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

DSRIP Program

- **Delivery System Reform Incentive Payment Program (DSRIP) approved by CMS through New Jersey's 1115 demonstration project under authority of section 1115(a) of the Social Security Act (Medicaid Waiver).**

- **The DSRIP program was started as a five-year demonstration program in July 2012 initiated by the CMS Innovation Center. The initial DSRIP Program 5-year term concluded in June 2017. CMS has granted NJ a three-year program extension from July 2017 ending in June 2020.**

NJ Health
New Jersey Department of Health

DSRIP Program

- Currently in Demonstration Year 7 of a total of 8 years. 46 hospitals are participating and implementing projects in 7 key areas: Behavioral Health; Cardiac Care; Asthma; Chemical Addiction/Substance Use Disorder; Diabetes; Obesity; and Pneumonia.
- Goal of DSRIP is to support hospitals through performance based incentive payments to enhance access to health care, improve the quality of care and the health of the patients and families the hospitals serve through payment and delivery system reforms.
- Since 2012, the participating hospitals have had approximately 800,000 attributed patients per year.
- DSRIP program is funded at $166.6 million per year; $83.3 million State/$83.3 million federal.

NJ Health
New Jersey Department of Health

NJ Sustain and Transform Program

Requirements to ensure DY7-DY8 DSRIP funding and to successfully transition the DSRIP program

SPECIAL TERMS AND CONDITIONS (STC) 49: DSRIP PROGRAM PHASE OUT

New Jersey's DSRIP program, originally slated to end June 30, 2017, was re-authorized to allow the State and CMS more time to identify and implement an alternative payment mechanism to sustainably support delivery of high-quality, integrated care to the Medicaid and low income residents of New Jersey (NJ).

NEXT STEPS FOR DOH

The state is required to prepare a sustainability and transition plan that will satisfy the conditions included in STC 49. The plan must outline how the state anticipates transitioning to sustainable alternative payment mechanisms and what the state will do during DY7 and DY8 to prepare and ensure this transition occurs by 2020.

Activity/Deliverable	Due Date
DSRIP transition plan submitted to CMS for review	September 30, 2018
Submit Framework for Measuring and Scoring Performance	June 30, 2019
Sample amended Managed Care Contract submitted to CMS	September 30, 2019
Managed Care Contract Amendment Approved and Signed by Managed Care Organizations	December 31, 2019 (effective July 1, 2020

NJ Health
New Jersey Department of Health

NJ Sustain and Transform Program Overview

NJ DSRIP successor program to begin July 2020, pending CMS approval in 2018

Sustains NJ DSRIP Goals

- Improve access and quality of care,
- Improve population health, and
- Reduce costs/increase efficiencies

Transforms delivery system to address NJ Commissioner of Health priorities:

- Reduce maternal morbidity and mortality with focus on reducing disparities
- Reduce pediatric disparities by improving access to quality healthcare services
- Increase connections to care

Timeline	
July	Draft sent to Commissioner
August	Governor's approval
Sept.	Interim final draft sent to CMS for comment
9/30	Final submission to CMS

NJ Health New Jersey Department of Health

NJ Health Improving Health Through Leadership and Innovation | PCG Health Public Focus. Proven Results.

Program Structure

Administration	• **DOH:** Monitor eligibility; performance measurement and payment calculations; administer program with DHS partners • **DHS:** Administer program with DOH partners; issue MCO payments; amend MCO contract • **MCO:** Issue hospital payments
Eligibility	• Acute care hospitals eligible to participate • Hospitals connected to and exchanging information via the NJHIN
Strategy and Service	• Implementation of care pathways to reduce maternal morbidity and mortality and increase connections to care
Payment Methodology	• Medicaid MCOs pay hospitals funds earned based on meeting quality measure performance targets as authorized by the MCO contract • Amount needed to fund MCO payments to hospitals is included in the capitation rates

Care Pathways

Pathway	Objectives	Strategies
Maternal Health	Decrease morbidity and mortality	• Increase Support for Vaginal Birth • Improve Preparedness, Identification and Response to Pregnancy and Postpartum Complications • Support Introduction of Breastfeeding • Prevent and Identify Postpartum Depression
Connections to Care	Increase connections to care for high utilizers, behavioral health, substance use disorder and pediatric populations	• Improve Care Transitions and Integrate Care Management • Implement Depression Screening in ED • Improve Follow-Up Care for SUD Hospitalizations, Including Access to MAT • Address Social Determinants of Health with Crosscutting Strategies

Disparity reduction is an overarching goal of both pathways.

Neonatal Abstinence Syndrome Meeting the Needs of NJ Infants

Presented by
Weisman Children's Rehabilitation Hospital
&
Children's Specialized Hospital
July 18, 2018

Objectives

- Overview of NAS
- National impact & local initiatives
- NAS program - Weisman Children's
- NAS program – Children's Specialized
- Current obstacles and projections
- Longitudinal Research & Future needs

Neonatal Abstinence Syndrome (NAS)

- A constellation of signs and symptoms which result from the sharp disruption of fetal exposure to either licit or elicit substances that were used or abused by pregnant women.

- Characterized by:
  - Irritability
  - Tremors
  - Poor feeding
  - Respiratory distress

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The Opioid Crisis

- Maternal opioid use had increased
  - 1.2 mothers per 1,000 live births in the year 2000
  - 5.6 mothers per 1,000 live births in the year 2009

- Sharp NAS incident increase in US between 2004 and 2014
  - 433% increase from 1.5 to 8.0 per 1,000 hospital births (Vanderbilt, 2018)

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Opioid Crisis

- Infant withdrawal symptoms: 60-80% of infants exposed to methadone or heroin (Patrick, 2012)
- Incidence increase reported uniformly across community, teaching and children's hospitals (Napolitano, 2013)

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Impact of Medicaid 2004-2014

- Medicaid covered › 80% of NAS births nationwide in 2014
- Proportion of neonatal hospital costs due to NAS increased from 1.6% to 6.7% among births covered by Medicaid (Winkleman, et al 2018)
- Medicaid programs can improve infant and maternal health and save money by investing in prevention and treatment (Echegary, 2018)

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NJ State Initiatives

- Since 2012, there has been a push in NJ to take a closer look at opioid use/abuse and prevention, in 2014 a plan was specifically adopted to target prevention methods for youth and young adults (GCADA-Governor's Council on Alcoholism and Drug abuse).
- As a result committees such as "Substance Exposed Infants", have emerged.
- WCRH has partnered with the SEI Council and the SJ Perinatal Cooperative to provide mothers with a continuum of care.
- NEW: PROJECT EMBRACE: Maternal wraparound program offering recovery support and care coordination for opioid-dependent women for 7 counties in southern NJ.

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Benefits of Treatment

- Allows for medical & non-medical interventions that support a more typical infant developmental readiness
- Parent bonding and increased family involvement during treatment
- Parent education to facilitate infant development
- Odgson & Abrahams (2012)and Humseler , et al (2013) report research finding that support rooming in reduced length of hospital stay and reduced costs

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Weisman Children's NAS Program

- The Neonatal Abstinence Program provides:
  - Compassionate evidence based interdisciplinary approach to weaning infants from addictive substances
  - Promotes
    - infant growth/development
    - family bonding
    - smooth transition to home with community supports
- Uses highly structured protocol to assess withdrawal symptoms and assist the infant through the weaning process

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Weisman Children's NAS Program

- Provides private rooms designed to promote low stimulation levels for the baby and allows parents to room in with infant through out the stay
- Provides a strong focus on family education and participation
- Growth and development evaluation and interventions for the baby

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Weisman Children's NAS Program

- Feeding evaluation, monitoring and guidelines for the optimal weight gain during weaning and withdrawal

- Coordination of care between social services, drug and alcohol treatment centers for the mother, pediatricians and follow up care for the baby and family

The goal is a safe discharge to home while supporting health, growth and development

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Interdisciplinary Management

Patient

Medical Staff

Dietician

Rehab (Specialty)

Child Life

Care Coordination

Social Work

Nursing

We offer a variety of services in a JUDGMENT FREE ZONE

Weisman Children's NAS Clinical Pathway

Infant admitted with NAS

Feeding screen and recommendations completed.
Therapy, Nutrition and Nursing evaluations completed.
Environmental measures initiated.
Social Work determines current family support and resources.

Monitor NAS scores, provide supportive care & developmental intervention. Monitor daily weights and feeding schedule. Initiate family education.

If daily average NAS scores 6-8, will wean by 10% daily

If daily average NAS scores 3-5 will wean by 15% daily

Once dose weaned to 0.14mg/dose or below & NAS </= 8 for 24hrs, increase in room stimulation

Once dose weaned to 0.08mg/dose or below & NAS </=8 for 24 hrs, infant will be taken out of room

Once at Morphine 0.02mg/kg/dose or Methadone 0.05mg/kg/day and NAS </=8 for 24hrs will stop meds

Observe for minimum 48hr off meds

If has 2 consecutive scores >/= 8, will resume previous dose and monitor for stability of scores

If scores stable </=8 and all family education is completed, Patient is discharged home

Follow up with PCP within 3-5 days of discharge, referral made to early intervention services and High Risk NICU clinic as appropriate. Coordinate home RN visits prn and referrals to available community services and resources

Supportive Management Guidelines for Infants with NAS

1 LEVEL I	2 LEVEL 2 Starting at a wean of .14 mg of Morphine or below Sulfate with NAS scores of 8 or less for 24 hr. period	3 LEVEL 3 Starting at a wean of .08mg of Morphine or below Sulfate with NAS scores of 8 or less for a 24 hr. period
• Low lighting throughout room • Decreased noise; womb sounds or lullaby music in background • No television • Minimal stimulation • Gentle handling and holding in room only	• Increased lighting in room during periods of alertness • Increased noise to conversational levels within room • TV permitted during calm, alert periods • Developmentally stimulating toys introduced • Gentle handling and holding in room only • Trial decreased swaddling during social interaction and play time	• Encourage out of room experiences during periods of being calm and alert via stroller rides and playroom visitation • Continue Level 2 guideline suggestions

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Child Life Specialist

Works with the caregiver and the child to provide:

- Education and support with development
- Caregiver/ child bonding
- Calming techniques
- Understanding of babies stress signs
- Modifying environmental stimulation

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Speech Language Pathology and Dysphagia Therapy

- Dysphagia screening within 24 hours of admission.
- Feeding plan of care established at that time.

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Physical and Occupational Therapy

Physical Therapy

- Tolerating positioning especially prone
- Monitoring for muscle tightness
- Handling tolerance
- Eye to eye contact/visual tracking

Occupational Therapy

- Increase sensory motor experiences
- Screen for sensory processing difficulty
- Eye to eye contact/visual tracking
- Self regulation and acceptance of handling and position changes

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Social Work

- Supportive counseling & education
- Coordinates treatment transportation
- Liaison between community agencies & WCRH for mom's support
- Counseling
  - Self-advocacy
  - Interpersonal dynamics
  - Family systems
- Assist with socio-economic and financial needs through community resources

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Caregiver Education

- Signs of withdrawal vs. typical new born behavior
- Infant and caregiver bonding
- Developmental status and milestones for age
- Recognizing signs of stability and distress
- Calming techniques during daily care
- Breastfeeding is safe and promoted with methadone use.

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Weisman Children's NAS Outcomes

GOALS	OUTCOMES
Length of stay	2011-2014: 23.3days
	2017: 12.21 days
	2018: 10.5 days
Medication weaning	100%
Appropriate weight gain(20-30g/day)	90.5%
IP dysphagia services	100%

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Weisman Children's NAS Outcomes

GOALS	OUTCOMES
Finnegan Score at discharge <6	100%
% of compliance with PCP follow up within 7 days of discharge	100%
Family training with return demonstration of skills	100%
Discharge to home	84.88%
Families receiving supportive services after discharge	100%

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Discharge Readiness

- Able to feed and grow
- Abstinence score <6, off medications for 24-48 hours
- Weaned off Opiate medication
- Safe home environment
- Caregiver education
- Follow up care scheduled
- Community resources in place

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Care Coordination: After Discharge

- Provide families assistance after in-patient stay
- Phone calls at set intervals 72 hrs., 30 days, 60 days and 90 days
- Ensuring that all referrals and resources in place
- Available to PCP, specialist, outpatient therapy and pharmacy

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Looking to the Future

- Continue high quality services
- Increase efficiencies
- Ongoing patient satisfaction

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Inpatient Rehabilitation

Outpatient Physician & Therapy Services

Long Term Care & Respite Care

Children's Specialized Hospital®
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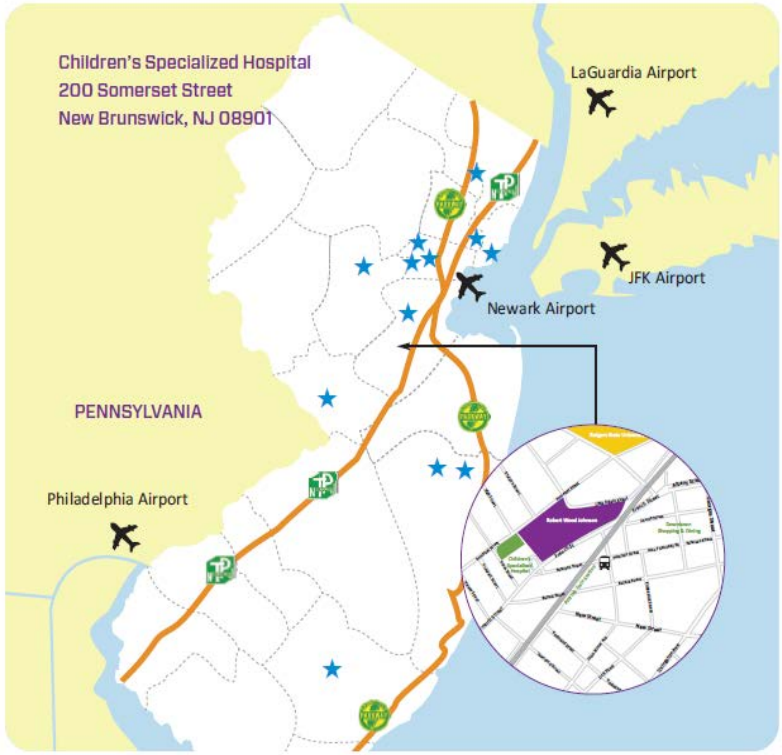
- Bayonne
- Clifton
- East Brunswick
- Egg Harbor
- Hamilton
- Jersey City
- Mountainside
- Newark
- New Brunswick
- Toms River (2 locations)
- Warren



12 New Jersey Locations

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An RWJBarnabas Health facility

Inpatient Programs

- Burn and Wound Care
- Neuromuscular and Genetic Disorders
- Brain Injury
- Multi Complicated Trauma
- Spinal Cord Injury
- Post-Surgical Orthopedics
- Chronic Illness Management
- Chronic Pain Management
- Infant and Toddler Rehabilitation

