



NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Meeting of the Medical Assistance Advisory Council

January 27, 2022

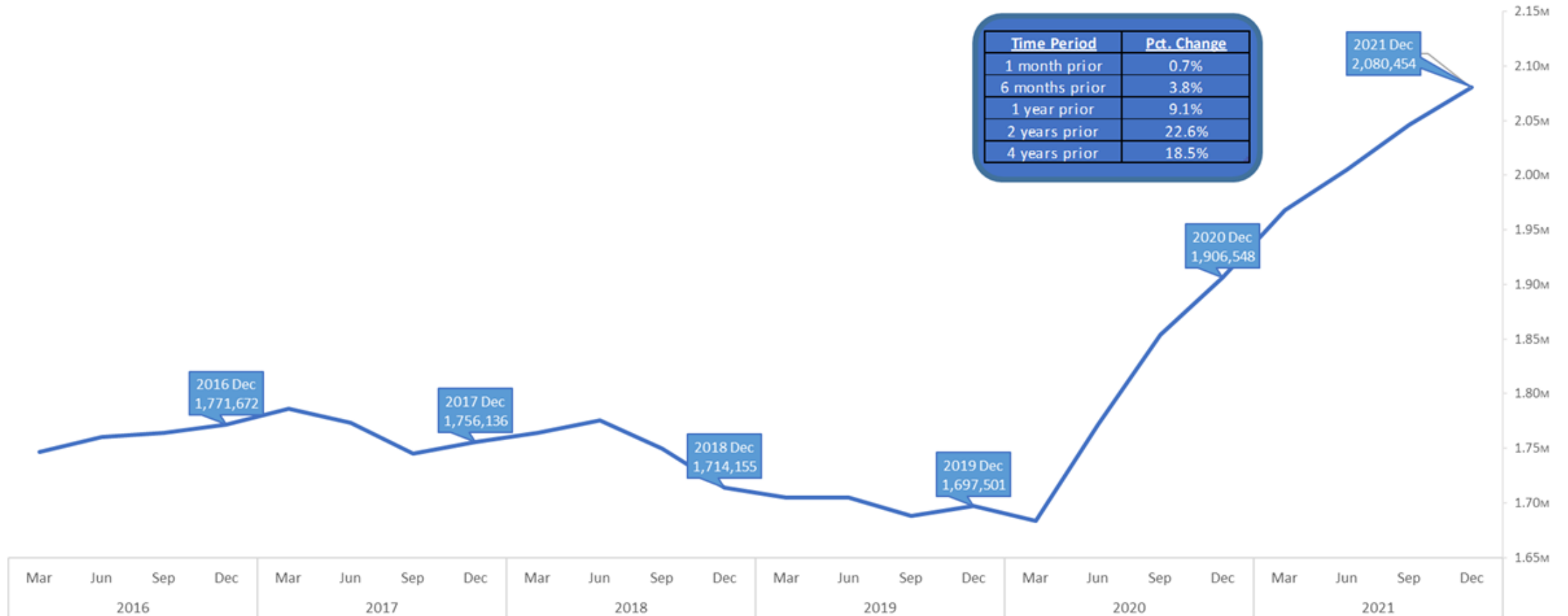
Agenda

- **Welcome and Call to Order** – Dr. Deborah Spitalnik
- **Approval of Minutes** – MAAC Members
- **NJ FamilyCare Updates** – Greg Woods
- **Federal Policy Implementation** – Greg Woods
 - 1115 Demonstration Renewal
 - American Rescue Plan HCBS Spend Plan
- **COVID-19 Updates** – Jennifer Langer Jacobs
- **2021 Wrap Up** – Jennifer Langer Jacobs
- **Planning for the Next Meeting** – Dr. Deborah Spitalnik



NJ FamilyCare Updates

NJ FamilyCare Enrollment Update





Federal Policy Implementation

1115 Comprehensive Medicaid Demonstration: Status Update

- Background
 - 1115 Demonstration: Current Five-Year Performance Period ends in June 2022.
 - [Draft renewal proposal](#) was posted for public comment in September 2021.
 - Two public hearings were held on draft proposal (including special [MAAC meeting](#)) in September.
 - DMAHS received ~120 public comments.
- Next steps:
 - Submission of proposal to CMS for approval
 - When deemed complete, federal public comment period begins

