

NJ FamilyCare Behavioral Health Updates

**Benefit Changes for FIDE-SNP,
MLTSS and DDD Populations
effective 10/1/18**

Benefit Changes for FIDE-SNP, MLTSS and DDD Populations 10/1/18

Effective **October 1, 2018**, in order to align behavioral health benefit coverage, all managed care plans will be providing the behavioral health services **currently covered under MLTSS to the beneficiaries enrolled in MLTSS, FIDE-SNP and DDD.**

These services include, but are not limited to, the following behavioral health services (see MLTSS Behavioral Health Dictionary):

- Outpatient MH services
- Partial care/Partial Hospitalization/Acute Partial Hospitalization
- Adult mental health rehabilitation (Group Homes)
- Inpatient MH services

Benefit Changes for FIDE-SNP, MLTSS and DDD Populations 10/1/18

To bring the Substance Use Disorder (SUD) benefit in alignment with other BH Services, NJ FamilyCare is including the SUD Benefit for FIDE-SNP, MLTSS and DDD members into the MCO coverage applying ASAM criteria:

- Hospital-based services (ASAM 4.0 and 4.0WM)
- Outpatient SUD services (ASAM 1.0)
- Intensive Outpatient SUD Services (IOP) (ASAM 2.1)
- SUD partial care (ASAM 2.5)
- Residential Detox (ASAM 3.7WM)
- Short Term Residential Treatment (ASAM 3.7)
- Ambulatory Withdrawal Management (AWM) (ASAM 2WM)
- Medication Assisted Treatment (MAT) (ASAM OMT)

Benefit Changes for FIDE-DSNP, MLTSS and DDD Populations 10/1/18

The following services **are not** moving to managed care and will continue to be covered on a fee-for-service basis:

- Targeted Case Management (TCM) including:
 - Justice Involved Services (JIS)
 - Children's System of Care (CSOC) Care Management Organizations (CMOs)
 - Integrated Case Management (ICMS)
 - Projects for Assistance in Transition from Homelessness (PATH)
- Behavioral Health Homes (BHH)
- Programs in Assertive Community Treatment (PACT)
- Community Support Services (CSS)
- Certified Community Behavioral Health Clinics (CCBHCs)

**Benefit Changes for ALL
NJ FamilyCare Members
effective 10/1/18**

Benefit Changes for ALL NJ FamilyCare Members effective 10/1/18

Effective October 1, 2018, **ALL** admissions to a general acute care hospital, including admissions to a psychiatric unit, shall be the responsibility of NJ Medicaid MCOs for their enrolled members.

Benefit Changes for ALL NJ FamilyCare members effective 10/1/18

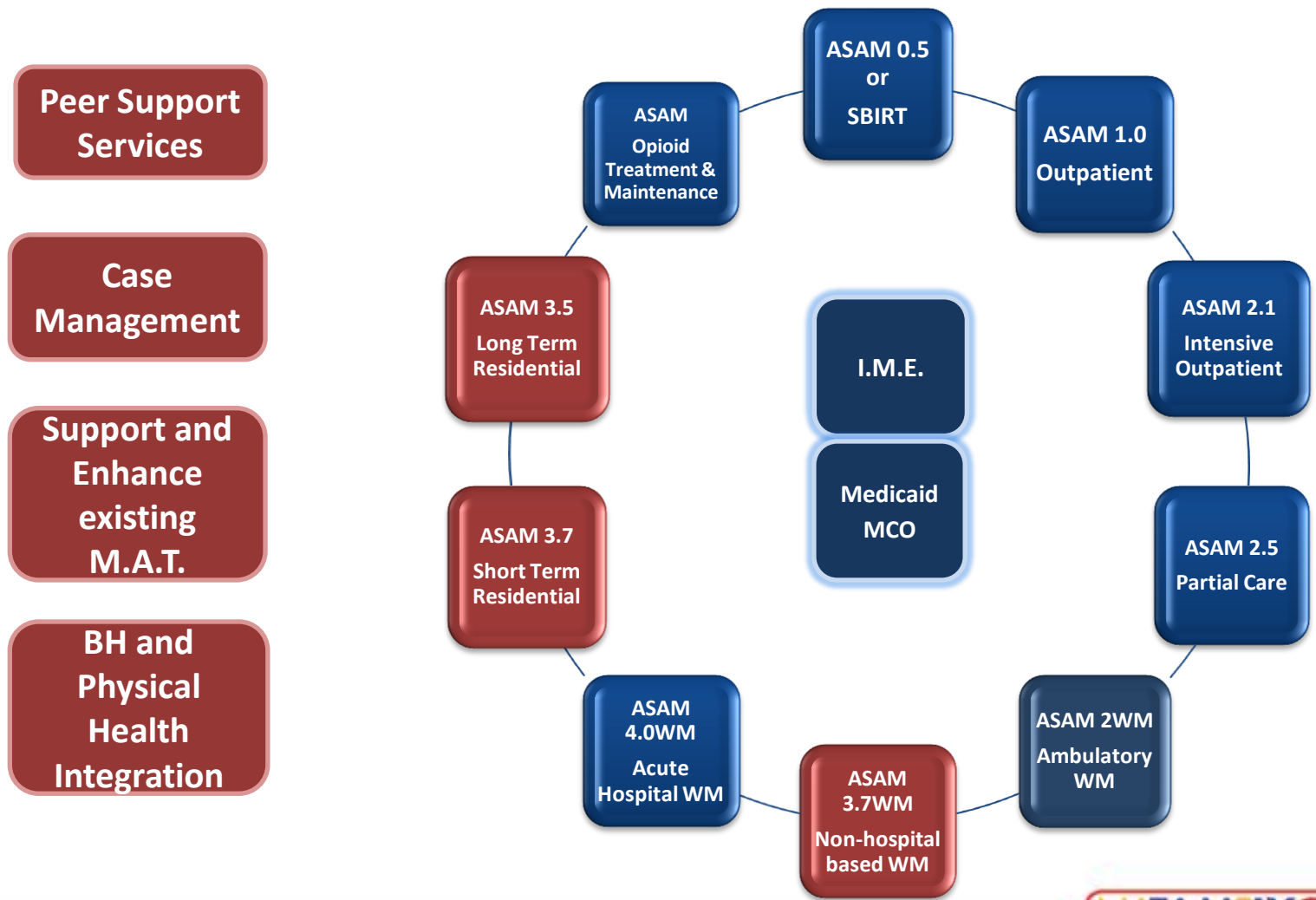
- The MCOs will be responsible for ALL acute-care hospitals and psychiatric units admissions for General Hospitals, Specialty Care Hospitals & Psychiatric Hospitals
- The MCOs will not cover State or County psychiatric hospital admissions – these services will be covered on a fee-for-service basis.

Non-Acute/Administrative Services

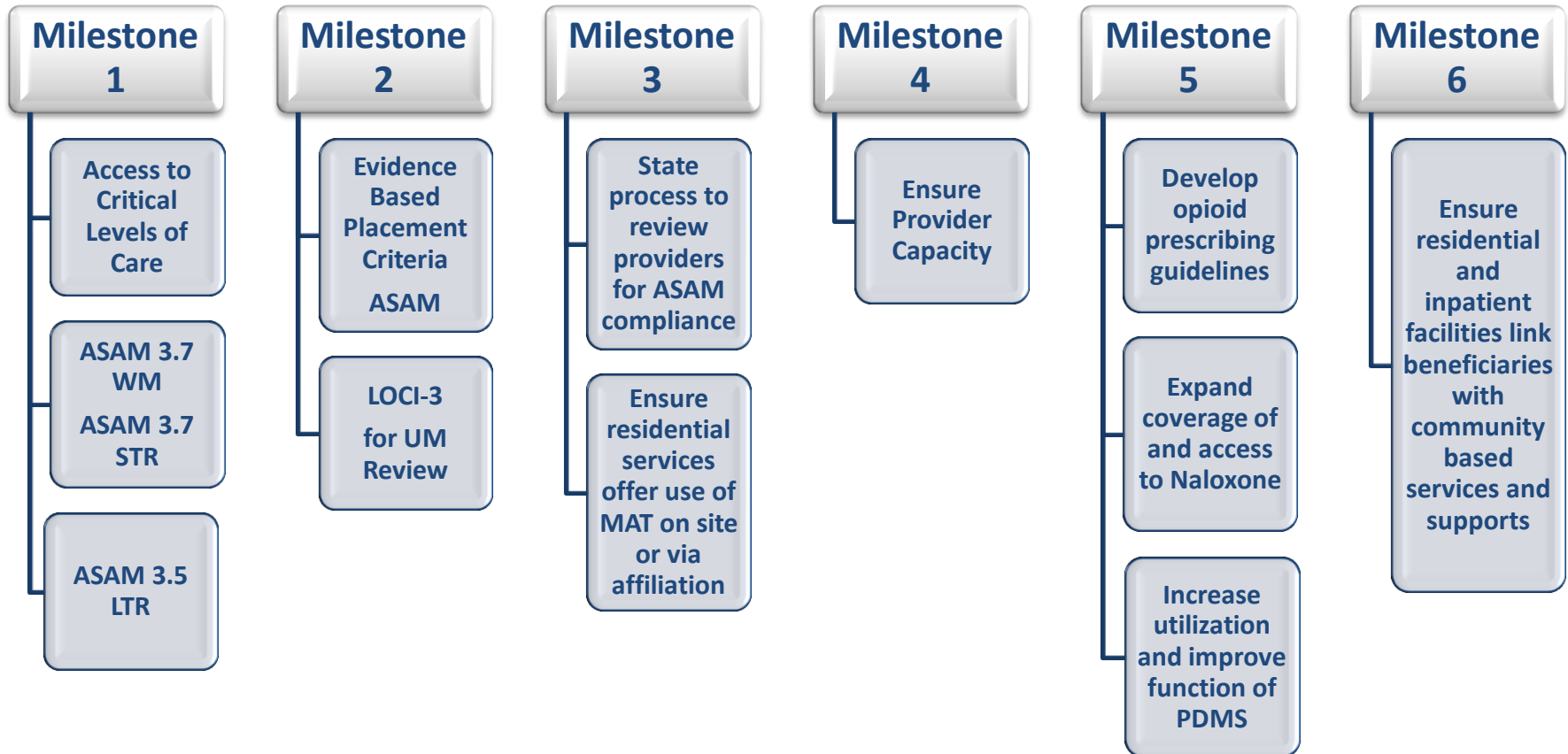
- **Non-Acute/Administrative** - If the individual has unmet discharge planning needs and cannot be safely discharged to an alternate level of care, an administrative level of reimbursement shall be offered.
 - The MCOs will cover non-acute/administrative stays for psychiatric inpatient treatment.
 - Currently NJ FamilyCare makes administrative payments in the FFS program.
 - Administrative days are for uncontrollable delays in discharge and are not approved for the convenience of the patient, their family or the hospital and their staff.
 - The appropriateness and efficacy of administrative days, including the rate, will be closely monitored by the State on an ongoing basis.

Substance Use Disorder Waiver Updates

A Full Continuum of Benefits for SUD Treatment



SUD Waiver Milestones



Service Implementation Timeline

*July 2018

- IMD Services Medicaid covered STR and WM

*October 2018

- IMD Service Medicaid covered LTR

*July 2019

- Medicaid covered Case Management for SUD

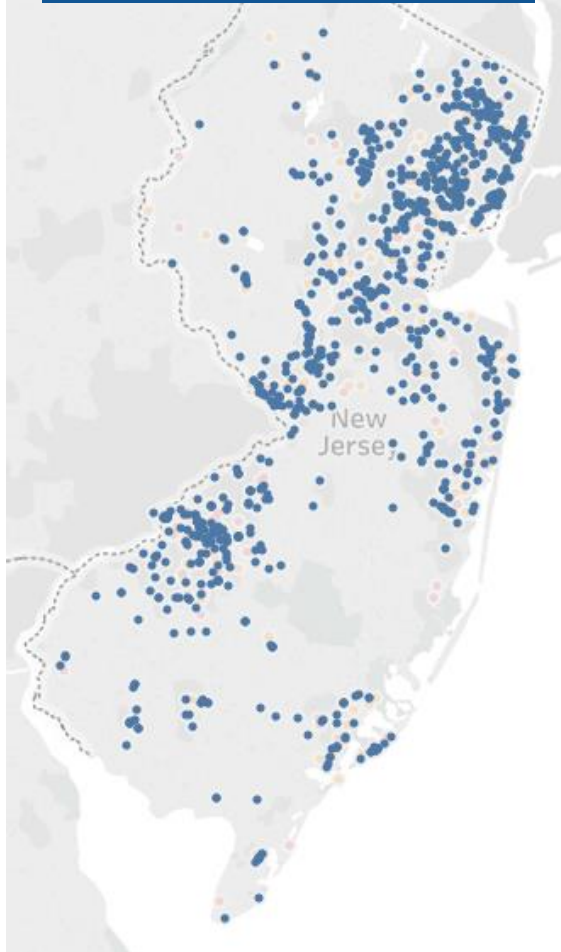
*July 2019

- Medicaid covered Peer Services benefit coverage

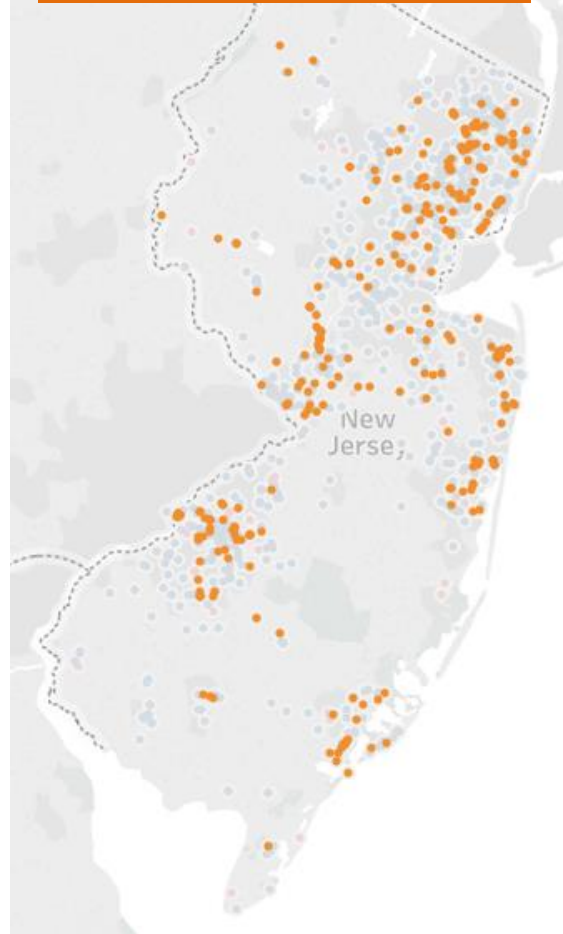
NJ MATrx Model Concept

All New Jersey Waivered Buprenorphine Providers (Medicaid and non-Medicaid)

