NEW JERSEY HUMAN SERVICES

Medicaid Monthly Renewal Report

December 2023 Report

Introduction to the monthly renewal report (1/2)

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 and call center data between April 1st and December 31st, 2023. NJ FamilyCare began reporting on call center outcomes related to Unwinding beginning in October 2023.

Status of Renewals Initiated for Redetermination as of December 31st, 2023

- 1,483,460 NJ FamilyCare members had their renewals initiated
  - 574,532 (39%) members were renewed and retained in NJ FamilyCare[1]
  - 360,466 (24%) members no longer qualified for NJ FamilyCare because they were determined ineligible or terminated for procedural reasons
  - 269,702 (18%) members have their renewal outcomes pending
  - 278,760 (19%) members had their renewals initiated but were not yet due[2]

1. Includes 58,424 NJ FamilyCare members whose renewals were initiated in October and November and due in January and February who have been renewed automatically
2. Excludes 58,424 NJ FamilyCare members whose renewals were initiated in October and November and due in January and February who have been renewed automatically

Introduction to the monthly renewal report (2/2)

During Unwinding, NJ FamilyCare's primary call center (1-800-701-0710) has experienced a historic surge in call volume. Below are call center data between December 1st and December 31st, 2023

- 161,945 incoming calls received
- 16 mins average speed to answer
- 4 mins average hold time in queue

NJ FamilyCare is focused on improving the experience our members are having with the call center. Actions we are taking include training and deploying new staff to support high call volume and offering a new callback feature so that members do not need to wait on hold. The time a member waits for callback is still included in our performance metrics, but the member does not have to actively wait on the line.

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

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.

AS OF 12/31/2023

WE HAVE STARTED THE RENEWAL PROCESS FOR 1,483,460 MEMBERS

WE ARE REACHING OUT TO MEMBERS THROUGH MULTIPLE CHANNELS

For members whose renewals have begun, we have:

Mailed **1,200,305** postcards Placed **1,031,917** calls Sent **830,468** texts Sent **336,879** emails

