

Presentation:

NJ FamilyCare Dental Services

Dental Overview

Program History from Medicaid to NJ FamilyCare

Dental Benefits & Costs

Program Policies and Regulations

Understanding Dental Activities of the MCO

Partnering with the Dental Community

Supporting Oral Health in New Jersey

Managed Care Delivery Model

early 1990s

Multiple MCOs and Their Dental Vendors

Aetna Better Health NJ - Dentaquest

Amerigroup - HEALTHPLEX

Horizon NJ Health - Scion

United HealthCare - Scion

WellCare - Liberty

NJ FamilyCare Dental Program

Bureau of Dental Services:
Dental Director & Consultants

Comprehensive Dental Benefit
N.J.A.C. 10:56 & MCO Contracts

Provision of Dental Services:
MCO and their Network of Providers

NJ FamilyCare Dental Benefits

NJ FamilyCare's benefits include the nation's longest running uninterrupted comprehensive dental benefit

Two Oral Evaluations
per Year

Diagnostic Services

Two Prophylaxis per Year

Restorations and Crowns

Root Canals

Periodontal Services

Oral Surgical Services

Medically Necessary
Orthodontics to Age 21

Complete and Partial
Dentures

Medically Necessary
Dental Services in an
Operating Room

Adult Dental Benefits by State

Dental Benefits Offerings for States' Adult Medicaid Base and Expansion Populations

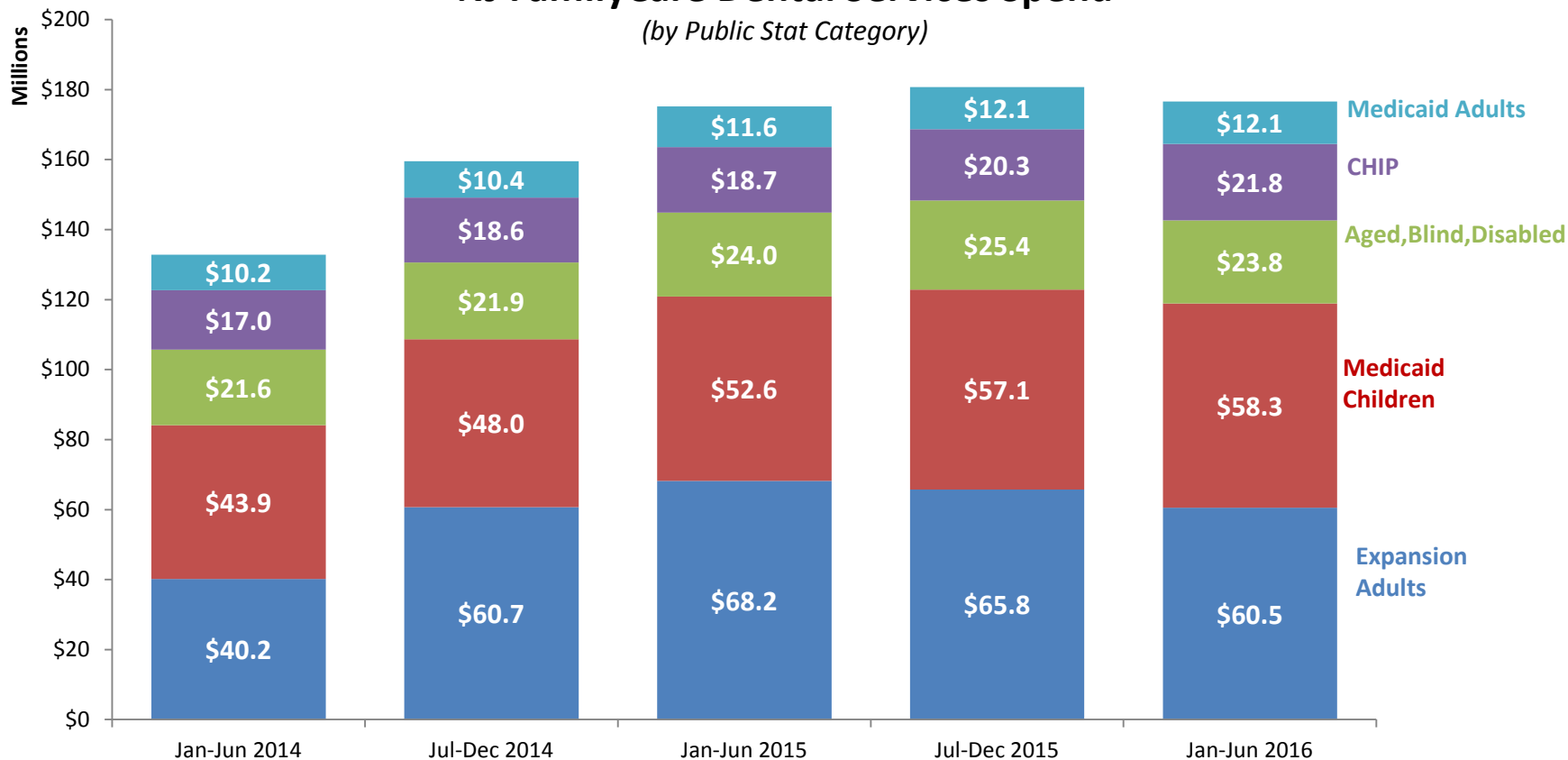
Dental Benefits Category	Base Population	Expansion Population
No dental benefits	4 states: AL, AZ, DE, TN	3 states: AZ, DE, ND
Emergency-Only	13 states: FL, GA, HI, ID, ME, MD, MS, NV, NH, OK, TX, UT, WV,	5 states: HI, MD, NV, NH, WV
Limited	18 states: AR, CO, DC, IL, IN, KS, KY, LA, MI, MN, MO, NE, PA, SC, SD, VT, VA, WY	10 states: AR, CO, DC, IL, IN, KY, MI, MN, PA, VT
Extensive	16 states: AK, CA, CT, IA, MA, MT, NJ , NM, NY, NC, ND, OH, OR, RI, WA, WI	13 states: AK, CA, CT, IA, MA, MT, NJ , NM, NY, OH, OR, RI, WA

Hats off to New Jersey!

NJ FamilyCare Dental Payments

NJ FamilyCare Dental Services Spend

(by Public Stat Category)

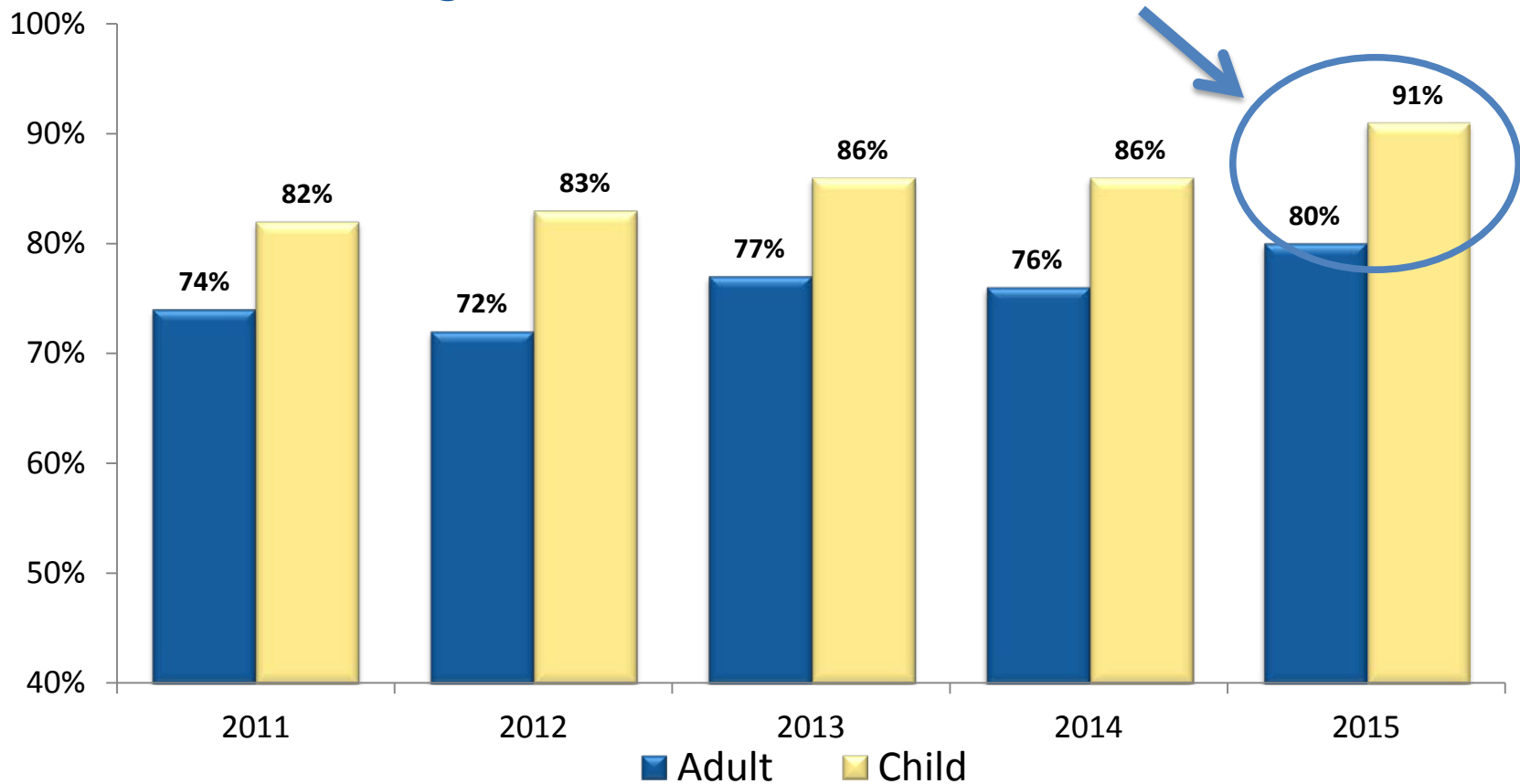


Source: NJ Shared Data Warehouse, accessed 3/31/17

Notes: Amounts shown are dollars paid for dental services through one of the following service delivery methods: 1) direct payments made by NJ FamilyCare to its eligible dental providers, 2) payments made by the State's contracted managed care organizations to its dental providers, 3) dental subcapitation payments made by managed care organizations. Amounts shown include all payments made through 3/31/2017 for services provided in the time period shown. Additional service claims may have been received after this date. Does not include FQHC wrap payments for dental services.

CAHPS Dental Satisfaction Survey

5 Year High in Adult and Child Dental Satisfaction



Source: 2011-2015 Consumer Assessment of Healthcare Provider and Systems (CAHPS) surveys
Note: "Satisfied" defined as a score of 7-10 on a 1-10 scale.

HEDIS Dental Measure

Exceeds National Average in all Age Categories Measured

Annual Dental Visit

Category	NJ Weighted Average	National Medicaid Average
Age 2-3 years	46.6%	35.5%
Age 4-6 years	69.1%	57.6%
Age 7-10 years	72.7%	60.6%
Age 11-14 years	67.7%	55.8%
Age 15-18 years	58.0%	47.4%
Age 19-20 years	43.8%	32.7%
Annual Dental Visit Total	63.9%	NA

Source: 2016 Healthcare Effectiveness Data and Information Set (HEDIS)

Note: The Annual Dental Visit Measure is a new measure for measurement year 2015, which is report year 2016.