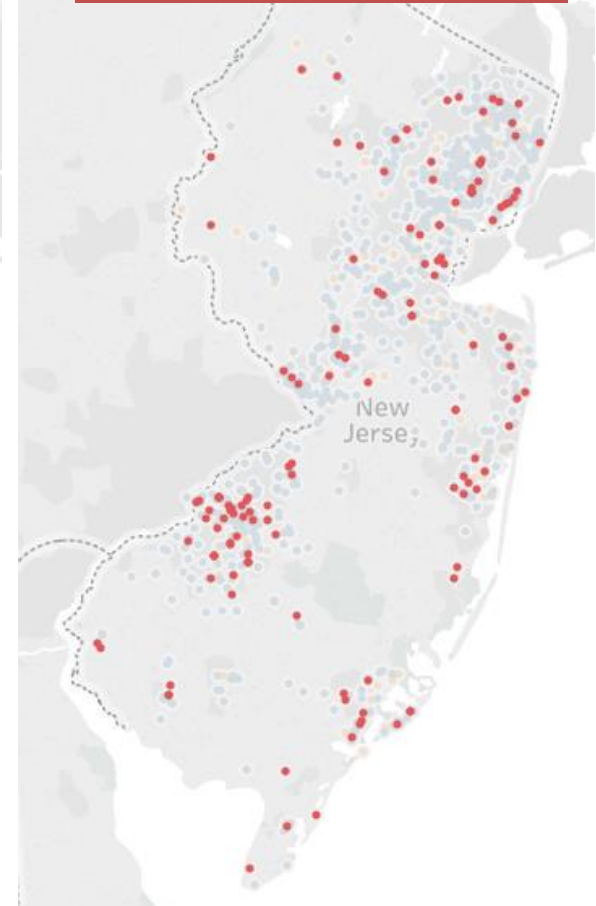
No. Providers certified
for 30 patients: 1,017



No. Providers certified
for 100 patients: 273



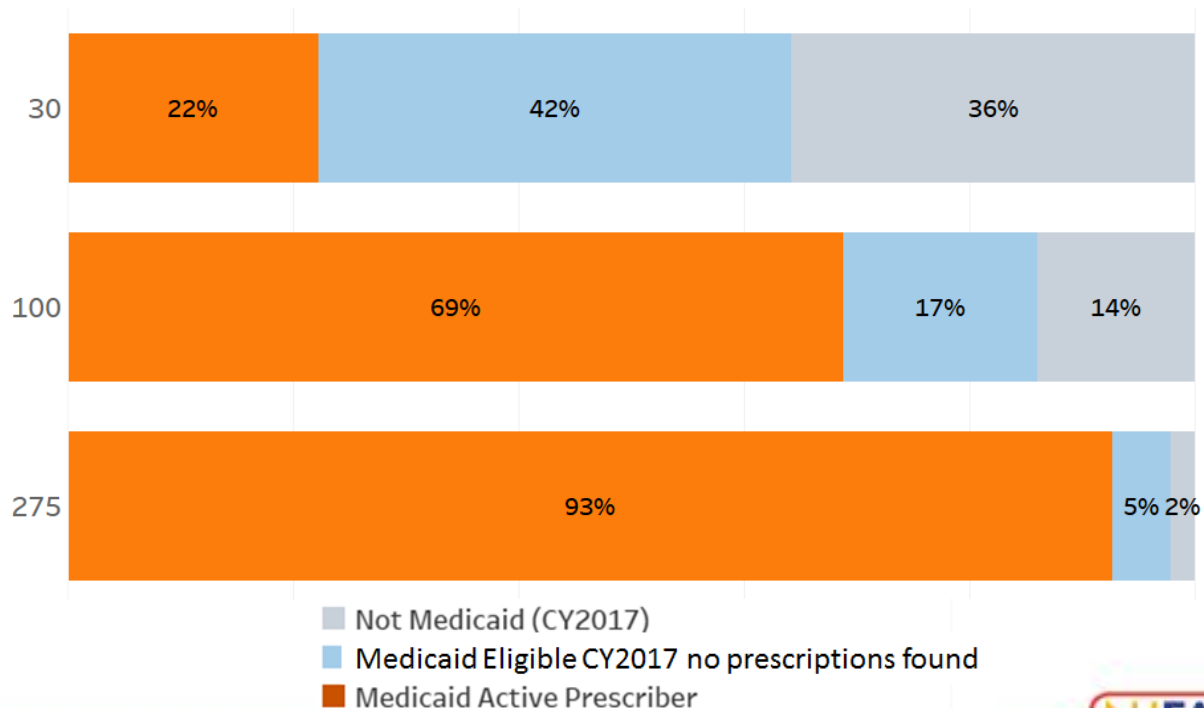
No. Providers certified
for 275 patients: 136



Waivered Buprenorphine Providers vs. Medicaid Eligible vs. Active Prescribers

Larger providers with certified patient limits of 100 or more are mostly eligible as FFS Medicaid providers and/or found to be active FFS or ENC prescribers of buprenorphine (CY2017) to a Medicaid recipient. Smaller prescribers are less likely to be active Medicaid prescriber or a FFS eligible Medicaid provider (*Encounter provider network not evaluated. Non-Medicaid claims not evaluated*)

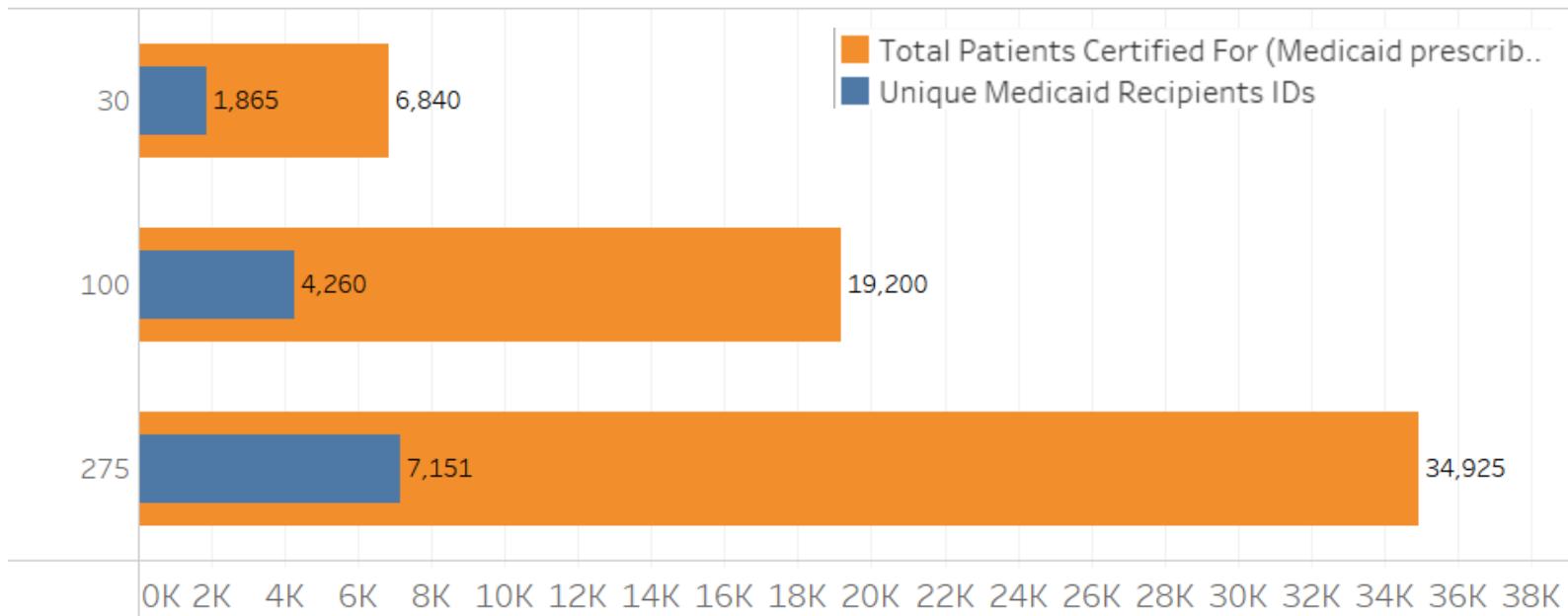
Waivered Providers, FFS Medicaid Eligible, and Active Medicaid Prescribers (CY2017)



Waivered Prescribers with Buprenorphine Prescriptions CY2017 Capacity vs. Medicaid Patients

Even when looking only at **active** CY2017 Medicaid prescribers – only a small percent of active providers certified patient capacity is filled with Medicaid patients. (non-Medicaid patient counts unknown). Unique Medicaid beneficiaries receiving buprenorphine prescription with NJ waived provider (CY2017): 10,845 (Recipients may be represented in more than one certified patient size).

Certified Patient Capacity vs. Medicaid Beneficiaries Served (CY2017)



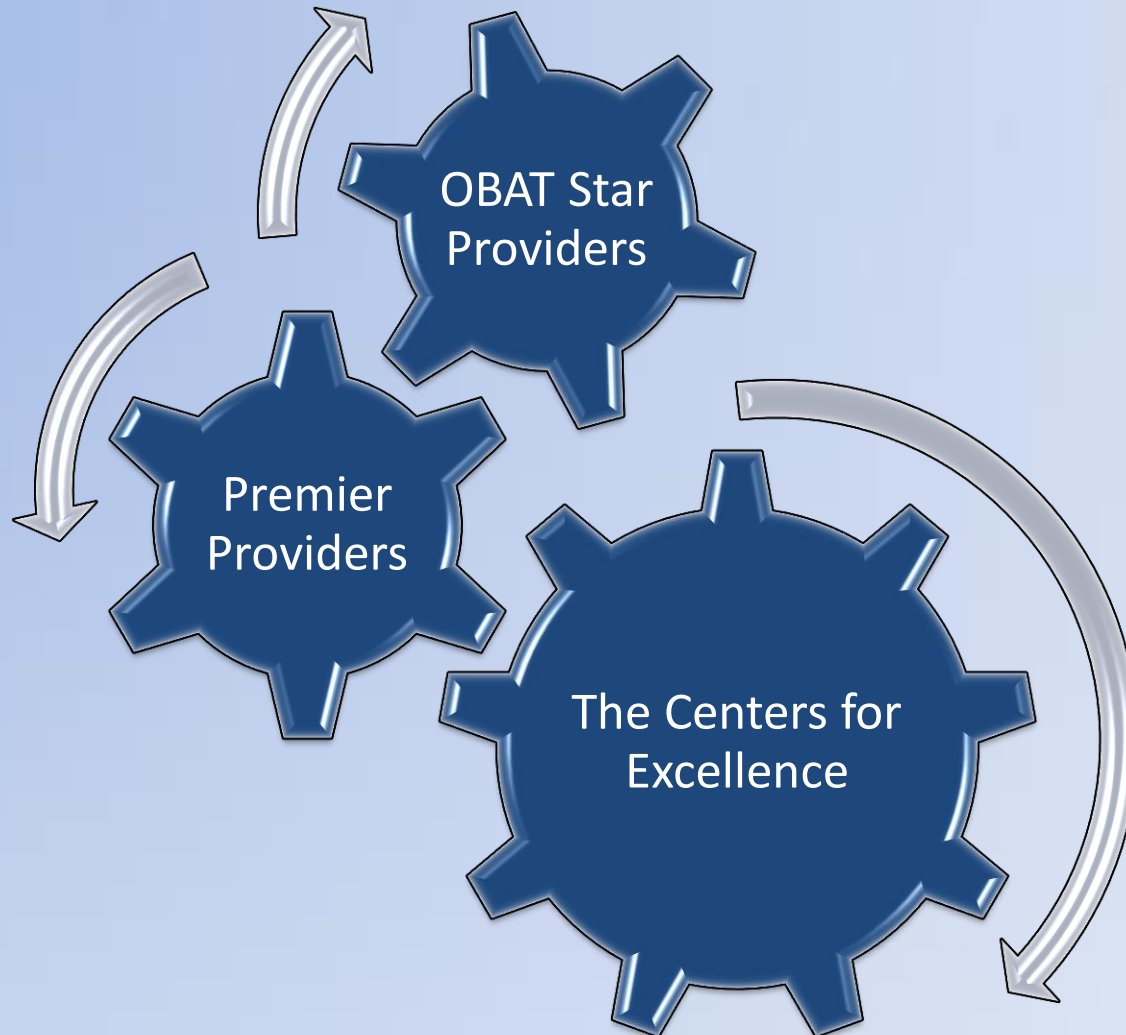
The MATrx Concept

- The New Jersey Department of Human Services is proposing a concept for Medication Assisted Treatment (MAT) and Office Based Addictions Treatment (OBAT) to be a Medicaid reimbursable service within a MATrx system.
- The NJ model is a hybrid of other state models including elements of the Hub and Spoke model in Vermont, the Office Based Opioid Treatment (OBOT) model in Virginia, and utilization of Centers for Excellence in Pennsylvania and Rhode Island.

The MATrx Concept

- The proposed MATrx model would consist of three different types of providers with various specialties to treat Substance Use Disorders (SUD), and in particular, Opioid Use Disorders (OUD). Each provider type would be able to induce and sustain MAT and refer and/or consult depending on the severity of the individuals seeking treatment.
- Provider types:
 - Centers of Excellence
 - Premier Providers
 - Office Based Addiction Treatment

The New Jersey MATrx



Centers for Excellence

- Billing processes are already in place for treatment services
- **The Centers for Excellence** would obtain additional funding through application
 - A comprehensive center that has the capacity to function as a hub for integrated care* and addictions treatment as well as having the capacity to manage complex cases. The Center will serve as a resource for the community, provide on-site training, mentorship, and/or fellowships for physicians and other professionals. Centers must meet best practice guidelines.

*Integrated care refers to care of physical health conditions, substance use disorders and mental health disorders including serious mental illness.

Premier Providers

Premier Providers: CCBHCs, FQHCs, OTPs or independent clinics who qualify for excellence through a certification process and provide integrated care* or connected services. Premier providers must deliver coordinated care for any services not provided on site and must meet best practice guidelines.

Billing processes are already in place for treatment services but once a provider is established as a premier provider the enhanced per member per month case management and peer services benefit will be added.

*Integrated care refers to care of physical health conditions, substance use disorders and mental health disorders including serious mental illness.

Office Based Addiction Treatment Providers

OBAT Star Providers: Office-based addictions treatment physicians, office based primary care physicians with a Data 2000 Waiver who meet established standards for excellence. These practitioners must affiliate with Premier providers and/or the Centers for Excellence to integrate care* and meet best practice guidelines.

