



# Meeting of the Medical Assistance Advisory Council

April 30, 2025

# Agenda

- Welcome and Call to Order – Dr. Deborah Spitalnik
- Federal Updates – Gregory Woods
- Palliative Care Benefit Update – Dr. Tom Lind
- Cell and Gene Therapy (CGT) Model – Dr. Tom Lind
- Housing Supports Update – Jon Tew
- MCO Contract Changes: Nursing Facilities – Lynda Grajeda
- Enrollment and Eligibility Updates – Gregory Woods and Kristine Byrnes
- Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) Updates – Gregory Woods
- Behavioral Health Integration Status Update – Shanique McGowan
- Planning for the Next Meeting – Dr. Deborah Spitalnik

# Federal Updates

# What do recent headlines mean for NJ FamilyCare?

**POLITICO**

CONGRESS

## Medicaid fight could come to a head in early May under GOP timeline

The House committee tasked with slashing \$880 billion is readying to put its plans on paper.

4/14/2025

**The New York Times**

## *Republicans Clash Over Medicaid in Hunt to Pay for Trump's Agenda*

Conservatives in the House say they won't back any package without deep cuts that would all but certainly affect the health program. Some Senate Republicans say they won't accept such cuts.

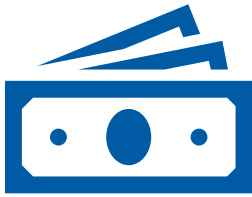
4/11/2025

**BUSINESS INSIDER**

## Trump drew the line at Social Security cuts in Republicans' proposed budget, but Medicaid is on the chopping block

2/13/2025

# Potential Congressional Action: Three Focus Areas



1. Reductions in federal matching funds for Medicaid



2. Restrictions on existing health care funding streams



3. Changes in Medicaid eligibility rules

# 1. Reductions in Federal Matching Funds for Medicaid



Today, Medicaid Costs are shared by the Federal and State Governments



Federal government assumes ~60% (“blended share”) of cost of NJ FamilyCare.

90% of cost for low-income adults covered under Affordable Care Act  
65% of cost for moderate to low-income children under the Children’s Health Insurance Program (CHIP)  
50% of the cost for most other NJ FamilyCare members



Total annual NJ FamilyCare budget: \$24 billion ( ~\$14 billion federal, \$10 billion state)

# 1. Reductions in Federal Funding for Medicaid: New Jersey Impact

- **Scenario 1 – Eliminate the 50% “floor” for Medicaid & CHIP**
  - New Blended Federal Share: **51%** (90% for ACA Expansion Adults, 56% for CHIP, 38% for Other Medicaid)
  - NJ impact in annual loss of federal funds: **-\$2.2 billion**
- **Scenario 2 – Eliminate the 90% federal share for ACA Expansion Adults**
  - New Blended Federal Share: **51%** (50% for ACA Expansion Adults, 66% for CHIP, 50% for Other Medicaid)
  - NJ impact in annual loss of federal funds: **-\$2.3 billion**
- **Scenario 3 – Eliminate the 50% floor for Medicaid & CHIP *and* the 90% federal share for ACA Expansion Adults**
  - New Blended Federal Share: **39%** (38% for ACA Expansion Adults, 56% for CHIP, 38% for Other Medicaid)
  - NJ impact in annual loss of federal funds: **-\$5.2 billion**
- **Scenario 4 – Set “per capita caps” on federal Medicaid funding**
  - Set numerical dollar limits on federal Medicaid funding
  - State bears full risk for unexpected events (e.g. pandemic or recession)
  - NJ impact in annual loss of federal funds: **Unknown**

## 2. Restrictions on Existing Health Care Funding Streams

### Provider Taxes:

- Targeted taxes on health care providers and health plans
  - Revenue from these taxes are eligible for federal match and **are reinvested** in the healthcare system.
- Current federal rules allow such taxes to total **up to 6%** of provider / health plan revenue.
- **Congressional Option:** Lower 6% cap or forbid such taxes altogether.

### Directed Payments:

- Most states require **managed care plans** to make certain add-on payments to health care providers, known as "directed payments."
- Directed payments may incentivize **high quality care**, support **training** of new providers, or support **safety net providers**.
- **Congressional Option:** Restrict or forbid directed payments.



## 2. Restrictions on Existing Health Care Funding Streams: NJ Programs at Risk **-\$4.2B**

### Provider Taxes:

**County Option** – State / County Partnership that supports investments in local hospitals

**-\$2.5 billion** in annual federal funding

**HMO Premium Assessment** – reinvested to cover Medicaid costs

**-\$517 million** in annual federal funding

**Hospital Assessment** – reinvested to support NJ hospitals

**-\$287 million** in annual federal funding

**Nursing Home Assessment** – helps fund nursing home reimbursements

**-\$93 million** in annual federal funding

### Directed Payments:

**New Jersey Medicaid Access to Physician Services Program** – Supports teaching hospitals and affiliated providers

**-\$252 million** in annual federal funding

**QIP-NJ** – Supports hospitals with strong quality outcomes in maternal and behavioral health

**-\$126 million** in annual federal funding

**Outpatient Supplemental Payment Program** – Provides additional funding to hospitals based on safety net formula

**-\$378 million** in annual federal funding

# 3. Changes in Medicaid Eligibility Rules



**Today NJ FamilyCare eligibility is assessed based on various factors:**

Household size  
Income  
Residency  
Immigration Status  
Age  
Disability Status  
Financial Assets



**Eligibility is checked by the State or County at the time of initial application**

Eligibility workers reach out to applicants with any follow up questions, or to request additional information.



**Eligibility is re-verified every 12 months**

Members are legally required to inform NJ FamilyCare of any changes in status in between eligibility verifications

# 3. Changes in Medicaid Eligibility Rules: New Jersey Impact ~700,000 at risk of losing healthcare

## Scenario 1: Impose "Work Requirements" on Medicaid members

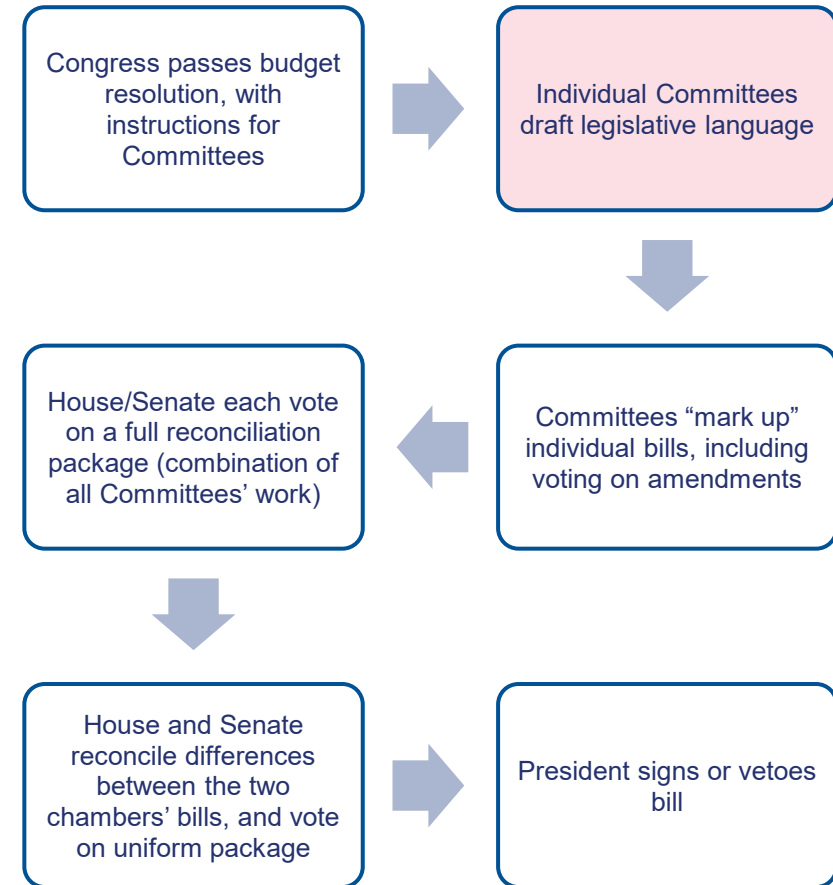
- Certain Medicaid applicants (most likely working age adults) would need to demonstrate a minimum number of hours of paid employment or another qualifying activity
- Potential New Jersey impacts:
  - Up to **700,000** low-income working age adults' coverage at risk
    - May particularly impact members with **mental illness** or **substance use**, members with **certain disabilities**, members **caring for young children or elderly relatives**, and those who lose employment/ cannot find work
  - **~\$250 million** in annual federal Medicaid funding at risk
- Key policy considerations:
  - Exemptions (Disability, student status, qualifying health conditions, caretaker, etc.)
  - Documentation requirements
  - Frequency of work requirement checks