Goals of the 1115

**Maintain momentum
on existing demonstration elements**

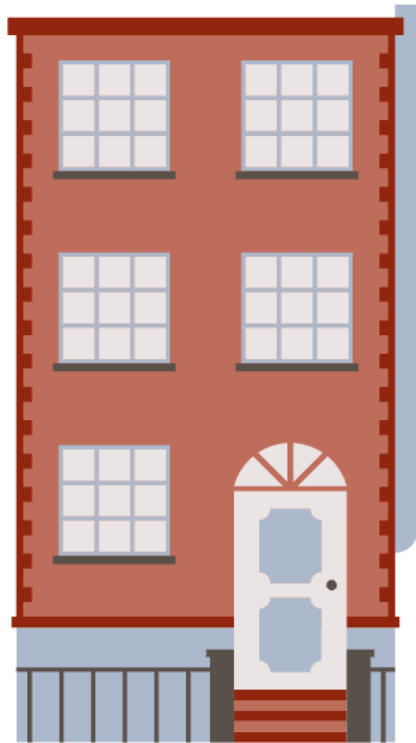
**Expand our ability to better
serve the whole person**

**Serve our communities the best way
possible**

1115 Comprehensive Medicaid Demonstration: Final Proposal

- Final proposal includes detailed responses to public comments.
- Core proposal elements are largely maintained from [draft version](#).
- Key updates:
 - Reflects approval of 12 month postpartum coverage.
 - Includes new proposal, based on public comment, to implement continuous eligibility for certain other adult eligibility groups.
 - Includes new language to reinforce and strengthen role of community-based organizations in proposed housing-related benefit.
- Final proposal also includes various other clarifications, updates, and tweaks.

American Rescue Plan Enhanced Federal Match for Home and Community Based Services - Background



- In July 2021, New Jersey submitted a [spend plan](#) for approximately \$800 million in additional funding for Home and Community Based Services available under the federal American Rescue Plan legislation.
- In September 2021, CMS granted [partial approval](#) for New Jersey's spend plan.
 - CMS approved more than \$600 million of proposed activities, while requesting additional detail on remaining proposals.
- State continues to work with CMS on obtaining federal approval of remaining items.

American Rescue Plan Enhanced Federal Match for Home and Community Based Services – Status

Category 1: CMS Approved and DMAHS Implemented	Category 2: CMS Approved and Implementation in Progress	Category 3: Under Review with CMS
<ul style="list-style-type: none"> • Rate Increases for personal care providers, including self-directed workers • Support Coordinator Rate Increases • Assisted Living Base Rate Increases • Nursing Facility Transition Incentives 	<ul style="list-style-type: none"> • Assisted Living Tiered Rate Increase • Enhancements to “No Wrong Door” System • TBI Provider Relief • Home Health Workforce Development 	<ul style="list-style-type: none"> • Person Centered Planning • Behavioral Health Promoting Interoperability Program • Applied Behavior Analysis Rate Increase • Intensive Mobile I/DD Services for Children • Healthy Homes Initiative • JACC Rate Increase
<p>Total: \$591 million</p>	<p>Total: \$42 million</p>	<p>Total: \$145 million</p>



COVID-19 Updates

COVID-19 Vaccine Counseling

What?

NJ FamilyCare providers can offer trusted support and build understanding to increase vaccination rates in our community.

Who?

Children under age 21 and their parents/caregivers can receive vaccine counseling through any NJ FamilyCare provider qualified to administer a COVID-19 vaccine.

Where?

Vaccine counseling can be provided at any qualified provider location – or by telephone/telehealth.

When?

Vaccine counseling can be provided at any time, including during a well-child visit – whether or not a vaccine is administered that day.

