

ASSEMBLY, No. 3678

STATE OF NEW JERSEY

220th LEGISLATURE

INTRODUCED MARCH 21, 2022

Sponsored by:

Assemblyman STERLEY S. STANLEY

District 18 (Middlesex)

Assemblyman HERB CONAWAY, JR.

District 7 (Burlington)

SYNOPSIS

Requires DHS to conduct annual Medicaid eligibility redeterminations.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 5/2/2022)

1 AN ACT providing for annual Medicaid eligibility redeterminations
2 and supplementing Title 30 of the Revised Statutes.

3
4 **BE IT ENACTED** *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6
7 1. a. As used in this section:

8 “Beneficiary” means an individual eligible for medical assistance
9 through the Medicaid program established pursuant to P.L.1968,
10 c.413 (C.30:4D-1 et seq.) or the NJ FamilyCare program,
11 established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.).

12 “Commissioner” means the Commissioner of Human Services.

13 “Division” means the Division of Medical Assistance and Health
14 Services in the Department of Human Services.

15 “Eligibility redetermination” means the administrative process
16 by which the division or a county welfare agency reviews a
17 beneficiary’s income, financial resources, and circumstances
18 relating to the beneficiary’s application for continuation of benefits
19 received under the Medicaid or the NJ FamilyCare programs.

20 b. The division or a county welfare agency shall conduct an
21 eligibility redetermination for a beneficiary no less than 365 days
22 following the date of the beneficiary’s initial enrollment, or the date
23 of the beneficiary’s last eligibility redetermination, in the Medicaid
24 program, established pursuant to P.L.1968, c.413 (C.30:4D-
25 1 et seq.), or the NJ FamilyCare program, established pursuant to
26 P.L.2005, c.156 (C.30:4J-8 et al.). The commissioner shall
27 determine the means and method by which an eligibility
28 redetermination shall be conducted.

29 c. The commissioner shall provide for 12 months of continuous
30 Medicaid eligibility, without imposing any reporting requirements
31 regarding changes of income or resources, for adult eligibility
32 groups, regardless of the delivery system through which the
33 beneficiary receives benefits and to the extent permitted under
34 federal law and regulation.

35 d. The commissioner shall apply for such State plan
36 amendments or waivers as may be necessary to implement the
37 provisions of this act and to secure federal financial participation
38 for State Medicaid expenditures under the federal Medicaid
39 program.

40
41 2. The Commissioner of Human Services shall adopt rules and
42 regulations pursuant to the “Administrative Procedure Act”
43 P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate the purposes of
44 this act.

45
46 3. This act shall take effect on the first day of the month
47 following the expiration of the federal public health emergency
48 declared in response to the SARS-CoV-2 pandemic, except that the

1 commissioner may take any anticipatory administrative action in
2 advance thereof as may be necessary for the implementation of this
3 act.

4
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6 STATEMENT
7

8 This bill requires the Division of Medical Assistance and Health
9 Services in the Department of Human Services or a county welfare
10 agency to conduct eligibility redeterminations for Medicaid and NJ
11 FamilyCare beneficiaries no less than every 365 days. The bill
12 additionally requires that the Commissioner of Human Services is
13 to determine the means and method by which the annual eligibility
14 redetermination is to be conducted. Currently, New Jersey statute
15 does not specify the frequency with which Medicaid and NJ
16 FamilyCare eligibility redeterminations are to occur.

17 The bill further requires the commissioner, to the extent
18 permitted under federal law and regulation, to provide for 12
19 months of continuous Medicaid eligibility, without imposing
20 reporting requirements for changes of income or resources, for adult
21 beneficiary groups, regardless of the delivery system through which
22 the beneficiary receives benefits.

23 The State has temporarily paused Medicaid and NJ FamilyCare
24 eligibility redeterminations pursuant to the federal Families First
25 Coronavirus Response Act (Pub.L.116-127). This law requires that
26 the State, as a condition for receipt of an enhanced federal matching
27 percentage under Medicaid and the Children's Health Insurance
28 Program, continue Medicaid and NJ FamilyCare coverage for all
29 individuals enrolled on or after March 18, 2020, until the last day of
30 the month in which the federal public health emergency period
31 ends, regardless of any changes in the individual's circumstances
32 that would otherwise result in termination from the program. On
33 January 14, 2022, the Secretary of the United States Department of
34 Health and Human Services extended the federal public health
35 emergency for an additional 90 days.

36 It is the intent of the bill's sponsor to reduce the frequency of
37 coverage disruptions and coverage loss among Medicaid and NJ
38 FamilyCare beneficiaries, a process known as "churn," by limiting
39 the frequency with which Medicaid eligibility redeterminations are
40 conducted. Research shows that reductions in churn among
41 Medicaid beneficiaries lowers states' administrative costs and may
42 be associated with a reduction in beneficiary medical costs.