## Scenario 2: Increase frequency of eligibility checks from once every 12 months to once every 6 months or once every quarter

- Would place stress on already overloaded state and county workers (still facing significant backlogs from "unwinding")
- Would require substantial new state / county investments & hiring more workers (perhaps **~\$50 million** annually)
- Some members would likely lose eligibility, due to failure to complete more frequent paperwork with short turnaround times

# Potential Congressional Action: Next Steps

- Congressional budget process is “a marathon, not a sprint”
  - Key policy decisions have **yet to be finalized**.
- Impacts on NJ FamilyCare will vary significantly, depending on contents of final enacted budget
- DMAHS will provide further updates as they become available.



# Palliative Care Benefit

# Community-based palliative care is designed to improve quality of life for Medicaid members with serious disease



## Details of the community-based palliative care benefit

- In 2023, the legislature enacted P.L. 2023, c.187, a bill requiring the addition of a palliative care benefit to NJ FamilyCare.
- Benefit helps members **navigate the care system** and **manage symptoms** through an interdisciplinary care management team, including:
  - A prescribing physician
  - A licensed clinical social worker (LCSW), licensed professional counselor (LPC), or licensed marriage and family therapist (LMFT)
  - A registered nurse
  - Other providers, such as specialists or chaplains based on member needs and preferences
- Members will **not need a terminal prognosis** and will **not need to forgo curative treatment**
- The benefit will be available for both adult and pediatric members with serious disease

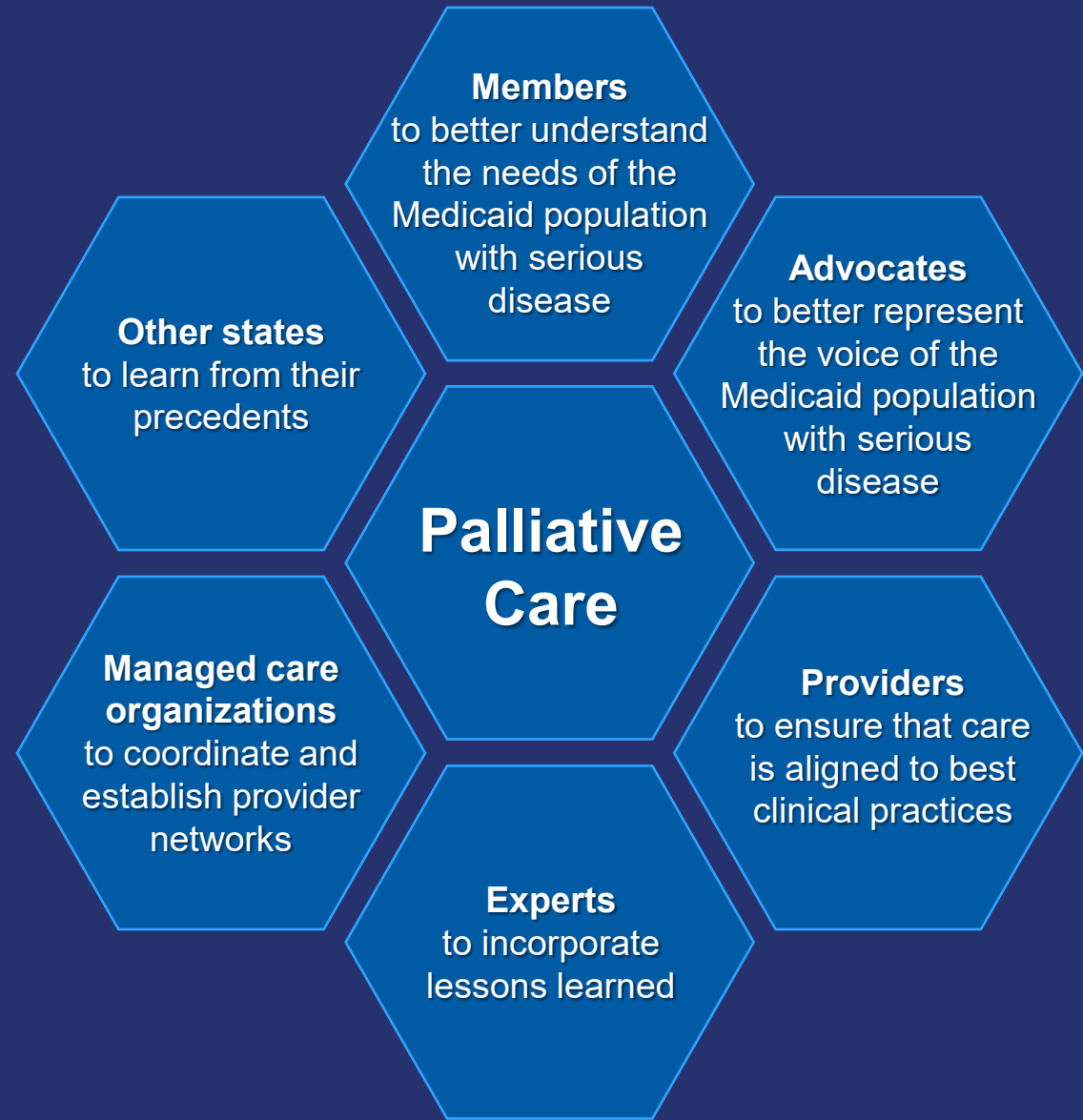
## Goals of the benefit

- Improve **quality of life**
- Reduce acute care use

## Anticipated January 2026 launch

- Plan to submit State Plan Amendment (SPA) for federal approval mid-2025

# Palliative Care Benefit Design: Key Stakeholder Inputs



# Preliminary Palliative Care Benefit

## Eligibility Criteria

**Diagnosis of a serious disease.** Examples include:

- Cancer (stage III or IV)
- Congestive heart failure
- Chronic Obstructive Pulmonary Disease (COPD)
- End-Stage Renal Disease (ESRD)
- Congenital genetic disorders