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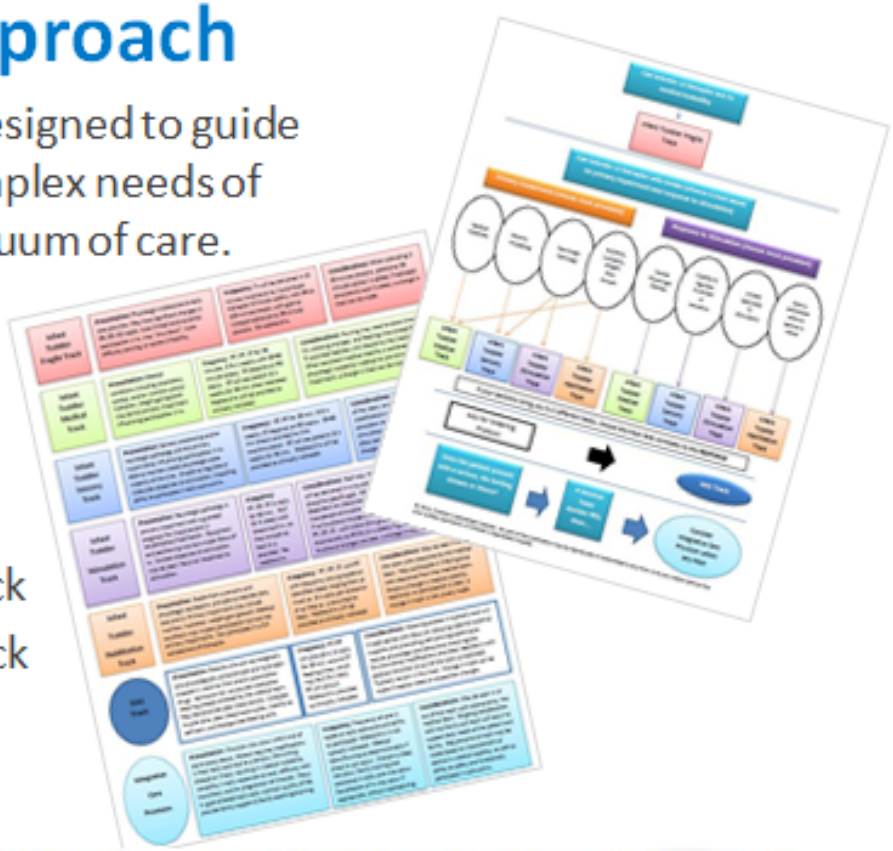
An RWJBarnabas Health facility

Our Individualized Approach

- The ©Infant Toddler Tracks were designed to guide and support the individual and complex needs of our patients throughout the continuum of care.
- There are 6 tracks…
  1. Infant Toddler Fragile Track
  2. Infant Toddler Medical Track
  3. Infant Toddler Sensory Track
  4. Infant Toddler Stimulation Track
  5. Infant Toddler Habilitation Track
  6. NAS Track

★ Integrative Care Provision



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Neonatal Abstinence Syndrome (NAS) Inpatient Program

- Features of NAS
- Program Focus
- Finnegan Scoring
- Medicated Assisted Treatment
- Non-Medicated Assisted Treatment
- Program Goals
- NAS Track/Therapy Frequencies
- Transition Home
- Caregiver Stress Management
- Mother Baby Dyad
- Rooming In
- Caregiver Readiness
- Safe Transition Home
- Supports After Transition Home

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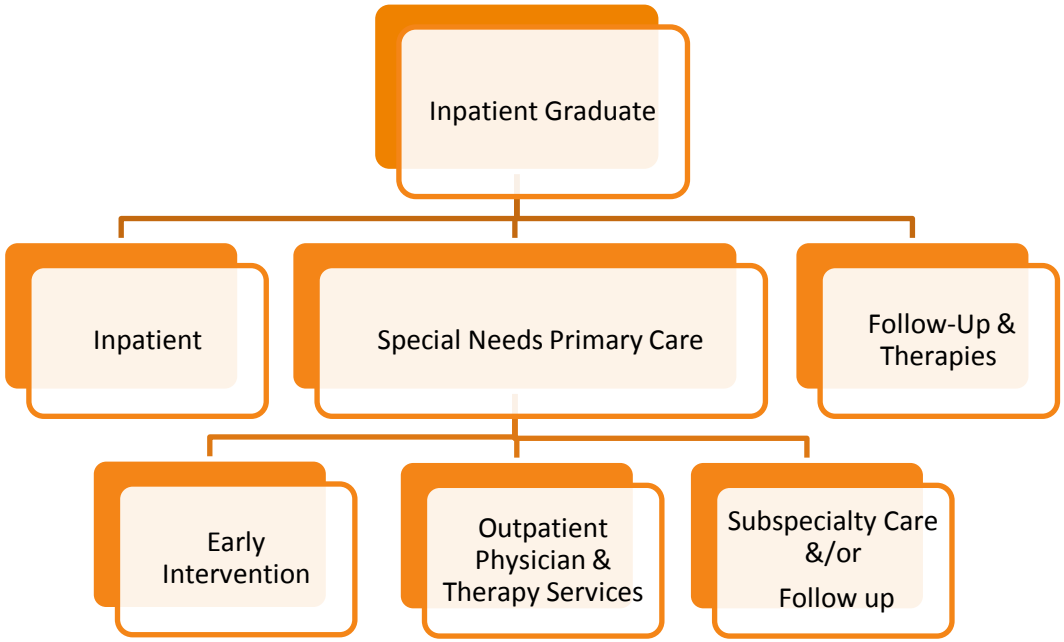
- Long Term Effects of NAS
- Considerations
- Post Inpatient Treatment



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- Current Obstacles and Projections
- Longitudinal Research and Future Needs
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  - © Children's Specialized Hospital 2016

Medicaid Innovator Accelerator Program (IAP) Technical Assistance Opportunities

Medical Assistance Advisory Council Meeting

July 18, 2018

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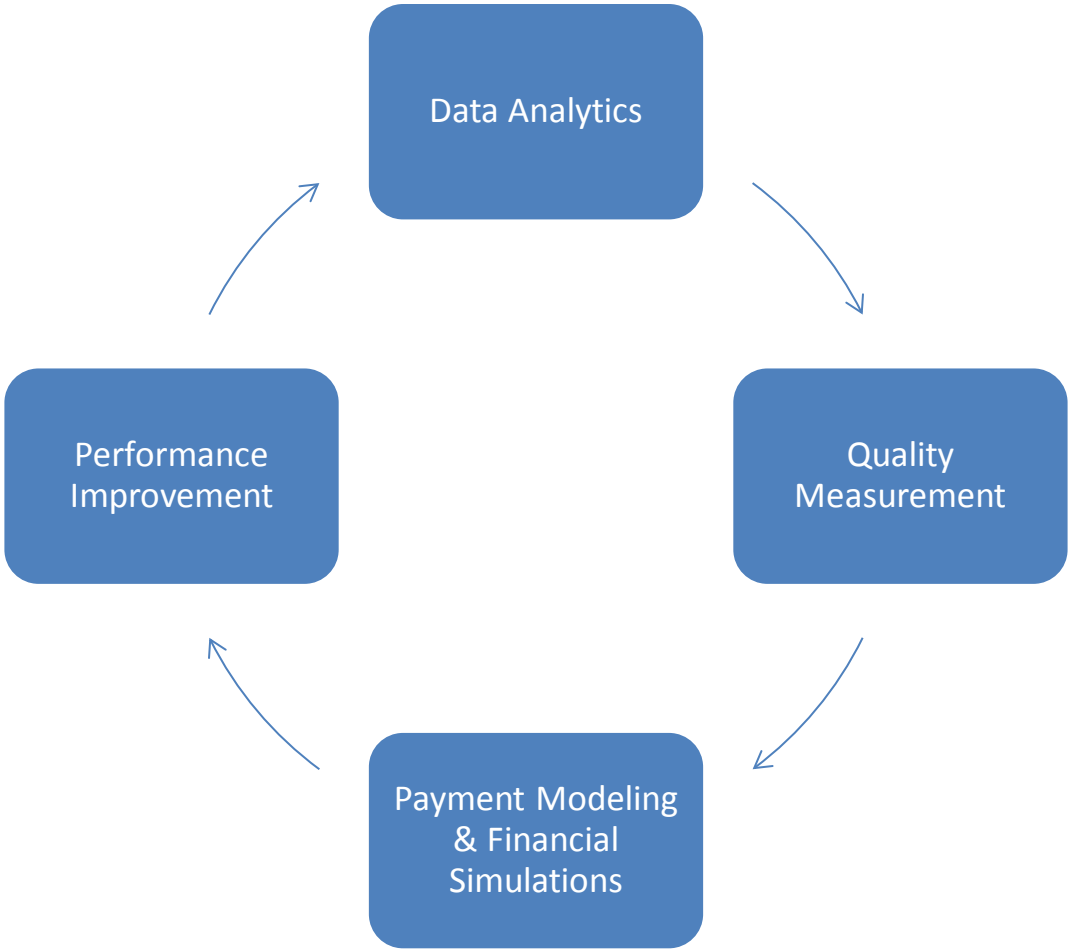
Medicaid Innovator Accelerator Program

- Launched in July 2014
- Commitment by the Centers for Medicare and Medicaid Services (CMS) to build state capacity and accelerate ongoing innovation in Medicaid through targeted program support
- Supports states' and HHS delivery system reform efforts
  - The end goal for IAP is to increase the number of states moving towards delivery system reform across program priorities

Medicaid Innovator Accelerator Program Functional Areas



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Medicaid Innovator Accelerator Program Areas

- The main goal of the IAP is to purposefully integrate the functional areas across each of the four program areas:
  - *Reducing Substance Use Disorders (SUD)*
  - *Beneficiaries with Complex Needs (BCN)*
  - *Community Integration – Long-Term Services and Supports (CI-LTSS)*
  - *Physical and Mental Health Integration (PMH)*

Summary of Current Innovator Accelerator Program (IAP) Areas

IAP Name	Functional Area	Timing
Value-Based Purchasing IAP (In Progress)	Value-Based Purchasing	July 2017 thru September 2018
Opioid Data Analytics	Substance Use Disorder	April 2018 thru September 2018
VBP for Home and Community Based Services (In Progress)	Value-Based Purchasing	May 2018 thru May 2019
Value-Based Purchasing and Financial Simulation (Applied)	Value-Based Purchasing	CMS will notify States by the end of July if accepted.

Value-Based Payment & Financial Simulation (2017)

- Individualized technical support for states interested in designing, developing, or implementing Value-Based Payment approaches
  - Strategic design, drilling down into states' payment model goals, objectives, and technical support needs
  - Development of Value-Based Payment approaches in Medicaid
  - Implementation of agreed upon Value-Based Payment approaches in Medicaid
  - Assistance in developing financial simulations of state-developed Value-Based Payment approaches

Value-Based Payment & Financial Simulation (2017) Continued

- DMAHS entered into a Business Associate Agreement (BAA) with National Opinion Research Center (NORC) in June to conduct a financial simulation of a bundle payment for pediatric asthma
- The simulation will be “overlaying DMAHS’” data onto Tennessee’s model for a pediatric asthma bundle.
- We are currently waiting on results/feedback.

Opioid Data Analytics

- IAP is supporting states that are in the initial stages of examining their SUD data.

- Areas of SUD data being examined are:
  - Opioid use disorder (OUD)
  - Medication-assisted treatment (MAT)
  - Neo-natal abstinence syndrome (NAS) and OUD care for pregnant women in the Medicaid program.

Value-Based Purchasing for HCBS

- Purpose is to build the knowledge base and capacity of states to begin increasing state adoption of strategies that tie together quality, cost, and outcomes in support of community-based LTSS through one-on-one technical support focused on designing and implementing value-based payment (VBP) strategies for HCBS.
  - Previous VBP for LTSS Implementation of a VBP HCBS strategy, which began in September 2016 and ran for six months.
  - Incentivizing Quality Outcomes

- Current IAP is focused on designing a VBP HCBS strategy

Value-Based Purchasing & Financial Simulation (2018)

- The goal for this IAP opportunity is to support states as they design, develop, and implement Medicaid VBP models and/or enhance and expand existing state Medicaid payment reform efforts
  - Strategic design by drilling down into states' payment approach goals, objectives, and technical support needs.
  - Development of VBP approaches in Medicaid.
  - Implementation of an agreed-upon VBP approach in Medicaid.
  - Development of financial simulations of state-developed VBP approaches.

- CMS will select states to participate by the end of July 2018.

Defining Success in the IAPs

- Has participation in IAP led to increased delivery system reform in the IAP program priority areas/populations?
- Has IAP increased states' capacity to make substantial improvements in:
  - Better care, smarter spending, healthier people
- Has IAP built states' capacity in the following areas:
  - Data analytics, quality measurement, performance improvement, payment modeling & financial simulations

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NJ FamilyCare Update

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June 2018 Enrollment Headlines

1,775,445 Overall Enrollment

4,344 (0.2%) Net Decrease Over May 2018
2,239 (0.1%) Net Increase Over June 2017

95.7% 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.

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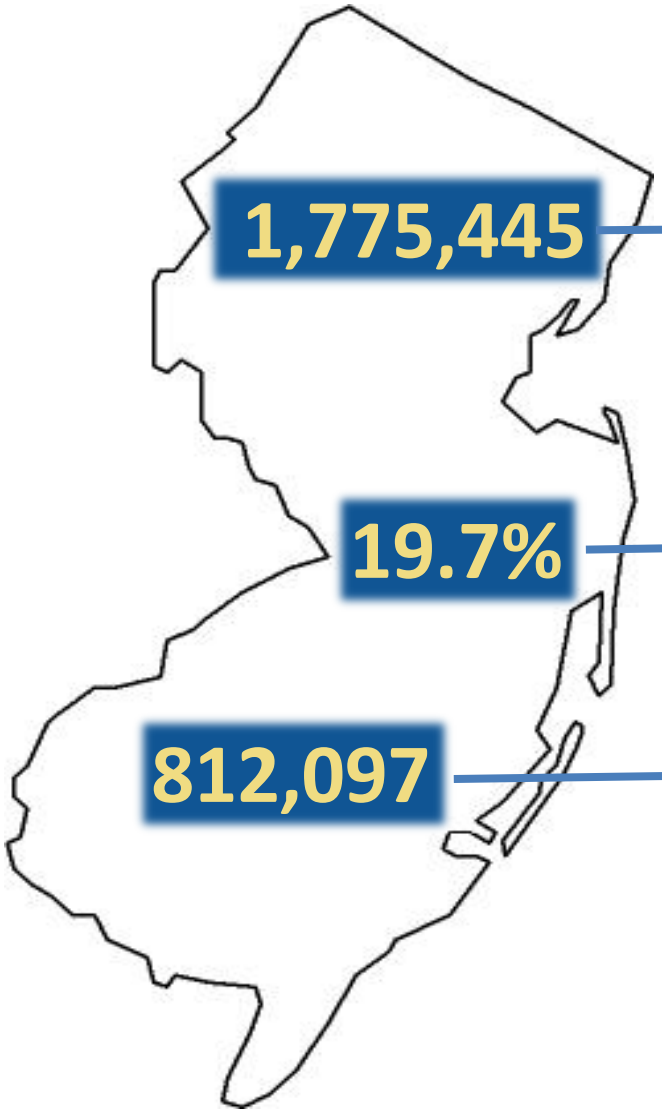
NJ Total Population: *9,005,644*



1,775,445 — **Total NJ FamilyCare Enrollees**
(May 2018)

19.7% — **% of New Jersey Population Enrolled**
(May 2018)

812,097 — **Children (Age 0-18) Enrolled**
(about 1/3 of all NJ children)

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

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June 2018 Eligibility Summary

Total Enrollment: 1,775,445

Expansion Adults	551,443	31.1%
Other Adults	105,223	5.9%
Medicaid Children	604,068	34.0%
M-CHIP Children	94,164	5.3%
CHIP Children	119,113	6.7%
Aged/Blind/Disabled	301,434	17.0%

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 'Children's 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.