Dental Policies and Regulations

Frequency and
Service Limits


General Population

Special Healthcare


Prior Authorization Requirements

Dental Program Monitoring Activities

➤ Reporting Dental Services – CDT Dental Coding: Examples



Root canal + post + crown = 3 services

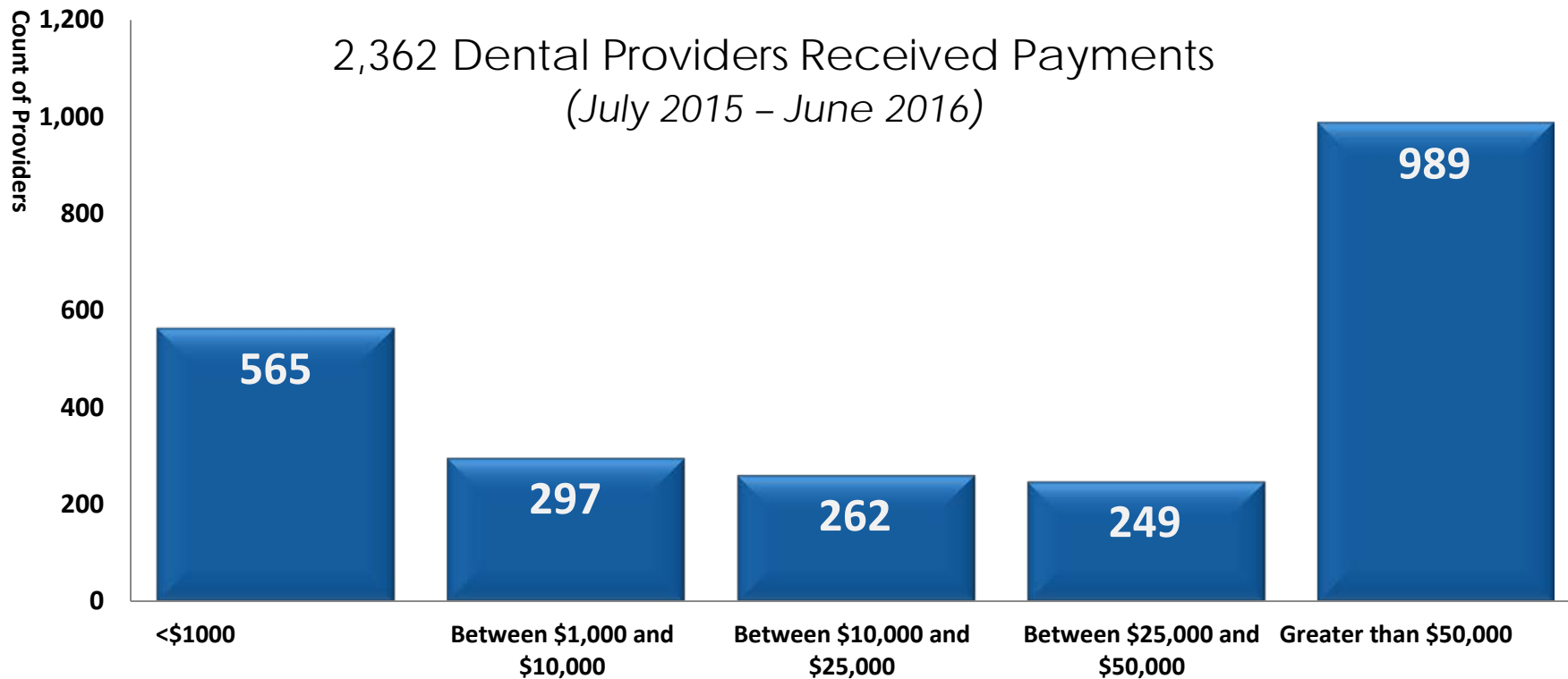


Full mouth scaling and root planing = 4 services
(1 per quadrant)

➤ Denials - encounter and claim payments

➤ MCO Reporting – grievances & appeals of denied services

Dental Provider Payments



Total Payments Received July 2015 – June 2016

Source: NJ Shared Data Warehouse, accessed 3/31/17

Notes: Amounts shown are dollars paid for dental services through one of the following service delivery methods: 1) direct payments made by NJ FamilyCare to its eligible dental providers, 2) payments made by the State's contracted managed care organizations to its dental providers, 3) dental subcapitation payments made by managed care organizations. Amounts shown include all payments made through 3/31/2017 for services provided in the time period shown. Additional service claims may have been received after this date. Does not include FQHC wrap payments for dental services.

Working with the Dental Community

Dental Advisory Council

Purpose

Advise the state on access, delivery, quality, and provision of oral health services to NJ FamilyCare beneficiaries

Membership

- NJ FamilyCare MCOs
- Rutgers School of Dental Medicine
- FQHCs
- NJ Dental Hygienist Association
- NJ Dental Association
- Geriatric Oral Health Provider Representatives
- NJ FamilyCare Staff

Responding to the Needs of the Dental Community



Dentist Feedback

NJ FAMILY CARE

Dental Advisory Council

Uniform Clinical
Criteria &
Denial Edits

Supporting Oral Health in New Jersey

Led New Jersey Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Young Kids (2007-2008)

Medicaid-Medicare CHIP Dental Services Association

Supporting NJ Chapter of AAP to engage health plans around children's oral health

Collaborating with Rutgers Center for State Health Policy: ED usage for oral care in NJ

Leader of Dentaquest Foundation-funded Northeast/Mid-Atlantic Regional Oral Health Connection Team supporting oral health improvement work in NJ (2014-present)

Educational and Dental Benefit Information for Children, Families and Adults

NJ FamilyCare Dental Services for Adults

The NJ FamilyCare Program (Medicaid) provides dental benefits so members can have regular dental check-ups, cleanings and needed dental treatment. Cavities and gum disease are preventable dental problems. Dental exams twice a year, brushing your teeth daily with toothpaste containing fluoride and flossing are good habits for a healthy smile.

If you are enrolled in the Fee for Service (non-HMO) program, your Medical Assistance Customer Center (see list) can assist you in locating a dentist. If you are enrolled in an HMO, you can call the dental number on your ID card or use the list of dentists on your health plan's website to locate a dentist. You should have a dental home where you will receive all of your dental care. You cannot have good overall health without good oral health.

The dental services listed below are included in your benefits.

(Services considered cosmetic are not included).

- ❖ **Oral evaluation** – Two times a year to examine your mouth or more frequently based on medical necessity
- ❖ **Emergency exams/evaluations** – as needed to treat problems
- ❖ **Radiographs (X rays) or digital images** to check for cavities and other oral disease
- ❖ **Cleaning** – Two times a year to remove harmful deposits from your teeth or more frequently based on medical necessity
- ❖ **Fluoride treatments** – a protective gel/paste applied to the teeth (two times a year)
- ❖ **Restorations (fillings)** – tooth colored or silver colored materials to repair your teeth
- ❖ **Crowns**** – tooth colored or metal restoration that completely covers your tooth
- ❖ **Periodontal treatment**** – treatment for infection of the gum and bone supporting the teeth
- ❖ **Endodontic treatment (root canals)**** – removes the infected nerve causing tooth pain
- ❖ **Extractions** – removal of teeth and/or their roots and other oral surgical procedures
- ❖ **Complete and Partial Dentures**** – removable appliances that replace missing teeth (including their adjustments) and denture repairs.

**These services may need to be approved before being provided.

If you have a dental emergency like a toothache, facial swelling or uncontrolled oral bleeding, you can call your dentist or if enrolled in an HMO the number on your NJFC insurance card for help.

*You need a dental home where you can receive regular dental care.
Visit your dentist for check-ups and completion of recommended treatment.
Keeping you healthy is our goal!*

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1-800-701-0710

TTY 1-800-701-0720

www.njfamilycare.org

NJ FamilyCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability. If you speak any other language, language assistance services are available at no cost to you. Call 1-800-701-0710 (TTY: 1-800-701-0720).

Chinese: NJ FamilyCare 遵守适用的联邦人权法律，不会因种族、肤色、原国籍、性别、年龄或残障而进行歧视。如果您讲中文，您可以免费获得语言协助服务。致电 1-800-701-0710 (TTY: 1-800-701-0720)。

DMH&S NJFAP 1-02-17

Servicios dentales de NJ FamilyCare para adultos

El Programa NJ FamilyCare (Medicaid) da beneficios dentales para que los miembros puedan tener controles dentales regulares, limpiezas y tratamiento dental necesario. Las caries y enfermedad de las encías son problemas dentales evitables. Los exámenes dentales dos veces al año, cepillarse los dientes diariamente con pasta de dientes que contiene flúor y usar el hilo dental son buenos hábitos para una sonrisa sana.

Si está inscrito(a) en el programa Pago por servicio (no es HMO), su Centro de Servicio al Cliente para Asistencia Médica (ver la lista) puede ayudarlo(a) para localizar un dentista. Si está inscrito(a) en una HMO, puede llamar al número dental en su tarjeta de identificación (ID) o use la lista de dentistas en el sitio web de su plan de salud para localizar un dentista. Usted debe tener un hogar dental donde recibirá toda su atención dental. Usted no puede tener buena salud en general sin buena salud oral.

Los servicios dentales que aparecen abajo se incluyen en sus beneficios.

(Servicios considerados cosméticos no se incluyen).

- ❖ **Evaluación oral** – Dos veces al año para examinarle la boca o más frecuentemente basándose en necesidad médica
- ❖ **Exámenes/evaluaciones de emergencia** – según sea necesario para tratar problemas
- ❖ **Radiografías (rayos X) o imágenes digitales** para detectar caries y otra enfermedad oral
- ❖ **Limpieza** – Dos veces al año para eliminar depósitos perjudiciales de sus dientes o más frecuentemente basándose en necesidad médica
- ❖ **Tratamiento con flúor** – un gel/una pasta protectora aplicada a los dientes (dos veces al año)
- ❖ **Restablecimientos (empastes)** – materiales color de diente o color plata para reparar sus dientes
- ❖ **Coronas**** – restauración color diente o de metal que cubre completamente el diente
- ❖ **Tratamiento periodontal**** – tratamiento para infección de la encía y hueso que soporta los dientes
- ❖ **Tratamiento de endodoncia (root canals)**** – retira el nervio infectado que causa dolor en el diente
- ❖ **Extracciones** – extracción de dientes y/o sus raíces y otros procedimientos quirúrgicos orales
- ❖ **Dentaduras postizas completas y parciales**** – aparatos que se pueden poner y sacar que reemplazan dientes que faltan (incluso sus ajustes) y reparaciones de dentaduras postizas.

**Puede ser necesario que estos servicios sean aprobados antes de proveerse.

Si tiene una emergencia dental como un dolor de muela, hinchazón facial o sangrado oral que no para, puede llamar a su dentista o si está inscrito(a) en una HMO al número en su tarjeta de seguro de NJFC para ayuda.

*Usted necesita un hogar dental donde pueda recibir atención dental regular.
Visite a su dentista para controles y completación del tratamiento recomendado.
¡Mantenerlo(a) sano(a) es nuestra meta!*

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<http://www.state.nj.us/humanservices/dmahs/clients/>

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Dental Services for Children in NJ FamilyCare

Your child should have a dental home. A dental home is where your child receives all of their dental care in a compassionate, caring, family-focused setting. Your NJ FamilyCare health plan will work with you to find a dental home for your child by their first birthday. Please call the Dental Benefits number on your I.D. card or visit your health plan's website for assistance.

Your child cannot have good overall health without good oral health.

Dental Service by Dental Professional	0-1 yr	2-6 yrs	7-20 yrs
A1. Oral Evaluation (Exam)	yes	yes	yes
2. Caries/Cavities Risk Assessment	yes	yes	yes
B. Fluoride Supplements	yes	yes	yes
C. Fluoride Varnish*	yes	yes	yes
D. Prophylaxis with Fluoride		yes	yes
E. Sealants (Permanent teeth to age 16 yrs)		yes	yes
F. Radiographs/x-rays (Non-emergency)	yes	yes	yes
G. Dental Treatment	yes	yes	yes

- ❖ **Oral Evaluations** (including oral hygiene instructions), **Fluoride varnish** and **Cleanings** with fluoride can be provided twice a year or more frequently based on medical necessity and for children with special health care needs.
- ❖ A prescription for **fluoride supplements** may be given by either your dentist or primary care provider (PCP) to help prevent cavities.
- ❖ *The application of **fluoride varnish** to protect teeth from cavities can also be done for children through the age of 5 by their PCP followed by a referral to the dentist for an oral evaluation, X-rays as needed, cleaning and dental treatment.
- ❖ **A Caries/Cavities Risk Assessment** – should be done once a year to determine your child's risk of developing cavities. The visit includes an oral evaluation, instructions on brushing, oral health, safety and nutritional counselling to parents/caregivers and children.
- ❖ **Sealants and repairs of sealants** should be provided to premolars and permanent molars of children between the ages of 6 through 16 to help prevent cavities
- ❖ **Dental treatment** services for primary "baby teeth" and permanent teeth include: **fillings, stainless steel crowns, treatment for toothache and extractions** and should be provided when recommended by your child's dentist.

