

# NJ FamilyCare Medical Assistance Advisory Council

January 21, 2021

# Agenda

- Welcome and call to order – Dr. Deborah Spitalnik
- Approval of Minutes – MAAC Members
- Policy Implementation - January 1 – Jennifer Langer Jacobs, Carol Grant
  - Electronic Visit Verification
  - Perinatal Risk Assessment Reimbursement
  - Initiative to Reduce Early Elective Deliveries
  - Managed Care Updates: Aetna FIDE-SNP and United Enrollment
  - Community Doula services
- COVID-19 Updates/Vaccine Distribution – Acting Commissioner Sarah Adelman, Jennifer Langer Jacobs
- Other Policy Updates – Dr. Deborah Spitalnik, Carol Grant, Greg Woods
  - NJ FamilyCare Autism Steering Committee
  - 1115 Comprehensive Waiver/Demonstration Listening Sessions
- NJ FamilyCare Enrollment Updates – Heidi Smith
  - State Based Health Insurance Exchange
  - Systems Implementation
- Proposed MCO Contract Changes – Carol Grant
- 2020 Wrap Up – Jennifer Langer Jacobs
- Discussion and Planning for the Next Meeting – Dr. Deborah Spitalnik

# JANUARY 1 POLICY IMPLEMENTATION

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# The Federal EVV Mandate

Section 12006 of the Twenty First Century Cures Act (Cures Act) and The Centers for Medicare & Medicaid Services (CMS) has mandated that Electronic Visit Verification (EVV) will be required for all Personal Care Services by January 1, 2020 and all Home Health Care Services by January 1, 2023.

NJ DMAHS received approval from CMS for a good faith effort exemption to the January 2020 implementation mandate. New Jersey's EVV system went live **January 1, 2021 per the conditions of the good faith effort exemption.**

## **Mandate Requirements:**

1. Type of service performed;
2. Individual receiving the service;
3. Date of the service;
4. Location of service delivery;
5. Individual providing the service;
6. Time the service begins and ends.

**Future focus to include program integrity, CM/missed visits.**

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# New Jersey and EVV: Current Status

- DMAHS continues collaboration with workgroups and EVV Steering Committee to ensure successful operation
- HHAX in partnership with DMAHS and MCOs continue to host trainings on how to use EVV
  - HHAX continues to provide technical assistance post go-live to ensure smooth operation of EVV with members and by providers.
- DMAHS has set up an EVV webpage where EVV information is posted as well as a general email box for EVV-related questions, issues or concerns:
  - EVV General Mailbox: [mahs.evv@dhs.nj.gov](mailto:mahs.evv@dhs.nj.gov)
  - DMAHS EVV website: <https://www.nj.gov/humanservices/dmahs/info/evv.html>
- DMAHS has issued a fact sheet and Newsletter detailing important information

Details in Medicaid Newsletter Vol.31, No.1

# EVV Compliance Thresholds

- Provider agencies will demonstrate increasing compliance with verified visit submission between January 1, 2021 and June 30, 2021
- The Minimum Compliance Threshold is defined as the percentage of all Personal Care Service claims submitted by providers which are verified by EVV technology

Verified Visit Rate (Dates of Service in Month)	Minimum Compliance Threshold**
January 2021	20%
February 2021	35%
March 2021	45%
April 2021	60%
May 2021	75%
June 2021	90%

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# EVV and Self Direction Pilot

- To ensure a smooth transition to EVV with adequate support for members and caregivers, DMAHS is implementing an EVV pilot for self-direction as follows:
  - Members of Amerigroup and their caregivers participating in the Personal Preference Program will be fully trained and supported with EVV by the fiscal intermediary, Public Partnerships, Ltd. (PPL).
    - *These are the only members self-directing through PPL who will implement EVV during the pilot period.*
  - Members using the NJ DDD Self Directed Option through Easterseals will be trained and supported with EVV by Easterseals and HHAeXchange.
- Based on member and provider experience during the first 45 days of the pilot period, DMAHS may define additional rollout groups and compliance thresholds for self-direction.

# PERINATAL RISK ASSESSMENT REIMBURSEMENT

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# Clinical Assessment of Perinatal Risk

Early detection helps to prevent and treat conditions that could be unhealthy for the pregnant individual and baby. Identifying and treating risk factors early in pregnancy is key in improving birth outcomes. The Perinatal Risk Assessment (PRA) promotes the early and accurate identification of prenatal risk factors and special needs a pregnant member may have so that providers and MCOs can coordinate to improve the delivery of medical and community services to the member.