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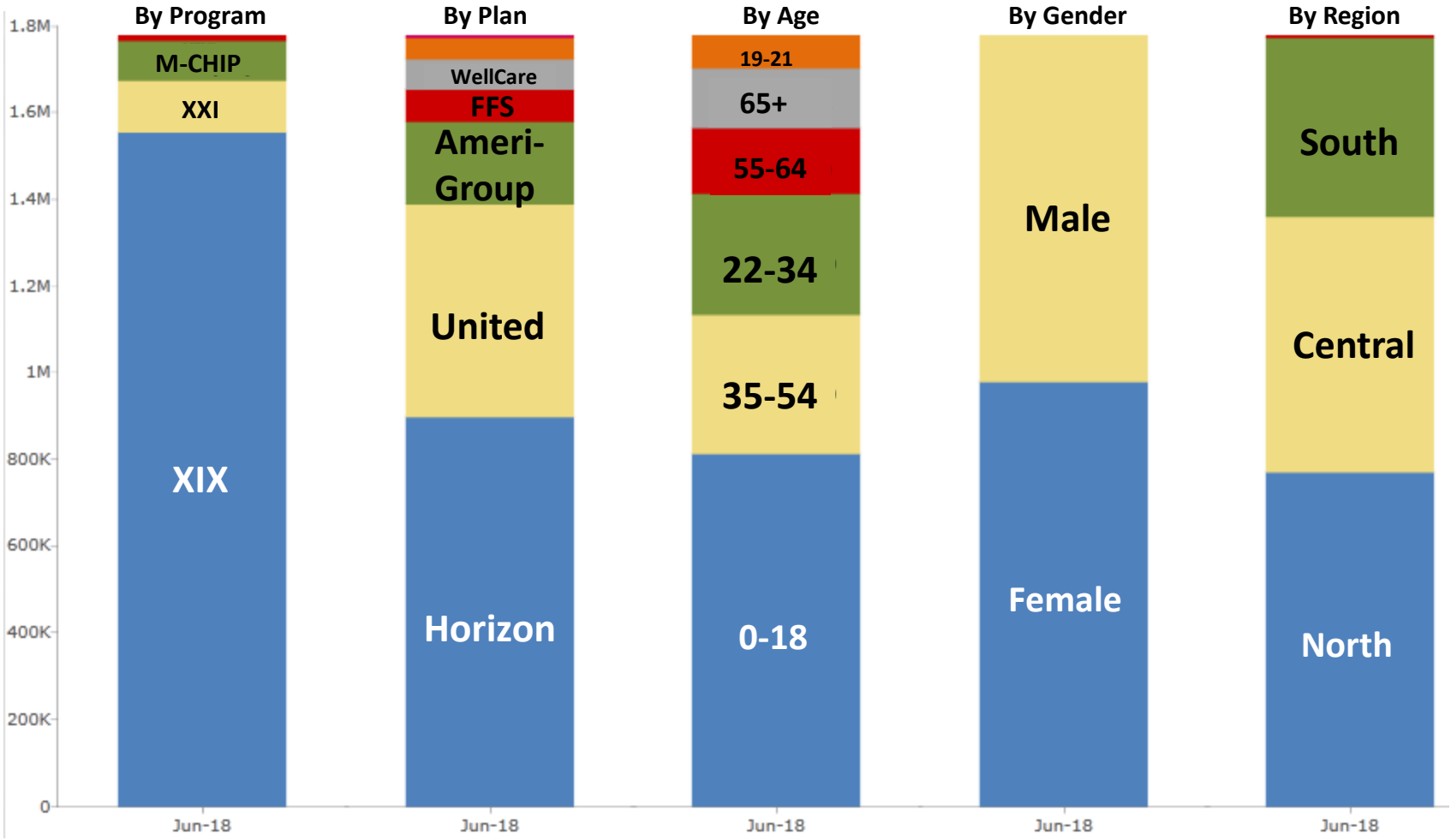
NJ FamilyCare Enrollment "Breakdowns"

Total Enrollment: 1,775,445



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

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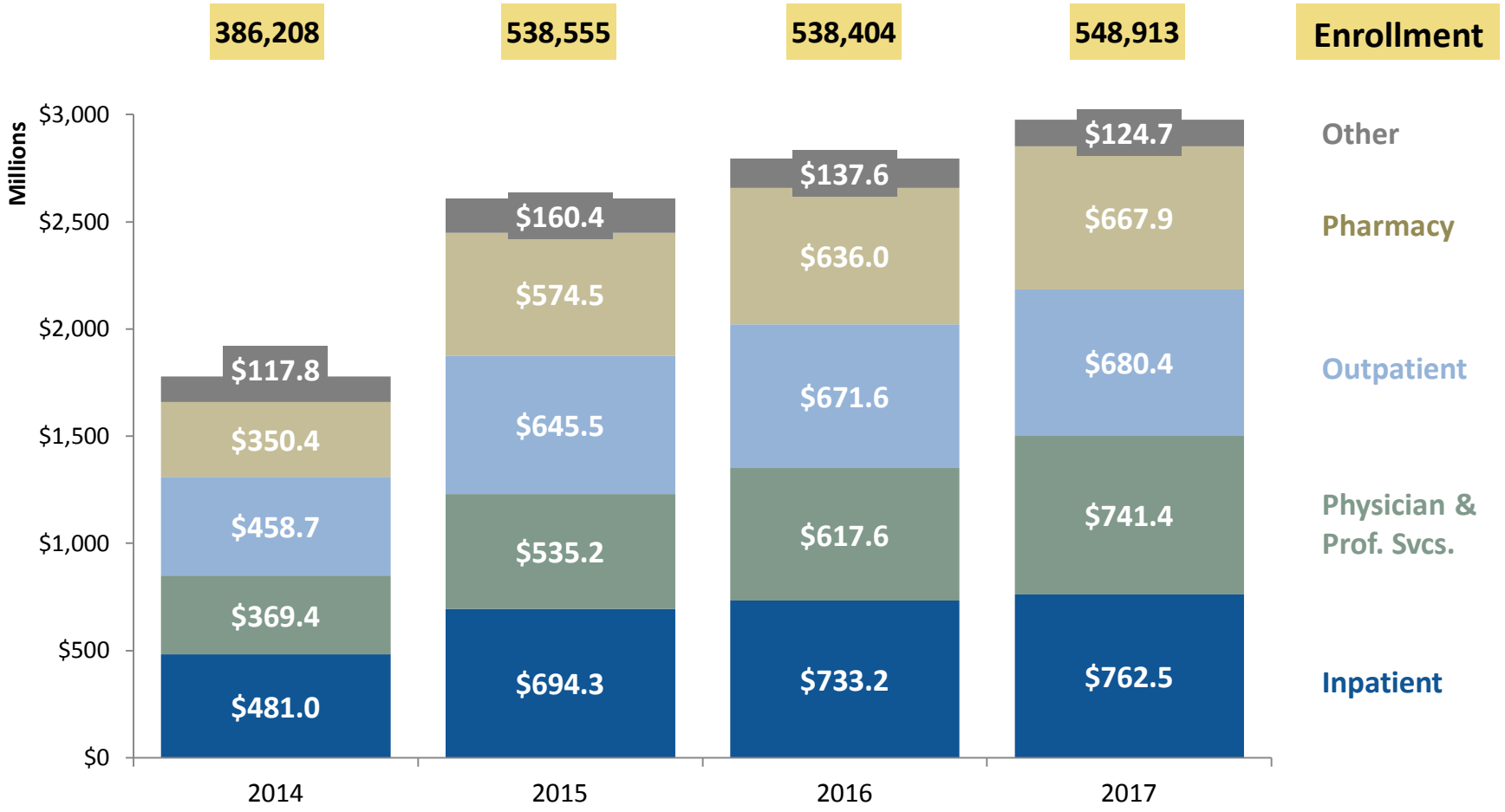
Expansion Population Service Cost Detail



Source: NJ DMAHS Share Data Warehouse fee-for-service claim and managed care encounter information accessed 7/13/2018

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 7/13/2018 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 additional 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.

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State Fiscal Year 2019 Initiatives

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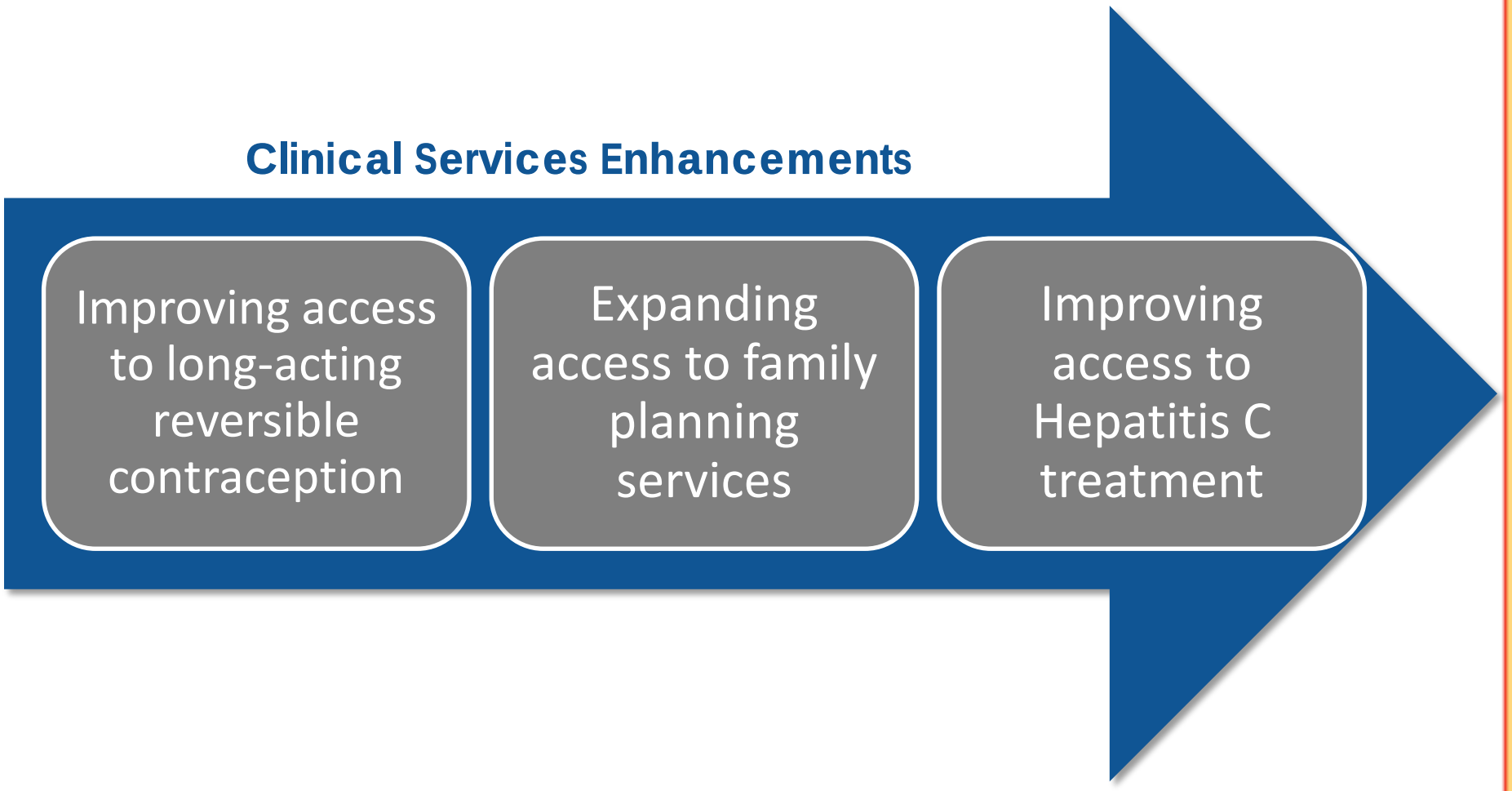
State Fiscal Year 2019 Initiatives



Diabetes Services

Legislation* established mandatory NJ FamilyCare services for pre-diabetics, diabetics and gestational diabetics for these educational services:

Diabetes Prevention Programs

Diabetes Self-Management Education

Medical Nutrition Therapy

*Public Law 2017 Chapter 161

Diabetes Services, Next Steps

State Plan Amendment

Enactment of the law becomes effective only with the approval of federal matching funds

Medical professionals with appropriate training may bill for diabetes education services

Certification requirements for diabetes educator sub-types are defined by the law

Improving Access to Autism Services

$17 million included in Governor Murphy's budget to expand and improve access to autism services

Autism Executive Planning Committee: Developing a comprehensive service package to include ABA, PT, OT, ST plus Naturalistic supports, Floortime and Social Emotional Learning

NEXT STEPS: Planning Committee will continue to meet bi-monthly through November 2018 with a charge to develop a State Plan Amendment for CMS submission by November 2018.

Electronic Visit Verification

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Electronic Visit Verification Update

- The CURES Act is designed to improve the quality of care provided to individuals through further research, enhance quality control, and strengthen mental health parity.

- Section 12006 of the CURES Act requires states to implement an EVV system for Personal Care Services (PCA in NJ) by January 1, 2019 and for Home Health Care Services by January 1, 2023.

- CMS recently issued instructions to states that choose to submit a “good-faith” exemption.

Electronic Visit Verification Update

- A good faith exemption, if granted allows states to delay implementation of an EVV in PCA for up to one year, if certain conditions are met.
- States can request this exemption if they encounter “unavoidable system delays/barriers”.
- The request must be made in writing to CMS.
- States must apply between 7/1/18 and 11/30/2018.
- CMS will either approve or not approve the request within 30 days.
  - If not approvable, CMS will detail the reasons why and states have the option to revise and resubmit its request.

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Long Term Care and Managed Long Term Services & Supports

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April 2018 LTC Headlines

78.3% of NJFC Long Term Care Population is Enrolled in MLTSS

49.4% of the NJ FamilyCare LTC Population is in Home and Community Based Services*

Prior Month = 48.9%; 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.

