

NJ FamilyCare MCO Behavioral Health Changes October 2018

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NJ Department of Human Services
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Objectives

- Provide information about changes to MLTSS, FIDE-SNP and DDD behavioral health benefits October 1, 2018
- Provide information about the behavioral health benefit changes for ALL members effective October 1, 2018 related to the inpatient psychiatric benefit
- Provide an opportunity for providers to ask questions regarding these changes

**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 included** in the mental health coverage benefits for 2018:

- 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

Managed Medicare-Medicaid Integration in
New Jersey:
An Overview of the
Fully Integrated Dual Eligible Special Needs Plan
FIDE SNP

Elizabeth A. Wood, Director of Dual Integration
Department of Human Services
State of New Jersey

About NJ FIDE SNP

- A voluntary NJ FamilyCare (NJFC) enrollment option for full benefit dual eligibles.
- NJ Medicare Advantage Plan operated by the same company as a Medicaid/NJFC plan so it can cover all Medicare health care, prescription drug, and Medicaid managed care plans through a single MCO.
- Four of five NJ Family Care plans participate (Amerigroup, Horizon, United, WellCare).
- **Integrated initial determinations, claims and provider payment communications**
- Distinct member and provider handbooks, networks, and formularies.

NJ FIDE SNP Highlights

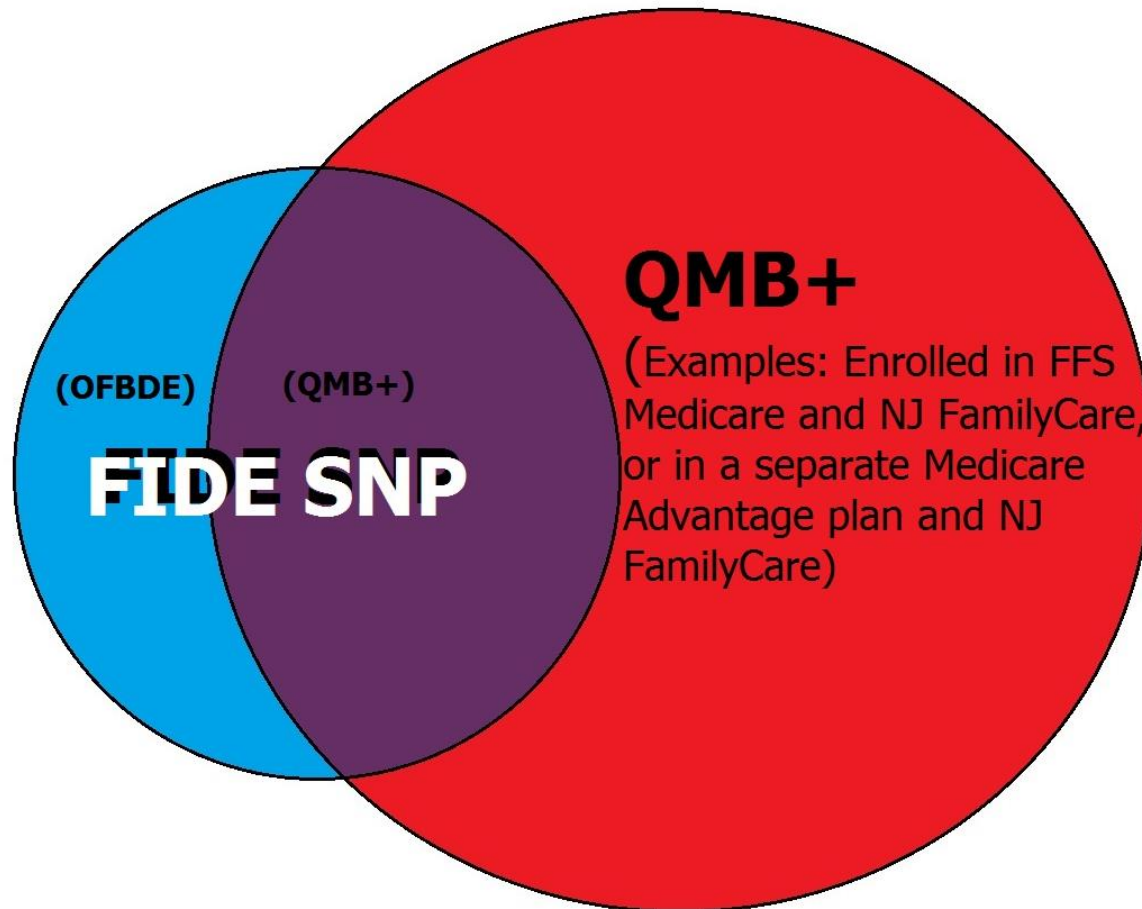
- **All Benefits:** acute, primary, chronic care, **behavioral health** and **Managed Long Term Services and Supports (MLTSS)**, as well as extra supplemental benefits not available elsewhere
- **ONE ID Card**
- **\$0 Cost Sharing** (No co-pays, coinsurance, deductibles or premiums)
- **Behavioral health carved in for all enrollees, including non-MLTSS members (currently, the only managed care option in NJ FamilyCare that offers integrated behavioral health to all enrollees)**

