

# DMAHS Budget

MAAC Meeting

April 16, 2012

# Proposed Fiscal 2013

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- FY2013

- DMAHS Funded Benefits: \$3.034B (Increase of \$261M)
- Funding Shifts to Dpt of Health:
  - Graduate Medical Education (\$45M)
  - Hospital Relief Offset Pmts (\$62.6M)

# Proposed Fiscal 2013

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- Initiatives
  - Comprehensive Waiver
  - DMV Facial Recognition
  - System Efficiencies
    - LTC Rx Edits
    - Part A Enrollment
    - TEFRA increase

# Fiscal 2013

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- Feb 21, 2012 – Governor’s Budget Address
- April/May – Legislative Budget Hearings
- May/June – Budget Resolutions
- July 1, 2012 – FY 2013 Appropriation Act



## **ASO/MBHO Implementation Update for the MAAC Meeting**

- **Roxanne Kennedy**
- **April 16, 2012**

# NJ's Comprehensive Waiver

The Comprehensive Waiver is a collection of reform initiatives designed to:

- sustain the program long-term as a safety-net for eligible populations
- rebalance resources to reflect the changing healthcare landscape
- prepare the state to implement provisions of the federal Affordable Care Act in 2014

# Why do we need a Comprehensive Waiver?

- Medicaid programs are matched – in part – with federal funding; all changes to the program must be approved before implemented
- NJ has 9 Medicaid waivers (including CCW) for various programs/services; need to consolidate to reduce administrative burden
- Medicaid grew in cost by 18% over 3 years; state must spend resources efficiently

# The Comprehensive Waiver's effect on behavioral health services in NJ

- Improve access and manage costs to physical health (PH)/BH care services
- Launch Managed BH Organization (MBHO/ASO)
- Braid state and federal funding
- Rebalance provider rates
- Transition from no-risk to risk model
- Case manage for clinical services
- Create behavioral health homes
- Provide uniform screening and assessment



## **The Comprehensive Waiver's effect on behavioral health services in NJ:**

- **Increase community-based services; decrease institutional services**
- **Increase services for children with MI and I/DD**
- **Increase access to therapies for pervasive DD**
- **Include Supports Waiver for in-home, self-directed services for adults with I/DD**
- **Launch pilot for 200 slot in/out of home intensive supports for kids with MI+I/DD**
- **Launch pilot for 200 slot in/out of home intensive supports for kids (up to age 12) with pervasive DD**



## **Behavioral health care will be delivered initially through an administrative services organization (ASO)**

- **Beginning in July 2013**
- **Will include an uniform screening and assessment**
- **Include behavioral health homes/case management/risk model**
- **More reliance on community-based settings and less on institutional care**
- **Manage Medicaid funding, block grant and state-only dollars**

# Current Status

- DHS is working with CMS to finalized NJ's Comprehensive Waiver
- The Steering Group process has begun to provide stakeholder input for the writing of the RFP and over all system changes to the BH system.
- DMAHS and DMHAS have procured and is working with a consulting firm to assist with the writing of the RFP for the ASO/MBHO

# The ASO/MBHO Steering Group

- On January 20, 2012, DHS in conjunction with Centers for Health Care Strategies (CHCS), convened a Steering Group of consumers, family members, providers and other interested stakeholders to begin to plan for the implementation of the ASO/MBHO
- From that Steering Group, 4 Work Groups were developed to provide pointed recommendations for the RFP. The members of the Workgroups were Steering Group members and other stakeholders from the community. The Work Groups focused on the following areas:
  - Access
  - Fiscal
  - Clinical
  - Outcomes

# The ASO/MBHO Steering Group

- The four work Groups met throughout February and March 2012 and provided their preliminary findings to the Steering Group on 3/2/12.
- By March 23, the groups had finalized their Work Group summaries and this information was consolidated and sent to the Steering Group for review.
- On March 30, the Steering Group met to review the recommendations and a final report is being drafted to go to the Work Group chairs and then the entire Steering Group.
- In May, 2012, the Steering Group will reconvene to present their final ASO/MBHO Recommendations Report to the DHS Commissioner.

# Timeline



# Looking Ahead

- CMS will provide final approval
- Steering Group recommendations will be complete in May 2012
- ASO/MBHO RFP will be posted in July 2012
- Evaluation of applicants to RFP will continue through the Fall of 2012
- Award of RFP in early 2013
- Readiness review of awardee in first half of 2013
- ASO goes live in July, 2013




## Useful Links:

- Section 1115 Demonstration Comprehensive Waiver:  
[http://www.state.nj.us/humanservices/dmahs/home/NJ\\_1115\\_Demonstration\\_Comprehensive\\_Waiver\\_9-9-11.pdf](http://www.state.nj.us/humanservices/dmahs/home/NJ_1115_Demonstration_Comprehensive_Waiver_9-9-11.pdf)
- DHS' Managed Behavioral Health Organization Web Page that includes information from the Steering Group and Work Groups:  
<http://www.state.nj.us/humanservices/dmhs/home/mbho.html>
- Email Address to submit questions, concerns or suggestions regarding the ASO/MBHO development: [MBHOinput@dhs.state.nj.us](mailto:MBHOinput@dhs.state.nj.us)



MAAC Meeting  
Managed Care Monitoring and  
the HMO Performance Report  
April 16, 2012

Karen Brodsky  
Chief of Managed Care Contracting  
DMAHS

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, is located in the bottom right corner of the slide. The circles are light blue and vary in size and opacity, creating a subtle background element.

NJ FamilyCare / Medicaid

# HMO Performance Report

A Report on Utilization, Quality, and Member Satisfaction Delivered  
Under the New Jersey Medicaid and CHIP Managed Care Program



Prepared by the Department of Human Services • Division of Medical Assistance and Health Services

# Monitoring Goals

- Quality of care
- Access to services
- Beneficiary satisfaction
- Fiscal solvency
- Organizational soundness
- Program integrity

# DMAHS Processes to Monitor Managed Care Activities

- HMO reports ←
- HMO policies & procedures
- Marketing literature review
- Provider network analysis
- EQRO assessment ←
- CAHPS survey ←
- Complaints & grievances
- Encounter data
- Program integrity disclosures/investigations
- Tort investigations
- Financial reports

# Health Plan Enrollment as of December 2010

| HMO                 | ENROLLMENT |
|---------------------|------------|
| AmeriChoice (UHCCP) | 355,382    |
| Amerigroup          | 131,164    |
| Healthfirst         | 22,991     |
| Horizon             | 471,775    |
| TOTAL               | 981,312    |