At-Home COVID-19 Testing

- COVID-19 [at-home tests](#) are covered whether provided by a healthcare provider or picked up at a pharmacy.
- This includes at-home tests that require submission to a lab and rapid tests that are completed at home.
- Coverage includes (additional types may be added):
 - BinaxNOW™ COVID-19 Ag At-Home Test,
 - IntelliSwab™ Rapid Antigen COVID-19 Test
 - QuickVue® At-Home OTC COVID-19 Test
 - CareStart™ Covid-19 Antigen Test
- Quantity limits: 2 test kits (4 tests) per day with an overall limit of 4 test kits (8 tests) per month.



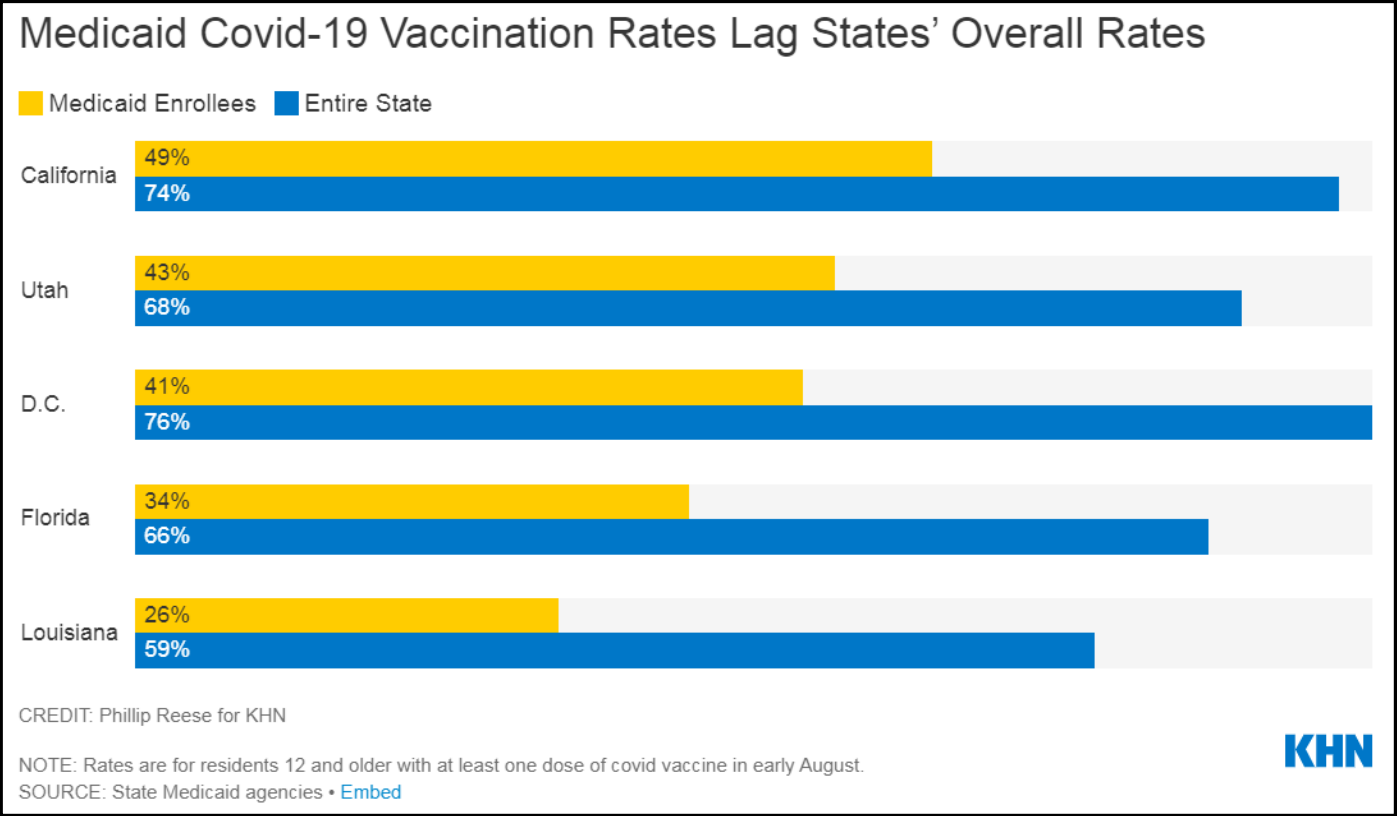
Vaccine Mandate for Health Care Workers

- Governor Murphy's [Executive Order 283](#) requires covered workers at healthcare facilities and high-risk congregate settings to be up to date with their COVID-19 vaccinations, including having received a booster dose.
- EO 283 requires covered workers to be fully vaccinated by **March 30, 2022** – or sooner if required by [federal rules](#). Workers who become newly eligible for a booster shot after the applicable deadline will be required to submit proof of their booster shot within three weeks of becoming eligible.
- Testing is available as an alternative only for individuals exempt for medical or religious reasons.
- Covered workers include:
 - Full and part-time employees
 - Contractors
 - Other individuals working in the covered setting, including operational, custodial, or administrative support



COVID-19 Vaccination: Cross State Comparison

Nationally, Medicaid programs report lower COVID-19 vaccination rates than general statewide numbers.