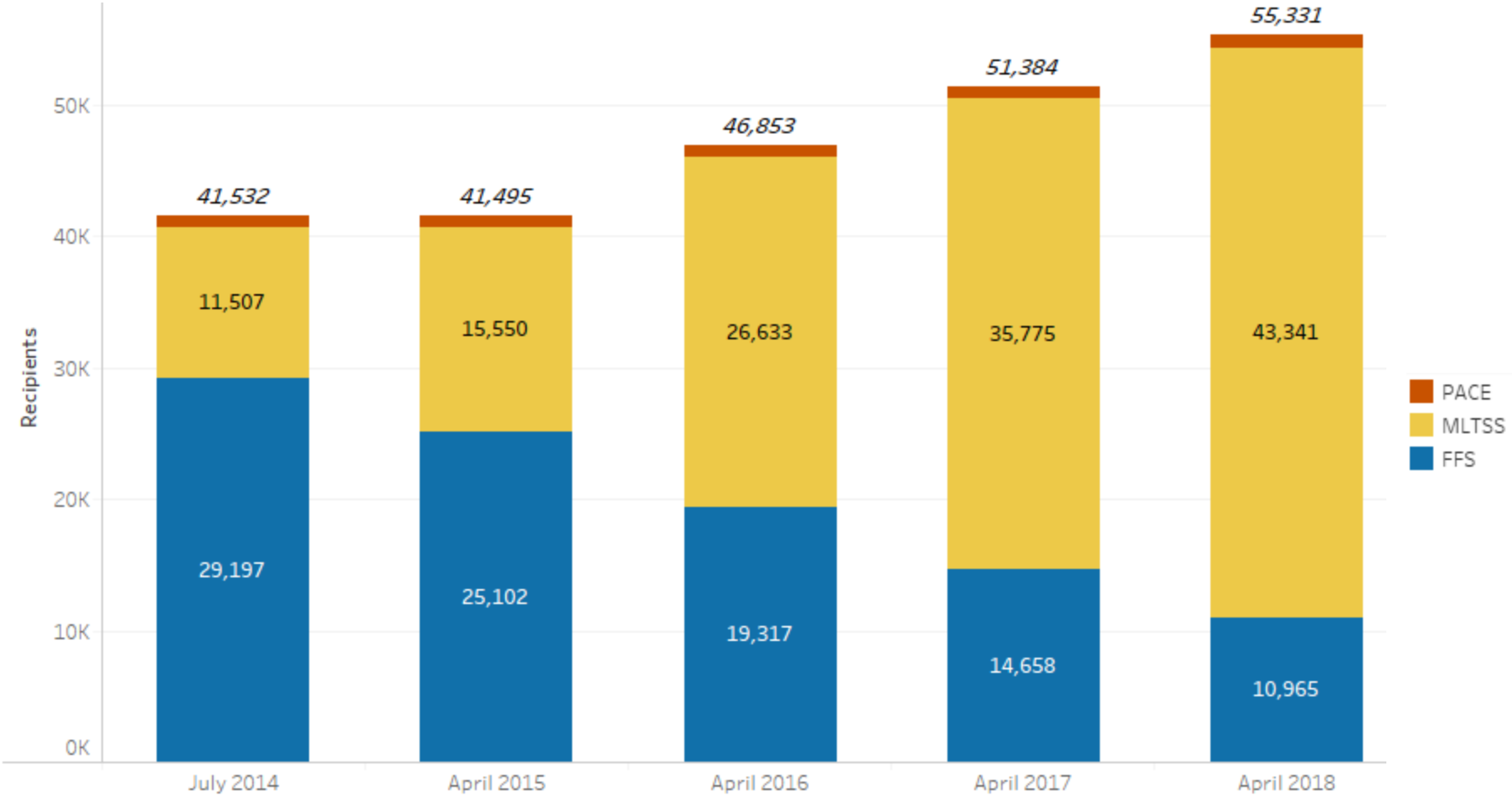
** Nursing Facility Population includes all MLTSS recipients and all FFS recipients (grandfathered, medically needy, etc.) physically residing in a nursing facility during the reporting month.

Long Term Care Recipients Summary – April 2018

Total Long Term Care Recipients	**55,331**
Managed Long Term Support & Services (MLTSS)	**43,341**
MLTSS HCBS	23,266
MLTSS Assisted Living	3,050
MLTSS NF	16,709
MLTSS SCNF (Upper & Lower)	316
Fee For Service* (Managed Care Exempt) NF & SCNF	**10,965**
PACE	**1,025**

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

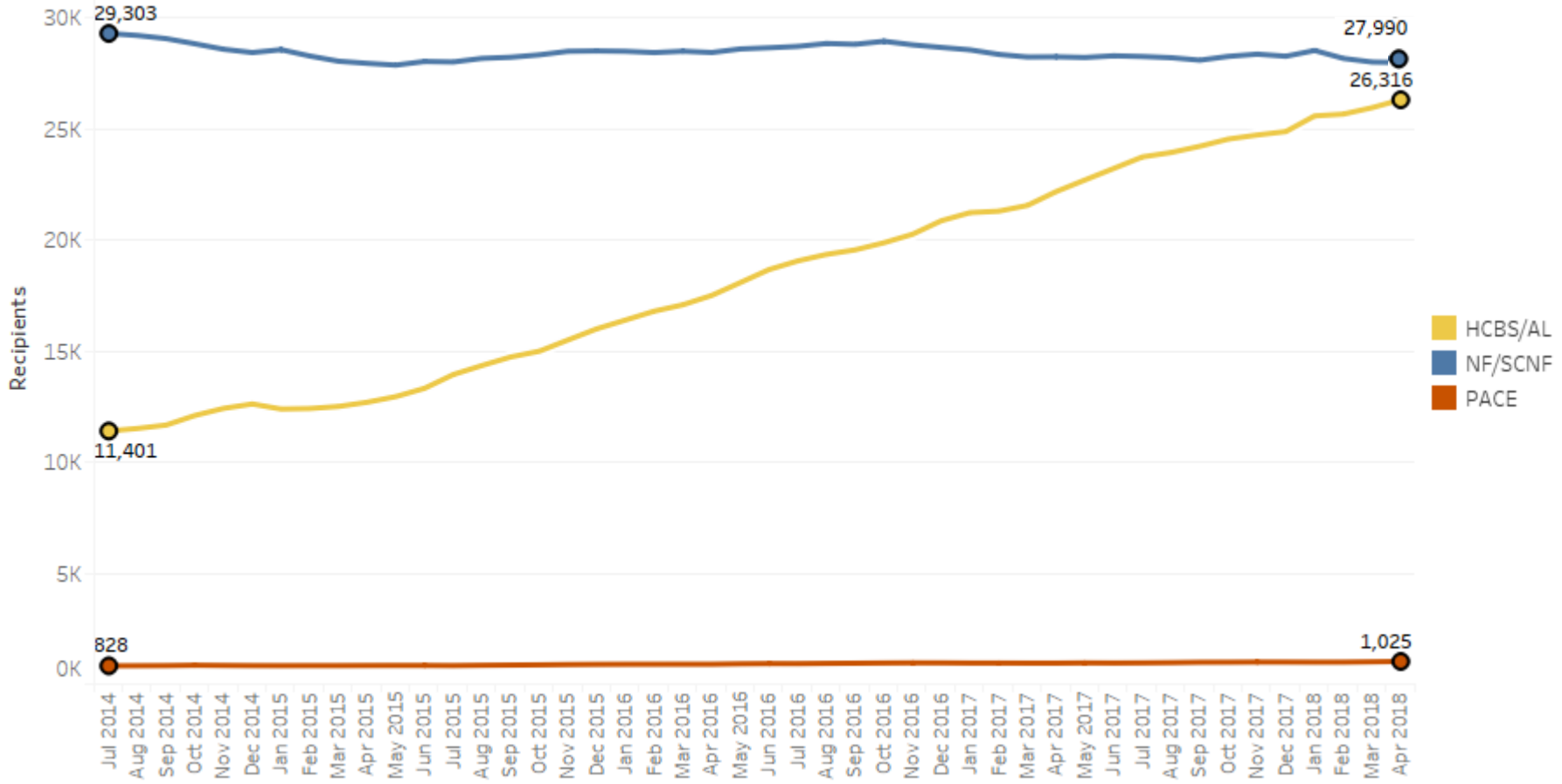
Long Term Care Population: FFS-MLTSS Breakdown



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

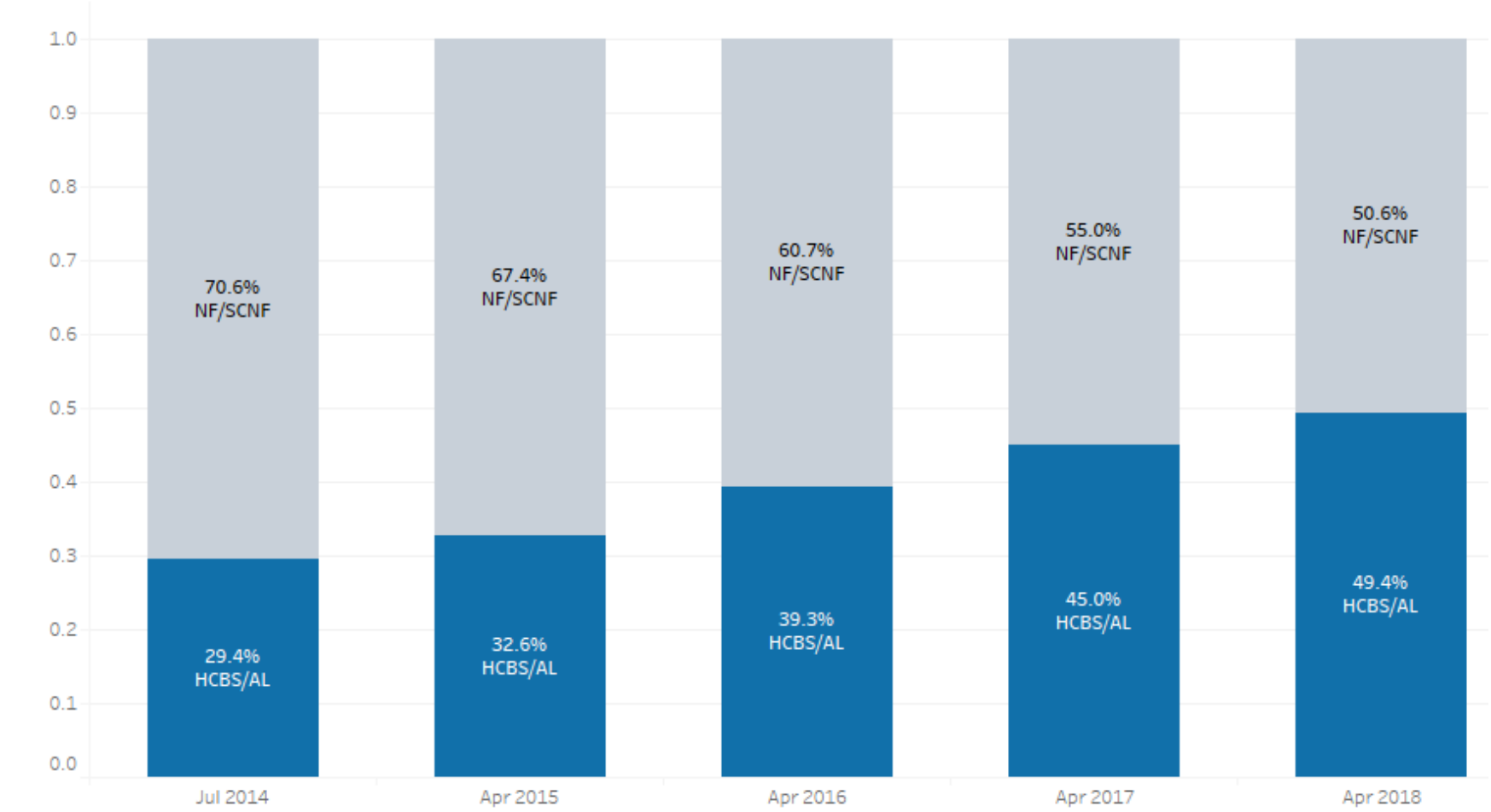
Long Term Care Population by Setting



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 6/7/2018.

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).