WE HAVE AUTOMATICALLY RENEWED 240,870 (16%) MEMBERS

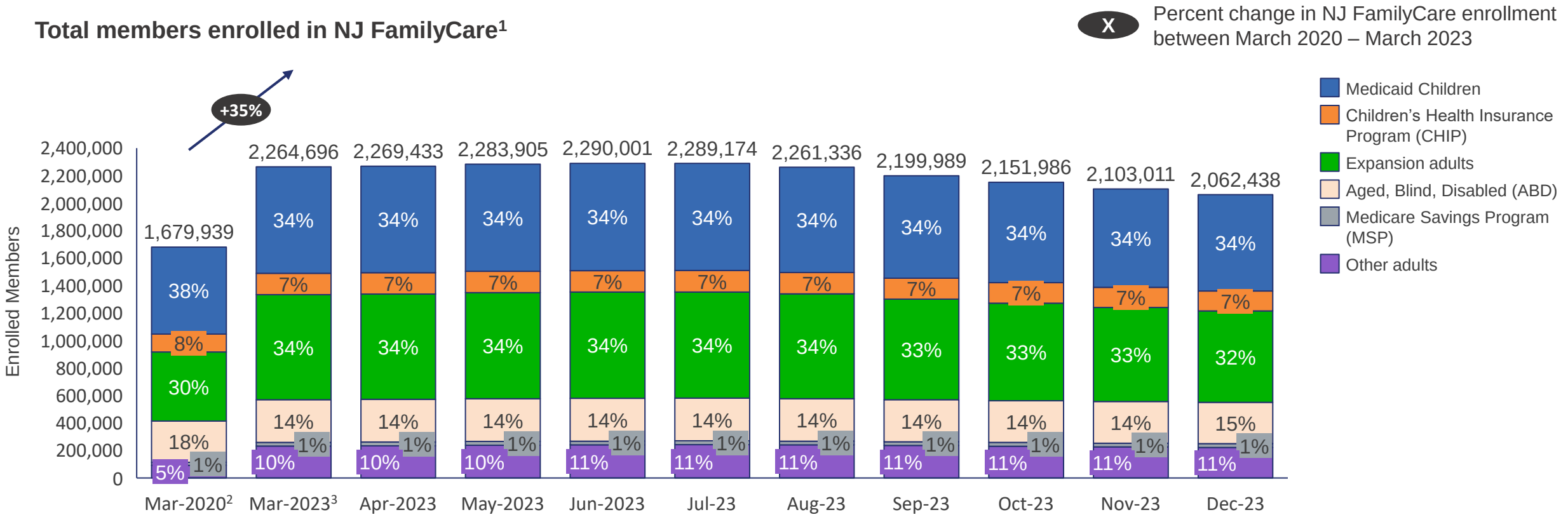
WE HAVE HELPED MEMBERS FIND OTHER SOURCES OF HEALTHCARE COVERAGE

Data on members transferred to other sources of healthcare coverage is coming soon

Data as of December 31, 2023

NJ FamilyCare enrollment

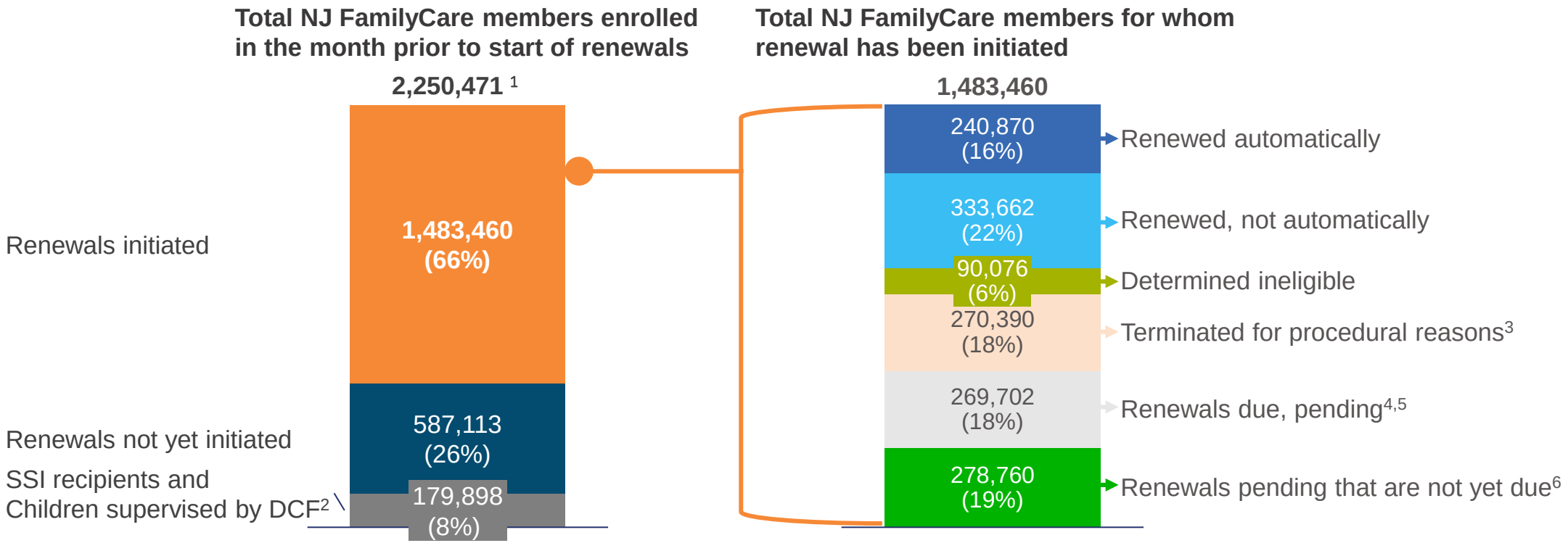
Total members enrolled in NJ FamilyCare[1]