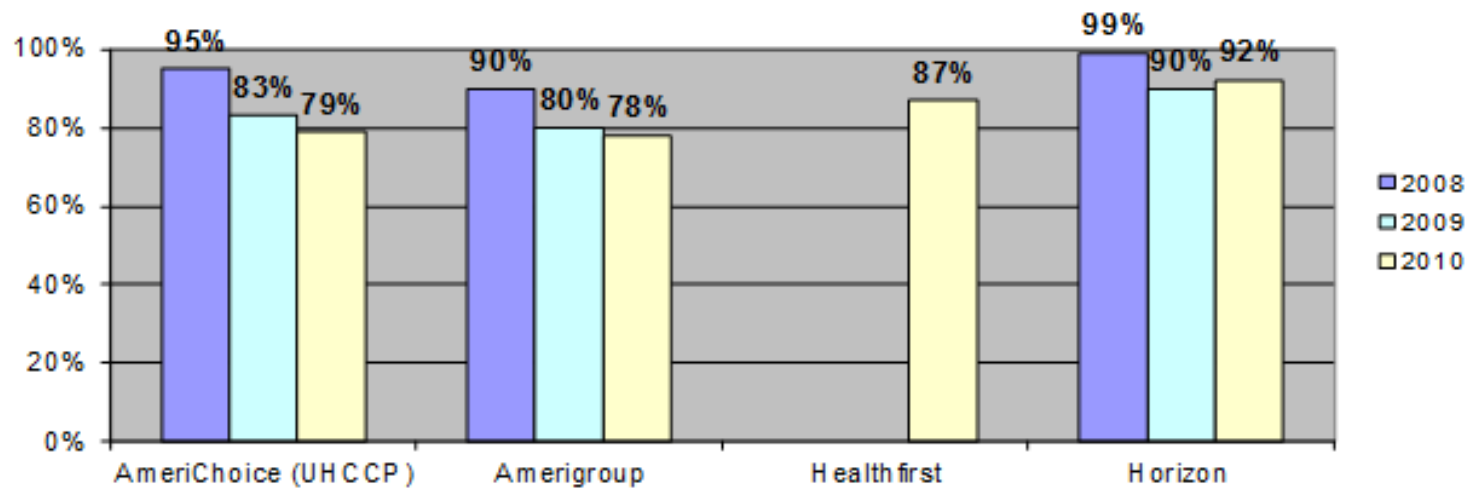
# The EQRO Annual Assessment

- Annual review to determine compliance with State and Federal Medicaid managed care regulations and contract requirements. Conducted in 3 steps:
  1. Desk review of written materials
  2. Health Plan on-site interviews
  3. Review of past performance and evaluations

# EQRO Review Categories

- Access
- Quality Assess. & Perform. Improvement
- Quality Management
- Committee Structure
- Programs for Elderly and Disabled
- Provider Training and Performance
- Satisfaction
- Enrollee Rights and Responsibilities
- Care Management & Continuity of Care
- Credentialing & Re-credentialing
- Utilization Management
- Administration & Operations
- Fraud, Waste, and Abuse
- Management Information Systems

