

Important Info about Medicaid in NJ

It has come to our attention that many people have questions about medicaid coverage, re-determinations, terms, etc. We want to share with you info about the current situation, and how to ask questions about your illegibility.

NJ Qualifies for expanded federal funding for the state's Federal Medical Assistance Percentage, due to the current emergency. This means several things but in a nutshell it means that, while the emergency is happening, no terminations of coverage will take place. The language used in the Federal announcement is technical, so here are pertinent answers from the official FAQ sheet, a number that you can call to ask about your situation (if needed, please remember that many people are working remotely and offices thinly staffed right now), and a link to the full FAQ page about the Families First Coronavirus Response Act.

Please read the information below. If you need to contact the state of NJ about your Medicaid status, the customer service number for Burlington, Gloucester, Mercer, Salem, Atlantic, Cape May and Cumberland residents is:

(973) 977-4077

Also be aware that Central Jersey Legal Services is able to provide advise and assistance to low-income NJ residents about health coverage in general

www.lsnj.org/cjls/

Families First Coronavirus Response Act FAQ's

On March 18, 2020, the President signed into law H.R. 6021, the Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state and territory's 1 Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act (the Act) effective beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency declared by the Secretary of Health and Human Services for COVID-192, including any extensions, terminates.

If a state has already terminated coverage for individuals enrolled as of March 18, 2020, what actions should the state take? Must those individuals have their coverage reinstated?

To receive the increased FMAP, states may not terminate coverage for any beneficiary enrolled in Medicaid during the emergency period effective March 18, 2020, unless the beneficiary voluntarily requested to be disenrolled, or is no longer a resident of the state. States that want to qualify for the increased FMAP should make a good faith effort to identify and reinstate individuals whose coverage was terminated on or after the date of enactment for reasons other than a voluntary request for

termination or ineligibility due to residency. At a minimum, states are expected to inform individuals whose coverage was terminated after March 18, 2020 of their continued eligibility and encourage them to contact the state to reenroll. Where feasible, states should automatically reinstate coverage for individuals terminated after March 18, 2020 and should suspend any terminations already scheduled to occur during the emergency period. Coverage should be reinstated back to the date of termination.

Does continuous coverage for the emergency period apply to individuals who are receiving benefits during a period of presumptive eligibility?

Individuals who have been determined presumptively eligible for Medicaid have not received a determination of eligibility under the state plan, and are therefore not “enrolled” and subject to the requirements for continuous coverage described under section 6008 of the FFCRA

Do the requirements to provide continuous coverage during the emergency period apply to individuals who were determined ineligible prior to March 18, 2020, but who continue to receive services pending an appeal?

Yes. Individuals who continue to receive services pending an appeal of a determination of ineligibility would be considered to be enrolled for benefits, if this was their status as of March 18, 2020 and therefore should not be terminated from enrollment until the end of the month when the emergency period ends.