MLTSS Rebalancing



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

Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.
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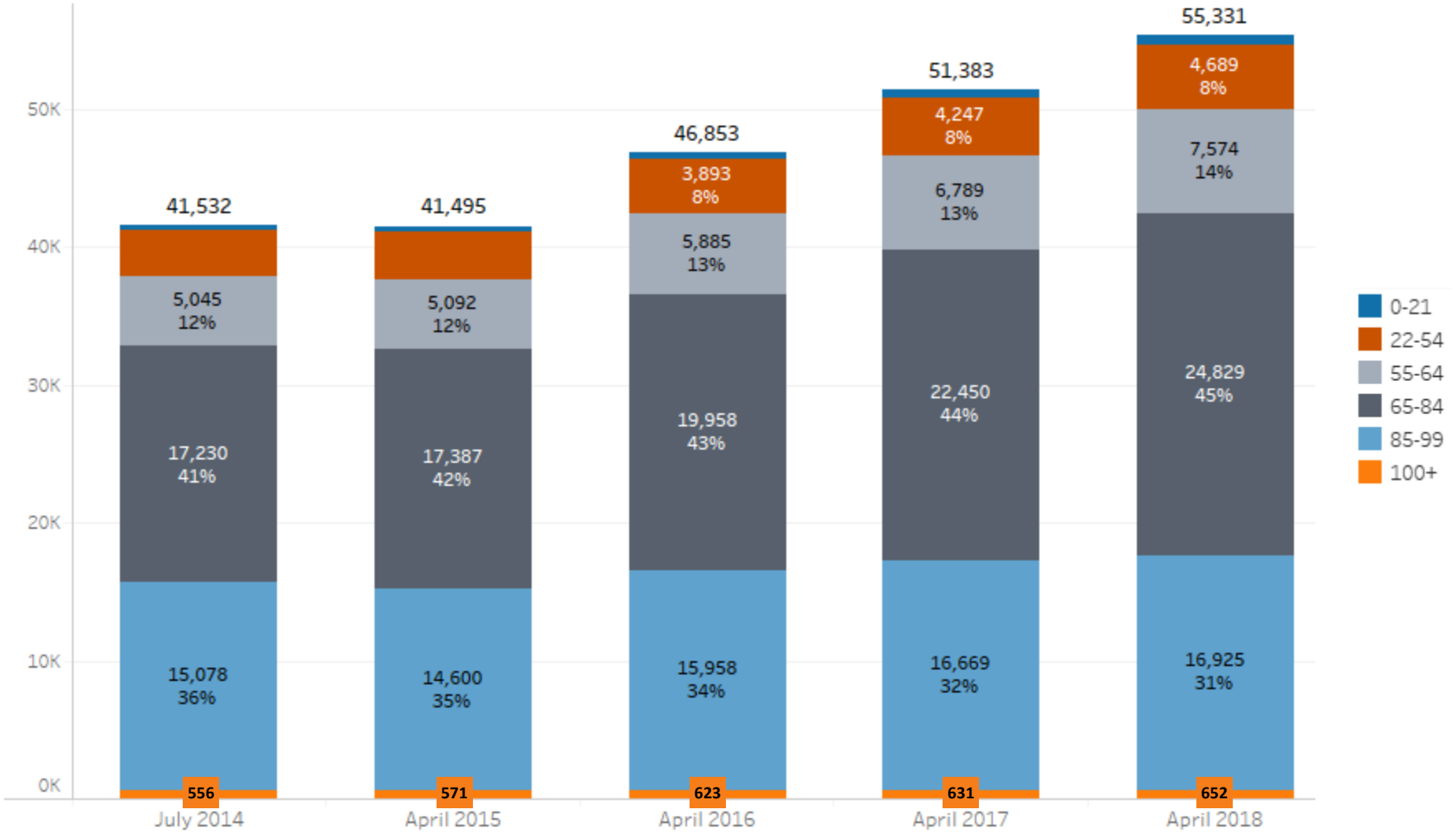
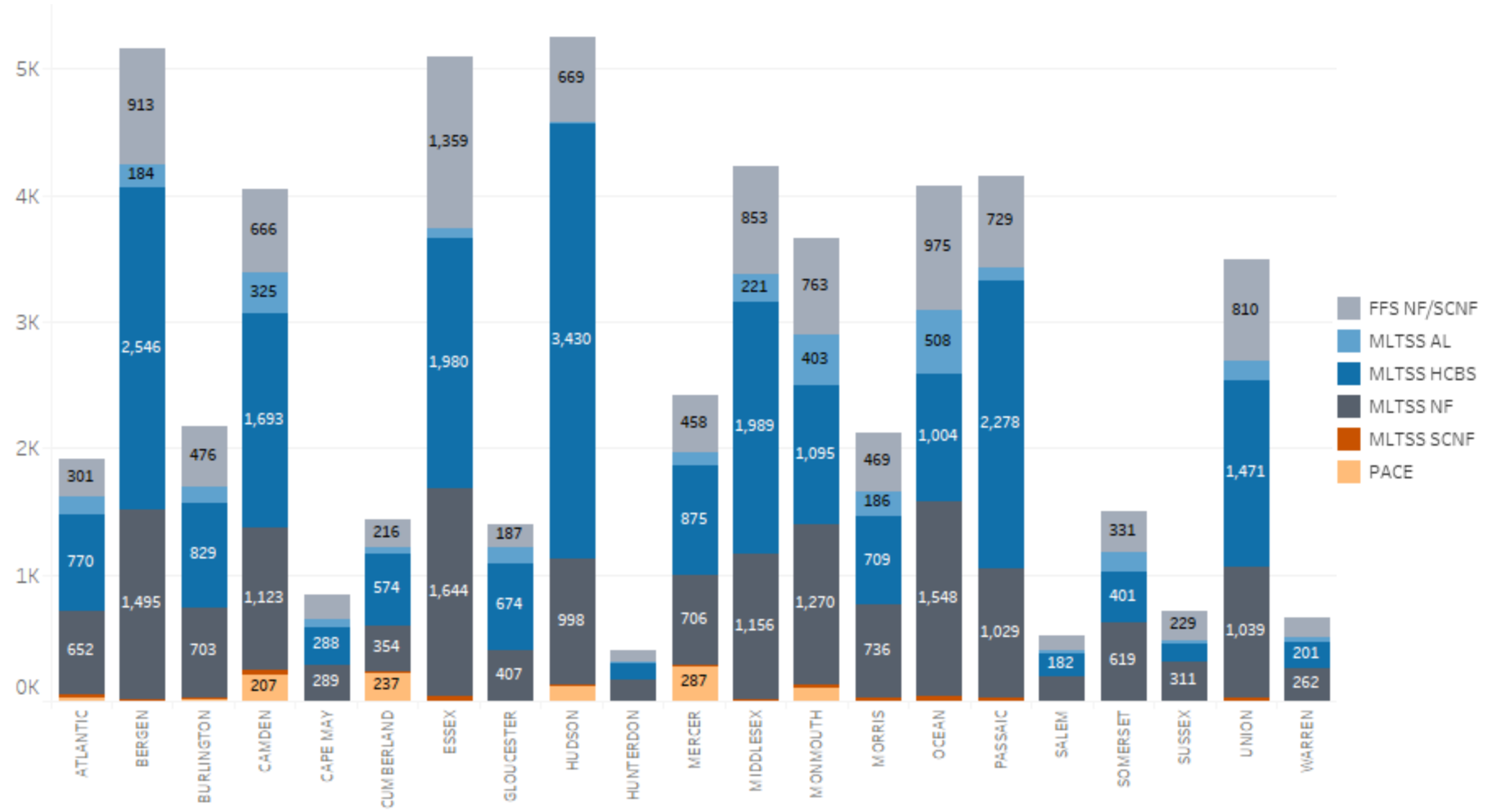
Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy &/or Rehab). COS 07 count w/out a SPC 6x or one of the specified cap codes uses a completion factor (CF) due to claims lag (majority are medically needy recipients).

Long Term Care Population by Age Group



Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 6/8/2018.
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).

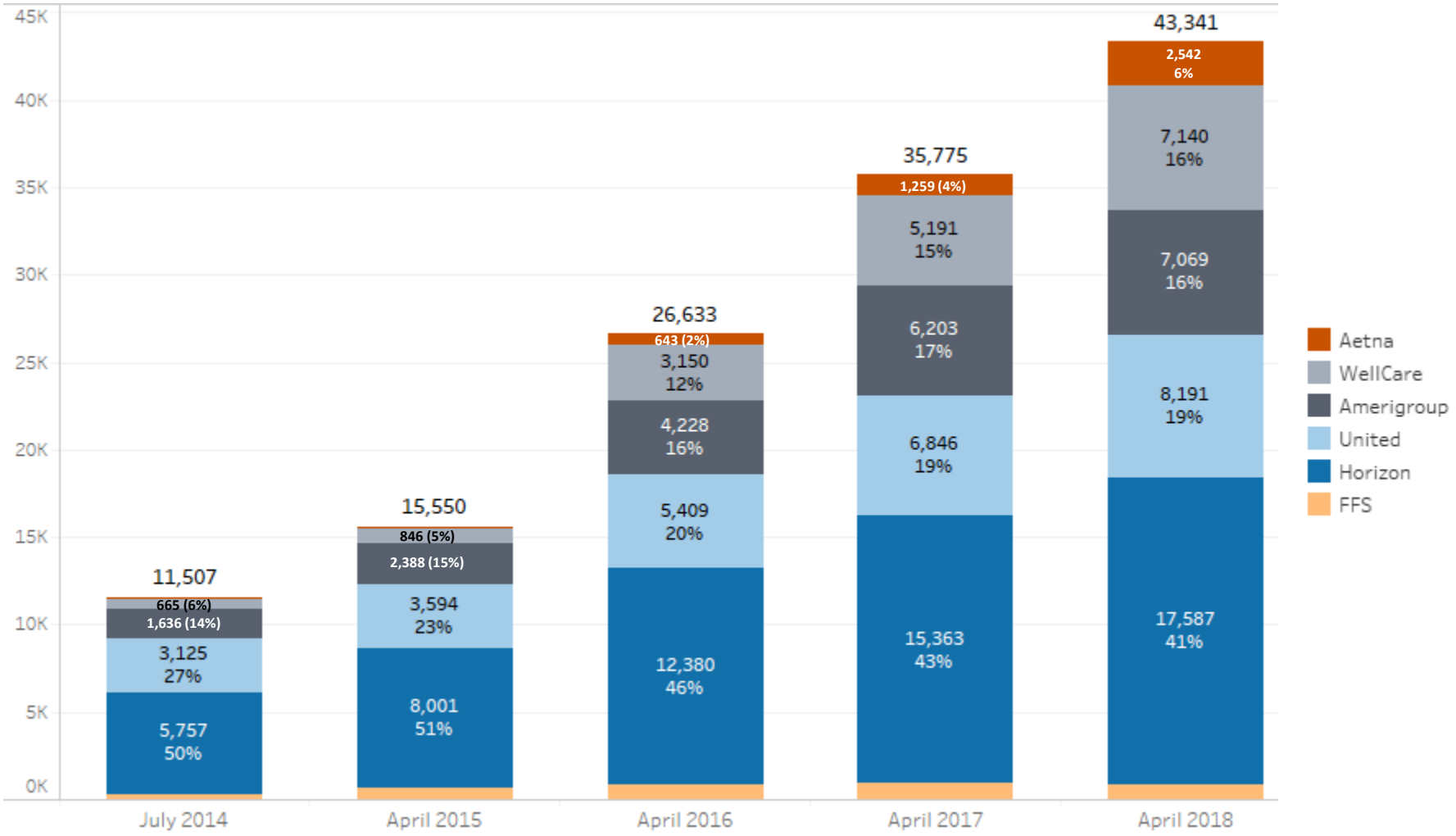
Long Term Care Population by County, by Setting
April 2018



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed June 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).

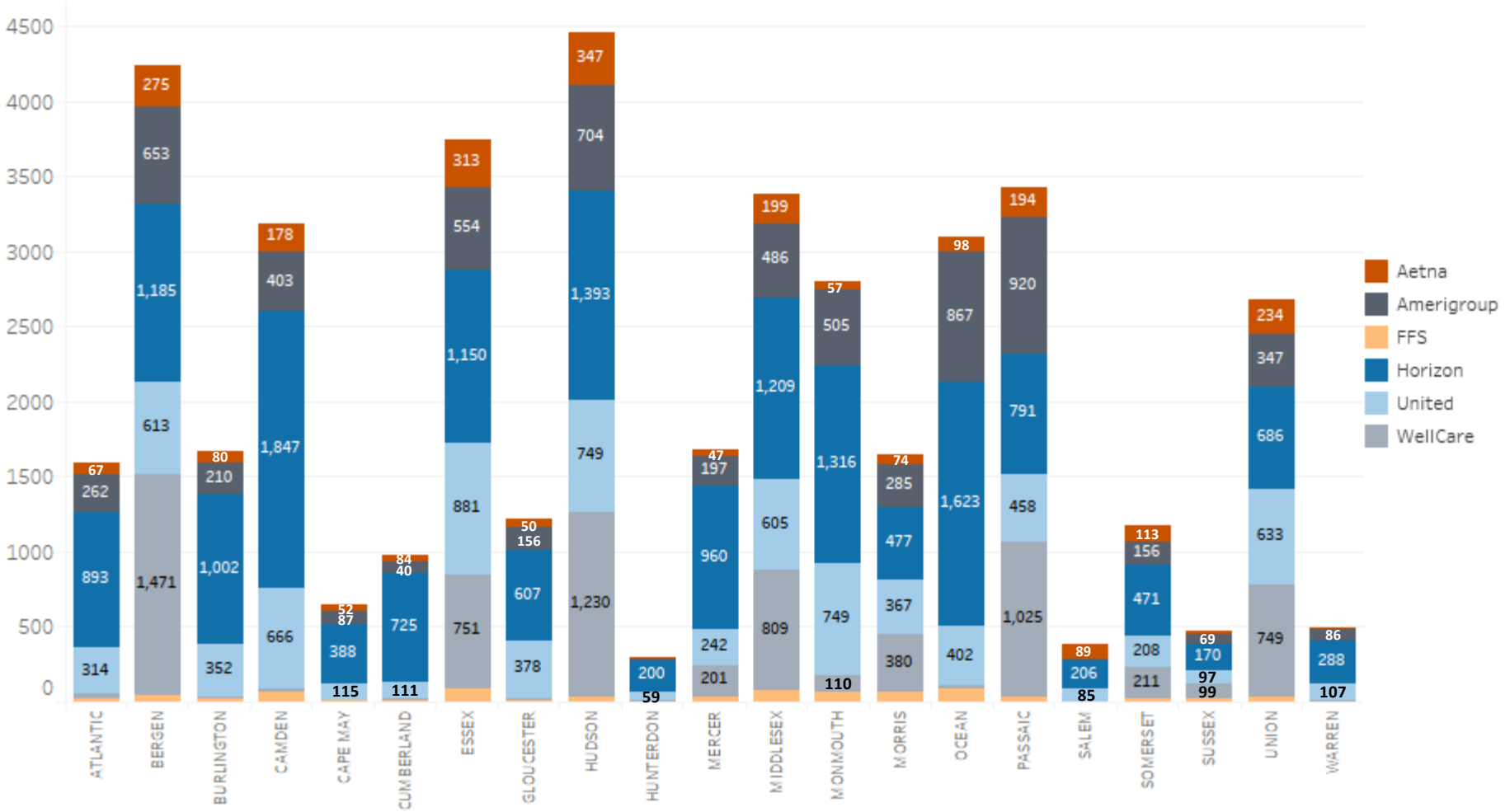
MLTSS Population by Plan



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

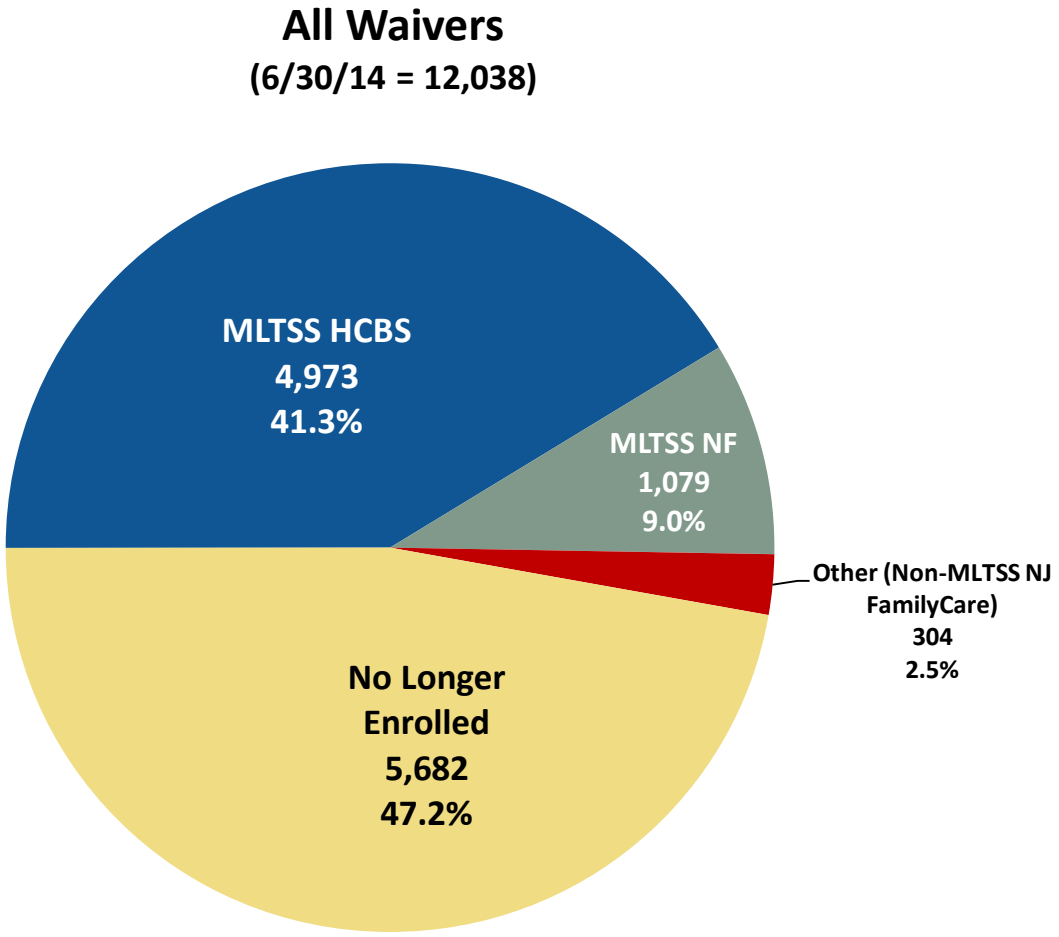
Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by plan. Recipients showing up as FFS were recently assessed and met level of care eligibility requirements in the given month and were awaiting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

MLTSS Recipients per County, by Plan
April 2018



Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed June 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



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 6/12/2018.