1. The enrollment counts in this report differ from those in the NJFC Public Statistics dashboard due to differences in timeframes, and inclusion and exclusion criteria. The enrollment counts in this report include individuals in Medicare Savings Program (excluded from Public Stats); and exclude presumptively eligible members and individuals receiving State-only funded coverage or federally funded NJFC coverage for emergency services only (these populations are included in the NJFC Public Statistics dashboard). Furthermore, each month's net enrollment count results from the combined impact of new enrollments and disenrollments in the program
2. March 2020 represents the start of Public Health Emergency (PHE)-related continuous enrollment period
3. March 2023 represents end of PHE-related continuous enrollment period

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Enrollment Data File, March 2020 – December 2023

Renewal status snapshot



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, members whose renewals are pending a final eligibility decision, members who requested a good cause extension or have been granted a good cause extension due to operational reasons, and members who have an open / active request for information case. These member segments are not broken out in this report due to limitations of the source data systems
5. The methodology for counting the number of pending renewals has been revised to resolve an issue in past reports where some renewals, that had already received a final eligibility decision, were incorrectly classified as pending
6. This includes members whose renewals have been initiated but not yet due

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – December 2023

Data as of December 31, 2023

Key performance indicators

		MAGI and non-disability related		Age and Disability-related	
		Cumulative since start of renewals[1]	December 2023	Cumulative since start of renewals[1]	December 2023
Enrollment	Total number of members enrolled [2]		1.73M		329K
Renewals Initiated	Total number of members with renewals initiated	1,357,536	157,963	125,692	13,538
Renewals Due	Total number of members with renewals due	1,036,508	139,526	109,768	16,378
	Renewed [3]	458,274 (44%)	33,543 (24%)	57,834 (53%)	4,445 (27%)
	Determined ineligible [4]	81,649 (8%)	4,383 (3%)	8,427 (8%)	991 (6%)
	Terminated for procedural reasons [5]	256,510 (25%)	696 (0%)	13,880 (13%)	113 (1%)
	Pending [6,7]	240,075 (23%)	100,904 (72%)	29,627 (27%)	10,829 (66%)
Fair Hearings	Total number of fair hearings pending greater than 90 days[1,8]		1,226		

1. This represents activity between 4/1/23 – 12/31/23. Renewals due include outcomes for members whose renewals were initiated in April, May, June, July, August, September, and October and due in June, July, August, September, October, November, and December respectively
2. Indicator is reported on a point in time basis
3. The renewal counts of NJFC members renewed include reinstatements and reenrollments: 17,688, 14,846, 9,705, 5,338, 3,258, 437, and 23 members who were due for renewal in June, July, August, September, October, November, and December respectively
4. Members whose renewals were due and who were determined ineligible for Medicaid after review
5. Members whose renewals were due and who did not respond or who responded with insufficient information for an eligibility decision
6. Members whose renewals are due and who have not responded, responded with insufficient information and will be given a grace period, or pending a final eligibility decision for reasons other than non-response
7. The methodology for counting the number of pending renewals has been revised to resolve an issue in past reports where some renewals, that had already received a final eligibility decision, were incorrectly classified as pending
8. This is the total number of pending fair hearings across all eligibility categories

