Medicaid ACOs in New Jersey

Tyla Housman, Senior Director

New Jersey Health Care Quality Institute

Wednesday, April 20, 2016

Collaborative

NEW JERSEY HEALTH CARE QUALITY INSTITUTE

Quality powered.

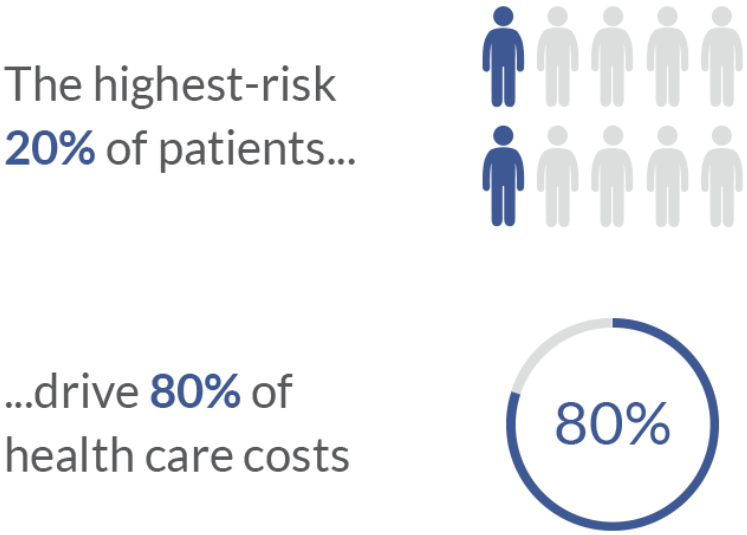
What is an Accountable Care Organization?

Accountable Care Organizations (ACOs) are non-profit, community-based organizations that bring together health care and social service providers to achieve higher quality care at a lower cost.

ACOs take a patient-centered approach to providing health care and are designed to improve health outcomes, quality, and access to care through regional collaborations and shared accountability.

Medicaid ACOs

Medicaid ACOs serve the Medicaid population in a specific zip coded area. They focus on the most vulnerable, complex, and high-risk patients in their communities.



Demonstration Project

- **2011** – Governor Chris Christie signed into law NJ P.L. 2011, Chapter 114, which required the Division of Medical Assistance & Health Services (DMAHS) to establish a three-year Medicaid ACO Demonstration project

- **2011** – The Nicholson Foundation funded the QI Collaborative; the learning network of the New Jersey Health Care Quality Institute to convene the Medicaid ACOs for shared learning and best practices, and to act as a liaison to the State

- **July, 2015** – Three ACOs received Medicaid certification and began the official start of the ACO Demonstration Project in New Jersey

Requirements to Become a Medicaid ACO

Within its area of care, the nonprofit organization must:

- ✓ Serve at least 5,000 Medicaid Beneficiaries
- ✓ Work with with all of the hospitals
- ✓ Work with 75% of primary care providers
- ✓ Work with at least four mental health providers

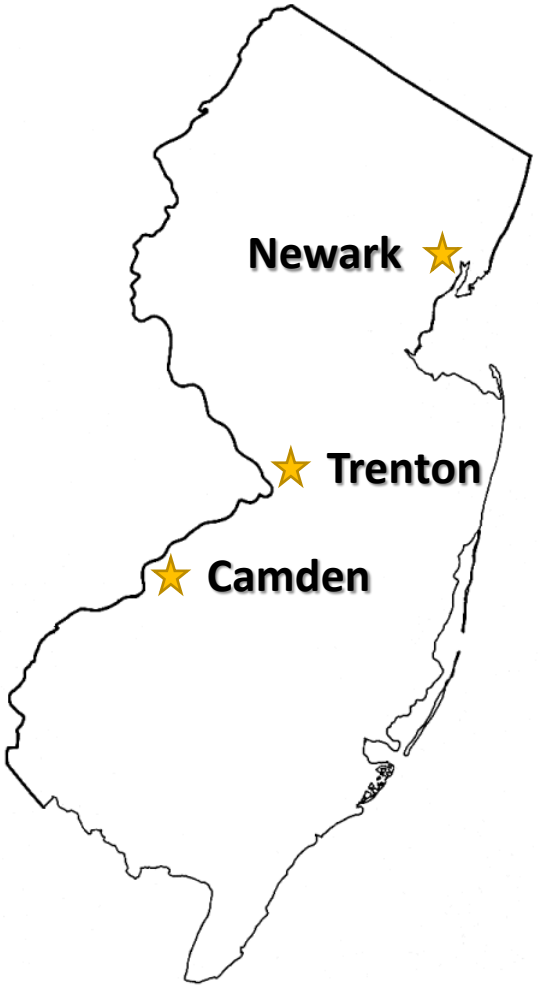
How do they work?