**AND one or more of the following:**

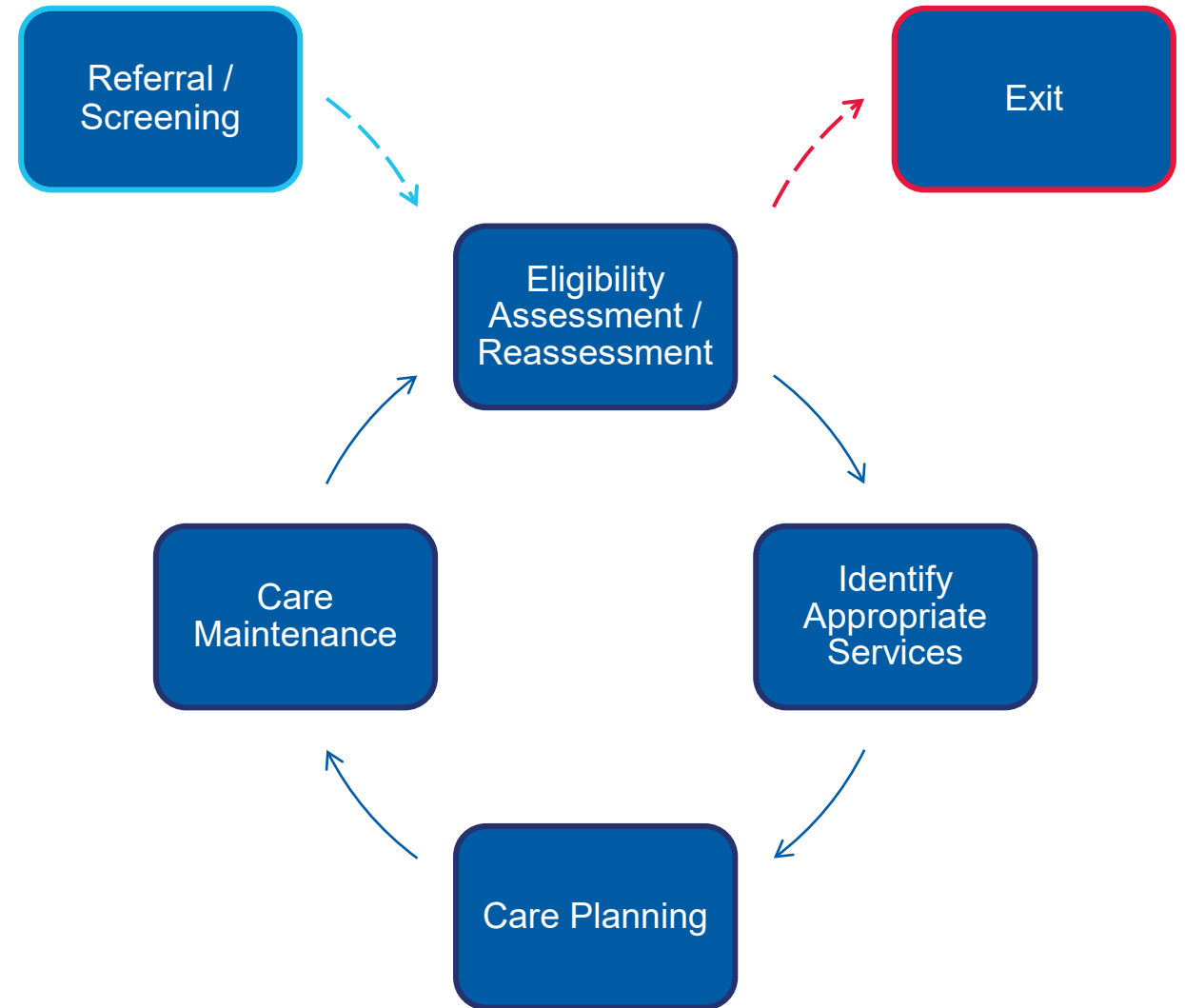
- **Functional decline** (such as difficulty with 1+ activity of daily living)
- **Emergency department (ED) or inpatient (IP) use** (1 IP within 1 year and/or 2+ ED within 6 months)
- **MCO determination of medical necessity**

## Covered Services

- Interdisciplinary team (IDT)-developed comprehensive care plan
- Pain/medication management
- Care coordination
- Advance care planning
- Spiritual care based on member preferences
- Needs assessments
- Capability determinations
- Education and training for member's family and caregivers
- 24/7 access to contracted hotline and IDT as appropriate



# Member Journey



# Cell and Gene Therapy Model

# CMS CGT Access Model: New Jersey Participation

- National Cell and Gene Therapy (CGT) Access Model, focuses on therapies for Sickle Cell Disease (SCD)
- **Goals:**
  - Increased access to CGTs in qualified regional medical centers
  - Improved health outcomes for members with SCD
  - Lower state costs for SCD treatments Casgevy and Lyfgenia via prior CMS negotiation of outcomes-based agreements (OBAs)
- **Projected effective date:** January 1, 2026
- **Completed tasks:**
  - NJ FamilyCare submitted a State Plan Amendment (SPA) to the federal Centers for Medicare and Medicaid Services (CMS), which was approved on March 11, 2025. Participation in OBAs with manufacturers is now authorized.
  - CGT application submitted to CMS on March 13, 2025.

## CMS

- Negotiated with pharmaceutical manufacturers, creating outcome-based agreements with enhanced rebates
- Will waive federal rules to allow manufacturers to reimburse providers for fertility-preserving treatments
- Will monitor and enforce compliance with model requirements
- Accepted applications from interested states & territories

## NJ FamilyCare has applied to participate

- Upon approval, NJ FamilyCare (NJFC) will make changes necessary to implement model requirements
- NJFC will collect rebates and outcome-based payments from manufacturers

## Manufacturers

- Will pay NJFC both outcomes-based and other enhanced rebates
- Will reimburse providers for fertility-preserving treatments

# Housing Supports Update

# Housing Supports Overview

 <b>Goals</b>	<ul style="list-style-type: none"><li>• Help <b>find &amp; maintain housing</b> for housing insecure members to <b>improve health outcomes</b></li><li>• Drive greater connection of the housing and health care ecosystems</li></ul>
 <b>Authority</b>	<ul style="list-style-type: none"><li>• 1115 demonstration approved by CMS through June 2028</li></ul>
 <b>Geography</b>	<ul style="list-style-type: none"><li>• Statewide</li></ul>
 <b>Services</b>	<ul style="list-style-type: none"><li>• <b>Pre-tenancy services</b>: case management supports to help members find housing</li><li>• <b>Tenancy sustaining services</b>: case management supports to help members maintain housing</li><li>• <b>Residential modification and remediation</b>: modifications or repairs to home to ensure health &amp; safety</li><li>• <b>Move-in supports</b>: payment to support the setup of new housing or a move</li><li>• <b>Does not include payment for rent or housing production</b></li></ul>
 <b>Eligibility</b>	<ul style="list-style-type: none"><li>• MCO enrolled</li><li>• At least 1 clinical risk factor (e.g., chronic health condition, mental health condition)</li><li>• At least 1 social risk factor (e.g., homeless, at risk of homelessness)</li></ul>
 <b>Provider qualifications</b>	<ul style="list-style-type: none"><li>• Pre-tenancy and tenancy sustaining services: organizations with experience serving housing insecure populations; can demonstrate experience via participation in other comparable government programs</li><li>• Modification and remediation services: licensed home contractors will deliver</li><li>• Move-in supports: housing supports providers or MCOs can pay directly and be reimbursed for these costs</li></ul>
 <b>Admin model</b>	<ul style="list-style-type: none"><li>• MCOs responsible for building network, paying claims, authorizing services, and MCO care management</li><li>• Housing supports providers responsible for delivering services</li></ul>