## 2008 - 2010 Annual Assessment of Operations - Overall Compliance Scores by Health Plan

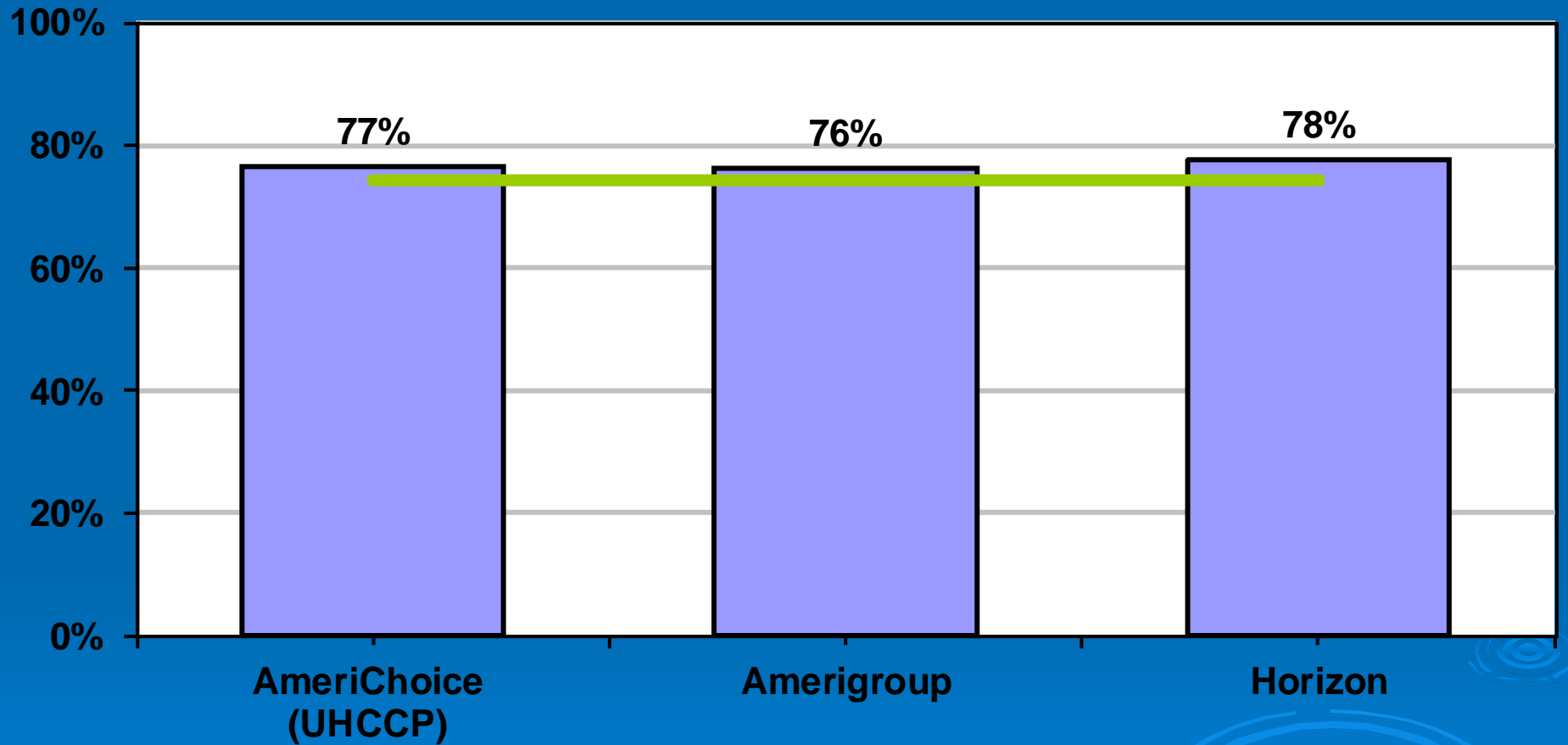




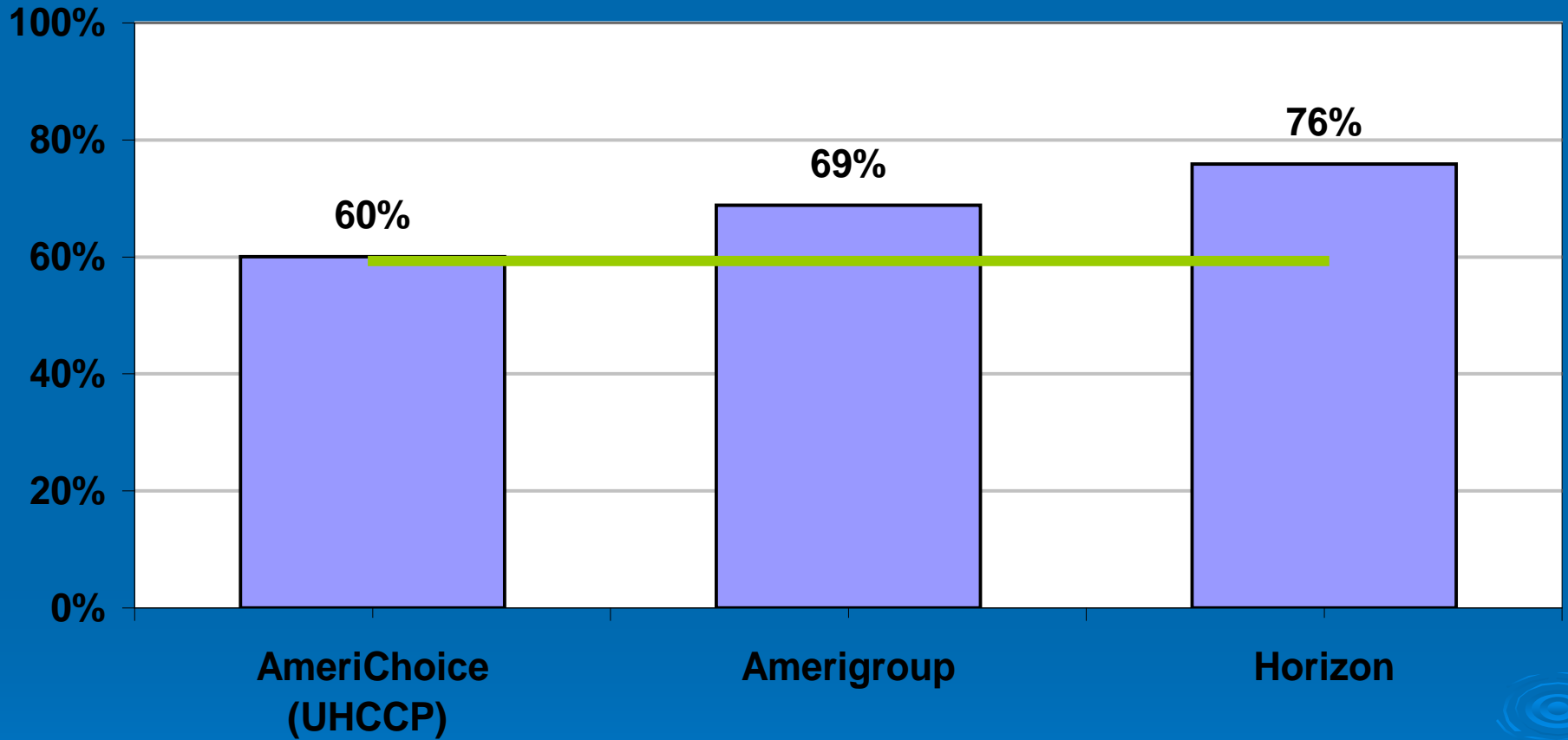
# HEDIS Measures

- Childhood Immunization Status
- Well-Child Visits
- Adolescent Well-Care Visits
- Lead Screening in Children
- Prenatal and Postpartum Care
- Breast Cancer Screening
- Cervical Cancer Screening
- Use of Appropriate Medications for People with Asthma
- Comprehensive Diabetes Care.

