

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Medicaid Unwinding Monthly Report

May 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 (NJFC) 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 Unwinding data as of May 31st, 2023

- NJ FamilyCare Enrollment
 - 2.28 million members were enrolled in NJFC, representing a small increase since last month
- Status of Renewals due for Redetermination during the Unwinding Period
 - Approximately 333,000 NJFC members had their renewals initiated
 - Approximately 48,000 (14%)¹ of NJFC members, for whom a renewal was initiated, were automatically renewed and retained in NJFC

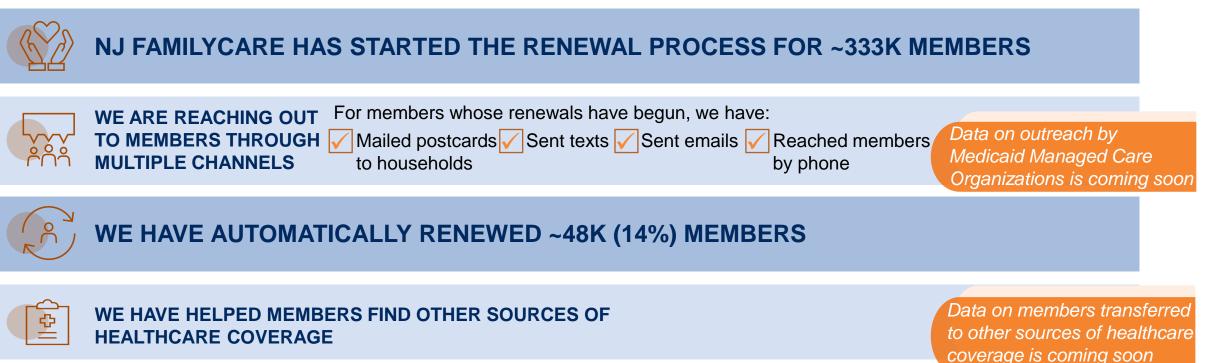


NJ FAMILYCARE STARTED MEDICAID ELIGIBILITY CHECKS IN APRIL 2023 WITH THE GOAL OF SUPPORTING OUR MEMBERS

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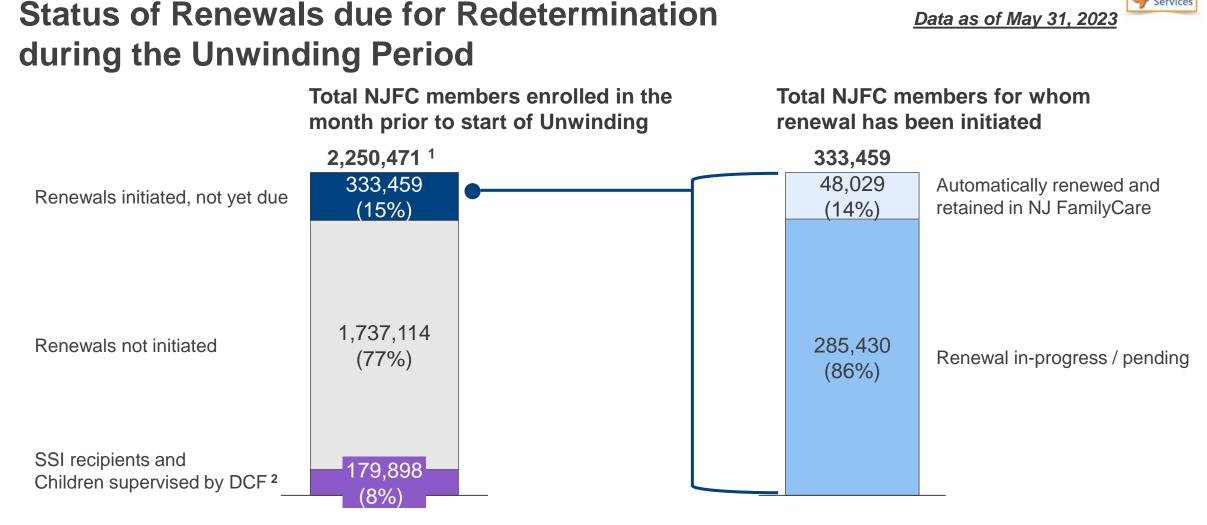
AS OF 5/31/2023





NJ FamilyCare Enrollment Data as of May 31, 2023 **Total members enrolled in NJFC** (Million) Percent change in NJFC enrollment between Mar '20 – Mar '23 2,500,000 +35% 2,264,696 2,269,433 2,283,905 Enrolled Members (millions) Medicaid Children 2,000,000 Children's Health Insurance 34% 34% 34% 1,679,939 Program (CHIP) Expansion adults ,500,000 7% 7% 7% 38% Aged, Blind, Disabled (ABD) Medicare Savings Program ,000,000 8% 34% 34% 34% (MSP) 30% Other adults 500,000 14% 14% 14% 18% 1%= 1%= 1%= 10% 10% 1% 10% 5% 0 Mar-20 Mar-23 Apr-23 May-23 March 2020 represents March 2023 represents end of PHE-related the start of Public Health **Emergency (PHE)-related** continuous enrollment continuous enrollment period period

Source: DMAHS Office of Business Intelligence. NJFC Enrollment Data File, March 2020 - May 2023



State of New Jersey

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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. This count excludes 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.

Source: DMAHS Office of Business Intelligence. NJFC Unwinding Data Files, April - May 2023



Key Performance Indicators for Unwinding

		April 2023	May 2023	Change	April 2023	May 2023	Change	
Enrollment	Total number of beneficiaries enrolled	1.96M	1.97M	▲ 1%	310K	311K	<1%	
	Total number of beneficiaries reinstated within 90 days		Data will be available starting July 2023					
Renewals	Total number of beneficiaries with renewals initiated	146,625	160,027		14,897	11,910		
	Total number of beneficiaries with renewals due in May 2023							
	% of renewals due in May 2023 that are renewed							
	% renewals due in May 2023 that are ineligible							
	% renewals due in May 2023 that are terminated	First cohort of renewal activities will be due in June. This data will be available starting July 2023.						
	% renewals due in May 2023 that are not completed							
GetCoveredNJ	Total accounts received by GCNJ from NJFC							
Fair Hearings ¹	Total number of fair hearings pending greater than 90 days	866	794	▼ 8%				

1. Represents the total number of pending fair hearings across all eligibility categories

Source: DMAHS Office of Business Intelligence. NJFC Unwinding Data Files, April - May 2023



Glossary of Terms



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Glossary of terms (1/3)

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

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

ABD: members eligible for NJFC 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 NJFC programs based on the Affordable Care Act's (ACA) Medicaid expansion.

Other adults: all other members eligible for NJFC programs.

Pending applications: applications received by the NJFC 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.

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

Retained in NJFC: 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 NJFC 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 (GCNJ): 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., GCNJ). 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 NJFC 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 NJFC 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.