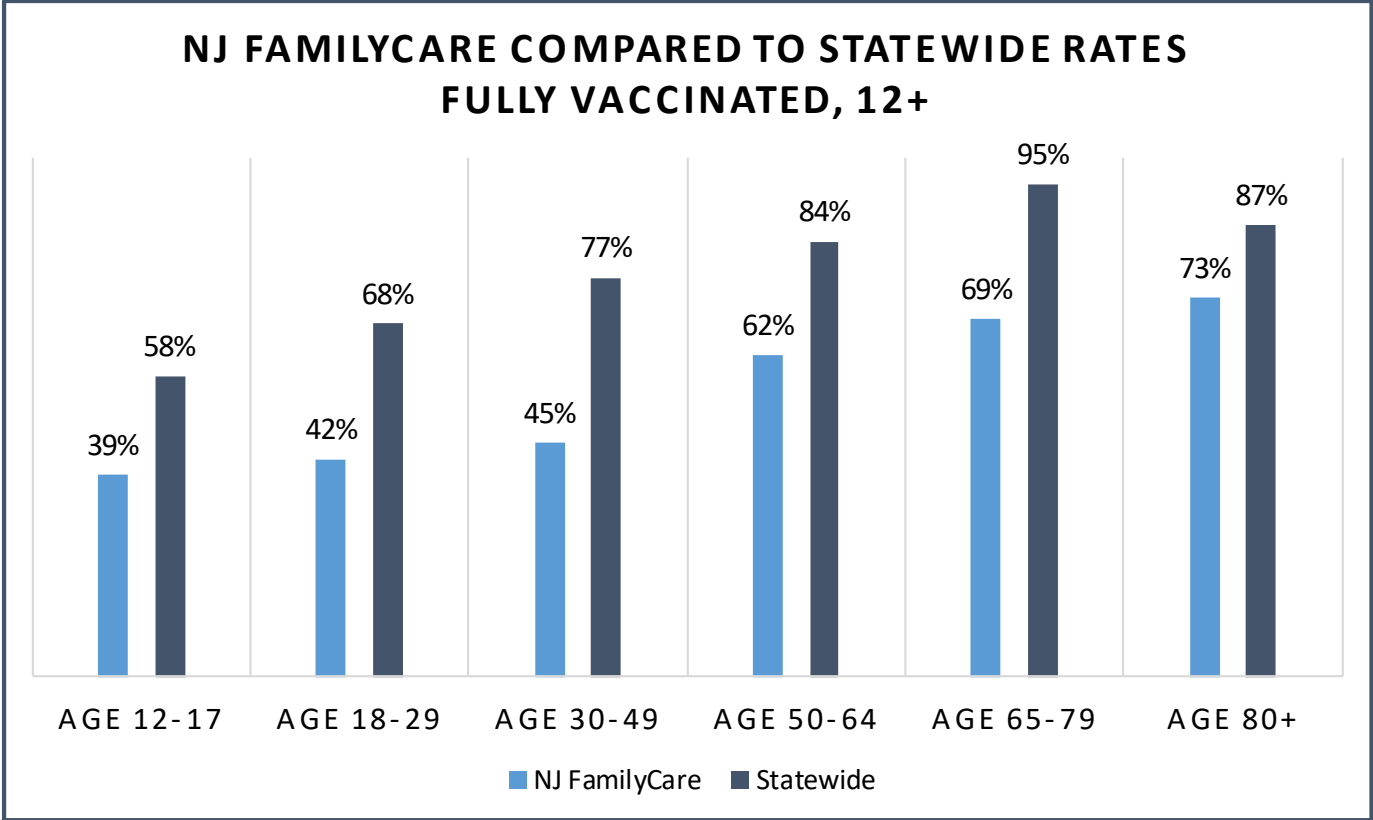


Overall Data and Reporting Challenges

- Comparing Medicaid *to general statewide vaccination rates* is challenging because of data limitations on both statewide and Medicaid data sources. Examples:
 - Unique identifiers and data sharing
 - Calculation of numerator/denominator
- Comparing Medicaid *vaccination rates across states* is challenging because reporting methodologies are not standardized across states and reports are point-in-time.

[Source: Kaiser Health News](#)

COVID-19 Vaccination: NJ Statewide 12+ Comparison



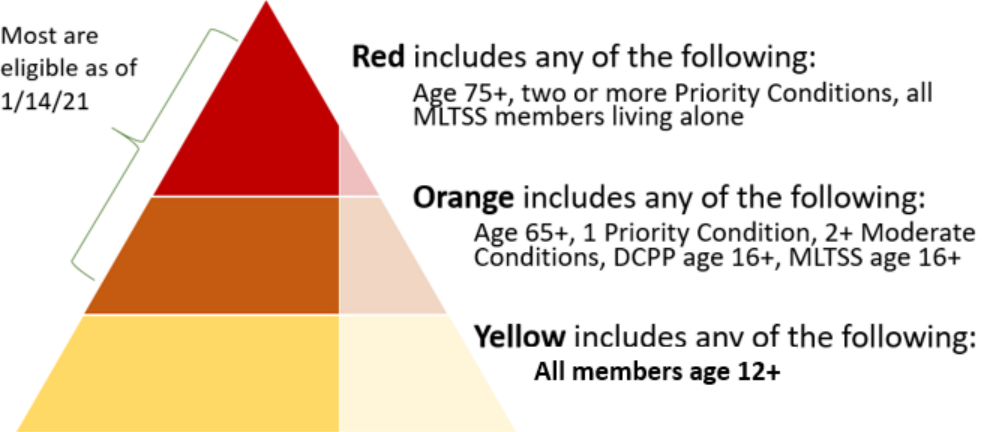
NJ Data and Reporting Challenges

- Limited visibility for members who are also Medicare eligible or are vaccinated by a third-party insurer.
- Vaccine sites are not always collecting health insurance information.
- Immunization registry data sharing is constrained by unique match limitations making Medicaid matchable data incomplete.

COVID-19 Vaccination: MCO Strategy

Managed Care Organization (MCO) Vaccination Efforts

- MCO Care Management teams began outreach to high-risk members using a shared stratification model in January 2021.
- Mailed letters with CDC educational materials, mega-site locations, websites, phone contacts, and MCO support to eligible members.
- MCOs are working directly with providers, public health departments, community organizations, and pop-up sites to encourage vaccination.
- DMAHS and MCOs have partnered directly with DOH call center on appointment scheduling and transportation
- Several MCOs have partnered with CMS to improve visibility on vaccination rates for members vaccinated under Medicare coverage.



Full Vaccination Status by MCO and Priority Group

	RED	ORANGE	YELLOW	TOTAL
Aetna	61%	49%	40%	46%
Amerigroup	61%	45%	38%	44%
Horizon	64%	49%	43%	49%
United	67%	53%	44%	52%
WellCare	68%	57%	41%	53%

COVID-19 Response: Insight into Action!



