

# SENATE, No. 2118

## STATE OF NEW JERSEY

### 220th LEGISLATURE

INTRODUCED MARCH 3, 2022

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator RICHARD J. CODEY**

**District 27 (Essex and Morris)**

**SYNOPSIS**

Requires DHS to conduct annual Medicaid eligibility redeterminations.

**CURRENT VERSION OF TEXT**

As introduced.



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:

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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.

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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.

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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.

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STATEMENT

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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.