- P.L. 2019 Chapter 88: Requires completion of the **PRA Plus First Visit form at the initial prenatal visit, and an update in the third trimester using the PRA Plus Third trimester form**
- Provider reimbursement for prenatal care requires submission of the **PRA Plus First Visit form**
- Implementation January 1, 2021
- All PRA Plus forms and instructions can be found at: <https://www.praspect.org/>

Details in Medicaid Newsletter Vol.30, No 24

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# INITIATIVE TO REDUCE EARLY ELECTIVE DELIVERIES

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# Reducing Early Elective Delivery (EED)

The American College of Obstetrics and Gynecology (ACOG) has recommended against the elective delivery of an infant prior to 39 weeks gestation due to multiple studies showing increased likelihood of infant mortality, NICU admission, and serious complications compared with infants born at or after 39 weeks.

- P.L. 2019 Chapter 87 prohibits health benefits coverage for certain non-medically indicated early elective deliveries under Medicaid program, SHBP, and SEHBP
- Early Elective Delivery = induced or C-section delivery before 39 weeks of gestation
- To be reimbursable, an early elective delivery under 39 weeks must include a **diagnosis code justifying an early delivery**
- Denials may be appealed for medical review
- Implementation January 1, 2021

Details in Medicaid Newsletter Vol.30, No.21

# MCO Updates: January 1, 2021

- **Aetna's new FIDE SNP plan, Aetna Assure Premier Plus, began operation on January 1, 2021** in Bergen, Camden, Essex, Hudson, Mercer, Middlesex, Monmouth, Ocean, Passaic, and Union Counties.
- **United HealthCare Community Plan** is open for new enrollment statewide effective January 1, 2021.

# COMMUNITY DOULA SERVICES

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# NJ FamilyCare Doula Benefit – Update

Doulas are professionals who provide physical, emotional, and informational support before, during, and after birth. Doula support is an evidence-based practice to improve the birth experience and birth-related outcomes. “Community doulas” are best equipped to meet the needs of our NJFC members. For more information, see Medicaid Newsletter, Volume 30, Number 23 (November 2020).

## *Technical Change*

- **Provider enrollment** is live and we are processing our first applications now.
  - Working with MCOs and Department of Health to build networks and workforce
  - Doula Guides are DMAHS staff who have been specifically tasked to provide support to doulas.
- **Claims system** is live and can provide reimbursements for doula care once doulas are enrolled.

## *Adaptive Change*

- **The First Lady’s NurtureNJ campaign** continues to lead the way as we:
  - Increase awareness of the benefits and availability of doula care
  - Support relationships between doulas, obstetric providers, birthing hospitals, and care management
- **Maternal Health Awareness Day is January 23, 2021.**

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# COVID 19 UPDATES/VACCINE DISTRIBUTION

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# COVID 19 UPDATES/VACCINE DISTRIBUTION

PREPARED ON JAN 13, 2021

As of January 14, 2021, the following groups are eligible for the COVID-19 vaccine:

- ✓ **Paid or unpaid persons working or volunteering in a healthcare setting**
- ✓ **Residents of long-term care facilities and other congregate settings**
- ✓ **Frontline first responders**
- ✓ **Persons aged 65 and older**
- ✓ **Persons aged 16 to 64 years old who have at least one chronic medical condition that poses high-risk for severe COVID-19:**

- Cancer
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Down Syndrome
- Heart conditions (e.g. heart failure, coronary artery disease, cardiomyopathies)
- Immunocompromised (weakened immune system) due to organ transplant (consult with your doctor)
- Obesity (e.g. body mass index of 30kg/m<sup>2</sup> or higher)
- Pregnancy (consult with your doctor)
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

**These groups can start making vaccination appointments.** More groups will become eligible in the coming weeks.

For a list of open vaccination sites nearest to you and register for a COVID-19 vaccine visit

[covid19.nj.gov/vaccine](https://covid19.nj.gov/vaccine)



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# **NJ FAMILYCARE AUTISM STEERING COMMITTEE**

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# ASD Stakeholder Meeting Held 12/16/20