CONTINUE COMMUNITY OUTREACH

- MCOs align with DOH county ambassadors and community organizations
- Expanded outreach to parents of young children
- Support access to booster shots



SUPPORT INTEROPERABILITY

- Explore additional ways to leverage data and appropriate interventions that increase vaccination rates
- Work with NJ Innovation Institute to improve race and ethnicity data sharing in an effort to support health equity



IMPLEMENT NEW POLICY

- Operationalize guidance related to COVID-19 (vaccine counseling, OTC testing, treatment, etc.)
- Monitor for new trends and troubleshoot as needed



2021 Wrap Up

Annual planning at DMAHS

Action on Basics

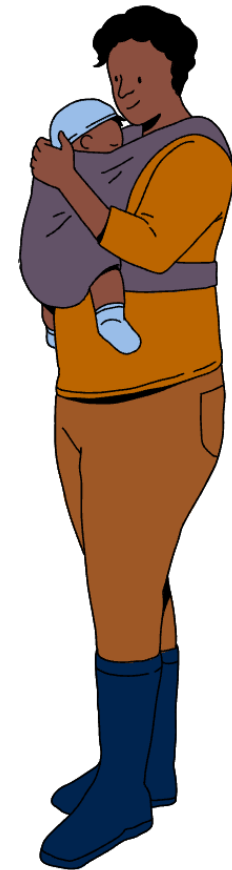
Change and Disruption

Evaluation and Enhancement

Goal 1: Serve people the best way possible

1.1 Improve maternal/child health outcomes

- Implemented quality-driven changes to [maternity payment policy](#)
- Launched [Community Doula program](#) 1/1/21 – Members are getting services, providers are getting paid, and the workforce is growing
- Secured federal approval to [expand eligibility to 12 months postpartum](#)
- Modernized coverage of equipment to support lactation
- [Discontinued premium and waiting periods](#) (previously in place for some families) to support Cover All Kids initiative
- Expanded coverage for prenatal care and built systems to support contraceptive [care for undocumented women](#)



Goal 1: Serve people the best way possible

1.2 Help members with physical, cognitive, or behavioral health challenges get better coordinated care

- Expanded autism networks and increased utilization of services in partnership with stakeholders
- Launched DHS website to support telehealth access via [free smart phone program](#)
- [Augmented systems](#) and incentives to improve [interoperability](#) between provider types including leading edge improvements in behavioral health connections
- Worked with operational partners to improve transitions of care between clinical settings



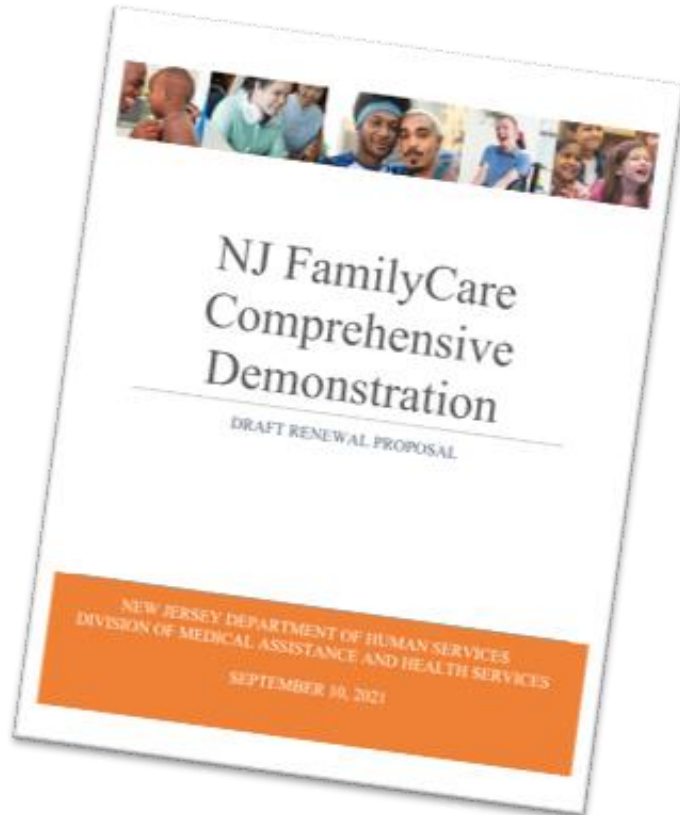
Goal 1: Serve people the best way possible

