare members whose renewals were initiated in May and June and due in July and August who have been renewed automatically

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

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AS OF 6/30/2023



WE HAVE STARTED THE RENEWAL PROCESS FOR 500,794 MEMBERS



WE ARE REACHING OUT TO MEMBERS THROUGH MULTIPLE CHANNELS

For members whose renewals have begun, we have:

Mailed **293,103** postcards

Placed **344,431** calls

Sent **285,629** texts

Sent **105,658** emails



WE HAVE AUTOMATICALLY RENEWED 74,023 (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

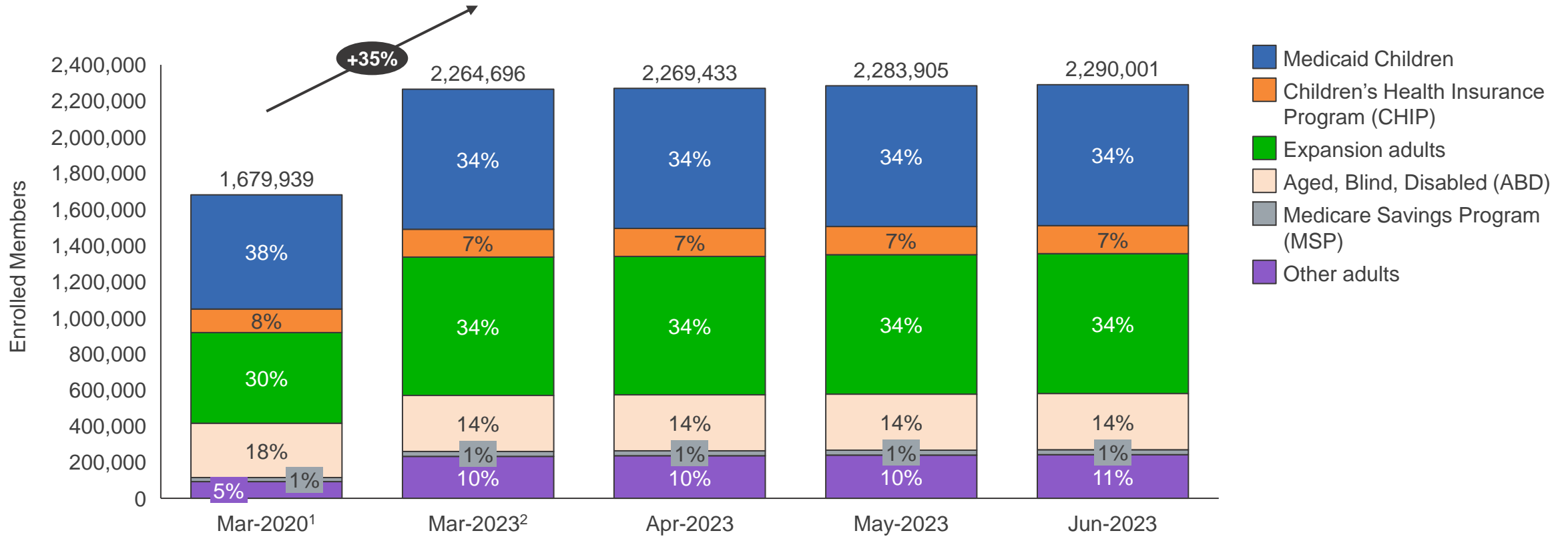
NJ FamilyCare enrollment

Data as of June 30, 2023

Total members enrolled in NJ FamilyCare

X

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



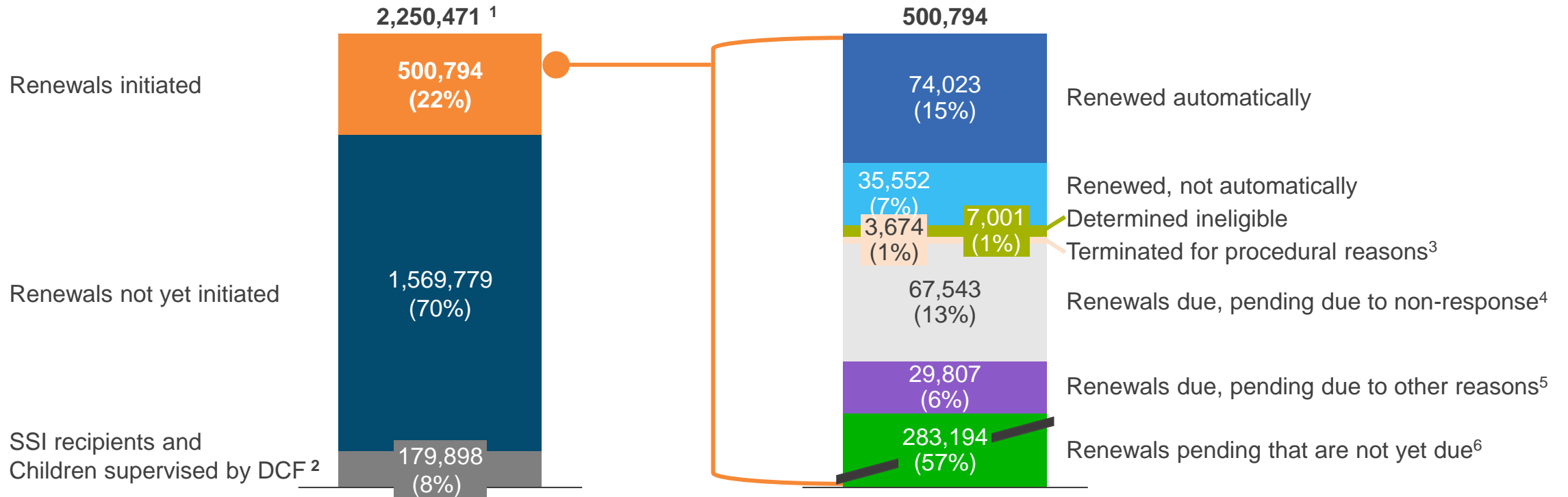
1. March 2020 represents the start of Public Health Emergency (PHE)-related continuous enrollment period

2. March 2023 represents end of PHE-related continuous enrollment period

Renewal status snapshot

Total NJ FamilyCare members enrolled in the month prior to start of renewals

Total NJ FamilyCare members for whom renewal has been initiated



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.

Key performance indicators

Data as of June 30, 2023

▼ Decline since last month ▲ Increase since last month

	MAGI and non-disability related			Age and Disability-related			
	June 2023	May 2023	Change	June 2023	May 2023	Change	
Enrollment	Total number of members enrolled	1.95M	1.95M	-	338K	338K	-
	Total number of members reinstated within 90 days from renewal due date	<i>Data will be available starting August 2023</i>					
Renewals Initiated	Total number of members with renewals initiated	152,932	160,027	▼ 3%	14,419	11,910	▲ 6%
Renewals Due	Total number of members with renewals due	145,365	NA		14,503	NA	
	Renewed	47,236 (32%)			7,222 (42%)		
	Determined ineligible ¹	5,900 (4%)			1,101 (6%)		
	Terminated for procedural reasons ²	3,154 (2%)			520 (3%)		
	Pending	87,075 (61%)			8,275 (44%)		
Fair Hearings⁴	Total number of fair hearings pending greater than 90 days ³	818	794	▲ 3%			

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

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

3. This is the total number of pending fair hearings across all eligibility categories

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.