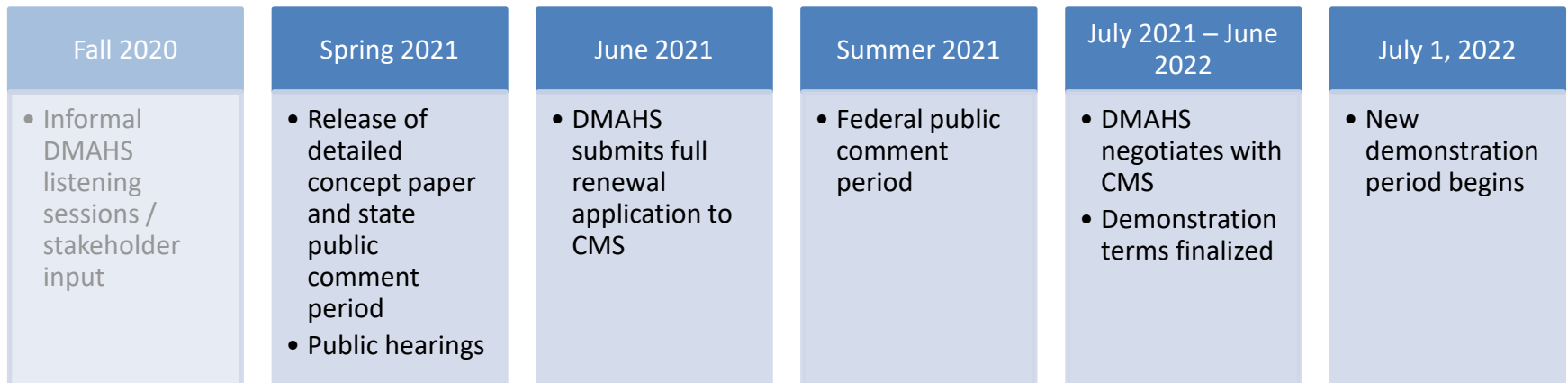
- Discussed ASD Expansion of Services
  - ABA services- 690 children receiving services
  - 76 new contracted providers reported
  - DIR - new providers contracting with MCOs now
- Developing educational resources for families/providers
  - Shared resource list to be posted online
    - What services are available for ASD
    - Internet resources with address directory
  - Working on FAQs and other parental supports
  - Establishing directory of providers with languages spoken
- Road blocks/challenges
  - Continued expansion of provider networks
  - Consistent payment- billing “how to” webinars planned by MCOs
- Additional resources
  - Established a DMAHS phone line and email drop box to address provider and family concerns.

# 1115 LISTENING SESSIONS

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# 1115 Renewal Planning and Timeline

- NJ FamilyCare Comprehensive Demonstration
  - Comprehensive demonstration under Section 1115 of the Social Security Act, negotiated between New Jersey and CMS
  - Gives New Jersey authority for key Medicaid program elements.
  - Current demonstration period expires June 30, 2022. DMAHS has begun to intensively plan for renewal.



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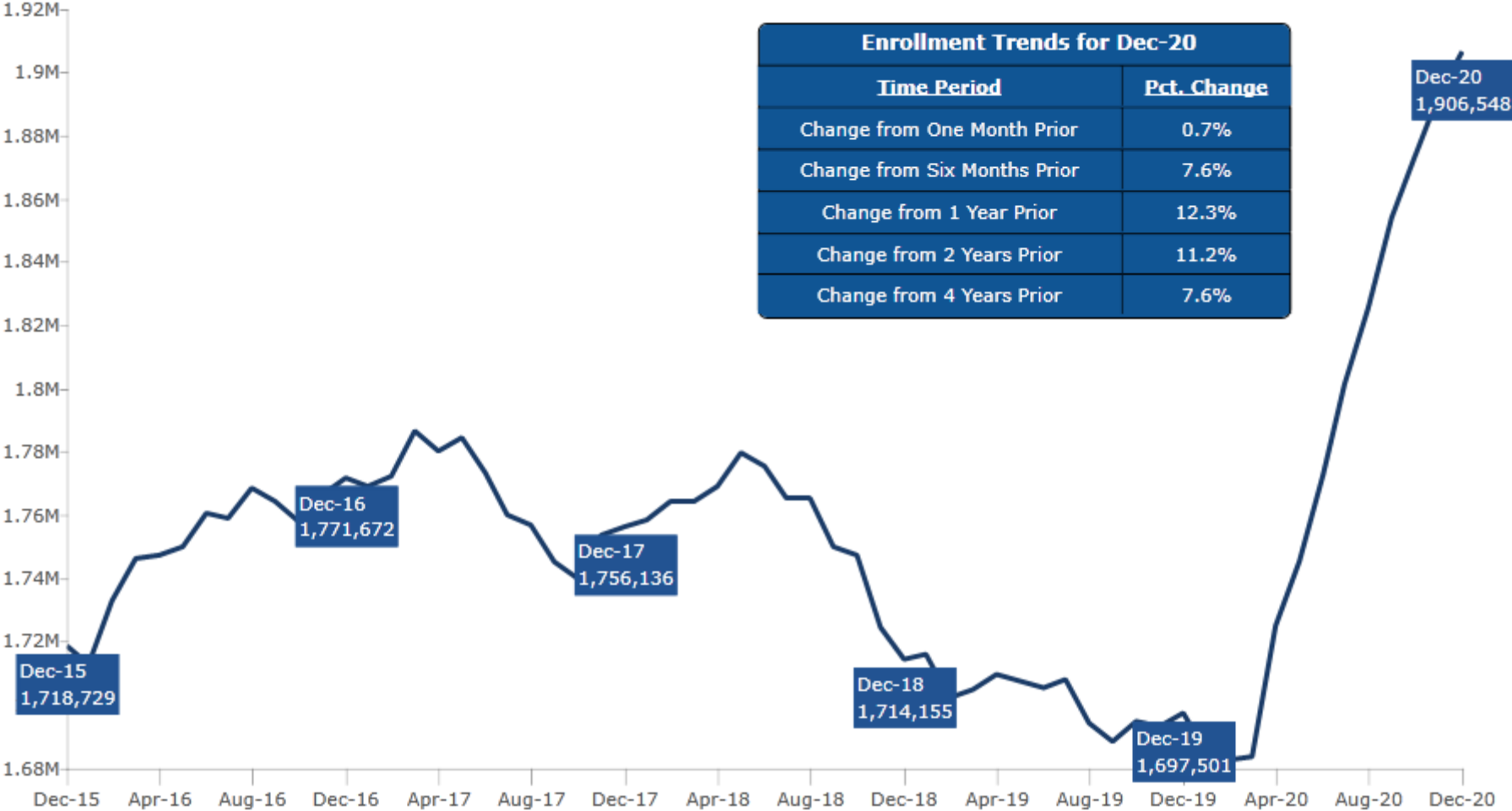
## 1115 Renewal – Stakeholder Input