## Childhood Immunization Status - Combination 2

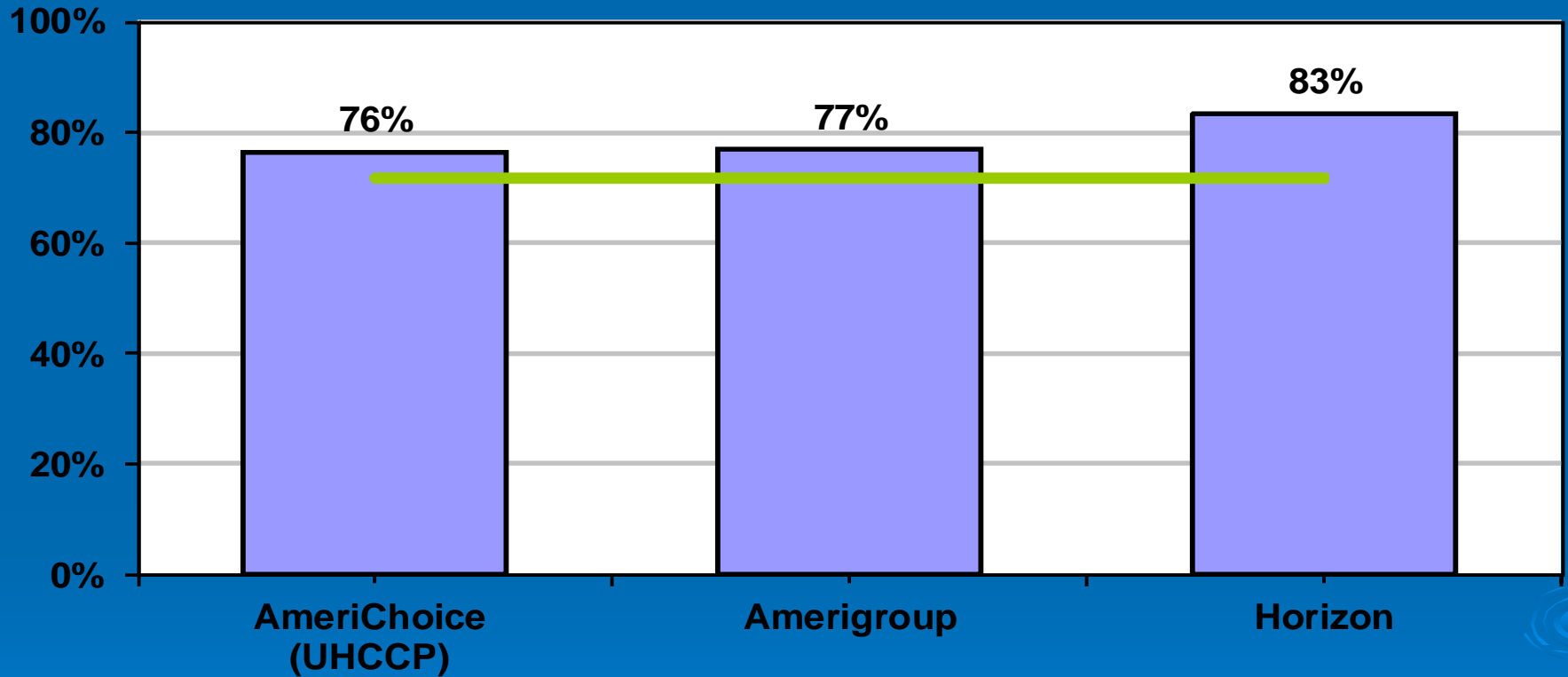


## Well-Child Visits in 1<sup>st</sup> 15 Months of Life

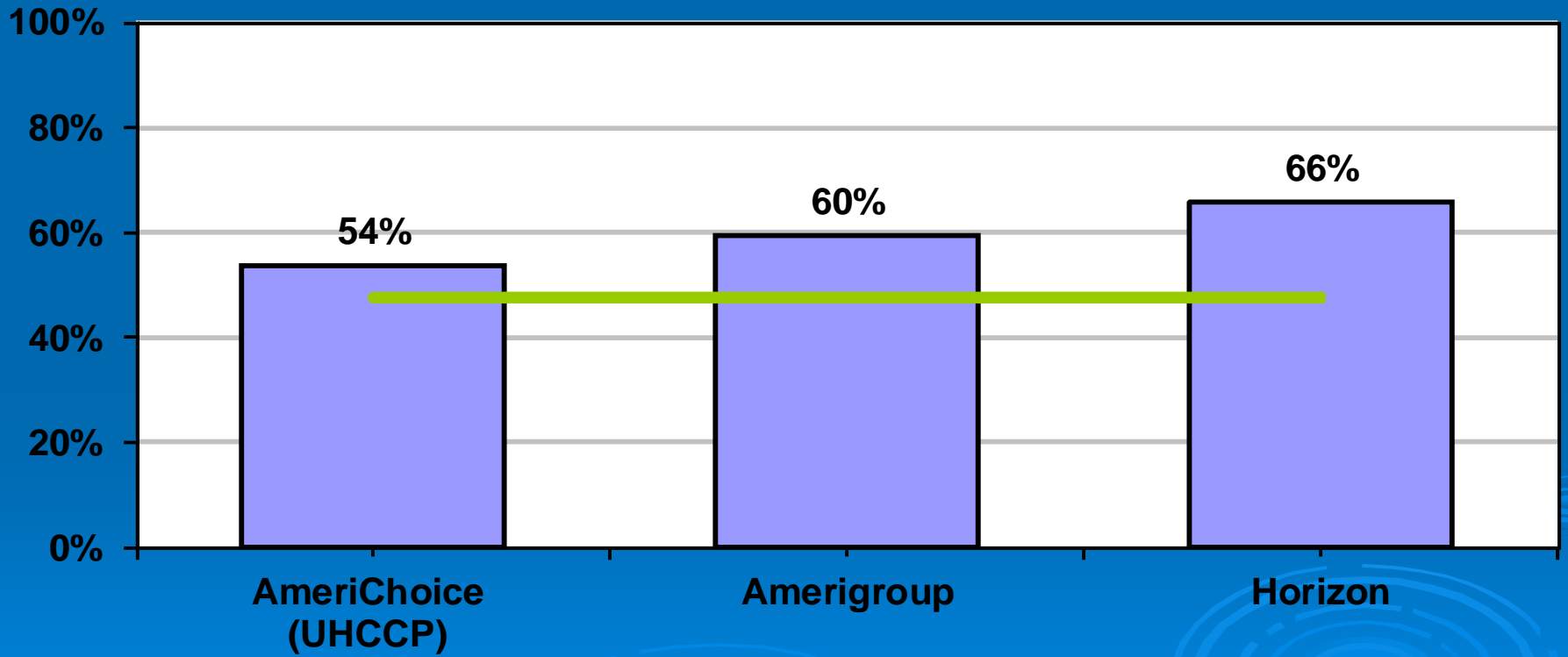


— National  
Average 59%

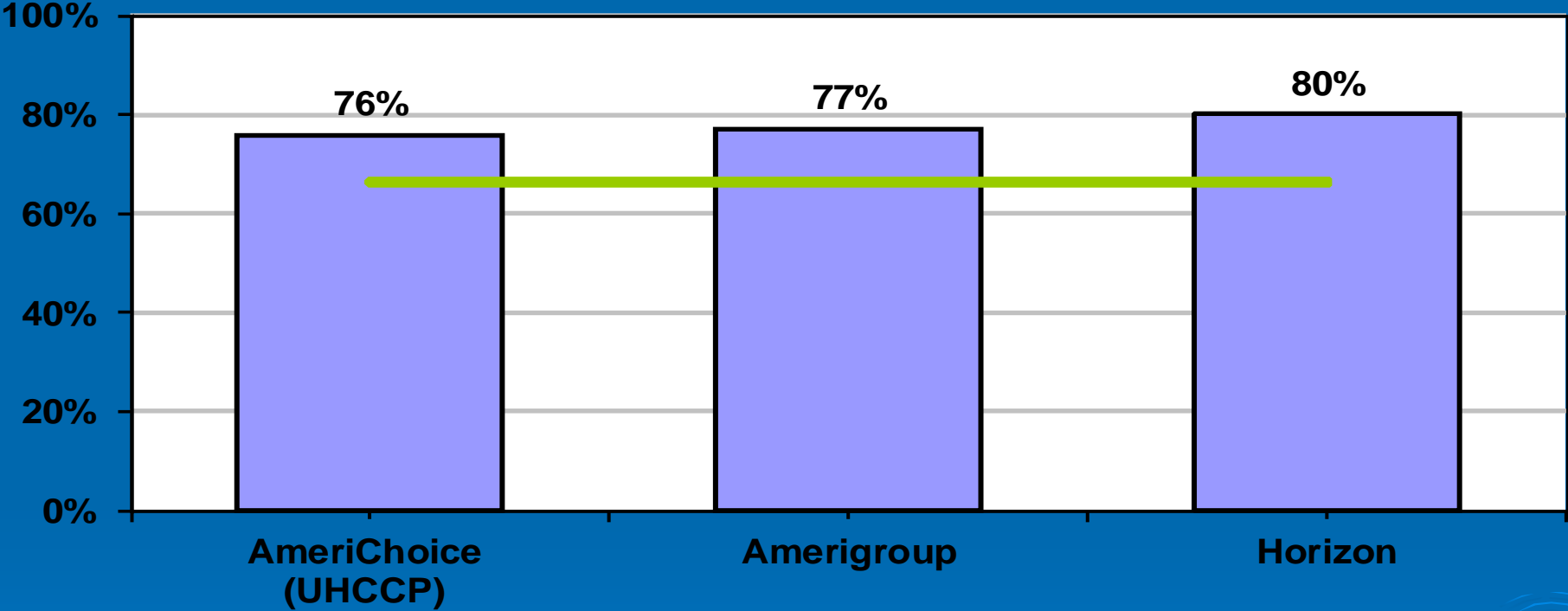
## Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life