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).

MLTSS Services Cost

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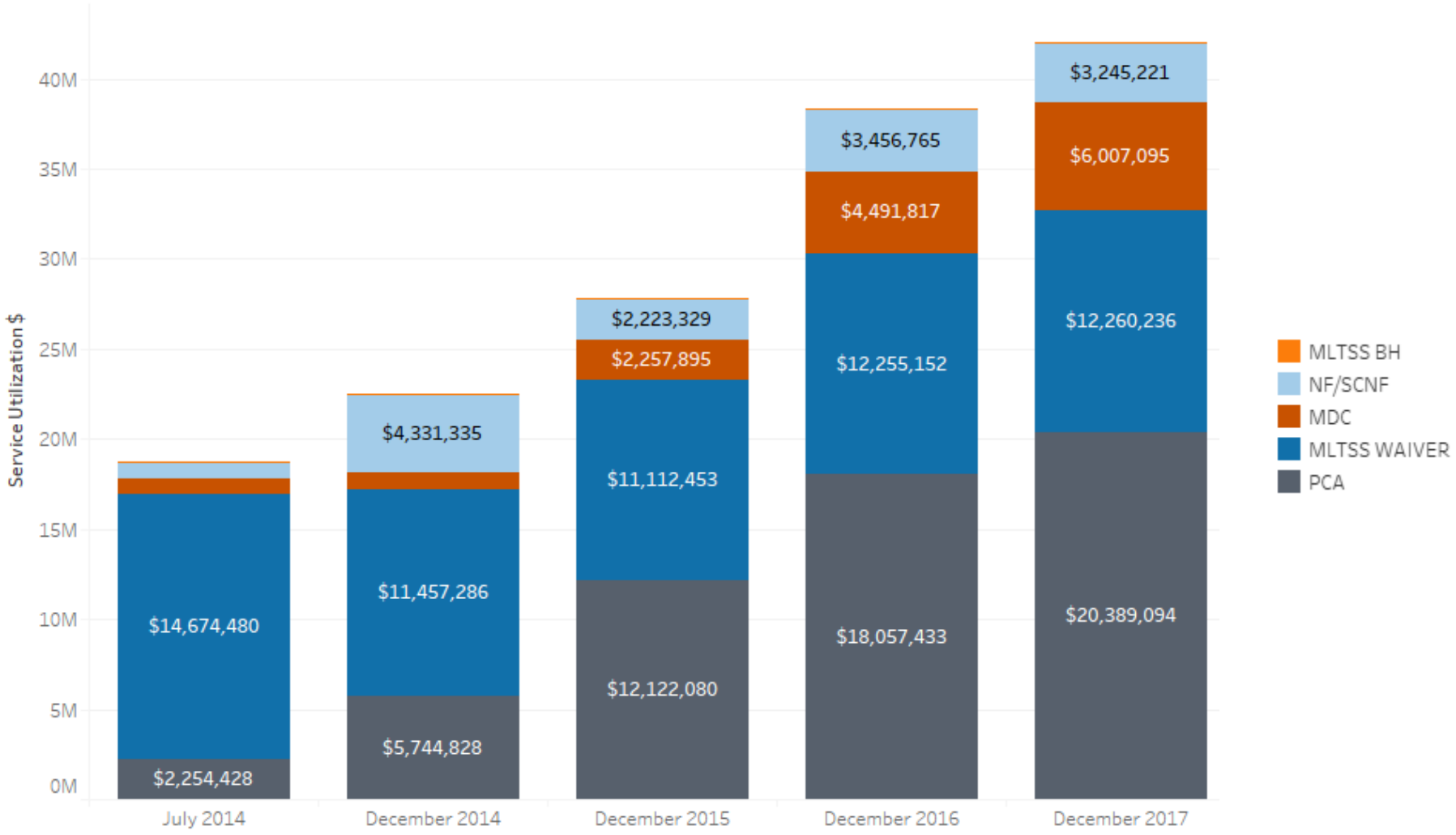
MLTSS HCBS & AL Populations' LTC Services Utilization

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.

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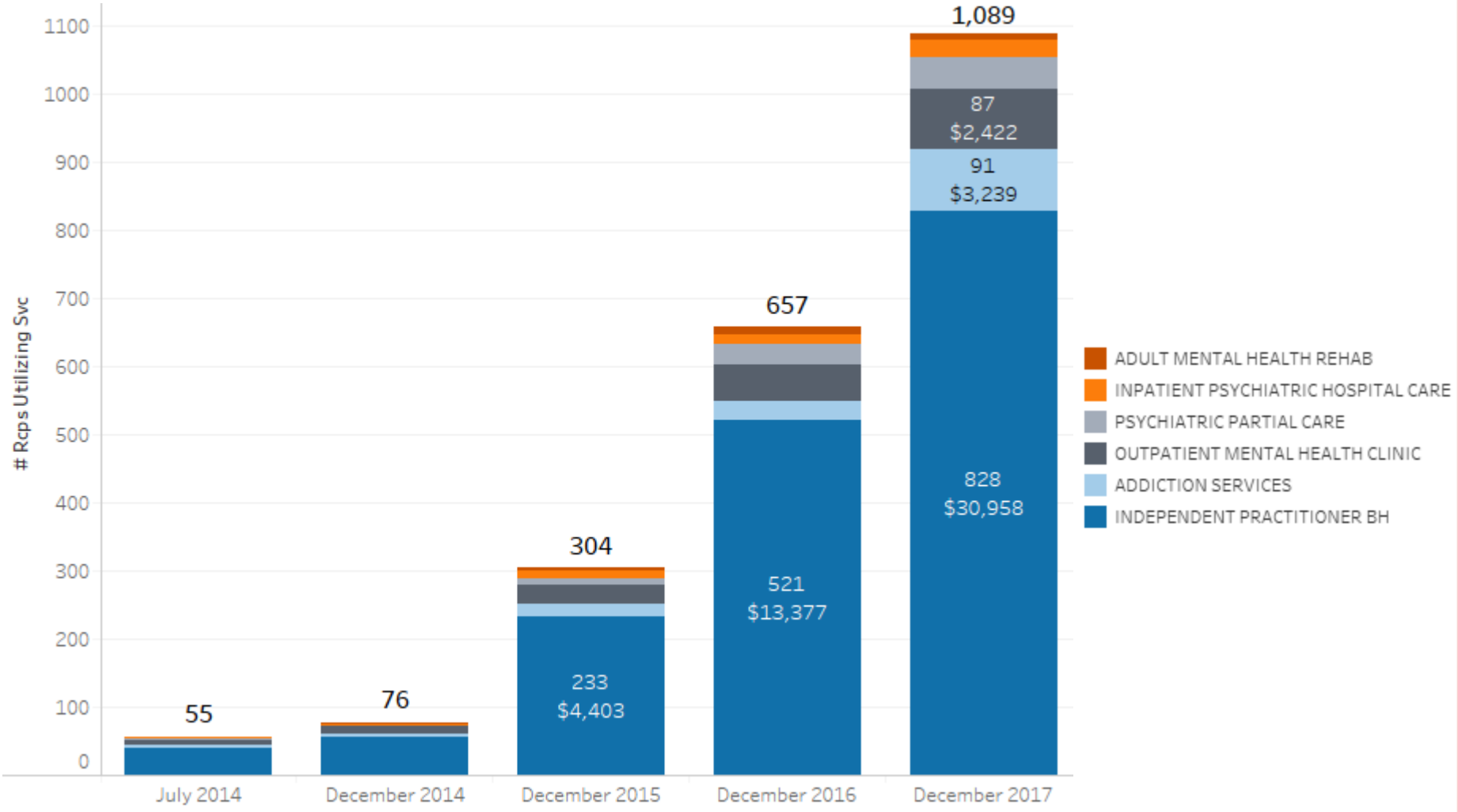
MLTSS Recipients' Behavioral Health Utilization



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.

NJ FamilyCare Transportation Broker Overview

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LogistiCare Transportation Broker Overview: January 2018-March 2018

LogistiCare

LogistiCare

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January 2018-March 2018 LogistiCare New Jersey Transportation Broker Headlines

- 99.7% of all taken trips (not cancelled or denied) had no validated complaints
- 99.5% of all trip requests (taken, cancelled or denied) had no complaint
- 82% of all trips (cancelled, taken or denied) occurred

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January 2018-December 2018 LogistiCare New Jersey Transportation Broker Trip Statistics

Month	All Trips	Taken Trips	%
Jan-18	684,593	556,617	81%
Feb-18	633,778	530,209	84%
Mar-18	691,233	553,722	80%

Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: 2018.
Notes: This table shows a list of the all trips that were requested within a month as well as the actual trips that occurred within that month as well as the percentage of taken trips/all trips.

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Rider Member County (Taken Trips Only)

Rider Member County	Jan-18	Feb-18	Mar-18
ESSEX	68,304	63,958	64,497
CAMDEN	24,921	23,515	25,613
HUDSON	22,671	21,476	21,386
UNION	19,461	18,181	19,478
MIDDLESEX	16,605	16,257	16,768
PASSAIC	15,457	14,364	15,247
OCEAN	15,205	15,106	15,841
MONMOUTH	14,880	14,212	15,085
ATLANTIC	14,776	14,455	16,102
MERCER	13,119	12,733	12,930
BERGEN	10,753	9,905	10,865
BURLINGTON	8,268	8,134	8,504
CUMBERLAND	7,270	7,041	7,597
GLOUCESTER	7,138	6,670	7,116
MORRIS	5,665	5,451	5,989
SOMERSET	3,770	3,660	3,739
SALEM	2,781	2,724	2,861
CAPE MAY	2,726	2,746	2,852
WARREN	1,831	1,732	1,780
SUSSEX	1,707	1,613	1,692
HUNTERDON	1,636	1,601	1,694
Total	278,944	265,534	277,636

Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: 2018.
Notes: This table shows a list of the 21 counties within the State of New Jersey that rider members (consumers of LogistiCare) are located in. Count based on rider members and not all trips.

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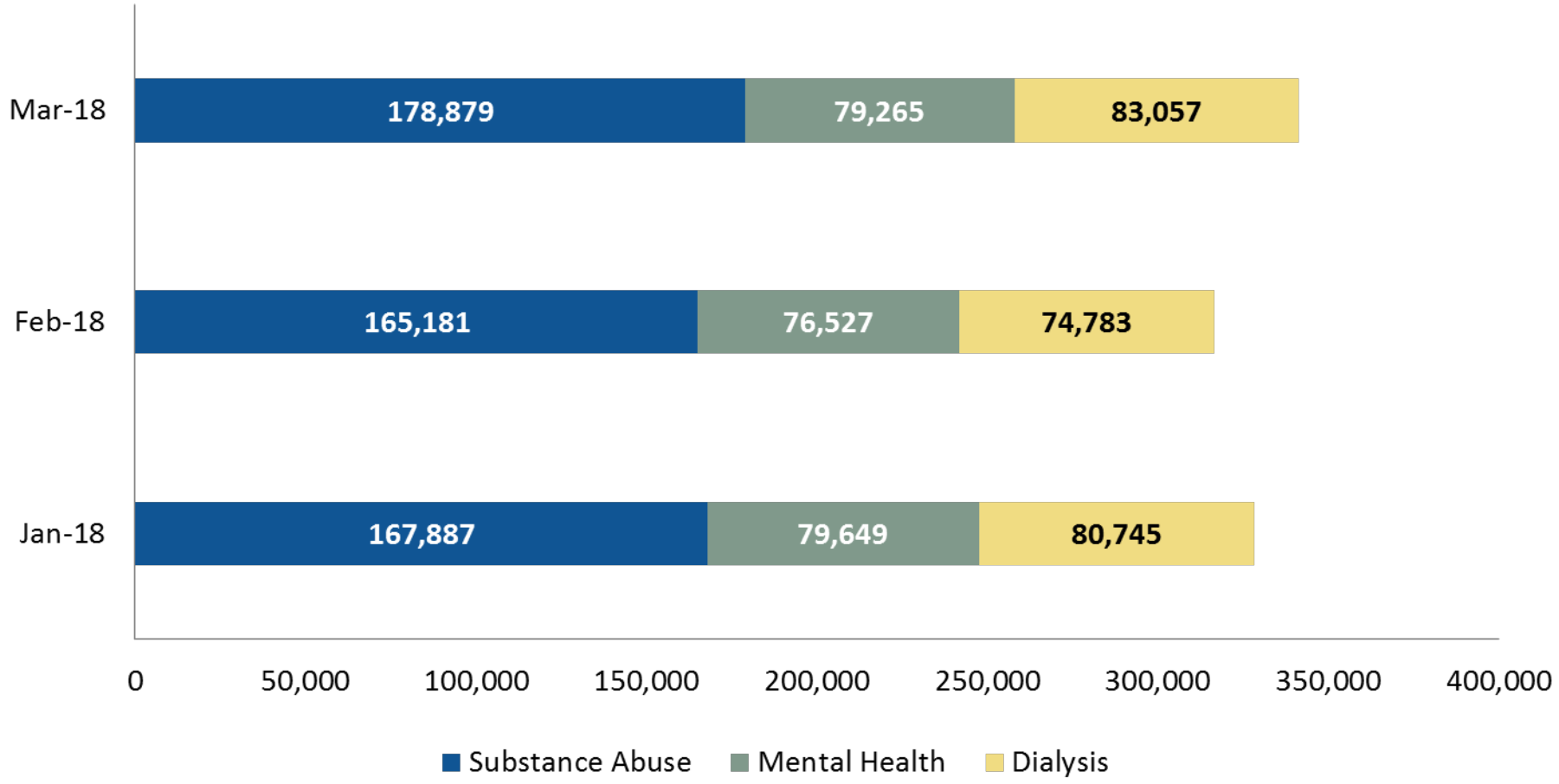
Top 3 Treatment Types (Taken Trips Only)



Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed:2018.

