

Federal Changes to NJ FamilyCare for expansion adults

What medical providers, health care staff, navigators,
and community organizations need to know



IMPORTANT:
Changes begin January 1, 2027.

Medicaid Changes Take Effect January 1, 2027

What's happening?

The federal law (OBBBA/H.R. 1) creates new rules for NJ FamilyCare starting January 1, 2027:

- Work/community engagement requirements
- 6-month renewals
- Shorter retroactive coverage

Who is affected?

Community engagement requirements apply to more than 540,000 New Jerseyans, about 30% of the NJ Medicaid population.

Why does it matter?

More than 300,000 New Jerseyans could lose coverage. Members are most likely to lose coverage through missed mail and paperwork, which means **the people they already trust, including people like you on this webinar** - providers, assistors and navigators, are the best chance to keep them covered.

4 Steps Every Member Should Take

1

UPDATE Contact Information

Make sure the mailing address, phone number, and email address are correct.

Link: <https://dmahs-nj.my.site.com/addressupdate/>



2

WATCH for Messages

Open mail and read emails or text messages from NJ FamilyCare and the health plan.



3

Complete the CHECKER

Use the NJ FamilyCare Activity Requirements Checker to understand whether work requirements, exclusions, or exceptions may apply.

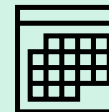
Link: www.njfcchecker.nj.gov



4

RESPOND on Time

Send requested information by the deadline in the notice.



Community Engagement Member Letter

NJ FAMILYCARE
Affordable health coverage. Quality care.

STATE OF NEW JERSEY
Department of Human Services
Division of Medical Assistance and Health Services

[MEMBER NAME]
[STREET ADDRESS 1]
[STREET ADDRESS 2]
[CITY, STATE, ZIP]

[TODAY'S DATE]
Medicaid ID [MEDICAID ID]

General Notice

Community Engagement/Work Requirements to Qualify for NJ FamilyCare/Medicaid

Dear [MEMBER NAME],

This letter contains important information about your NJ FamilyCare/Medicaid health coverage. The Trump administration has changed who qualifies for NJ FamilyCare and what some adult members age 19-64 must do to keep their coverage.

Why am I getting this letter?

Starting January 1, 2027, two new rules may affect your NJ FamilyCare coverage:

1. **Community engagement/work requirements.** Unless you meet one of the situations listed in Enclosure A, you must work, go to school, volunteer, or participate in a job training program to qualify for or keep your NJ FamilyCare coverage. These are officially called community engagement requirements, but you may also hear them called work requirements.
2. **More frequent eligibility renewals.** You will need to renew your coverage every six (6) months instead of once a year.

Our records show that you may be affected by these changes. Your coverage is not impacted today, but you should respond quickly to any mail you receive from NJ FamilyCare to help keep your coverage.

Make sure your mailing address, phone number, and email address are up to date, so you do not miss important notices. Go to <https://dmahs-nj.my.site.com/addressupdate>, or call 1-833-409-2370.

Do work requirements apply to me?

You do **NOT** have to meet the requirements if any of the situations listed in **Enclosure A: Who does not need to meet work requirements?** apply to you. Otherwise, you must meet the requirements if you are enrolled in NJ FamilyCare plan type ABP (Alternative Benefit Plan). See **Enclosure B: How do I determine my plan type?**

 Official Site of the State of New Jersey

NJ FamilyCare Activity Requirements Checker

Keeping you covered

Check if the new rules for Medicaid apply to you

This tool will help you find out if these rules apply to you or if you are exempt.

[Check if these rules apply to me →](#)

Check the Requirements

Adults ages 19 to 64 enrolled in the NJ FamilyCare Alternative Benefit Plan, or ABP.

Each person is reviewed separately, not as a family.

Children and most aged, blind, disabled, pregnant, and postpartum members follow different rules.

Some ABP members will not have to meet work requirements because of their health, family, or life situation.



