

SENATE, No. 499

STATE OF NEW JERSEY 218th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2018 SESSION

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator FRED H. MADDEN, JR.

District 4 (Camden and Gloucester)

SYNOPSIS

Provides for improved system for eligibility determination for Medicaid and NJ FamilyCare.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 3/6/2018)

1 AN ACT concerning eligibility determination for Medicaid and
2 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. The Commissioner of Human Services shall, in
8 consultation with the Office of Information Technology, develop an
9 information technology platform for use by the State, county
10 welfare agencies, and State contractors for the purpose of intake,
11 processing, and tracking of applications for benefits under the
12 Medicaid program established pursuant to P.L.1968, c.413
13 (C.30:4D-1 et seq.) and the NJ FamilyCare program established
14 pursuant to P.L.2005, c.156 (C.30:4J-8 et al.). The goals of the
15 system shall be: to simplify the applications and eligibility
16 determination processes for both applicants and eligibility
17 determination staff; to standardize application of eligibility policy
18 across the various agencies responsible for eligibility determination;
19 to allow for real-time tracking of the status of applications; to allow
20 the rapid exchange of data relevant to applications among various
21 State and county agencies and contractors; and to provide a
22 platform to expand the system to encompass other social service
23 program applications and eligibility determinations as the
24 technology permits.

25 b. The Commissioner of Human Services shall establish a
26 system to evaluate the performance of all entities responsible for
27 intake and processing of applications for the Medicaid and NJ
28 FamilyCare programs, including all county welfare agencies and the
29 State's contracted health benefits coordinator. The system shall
30 allow for the measurement of a set of relevant common metrics,
31 including but not limited to: the number of complete and
32 incomplete applications of each type received; the time between
33 receipt of completed applications and the completion of the
34 eligibility determination; the accuracy of eligibility determinations;
35 and corrective actions taken to correct errors in eligibility
36 determination.

37 c. The Commissioner of Human Services shall establish a
38 system of rewards and penalties for all entities responsible for
39 intake and processing of applications that provides incentives for
40 performance on the metrics established pursuant to subsection b. of
41 this section. This system shall include incentives for county
42 welfare agencies to provide extended hours of operation for in-
43 person intake of applications and information requests, and to
44 provide in-person navigators to assist applicants with their
45 applications when necessary. The system shall further provide
46 incentive for the use of administrative renewals that do not require a
47 beneficiary to file a renewal application, when such administrative
48 renewals are permissible under State and federal law and can be

- 1 completed with information from tax records and clinical and
2 financial determinations made by other public entities.
- 3 d. The Commissioner of Human Services shall designate an
4 ombudsperson, who shall be an employee of the Department of
5 Human Services, to receive complaints that result from the
6 eligibility application process. The ombudsperson shall have
7 authority to review all records of the cases about which complaints
8 are submitted; to interview individuals who submit complaints, the
9 individuals who have assisted with their applications, and the State
10 and county staff who have worked on their cases; and to
11 recommend corrective actions to State and county agencies to
12 address specific complaints and reduce future complaints.
13
- 14 2. The Commissioner of Human Services shall apply for such
15 State plan amendments or waivers as may be necessary to
16 implement the provisions of this act and to secure federal financial
17 participation for State expenditures under the federal Medicaid
18 program or any other federal program.
19
- 20 3. The Commissioner of Human Services shall adopt rules and
21 regulations pursuant to the "Administrative Procedure Act,"
22 P.L.1968, c.410 (C.52:14B-1 et seq.) to effectuate the purposes of
23 this act.
24
- 25 4. This act shall take effect immediately.
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28 STATEMENT
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30 This bill provides for an improved system for eligibility
31 determination for the Medicaid and NJ FamilyCare programs,
32 implementing a recommendation of the New Jersey Health Care
33 Quality Institute's report "Medicaid 2.0: Blueprint for the Future."
34 Specifically, the bill requires the Commissioner of Human
35 Services, in consultation with the Office of Information
36 Technology, to develop an information technology platform for the
37 intake, processing, and tracking of applications for benefits under
38 the Medicaid and NJ FamilyCare programs. The goals of the
39 system will be: to simplify the applications and eligibility
40 determination processes for both applicants and eligibility
41 determination staff; to standardize application of eligibility policy
42 across the various agencies responsible for eligibility determination;
43 to allow for real-time tracking of the status of applications; to allow
44 the rapid exchange of data relevant to applications among various
45 State and county agencies and contractors; and to provide a
46 platform to expand the system to encompass other social service
47 program applications and eligibility determinations as the
48 technology permits.

1 The bill also requires the commissioner to establish a system to
2 evaluate the performance of all entities responsible for intake and
3 processing of applications for the Medicaid and NJ FamilyCare
4 programs, including all county welfare agencies and the State's
5 contracted health benefits coordinator. The system will allow for
6 the measurement of a set of relevant common metrics related to
7 applications intake and eligibility determination.

8 The commissioner will establish a system of rewards and
9 penalties for all entities responsible for intake and processing of
10 applications that provides incentives for performance on these
11 metrics. This system will provide incentives for county welfare
12 agencies to provide extended hours of operation for in-person intake
13 of applications and information requests, and to provide in-person
14 navigators to assist applicants with their applications when
15 necessary. The system will further provide incentive for the use of
16 administrative renewals that do not require a beneficiary to file a
17 renewal application, when such administrative renewals are
18 permissible under State and federal law and can be completed with
19 information from tax records and clinical and financial
20 determinations made by other public entities.

21 Finally, the bill requires the commissioner to designate an
22 ombudsperson to receive complaints that result from the eligibility
23 application process. The ombudsperson will have authority to
24 review all records of the cases about which complaints are
25 submitted; to interview individuals who submit complaints, the
26 individuals who have assisted with their applications, and the State
27 and county staff who have worked on their cases; and to
28 recommend corrective actions to State and county agencies to
29 address specific complaints and reduce future complaints.