Notes: These are the top 3 Treatment types that consumers of LogistiCare receive frequently, are treated for, and are transported for.

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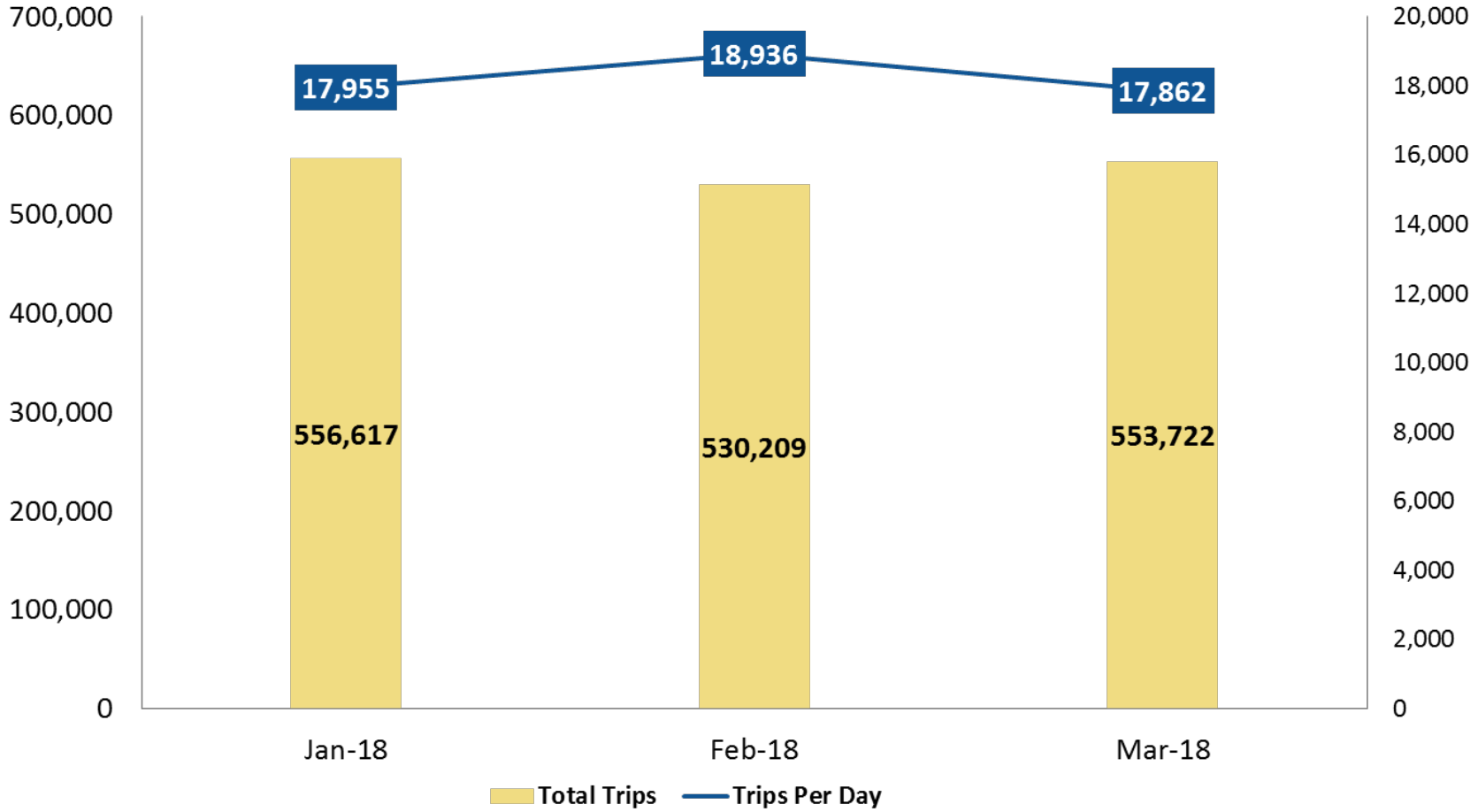
Trips Per Month and Day
(Taken Trips Only)



Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: 2018.

Notes: The trip dates for each month were converted into days. This data ***only*** includes trips that occurred for each month that were not cancelled or denied trips. The calculation to find the amount of trips that occurred each day was: The total raw number of taken trips/the amount of days in a month, which resulted in the trips per day counts.

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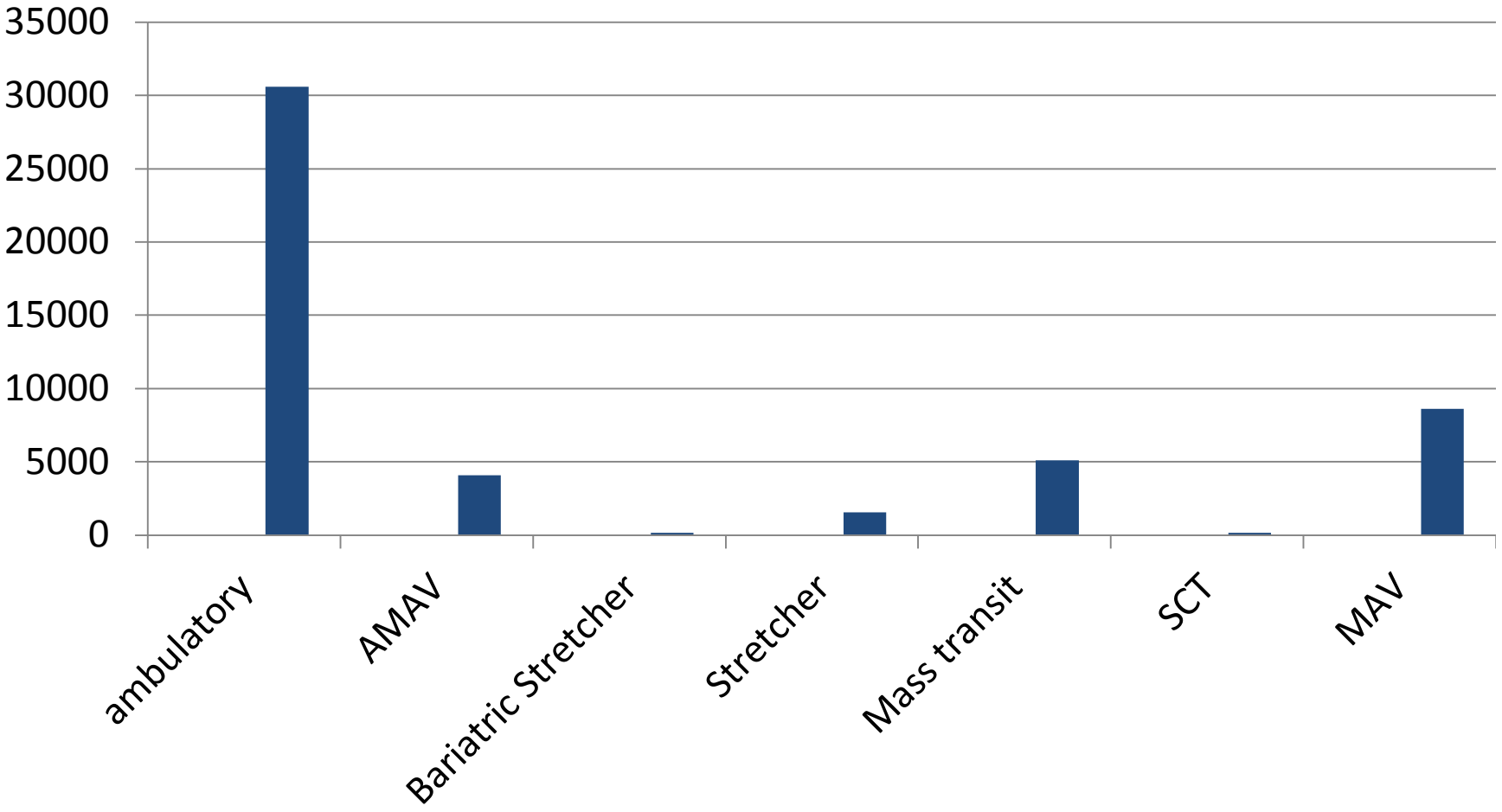
Transportation Types (May 2018)



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Performance Standards

Monthly average call abandonment rate: ≤ to 5%

Monthly average speed to answer : < 45 seconds

Member complaint rate: < 1% monthly

> 1% = $7,500

> 1.25% = $8,500

On-time performance (both legs) average > 92% (defined as no more than 30 minutes late for pick-up for either leg)

90%-92% = $5,000

85%-90% = $10,000

< 85% = $15,000

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Performance Standards

Provider no-show < .04% (excludes bariatric trips)

> 0.04% = $5,000

> 0.05% = $10,000

> 0.06% = $15,000

No Vehicle Available (NVA) ≤ 4 per month (one way trips)

$500 per occurrence > 4

Vehicle safety inspection rate >98% (excluding re-inspections) Inspections are completed on 1/12 of the fleet monthly

< 98% = $5,000

< 95% = $10,000

Performance Standards

Provider Reimbursement- 99% of clean claims must be adjudicated for payment within sixty (60) days. Provider monthly billing adjustments must be processed for payment on aver, within thirty (30) calendar days.

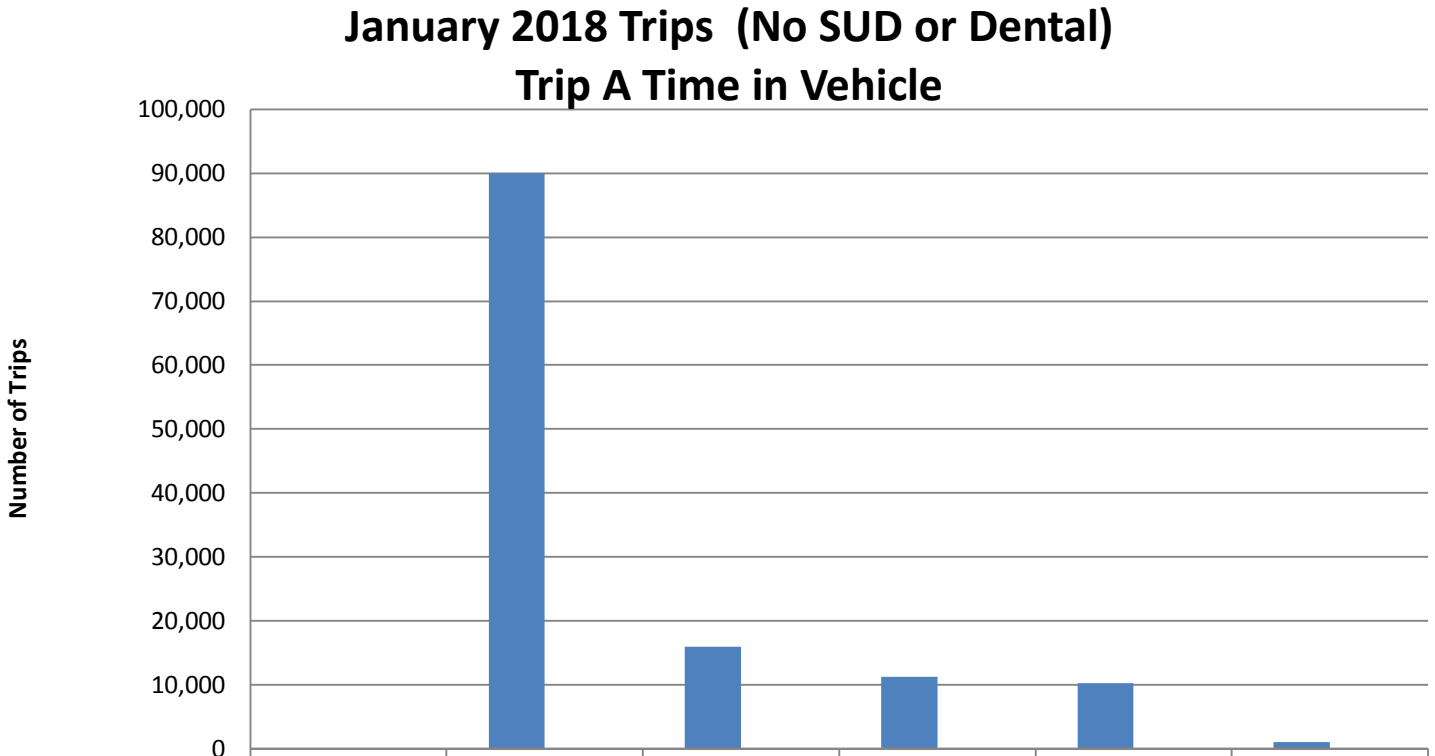
Provider payment > 30 days = $2,500 each
Provider payment > 60 days = $5,000 each
Monthly adjustments > 30 days = $2,500

Bariatric/non-first floor trip completion ≥ 98%

< 98% = $5,000
< 95% = $7,500
< 90% = $10,000
< 85% = $12,500

Source: New Jersey Shared Data Warehouse: LogistiCare Universe and Case Statement for Grouping Regions. Accessed: 2018.
Notes: This chart shows the total miles for each region and each month over the specified period of time. The miles were multiplied by the amount of trips in order to obtain a weighted average of miles. The miles were then divided by the total amount of taken trips for each region. Northern Region=Bergen,Essex, Hudson, Morris, Passaic, Sussex, and Warren. Central Region=Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Southern Region= Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem. Only Counties in NJ have been placed into regions. Counties in NY and TX have been removed from this data.

