

New Jersey

Total Medicaid Enrollment: 1,022,184 (January 2008)

Source: New Jersey Division of Medical Assistance & Health Services NJ FamilyCare/Medicaid Enrollment Statistics - January 2008. http://www.state.nj.us/humanservices/dmahs/enrollment_reports.html

Total Population: 8,685,920 (July 2007)

Source: Source: Population Division, U.S. Census Bureau
<http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>

For New Jersey specific information, visit New Jersey's Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/dhsmed.html>.

Medicaid Eligibility

Maximum Income Limits for Populations Applying for Medicaid as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Infants (Ages 0 – 1) ¹	200
Children (Ages 1 – 5)	133
Children (Ages 6 – 19)	133
Working Parents ²	133
Non-Working Parents ²	133
Pregnant Women	200
Aged and Disabled (OBRA '86), 2001	100
Supplemental Security Income, 2000	74
Medicaid expansion group (1115 waiver):	
Childless Adults ³	100

Source: www.statehealthfacts.org

State Children's Health Insurance Program (SCHIP)

SCHIP coverage applies to uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum SCHIP income limits.

Total SCHIP Enrollment: 125,494 ("point-in-time" monthly enrollment counts, June 2007)

Source: <http://www.statehealthfacts.org>

Structure of SCHIP As of August 21, 2007		
Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/SCHIPStatePlanActivityMap.pdf>

Maximum Income Limits for Children's Separate SCHIP Program as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Income Eligibility – Separate SCHIP Program	350

Source: www.statehealthfacts.org

Services Covered

For information about the services covered by Medicaid, visit the Kaiser Family Foundation's Medicaid Benefits Online Database: www.kff.org/medicaid/benefits.

Delivery System Description

Medicaid Enrollment by Delivery System Type, as of June 30, 2006		
Delivery System	#	%
Fee-for-Service	262,551	30
Managed Care	595,626	70
Total	858,177	100

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Medicaid Enrollment by Managed Care Program Type, as of June 30, 2006	
Managed Care Program	#
Commercial MCO ⁴	213,835
Medicaid-only MCO ⁵	381,791
Health Insuring Organization ⁶	0
Primary Care Case Management ⁷	0
Prepaid Inpatient Health Plan ⁸	0
Prepaid Ambulatory Health Plan ⁹	0
PACE ¹⁰	0
Other ¹¹	0

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Notes: Individuals can fall within more than one type of managed care program type.

Federal Matching Rate (FMAP)

FMAP¹² for Medicaid and Multiplier¹³
FY 2008
50.0%

Source: www.statehealthfacts.org

Rural Information¹⁴

The information below defines “Urban” as residing in a metropolitan county and “Rural” as residing in a non-metropolitan county.

Age	Urban % on Medicaid	Rural % on Medicaid
0 – 18	16.9	NA
19 – 64	4.1	NA
65 and Over	6.5	NA

Source: Current Population Survey, 2005 - 2006

	Urban	Rural
I. Total Eligibles (January 2008) ¹⁵	1,022,184	NA
II. Eligibles per Population	11.70%	NA
III. Dollars Spent	NA	NA
IV. Dollars Spent per Eligible	NA	NA

For county level data on the above information, visit:

I: New Jersey Division of Medical Assistance & Health Services NJ FamilyCare/Medicaid Enrollment Statistics - January 2008.

http://www.state.nj.us/humanservices/dmahs/enrollment_reports.html

II: Calculation based on Total Eligibles/Total Population. Total Population based upon Bureau of the Census data updated by information from the Office of Management and Budget.

Bureau of the Census, (US). Metropolitan And Micropolitan Statistical Areas And Components, December 2006, With Codes: Department of Commerce; 2007. Available from: http://www.census.gov/population/estimates/metro_general/List1.txt.

Executive Office of the President; Office of Management and Budget; OMB BULLETIN NO. 08-01: Update of Statistical Area Definitions and Guidance on Their Uses. Available from: <http://www.whitehouse.gov/omb/bulletins/fy2008/b08-01.pdf>.

¹ New Jersey covers infants in families with income at or below 200 percent of the federal poverty line who are born to mothers enrolled in Medicaid. New Jersey covers infants not born to Medicaid enrolled mothers in families with income at or below 185 percent of the federal poverty line.

² Parents' eligibility levels are based upon the income threshold applied to a working parent in a family of three.

³ Source: Unpublished Data, Center for Budget and Policy Priorities, 2007.

⁴ A commercial managed care organization (MCO) provides comprehensive services to Medicaid and commercial and/or Medicare populations.

⁵ A Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations.

⁶ CMS defines a Health Insuring Organization (HIO) as “a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs.”

⁷ CMS defines a Primary Care Case Management (PCCM) provider as: “a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as “primary care case managers.”

⁸ CMS defines a Prepaid Inpatient Health Plan (PIHP) as a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services.” States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services.

⁹ CMS defines a Prepaid Ambulatory Health Plans (PAHP) as a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide, arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services.” States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management.

¹⁰ CMS defines the Program for All-inclusive Care for the Elderly (PACE) as a “program that provides prepaid, capitated comprehensive, health care services to the frail elderly.”

¹¹ CMS categories managed care organizations as “other” if it is “not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO or PACE.”

¹² The Federal Medical Assistance Percentage (FMAP) is computed from a formula that takes into account the average per capita income for each State relative to the national average. By law, the FMAP cannot be less than 50%.

¹³ The multiplier is based on the FMAP. For every dollar the state spends on Medicaid, the federal government matches at a rate that varies year to year.

¹⁴ All counties in New Jersey are urban.

¹⁵ Total eligibility includes all children and adults in the following eligibility categories: Aged, Blind, Disabled, Children’s Services, NJ FamilyCare, and General Assistance.