Pre-Tenancy Services	Tenancy Sustaining Services	Move-in Supports	Modification and Remediation
<p>Services that support beneficiaries obtain housing:</p> <ul style="list-style-type: none"> <li>• Develop an individualized housing support plan to help member achieve their goals</li> <li>• Assist with the housing search and application process</li> <li>• Assist in communicating with the landlord or property manager, including accompanying the head of household to appointments, lease negotiations, and signings</li> <li>• Review of the living environment to ensure it is safe and ready for move-in</li> <li>• Financial education including credit repair and counseling</li> </ul>	<p>Services that support beneficiaries maintain safe and stable tenancy:</p> <ul style="list-style-type: none"> <li>• Assist with lease renewals and housing certification process</li> <li>• Assist in addressing circumstances and/or behaviors that may jeopardize housing</li> <li>• Assist in resolving disputes with landlords</li> <li>• Support in development of independent living and tenancy skills, including: housekeeping; cleanliness; time management; financial literacy skills; setting up a bank account, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Pay for the set-up of the new housing unit <ul style="list-style-type: none"> <li>- Pest eradication and one-time cleaning prior to move in</li> <li>- Purchase of household furnishings needed to establish community-based tenancy including furniture, food preparation items, pantry stocking, or bed/bath linens</li> </ul> </li> <li>• Pay for the move and supporting the details of the move <ul style="list-style-type: none"> <li>- Application fees, movers, security deposits, set-up fees (utility, electricity, heat &amp; water)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Provide remediation services, including air filtration devices, asthma remediation</li> <li>• Modify home environment (e.g., ramps, handrails, grab bars)</li> <li>• Provide medically necessary heating and cooling services</li> </ul>

Pre-Tenancy and Tenancy Sustaining Services	Move-in Supports	Residential Modifications and Remediations
<ul style="list-style-type: none"> <li>• No cap on service duration</li> <li>• Reauthorizations every 6 months</li> <li>• Guidance on expected utilization: on average, 6-18 months may be needed for individuals to become stably housed, but services may continue beyond 18-month timeframe if needs persist</li> <li>• Members can't be receiving duplicative services (can't have more than 1 Pre-tenancy or Tenancy Sustaining provider at a time, or CSS services simultaneously)</li> </ul>	<ul style="list-style-type: none"> <li>• \$10,000 lifetime cap; exceptions allowed based on need</li> <li>• Limited to one 'moving experience' per lifetime per member               <ul style="list-style-type: none"> <li>• May entail multiple service authorizations and does not have a state-determined time limit</li> </ul> </li> <li>• Does not allow:               <ul style="list-style-type: none"> <li>• Transitions into institutions (e.g., nursing facilities)</li> <li>• Residential or vehicle modifications</li> <li>• Recreational items</li> <li>• Pre-owned items that may be physically unsafe</li> <li>• Recurring expenses (e.g., food, utilities)</li> <li>• Monthly rental or mortgage expenses (does include security deposit)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• \$15,000 lifetime cap; exceptions allowed based on need</li> <li>• Does not allow:               <ul style="list-style-type: none"> <li>• Modifications for participants living in licensed residences</li> <li>• Modifications to public/communal areas</li> <li>• Modifications of general utility with no medical or remedial need</li> <li>• Adaptations that add footage to the home</li> <li>• Modifications for housing owned or leased by providers</li> </ul> </li> </ul>

# MCO and Provider Guidance Released

DMAHS has released detailed guidance to the Managed Care Organizations and prospective housing supports providers

- MCOs received the guidance in January to prepare their systems.
- Providers were given their guidance in March 2025 and now have what they need to get ready for enrollment.

Housing Supports Program  
Provider Guidance

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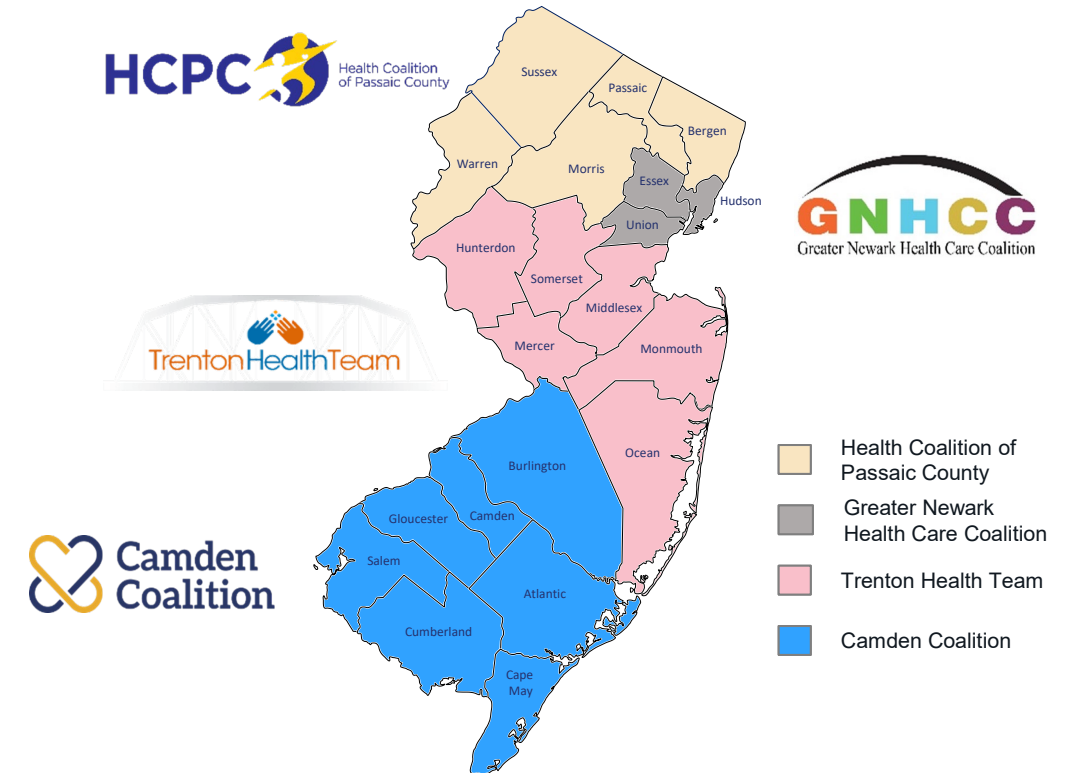
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# NJ's Regional Health Hubs (RHHs) are supporting housing providers in this transition

- **All four RHHs will:**
  - Promote the program to recruit a robust network of providers within their regions
  - Conduct member/community engagement to inform a successful roll-out
- **In addition, the Camden Coalition will:**
  - Deliver a series of training to support providers
  - Serve as a “help line” for providers to field/answer questions and troubleshoot issues
  - Liaise between the state, MCOs, and providers to support implementation

## RHH County Coverage



# Implementation Update

- **Initial program design complete**

- Housing Supports program fully integrated into January 2025 MCO contract. Working towards refining and updating contract language for July 2025 contract
- Program guidance for the MCOs and providers can be found on the [Camden Coalition website](#).
- Service will go-live **July 1, 2025**

- **Significant investment in training and capacity building**

- 43 community-based organizations (CBOs) received capacity building grants via the Provider Readiness Grants. Initiative is a partnership with DCA to provide grants/start-up funding
- Partnership with the Regional Health Hubs (RHHs) to provide trainings and technical assistance

- **Meaningful stakeholder engagement**

- Hosted MCO Meet & Greet in August to bring together program partners
- Continue meeting with housing agency partners and all other stakeholders regularly

# Four steps to become a Housing Supports program provider

## Conduct self assessment

- Determine if your organization meets administrative and financial capabilities necessary to run program services
- Is your organization capable of contracting with MCOs, standing up new billing, data reporting, and training staff?