- Medicaid ACOs work with the hospitals, federally qualified health centers, and primary care and social service providers in their communities to deliver health services with the goal of improving quality and reducing cost
- ACOs link providers and patient data together through a Health Information Exchange or HIE
- ACOs establish care teams with licensed clinical social workers and clinical staff to identify patients that are over utilizing expensive emergency department services and underutilizing more appropriate community-based primary and preventative care services
- If the Medicaid ACOs are able to drive down the cost of care while improving quality and increasing community engagement, they would be able to share in the savings Medicaid realized from their efforts

Certified Medicaid ACOs

Seven communities in NJ applied for Medicaid ACO certification from the State in 2014. Three communities were awarded certification in 2015

- Healthy Greater Newark ACO
- Trenton Health Team
- Camden Coalition of Health Care Providers



Camden Coalition of Health Care Providers

Mark Humowiecki and Renee Murray

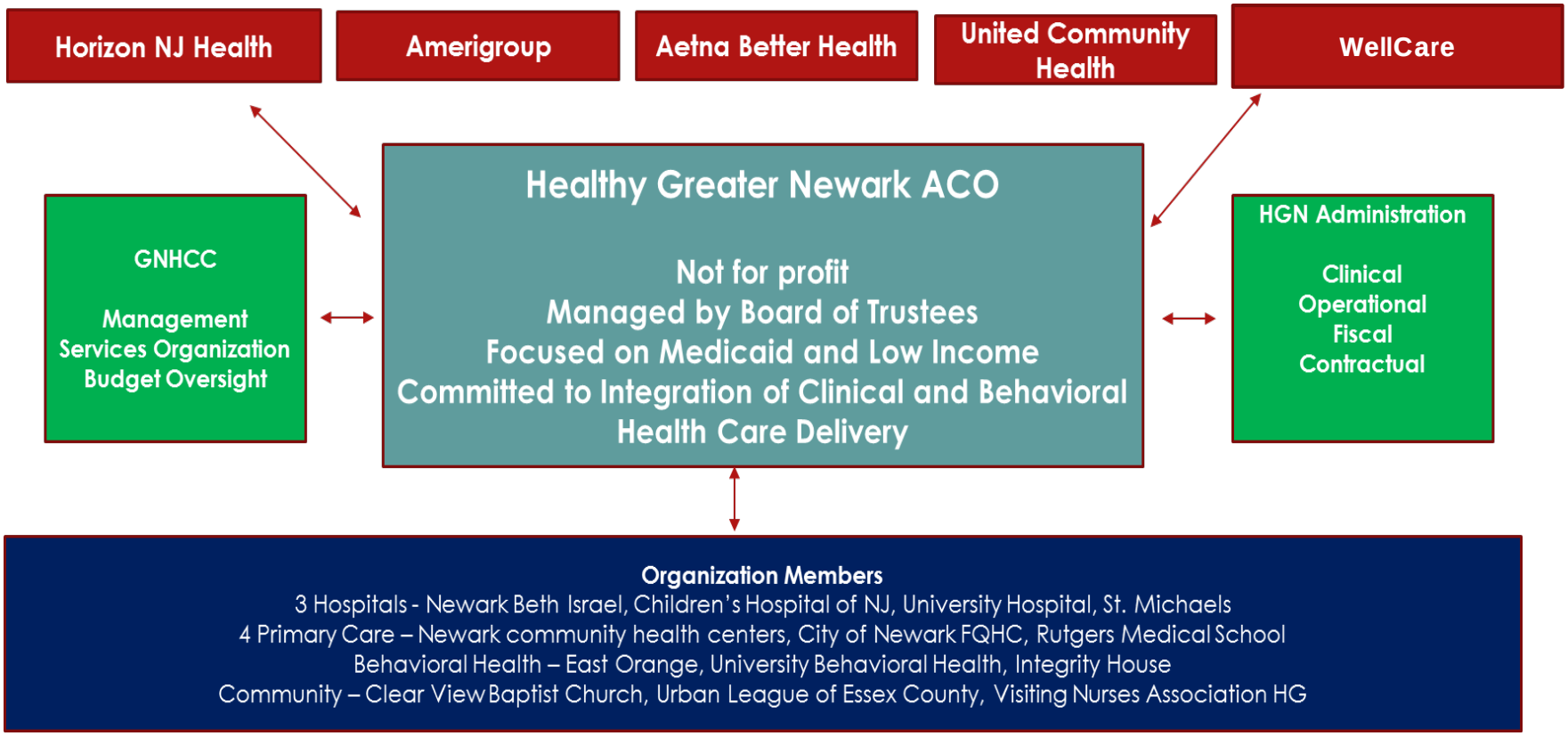
Wednesday, April 20, 2016

Healthy Greater Newark ACO

Colleen Woods

Wednesday, April 20, 2016

Healthy Greater Newark ACO



What Population is HGN Focused On?