Billing processes are being developed to support physicians, and enhance capacity.

*Integrated care refers to care of physical health conditions, substance use disorders and mental health disorders including serious mental illness.

The MATrx Planning

- Governor Murphy's FY19 Budget invested \$100 Million to tackle New Jersey's Opioid Crisis. A portion of this funding will be used to develop a coordinated and comprehensive approach that includes: expanded and improved access to community based, outpatient programs, so that more individuals have regular, consistent and timely access to treatment; access to MAT; and recovery peer coach services.
- DMAHS consulted with Virginia regarding their OBOT model and with the Center for Health Care Strategies (CHCS) on other states' MAT models.
- DMAHS convened a workgroup of FQHCs, CCBHCs, OTPs, hospitals, university systems and prescribing MAT physicians to introduce the concept and gain input into model development.
- DMAHS will continue to meet with stakeholders to further develop the MATrx model.
- More details to come: developing the payment structure for each provider type, etc.

Proposed Timeline

Phase 1: Sept. to Dec. 2018

- Determine OBAT Requirements
- Establish reimbursement for OBATs
- Identify OBAT providers
- Determine criteria for C's of E and Initiate MOA/MOU
- Identify Centers of Excellence
- Announcements for DMHAS trainings for Data 2000 prescribers

Phase 2: Jan. 1 thru March 2019

- OBAT billing goes active Jan 1, 2019
- Determine requirements for Premier Providers
- Evaluation and reporting requirements

Phase 3: April 1 thru July 1, 2019

- Billing goes active for premier providers
- Peer Support and Case Management Services covered by Medicaid July 1, 2019



Access to Services for Youth with Autism

Presented by
Department of Children and Families
Children's System of Care
October 17, 2018

Access to Services for Youth with Autism

- Outside of the Autism Spectrum Disorder (ASD) Pilot, NJ FamilyCare has not traditionally covered services for youth with Autism
- Services included under the ASD pilot:
 - Behavioral Consultative Supports and Individual Behavioral Supports (ABA)
 - Physical, Occupational and Speech Therapy
- Eligibility requirements for the ASD pilot:
 - NJ FamilyCare eligible
 - Diagnosis of Autism
 - Cannot have private insurance coverage

Access to Services for Youth with Autism

- **Clarification of Medicaid Coverage of Services to Children with Autism** published on July 7, 2014, CMS describes the overarching requirement that states must arrange for and provide coverage for individuals eligible for the EPSDT benefit (ages 0-21) any Medicaid coverable service listed in section 1905(a) of the Act that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions. Therefore, states would be required to furnish all medically necessary services to children. This includes children with autism spectrum disorder (ASD).
- Since the EPSDT population is children, federal regulatory authorities have taken great care to ensure that services furnished are not limited in amount, duration, or scope and are furnished to all eligible children as long as it is medically necessary. As a result, states are not permitted to limit the duration of services to designated timeframes such as years, months, days, and/or hours. In addition, states may not target subpopulations of the EPSDT population based on age, such as furnishing unique services to those children within a designated age range. States are unable to target specified age ranges within the EPSDT population because, in accordance with 42 CFR 440.250(b), the state plan must provide that the services available to any categorically needy beneficiary under the state plan are not less in amount, duration, and scope than those services available to any other beneficiary.

Access to Services for Youth with Autism

- \$17 million was included in Governor Murphy's FY19 budget to expand and improve access to services for youth with Autism
- Autism Executive Planning Committee
 - has been working towards developing a comprehensive benefit package
 - charged with informing the elements of the State Plan Amendment (SPA)

Access to Services for Youth with Autism

- Services to NJ FamilyCare enrolled youth under 21 years of age
- Youth and families will have access to a multidisciplinary array of services that are individually planned and coordinated
- Services:
 - evidence-based, evidence informed, evidence supported and/or promising practices
 - support the child's functional development, and enhance his/her inclusion in their own communities
 - reflective of Core Values and Principles of System of Care Approach (trauma and developmentally informed)
 - Youth and Family Voice and Choice is Paramount
 - Benefit plan would reflect a holistic and integrated approach
 - In home/out of home settings, clinical settings, community settings
 - Cannot duplicate/supplant what is covered under Individuals with Disabilities Education Act (IDEA)

Timeline

- Public Notice/Comment Period - By the end of 2018
- Target Effective Date - January 2019

Long Term Care and Managed Long Term Services & Supports

June 2018 LTC Headlines

79.5% of NJFC Long Term Care Population is Enrolled in MLTSS

50.2% of the NJ FamilyCare LTC Population is in Home and Community Based Services*

Prior Month = 49.8%; Start of Program = 29.4%

Number of Recipients Residing in Nursing Facilities is Down Over 1,300 Since the July 2014 Implementation of MLTSS**

* Methodology used to calculate completion factor for claims lag in the 'NF FFS Other' category (which primarily consists of medically needy and rehab recipients) has been recalculated as of December 2015 to account for changes in claims lag; this population was being under-estimated.

** Nursing Facility Population includes all MLTSS recipients and all FFS recipients (grandfathered, medically needy, etc.) physically residing in a nursing facility during the reporting month.

Long Term Care Recipients Summary – June 2018

Total Long Term Care Recipients

56,228

Managed Long Term Support & Services (MLTSS)

44,703

MLTSS HCBS

24,123

MLTSS Assisted Living

3,067

MLTSS NF

17,181

MLTSS SCNF (Upper & Lower)

332

Fee For Service* (Managed Care Exempt) NF & SCNF

10,470

PACE

1,055

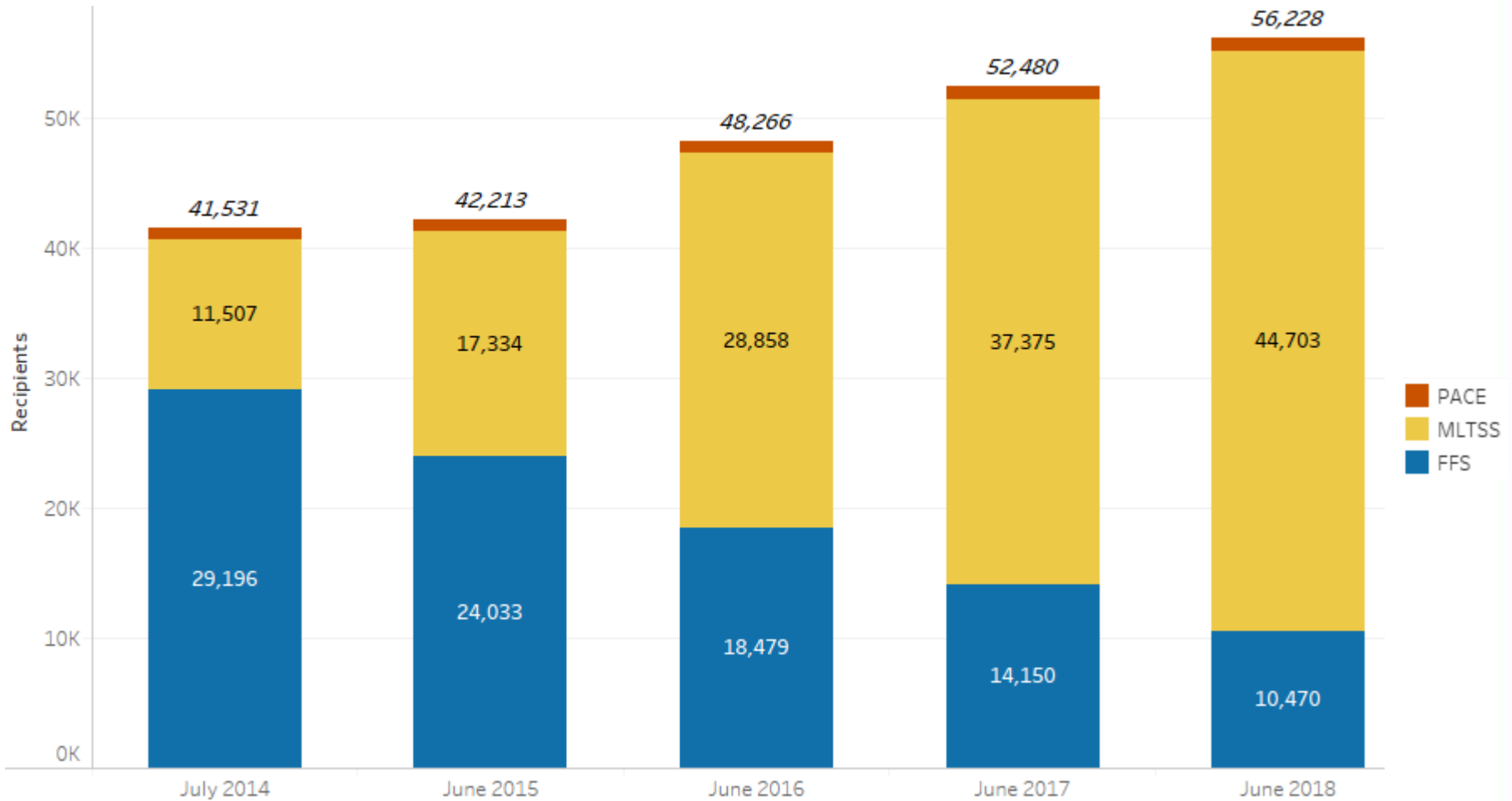
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed August 2018.

Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE).

* A portion (~25%) of the FFS NF & SCNF count is claims-based and therefore uses a completion factor (CF) to estimate the impact of nursing facility claims not yet received. Historically, 63.56% of long term care nursing facility fee-for-service claims are received one month after the end of a given service month.

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Long Term Care Population: FFS-MLTSS Breakdown

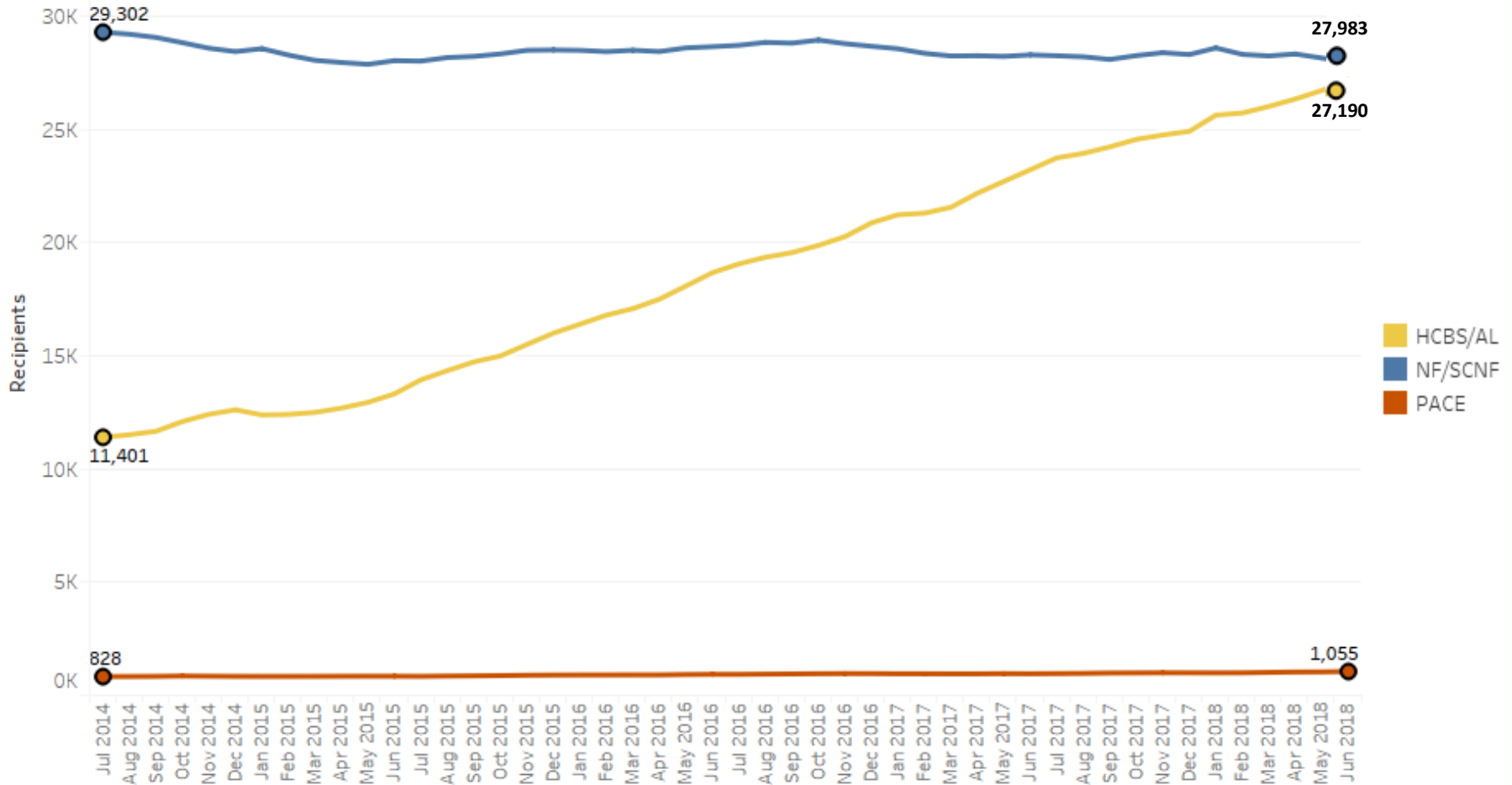


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed August 2018.

Notes: Information shown includes any person who was considered LTC at any point in a given month based on: Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE). All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS. MLTSS includes all recipients with the cap codes listed above. FFS includes SPC 65-67 and all other COS 07, which is derived using the prior month's COS 07 population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 90.76% of long term care nursing facility claims and encounters are received one month after the end of a given service month.

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Long Term Care Population by Setting



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 8/14/2018.

Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

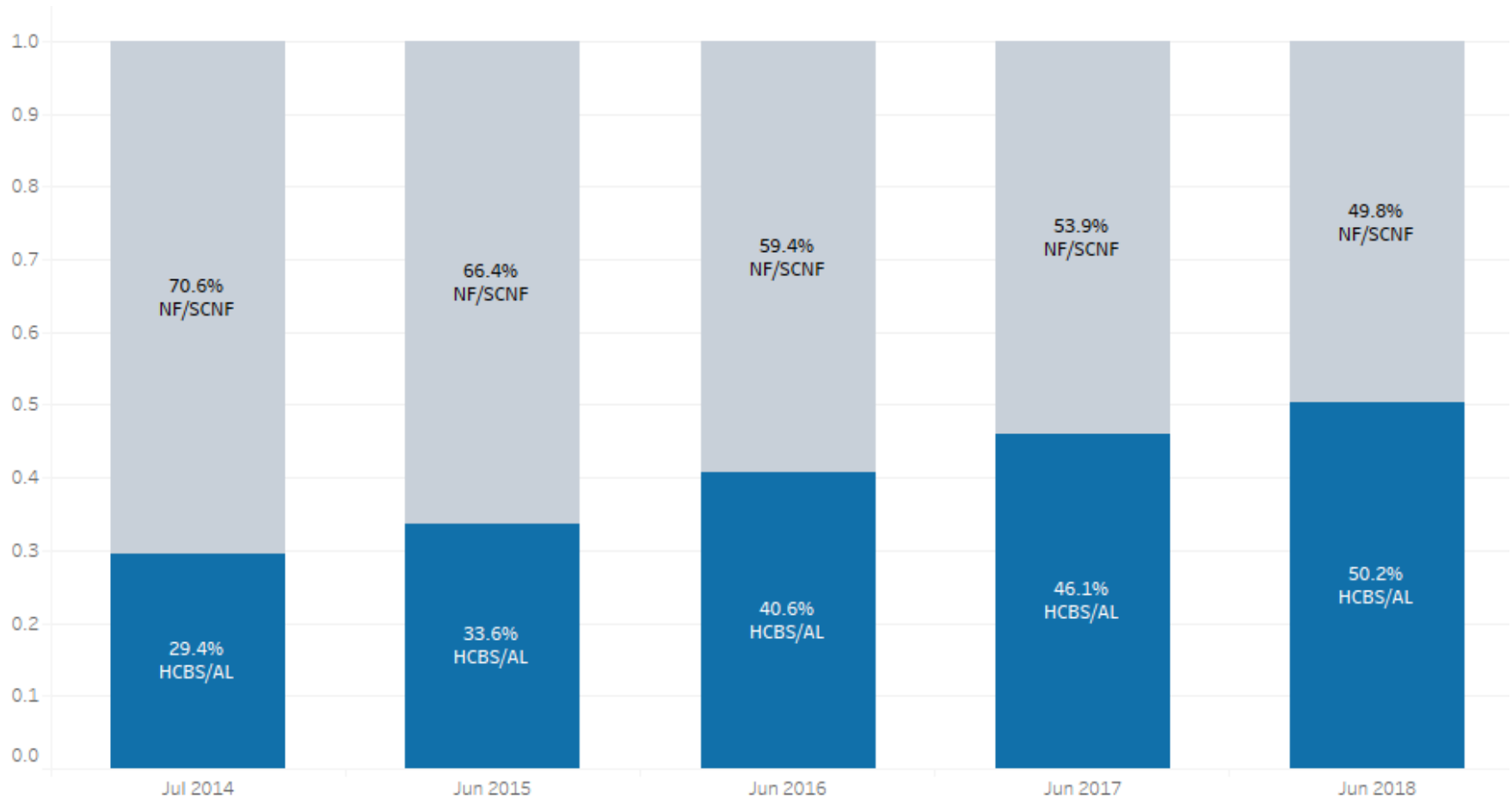
Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month.

Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy). COS 07 count w/out a SPC 6x or one of the specified cap codes uses a completion factor (CF) due to claims lag (majority are medically needy recipients).

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MLTSS Rebalancing



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed August 2018.

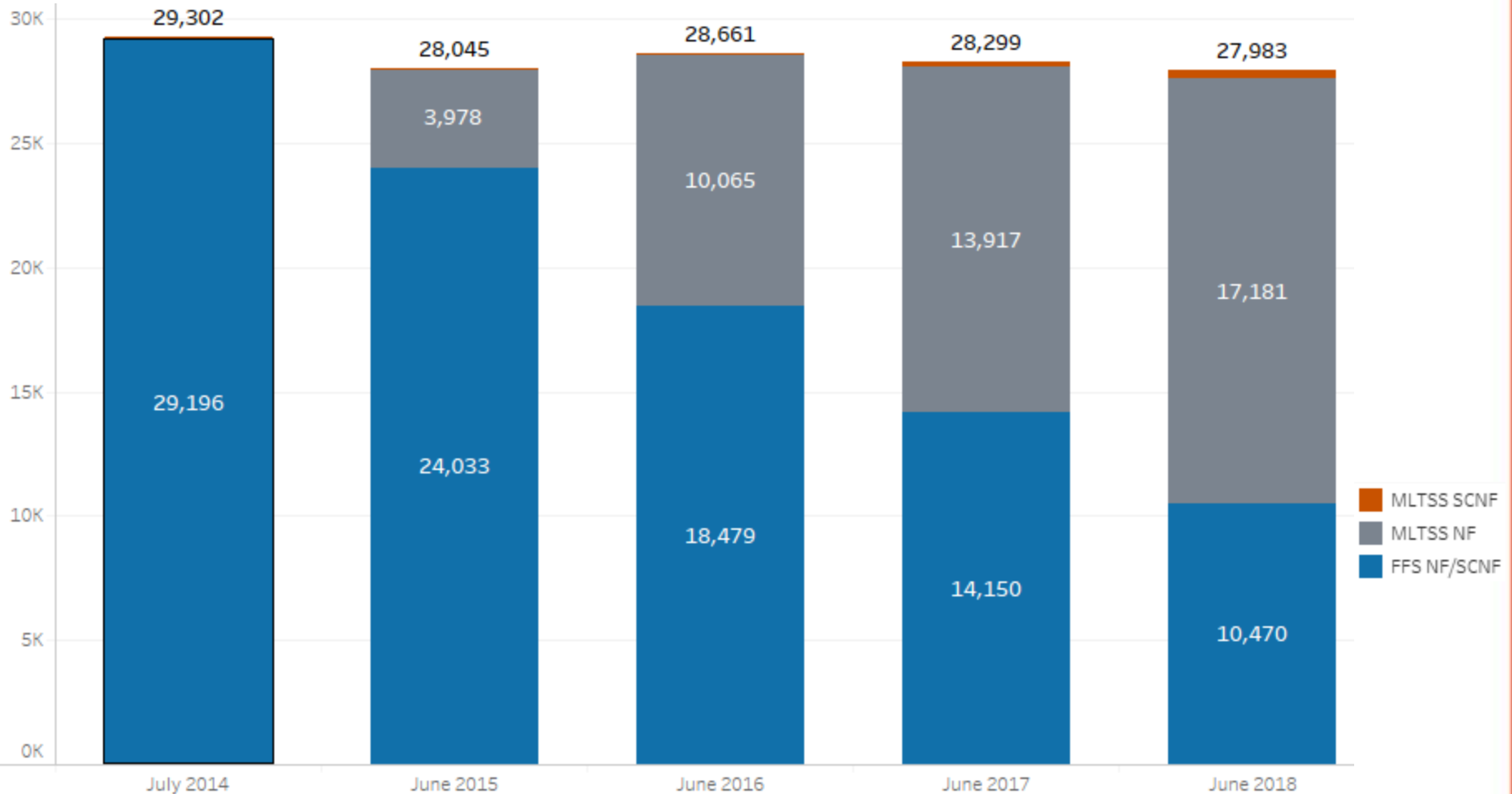
Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month.

Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy &/or Rehab). COS 07 count w/out a SPC 6x or one of the specified cap codes uses a completion factor (CF) due to claims lag (majority are medically needy recipients).

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Nursing Facility Population

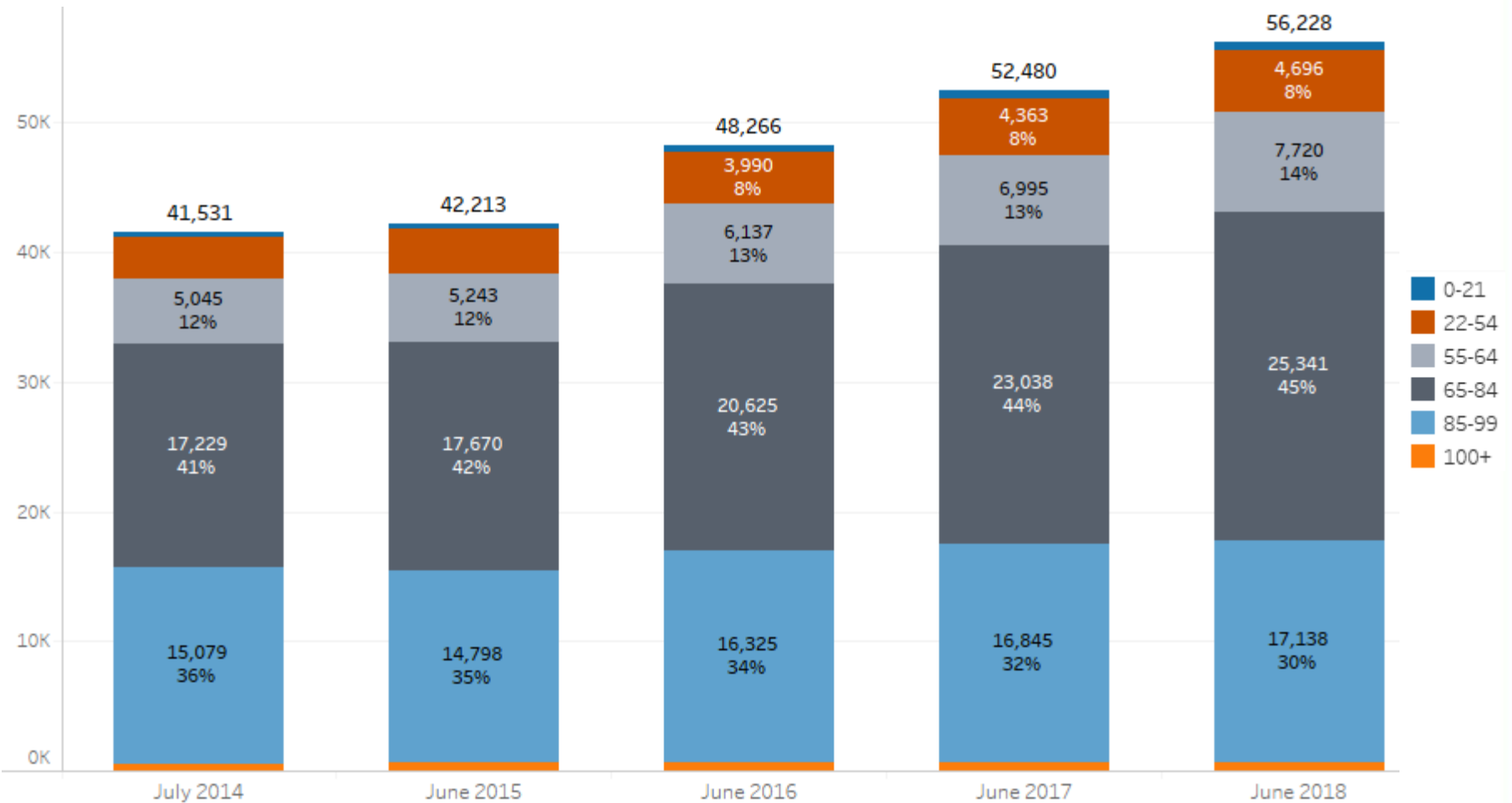


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed August 2018.

Notes: "MLTSS NF" population is defined as recipients with Capitation Code 78199, 88199 or with a SPC 61. "MLTSS SCNF" population is defined as recipients with Capitation Code 78399, 88399, 78499 or 88499 or with a SPC 63, or 64. "NF FFS" population includes all recipients with a Special Program code of 65, 66 or 67 as all other recipients with COS code 07 that do not meet any of the previous criteria (this subgroup uses a completion factor to account for claims which have not yet been received but are forthcoming).

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Long Term Care Population by Age Group



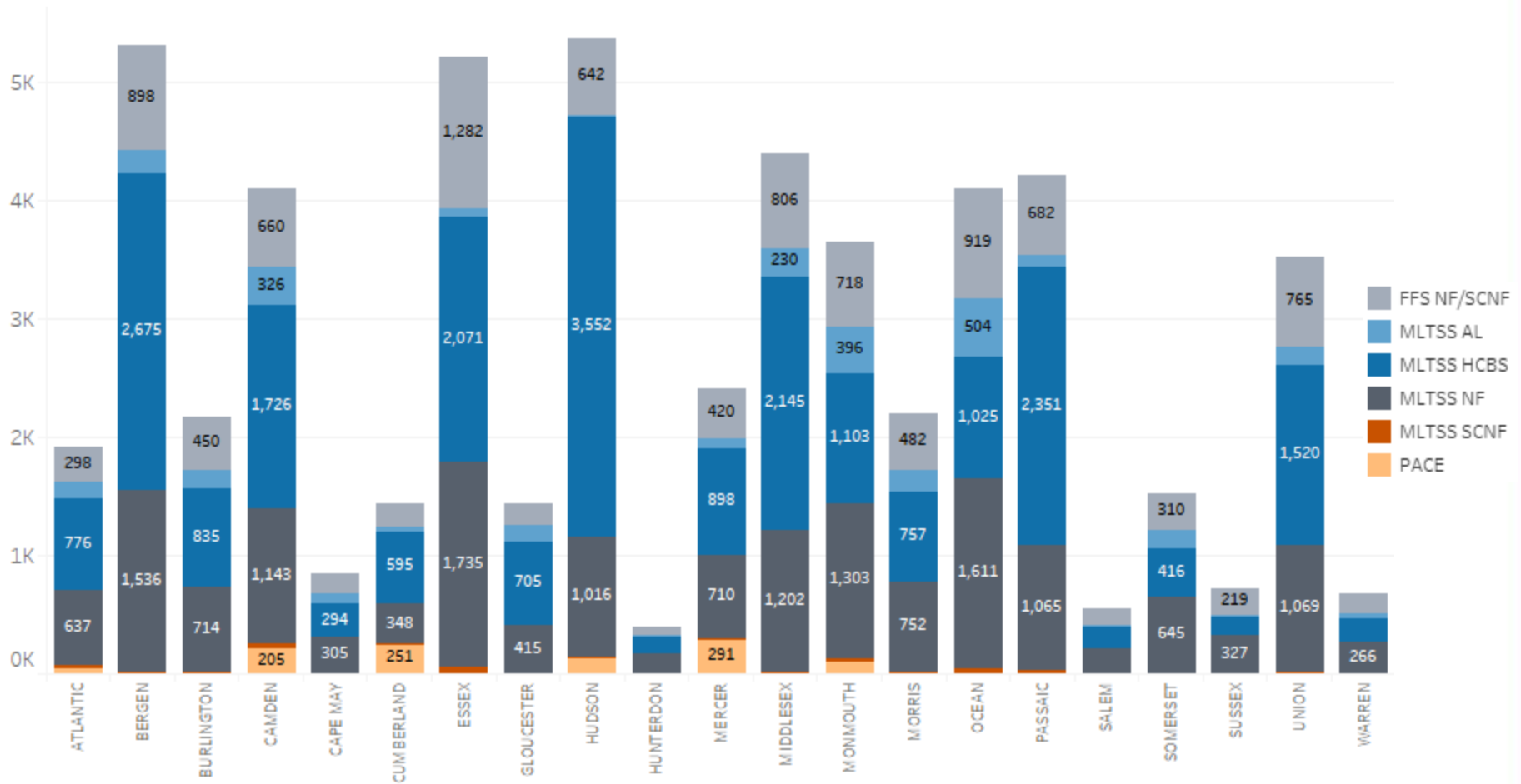
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 8/20/2018.