Populations Covered

Only full benefit duals (must fall within **QMB+** or **OFBDE** categories) are eligible

- **QMB+ (Qualified Medicare Beneficiary Plus):** Individuals entitled to Medicare Part A, with income of 100% FPL or less and resources not twice the SSI eligibility limit, and eligible for full Medicaid benefits. Medicaid pays their Medicare Part A and B premiums, deductibles, and coinsurance.
- **OFBDE (Other Full Benefit Dual Eligible):** Individuals who do not meet income/resource criteria for QMB+, but are Medicaid eligible either categorically or through optional coverage groups based on Medically Needy status, special income levels for institutionalized, or home and community-based waivers

Dual Eligibles vs. FIDE SNP Members



How to identify a NJ FIDE SNP enrollee

Last Name:	First Name:	Middle Initial:
Submitted Recipient Id #:	Eligible:	Yes
Date of Birth:	SSN:	
Card Control Number:		
Submitted SBI:		
Submitted Begin Date:	09/01/2017	Submitted End Date:
Hospice Message:		09/30/2017
Medicaid Eligibility Data:	Title XIX Medicaid	Anticipated LIS Level:
		2
Begin Date:	5/1/2015	End Date:
Recipient Id # for Billing:		9/30/2017
Message:	 QMB PLUS; NJ FAMILYCARE PLAN A, CLICK TO REFER TO NJMMIS.COM FOR NEWSLETTERS VOL.8 NO.7, VOL.23 NO.20; COVERED FOR SUBSTANCE USE DISORDER TREATMENT, CLICK TO REFER TO NEWSLETTER VOL.26 NO.06; PROGRAM 290	
Eligible Services:	1-Medical Care	33-Chiropractic
	45-Hospice	47-Hospital
	50-Outpatient Hospital	86-Emergency Services
	98-Physician Visits	AL-Vision
	UC-Urgent Care	35-Dental Care
		48-Inpatient Hospital
		88-Pharmacy
		MH-Mental Health
Termination Message:		
County of Supervision:	009	County Name:
		Hudson
Medicaid Recipient Lockin Data:		
Lockin Begin Date:		Lockin End Date:
Message:		
Medicaid Special Program Data:		
Begin Date:	9/1/2017	End Date:
Message:	ENROLLED IN MLTSS. CLICK TO REFER TO NJMMIS.COM FOR NEWSLETTER VOL.25 NO.11, VOL.24 NO.07	
Special Pgm Code:	60	
Medicaid Managed Care Data:		
MCO Name:	AMERIVANTAGE DUAL COORDINATION (HMO SNP)	MCO Phone Number:
		8774704131
Begin Date:	9/1/2017	End Date:
MCO Patient ID Number:		7/31/2018
Message:		Plan Code:
		201
Medicare Part A Data:		
Begin Date:	6/1/2001	End Date:
HIC Number:		12/31/9999
Medicare Part B Data:		
Begin Date:	6/1/2001	End Date:
HIC Number:		12/31/9999
Medicare Part D Data:		
Start Date:	1/1/2016	End Date:
		8/31/2018

eMEVS Member Example

Enter Service Start Date, Service End Date, and 12 digit Recipient ID

- Maximum service date span is 90 days
- eMEVS returns Eligibility, Special Program, Managed Care, etc.