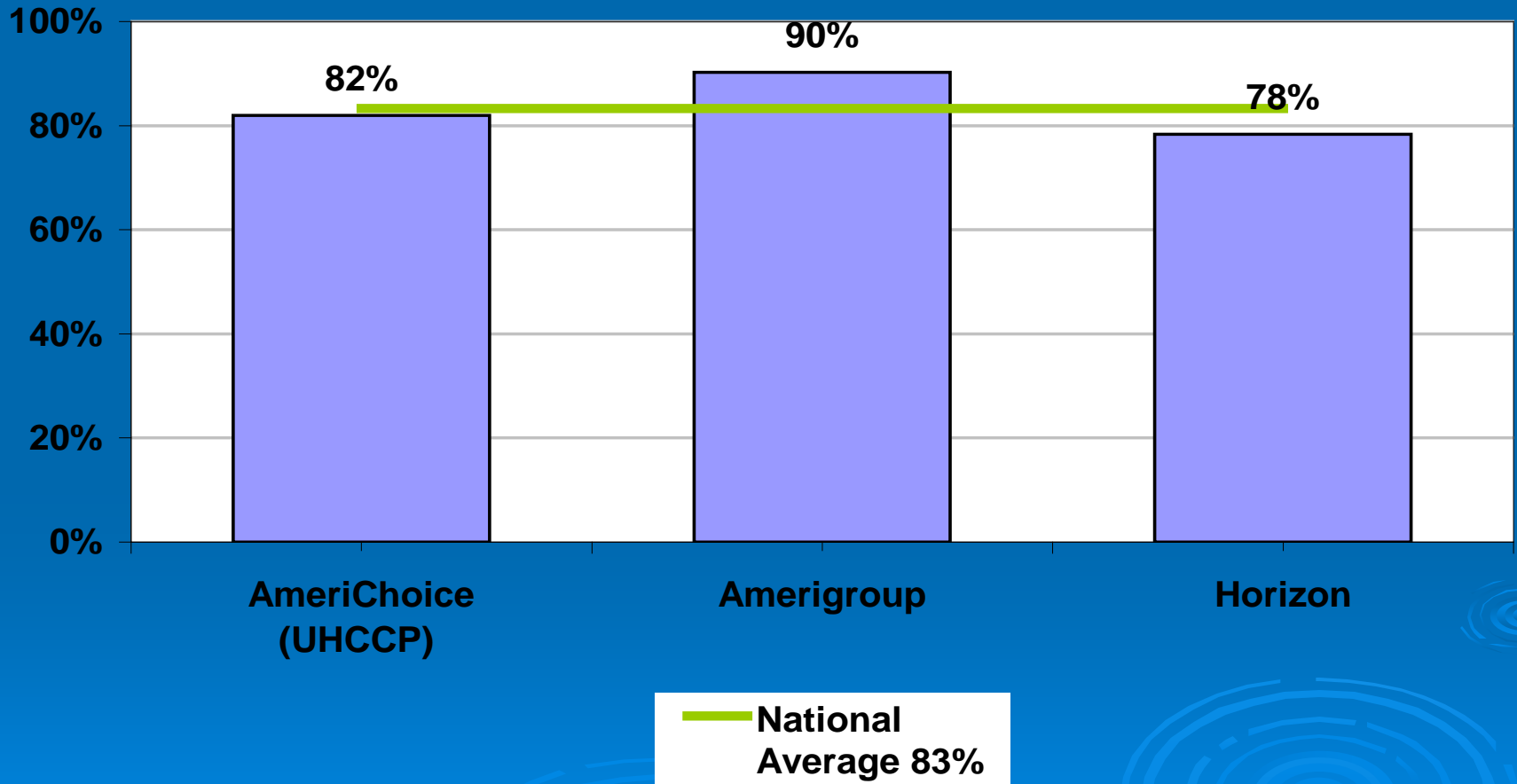
## Adolescent Well-Care Visits



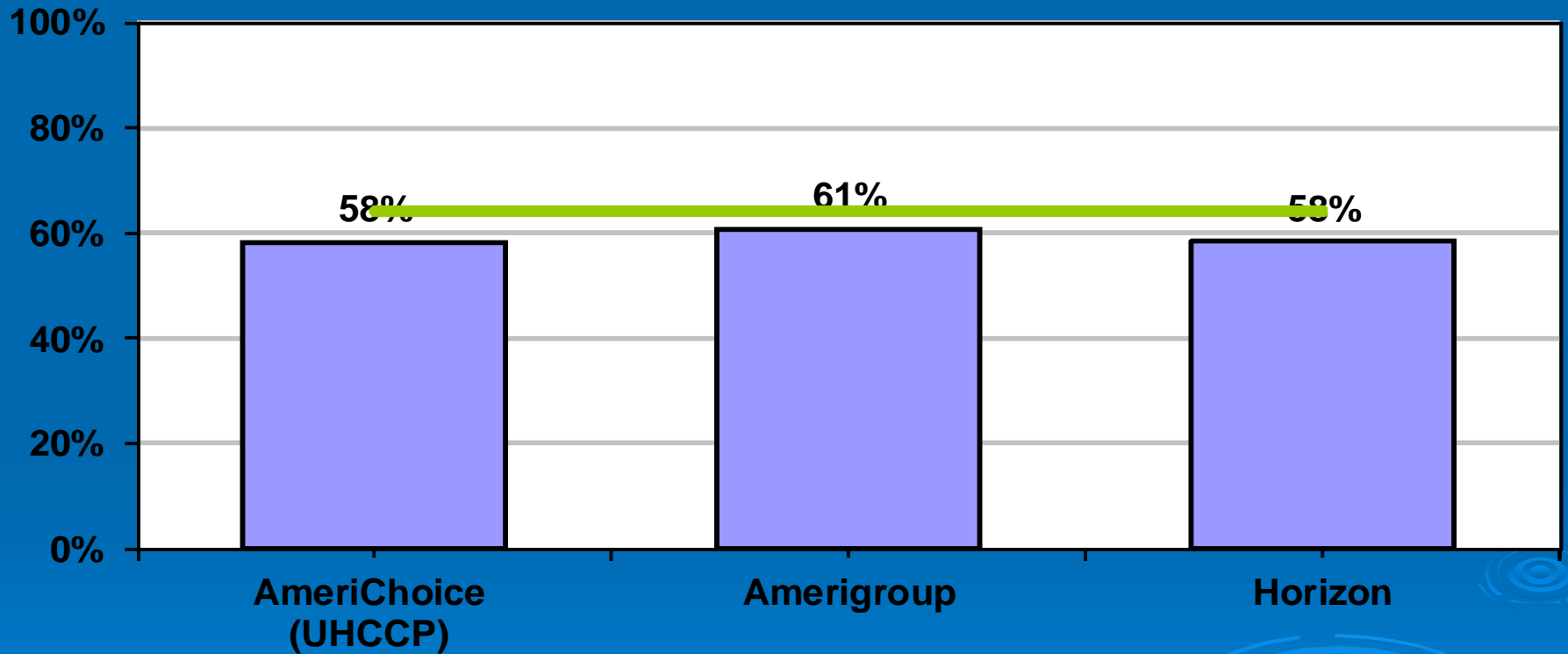
# Lead Screening in Children



## Prenatal and Postpartum Care: Timeliness of