Notes: Information shown includes any person who was considered LTC at any point in a given month, based on CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE).

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Long Term Care Population by County, by Setting

June 2018

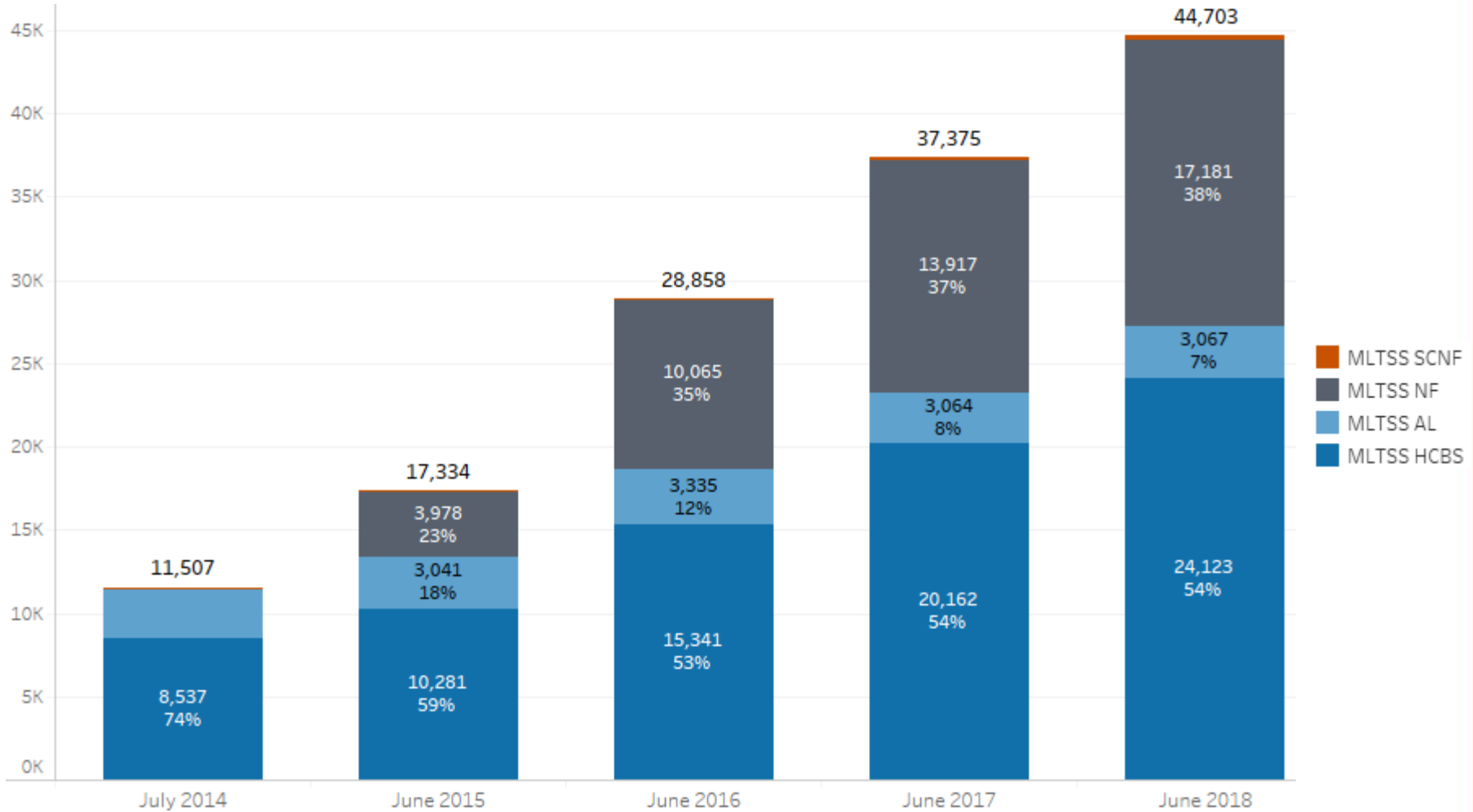


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed August 2018.

Notes: Information shown includes any person who was considered LTC at any point in a given month, based on CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE).

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MLTSS Population by Setting

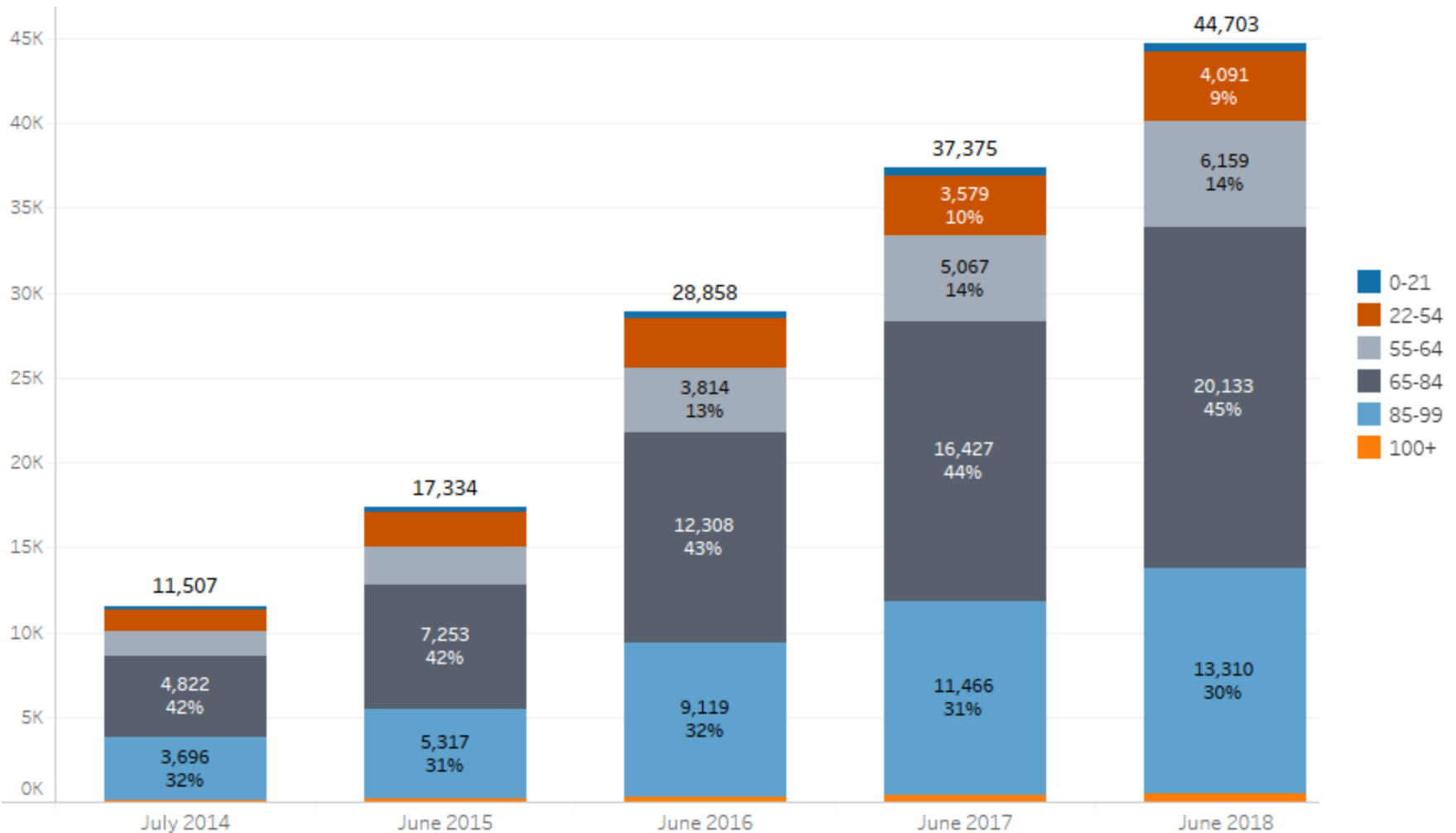


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed August 2018.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them considering both their cap code and their SPC.

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MLTSS Population by Age Group

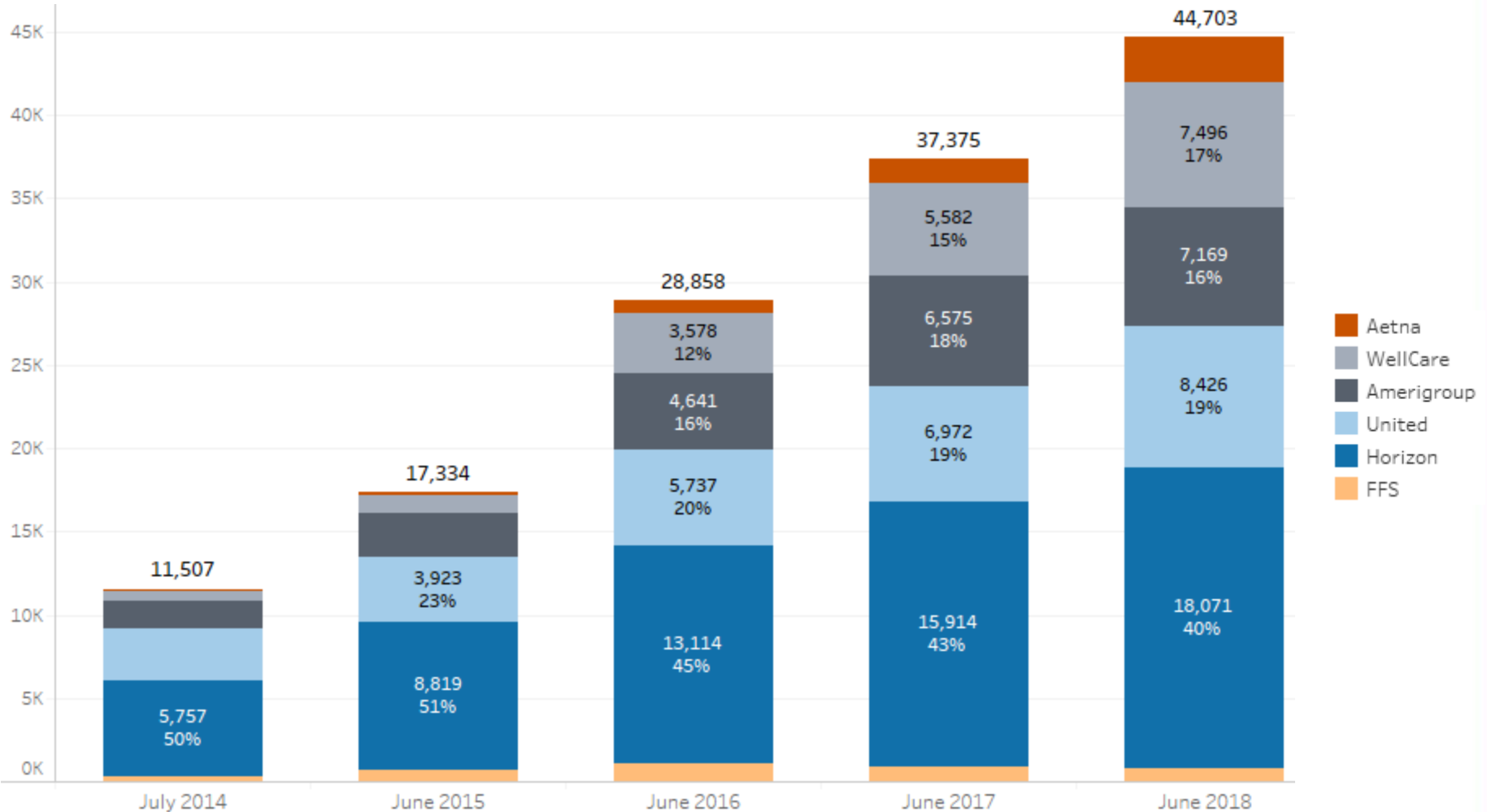


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed August 2018.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by age.