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DMaHS-NJPCF0217

Servicios dentales para niños en NJ FamilyCare

Su hijo(a) debe tener un hogar dental. Un hogar dental es el lugar donde su hijo(a) recibe toda su atención dental en un entorno compasivo, humanitario, enfocado en la familia. Su plan de salud de NJ FamilyCare trabajará con usted para encontrar un hogar dental para su hijo(a) a más tardar para su primer cumpleaños. Llame al número de Beneficios dentales en su tarjeta de identificación (ID) o visite el sitio web de su plan de salud para asistencia.

Su hijo(a) no puede tener buena salud en general sin buena salud oral.

Servicio dental por un profesional dental	0-1 años	2-6 años	7-20 años
A1. Evaluación oral (Examen)	sí	sí	sí
2. Evaluación de riesgos para caries/picaduras	sí	sí	sí
B. Suplementos con flúor	sí	sí	sí
C. Esmalte con flúor*	sí	sí	sí
D. Profilaxis con flúor		sí	sí
E. Sellos (Dientes permanentes hasta 16 años de edad)		sí	sí
F. Radiografías/rayos x (sin emergencia)	sí	sí	sí
G. Tratamiento dental	sí	sí	sí

- ❖ **Evaluaciones orales** (incluso instrucciones para higiene oral), **Esmalte con flúor** y **Limpieza** con flúor se puede proveer dos veces al año o con más frecuencia basándose en necesidad médica y para niños con necesidades especiales de atención médica.
- ❖ Una receta para **suplementos con flúor** la puede dar su dentista o proveedor de atención primaria (PCP) para ayudar a prevenir las caries.
- ❖ *La aplicación de **esmalte con flúor** para proteger los dientes de las caries también se puede usar para niños hasta la edad de 5 años por su PCP seguido de una referencia al dentista para una evaluación oral, radiografías según sea necesario, limpieza y tratamiento dental.
- ❖ Una **Evaluación de riesgos para las caries/picaduras** – se debe hacer una vez al año para determinar el riesgo de su hijo(a) de desarrollar caries. La visita incluye una evaluación oral, instrucciones para cepillarse los dientes, salud oral, seguridad y asesoría nutricional para padres/cuidadores y niños.
- ❖ **Los sellos y las reparaciones de sellos** se deben proveer para premolares y molares permanentes de niños entre las edades de 6 a 16 años para ayudar a prevenir las caries
- ❖ Los servicios de **tratamiento dental** para los "dientes de leche" primarios y dientes permanentes incluyen: **empastes, coronas de acero inoxidable, tratamiento para el dolor de dientes y extracciones** y se debe proveer cuando lo recomienda el dentista de su hijo(a).

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Informational Update:

NJ FamilyCare Update

March 2017 Enrollment Headlines

1,786,221 Overall Enrollment

14,195 (0.8%) Net Increase Over February 2017

39,892 (2.3%) Net Increase Over March 2016

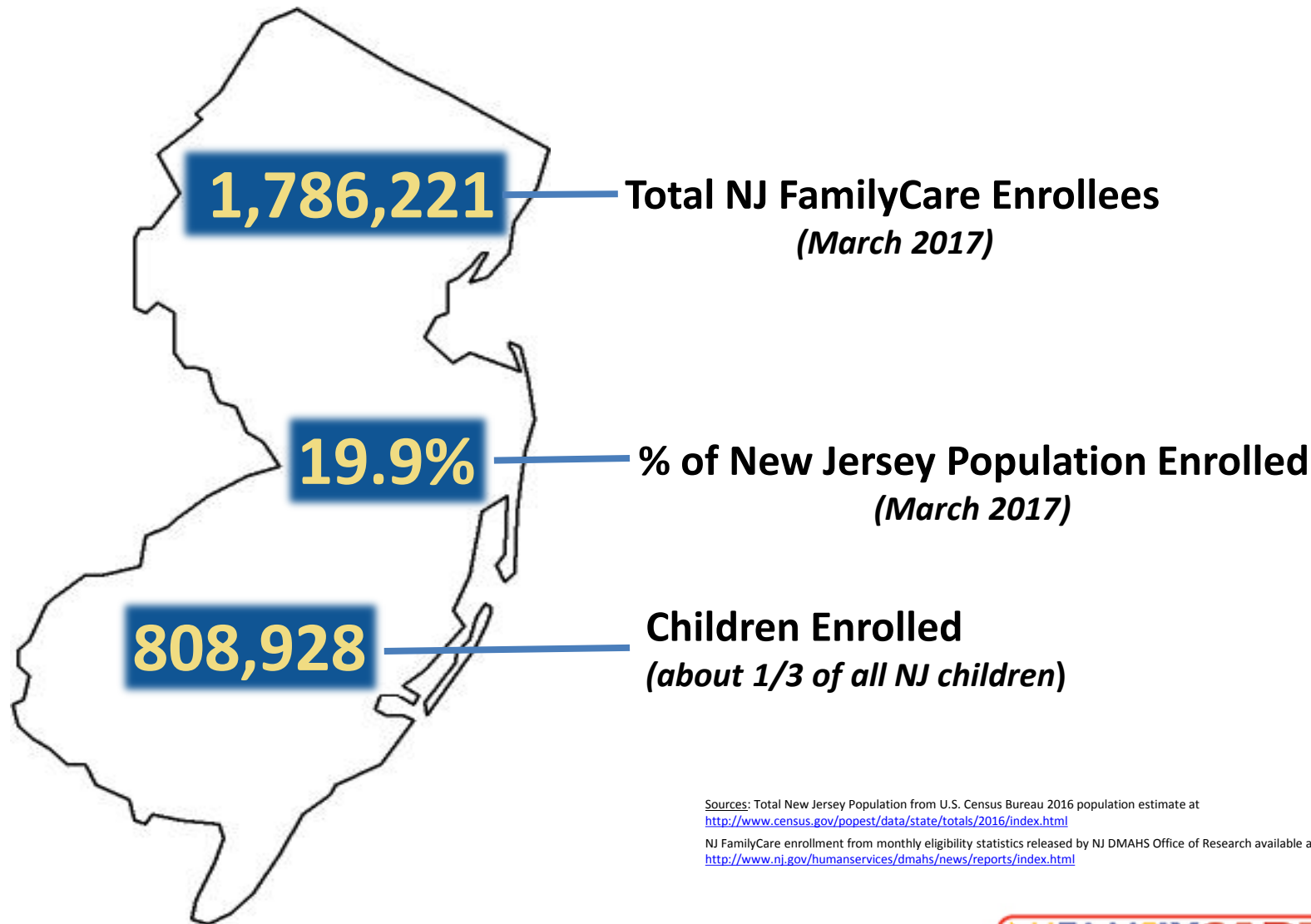
501,740 (39.1%) Net Increase Since Dec. 2013

94.7% are Enrolled in Managed Care
Managed Care Penetration Rate Stabilizing

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.

NJ Total Population: 8,935,421



Sources: Total New Jersey Population from U.S. Census Bureau 2016 population estimate at <http://www.census.gov/popest/data/state/totals/2016/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>

March 2017 Eligibility Summary

Total Enrollment: 1,786,221

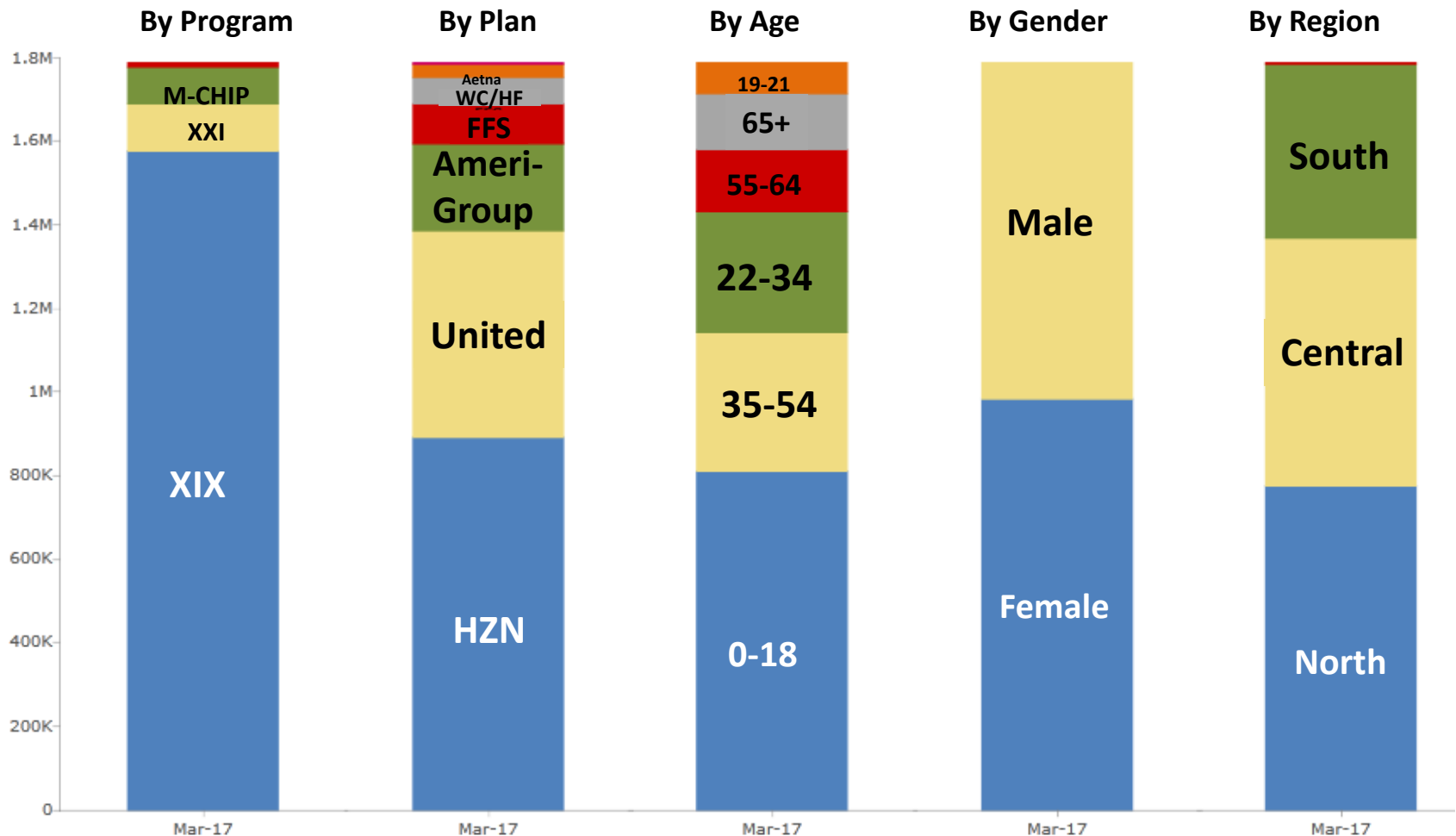
Expansion Adults	562,252	31.5%
Other Adults	110,514	6.2%
Medicaid Children	702,268	39.3%
CHIP Children	112,877	6.3%
Aged/Blind/Disabled	298,310	16.7%

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'.