IMPORTANT: Do not guess. Encourage members to complete the Activity Requirements Checker.
www.njfcchecker.nj.gov

Issue Date: 02/10/2025

Member: SAMPLE A SAMPLE
Member ID: 123456789
Plan Name: NJ FamilyCare A/ABP
Effective Date: MM/DD/YYYY
Primary Care Provider (PCP):
[PCP Name]
PCP Phone: 1-800-XXX-XXXX
Dental: 1-888-442-2375

Medicaid #: 1234567890

Co-Pay Information
Dental: \$0
Emergency: \$0
PCP: \$0
Pharmacy: \$0
Specialist: \$0

Fidelis Care

Health Plan (80840) 911-86047-08

Member ID: 000300112 Group Number: NJFAMCAR

Member: REISSUE ENGLISH Payer ID: 86047

PCP Name: DOUGLAS GETWELL
PCP Phone: (201)792-3022
Issue Date: 06/22/23

Optum Rx
Rx Bin: 610494
Rx Grp: AMNJ
Rx PCN: 4343

Copy: No Copays

See reverse for dental/vision benefits
DOI: 0501

Underwritten by AmeriChoice of New Jersey, Inc.

United Healthcare

Effective Date:
Date of Birth:
Subscriber #: 123456789
RUBIN: 020107
RUPCN: WP
RUGRP: WKPA

NJ FamilyCare ABP
wellpoint.com/nj/medicaid

Member Name: JOHN D SAMPLE
Primary Care Provider (PCP):
PCP Address:
PCP Telephone #:
Co-pays: Office Visits: \$0 Emergency Room Visits: \$0
Pharmacy: \$0 FOR GENERIC / \$0 FOR BRAND NAME

Dental: 1-833-276-0848 Vision: 1-800-879-6901
Wellpoint Member Services: 1-833-731-2147 24/7 BH Crisis: 1-877-642-7187
Pharmacy Member Services: 1-833-207-3115

Wellpoint

NJ FamilyCare

NAME: JANE DOE	Plan	ABP
MEMBER ID NO: YH2000000000	UNICA 020107	YES
PCP: DOE, MARIA G.	Emergency	\$0.00
PHONE: 973-000-0000	PCP Copay	\$0.00
ISSUE DATE: 02/28/2024	Dental Copay	\$0.00
EFFECTIVE: 01/01/2020	Specialist Copay	\$0.00
BCBS Plan Codes 280/780	Rx Generic	\$0.00
horizonNJhealth.com	Rx Brand	\$0.00

Pharmacy Group: HORIZON BIN 6106N
Posit, Inc.
050-19-153

Horizon

Managed Care Organization Identification cards



Scan the QR code for the Activity Requirements Checker

3 Changes to Know

1

Renew Every 6 Months

Many expansion adults will renew twice a year instead of once a year.

2

Shorter Look-Back

Retroactive coverage will decrease from 3 months to 1 month for expansion adults , others will decrease to 2 months.

3

Work Requirements

Some expansion adults must work, go to school, complete job training, volunteer, or qualify for an exclusion or exception.



IMPORTANT: Changes begin January 1, 2027.



1 Renewal Will Happen Every 6 Months



NJ FamilyCare Checks First

About 2 months before renewal, NJ FamilyCare will try to renew coverage electronically using information it already has.



The Member May Get a Renewal Packet

If coverage cannot be renewed automatically, the member must complete the packet and provide anything else requested.



The Member Must Respond

The member must send requested information by the deadline and review the approval or coverage-ending notice.



IMPORTANT: More renewals mean more chances to miss an important notice.



2 The Coverage Look-Back Will Be Shorter

Retroactive coverage may help pay eligible medical bills from before a person applied for Medicaid.

Expansion adults may receive retroactive coverage for up to 1 month before the month they apply or re-enroll.

Other Medicaid members may receive up to 2 months of retroactive coverage before the month they apply or re-enroll.

Help uninsured members apply or reapply as soon as possible to reduce the risk of unpaid medical bills.



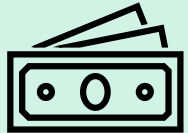
IMPORTANT: The shorter look-back changes how far coverage may go back. It does not change who qualifies for NJ FamilyCare.



3

How Members Can Meet Work Requirements

A member can meet the requirement in any one of these ways:



**Household income
of at least \$580
per month**



**School attendance
at least half-time**



**At least 80 hours
in a month of work,
school, job training,
volunteering, or
community service**



**Different activities
can be combined to
reach 80 hours**



IMPORTANT: At renewal, a current member generally needs to meet the requirement for at least 1 month since their last renewal. A new applicant generally uses the month before applying

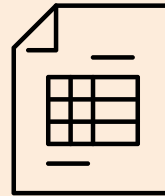


Help Members Keep Documents Organized

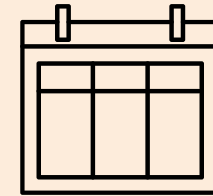
Members should begin saving records that may be needed later.



