Meeting of the Medical Assistance Advisory Council
Presentation on Unwinding the COVID-19 Public Health Emergency

April 28, 2022
COVID-19 Unwinding
“Unwinding” the federal Public Health Emergency

Since March 2020, NJ FamilyCare members have remained enrolled due to federal “maintenance of effort” requirements during the Public Health Emergency (PHE).

The PHE is expected to end on July 15, 2022, at which time standard redetermination activity is expected to resume.

CMS has given states 12 months after the PHE ends to reprocess eligibility for all Medicaid beneficiaries – this includes 2 million NJ FamilyCare members.

This “unwinding” represents the single largest redetermination exercise in the history of New Jersey’s Medicaid program. Our preparedness for this exercise is a top priority at DMAHS.

What we will talk about today

- We are collaborating with existing operational and community partners to raise awareness and do this work the best way possible.
- We will coordinate with partner agencies to connect people who are no longer eligible for Medicaid to other coverage, including subsidized coverage through GetCoveredNJ.
- We will spread cases evenly over the twelve months and we have upgraded our eligibility systems throughout the PHE, which will help with quality and efficiency.
- There is always a pathway for eligibility appeals, which includes a Fair Hearing through the administrative courts, but we hope to resolve individual issues without the need for hearings in as many situations as possible.
## North Star Principles for Unwinding the PHE

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tr>
<td>Serve people the best way possible.</td>
<td>We will <strong>resume Medicaid eligibility redeterminations</strong> as required by federal rules, with a focus on the quality of our work and support for our members.</td>
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<td>Communicate with clarity and concern.</td>
<td>We will emphasize <strong>shared understanding</strong> as we manage broad technical systems and very unique individual circumstances.</td>
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<td>Experiment with new ways to solve problems.</td>
<td>We will collaborate in new ways with our <strong>operational partners</strong> – and we will consider how we can use those new approaches to improve our program for the long-term.</td>
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<td>Work closely with our stakeholders.</td>
<td>We will collaborate with our <strong>community stakeholders</strong> to raise awareness and provide support, with a shared commitment to equity, inclusion, and synergy.</td>
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<td>Show people we care.</td>
<td>We will make <strong>empathy, positive energy, and collaborative focus</strong> our hallmark, internally and externally.</td>
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## Hypothetical Timeline for PHE Unwinding

<table>
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<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>4/18/22</td>
<td>Ambassador call center goes live</td>
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<tr>
<td>5/1/22</td>
<td>MCO member outreach kicks off – priority on members who have not responded to recent mailings</td>
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<td>5/15/22</td>
<td>CMS announces that the federal PHE will not be extended</td>
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<td>6/1/22</td>
<td>Outreach continues Communications campaign underway Counties prepare to manage volume</td>
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<tr>
<td>7/15/22</td>
<td>Federal PHE ends States have 12 months to redetermine eligibility for all members</td>
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<tr>
<td>8/1/22</td>
<td>First renewal mailings that may result in disenrollment are sent</td>
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<tr>
<td>8/1/23</td>
<td>All pending renewals from PHE period have been sent by DMAHS</td>
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<tr>
<td>10/1/22</td>
<td>First disenrollments occur (cases from August mailing if no appeal)</td>
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<tr>
<td>Post 10/1/23</td>
<td>Likely ongoing “good faith” cases and fair hearings</td>
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<td>2022-2023</td>
<td>Continuing high volume of outreach, redetermination, and fair hearing activity</td>
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<td>9/30/23</td>
<td>All determinations from the PHE are complete, per federal requirements</td>
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All dates are hypothetical pending federal guidance
Role of Eligibility Determining Agencies

Our Eligibility Determining Agencies (EDAs) will need to redetermine Medicaid eligibility for 2 million beneficiaries in the 12-month period following the end of the PHE. We will be spreading the activity evenly over those twelve months.

County Welfare Agencies
21 counties
• Responsible for eligibility for about 1 million members
• System upgrades initiated during PHE will support quality and efficiency
• 2022 MOU added incentives for renewal performance

NJ FamilyCare Health Benefits Coordinator
Conduent
• Responsible for eligibility for about 1 million members
• Ambassador team will support all NJ FamilyCare members with address updates and unwinding questions
• Eligibility processing is within contractual timeframes

Weekly operating reports and monthly regulatory reports will track progress.
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<th></th>
<th>Examples of Medicaid Eligibility Determination</th>
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| Halima | • Called the Ambassador line to provide an updated address to NJ FamilyCare (or didn’t)  
• Received and responded to eligibility mailing  
• Determined eligible  
• Halima’s eligibility continues | Hector | • Responded to eligibility mailing (or didn’t)  
• Hector does not want to remain enrolled  
• Determined ineligible based on the information he provided or his non-response  
• Hector’s eligibility ends |
| Samuel | • Responded to eligibility mailing  
• Determined ineligible due to income/assets  
• Received disenrollment notice; account transfer to GetCoveredNJ  
• Samuel wants to remain enrolled | Sofía | • Did not respond to eligibility mailing  
• Determined ineligible due to non-response  
• Received disenrollment notice, which includes GetCoveredNJ information  
• Sofia wants to remain enrolled |

Rapid response, informal resolution, and Fair Hearings will support these members.
MCOs will support member-specific outreach strategy

**Starting now:**
MCOs will share updated member contact information with DMAHS

- **For the first time**, CMS is permitting states to accept updated member contact information from MCOs with a temporary waiver
- **Next steps**: We received CMS approval of our waiver request last week and testing is complete, so we will be formally operationalizing with MCOs in May

**Starting May 1:**
MCOs will reach out to members who have not responded to mailings

- **For the first time**, DMAHS is identifying MCO members who have not responded to recent eligibility mailings.
- MCOs will attempt to reach these members and their providers to update contact information and encourage them to respond to mail*
- **Next steps**: We are finalizing outreach plans for consistent messaging across the program

**Once the PHE ends:**
MCOs will help members avoid disenrollment and/or access other coverage

- Once the PHE ends, members set to disenroll will be identified for MCOs as we have done in the past
- MCOs will attempt to reach members and help them avoid disenrollment
- **For the first time**, CMS is allowing post-disenrollment outreach. We are working on an approach to this.
- **Next steps**: Finalize communication templates and protocols for MCOs

*Federal guidance states that MCO communications cannot be “intended to influence a beneficiary to enroll.”
Important Messages to Share with our Communities

• **Key messages to our communities today…**
  – Call 1-800-701-0710 to make sure NJ FamilyCare has your current address
  – Respond to any mail you receive from NJ FamilyCare

• **Message after the PHE ends…**
  – Same as above, and:
    ▪ If you believe you have been incorrectly terminated, you have appeal rights
    ▪ If you are ineligible for NJ FamilyCare, you can apply for coverage through GetCoveredNJ

• **Community partners include…**
  – Health care providers and payers
  – Community leaders and organizations
  – Aging and disability advocates
  – Medical Assistance Advisory Council (MAAC) and Cover All Kids workgroup members
  – Regional Health Hubs
  – Sister agencies, including DOBI navigators