NJ FamilyCare Enrollment "Breakdowns"

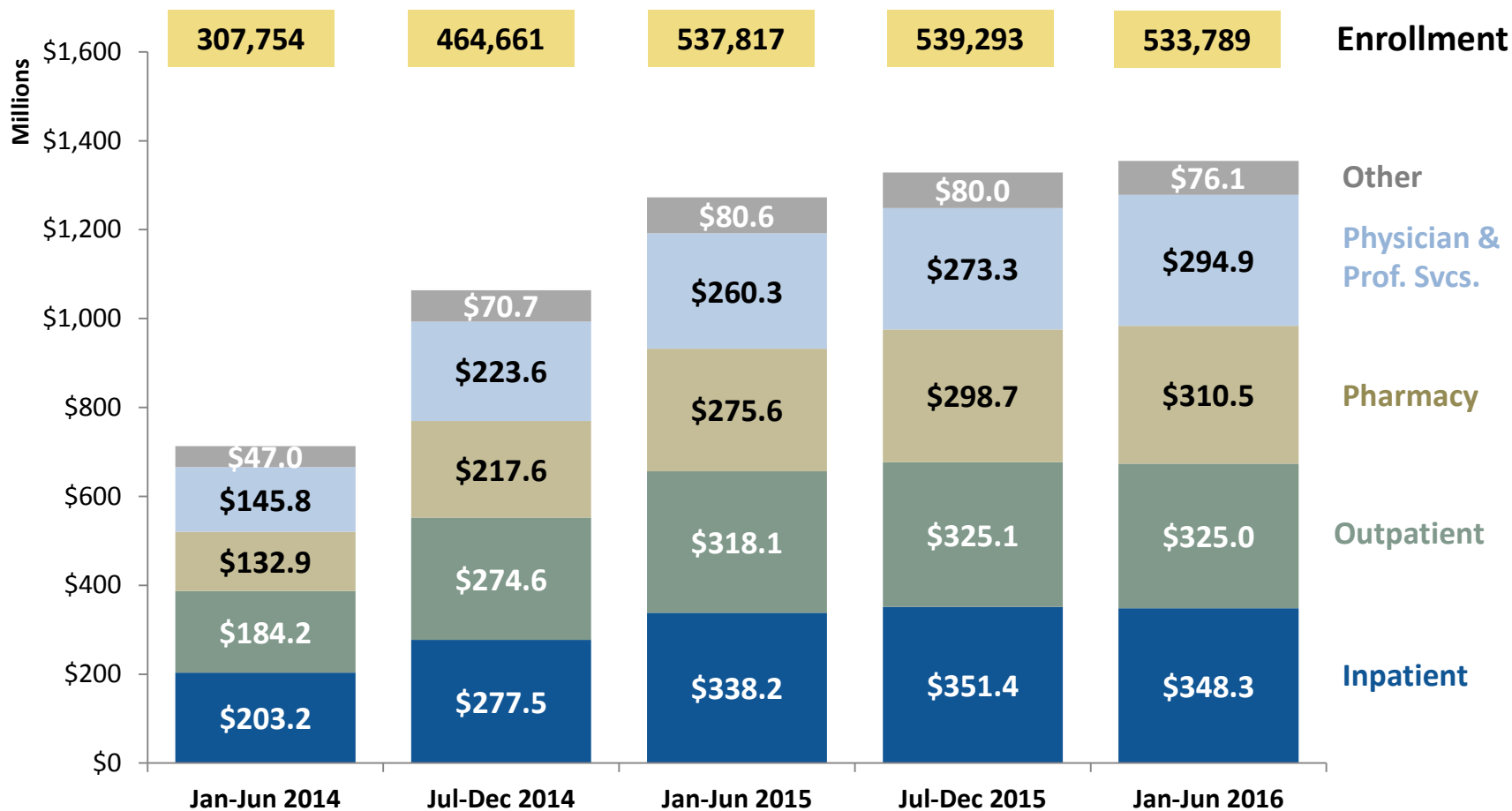
Total Enrollment: 1,786,221



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for March, 2017.

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 4/5/2017

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 4/5/17 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.

Informational Update:

Managed Care Final Rule

Overview and Background

The final rule is the first update to Medicaid and CHIP managed care regulations in over a decade.

This final rule advances the agency's mission of *better care, smarter spending, and healthier people*

The health care delivery landscape has changed and grown substantially since 2002:

- **In 1998, 12.6 million (41%)** of Medicaid beneficiaries received Medicaid through capitation managed care plans
- **In 2013, 45.9 million (73.5%)** of Medicaid beneficiaries received Medicaid through managed care

Key Goals of the Final Rule

- 1 To support State efforts to advance delivery system reform and improve the quality of care.
- 2 To strengthen the beneficiary experience of care and key beneficiary protections.
- 3 To strengthen program integrity by improving accountability and transparency
- 4 To align key Medicaid and CHIP managed care requirements with other health coverage programs

Key Dates for Review

Effective Date is
July 5, 2016

Phased implementation
of new provisions
primarily over 3 years,
starting with contracts
on or after July 1, 2017

Compliance with CHIP
provisions beginning
with the state fiscal year
starting on or after
July 1, 2018

Managed Care Contract Changes due to the Managed Care Final Rule (CMS-2390-F)

MCO Contract Changes:

Managed Care Final Rule, January 2017

"In Lieu of" Services

Allows MCOs to provide "in lieu of" (or alternate) services that are reimbursed under the State Plan or MLTSS covered services

Institutions for Mental Disease

An (in lieu of service) inpatient facility that provides psychiatric or substance abuse disorder services. Under the MCFR, the first 15 days of a calendar month is eligible for Federal Financial Participation (federal match)

MCO Contract Changes:

Managed Care Final Rule, January 2017, cont.

Relationships with
Debarred or
Suspended
Persons
Prohibited

Provides greater specificity as to the extent the MCO must check federal databases to ensure that providers in their network are not on any prohibited list

Non-
discrimination
Requirements

Adds new citations for regulations prohibiting discrimination based on disability or gender identity

MCO Contract Changes:

Managed Care Final Rule, July 2017

Highlights:

Appeals & Grievances

- Preserves internal (MCO) appeal before member can request State Fair Hearing
- Preserves the IURO appeals process
- Eliminates second level internal appeal

State Readiness Review

- Minor changes to existing procedures for ensuring a new MCO entering the program is fully capable of fulfilling all requirements of the contract

Fiscal Changes

- Actuarial Soundness
- Rate Development
- Medical Loss Ratio

Stakeholder Engagement

- Requires that the State promote meaningful engagement by the MCOs and stakeholders in the operation and continued improvement of MLTSS

Member Advisory Committee

- Requires that members have a meaningful representation and role in the operation and continued improvement of the MLTSS Program
- State requires that every MCO have a member advisory council and that the State is a participant

Informational Update:

**Managed Long Term Services
and Supports**

Long Term Care (LTC) and Managed Long Term Services & Supports (MLTSS)



Long Term Care Recipients Summary – March 2017

Total Long Term Care Recipients*

49,985

Managed Long Term Support & Services (MLTSS)

33,884

MLTSS HCBS	18,009
MLTSS Assisted Living	3,070
MLTSS HCBS/AL (unable to differentiate)	14
MLTSS NF	12,590
MLTSS Upper SCNF	128
MLTSS Lower SCNF	73

Fee For Service (FFS/Managed Care Exemption)

15,178

FFS pending MLTSS (SPC 60-64)	583
FFS Nursing Facility (SPC 65)	10,835
FFS SCNF Upper (SPC 66)	179
FFS SCNF Lower (SPC 67)	118
FFS NF – Other (Jan 2017)**	3,463

PACE

923

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 4/4/2017.

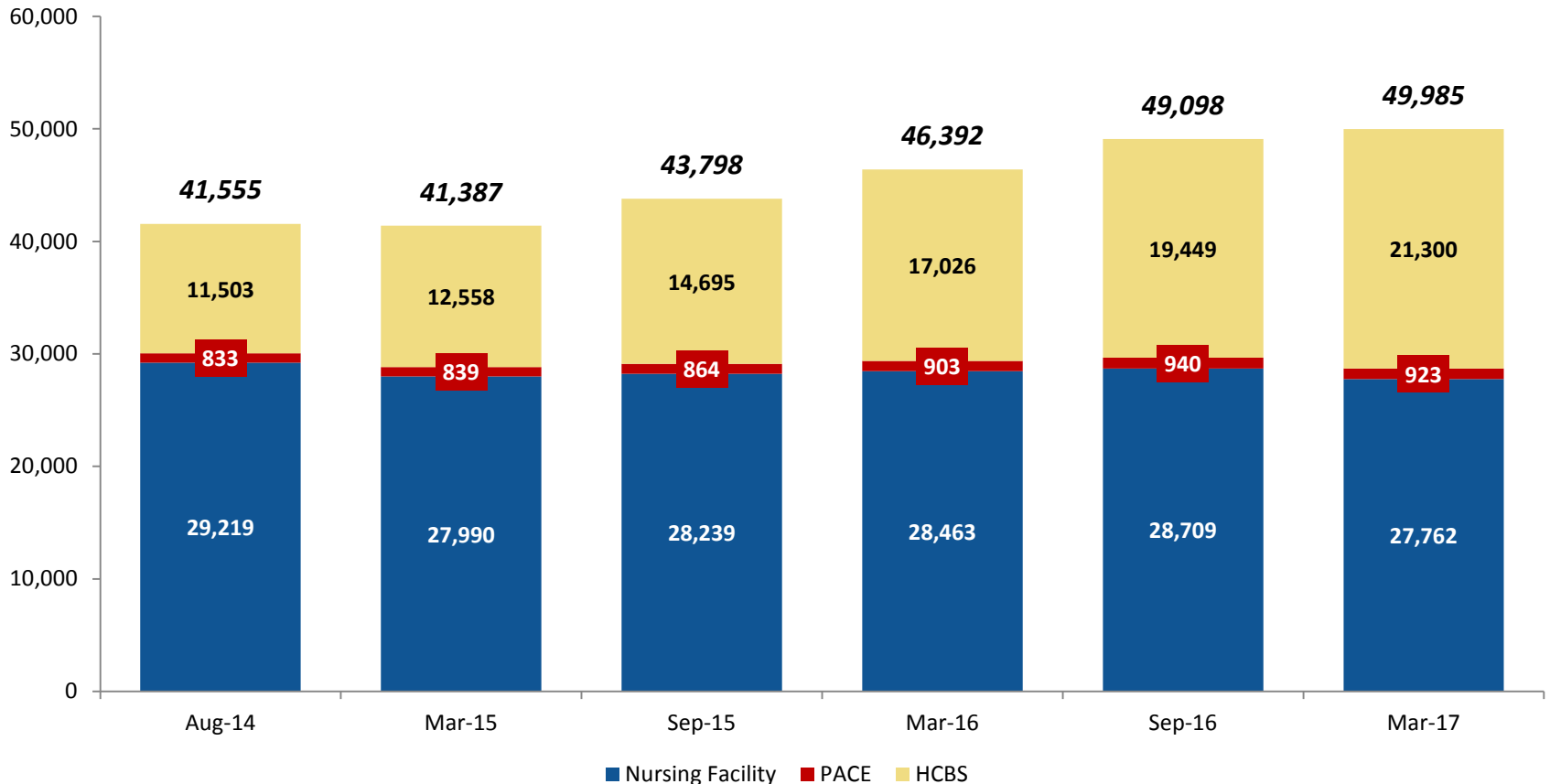
Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223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

* 'FFS NF – Other is derived based on the prior month's 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.

** Includes Medically Needy (PSC 170,180,270,280,340-370,570&580) recipients residing in nursing facilities and individuals in all other program status codes that are not within special program codes 60-67 or capitation codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499.

