

ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE
COMMITTEE

STATEMENT TO
ASSEMBLY, No. 5273

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 5, 2023

The Assembly Financial Institutions and Insurance Committee reports favorably and with committee amendments Assembly Bill No. 5273.

As amended, this bill requires the Commissioner of Banking and Insurance to automatically enroll an individual in a health benefits plan when the individual becomes ineligible for coverage through the Medicaid program because the individual no longer meets the income requirements of the program, if the individual is not otherwise eligible for a health benefits plan through an employer. The Department of Human Services is required to provide certain information to the Department of Banking and Insurance so that the Commissioner of Banking and Insurance can enroll the individual in the health benefits plan. Under the bill, the Commissioner of Banking and Insurance is to enroll the individual in:

(1) for an individual with an annual household income of not more than 200 percent of the federal poverty level, the lowest cost silver-level plan available through the State-based exchange that does not qualify as a high deductible health plan; and

(2) for an individual with an annual household income of more than 200 percent of the federal poverty level, the lowest cost plan at the best actuarial value available through the State-based exchange that does not qualify as a high deductible health plan.

The bill provides that the plan enrollment is to occur before the termination date of the Medicaid coverage and the plan's premium due date is to be no sooner than the last day of the first month of enrollment in the plan. The Commissioner of Banking and Insurance is authorized to establish a special enrollment period for any automated coverage assignment, as determined by the commissioner.

The Commissioner of Banking and Insurance is to provide an individual who is enrolled in a plan pursuant to the bill with a notice that includes the following information:

(1) the plan in which the individual is enrolled;

(2) the individual's right to select another available plan and any relevant deadlines for that selection;

(3) how to receive assistance to select a plan;

(4) the individual's right not to enroll in the plan;

(5) information for an individual appealing the individual's previous coverage through an insurance affordability program; and

(6) a statement explaining the individual's obligations and responsibilities under the plan.

The bill also requires the Division of Medical Assistance and Health Services in the Department of Human Services to provide the following information on the NJ FamilyCare Data Dashboard website, or any public facing web-based dashboard that provides key demographic and performance metrics regarding the NJ FamilyCare Program that replaces the NJ FamilyCare Data Dashboard website:

(1) the number of eligibility renewals each month;

(2) the number of eligibility renewals processed each month that did not require an enrollee to respond to renewal documents;

(3) the number of eligibility renewals each month that required an enrollee to respond to renewal documents;

(4) the number of eligibility terminations each month;

(5) the number of eligibility terminations each month that were due to the department not receiving documents or information requested from an enrollee, or that were due to the department receiving incomplete documents or information requested from an enrollee, which documents or information were needed to make an eligibility determination;

(6) the average wait time each month for callers to NJ FamilyCare call centers to speak with a representative;

(7) the number of phone calls received each month by NJ FamilyCare call centers Statewide;

(8) the number of phone calls received each month by NJ FamilyCare call centers Statewide in which the caller speaks with a center representative; and

(9) the number of phone calls received each month by NJ FamilyCare call centers Statewide in which the caller abandons the call before speaking with a center representative.

All data provided regarding NJ FamilyCare eligibility renewals is required to be grouped according to the following:

(1) race;

(2) NJ FamilyCare eligibility group, which shall include Modified Adjusted Gross Income-based children, Modified Adjusted Gross Income-based adults, beneficiaries who qualify based on disability, and beneficiaries who qualify based on age and who are 65 years of age or older; and

(3) age, which shall include the following ranges: enrollees age 18 years and younger; enrollees age 19 through 64 years; and enrollees age 65 years and older.

As amended and reported, this bill is identical to Senate Bill No. 3607 (1R).

COMMITTEE AMENDMENTS:

The committee amended the bill to make various technical changes.