LOOK FOR:

- **MCO Name – “HMO SNP” will appear at the end of each Plan Name to indicate this is a FIDE SNP plan** (regardless of their product name)
- Plan Codes may also be referenced
- FIDE SNP plan codes:
 - 200** - UnitedHealthcare Dual Complete ONE (HMO SNP)
 - 201** - Amerivantage Dual Coordination (HMO SNP)
 - 202** - Horizon NJ TotalCare (HMO SNP)
 - 204** - Wellcare Liberty (HMO SNP)

How to identify a NJ FIDE SNP enrollee with MLTSS or DDD CCW

Last Name:	First Name:	Middle Initial:	
Submitted Recipient Id #:	Eligible:	Yes	
Date of Birth:	SSN:		
Card Control Number:			
Submitted SBI:			
Submitted Begin Date:	09/01/2017	Submitted End Date: 09/30/2017	
Hospice Message:			
Medicaid Eligibility Data:	Title XIX Medicaid	Anticipated LIS Level: 2	
Begin Date:	5/1/2015	End Date: 9/30/2017	
Recipient Id # for Billing:			
Message:	OMB PLUS; NJ FAMILYCARE PLAN A, CLICK TO REFER TO NJMMIS.COM FOR NEWSLETTERS VOL.8 NO.7, VOL.23 NO.20; COVERED FOR SUBSTANCE USE DISORDER TREATMENT, CLICK TO REFER TO NEWSLETTER VOL.26 NO.06; PROGRAM 290		
Eligible Services:	1-Medical Care 45-Hospice 50-Outpatient Hospital 98-Physician Visits UC-Urgent Care	33-Chiropractic 47-Hospital 86-Emergency Services AL-Vision	35-Dental Care 48-Inpatient Hospital 88-Pharmacy MH-Mental Health
Termination Message:			
County of Supervision:	009	County Name: Hudson	
Medicaid Recipient Lockin Data:			
Lockin Begin Date:		Lockin End Date:	
Message:			
Medicaid Special Program Data:			
Begin Date:	9/1/2017	End Date: 7/31/2018	
Message:	ENROLLED IN MLTSS; CLICK TO REFER TO NJMMIS.COM FOR NEWSLETTER VOL.25 NO.11, VOL.24 NO.07		
Special Pgm Code:	60		
Medicaid Managed Care Data:			
MCO Name:	AMERIVANTAGE DUAL COORDINATION (HMO SNP)	MCO Phone Number: 8774704131	
Begin Date:	9/1/2017	End Date: 7/31/2018	
MCO Patient ID Number:		Plan Code: 201	
Message:			
Medicare Part A Data:			
Begin Date:	6/1/2001	End Date: 12/31/9999	
HIC Number:			
Medicare Part B Data:			
Begin Date:	6/1/2001	End Date: 12/31/9999	
HIC Number:			
Medicare Part D Data:			
Start Date:	1/1/2016	End Date: 8/31/2018	

eMEVS Member Example:

- Enter Service Start Date, Service End Date, and 12 digit Recipient ID
- Maximum service date span is 90 days
- eMEVS returns Eligibility, Special Program, Managed Care, etc.

LOOK FOR:

- **For MLTSS:** Special Program Code in the **60-series**
- **For DDD CCW:** Special Program Code **07**
- Under “**Medicaid Special Program Data**” heading, a message beginning with “**ENROLLED IN MLTSS**”
- Confirm that member is in FIDE SNP by Plan Code and/or MCO Name

Service Areas (Availability)

MCO Plans by County: 2018	Atlantic	Bergen	Burlington	Camden	Cape May	Cumberland	Essex	Gloucester	Hudson	Hunterdon	Mercer	Middlesex	Monmouth	Morris	Ocean	Passaic	Salem	Somerset	Sussex	Union	Warren	
Amerivantage Dual Coordination	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓		✓		
Horizon NJ TotalCare	✓					✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓
UnitedHealthcare Dual Complete ONE	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
WellCare Liberty		✓					✓		✓			✓		✓		✓		✓		✓		

Additional Resources

Elizabeth Wood

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Division of Medical Assistance and Health Services
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Contract: http://www.state.nj.us/humanservices/dmahs/info/d-snp_contract.pdf

Member and Provider FAQs:

http://www.state.nj.us/humanservices/dmahs/clients/d_snp.html

To contact the Dual Integration Unit about a member issue or general question, please reach out to: Mahs.Dsnpmemberservices@dhs.state.nj.us

Relevant Information

Care Coordination

- Coordination of Care for mental health and substance use disorder services for all members continues as currently required in Article 4.4, Article 9 (MLTSS) and Article 10 (FIDE SNP) of the MCO contract regardless of MCO benefit coverage.
- Within the Care coordination Workgroup, the MCOs are meeting with the Interim Managing Entity (IME) and Children's System of Care (CSOC) to develop procedures to coordinate care of members.