## Apply for National Provider Identifier (NPI)

- A National Provider Identifier (NPI) is a privacy protected 10-digit number assigned to every health care provider in the United States
- Organizations can apply for NPIs through the Center for Medicare and Medicaid Services' (CMS') National Plan and Provider Enumeration System (NPPES)



## Enroll with Division of Medical Assistance & Health Services (DMAHS)

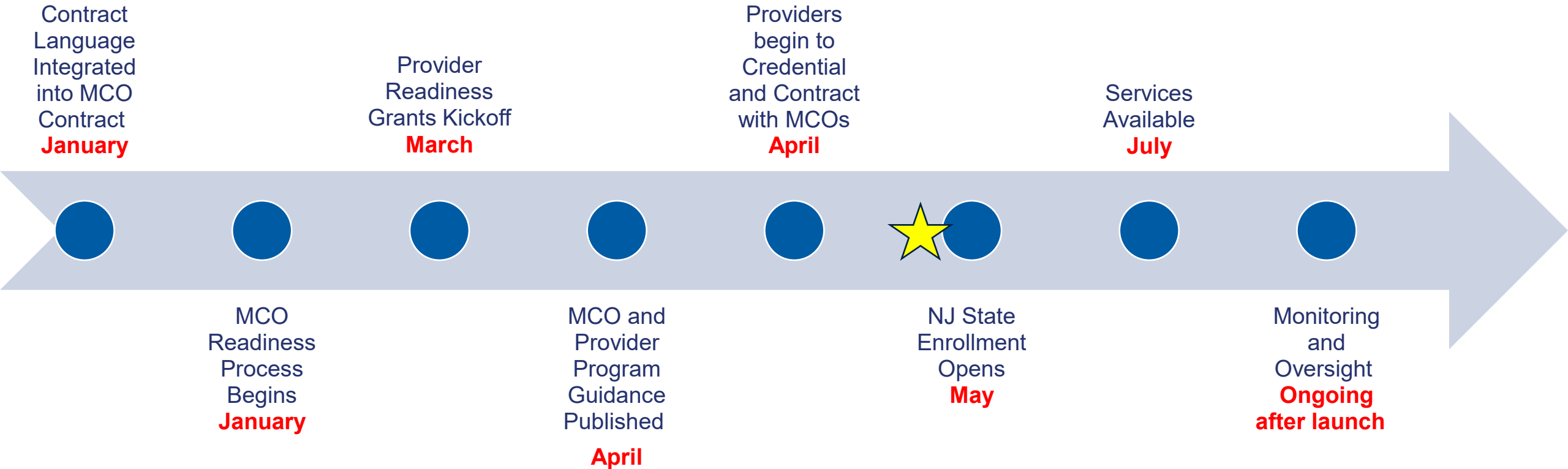
- Apply to Medicaid enrollment via [NJMMIS.com](https://njmmis.com)
- Regional health hubs will support application process and questions



## Credential & contract with managed care organizations (MCOs)

- Complete standardized credentialing application to join managed care organization's provider network
- Each managed care organization has their own contracting processes and procedures
- Regional health hubs will support application process and questions







# We are on track to launch on July 1, 2025



# For more information

Type of question	Point of contact
Program Questions	Camden Coalition ( <a href="#">Help Desk</a> ) DMAHS ( <a href="mailto:DMAHS.HousingSupports@dhs.nj.gov">DMAHS.HousingSupports@dhs.nj.gov</a> )
Technical Assistance	<b>Questions on how to complete forms and navigate processes (e.g., how to join an MCO network)</b> <ul style="list-style-type: none"><li>• Camden Coalition (<a href="#">Help Desk</a>)</li><li>• MCOs (See next slide)</li></ul> <b>Primary to check status of completed forms</b> <ul style="list-style-type: none"><li>• Enrollment: Gainwell (<a href="mailto:njmmisproviderenrollment@gainwelltechnologies.com">njmmisproviderenrollment@gainwelltechnologies.com</a>)</li><li>• NPI: CMS</li><li>• Credentialing / Contracting: MCOs</li><li>• Authorizations: MCOs</li><li>• Claims: MCOs</li></ul>
Please stay in touch!	<ul style="list-style-type: none"><li>• <b>Camden Coalition newsletter:</b> <a href="https://mailchi.mp/5eecd8b2466d/nj-familycare-housing-support-program-email-landing-page">https://mailchi.mp/5eecd8b2466d/nj-familycare-housing-support-program-email-landing-page</a></li><li>• <b>Camden Coalition website:</b> <a href="https://camdenhealth.org/work/nj-familycare-housing-supports-program/">https://camdenhealth.org/work/nj-familycare-housing-supports-program/</a></li></ul>

# State and MCO contact information for members and providers

State	Health Plans				
					
<a href="#">Support and resources website for providers</a>	Network contact: <a href="#">Join network NJHousingServices@aetna.com</a>	Network contact <a href="#">Join network Marlene.G.Mercado@fideliscarenj.com</a>	Network contact: <a href="#">Join network Alana_McDonald@horizonblue.com</a>	Network contact: <a href="#">Join network NJ_HCBS_PR@UHC.com</a>	Network contact: <a href="#">Join network NJHousing@wellpoint.com</a>
<a href="#">Provider readiness packet</a>	<a href="#">Website</a>	<a href="#">Website</a>	<a href="#">Website</a>	<a href="#">Website</a>	<a href="#">Website</a>
<a href="#">DMAHS.HousingSupports@dhs.nj.gov</a>	<a href="#">Member portal</a>	<a href="#">Member portal</a>	<a href="#">Member portal</a>	<a href="#">Member portal</a>	<a href="#">Member portal</a>

# **MCO Contract Changes: Nursing Facilities**

# Key Goals

---

Ensure that all nursing facilities meet basic quality standards that protect the health, safety, and happiness of members

---

Using qualitative and quantitative data, including state and federal metrics, identify facilities with chronic quality concerns

---

Help NJ FamilyCare members and caregivers make informed choices about where to receive long-term care

---

Empower MCOs to monitor and adjust their provider networks as needed to maintain quality care for members

---

Protect the autonomy of members to choose and remain in the nursing facility of their choice

---

Ensure all actions taken are guided by principles of person-centered care that promote the delivery of healthcare services in facilities that are responsive to resident needs and preferences

---

Adapt and evolve standards in response to member needs and changes in quality in nursing facilities



# Key Contract Changes

01

Waiver of Any  
Willing Provider  
Requirement

02

Increased  
Frequency of  
**Care  
Management**  
Visits

03

**Additional  
Member**  
Notification  
Requirements

# 1. Waiver of Any Willing Provider Requirement



## What's the same?

MCOs are still **required** to contract with **vast majority** of Medicaid-participating nursing facilities (NFs).

MCOs still have the **option** to contract with **all** Medicaid-participating NFs.

MCOs **must** continue to cover services for **existing residents** of **all** NFs.

**Rates are not affected** by whether a facility meets AWQP criteria



## What's different?

MCOs have the **option** to **not contract** with the limited number of Medicaid-participating NFs that do not meet Any Willing Qualified Provider criteria

# 1. Waiver of Any Willing Provider Requirement (cont.)

- Which facilities will **not be included** on Any Willing Qualified Provider list?
  - Facilities that have in **two of the three most recently completed calendar years**:
    1. Been included on the Center for Medicare and Medicaid Services (CMS) **Special Focus Facilities** (SFF) Lists A, C, or D at least once; **or**
    2. Been cited for **two or more Level G or higher federal deficiencies** or similar equivalent licensing violations from the New Jersey Department of Health; **or**
    3. Received an overall **one-star rating** by CMS for **nine or more of the prior twelve quarters**.

## 2. Increased Frequency of Face-to-Face Visits



### What's the same?

MCOs are still **required** to conduct face-to-face care management visits for **all NF residents**, at least once every **180 days**.

Required **elements** of care management **visits are unchanged**.