Long Term Care Population by Setting

6-Month Intervals

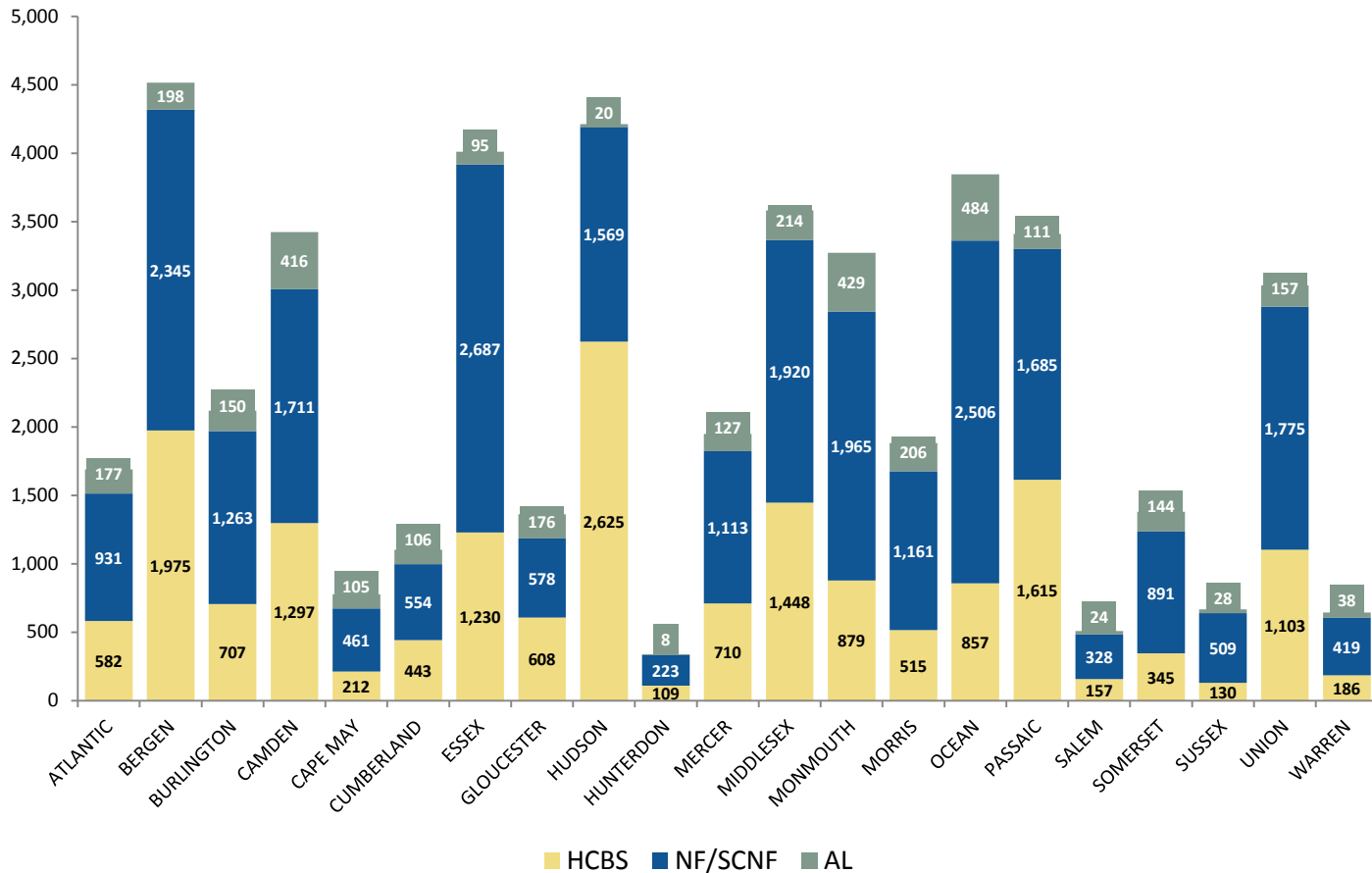


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 4/4/2017.

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 count for the prior month and applies a completion factor (CF) due to claims lag (majority are medically needy recipients). * Increase in overall LTC population indicative of the natural aging process.

Long Term Care Population by County

February 2017



COUNTY	NJ FamilyCare	LTC
ATLANTIC	4.1%	3.5%
BERGEN	6.6%	9.3%
BURLINGTON	3.6%	4.4%
CAMDEN	8.1%	7.5%
CAPE MAY	1.1%	1.6%
CUMBERLAND	2.7%	2.7%
ESSEX	13.2%	8.2%
GLOUCESTER	2.8%	2.8%
HUDSON	10.3%	8.9%
HUNTERDON	0.6%	0.7%
MERCER	4.2%	4.6%
MIDDLESEX	7.7%	7.4%
MONMOUTH	4.9%	6.9%
MORRIS	2.5%	3.9%
OCEAN	7.5%	7.9%
PASSAIC	8.9%	7.0%
SALEM	0.9%	1.0%
SOMERSET	1.9%	2.8%
SUSSEX	0.9%	1.4%
UNION	6.6%	6.2%
WARREN	1.0%	1.3%

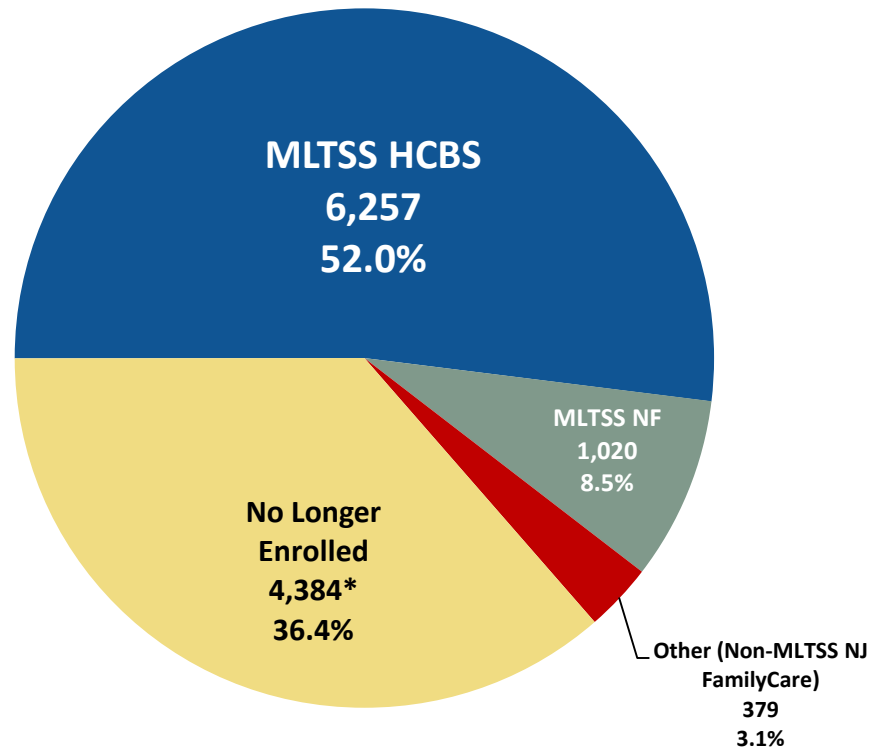
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 4/6/17.

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). * Uses count for the prior month due to claims lag in identifying medically needy (PSC 170,180,270,280,340-370,570&580) and other non-exempt fee-for-service nursing facility recipients.



A Look at the June 30, 2014 Waiver Population Today

All Waivers (6/30/14 = 12,040)

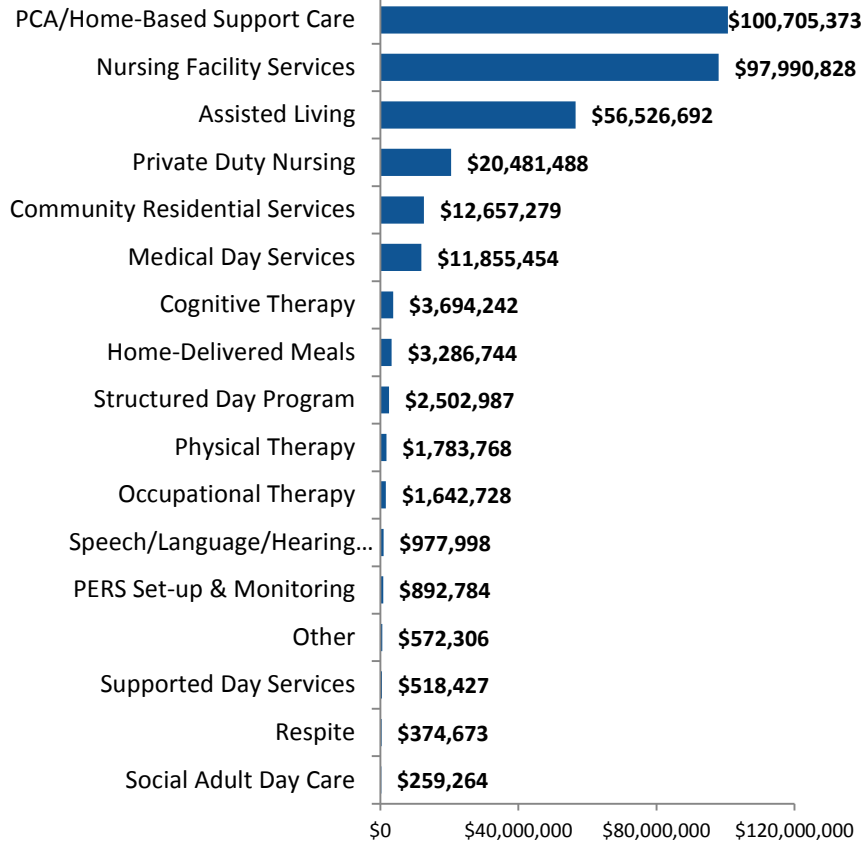


Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 4/7/17.

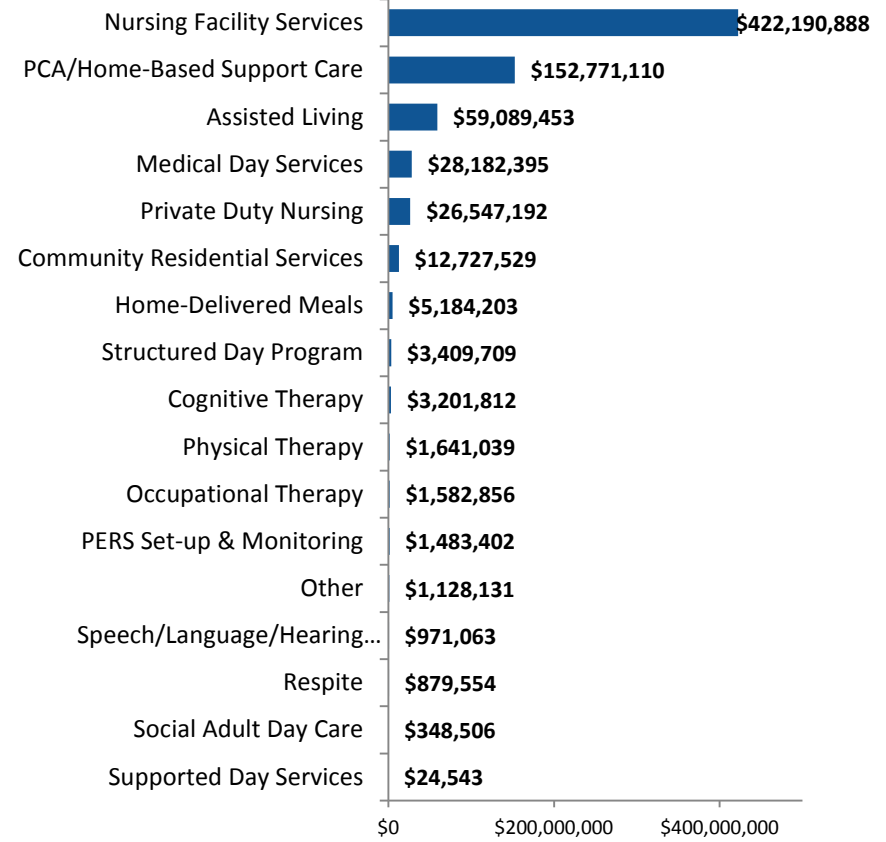
Notes: Includes all recipients who were in a waiver SPC (03, 05, 06, 17 or 32) on 6/30/14. Where they are now is based on capitation code or PSC. Those without a current capitation code or PSC are determined to be "No Longer Enrolled". Of the total number no longer enrolled, 93.8% (3,102) have a date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