- Fully Integrate Clinical and Behavioral Health in Primary Care

- Provide Care Coordination for High Utilizers; coordinate care with members
- Provide Care Coordination for Rising Risk; coordinate care with members
- Navigate Pediatric High Utilizers in cooperation with South Ward Children's Alliance and Newark Schools

- Target Hypertension, Diabetes, Heart Disease, Cancer, Obesity, Depression and Tobacco Use in Adults
- Target Asthma, Obesity, Diabetes, Complex conditions in Children

Current Activities

What Trends will HGN Be Addressing?

Newark

- ❑ The highest rate of hospital readmissions among all the 13 regions
- ❑ Third highest rate for avoidable hospitalizations and inpatient high use
- ❑ Fourth highest rate for avoidable ED visits and ED high use

If the greater Newark region was able to achieve the performance of the region with the best cost profile on each of the measures, substantial hospital cost savings would be achieved:

- ➢ $119 million from reduced inpatient high user costs
- ➢ $60 million from reduced avoidable inpatient stay and ED visit costs
- ➢ $37 million from reduced readmission costs
- ➢ $24 million from reduced ED high user costs

* Rutgers Center for State Health Policy – Data Book on Hospital Utilization in Newark

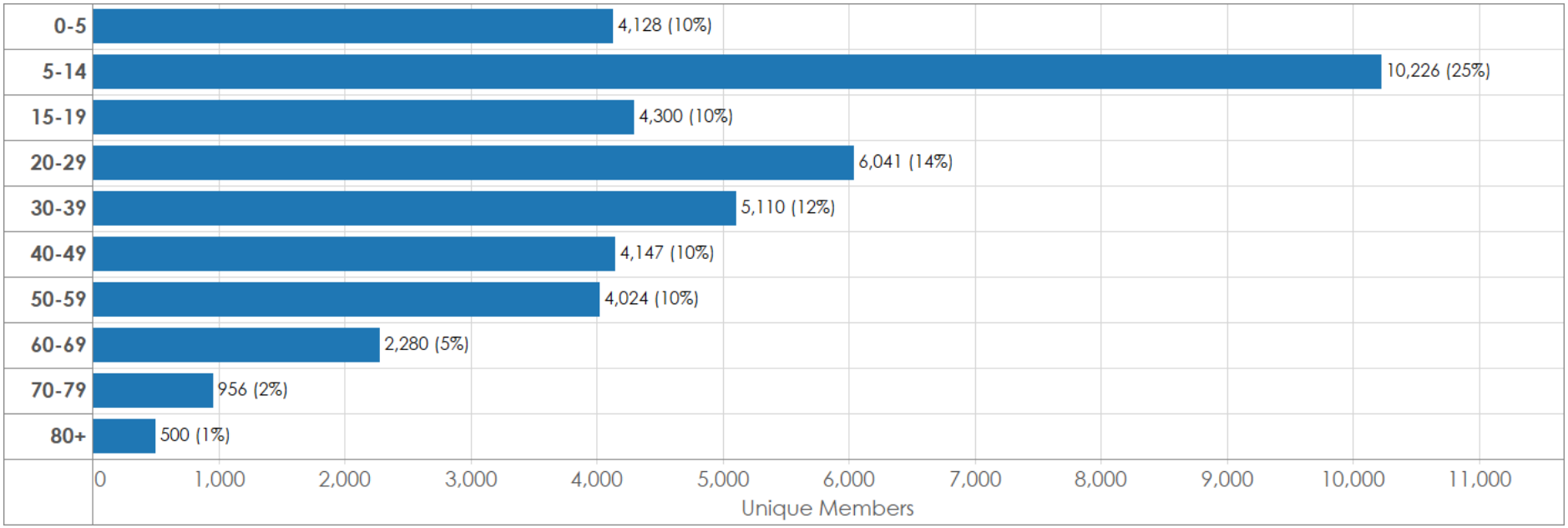
Total patient population currently attributed to the ACO