Care managers monitor **member care**, not facility compliance with CMS/DOH requirements



### What's different?

For **limited subset** of NFs:

- Frequency of care management visits must increase to at least **once per quarter** (for each member)
- MCOs must conduct care management visits at each NF at least **once per month** (across all members)

## 2. Increased Frequency of Face-to-Face Visits (cont.)

- MCOs will increase the frequency of care management visits in which facilities?
  - Facilities **not included** on the **Any Willing and Qualified Provider** list
  - Other facilities of concern **identified by DMAHS**, that:
    - Are at **risk of closure**
    - Are at **risk for negative licensing action** that could impact residents
    - Are at **risk for financial instability**
    - Have demonstrated **chronic quality concerns**
    - Are experiencing a **crisis** that may result in the need to relocate residents

# 3. Additional Member Notification Requirements



## What's the same?

Members have the **right to choose a NF**, including the right to *remain* in NF that does not meet AWQP criteria



## What's different?

New **standardized notifications** are required for certain members (and families)

### 3. Additional Member Notification Requirements (cont.)

- MCOs will provide additional notifications to members in which facilities?
  - Facilities **not included** on the **Any Willing Qualified Provider List**
  - All other facilities with a **CMS one-star rating** in the previous quarter

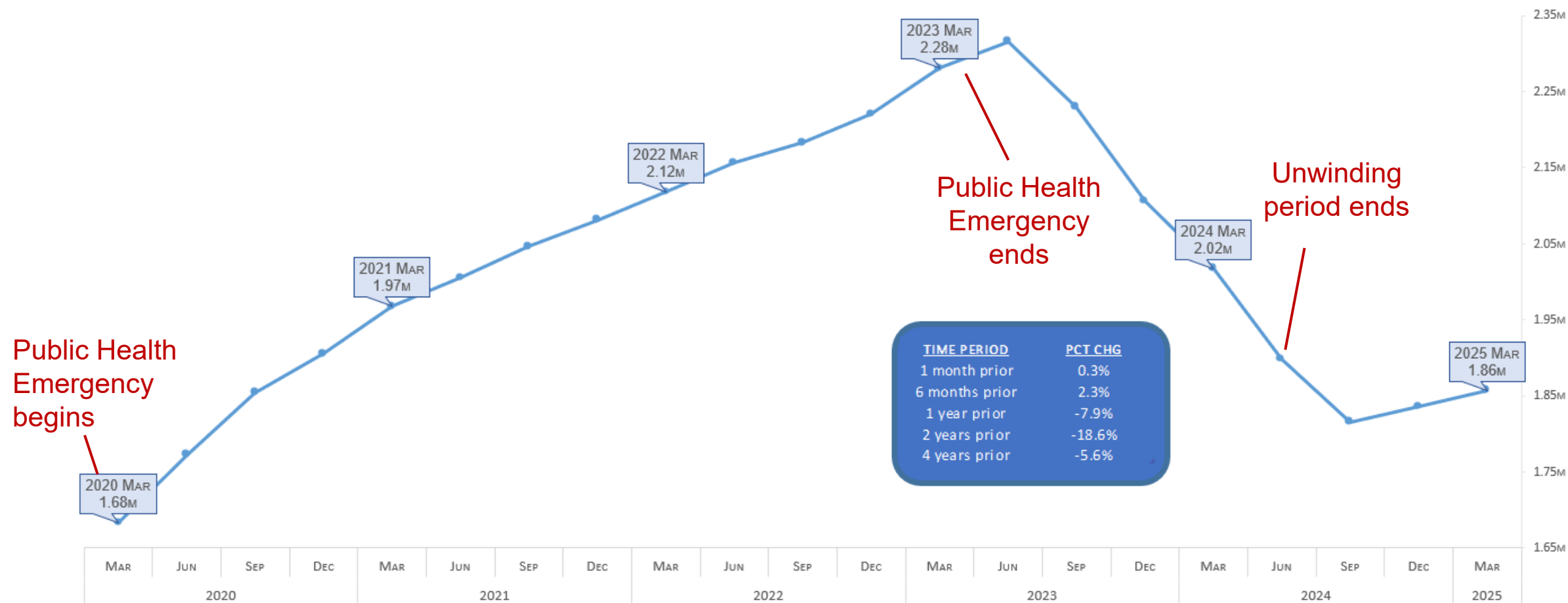
# Next Steps

- Provider meeting to detail program changes and address questions
  - May 14<sup>th</sup>, 4 pm – [register online](#)
- Additional program guidance to be released to MCOs
- Impacted providers to be given advanced notice
- Implementation scheduled to begin **July 2025**



# Eligibility and Enrollment Updates

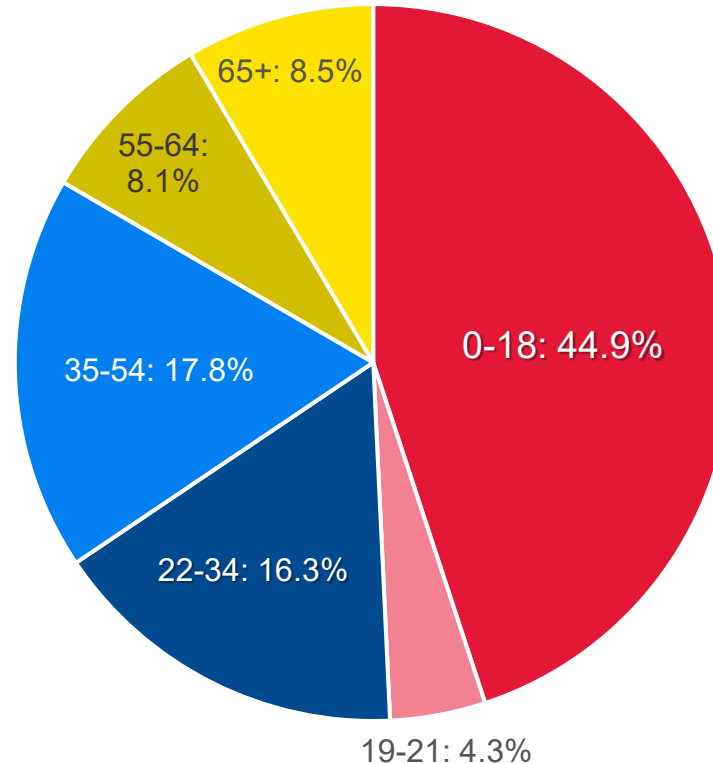
# Background: NJ FamilyCare Enrollment



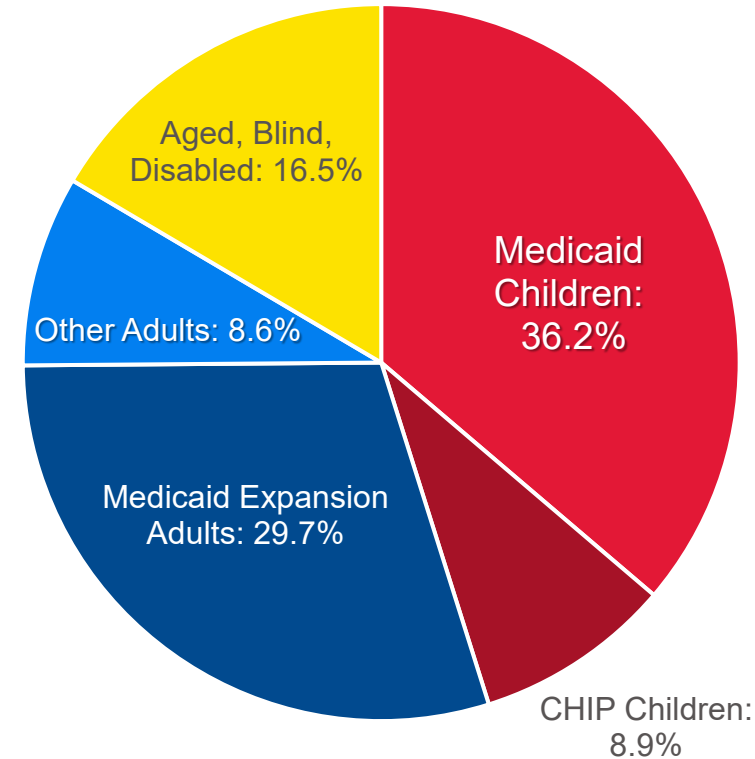
# NJ FamilyCare Membership

- NJ FamilyCare updates [public enrollment data](#) each month.
- Children represent nearly half of NJ FamilyCare enrollees
- Around one in six NJ FamilyCare members are over age 65 and/or have a disability.