MLTSS Population's LTC Services Cost

SFY15



SFY16

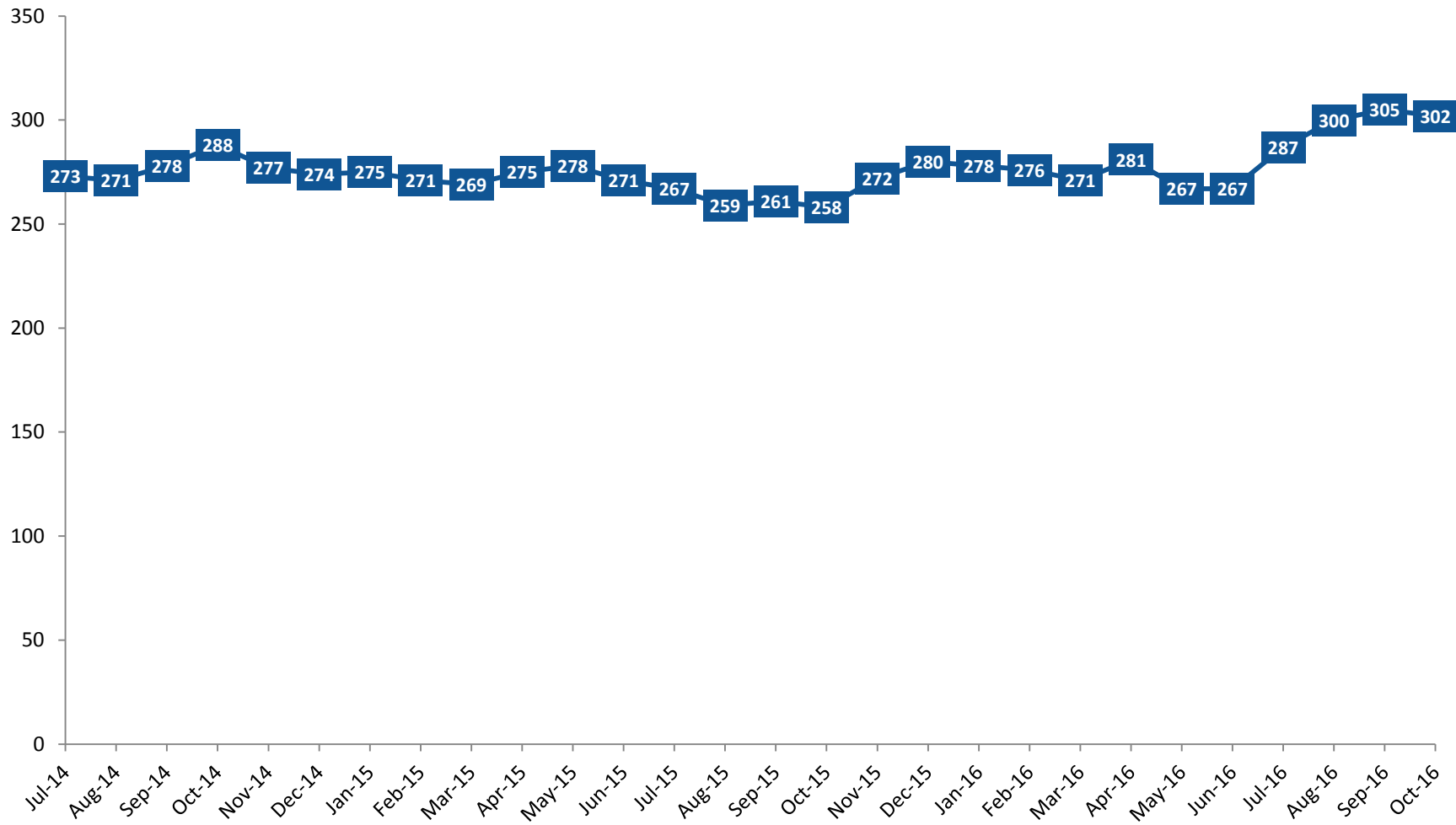


Monthly Average Number of MLTSS Recipients		
	Monthly Avg (SFY15)	Monthly Avg (SFY16)
HCBS/AL	11,982	15,693
All NF	1,439	7,060
Grand Total	13,421	22,753

Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 1/13/17.

Notes: Dollars represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. Other Includes: Adult Family Care, Caregiver Training, Chore Services, Community Transition Services, Medication Dispensing Device (Monitoring), Medication Dispensing Device (Setup), Residential Modifications, TBI Behavioral Management, Non-Medical Transportation, and Vehicle Modifications.

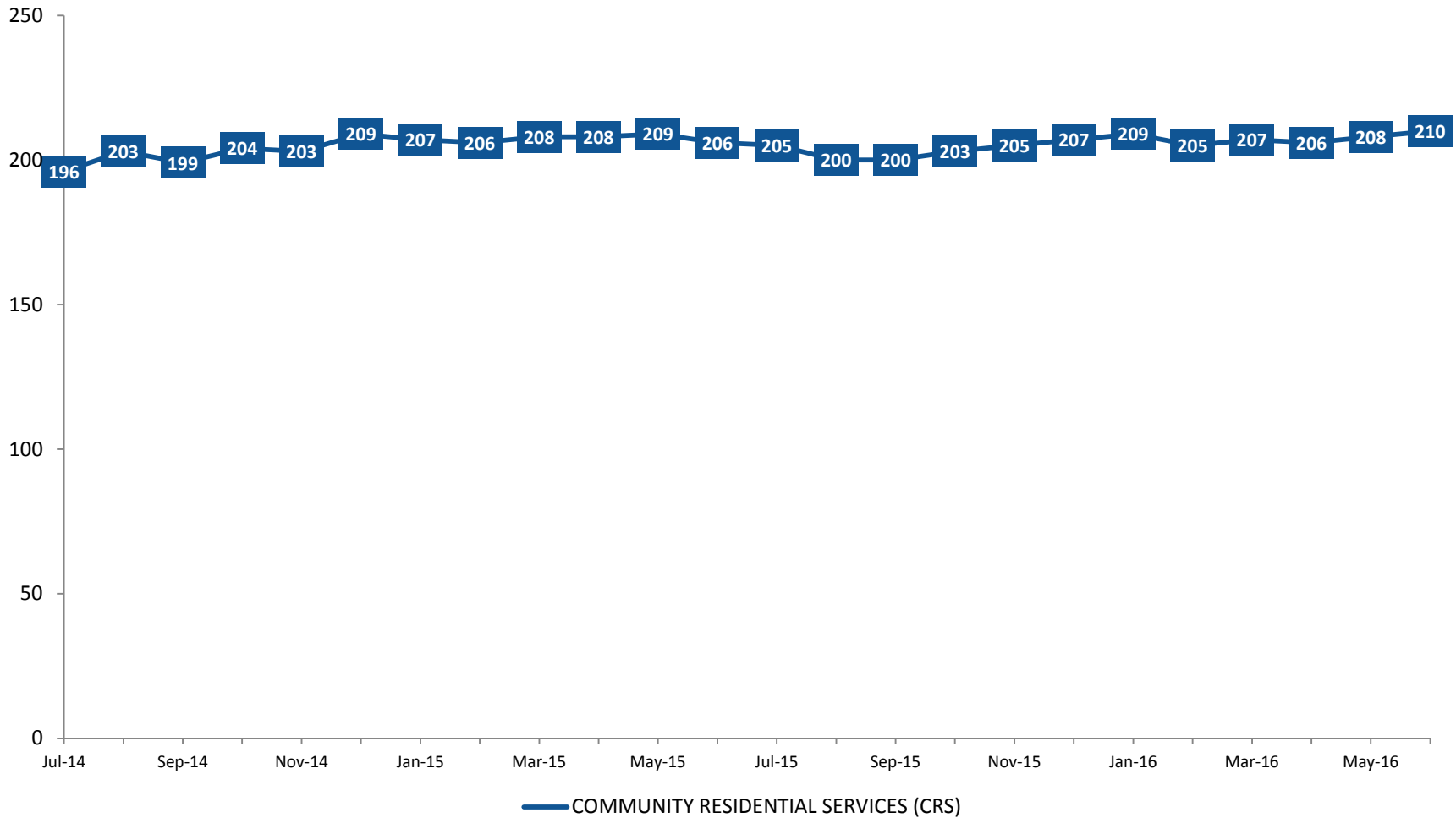
MLTSS Recipients with a TBI Diagnosis



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 2/27/17.

Notes: Recipients had a MLTSS capitation code as well as a TBI Service as defined in the MLTSS Services Dictionary (Cognitive Therapy, Occupational Therapy, Physical Therapy, Speech/Language/Hearing Therapy or TBI Behavioral Management).

MLTSS Recipients Using Community Residential Services

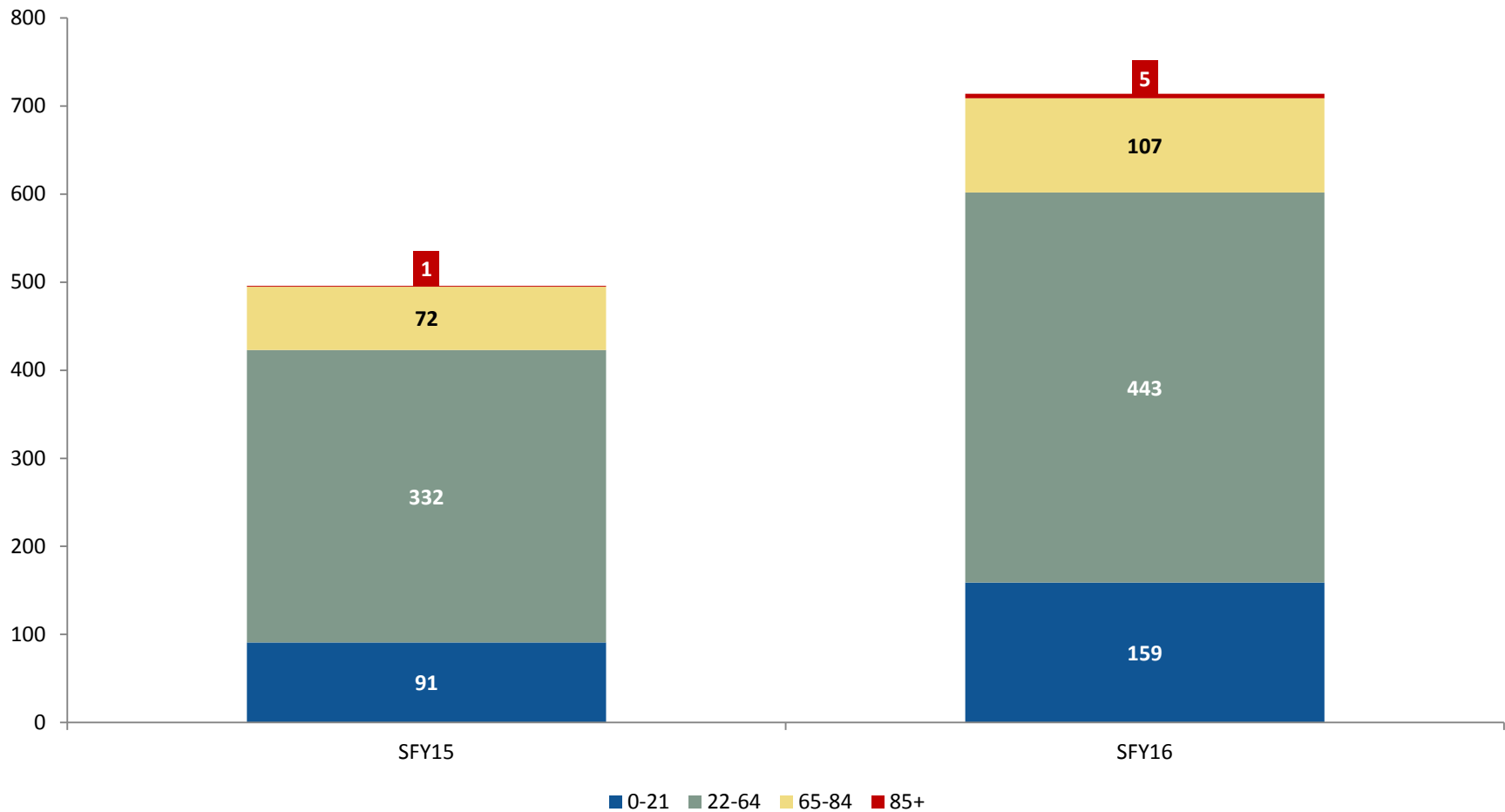


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 1/13/17.