Time Spent in the Vehicle



		< 40 Min	41-55 Min	56-70 Min	71-180 Min	> 180
	128,707					
Number of Trips		89,973	16010	11313	10313	1098
Total %		69.90%	12.40%	8.80%	8.00%	0.90%

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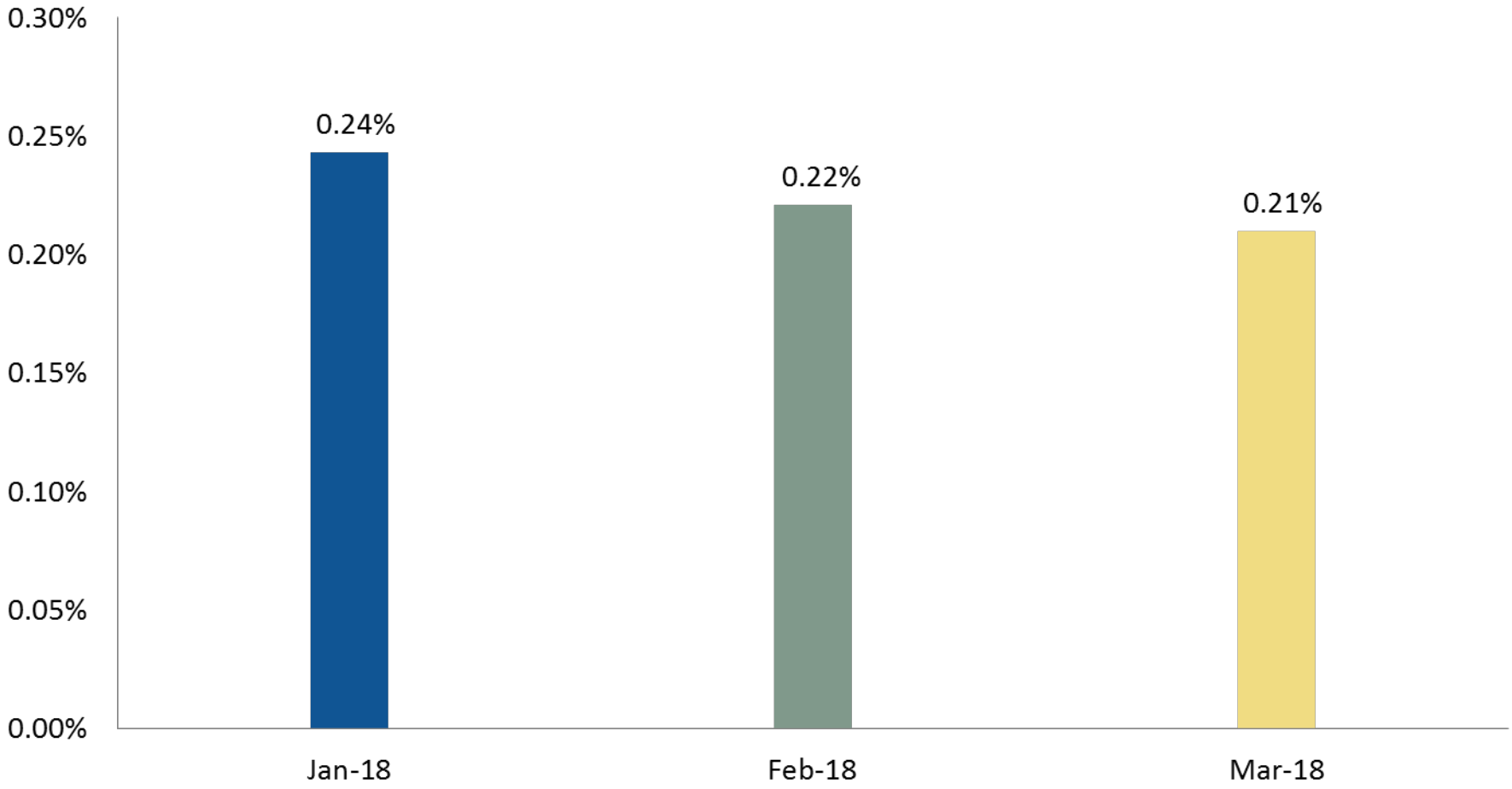
Valid Complaints
(Taken Trips Only)



Source: New Jersey Shared Data Warehouse:LogistiCare Universe. Accessed: 2018.
Notes: This chart depicts valid complaints only for Taken Trips (Trips that occurred).The valid complaint rate was calculated by the raw number of all valid complaints/all taken trips each month x 100.

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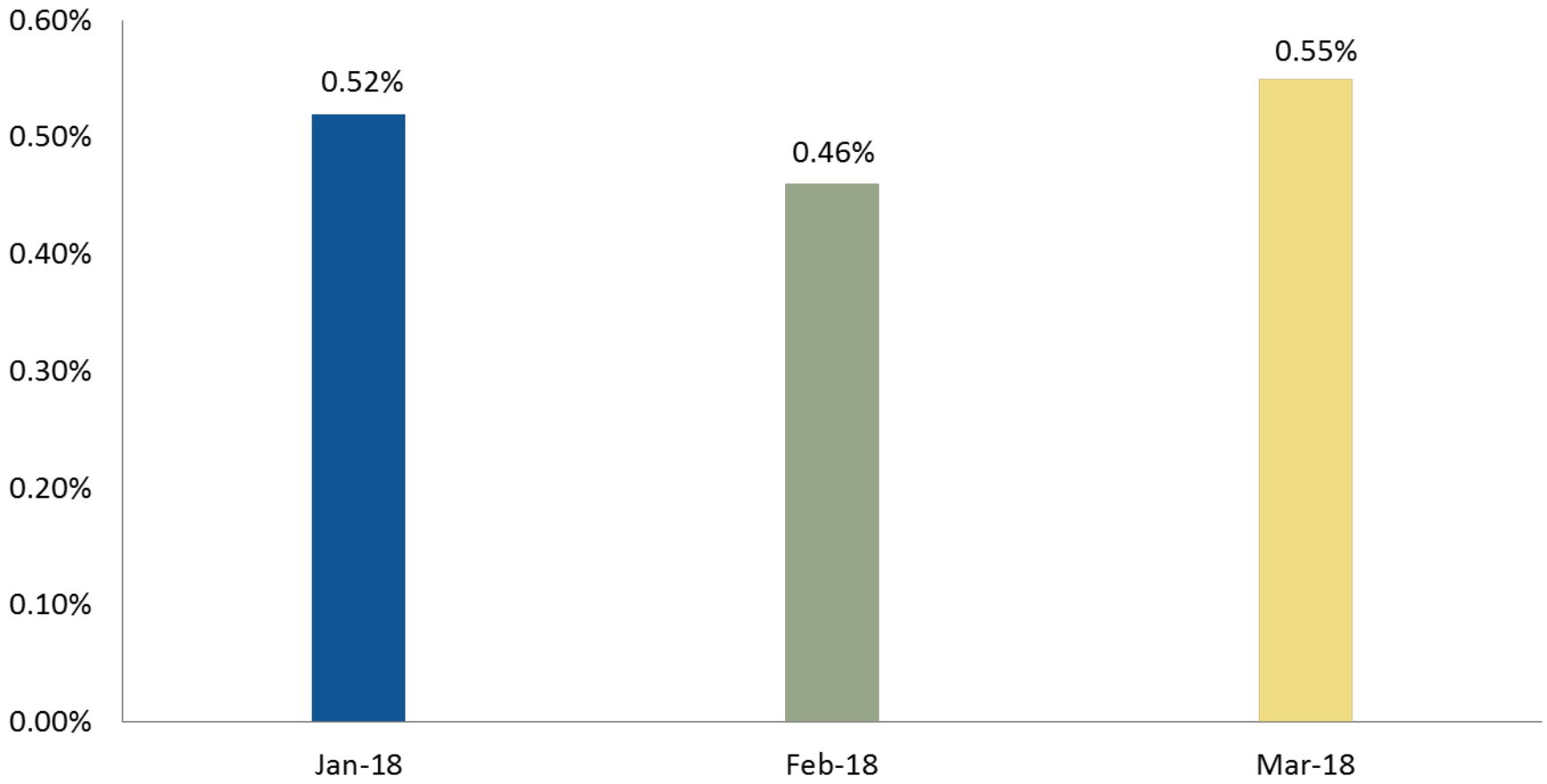
All Complaints
(All Trips)



Source: New Jersey Shared Data Warehouse:LogistiCare Universe. Accessed: 2018.
Notes: This chart depicts All complaints ***only*** for All Trips (Taken, Cancelled, and Denied trips). The total complaint rate was calculated by the raw number of all complaints/all trips each month x 100. ***All Complaints=Valid Complaints, Invalid Complaints, and Insufficient Information to Validate.***

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All Complaints (All Trips)

Complaints By Type May 2018

Complaint Type	Valid/Substantiated	Unsubstantiated	Unsubstantiated With Concern (Lack of Information)	Open	Totals	Duplicate or Inquiry No Further Action Required
Eligibility Issue	0	0	0	0	0	1
Facility Issue	10	0	9	0	19	1
Incident - Rider	2	1	10	8	21	14
Injury	11	1	8	7	27	4
LogistiCare Employee Issue	93	40	53	0	186	12
LogistiCare Issue	15	29	22	0	66	40
No Vehicle Available	26	10	2	0	38	9
Provider Late	2498	17	324	0	2839	555
Provider No Show	1419	30	144	0	1593	139
Reroute	0	0	0	0	0	1
Rider Issue	38	5	69	0	112	22
Rider No Show	87	11	37	0	135	15
Serious Injury	0	0	0	0	0	0
Subcontractor Courtesy	0	0	0	0	0	0
Subcontractor Safety	0	0	0	0	0	0
Suspected Rider Fraud & Abuse	34	3	10	0	47	6
Suspected TP Fraud & Abuse	2	0	1	0	3	0
Transportation Provider	95	25	444	16	580	162
Transportation Provider Early	21	2	18	0	41	3
Unknown / Other	0	0	0	0	0	5
Vehicle Issue	0	0	0	0	0	0
Wheelchair tie down issue	0	0	0	2	2	0
Total	4351	174	1151	33	5709	989

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Vehicle Inspection Report

Provider	Inspector #	Date of Activity	Location of Activity	Purpose of Activity	Observations	Action taken	Vehicle Id	drivers First,last	attendants First, Last	Comp Y(1) or N(0)
AOK	3	5/9/2018	Willowbrook	Random Check	BLS	Reported		John Q Citizen	employee	0
AOK	1	5/4/2018	Wayne Dialysis	Random Inspection	MAV Passed	Vehicle put in service		John Q Citizen	N/A	1
AOK	7	5/3/2018	Rutgers/UMDNJ	random inspection	vehicle/driver in compliance	field observation form/tablet		John Q Citizen	n/a	1
AOK	7	5/15/2018	Ironbound FMC	random inspection	vehicle/attendant/driver in compliance	field observation form/tablet		John Q Citizen	employee	1
AOK	7	5/15/2018	Ironbound FMC	random inspection	no id, no dhs sticker on veh. No maintenance report	field observation form/tablet/email		John Q Citizen	n/a	0
AOK	7	5/21/2018	Rutgers/Newark	random inspection	not in LCAD system as approved driver	field observation form/tablet		John Q Citizen	n/a	0
AOK	11	5/1/2018	FMC River	Random Inspection	all in order	field observation form/tablet		John Q Citizen	N/A	1
AOK	11	5/18/2018	FMC Lakewood	Random Inspection	all in order	field observation form/tablet		John Q Citizen	N/A	1
AOK	7	5/31/2018	Edison, NJ	initial inspection	vehicle failed/interlock/flashlight	vehicle inspection form /tablet		John Q Citizen	n/a	0
AOK	3, 10	5/30/2018	Bridgeton	Annual/Reinspection Inspection	Livery	Vehicle placed back in service		John Q Citizen	N/A	1
AOK	3, 10	5/29/2018	Bridgeton	Random Check	Livery - No signage and multiple items missing	Vehicle placed out of service		John Q Citizen	employee	0
AOK	3, 10	5/29/2018	Bridgeton	Random Check	Livery - No signage, multiple items missing, windshield	Vehicle placed out of service		John Q Citizen	employee	0

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Vehicle Inspections

March 2018 Inspection Summary Report

	Total Inspections	Compliant	Non Compliant	% Compliant
Reinspections	190	182	8	95.79%
Facility Checks	160	160	0	100.00%
Complaint Follow-up	1	1	0	100.00%
Initial Inspections	31	29	2	93.55%
Random Checks	491	399	92	81.26%
Totals	873	771	102	88.32%
In Service Drivers	361	318	43	88.09%
Attendants	42	39	3	92.86%

Denial Reasons
(Denied Trips Only)

Denial Reasons	Jan-18	Feb-18	Mar-18
REFUSED CLOSEST FACILITY	2,096	2,363	2,158
NON-COVERED SERVICE	1,550	1,240	1,205
LACKS 2 DAY NOTICE	1,535	1,445	1,900
UNABLE TO VERIFY MEDICAL APPOINTMENT	1,432	2,635	1,991
INCOMPLETE INFORMATION/DOCUMENTATION	1,230	1,091	1,275
INELIGIBLE FOR SERVICES	791	480	465
ABUSES SERVICES	696	852	679
BENEFICIARY HAS MEDICARE PART B/MCO	191	227	267
OTHER	71	50	33
Total	**9,592**	**10,383**	**9,973**

Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: 2018.
Notes: A List of Denial reasons as to why the trip request was denied. Other=The less common denial reasons grouped together. Incomplete Information/Documentation means that the "Client does not know the Doctor's address, telephone number, the appointment time, etc.
Other=The less common denial reasons.

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Top Cancellation Reasons (Excluding Weather and Duplicate Calls)

	March 2018
Rider no longer goes to Healthcare Facility	26,818
Rider cancelled with sufficient notice	12,319
Appointment rescheduled	11,806
Rider no-show	8,739
Rider sick	4,647
Late cancellation (rider)	7,689
Cancelled by rider and or provider	4,137
Rider hospitalized	2,451
Rider transported by family or friend	2,107
Rider refused transport upon arrival	1,208
	81,921 (82%)
Holiday	437
Other	8,074
LogistiCare error	2,791
Provider no show (recovered)	2,341
Provider no show	1,818
Re-routed less than 24 hours	2,228
Provider late	793
	18,482 (18%)

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IPRO Study of Customer Satisfaction

The study will measure member satisfaction in three regions:

- North: Sussex, Warren, Passaic, Bergen, Morris, Essex and Hudson
- Central: Hunterdon, Middlesex, Monmouth, Ocean, Somerset and Union
- South: Atlantic, Cape May, Cumberland, Burlington, Camden and Gloucester

The telephone study replicates the satisfaction survey completed in 2014

- 1st survey is completed trips only to measure satisfaction
- 2nd survey is cancelled trips only to validate cancellation reason codes recorded in the data base and assess satisfaction with rescheduling process if required

All selections are a random sample

- 100 surveys in each zone for a total of 300
- completed A leg trip to a behavioral health appointment
- trip occurred within 5 days of receipt of file
- pick up location was the member's residence

Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: 2018.
Notes: A List of Denial reasons as to why the trip request was denied. Other=The less common denial reasons grouped together. Incomplete Information/Documentation means that the "Client does not know the Doctor's address, telephone number, the appointment time, etc.
Other=The less common denial reasons.

IPRO Study of Customer Satisfaction

Cancelled trip survey

- 50 surveys in each zone for a total of 150
- Cancelled ambulatory A-leg trip to a behavioral health appointment
- Trip scheduled to occur on the day prior to the file being received

Survey occurs between 6/18/18 and 8/3/18

Final report shall include

- Pick-up and drop-off timeliness
- Reported quality of trip
- Satisfaction with LogistiCare
- Cancelled trip survey
- Recommendations based on findings

Source: New Jersey Shared Data Warehouse: LogistiCare Universe. Accessed: 2018.
Notes: A List of Denial reasons as to why the trip request was denied. Other=The less common denial reasons grouped together. Incomplete Information/Documentation means that the "Client does not know the Doctor's address, telephone number, the appointment time, etc.
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