NJ FamilyCare  
Membership by Age



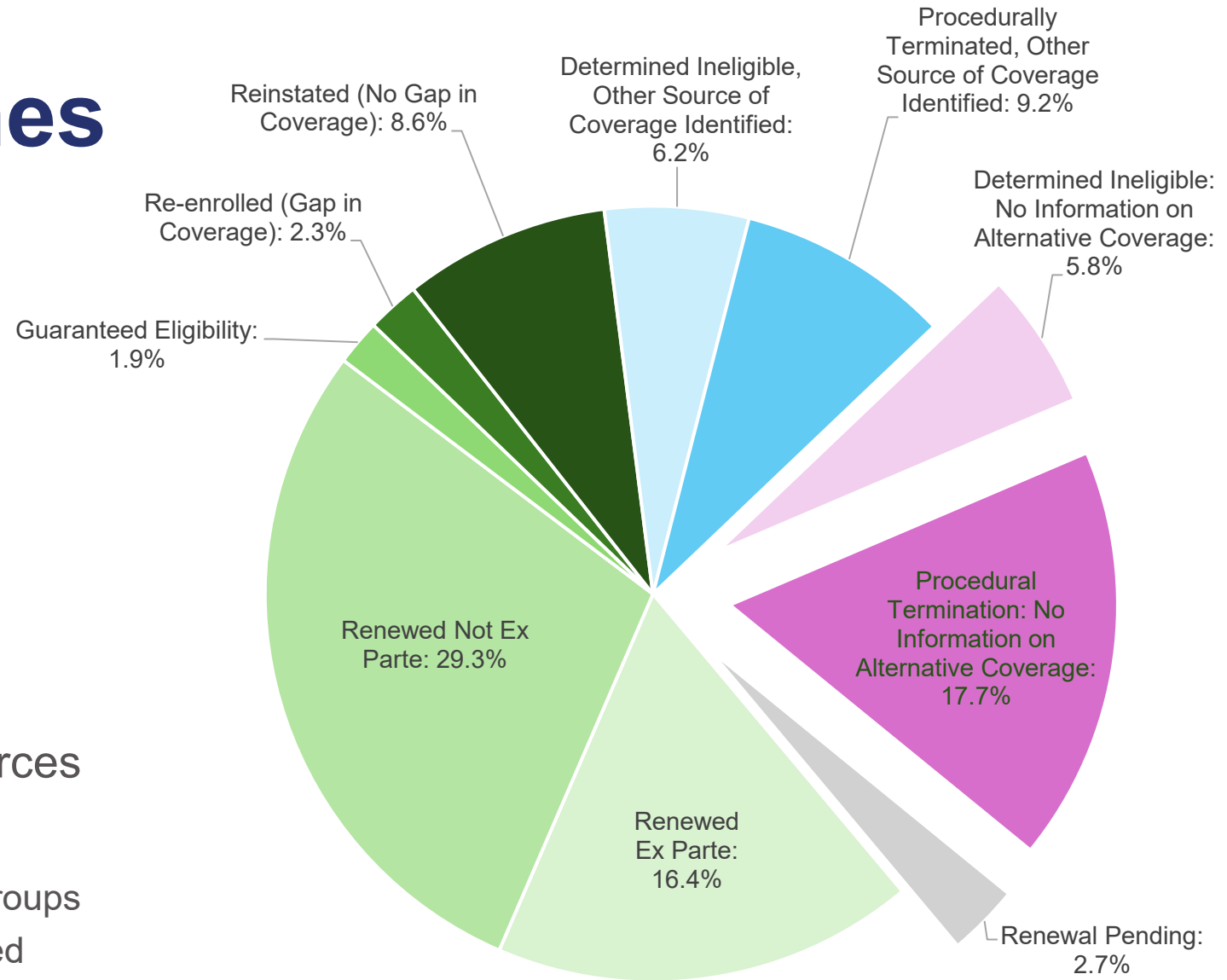
NJ FamilyCare Membership  
by Eligibility Category



Data is as of February 28, 2025.

# Unwinding Outcomes

- Unwinding data is as of end of March
- Remaining pending cases include:
  - Overdue / deferred cases
  - Members with pregnancies, resulting in continuous eligibility
  - Fair hearing cases
  - Data errors
- State data on alternative coverage sources is limited
  - “No Information on Alternative Coverage” groups are likely a significant overcount of uninsured



Data is as of March 31, 2025. Data captures renewal cohorts with redetermination dates between June 2023 and May 2024. Alternative coverage is as of the date of disenrollment from NJ FamilyCare.

# Eligibility Systems Improvements

- DMAHS is actively partnering with County Social Service Agencies (CSSAs) that continue to struggle with post-unwinding volume
- DMAHS is implementing several eligibility systems upgrades to assist CSSAs with remaining backlogs and improve the **accuracy and efficiency** of the redetermination process:
  1. Allow the State to attempt *ex parte* (**automatic**) renewals using all available data sources, to reduce the number of applications that must be processed manually
  2. Pause and restart renewal process for certain members with **out-of-date** (>5 months) cases, to support bringing all members' eligibility status up-to-date
  3. Make **online renewals** available for all members who qualify for Medicaid based on age or disability status.

# Eligibility Systems Improvements: Status

## Online ABD Renewal Rollout

Ex parte renewals using all data sources

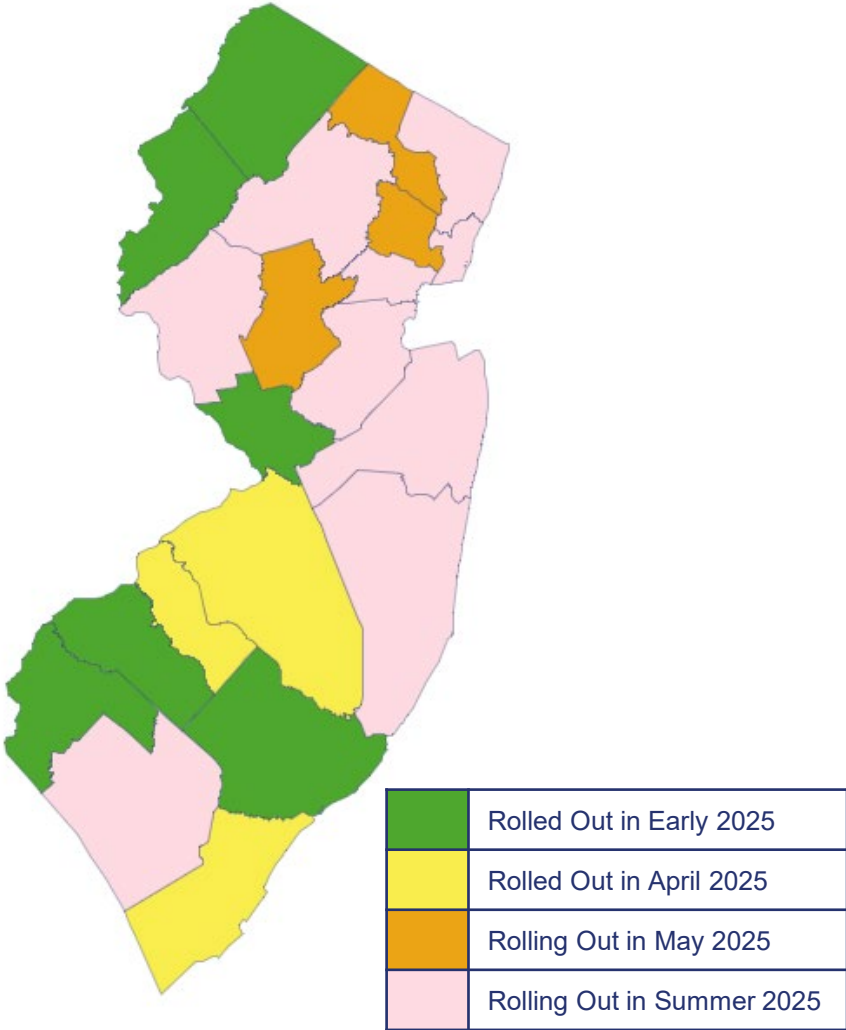
- Successfully piloted in Hudson County: March 2025
- Targeted statewide rollout: Summer 2025