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MLTSS Population by Plan



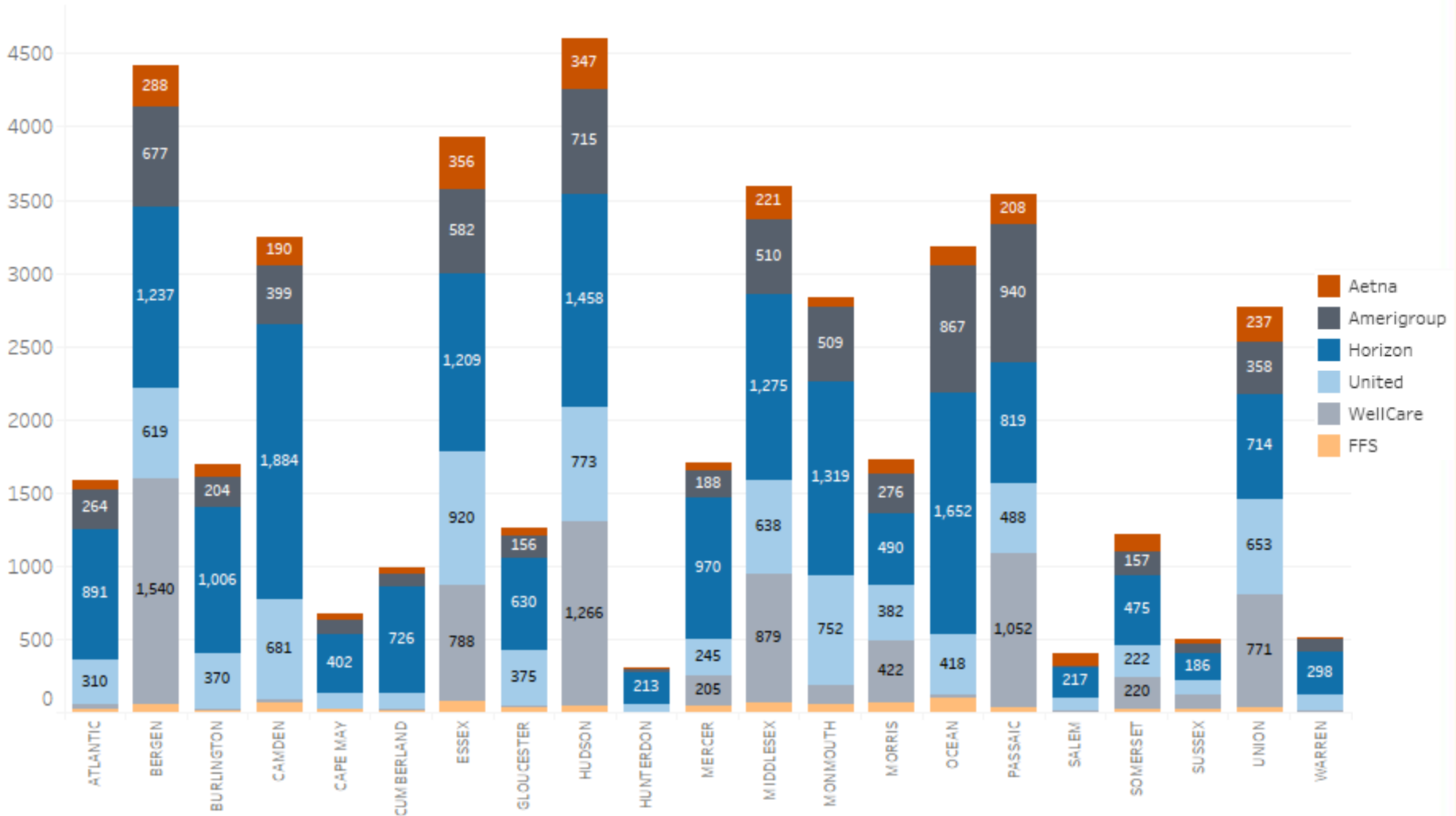
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed August 2018.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by plan. Recipients showing up as FFS were recently assessed and met level of care eligibility requirements in the given month and were awaiting MCO assignment. Those recipients will be categorized in an MCO category in the subsequent month.

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MLTSS Recipients per County, by Plan

June 2018

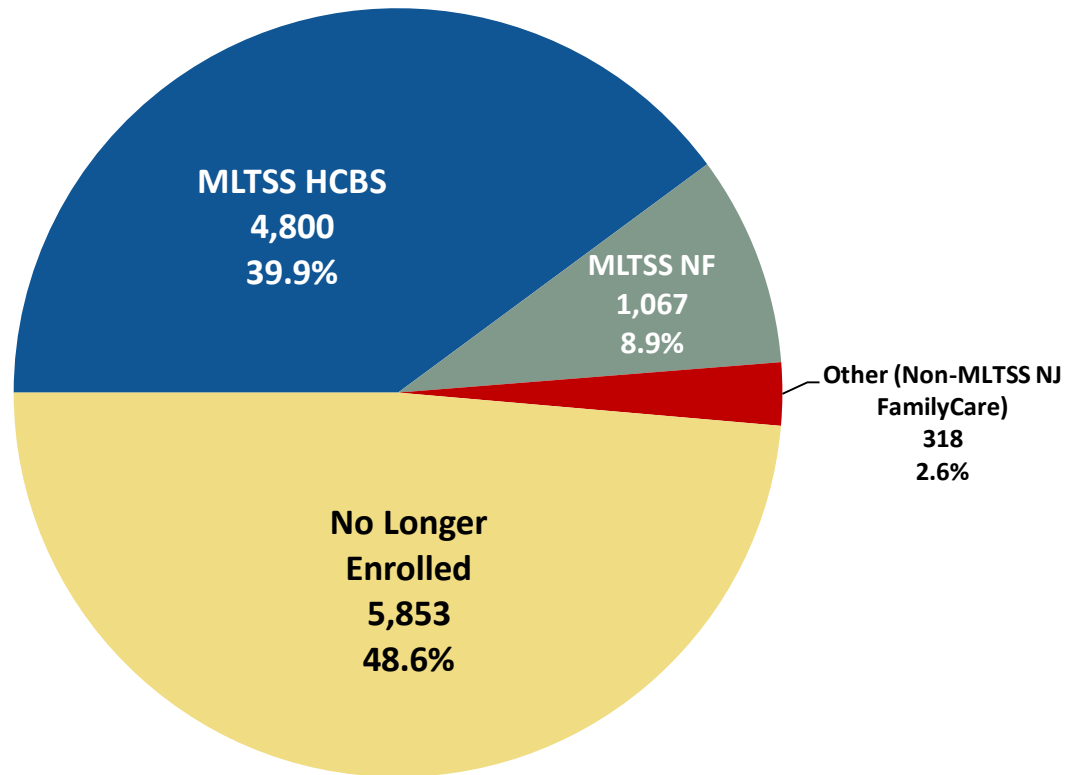


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed August 2018.

Notes: Information shown includes any person who was considered MLTSS at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499 AND Special Program Codes 60-64. County distinction is based on recipient's county of residence in the given month.

A Look at the June 30, 2014 Waiver Population Today

All Waivers
(6/30/14 = 12,038)

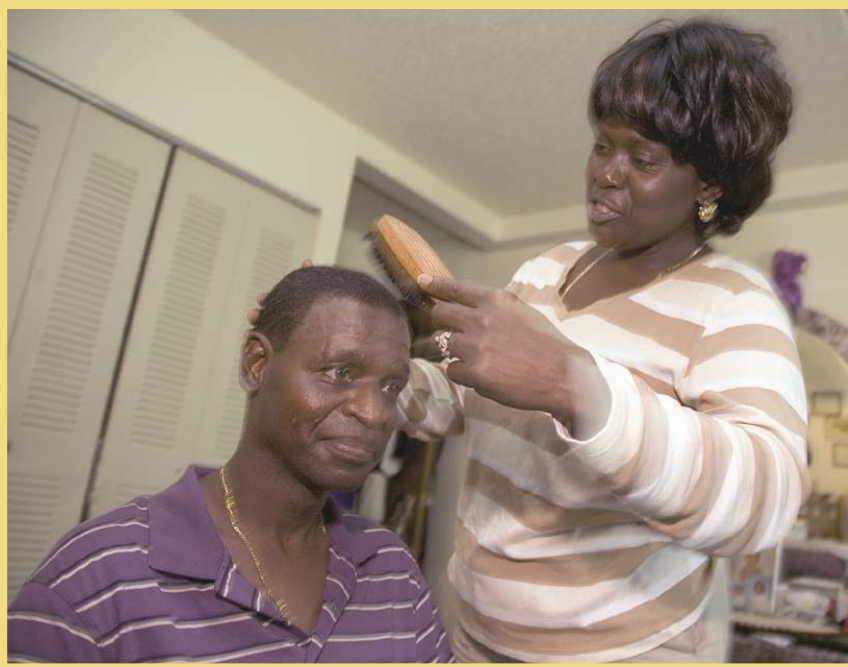


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 8/15/2018.

Notes: Includes all recipients who were in a waiver SPC (03, 05, 06, 17 or 32) on 6/30/14. Where they are now is based on capitation code or PSC. Those without a current capitation code or PSC are determined to be "No Longer Enrolled". Of the total number no longer enrolled, 93.8% (3,102) have a date of death in the system (current through 7-11-16).

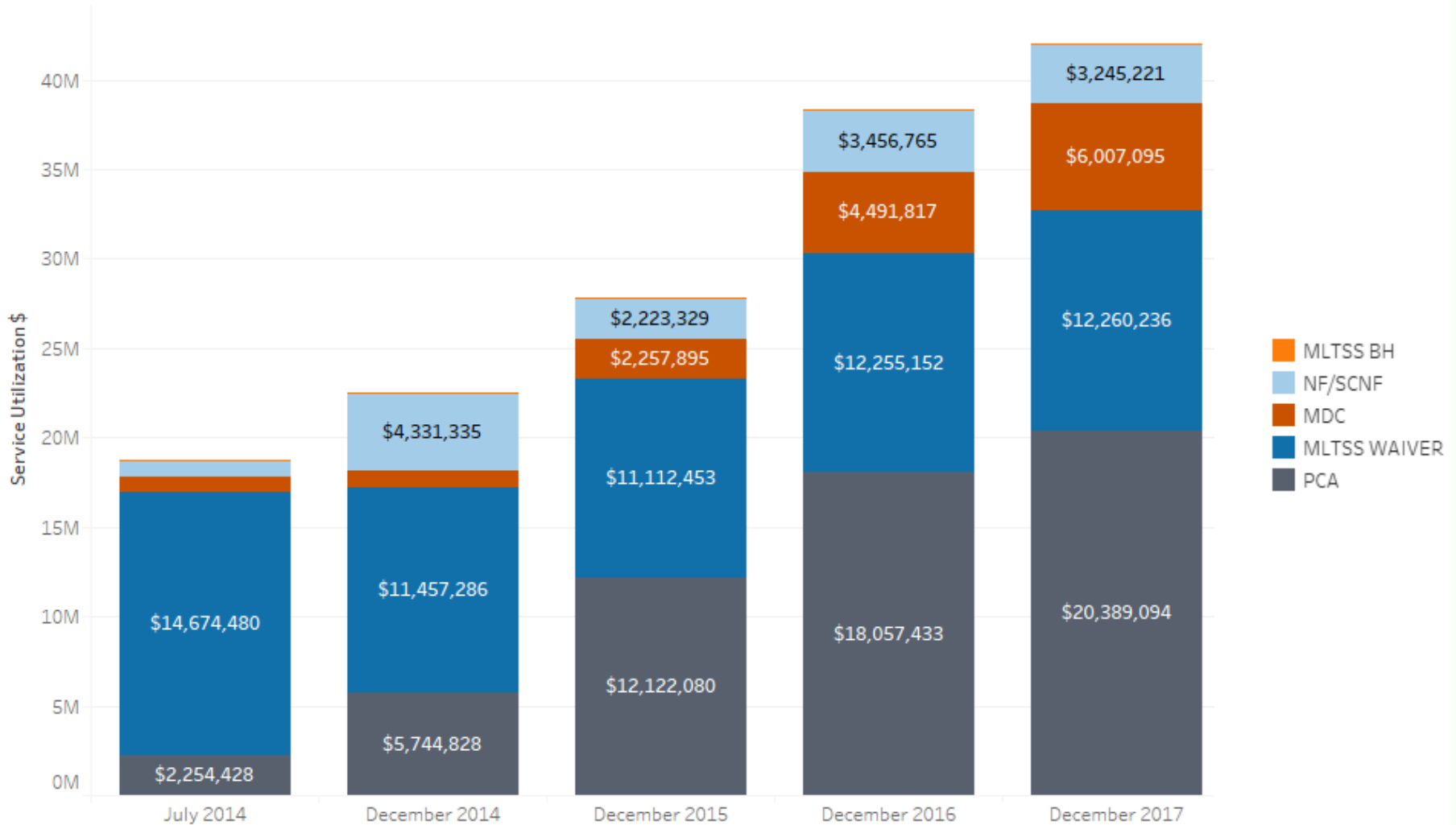
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MLTSS Services Cost



MLTSS HCBS & AL Populations' LTC Services Utilization

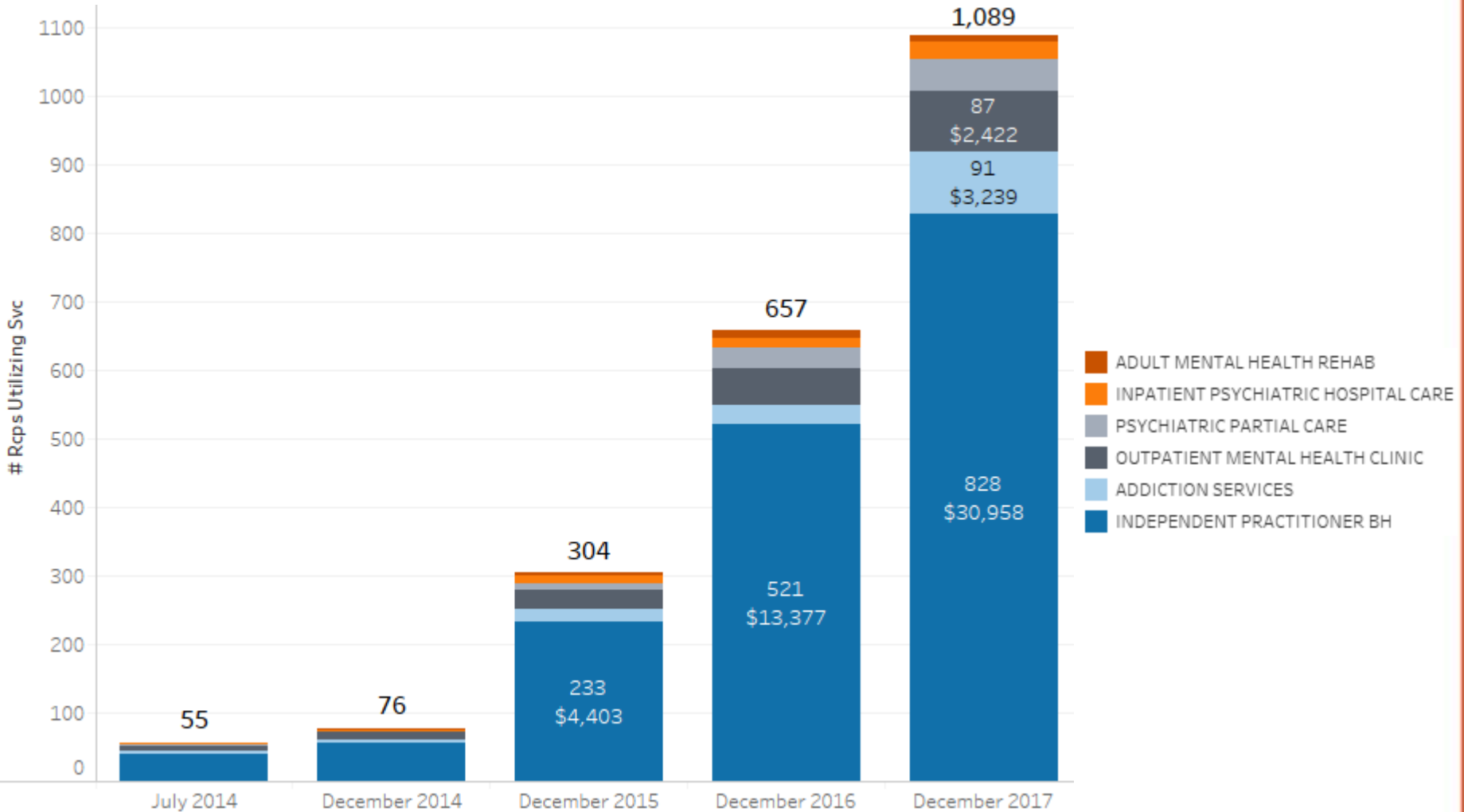
Service Utilization Dollars Monthly



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 6/29/18.