1.3 Support independence for all older adults and people with disabilities who need help with daily activities

- Implemented [electronic visit verification](#) to comply with federal law and ensure people get personal care services they need
- Addressed new healthcare workforce dynamics including staffing challenges with increased rates and improved processes
- Expanded integrated Medicare-Medicaid coverage (FIDE SNP) to 61,554 members by December, an increase of 4,109 in 2021
- Supported self-directed personal care services through the [Personal Preference Program](#) for 24,536 members by December, an increase of 3,952 in 2021
- Engaged stakeholders and outside experts to review Qualified Income Trusts



Goal 2: Experiment with new ways to solve problems



2.1 Demonstrate new value-based models that drive outcomes

- Launched a quality-driven [Perinatal Episode of Care](#) model to engage payers and providers in addressing
- Built quality incentive into [doula](#) reimbursement
- Supported implementation of [Integrated Care for Kids \(InCK\)](#), an innovation model we are testing with providers in Monmouth and Ocean Counties to better support at-risk kids
- Proposed 1115 renewal including [next-generation person-centeredness and social drivers of health](#)
- Received initial approvals for [HCBS spending plan](#) proposal to strengthen HCBS infrastructure with enhanced federal matching funds


Goal 2: Experiment with new ways to solve problems

2.2 Use new systems and technology to make our program more efficient and effective

- Broadened functionality of IT platforms to improve online applications and efficiency of eligibility processing
- Expanded data sharing with sister agencies to streamline access to programs
- Optimized partnership with [GetCoveredNJ](#) and prepared for “unwinding” from the Public Health Emergency

Improved turnaround time 2019 – 2021
Median Application Processing Days

January (Year)	MAGI applications	Non-MAGI(ABD) applications
2019	31 days	56 days
2020	11 days	50 days
2021	7 days	41 days



Goal 2: Experiment with new ways to solve problems

2.3 Engage our teams in operational troubleshooting

- Rolled out COVID-19 vaccine outreach strategy and tested new approaches to outreach in partnership with managed care organizations and sister agencies
- Provided data support to federal government for distribution of [provider relief funding](#)
- Managed changing logistics of delivery of care via telehealth, hybrid, and provider reopening



Goal 3: Focus on integrity and real outcomes

3.1 Hold operational partners accountable for ensuring a stable, accessible, and continuously improving program for our members and providers



- Continued to develop MCO Performance Accountability (“360 reviews”) to highlight strengths and address deficiencies
- Developed and maintained COVID-19 vaccination dashboard to drive MCO outreach and coordinate strategy with Department of Health
- Maintained improvement trajectories in weekly eligibility processing dashboard review with county directors
- Put operational dashboard upgrades in motion for transportation and IT systems

Goal 3: Focus on integrity and real outcomes

3.2 Ensure program integrity and compliance with State and federal requirements

- Phased back into field-based care management and face-to-face assessments
- Updated County eligibility performance standards and [single MOU](#) with all 21 counties
- Closed out 12 federal data quality issues in statistical information systems
- Made progress with federal and operational partners to deploy new data security measures
- Partnered with Medicaid Fraud Division on new initiatives

Goal 3: Focus on integrity and real outcomes

3.3 Monitor fiscal accountability and manage risk

- Implemented the New Jersey [County Option](#) Hospital Fee Pilot Program which brought \$400 million in funding to hospitals serving our community
- Addressed budget neutrality discrepancies within 1115 waiver renewal
- Maintained federally required audit and recovery processes
- Developed billing manual and conducted wraparound trainings in partnership with FQHCs

Goal 4: Show people we care

Collaborate with positive energy and compassion for each other and the people we serve.

Simplify and clarify to build understanding and solve problems.

Support and advance the “True-True” to help the team succeed.



Planning for the Next Meeting