H.R.1 Workgroup on Health Care Access – Work Product Chart

Medicaid Enrollment Systems and Technology		
Work Product	Responsible Party	Timing[1]
1. **Design and launch Community Engagement Compliance Engine (CECE) to assist with work requirement compliance using existing data sources, member-submitted information, and backend integration with county and vendor eligibility systems**	DMAHS, NJ Office of Innovation (NJOI), Conduent, County Social Service Agencies (CSSAs)	Short term; to support 1/1/2027 deadline
2. **Pursue legal actions to enable rapid action as needed to accelerate enrollment system reforms and H.R.1 compliance (e.g. expedited procurement, contract changes, EOs, rulemaking, as needed, to support and protect public health, safety, welfare).**	Governor's Counsel and Attorney General's Office in cooperation with DHS	Short term
3. **Improve current eligibility IT systems to support H.R.1's 6 month renewals, allow for expanded data fields, and enable connection of legacy systems to CECE for work requirement verification.**	DMAHS, NJOI, Gov Office support on policy, budget, with vendor and user engagement.	Short term (2026)
4. **Expand and improve ex parte renewal rate by identifying and integrating federal and state data sources (income, immigration category, education, SNAP alignment) to maximize automatic verification**	DMAHS, NJOI, other state agencies, CSSAs, Conduent	Short term and ongoing
5. **Convene the State leads (DHS, DOBI, NJOI), CSSAs, Conduent, GetCoveredNJ, and stakeholders to redesign the eligibility system to be a modern, state-based**	DHS-led interagency group with Governor's Office. H.R.1 Workgroup to support stakeholder convening and collecting	Short term and on-going

[1] Short term is 6 months or less.

enrollment system capable of meeting H.R.1 requirements and being a better user experience with redesigned enrollment roles, workflows, and accountability.	input, needs, metrics for success beyond federal requirements.	
6. Conduct CSSA performance readiness assessments and reviews on staffing, training, systems, outcomes, with remediation plans and potential case redistribution plans as needed. Conduct vendor (Conduent) performance review, contract enforcement and amendments based on HR 1 requirements.	DMAHS with CSSAs and Conduent.	Summer/fall 2026
7. Improve NJ FamilyCare online user experience, including mobile-friendly applications, document upload, cross-system "no wrong door" assistance, ability to track application progress and missing items, centralized call center/resource hub, language and literacy needs.	DMAHS, NJOI, Gov's office for policy and budget supports, DOBI, Conduent, input from external stakeholders (H.R.1 workgroup can convene and collect feedback).	Beyond short term
8. Enable certain external DMAHS partners to support members' enrollment and re-enrollment by allowing data-sharing (e.g., portals, hubs, 834 files, designated representatives (DARs)) for MCOs and CSSAs to track enrollment status and prompt/assist member. Requires legal and tech changes.	DMHAS, MCOs, CSSAs, Conduent.	Short term
9. **Develop state definition of "medical frailty" using claims data, eligibility categories, and clinical indicators, aligned with emerging national guidance**	DMAHS with NJOI, MCOs, clinical experts, and state and national partners, with external input. (H.R.1 Work Group can assist).	Short term (draft 2026); refine as CMS guidance evolves

10. Consider enrollment alternatives to Cover All Kids based on federal directives including plan design and delivery program to base it on, data privacy, legal strategy.	DHS, Office of New Americans, DCF, Gov policy and budget support, Health (public health division), AG. H.R.1 workgroup can assist.	Beyond short term

Communication & Engagement for Medicaid Enrollment		
Work Product	**Responsible Party**	**Timing**
Multi-phase member communications strategy (Q1–Q3 2026), including early awareness, targeted outreach to impacted populations, and final policy guidance	DMAHS with MCOs and communications partners, community stakeholders. H.R.1 workgroup can support with input and amplify messages.	Short term (2026)
Hold stakeholder and partner engagement sessions across MCOs, providers, counties, and advocates to align messaging, operational readiness, and member supports	Gov office, DMAHS, DCF, all stakeholders to participate. HR 1 workgroup can support.	Short term and ongoing
Track the impact of H.R.1 on coverage, access, outcomes, and system finances, including establishing baseline measures, defining longitudinal metrics, and setting reporting ownership and cadence	DHS/DOH with stakeholder input; Partnership with DOBI, Treasury, Academic institutions. H.R.1 Workgroup to support.	Start short term; ongoing with annual reporting
Ensure clear, consistent public and enrollee understanding of enrollment changes, including development of a comprehensive communications toolkit with culturally and linguistically appropriate materials	State with communications firm; H.R.1 Workgroup as advisory sounding board.	Start short term; ongoing
Provide accessible, culturally responsive enrollment navigation support, including identification of funding, community partners, training needs, and deployment	DHS, counties, RHHs, MCOs, community partners	Short term; ongoing

models for in-person and phone-based navigation		
Improve member visibility into application and enrollment status, including implementation of tools that allow members to track applications, outstanding items, and next steps	DHS, Office of Technology Innovation, GetCoveredNJ, RHHs, enrolling organizations	Short term
Educate health systems and providers on enrollment changes, including provider-facing materials, SME supports, and resource banks to enable patient assistance and trust-building	DHS with H.R.1 Workgroup, provider associations, CBOs, universities	Short term; ongoing

Access to Care		
Work Product	**Responsible Party**	**Timing**
Identify gaps in access and capacity as coverage changes, including compilation and mapping of health center (aka FQHCs), look-a-likes, hospital clinics, free clinic sites and shared-space opportunities	H.R.1 Workgroup with DOH, county health departments, FQHCs, free clinics, hospital systems	Short term
Strengthen hospital, health center, and free clinic partnerships, including convening hospital leadership and developing a case for support with case studies of existing models	H.R.1 Workgroup with hospitals, health centers, free clinics, funders	Short term
Create scalable partnership models to expand access, including development of a turnkey blueprint outlining implementation steps, governance, and budget considerations	NJPCA, Free Clinic Association, hospitals, NJDOH, local health departments with H.R.1 workgroup support	Short term; long term
Secure sustainable funding for access expansion, including identification of timing, funding needs, and potential public and private funding sources	Above partners with NJ Grantmakers, hospitals, state and county entities	Short term; long term
Address staffing needs for expanded access models, including engagement with licensing boards, volunteer programs, residency programs, and assessment of policy options to support workforce capacity	Above partners plus Division of Consumer Affairs, DOH, higher education and professional entities	Short term; long term

Build policy and funding support for access expansion, including engagement with elected officials and regulators to advance authorization and funding	Gov Office, Legislature, Health Systems, Advocates, foundations, employers, H.R.1 Workgroup members and partners to support.	Short term
Ensure public awareness of access options, including development of a communications plan outlining care options and strategies to reduce ED utilization	H.R.1 Workgroup and partners with communications support	Short term; long term