- 1115 Renewal – Emerging Themes
  - Preserve and strengthen existing demonstration elements that work
  - Promote maternal and child health
  - Test innovative approaches to address social determinants of health
  - Streamline and rationalize programmatic rules and requirements
  - Better integrate care within Medicaid and Medicare, and across other programs
  - Address health equity concerns program-wide
- Next steps: release of detailed concept paper, state public comment period, and hearings.
- Stakeholders can continue to send input or suggestions to:  
[DMAHS.CMWcomments@dhs.state.nj.us](mailto:DMAHS.CMWcomments@dhs.state.nj.us)

# NJ FAMILYCARE ENROLLMENT UPDATE

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# Overall Enrollment



Source: SDW MMX Snapshot Universe, accessed 1/8/2021.

Notes: Includes all recipients eligible for NJ DMAHS programs at any point during the month

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# **NJ STATE BASED HEALTH INSURANCE EXCHANGE**

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# New Jersey's State Based Exchange

[www.getcovered.nj.gov](http://www.getcovered.nj.gov)

## Launched November 1, 2020

OFFICIAL SITE OF THE STATE OF NEW JERSEY

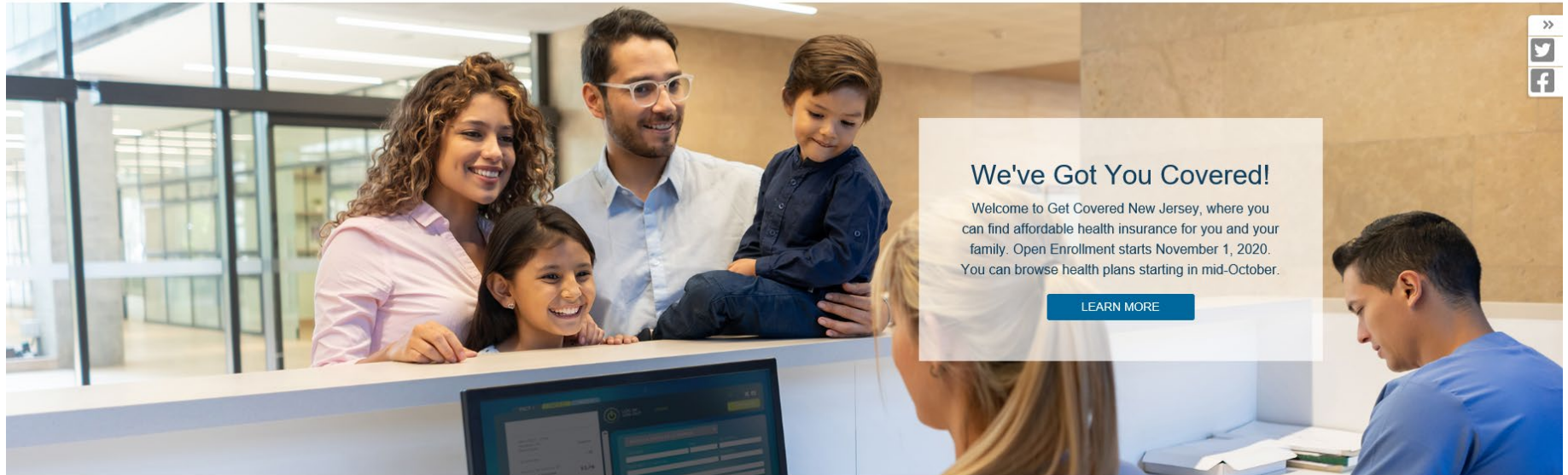
Governor Phil Murphy • Lt. Governor Sheila Oliver  
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# Get Covered NJ