IMD Clarification for Psychiatric Inpatient Services

- Coverage of the psychiatric inpatient services in an IMD (free standing psychiatric hospital) is allowable with the CMS Medicaid and CHIP Managed Care Final Rule through “In Lieu of Services” (ILOS).
- The MCOs will cover the inpatient psychiatric care in an IMD and the State will determine the appropriateness of receiving financial federal participation (FFP) for the capitation paid while the recipient is in an IMD. Capitation may be claimed for any stay 15 days or less in a calendar month.

Substance Use Disorder Waiver

- While changes to the SUD Waiver are significant, changes to the SUD benefit in the MCOs for MLTSS, FIDE-SNP and DDD support the State's efforts to align the benefit packages for these special populations.
- In the future, Long Term Residential Services (ASAM 3.5) may be added to the SUD continuum of MCO covered services for these populations.
- The State will be working with the MCOs to collect performance measures relevant to the SUD Waiver for the covered services and populations.

Prior Authorization/Utilization Review

- For members admitted as an emergency admission, **prior authorization is not required but may be requested to ensure benefit coverage**
- Hospital providers must contact MCO within 24 hours to notify them of the admission and to allow utilization review
- Emergency or psychiatric screening center staff **do not need to obtain a prior authorization for admission**

Prior Authorization/Utilization Review

- Psychiatric Commitment or legal status is required to be covered by the MCOs for a Medicaid member.
- MCO staff are required to coordinate aftercare with the treatment team and discharge planning staff.
- Coverage of the PES service remains in FFS unless the PES is in the same hospital as the admission. Then the PES costs is rolled into the cost of the admissions.

Continuity of Care

Definition: The plan of care for an enrollee that should assure progress without unreasonable interruption

The Contractor shall ensure continuity of care and full access to primary, behavioral, specialty, MLTSS and ancillary care as required under this contract and access to the full administrative programs and support services offered by the Contractor for all its lines of business and/or otherwise required in their this contract.

Source: Article 2.B of the July 2017 NJ FamilyCare Managed Care contract

Clinical Criteria

- For Medicaid individuals seeking Substance Use Disorder (SUD) Services, the American Society of Addiction Medicine (ASAM) and LOCI-3 level care criteria is required to be used by the MCOs and SUD providers.
- Medical Necessity Criteria for all others admissions is used by the MCOs as described in the definition in Article 1 of the Medicaid Managed Care Contract.

Claims Payment

- Rates for services are coordinated through contracts with the MCOs.
- There are no changes related to Third Party Liability for reimbursement.
- If a provider is not in network but member is receiving services that are now covered through the MCO, the MCO and provider can pursue a Single Case Agreement at rates negotiated by the MCO and provider until an in-network contract can be completed.

Hospital Services

- **Observation** – In the FFS program, NJ FamilyCare makes observation payments for up to 48 hours. The payments are based on individual hospitals cost to charge. MCOs and hospital providers will determine contract terms and negotiate a rate for reimbursement of this service.
- **Intermediate Inpatient Unit (IIU)** – In the event that a child is discharged from an acute care hospital to an I.I.U., the MCO will be responsible for the admission in the acute care hospital, and NJ FamilyCare FFS will pay the cost of the admission to the I.I.U.

Hospital Services

- **Non-Acute/Administrative** - Any stay longer than the average length of stay for the DRG is paid at the administrative per diem rate. Currently NJ FamilyCare makes administrative payments in the FFS program. MCOs and hospital providers will determine contract terms and negotiate a rate for reimbursement of this service.
 - At least one acute inpatient hospital day (24 hours) must immediately precede an administrative day (exception with DCP&P involved children). No direct admissions into administrative level of care.
 - 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.

Non-Acute/Administrative Hospital Services

Discharge Scenario	Payment Option
Appropriate for discharge but awaiting placement with appropriate supports	Administrative rate- dependent on care provided and reason for delays
Awaiting placement in Long Term Psych (State or County psychiatric facility)	Acute rate
Court ordered but not meeting criteria	Acute rate
Child with DCP&P placement issues	SNF rate shall be paid after the determination is made that the individual no longer meets an acute level of care but is awaiting placement through DCP&P. This payment does not require an initial clinically acute day.
Pending nursing facility placement	SNF rate

Questions?