41,712

Median Age

20 years old

Age Distribution



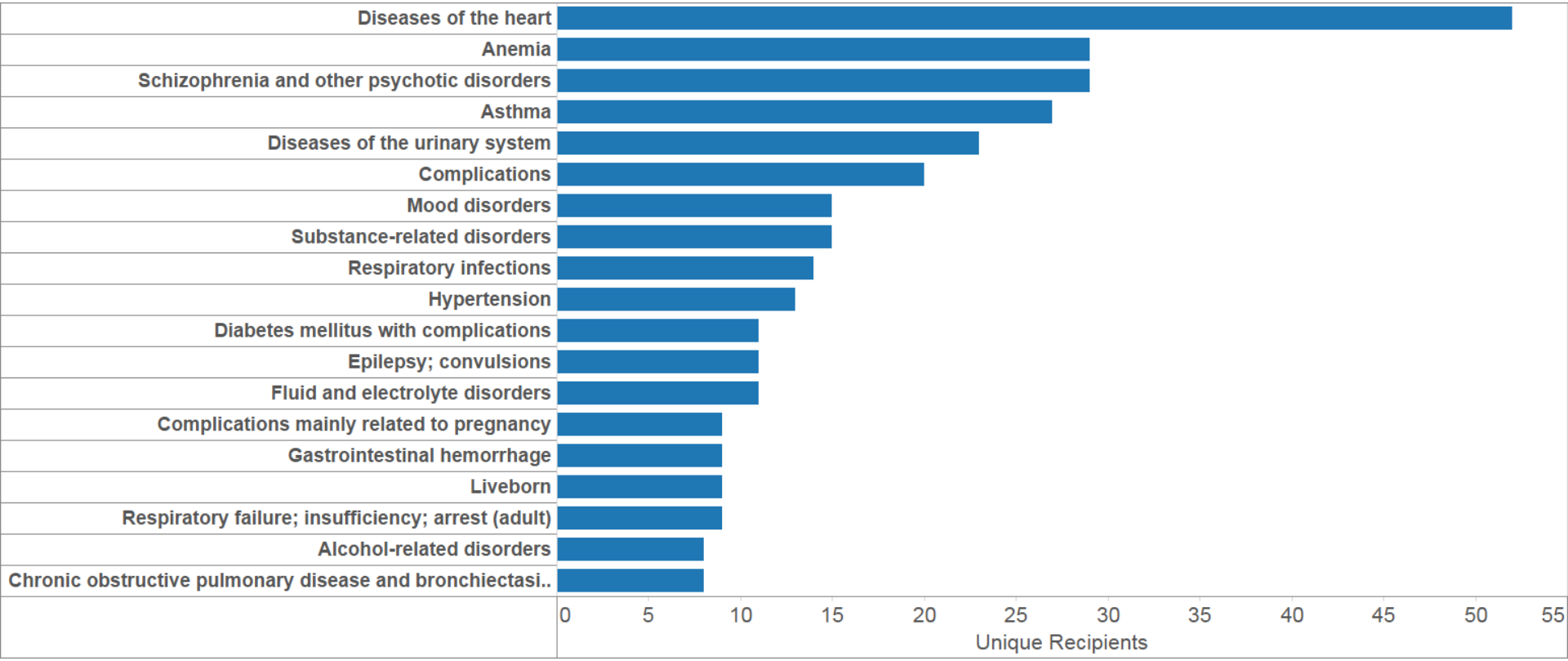
Number of patients currently in ACO with 3+ inpatient admissions in 2015

343

Median age

46

Diagnosis by Unique Patient



Total # of currently members = 41,712

What's Unique About HGN?