New Jersey's Official Health Insurance Marketplace

HOME GET STARTED FINANCIAL HELP FIND ANSWERS WE CAN HELP LANGUAGES

ESPAÑOL



### We've Got You Covered!

Welcome to Get Covered New Jersey, where you can find affordable health insurance for you and your family. Open Enrollment starts November 1, 2020. You can browse health plans starting in mid-October.

LEARN MORE



#### COVID-19 Information

If you lost employer coverage or income, you may be able to enroll in Marketplace coverage now through a Special Enrollment Period. Free or low-cost coverage is also available through NJ FamilyCare for those who qualify. [Learn more](#)

# New Jersey P.L. 2019, C. 141

## State Based Health Insurance Exchange

- Gave Department of Banking and Insurance the authority to operate a State-based health insurance exchange
- Allowed NJ to build its own health insurance exchange and stop using the Federal Marketplace

# Benefits of a State Based Exchange

- More control over health insurance market
- Longer Open Enrollment Period
- Dedicate part of Health Plan user fee to invest in more outreach and trained experts who provide enrollment help right in the community
- **Streamline transfer of applications between NJ FamilyCare and GetCoveredNJ**
- Two NJ agencies (DOBI and DMAHS) working together = better customer service

# SYSTEMS IMPLEMENTATION

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# ABD Paper Application Enhancement (ePaper)

**NJ FamilyCare Integrated Eligibility System**

# Worker Portal Feature Overview

This Worker Portal enhancement allows county workers to data enter a paper application into the Integrated Eligibility System so that it can receive all the benefits of electronic processing:

- Batch verifications run automatically overnight after a paper app is data entered into the Worker Portal and when an online application is submitted
- Manual verifications and overrides (if needed) can be run for paper applications
- Standardized RFI letters are available for immediate follow-up if required information was left blank on the paper application or when verification check fails

# Worker Portal - ABD ePaper Feature

**NAVIGATION:**

- Household ✓
- Address ✓
- Applicant Info ✓
- Income ✓
- Resources ✓
- Legal ✓
- Health Plan ✓
- Attachments ✓
- Review ✓
- Rights And Responsibilities ✓

Confirmation

## Confirmation

**YOUR APPLICATION HAS BEEN SUCCESSFULLY SUBMITTED**

Thank you for submitting your application for NJFC Aged, Blind, Disabled Programs to the Mercer County Board of Social Services. You may reach them at (609) 989-4320, NJ, 08650.

**Submission of this application does not mean you have been approved.**

**Please DO NOT submit another application while this one is pending.** It can take up to 45 days to process your application.

During this time you may receive a letter requesting verification of your application. Until you receive a final determination letter, any correspondence or phone calls regarding this application should be directed to the phone number above.

If you need to make additions or corrections to your application, please contact the phone number above.

New Jersey has a different application for food stamps and other programs, complete the [NJOneApp](#).

**Your Application Date is:** 1/28/2020 10:00 AM

**Your Application Confirmation number is:** A110000011

Print this page
Print Review Page
Done

### Division of Medical Assistance and Health Services

New Jersey Department of Human Services (DHS)

[Contact Us](#) | [Privacy Info](#) | [Legal Statement & Disclaimers](#) | [Accessibility Statement](#)



Mickey Mouse  
3705 Quakerbridge Rd Ste 114  
Trenton, NJ 08619

February 05, 2020  
 Reference : A67872  
 Confirmation : A11000001141  
 Return Office: Mercer

**REQUEST FOR INFORMATION**

Dear Mickey Mouse:

Thank you for your NJ FamilyCare Aged, Blind, Disabled Programs application. Answer all questions below and return. Your application will not be processed until all the information requested is received. The following information must be received by February 15, 2020 to complete your application.