IMPORTANT: Keep the records. Do not send documents unless NJ FamilyCare asks for them.



Pay stubs, timesheet or income records



School schedules or enrollment records



Job training and volunteer or community service

In 2027, members confirm these themselves. They give the program or organization name and their hours.

Medical Frailty May Exclude a Member

A member may be medically frail if a health condition or disability makes it very hard to work or study.

NJ FamilyCare will first check recent medical claims for signs that a member may be medically frail.

The screener asks about serious physical conditions, mental health conditions, substance use disorder, and disabilities.

A member may also report medical frailty by completing the screener in an application, renewal packet, or Request for Information.

Help the member answer based on what is true today and return the screener by the deadline.

IMPORTANT: Stakeholders cannot decide whether the member qualifies – NJ FamilyCare makes the decision.

Follow the state's process for documentation. The full list of medical frailty conditions is still being finalized. Follow current state guidance.



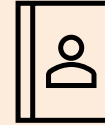
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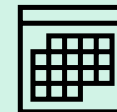
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Check if these rules apply to me →

What You Can Do



Recognize the Issue

Understand when a member need involves renewal, work requirements, medical frailty, a Request for Information, or a loss of coverage.



Repeat the Key Messages to Members

Watch for messages, update contact information, complete the checker, and respond on time.



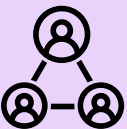
Help With the Next Step

Help the member read the notice, understand the deadline, and organize requested information.



Act Quickly After Coverage Ends

A member who lost coverage for not responding generally has 90 days to submit missing information without a new application and may request a fair hearing within 30 days of the termination notice.



Connect the Member to Help

Make a warm handoff to NJ FamilyCare or a trained application assistor. Support the member, but do not promise eligibility.

How Each Stakeholder Group Can Help



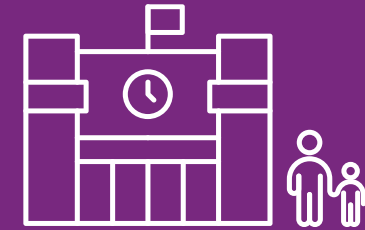
Medical Providers and Health Care Staff

Ask about coverage, flag changes, help with a medical frailty screener when appropriate, and connect patients to enrollment support.



Navigators and Assistors

Help members complete renewals, submit requested information, and reapply quickly after coverage loss.



Community Support Organizations

Share reminders, offer space or technology for enrollment help, and connect members to trained assistance.

Where to Get Help



Activity Requirement Checker

www.njfcchecker.nj.gov



Federal Changes Information

MedicaidWorkRules.nj.gov



**Update Contact Information
or Ask for Help**

Call NJ FamilyCare at 1-800-701-0710



Online Address Update

dmahs-nj.my.site.com/addressupdate



Health Plan Questions

**Call the member services number
on the back of the health plan ID card.**

Remember These 4 Words

UPDATE. WATCH. CHECK. RESPOND.

Update contact information.

Watch for NJ FamilyCare messages.

Complete the **checker**.

Respond by every deadline.

Sources: NJ FamilyCare Work Requirements webpage, September 2026; NJ FamilyCare Stakeholder Resources webpage, September 2026; Expansion Adult Stakeholder Guidance, September 4, 2026 (not final); NJ FamilyCare Activity Requirements Checker, www.njfcchecker.nj.gov

NJHCQI Stakeholder Support

Email Inbox for Stakeholder Questions

We will flag, triage, and answer stakeholder issues as they arise.

To submit non-patient specific inquiries, send to:

HR1feedback@njhcqi.org

Open Office Hours

We will host weekly office hours on Thursdays 1-2pm starting October 1st via Zoom.

Join at this link each week:

<https://us02web.zoom.us/j/81485174021?pwd=fG7oCAvhSfO1d4X43rViHMy2DVaMhw.1>

October Webinar

Register for our next Webinar on October 15th from 12-1pm.

Register at this link:

https://us02web.zoom.us/meeting/register/C8_vYn0yR_2G_le_Mhoxlw