- Partnership with Payers – integrated care coordinators
- Churches and other Community Orgs
- Pediatric focus
- Trauma informed care
- Clinical Decision Support
- CMS NJII $50m Practice Transformation Grant

Trenton Health Team

Gregory Paulson

Wednesday, April 20, 2016

Questions & Answers

Funding for the QI Collaborative is Made Possible By:

The Nicholson Foundation

Advancing Health and Promoting Opportunity

Managed Long Term Services and Supports Update

Stu Dubin, Director of Business Intelligence

Medical Assistance Advisory Council Meeting

April 20, 2016

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

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February 2016 MLTSS Headlines

37.5% of the NJ FamilyCare LTC Population is in Home and Community Based Services*

Prior Month = 37.0%; Start of Program = 28.9%

Nursing Facility Population Down by Over 1,000 Since the July 2014 Implementation of MLTSS

1.39% of the Overall NJ FamilyCare Population is Enrolled in 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.

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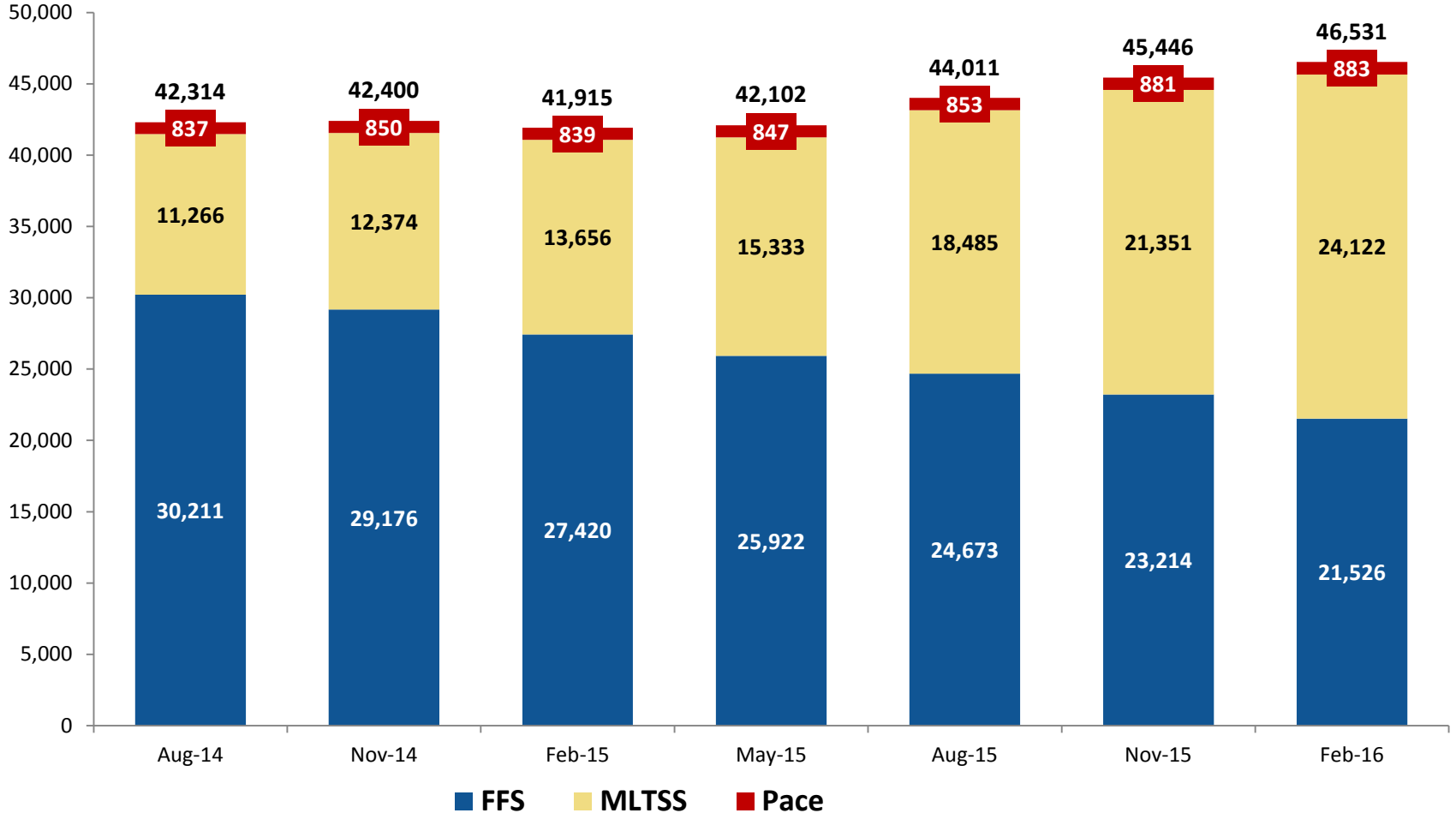
Long Term Care Population: FFS-MLTSS Breakdown