**For Mickey Mouse, DOB 10/11/1950**

- Is MICKEY in need of Long Term Services and Supports? Yes  No
- Provide Medicare ID number: \_\_\_\_\_
- **INCOME:** Other Income \_\_\_\_\_
- Indicate other income:
 

Unemployment	\$ _____	How Often? _____
Pensions	\$ _____	How Often? _____
Social Security	\$ _____	How Often? _____
Retirement accounts	\$ _____	How Often? _____
Alimony received	\$ _____	How Often? _____
Child Support	\$ _____	How Often? _____
Work Compensation/ Disability	\$ _____	How Often? _____
Cash Support	\$ _____	How Often? _____
Net rental/royalty	\$ _____	How Often? _____
Annuity	\$ _____	How Often? _____
Other Income	\$ _____	How Often? _____

• Attach additional sheets if more room is needed.

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# ABD Provider Assistor Portal

**NJ FamilyCare Integrated Eligibility System**



# ABD Provider Assistor Portal Overview

- The ABD Provider Assistor Portal allows approved Medicaid long term providers to submit an ABD application on behalf of a client
  - Provider must attest to communication of Privacy Policy, Estate Recovery, and Rights and Responsibilities
  - Application structure follows existing online ABD application with minor modifications for attestation
- Attachments
  - If needed, worker can submit other documents as an attachment to the application
- Application Status: After an application is submitted, it will be available to view in the Home Page
  - Case Search functionality allows for worker to find a specific application by name, SSN, confirmation number
  - Application Status and Processing Status are viewable

# ABD Provider Assistor Portal



Apply for ABD

ABD Provider - Test

Logged In as Cammy Trivellini [Logout](#)

Status: **All** Pending Complete Unfinished

Search By: Confirmation Nu  [Search](#) [Clear](#)

CONFIRMATION NUMBER	APPLICATION DATE	APPLICANT NAME	APP STATUS	PROCESSING STATUS	COUNTY	MEMBER STATUS	VIEW PDF
A09000001895	06/20/2020	Testsubmittedby...	P - Pending		Hudson		<a href="#">View</a>
A09000001878	06/03/2020	TestProfFN TestP...	P - Pending		Hudson		<a href="#">View</a>
A11000001857	05/27/2020	Testcommunity ...	P - Pending		Mercer		<a href="#">View</a>
A11000001887	06/11/2020	Testnewproffn T...	P - Pending		Mercer		<a href="#">View</a>
A09000001772	05/05/2020	TestHSP TestLNH...	P - Pending		Hudson		<a href="#">View</a>
A11000001760	05/12/2020	test test	P - Pending		Mercer		<a href="#">View</a>
A11000001894	06/16/2020	Testfn Testname	P - Pending		Mercer		<a href="#">View</a>
A11000001885	06/10/2020	checklistFN Che...	P - Pending		Mercer		<a href="#">View</a>
A11000001889	06/12/2020	Test Test	P - Pending		Mercer		<a href="#">View</a>
A09000001864	05/29/2020	ABDTest TestAB...	P - Pending		Hudson		<a href="#">View</a>

# MCO CONTRACT UPDATES

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## January 2021 Proposed Contract Highlights

- Added definitions for Division of Developmental Disabilities, Family Planning and Screen for Community Services
- Added language to comply with CMS Interoperability and Patient Access Final Rule
- Clarified language requiring the Screen for Community Services and assessment for NF level of care for Members requesting MLTSS custodial services
- Clarified that family planning services and supplies are the MCO's responsibility whether the Member chooses to use their MCO's network providers or any other NJ Medicaid participating provider
- Updated the Perinatal Risk Assessment forms and made them effective January 1, 2021
- Ended reimbursement for non-medically indicated early elective deliveries effective January 1, 2021
- Clarified scope and format for submission of MCO formularies

## January 2021 Proposed Contract Highlights *continued*

- Established procedure whereby DDD waiver program Members are allowed up to 180 days NF short term rehab before being considered custodial care. Member would then need a Screen for Community Services and a DDD/MLTSS screening referral prior to completing the NJ Choice Assessment. MCO would coordinate with DDD for disenrollment from the DDD waiver and enrollment into MLTSS.
- Added language to require the MCOs to develop Provider Directory Application Programming Interfaces (API) accessible through public-facing provider directories on their websites, no later than January 1, 2021, available to current and prospective Members and must include at least provider names, addresses, phone numbers and specialties.
- Updated a requirement for MCOs to implement a Provider network monitoring plan including quarterly provider network analysis, provider network gap analysis, audits and reviews of the quarterly provider network file data quality. MCO must also submit analysis of deficiencies and corrective actions/improvement strategies to resolve identified issues.