Pause renewals on out-of-date cases

- Based on federal guidance, in late 2024 counties were instructed to stop processing cases older than five months
- Starting in January 2025, unprocessed cases that were a year old were restarted on a manual basis, with requests for up-to-date information
- Full automated solution expected in 2025
- Members **always maintain** coverage until up-to-date renewal application is processed

Make online renewals available for members who qualify based on age or disability status

- Rollout has begun on county-by-county basis
- Scheduled to be completed by end of Summer 2025 (See map)



# **Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) Updates**

# MAC and BAC Member Recruitment

**Recruitment for MAC and BAC members has included the following:**

- Recruitment Messaging
  - Announcements to NJ FamilyCare/ Medicaid stakeholders via public meetings
  - Published on the [Medical Assistance Advisory Council website](#)
  - Email blast to NJ FamilyCare enrollees for BAC vacancies
- All recruitment announcements include information on how to apply for a MAC and/or BAC seat along with contact information for any inquiries and questions.



# MAC and BAC Member Recruitment (cont.)

- **Application Process**

- Interested parties may nominate themselves for a vacant MAC and/or BAC seat by completing a Membership Application for the Medicaid Advisory Committee and Beneficiary Advisory Council.
- Once the nomination period closes, the application review process will begin. There are a limited number of seats on both committees.

- **Application Review and Notifications**

- All applications received for the MAC and/or BAC will be reviewed to determine if the applicant meets the criteria for the seat for which the applicant is applying.
- All applicants will receive notification of either appointment, or that MAC and/or BAC membership needs have been met.
- Appointment notification letters will document the term of the appointment as well as contact information for MAC and/or BAC administrative support.

# Next Steps

- **Target Timeline**

- Close member nominations: May 31, 2025
- Application review concludes: June 15, 2025
- Initiate new MAC and BAC (Target): July 2025

- To nominate yourself to the NJ FamilyCare/Medicaid MAC or BAC, visit [forms.office.com/g/ZR3tschEyd](https://forms.office.com/g/ZR3tschEyd).

# **Behavioral Health Integration Status Update**

# Context | NJ's Behavioral Health Integration Phase 1 went Live on Jan. 1

## NJ FamilyCare is taking a phased approach to integrate behavioral health services into managed care

As of January 1<sup>st</sup>, **Phase 1 services (BH outpatient services) have been integrated** into managed care. These services are:

- Mental Health (MH) outpatient counseling / psychotherapy
- MH partial hospitalization
- MH partial care in outpatient clinic
- MH outpatient hospital or clinic services
- Substance Use Disorder (SUD) outpatient counseling
- SUD intensive outpatient
- SUD outpatient clinic
  - Ambulatory withdrawal management
  - Peers support services
  - SUD care management
- SUD partial care

## The Phase 1 transition period has been extended from 90 to 180 days

To reduce provider burden and ensure continuity of care for members, DMAHS and the Division of Mental Health and Addition Services (DMHAS) are mandating that **all MCOs extend the following transition-period policies through June 30, 2025:**

- All prior authorizations for Phase 1 BH services must be automatically approved
- All valid claims must be paid at least the fee-for-services (FFS) rate for all out-of-network Phase 1 providers

In addition to extending these policies, we will be continuing to work with MCOs to improve processes so that together we can better support them and ultimately better serve members



The three **main goals of Behavioral Health Integration** are to increase **member access** to services, integrate behavioral and physical health for **whole-person care**, and improve **care coordination**

# DMAHS is continuing to monitor implementation during the transition period

DMAHS is tracking key performance metrics to ensure a successful Phase 1 implementation and to triage identified issues. Some of these metrics include:

- Timely resolutions of member and provider inquiries submitted to the State
- Number of member and provider grievances flagged to MCOs
- Claim payment and denial rates
- Number of claims submitted with associated prior authorizations
- Number of members seen by out-of-network providers
- MCO contract status of fee-for-service providers who served members prior to go-live
- Number of members enrolled in MCO behavioral health care management

## Key Goals of Phase 1 monitoring



Members maintain continuity of care



MCOs develop stable provider networks



Prior authorization processing is timely with submissions through NJ Substance Abuse Monitoring System (NJSAMS) and to MCOs directly



Providers submit clean claims, which are accurately and efficiently paid by MCOs

# Past and upcoming member and provider forums to ensure stakeholder support during implementation



## Past Events

### Cross Stakeholder

- Bimonthly Advisory Hub – 3/28

### Provider Events

- MCO-led Care Management Training – 1/28
- Virtual Office Hours – 2/11
- Claims Refresher Training – 2/25
- Prior Authorization Refresher Training – 3/12
- DMHAS Provider Quarterly Meeting – 3/14
- Virtual Provider Office Hours – 4/23

### Member Events

- Biweekly Consumer / Advocacy Organization Forum – 3/14



## Upcoming Trainings and Forums

### Cross Stakeholder

- Bimonthly Advisory Hub – 5/30







### Provider Events

- In-person Provider Office Hours – 6/26

### Member Events

- Biweekly Consumer / Advocacy Organization Forum – 5/9

# State and MCO contact information for members and providers

State	Health Plans				
					
<b>Contact Line:</b> 1-609-281-8028	<b>Member:</b> 1-855-232-3596 (TTY: 711)	<b>Member:</b> 1-888-343-3547 (TTY: 711)	<b>Member:</b> 1-800-682-9090 (TTY: 711)	<b>Member:</b> 1-800-941-4647 (TTY: 711)	<b>Member:</b> 1-833-731-2147 (TTY: 711)
<a href="#">Stakeholder Website</a>	<b>BH Provider:</b> 1-312-342-0439	<b>BH Provider:</b> 1-862-229-3493	<b>BH Provider:</b> 1-973-466-6327	<b>BH Provider:</b> 1-732-623-1044	<b>BH Provider:</b> 1-732-713-7636
<a href="#">Provider Readiness Packet</a>	<a href="#">Website</a>	<a href="#">Website</a>	<a href="#">Website</a>	<a href="#">Website</a>	<a href="#">Website</a>
<a href="mailto:Dmahs.behavioralhealth@dhs.nj.gov">Dmahs.behavioralhealth@dhs.nj.gov</a>	<a href="#">Member Portal</a>	<a href="#">Member Portal</a>	<a href="#">Member Portal</a>	<a href="#">Member Portal</a>	<a href="#">Member Portal</a>

To join our distribution list, please let us know by contacting the DMAHS BH Unit

Full directory of behavioral health integration points of contact by MCO and department (e.g., contracting, credentialing, network, etc.) is available [here](#)

# Planning for the Next Meeting

*July 17, 2025, including the 1115 Post-Award Forum*