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – December 2023

Data as of December 31, 2023

Renewal outcomes, June – November renewals

	MAGI and non-disability related						Age and Disability-related					
	Jun	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**
Total number of members with renewals due [1]	145,983	157,407	151,306	149,202	152,782	140,302	16,574	15,673	15,304	15,762	15,370	14,707
Renewed [2]	82,486 *57%*	93,111 *59%*	83,468 *55%*	68,269 *46%*	54,705 *36%*	42,692 *30%*	10,999 *66%*	10,194 *65%*	9,484 *62%*	8,165 *52%*	7,936 *52%*	6,611 *45%*
Determined ineligible [3]	14,499 *10%*	16,347 *10%*	15,481 *10%*	13,724 *9%*	10,613 *7%*	6,602 *5%*	1,440 *9%*	1,301 *8%*	1,285 *8%*	1,386 *9%*	1,037 *7%*	987 *7%*
Terminated for procedural reasons [4]	38,999 *27%*	42,065 *27%*	41,183 *27%*	45,300 *30%*	46,039 *30%*	42,228 *30%*	2,968 *18%*	2,703 *17%*	2,299 *15%*	2,121 *13%*	2,066 *13%*	1,610 *11%*
Pending [5,6]	9,999 *7%*	5,884 *4%*	11,174 *7%*	21,909 *15%*	41,425 *27%*	48,780 *35%*	1,167 *7%*	1,475 *9%*	2,236 *15%*	4,090 *26%*	4,331 *28%*	5,499 *37%*

1. This represents activity between 4/1/23 – 12/31/23. Renewals due include only outcomes for members whose renewals were initiated in April, May, June, July, August, and September and due in June, July, August, September, October, and November respectively
2. The renewal counts of NJFC members renewed include reinstatements and reenrollments: 17,688, 14,846, 9,705, 5,338, 3,258, 437, and 23 members who were due for renewal in June, July, August, September, October, November, and December respectively
3. Members whose renewals were due and who were determined ineligible for Medicaid after review
4. Members whose renewals were due and who did not respond or who responded with insufficient information for an eligibility decision
5. Members who were granted a good cause extension or who returned their renewal application and pending processing by a Medicaid eligibility determining agency
6. The methodology for counting the number of pending renewals has been revised to resolve an issue in past reports where some renewals, that had already received a final eligibility decision, were incorrectly classified as pending

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – December 2023

Data as of December 31, 2023

NJ FamilyCare Call Center Data

1-800-701-0710

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Incoming calls received[1]	76,084	69,838	78,853	65,587	77,189	83,574	109,732	137,995	126,141	168,417	151,287	161,945
Average speed to answer (ASA) (*minutes*)[2]	0.9	0.8	0.8	0.8	0.9	0.6	9.0	16.0	4.8	25.4	17.6	16.3
Average hold time in queue (*minutes*)[3]	1.7	1.4	1.3	1.6	1.3	1.6	7.9	1.8	2.0	2.9	3.6	3.8

1. This incudes all incoming calls received by the NJ FamilyCare hotline during business hours including voicemails
2. This represents the time from when a caller chooses to speak to a live agent within the interactive voice response (IVR) system until it is answered by a live agent. Time spent by callers waiting for a call back from a live call center agent is included in the average speed to answer
3. This represents the time a caller remains in a queue after their call has been answered. This is the metric historically included in federal reports

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – December 2023

Glossary of Terms

Glossary of terms (1/4)

ABD: members eligible for NJ FamilyCare programs based on aged, blind, or disabled status.

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.

Average speed to answer: time from when a caller chooses to speak to a live agent within the interactive voice response (IVR) system until it is answered by a live agent. Time spent by callers waiting for a call back from a live call center agent is included

Average hold time in queue: time a caller remains in a queue after their call has been answered

Beneficiaries reinstated: members reinstated in NJ FamilyCare programs after initial termination.

CHIP: Children's Health Insurance Program provides healthcare coverage to eligible children.

DCF-supervised children: Children under supervision of the New Jersey's Department of Children and Families.

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.

EDA: Medicaid eligibility determining agency that may review members' information.

Glossary of terms (2/4)

Expansion adults: members eligible for NJ FamilyCare programs based on the Affordable Care Act's (ACA) Medicaid expansion.

HBC: Health Benefit Coordinator is a Medicaid eligibility determining agency.

Incoming calls received: incoming calls received by the NJ FamilyCare hotline during business hours including voicemails

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

MSP: Medicare Savings Program helps members with limited income pay for their Medicare premiums.

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

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

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.

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.

Glossary of terms (3/4)

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.

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 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 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.

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.

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.

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).

Glossary of terms (4/4)

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.

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.