## January 2021 Proposed Contract Highlights *continued*

- Added CMS approved language for emergency provisions/modifications of contract requirements that DMAHS may utilize during a future public health emergency.
- Added language for CMS approved Upper Payment Limit program for MCOs to make state-directed payments to any Class II facility with more than 500 licensed beds (effective 10/1/2020).
- Added a time-limited, Quality Improvement Program “Bridge” payment (effective 9/17/2020) to support the stability of all NJ acute care hospitals (effective 10/1/2020).
- Specified that the MCO shall not exceed a 3% unsatisfactory MLTSS assessment audit rate as calculated by DoAS. MCOs exceeding 3% must conduct analysis of the report and implement a remediation plan.
- Mandated annual trainings for Care Managers for: NF and SCNF Level of Care, SCNF Level of Care need in the community, Medical Day Care Level of Care and Regulatory requirements, and PASRR (Pre-Admission Screening and Resident Review).

## January 2021 Proposed Contract Highlights *continued*

- Introduced more stringent Care Manager case load ratios
- Increased compliance standards for EQRO Annual Care Management audit from 75% to 85%.
- Added a requirement for MCOs to perform separate Geographical accessibility analyses using both their complete quarterly certified provider network file and for providers with at least \$600 or more than 10 paid claims the previous year.
- Added the Medicaid Fraud Division Operational Workbook to the contract appendix
- Updated the “Notification of Newborns” report format

# DMAHS 2020 LOOKBACK

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# DMAHS started 2020 with a vision. It looked like this:

## **Goal 1: Serve people the best way possible.**

- *Health equity*
- *New benefits and services*
- *Quality improvements*

## **Goal 2: Experiment with new ways to solve problems.**

- *Innovation*
- *New technology*
- *Troubleshooting*

## **Goal 3: Focus on integrity and real outcomes.**

- *Operational accountability*
- *Compliance*
- *True-true metrics and management*

## **Goal 4: Show people we care.**

- *Compassionate service*
- *Leadership development*
- *Managing change*

# Goal 1: Serve people the best way possible

*Health equity, new benefits/services, quality improvement*

## Accomplishments

- **Autism benefits** launched 4/1/20 and addressed multiple provider configuration challenges; went live with no disruption in continuity of care
- **Maternal/child health initiatives** launched 1/1/21
  - Community Doula service with stakeholder-led benefit design;
  - Reducing Early Elective Deliveries by modifying payment policy
  - Expanding screening and early intervention by requiring Perinatal Risk Assessment completion for payment of claims for prenatal care
- **Office-Based Addiction Treatment** – Expanded MCO provider enrollment to 43 physicians and 30 APN providers since its inception in 2019.
- **Integration of care** – Increased FIDE SNP membership by 15%; conducted readiness review for fifth FIDE SNP plan, launched 1/1/21

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# Goal 1: Serve people the best way possible

*Health equity, new benefits/services, quality improvement*

## Accomplishments (continued)

- **Provider rate increases** – PCA, Medical Day, Nursing Facility, FQHCs
- **Special eligibility team** completed over 1,800 initial and renewal cases virtually which included review of complex Annuities and Trusts.
- **Pediatric hearing aids** – Worked with MCOs and providers to assure consistent member access
- **Navigated budget process** without negative impact to members

# Goal 1: Serve people the best way possible

*Health equity, new benefits/services, quality improvement*

## **Pandemic Response**

- Maintained **eligibility** for members during the Public Health Emergency
- Issued guidance to support broad availability of **telehealth**, relax prior authorization, and flex administrative and eligibility requirements for MLTSS/HCBS members
- Coordinated health plan **outreach to high risk members**; met weekly with MCO clinical and operational leaders
- Creatively leveraged **transportation** vendor for delivery of meals and aides
- Critical **technical support**:
  - Comprehensive Medicaid provider file to HRSA to support distribution of relief funding; provided rapid review of subsequent lists of providers who have applied for relief.
  - Coordinated provider data and distribution of Coronavirus Relief Funding for Personal Protective Equipment
  - Supported prison release with rapid response and specialized communications

# Goal 2: Experiment with new ways to solve problems

*Innovation, new technology, troubleshooting*

## Accomplishments

- **Eligibility systems improvement**
  - Launched worker portal to streamline county eligibility processing and improve transparency
  - Developed and now piloting ABD assistor portal in two counties to enable providers like nursing facilities to track status of Medicaid applications.
  - Deployed a Healthy Kids School Portal for use by NJ School Districts to report uninsured children for NJFC outreach
  - Developed a Parent portal with data integration from school districts, SNAP, and Taxation to enable streamlined enrollment into NJFC for uninsured families
- **Supported launch of State-Based exchange 11/1/20 and accepted 40,000 transfers for Medicaid eligibility processing**