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 3/9/2016.

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

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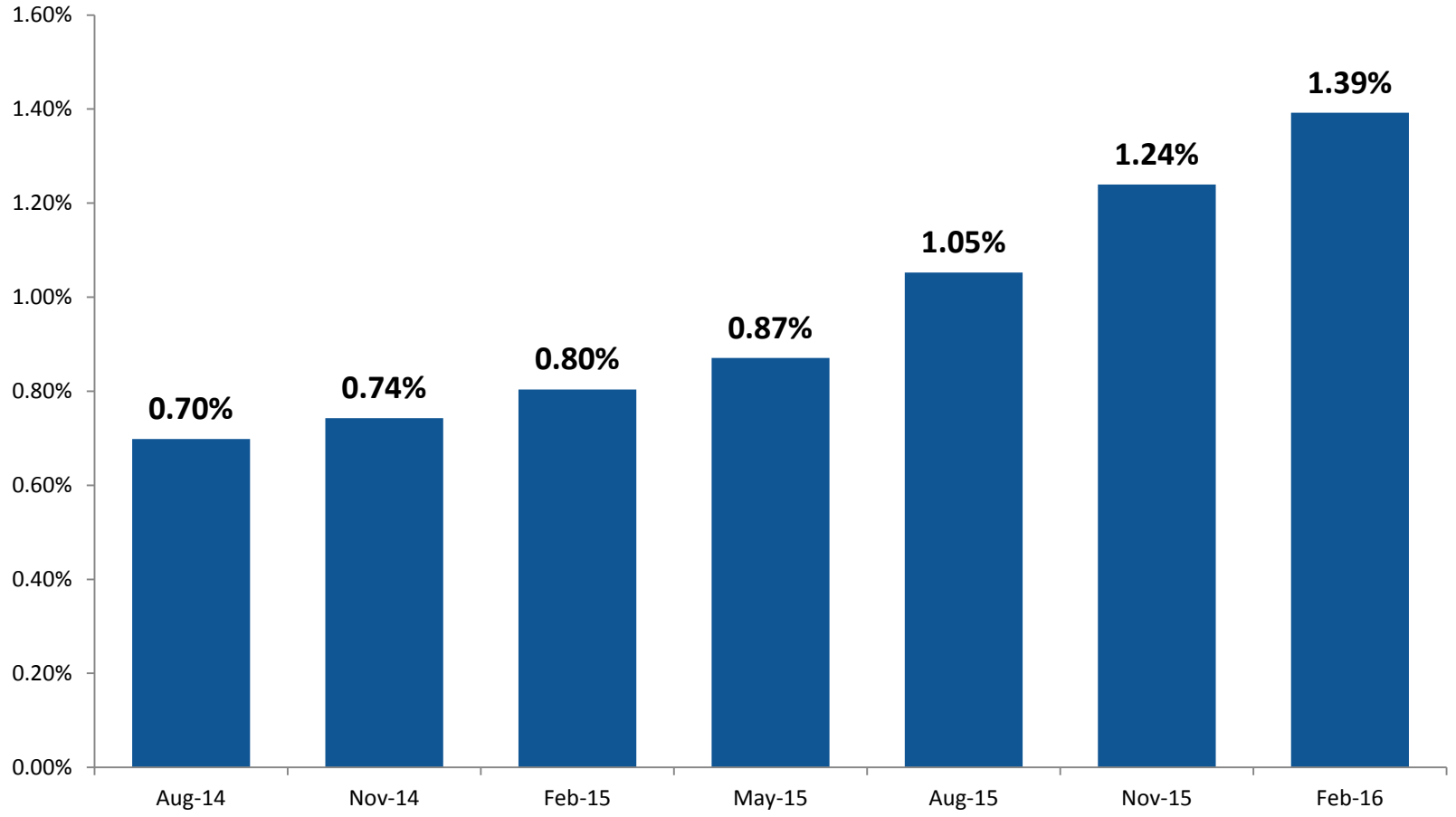
MLTSS Percentage of Overall Enrollment