Prenatal Care

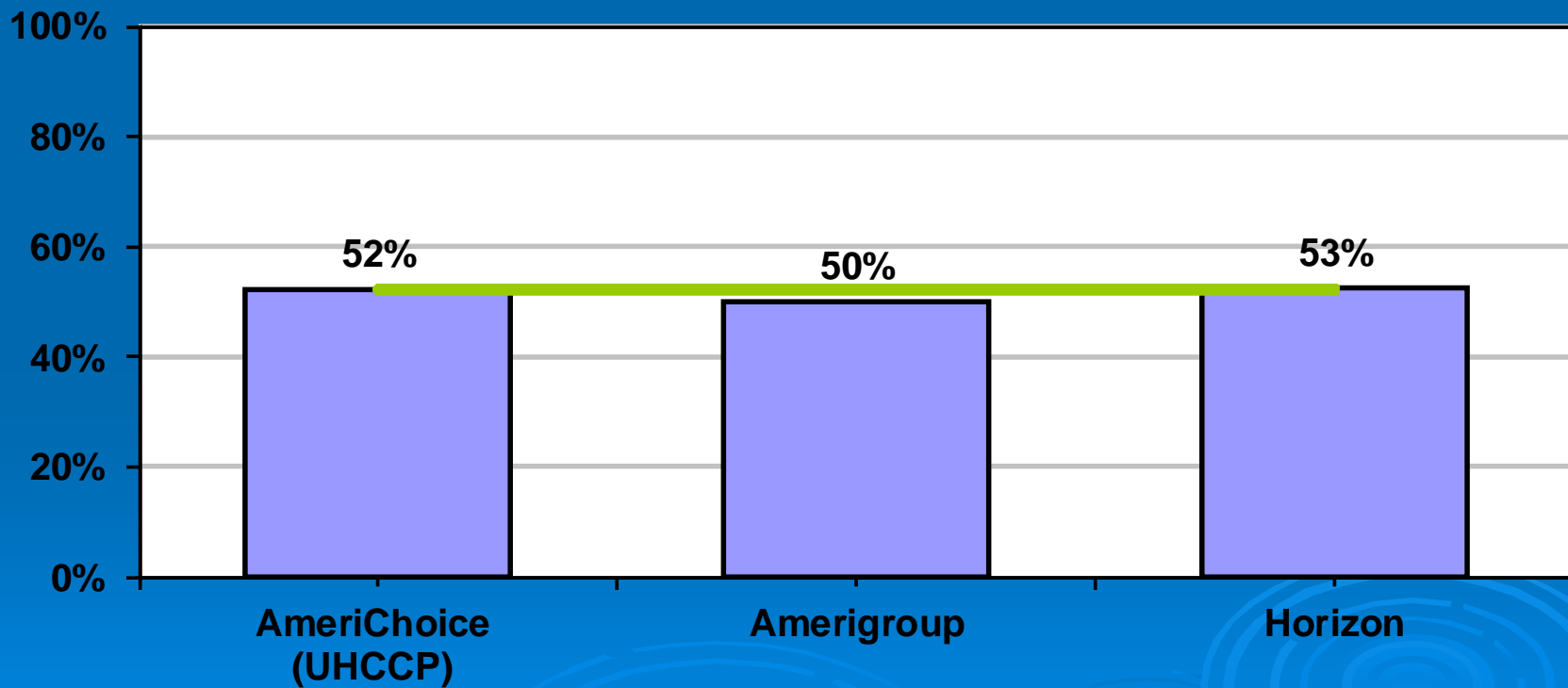


## Prenatal and Postpartum Care: Postpartum Care

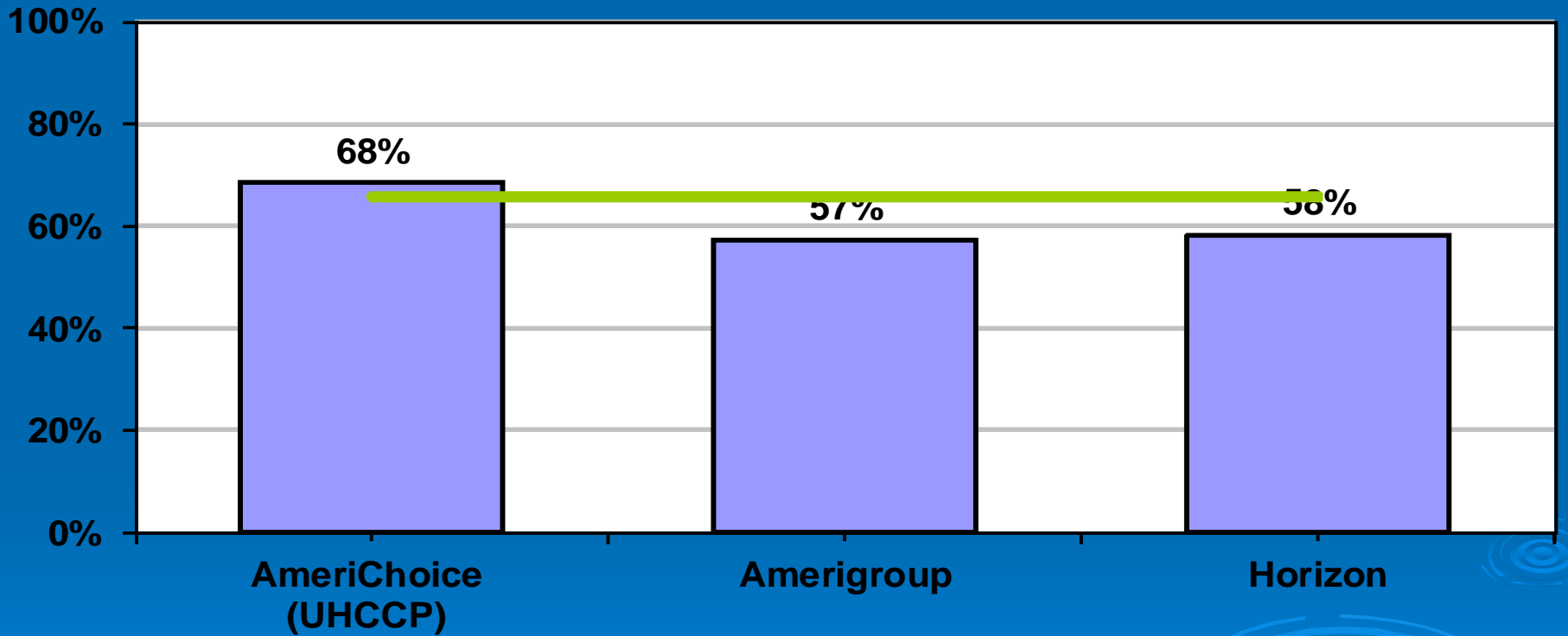




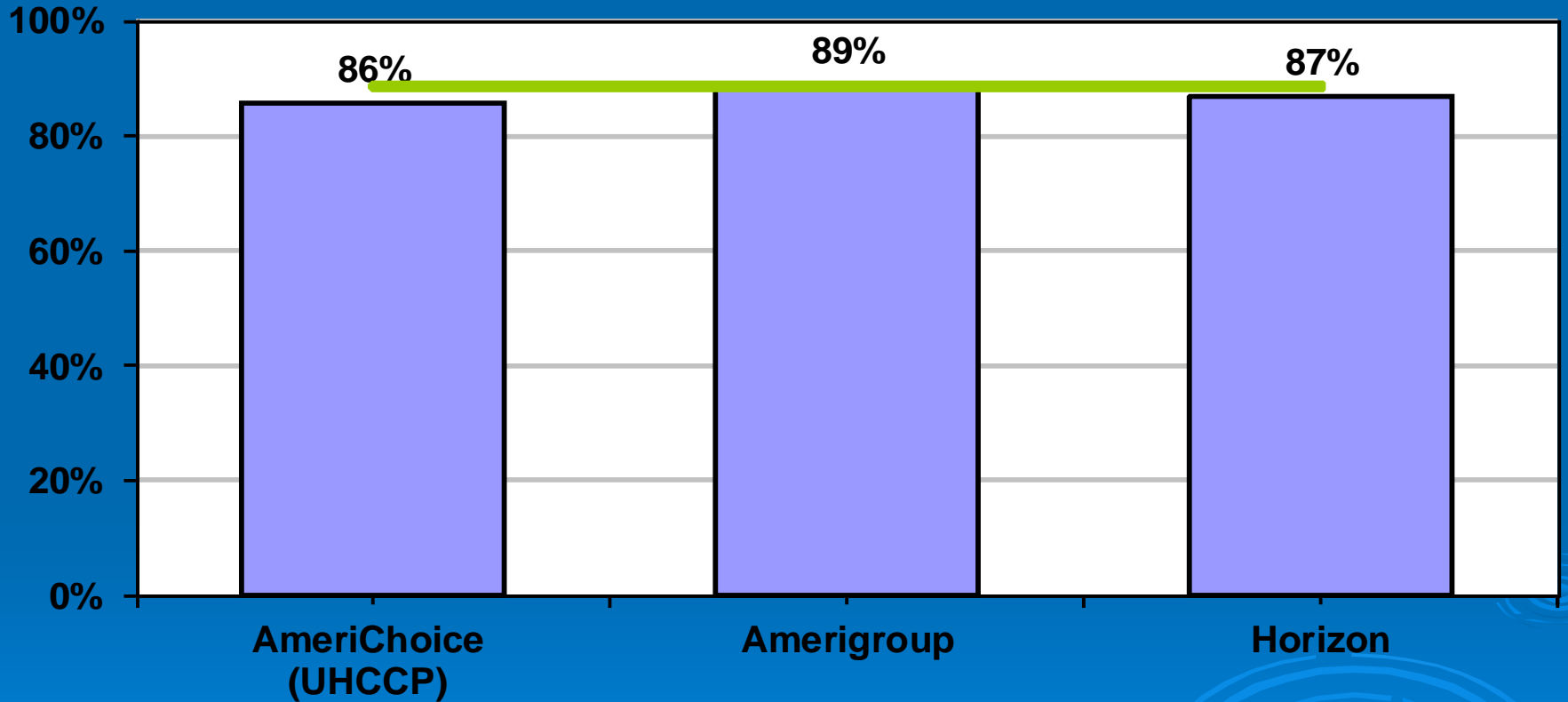