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# Goal 2: Experiment with new ways to solve problems

*Innovation, new technology, troubleshooting*

## Accomplishments (continued)

- **Policy and planning for innovation**
  - Advanced perinatal episode of care with stakeholder group for 2021/22 launch
  - Extensive advanced planning for 1115 demonstration renewal in 2022
- **Advancements in technology**
  - Electronic Visit Verification (EVV) vendor awarded and implemented in compliance with federal requirements for 1/1/21 with active partnership of stakeholder workgroups
  - Transitioned MMIS modernization from “big bang” to “modular” approach to better respond to program needs and comply with federal requirements; nationally recognized for systems modernization pivot and successful State-federal partnership

# Goal 2: Experiment with new ways to solve problems

*Innovation, new technology, troubleshooting*

## **Pandemic Response**

- Developed and launched expedited provider app
- Developed and implemented presumptive eligibility for ABD to support hospital discharge
- Added COVID diagnosis to PRA form to improve information sharing between providers and State/MCO
- Equipped and provisioned a significant portion of the DMAHS team for remote work
- Developed and implemented a process to systemically and seamlessly reinstate members for continued eligibility
- Added a new email capability at the hotline for beneficiaries to contact us to have concerns addressed while staff work remotely
- Developed process to expedite documentation for authorizations and medical determinations

# Goal 3: Focus on integrity and real outcomes

*Accountability, compliance, true-true metrics*

## Accomplishments

- **Managed care accountability**

- Managed United performance improvement plan to ensure readiness to receive new membership by end of 2020
- Added contract requirement tying MCO network adequacy to providers with recent claims submission rather than all contracted providers
- Enacted liquidated damages for MLTSS caseload non-compliance effective January 2021

- **County partner accountability**

- Moved all 21 counties onto a common MOU with performance accountability for eligibility processing
- Weekly NJ FamilyCare application inventory reports established in July show improvement among all counties
- Best statewide median application processing time reported to CMS since 2014 (3 days for MAGI, 29 days for ABD in September 2020)



# Goal 3: Focus on integrity and real outcomes

*Accountability, compliance, true-true metrics*

## Accomplishments (continued)

- **Program integrity**

- Improved recovery activity despite COVID disruption
  - Responded to numerous state and federal audits; initiated monthly calls with CMS to close out pending audits
  - Created new guidelines to reduce fraud/waste/abuse in drug testing
  - Developed uniform fingerprinting process for community-based autism and doula providers
- Settled longstanding issues with FQHCs related to billing, provider enrollment and credentialing
  - Coded and calculated performance metrics related to 1115 demonstration, as required by CMS.

# Goal 3: Focus on integrity and real outcomes

*Accountability, compliance, true-true metrics*

## **Pandemic Response**

- Submitted and received approval for emergency waivers and state plan amendments while taking immediate action to support emerging needs in NJ communities
- Implemented COVID risk corridors with CMS approval to address actuarial impact of the public health emergency
- Working with sister agencies on implementation of COVID report recommendations and new legislative mandates

# Goal 4: Show people we care

*Compassionate service, leadership development, managing change*

## Accomplishments

- Developed 2020 goals with broad participation and input from the entire Division
- Maintained a cadence of connectedness across DMAHS units, including division leadership dialogue and collaboration 2x/week or more since March
- Experimented with setting leadership culture/shared expectations by setting North Star principles for MMIS, EVV, and COVID project management
- Began offering leadership development programs to team members at all levels of DMAHS through the Center for Health Care Strategies

# Goal 4: Show people we care

*Compassionate service, leadership development, managing change*

## **Pandemic Response**

- Embraced opportunities to collaborate to make sure that needs of our beneficiaries were covered during the pandemic, including coordination with sister agencies and community organizations.
- Held MAAC meetings and other formal and informal stakeholder meetings via Zoom to stay connected with our Medicaid community
- Built bridges through weekly meetings with sister agencies, MCOs, and counties
- Forwarded phone lines to remote workers for no gaps in Customer Service; implemented new cross-training strategies
- Engaged with digital solutions and established new norms for remote work
- Supported flexible schedules to meet the needs of individuals/teams
- Conducted division-wide survey to understand and address needs of the team during the public health emergency

# DISCUSSION AND PLANNING FOR THE NEXT MEETING

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# Thank you!



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