

NJ Managed Long Term Services and Supports (MLTSS)

Communications Strategies for:

- Providers
- Consumers

Provider Communications - Mission

- **Assure Providers Understand the Mission**
 - Enhanced care coordination
 - Improved efficiency and appropriateness of care
 - Cost effectiveness/rebalance costs of long term services and supports
 - Maintain beneficiaries' right to choose
- **Develop a Communications Plan**
 - Determine the information relevant to the provider and stakeholder communities
 - Develop strategies for roll out
 - Share roll out timeline with the target audience

Providers – Outreach

Who will be outreached?

- **Stakeholders**: Legislators, long term care facilities, medical day care facilities, Program of All-Inclusive Care for the Elderly (PACE), discharge planners, State Health Insurance Assistance Programs (SHIP) offices, fiscal intermediaries, licensed facilities, Area Agencies on Aging (ADRCs), aging network and care managers
- **Stakeholder mail file**: Approximately 4500 individuals and organizations

Providers - Strategy

- **Provider Information:**

- Newsletters, informational mailings and emails
- Presentations on the overview of the initiative and on the strategy
- Ongoing web page postings and FAQs

- **Provider Training:**

- Training sessions for providers by the MCOs
- New DHS hotline staff set up to respond specifically to provider inquiries

- **Coordination of Efforts:**

- Coordinate with consumer information efforts and with provider transition efforts

Consumer Information Mission

- **Develop and Distribute Information to Assist:**
 - Caregivers
 - Participants
- **Provide Information Using a Variety of Methods:**
 - Mailings
 - Internet
 - Presentations
 - Phone
- **Assure Enrollment Materials are Consumer Friendly:**
 - Understandable
 - Easy to use

Consumer – Outreach

- **Who will be outreached?**
 - All Nursing Home Residents
 - Participants currently in the ACCAP, CRPD, GO and TBI Medicaid Waivers
 - Program participants not covered by MLTSS (if the need arises)
 - Stakeholders who assist consumers, such as nursing home administrators, care managers, etc.

Consumer Information

- **Letters:**
 - Sent out 30 days prior to program implementation
- **FAQs:**
 - Posted on the Department of Human Services home page when letters are sent out
- **Slide Presentations:**
 - Including case examples posted on the DHS website
 - Used for in-person presentations
- **Dedicated phone lines:**
 - Answered by trained personnel to respond to consumer questions
- **“Ready to Enroll Packet”**
 - Consumer friendly package sent to each consumer

Medicaid Accountable Care Organization Demonstration Project



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New Jersey ACO Legislation



- S2443 – signed into law (P.L. 2011, Chapter 114) by Governor Christie on August 18, 2011
- Establishes a three year Medicaid Accountable Care Organization Demonstration Project
- The Department of Human Services (DHS) will accept, review and certify applications meeting the requirements defined in the legislation and regulations.
- DHS will consult with the Department of Health with respect to establishment and oversight of the project.

New Jersey's Conceptual Model



- Based on Camden Coalition of Healthcare Providers
- Focus on high-cost utilizers and improving outcomes

Legislative Intent



- Increase access to primary care, behavioral health care, pharmaceuticals and dental care by Medicaid recipients in defined regions
- Improve health outcomes and quality and measured by objective metrics and patient experience of care
- Reduce unnecessary and inefficient care without interfering with patients' access to their health care providers or providers' access to existing Medicaid reimbursement

Regulations



- Currently circulating for sign-off
- Delays due to concerns surrounding anti-trust and the State's oversight obligation

Applications



- Application deadline – 60 days after rule adoption
- Application information will be posted on the website including a checklist
- Submitted applications will be posted to the website for public comment

Applicant Requirements



- Non-profit organization
- Minimum of 5,000 Medicaid beneficiaries served within designated region
- Governing Board must include:
 - Members representing interests of health care providers and social service agencies located in the designated area
 - Voting representation from at least two consumer organizations capable of advocating on behalf of the patients residing within the designated area
- Support in its applications by:
 - 100% of general hospitals located within the designated area
 - 75% qualified primary care providers within the designated area
 - 4 qualified behavioral health providers in the designated area
- Process for receipt of gainsharing payments
- Process for engaging members of the community for public comment
- Accountable for health outcomes, quality, cost and access to care of Medicaid recipients residing within the designated region
- Commitment to ensure use of electronic prescribing and electronic medical records by health care providers within the designated region

Gainsharing



- A certified Medicaid ACO must submit a gainsharing plan within one year of certification
- Gainsharing plans must promote improvements in health outcomes and quality of care; expand access in primary and behavioral health care services and reduction of unnecessary and inefficient costs
- Rutgers Center for State Health Policy will provide analysis on the gainsharing plans
- Rutgers Recommended Approach for Calculating Savings

Quality Metrics



- **Several levels of reporting**
 - Mandatory
 - Voluntary (must select 1 Preventative and 5 Chronic)
 - Demonstration measures (not included in calculated savings)
 - Future or Potential
- **Gainsharing plan shall include performance standards**
 - Year 1 – Standard and routine reporting
 - Year 2 – Relative performance improvement of at least 2 measures
 - Year 3- Relative performance improvement of at least 5 measures and absolute improvement of 2 measures

Challenges



- Federal Anti-trust
 - State Action Doctrine
- Majority (98%) of beneficiaries in fully capitated managed care, existing ACO demonstration models have been in FFS payment systems
- Voluntary aspects, MCOs not required to participate
- Calculating shared savings in a capitated model, which already includes an efficiency measure
- Uncharted territory....evolving regulatory developments

CHCS ACO Learning Collaborative



- NJ selected to participate in a learning collaborative
 - Advancing Medicaid Accountable Care Organizations
- Sponsored by The Commonwealth Fund and the Center for Health Care Strategies
- Provides technical assistance and access to expert consultation
- Facilitates exchanges between CMS and other states in ACO program design and implementation