Notes: Claims represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. HCBS & AL Populations are defined based on cap codes 79399; 89399 OR SPCs 60; 62.

MLTSS Recipients' BH Utilization



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 6/28/2018.

Notes: Recipients had a MLTSS capitation code as well as a CRS claim (procedure codes T2033, T2033_TF or T2033_TG) in the given month. Note that recipients may be counted in more than one month.

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NJ FamilyCare Update

September 2018 Enrollment Headlines

1,749,743 Overall Enrollment

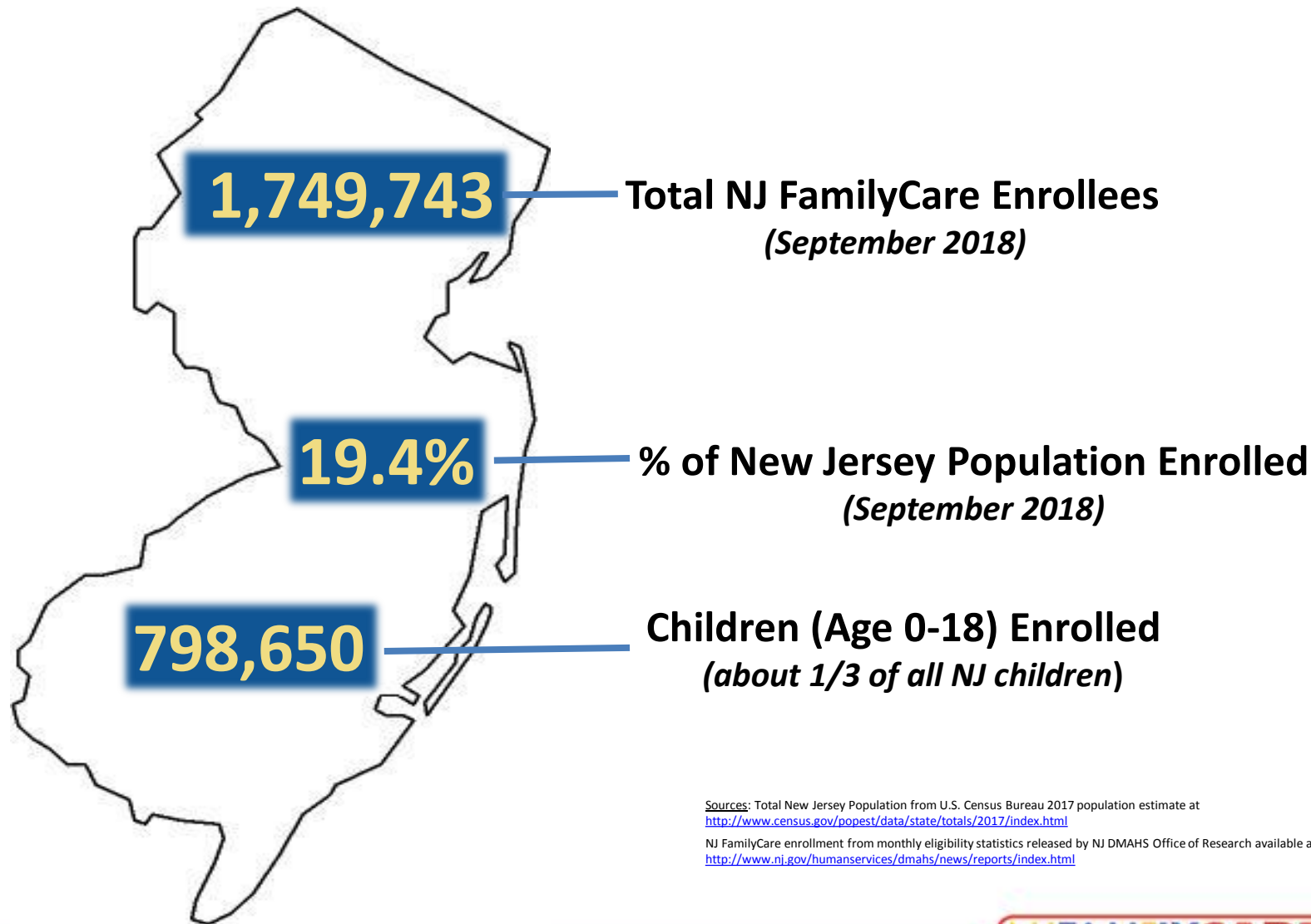
4,924 (0.3%) Net Increase Over September 2017

95.5% of All Recipients are Enrolled in Managed Care

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>;
Dec. eligibility recast to reflect new public statistical report categories established in January 2014

Notes: Net change since Dec. 2013; includes individuals enrolling and leaving NJFamilyCare. Does not include retroactivity.

NJ Total Population: 9,005,644



Sources: Total New Jersey Population from U.S. Census Bureau 2017 population estimate at <http://www.census.gov/popest/data/state/totals/2017/index.html>

NJ FamilyCare enrollment from monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>

September 2018 Eligibility Summary

Total Enrollment: 1,749,743

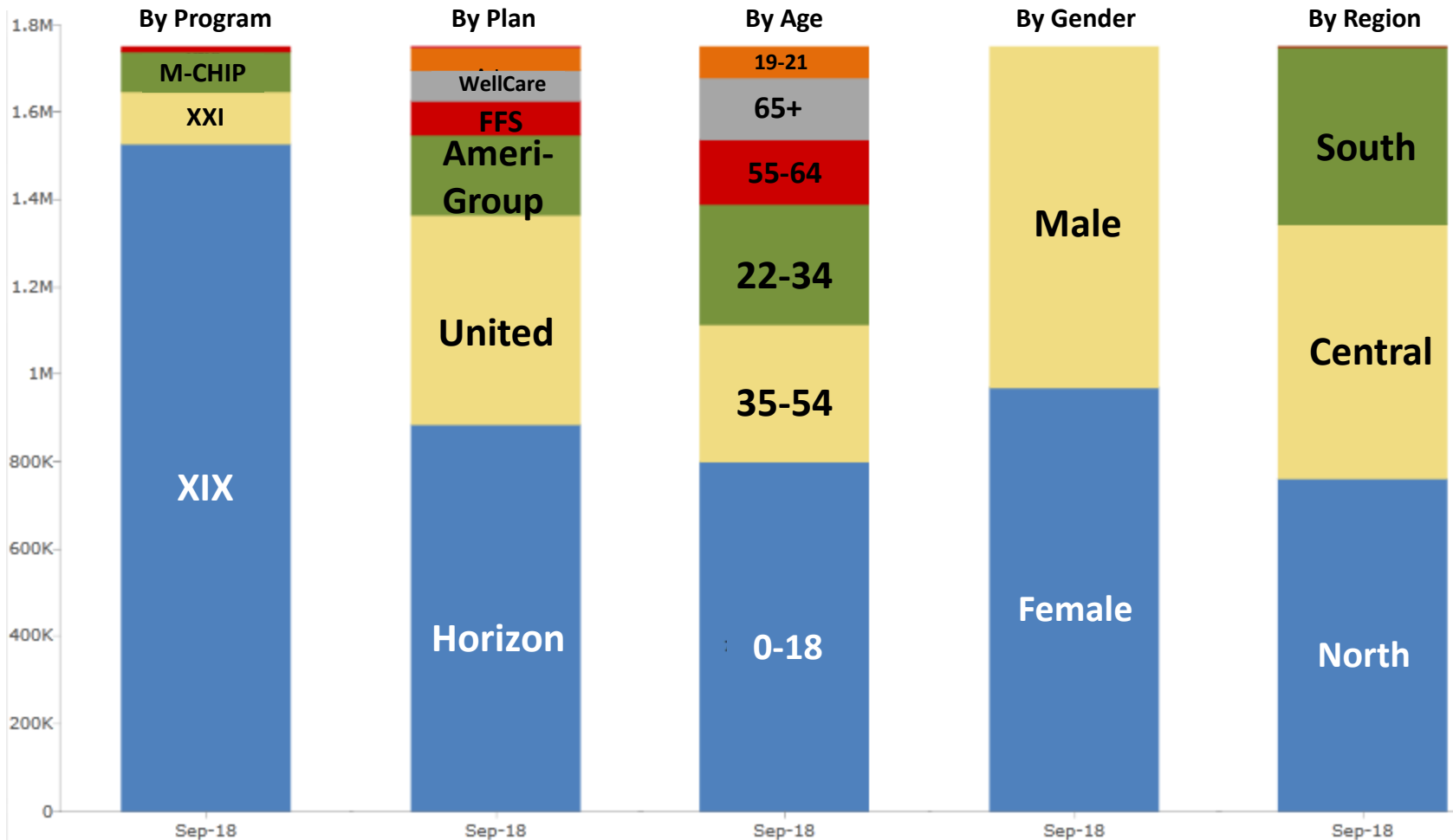
Expansion Adults	538,604	30.8%
Other Adults	105,884	6.1%
Medicaid Children	590,996	33.8%
M-CHIP Children	93,416	5.3%
CHIP Children	117,916	6.7%
Aged/Blind/Disabled	302,927	17.3%

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>;

Notes: Expansion Adults consists of 'ABP Parents' and 'ABP Other Adults'; Other Adults consists of 'Medicaid Adults'; Medicaid Children consists of 'Medicaid Children', M-CHIP and 'Childrens Services'; CHIP Children consists of all CHIP eligibility categories; ABD consists of 'Aged', 'Blind' and 'Disabled'. Percentages may not add to 100% due to rounding.

NJ FamilyCare Enrollment "Breakdowns"

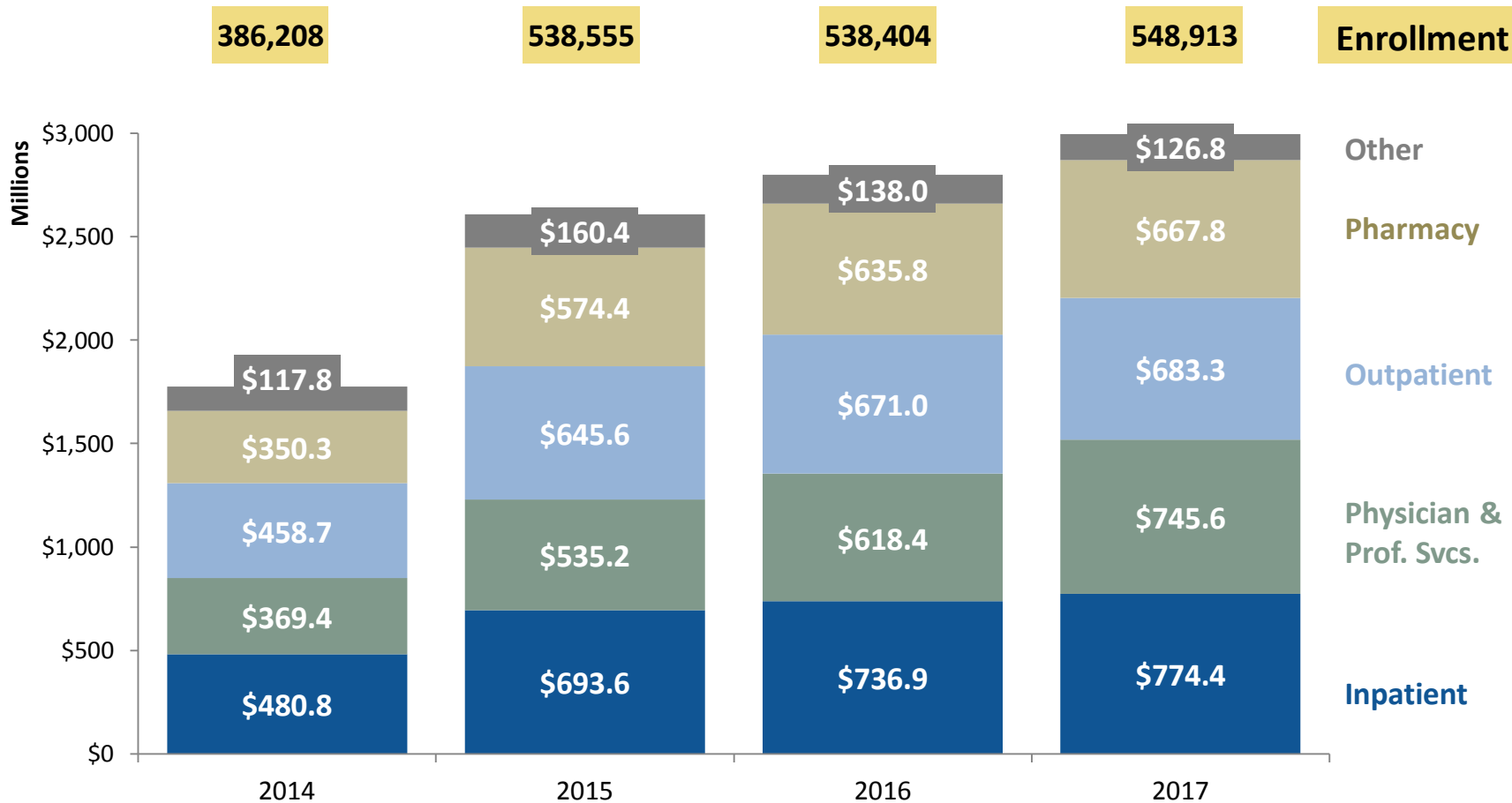
Total Enrollment: 1,749,743



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for September 2018.

Notes: By Region: North= Bergen, Essex, Hudson, Morris, Passaic, Sussex & Warren. Central= Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset & Union. South= Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester & Salem. Region does not add up to total enrollment due to small "unknown" category that is not displayed. *M-CHIP: Individuals eligible under Title XIX, but paid with CHIP (Title XXI) federal funds.

Expansion Population Service Cost Detail



Source: NJ DMAHS Share Data Warehouse fee-for-service claim and managed care encounter information accessed 10/5/2018

Notes: Amounts shown are dollars paid by NJ FamilyCare MCOs to providers for services supplied to NJ FamilyCare members – capitation payments made by NJ FamilyCare to its managed care organizations are not included. Amounts shown include all claims paid through 10/5/2018 for services provided in the time period shown. Additional service claims may have been received after this date. Subcapitations are not included in this data. In addition to traditional “physician services” claims, “Professional Services” includes orthotics, prosthetics, independent clinics, supplies, durable medical equipment, hearing aids and EPSDT, laboratory, chiropractor, podiatry, optometry, psychology, nurse practitioner, and nurse midwifery services. “Other” includes dental, transportation, home health, long term care, vision and crossover claims for duals. Enrollment indicates average “Expansion Population” over the calendar year.