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.

MLTSS DD Recipients

MLTSS Recipients (by age group) with a DD (paycode) Designation

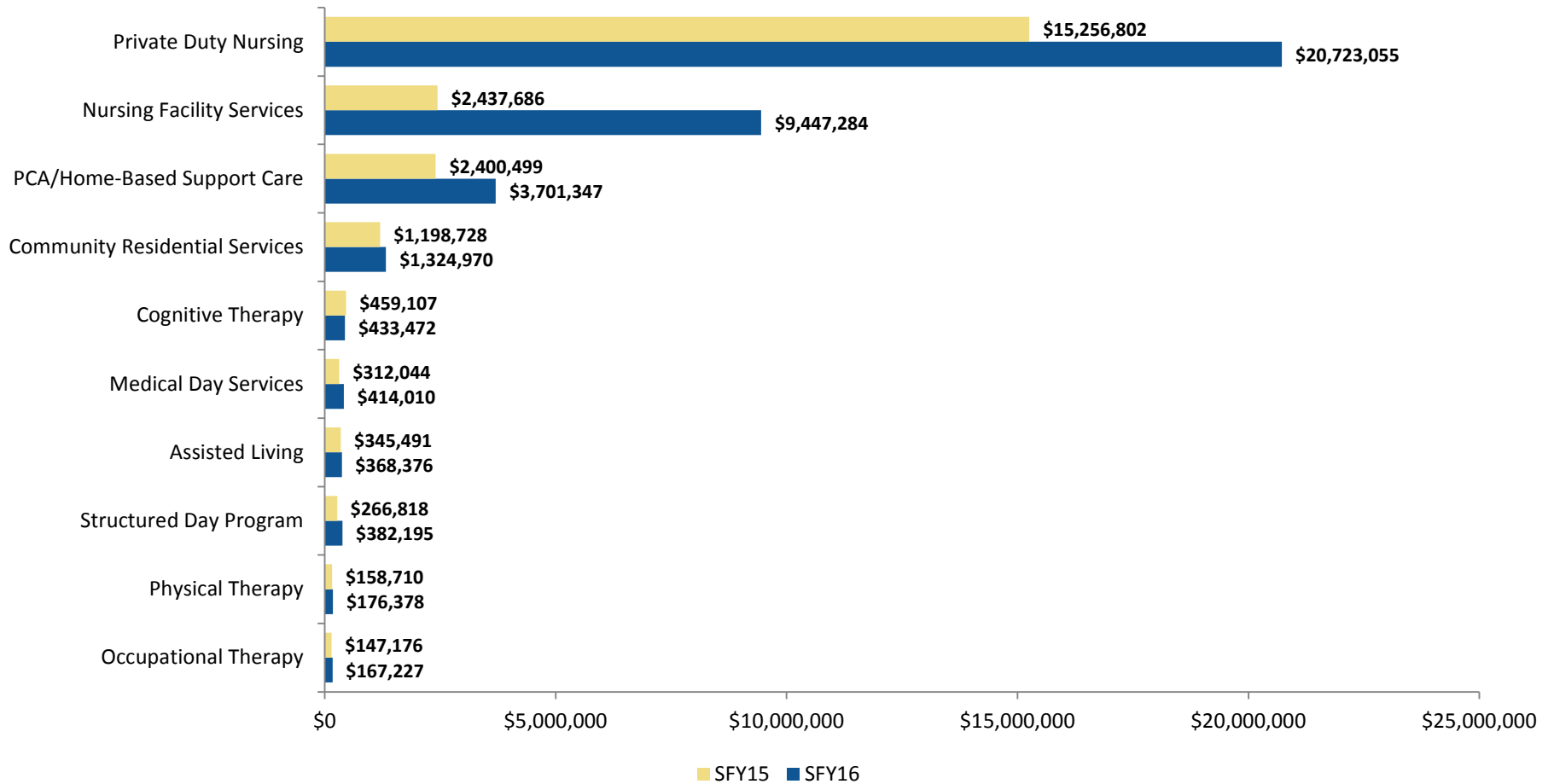


Source: NJ DMAHS Share Data Warehouse MLTSS Table and Claims Universe, accessed 1/20/17.

Notes: Includes all MLTSS recipients, as defined by capitation codes 79399;89399;78199;88199;78399;88399;78499;88499 with a DDD paycode designation on the RHMf. Includes the following paycodes: 4, 6, B, C, D, S (respectively: High Cost Drugs & DDD; Cystic Fibrosis & DDD; AIDS & DDD; HIV+ & DDD; DDD; DYFS and ABD and DDD). Note that the same recipient may appear in multiple month's counts. Recipients are grouped according to their age on the last day of each state fiscal year.

MLTSS DD Recipients' Service Utilization

Top 10 LTC Services Utilized by MLTSS DD (paycode) Recipients

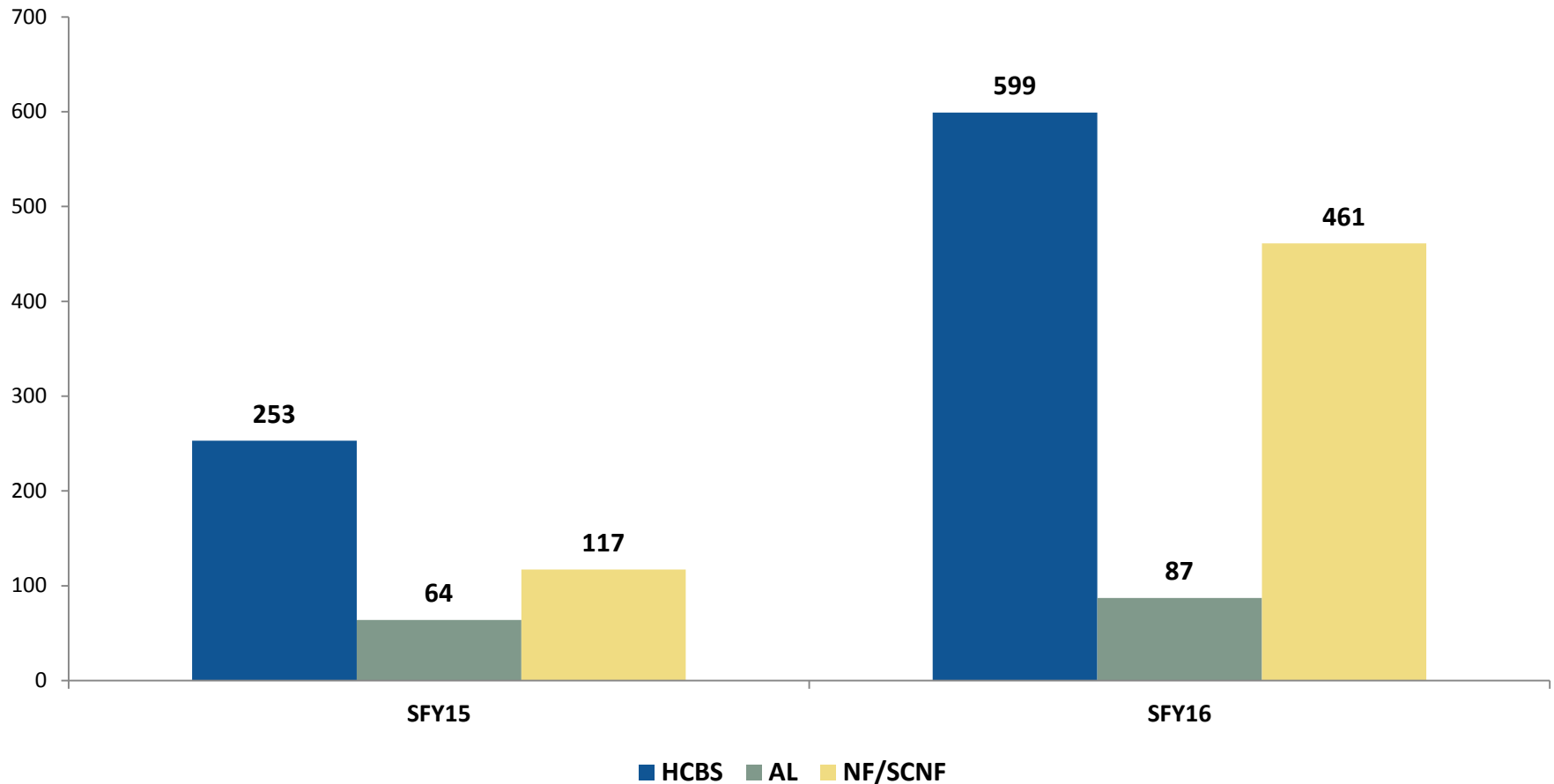


Source: NJ DMAHS Share Data Warehouse MLTSS Table and Claims Universe, accessed 1/20/17.

Notes: Includes all MLTSS recipients, as defined by capitation codes 79399;89399;78199;88199;78399;88399;78499;88499 with a DDD paycode designation on the RHMf. Includes the following paycodes: 4, 6, B, C, D, S (respectively: High Cost Drugs & DDD; Cystic Fibrosis & DDD; AIDS & DDD; HIV+ & DDD; DDD; DYFS and ABD and DDD). Includes all services defined as LTC based on the MLTSS Services Dictionary, including MDC & PCA.