## Breast Cancer Screening



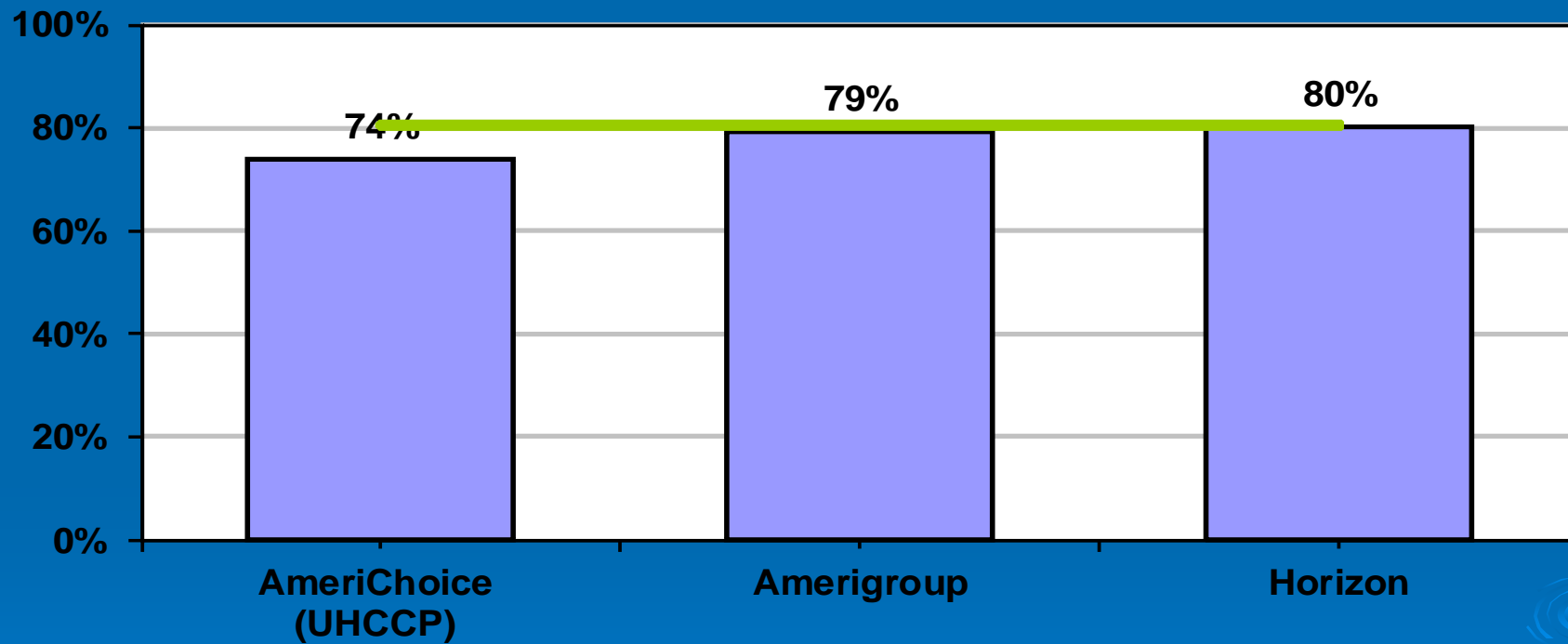
## Cervical Cancer Screening



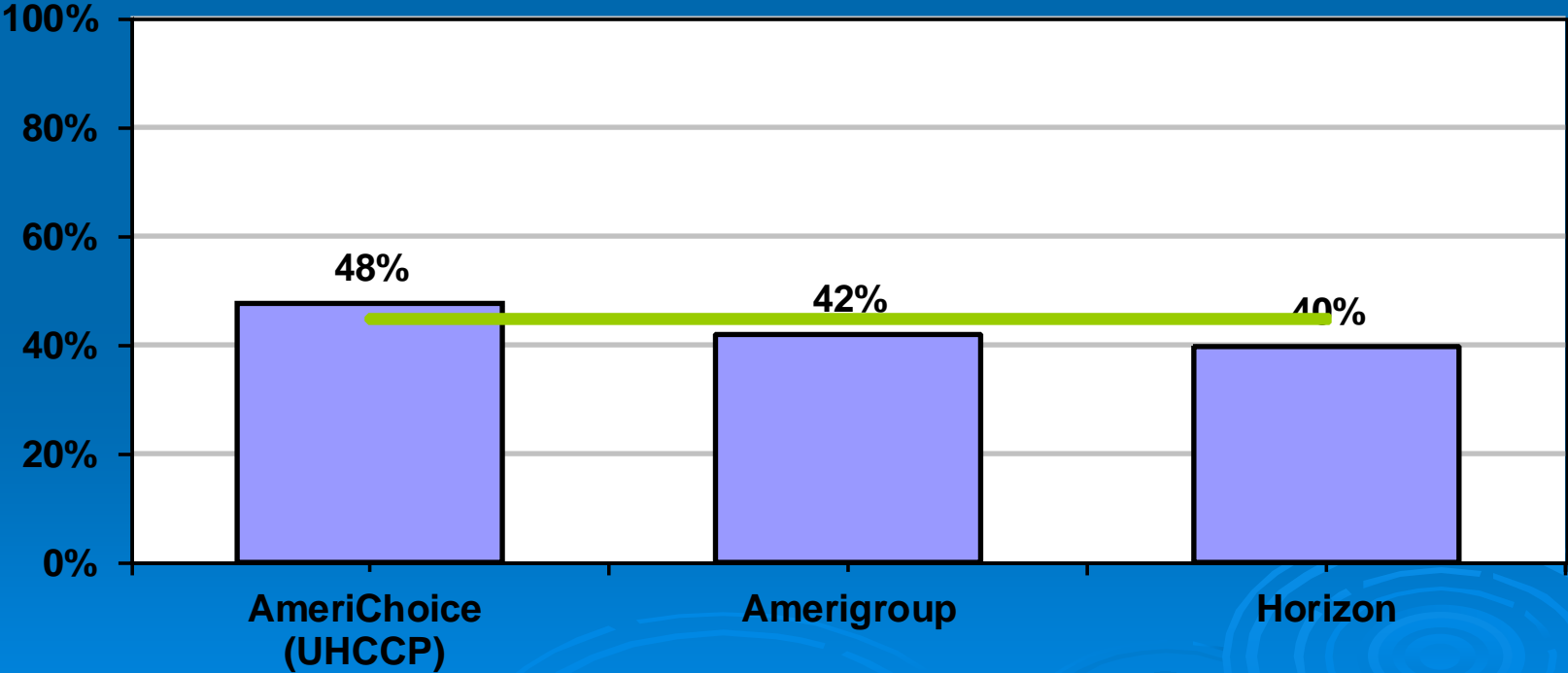
## Use of Appropriate Medications for People with Asthma