**New Jersey
DOH/DHS
Sustain and Transform
DSRIP Program
2020 and Beyond**

Delivery System Reform Incentive Program Successor Program

- On September 28, 2018, DHS submitted an Executive Summary of the DSRIP Sustain and Transform program to CMS for approval.
- The submission included a summary of the program, as presented to the MAAC committee on July 17, 2018. The summary further clarified the intention for the MCOs to distribute funding to the hospitals on performance basis, authorized by an amended MCO contract, and had further details on the timeline of actions to support the implementation of the program beginning in July, 2020.
- At this time, the DOH is soliciting membership in the Quality and Measures committee to assist in the development of the measure specifications for inclusion in the follow up submission by DHS in accordance with section 438.6(c)(2)(ii)(B).

Timeline and Transition Steps

Date	Deliverable
30-Sep-18	Final DSRIP Transition Plan submitted to CMS for approval
15-Nov-18	Quality Measure Committee appointed
30-Dec-18	Pre Print Submitted to CMS for approval
30-May-19	Detailed program strategies, activities and payment mechanics released
30-Jun-19	Performance measurement framework submitted
30-Sep-19	Sample amended Managed Care contract submitted to CMS
31-Dec-19	Managed Care contract amendment approved
15-Jan-20	Program application released to hospitals
1-Apr-20	Amended Managed Care contract signed by MCOs (effective July 1 st)
15-Apr-20	Lead entity applications due
15-Jun-20	Application approvals announced
1-Jul-20	NJ Sustain and Transform Program implementation begins

NJ FamilyCare Data Dashboard Update

Online and Available

HEALTHCARE

ARTICLE

COMMENTS



WHAT DO YOU WANT TO KNOW ABOUT MEDICAID IN NJ? NEW WEBSITE HAS ANSWERS

LILLO H. STAINTON | SEPTEMBER 12, 2018

Data Dashboard, open to all, is aimed at making information more accessible and should help with decisions about allocating funds



Healthcare advocates, policy organizations, government officials, and curious patients can better explore public data related to New Jersey's Medicaid program, thanks to a website the state has established to improve the transparency and operation of the system.

The state Department of Human Services, which oversees New Jersey's Medicaid (or NJ FamilyCare) program, has launched the

first version of its NJ FamilyCare Data Dashboard, a [website](#) officials said will be continuously updated and outfitted with new features in the weeks and months to come.

The interactive site currently includes FamilyCare enrollment data, broken down by age, sex, county and program type; enrollment trends dating back to 2014; and a timeline of key policy changes. The data allows those interested in public policy to better understand how the program has grown and changed over the years, who participants are and where they live — information that can help officials focus funding and other resources or adjust elements of the Medicaid program.

“Our intent with this new site is to bring greater transparency to the state’s Medicaid program. Over time users will be able to access timely and in-depth information on this vital program for our state. The more information we can make available about this important program, the better.”

- DHS Commissioner Carole Johnson

“We’re thrilled to offer this service to New Jersey residents, NJ FamilyCare is an invaluable program that provides a wide-range of health care services, and we’re excited to continue to work to bring this type of easy-to-navigate transparency to the program.” - Meghan Davey, DMAHS Director

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Link to New Website

<http://www.njfamilycare.org>

Call 1-800-761-0710
TTY: 1-800-761-0720
Hours of Operation:
Monday and Thursday
8:00 A.M. - 8:00 P.M.
Tuesday, Wednesday, Friday
8:00 A.M. - 5:00 P.M.



Home
What Is It?
What does it cover?
Who is eligible?
Immigrant Information
Income Eligibility and Cost
Choosing a health plan
Apply
Need help enrolling?
Using Your Benefits
NEW Enrollment Statistics and NJ FamilyCare Data Dashboards

Welcome to the NJ FamilyCare website.

NJ FamilyCare - New Jersey's publicly funded health insurance program - includes CHIP, Medicaid and Medicaid expansion populations. That means qualified NJ residents of any age may be eligible for free or low cost health insurance that covers doctor visits, prescriptions, vision, dental care, mental health and substance use services and even hospitalization.



If you are a NJ resident and you need [more information](#) on this program, please read through the pages of this website and see how to become a member of NJ FamilyCare.

Individuals ineligible for NJ FamilyCare can find information on other insurance affordability programs at www.healthcare.gov.

New Jersey Department of Human Services notifies certain NJ FamilyCare clients of data breach.

Multilingual Support

Arabic	Bengali	Chinese	Croale	English	French
Gujarati	Hindi	Italian	Japanese	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Turkish	Urdu
		Vietnamese			

You will need to have the appropriate character sets to see each individual language.

NEW Enrollment Statistics and NJ FamilyCare Data Dashboards

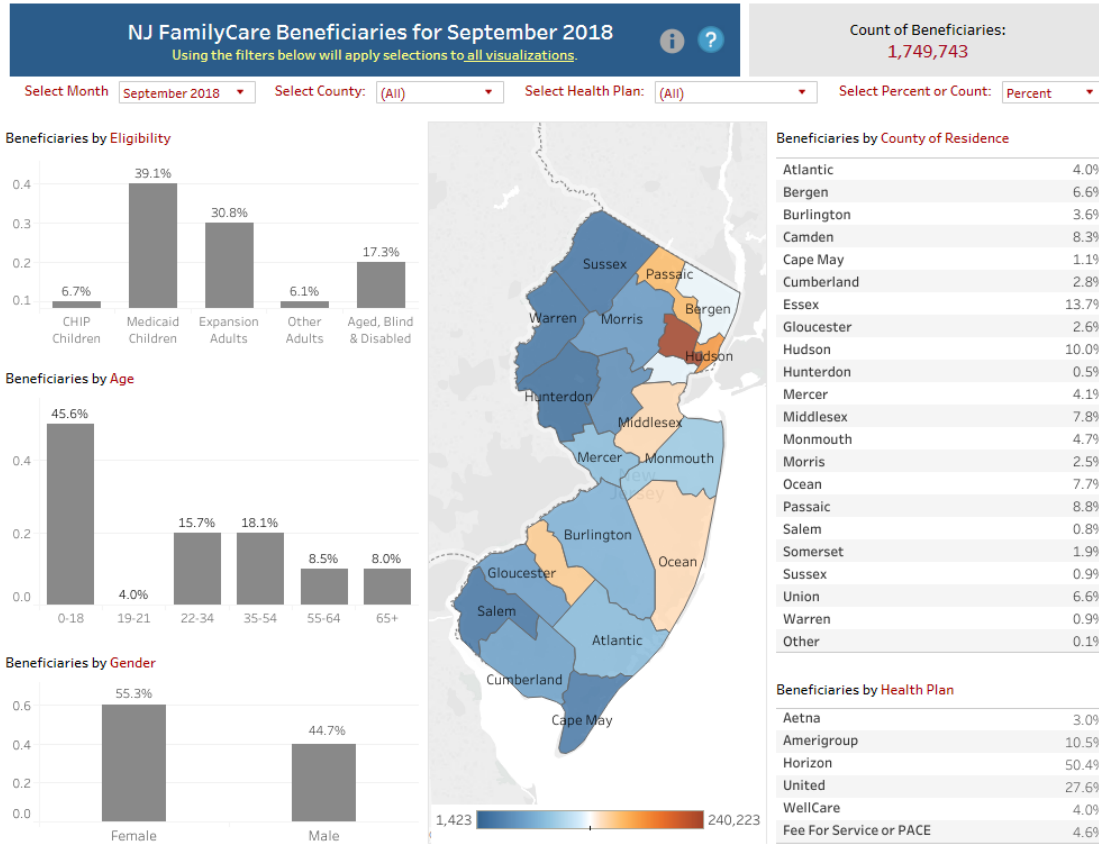
<http://www.njfamilycare.org/analytics/home.html>

NJ FamilyCare Highlights

1,749,743 Total Enrollment	95.5% Managed Care Enrollment	50.5% Long Term Care Population in Home and Community Based Services	19.4% NJ Population Enrolled in NJ FamilyCare
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Monthly Enrollment Reports

Currently Published - Eligibility



Beneficiaries by Health Plan

Health Plan	Percentage
Aetna	3.0%
Amerigroup	10.5%
Horizon	50.4%
United	27.6%
WellCare	4.0%
Fee For Service or PACE	4.6%

Data is provided by the Division of Medical Assistance in the Department of Human Services, State of New Jersey.

Currently Published - CAHPS

CAHPS Health Plan Overall Satisfaction Ratings

(On a 0-10 scale, ratings of 7-10 are considered satisfactory)

Select a Survey Type (filters all dashboard visualizations)
 Adult

Adult Overall Satisfaction Ratings for 2017

Tip: Red line is the plan weighted average for the CAHPS category and selected year. Position mouse pointer over elements for more details.

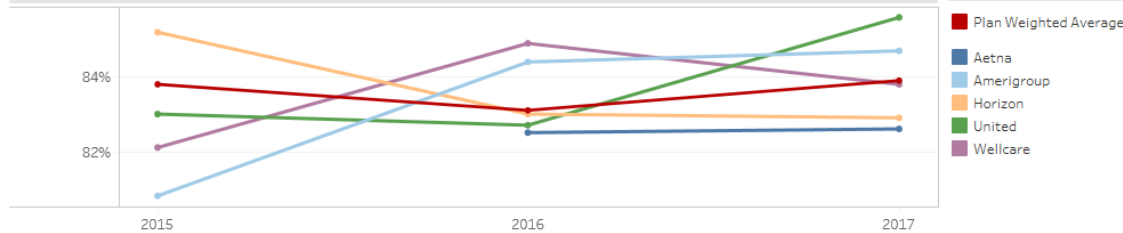
Select Year: 2017

	Health Care	Health Plan	Personal Doctor	Specialists
Aetna	83%	77%	86%	78%
Amerigroup	85%	85%	88%	87%
Horizon	83%	84%	87%	89%
United	86%	84%	86%	86%
Wellcare	84%	83%	88%	92%

Adult Overall Rating of Health Care Trend

Select Category: Overall Rating of Health Care

Click an item to highlight.
 Click again to revert.



Adult Overall Satisfaction Ratings

Tip: Blank cells indicate data is not applicable.

	Health Care			Health Plan			Personal Doctor			Specialists			
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015	2016	2017	
Aetna		83%	83%		74%	77%			87%	86%		84%	78%
Amerigroup	81%	84%	85%	84%	83%	85%	89%	89%	88%	90%	84%	87%	
Horizon	85%	83%	83%	87%	87%	84%	91%	87%	87%	88%	88%	89%	
United	83%	83%	86%	83%	80%	84%	87%	86%	86%	85%	93%	86%	
Wellcare	82%	85%	84%	83%	77%	83%	91%	88%	88%	86%	84%	92%	

Visit the Sources and Notes page for more details.

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Navigation icons: back, forward, search, etc.

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Currently Published – Long Term Care



Long Term Care: Month at a Glance

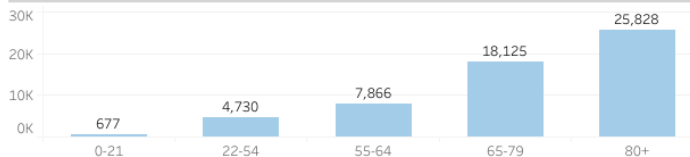
Select Month, Year: July 2018
 MLTSS/FFS/PACE: (All)
 Select Percent or Count: Count

NJ FamilyCare covers long term services and supports for eligible NJ residents with long term care (LTC) needs. Since the launch of Managed Long Term Services and Supports (MLTSS) in July 2014, LTC services and supports are paid for through managed care organizations (MCOs) with the goal of providing quality care in the least restrictive setting. MLTSS covers home and community based services in recipients' homes (HCBS) and in assisted living facilities (AL). LTC services are also covered in nursing facilities (NF) and special care nursing facilities (SCNF). Recipients still receiving nursing care services through a fee-for-service (FFS) delivery system were residing in a NF/SCNF prior to July 2014. In addition to the five MCOs that NJ Medicaid contracts with, LTC recipients can choose to enroll in the Program of All-Inclusive Care for the Elderly (PACE).

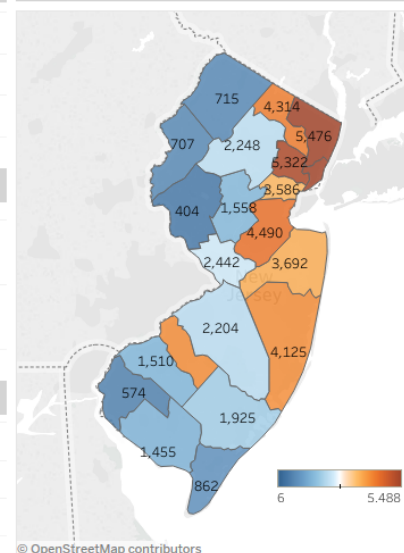
July 2018 Long Term Care Population, by Living Arrangement [click a category to filter](#)

FFS NF/SCNF	MLTSS AL	MLTSS HCBS	MLTSS NF/SCNF	PACE	Grand Total
10,383	3,081	24,710	17,991	1,061	57,226

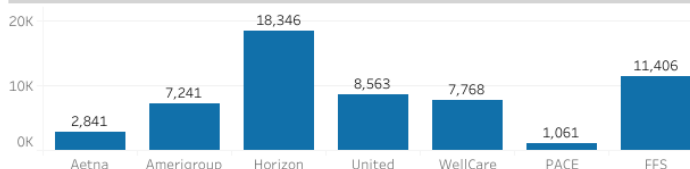
July 2018 All LTC Recipients, by Age Group (All)



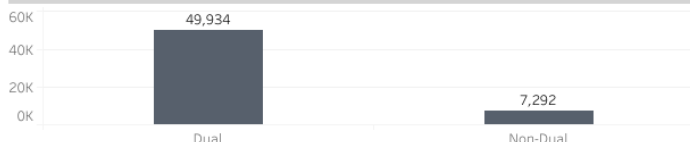
July 2018 All Recipients (All)



July 2018 All Recipients, by Health Plan (All)



July 2018 All Recipients, by Dual Status (All)



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Navigation icons: back, forward, search, etc.

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In Development

HEDIS – Healthcare Effectiveness Data and Information Set

- Health plan specific and NJ FamilyCare (all health plan) rates for multiple years
- Comparison to national Medicaid 50th percentile, 25th to 50th percentile, or below 25th percentile
- Annual updates

Other datasets collected through the MCO contract

- Initial dashboards leverage commonly reported datasets
- Secondary phase will leverage additional datasets collected by DMAHS