MLTSS Recipients Receiving Behavioral Health Services

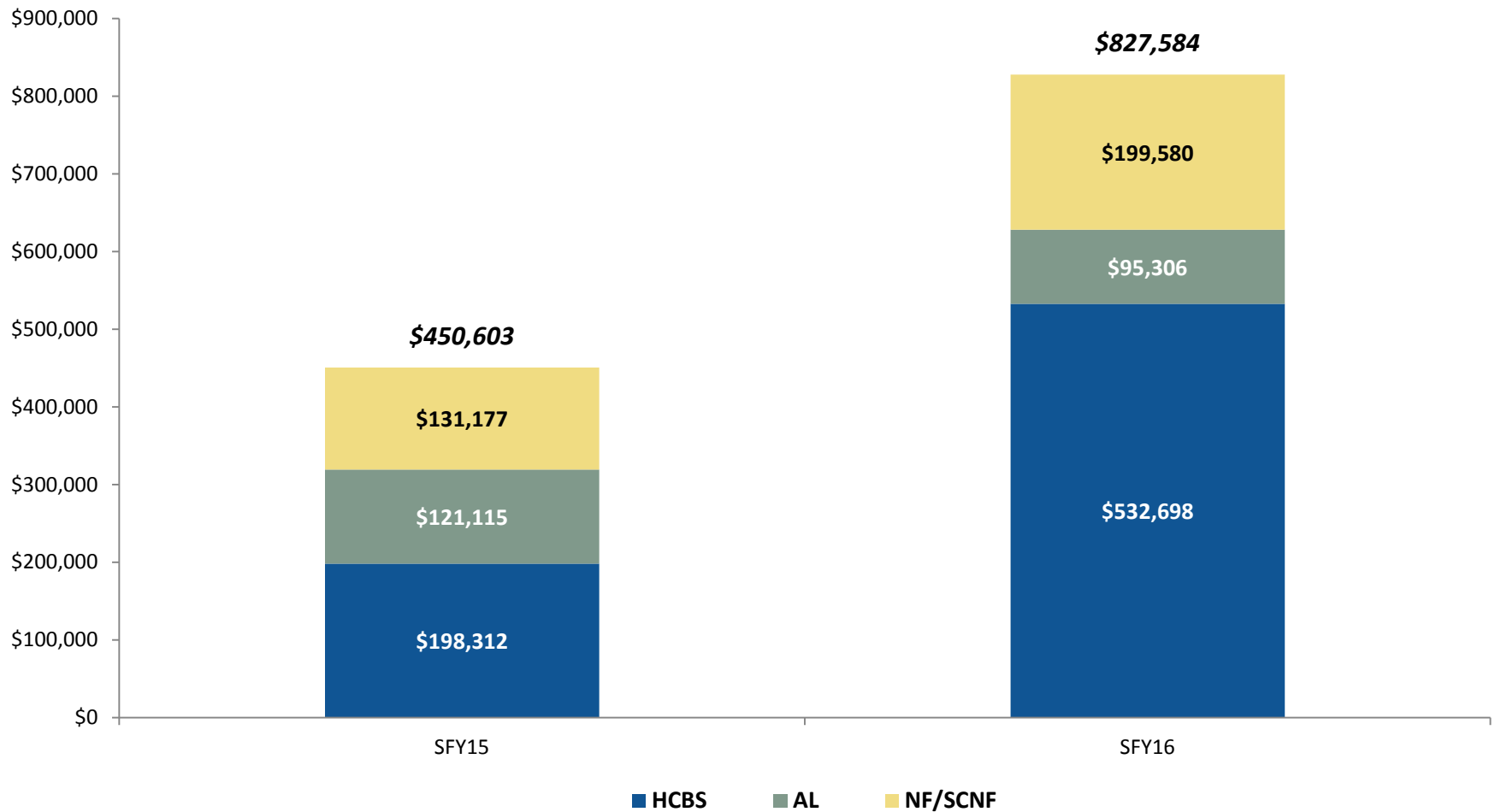
MLTSS Recipients Receiving BH Services



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 2/13/2017.

Notes: All recipients counted above are defined as MLTSS based on capitation code (79399;89399;78199;88199;78399;88399;78499;88499) and defined as BH based on receipt of services classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Individual recipients may be counted more than once in a state fiscal year if they transitioned between settings (HCBS,AL,NF).

MLTSS Behavioral Health Services Utilization

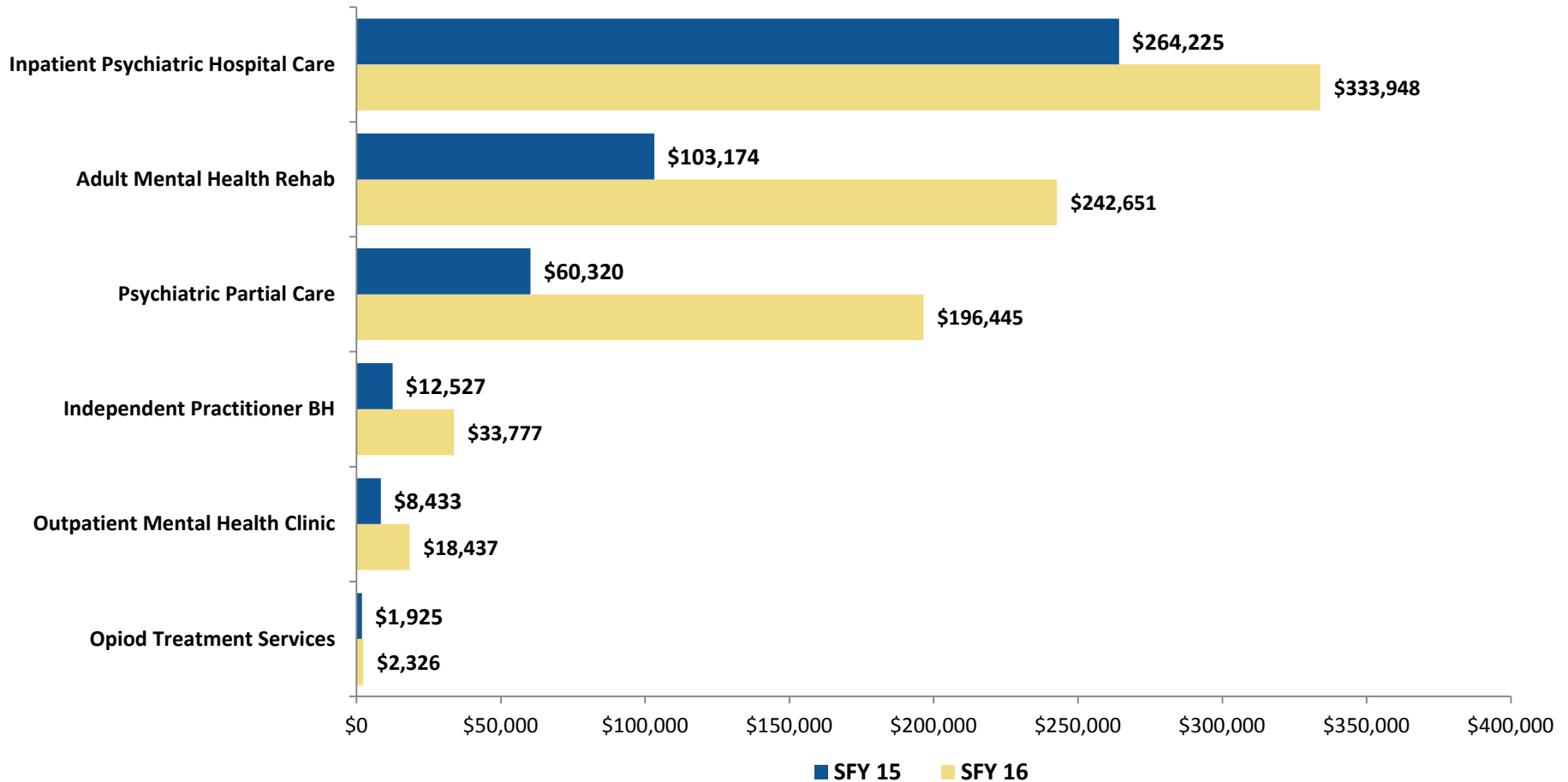


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 2/13/2017.

Notes: Amounts shown by service dates. Services are classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. 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 2/8/17 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.

MLTSS Behavioral Health Services Utilization

BH Services Received by MLTSS Recipients (FFS & ENC)



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 2/13/2017.

Notes: Amounts shown by service dates. Services are classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. 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 2/8/17 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. *Psychiatric Partial Care includes both inpatient & outpatient partial care.

Informational Update:

**Mental Health
Transition to Fee-for-Service**

Mental Health Programs transitioning to FFS



January 2017	July 2017	Programs under consideration
PACT	CSS	Training and TA
ICMS		Specialized Services (i.e. EISS, Justice Involved Services)
OP		IOC
MH Residential-Level A+, A, B & FamilyCare		IFSS
Supported Employment/Education		Legal Services
Partial Care		
Partial Hospitalization		

Key Assumptions: State Funds & Medicaid Billing



- Medicaid **precedes** State funding for Medicaid eligible consumers and covered services.
- Providers (including SE providers) are **required** to enroll as a Medicaid provider if receiving state funds. (Application information at: <http://njmmis.com>)
- Providers transitioning to FFS are **strongly encouraged** to become Presumptive Eligibility (PE) certified.
- For most Medicaid-eligible services, State rates are set at 90% of the Medicaid rate.
- Where there are compatible Medicaid business rules, the same business rules will be applied to State FFS payments.
- Full compliance with DMHAS regulations and contract requirements is mandatory including QCMRs & USTFs

Program Eligibility



- Individual meets program eligibility criteria as outlined in regulation or policy
- Individual does not have private insurance or their private insurance does not cover the service/treatment, i.e. PACT
- ≥ 5 years of age and not receiving mental health services from CSOC

Third Party Insured



- State funds cannot be used to wraparound or subsidize Third Party Liability (TPL) or Charity Care (CC) reimbursements.
- Providers may not seek reimbursement via NJMHAPP for services covered by TPL or CC applicable services.

New Jersey Mental Health Application for Payment Processing (NJMHAPP)



- **NJ Mental Health Application for Payment Processing (NJMHAPP) is a web based modular system, which provides ability for Providers transitioning to Fee For Service to submit eligible encounters/claims for all fee for service programs/services to DMHAS.**

When to Use NJMHAPP for Reimbursement



When to use NJMHAPP

Service	Medicaid Member	Uninsured
OP		✓
PACT		✓
ICMS		✓
RESIDENTIAL		✓
RESIDENTIAL ROOM/BOARD	✓	✓
PARTIAL CARE/HOSPITAL		✓
PARTIAL CARE TRANSPORTATION		✓
SUPPORTED EMPLOYMENT	✓	✓
SUPPORTED EDUCATION	✓	✓
PACT IN-REACH	✓	✓
ICMS IN-REACH	✓	✓
*BED HOLDS	✓	✓
*BED HOLD EXTENSIONS	✓	✓

*In a future version of NJMHAPP

State of New Jersey



New Jersey Mental Health Application for Payment Processing (NJMHAPP)



- **Ticket Management System**
 - Responses within 1 business day
- **Weekly Webinars**
- **Version 1.1 Provider Program Manual Released on February 21, 2017**

Phase 1 Transition to FFS April 2016–January 2017



- 16 Providers transitioned to FFS January 2017
- All program elements represented except for PACT
- January 10th 2017 launch of NJMHAPP (NJ Mental Health Payment Processing Application)

Phase 1 Provider Feedback



- Billing in NJMHAPP works well
- DMHAS staff responsive, IT staff
- Engaged in training and webinars

FFS Timeline Phase 2 January –July 2017



October 2016-
January
2017

- Phase 2 Planning began
- NJMHAPP V2 Planning commenced for CSS, other new services and system enhancements
- Planning for a Helpdesk type feature for providers going live in Phase 2.

January -
March 2017

- Providers' OOL sites reviewed and confirmed
- Planning for Phase 2 continues
- NJMHAPP enhancements in development

April
2017

- MH FFS Contract Documents sent to providers including Cash Advance Policy
- Providers Advised of Monthly Limits
- User Acceptance Training Begins

FFS Timeline



May 2017

- **Provider wide NJMHAPP training**
- **Provider wide NJMHAPP testing**
- Cash Advance Request and Determinations

June 2017

- Provider Wide Testing Ends
- FSS Contracts completed
- Helpdesk in place

July 2017

- NJMHAPP goes live
- 79 Providers Transition to FFS

Highlights of FFS - Phase 2



- Expanding the Help Desk team to be available to providers transitioning to FFS.
- FFS Transition Stakeholder Group continues to meet monthly to provide feedback and input
- Outstanding Policy issues continue to be addressed
- Enhancements to NJMHAPP based on current users feedback

Policies for Non-Medicaid Reimbursable Services



- Residential Room & Board
- 30 Day Residential Bed Hold and Bed Hold Extensions
- Overnight Absence Reimbursement
- PACT & ICMS In-Reach
- Partial Care Transportation for non-Medicaid eligible consumers
- Supported Employment and Supported Education
- Outpatient for Children & Adolescents

Policies for Fiscal Operations of FFS



- Monthly limits
- Cash Advance
- Budget Matrix
- FCAPS
- Sliding Fee Scale