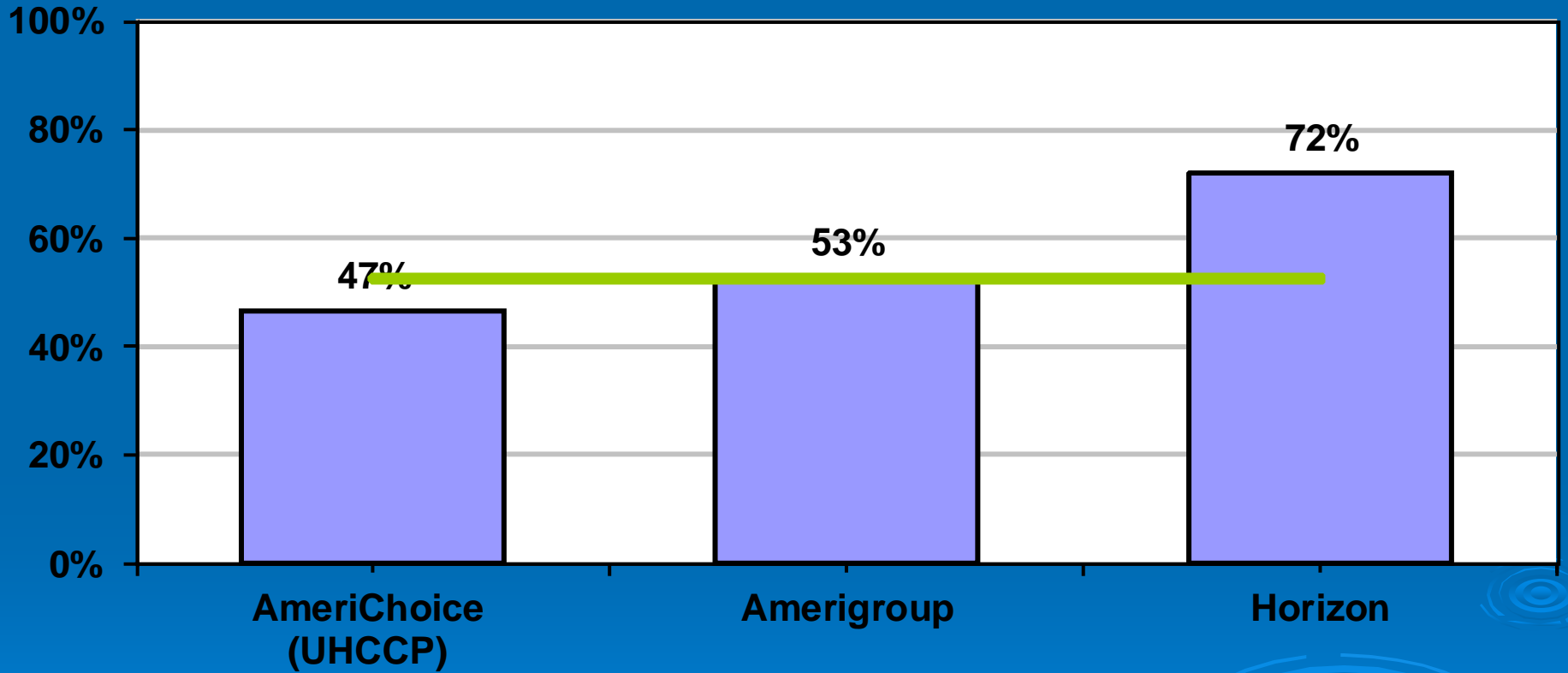
## Comprehensive Diabetes Care: HbA1c Testing



### Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)



## Eye Exams



# CAHPS

- CAHPS = Consumer Assessment of Healthcare Providers and Systems
- CAHPS is a standardized survey done by phone to assess patient satisfaction

# CAHPS Measures in 2010

- Overall Rating of Health Care
- Getting Needed Care Quickly
- Overall Rating of Personal Doctor
- Overall Rating of Specialists
- Rating of Customer Service Responsiveness
- Dental Visits in Last 6 Months
- Overall Rating of Dental Care
- Coordination of Care from Other Health Providers
- Ease of Getting Mental Health Treatment or Counseling
- Overall Rating of Mental Health Care
- Number of Emergency Room Visits to Get Health Care



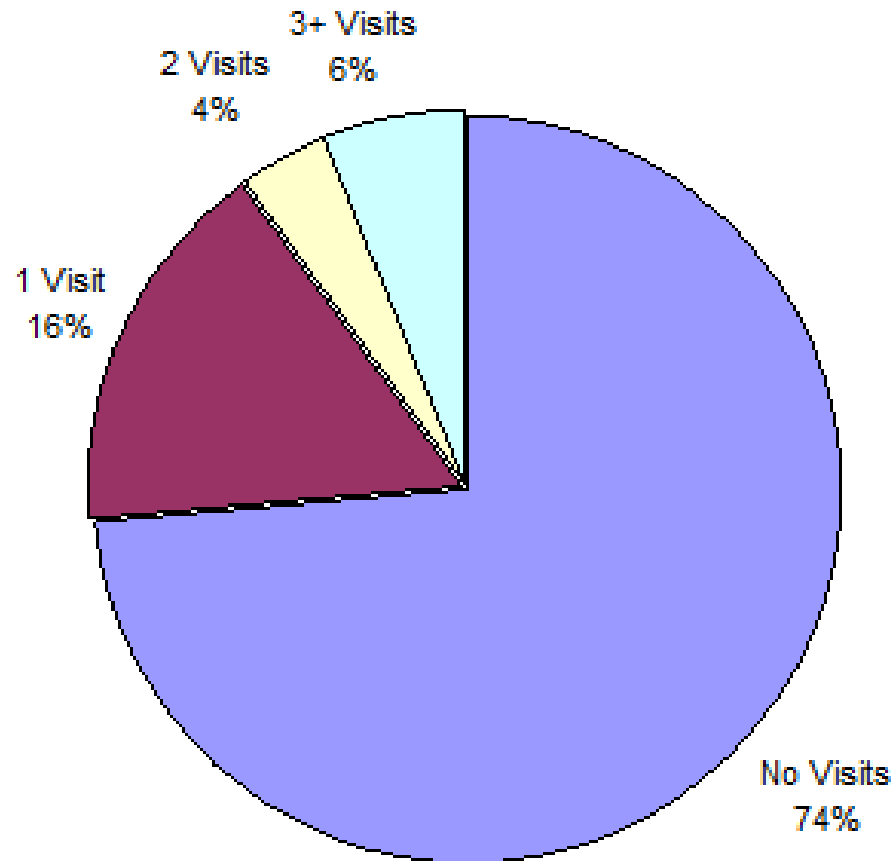
# Members' Overall Rating of Their Own Health Plan

| <b>HEALTH PLAN</b>         | <b>SATISFIED (7-10 Rating)</b> | <b>Overall NJ MMC Program Satisf. (7-10 Rating)</b> | <b>Percentage Point Difference</b> |
|----------------------------|--------------------------------|---|------------------------------------|
| <b>AmeriChoice (UHCCP)</b> | <b>73%</b>                     | <b>74%</b>  | <b>-1%</b>                         |
| <b>Amerigroup</b>          | <b>73%</b>                     | <b>74%</b>  | <b>-1%</b>                         |
| <b>Horizon</b>             | <b>75%</b>                     | <b>74%</b>  | <b>+1%</b>                         |

# Members' Overall Rating of Their Child's Health Plan

| <b>HEALTH PLAN</b>         | <b>SATISFIED (7-10 Rating)</b> | <b>Overall NJ MMC Program Satisf. (7-10 Rating)</b> | <b>Percentage Point Difference</b> |
|----------------------------|--------------------------------|---|------------------------------------|
| <b>AmeriChoice (UHCCP)</b> | <b>80%</b>                     | <b>80%</b>  | <b>0%</b>                          |
| <b>Amerigroup</b>          | <b>79%</b>                     | <b>80%</b>  | <b>-1%</b>                         |
| <b>Horizon</b>             | <b>83%</b>                     | <b>80%</b>  | <b>+3%</b>                         |

## Number of Emergency Room Visits to Get Health Care in Last 6 Months Among Adult Medicaid ABD Clients



# Health Plan Best Practices

- Amerigroup – Reducing hospital readmission rates
- Healthfirst – Community-based partnerships
- Horizon – Reduction of emergency room visits
- UHCCP – Interactive programs on obesity prevention and management

# QUESTIONS?