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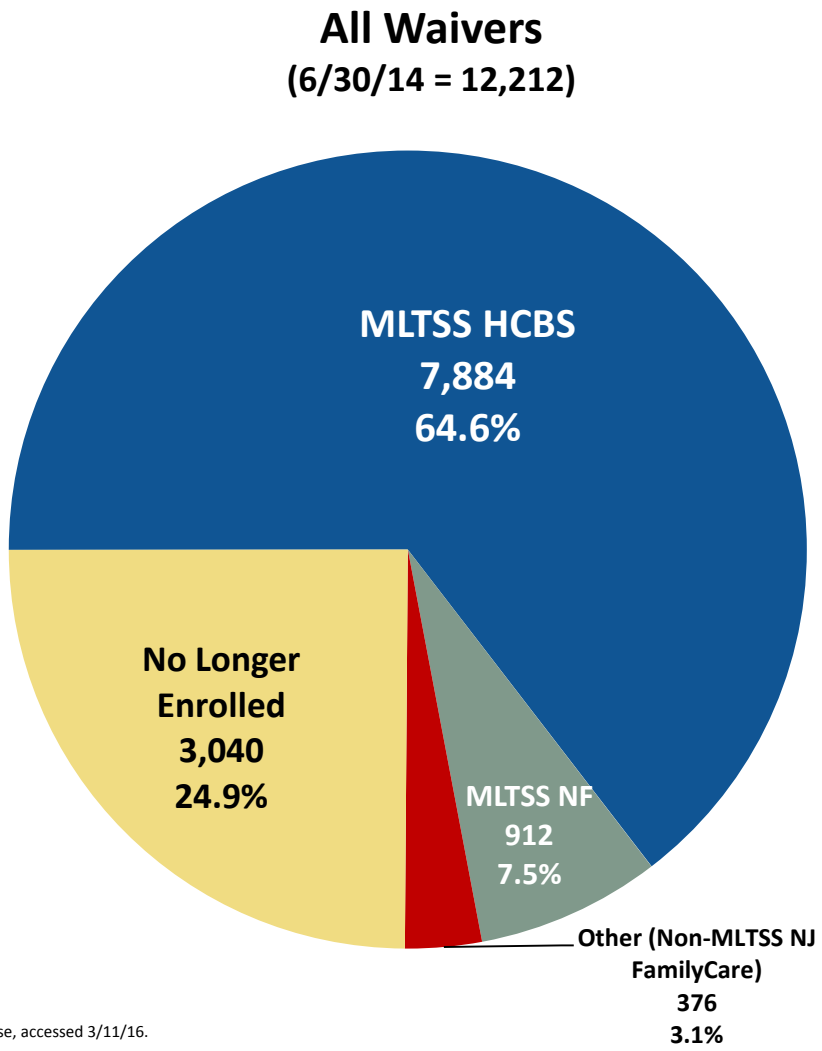
A Look at the June 30, 2014 Waiver Population Today



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 3/11/16.

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".

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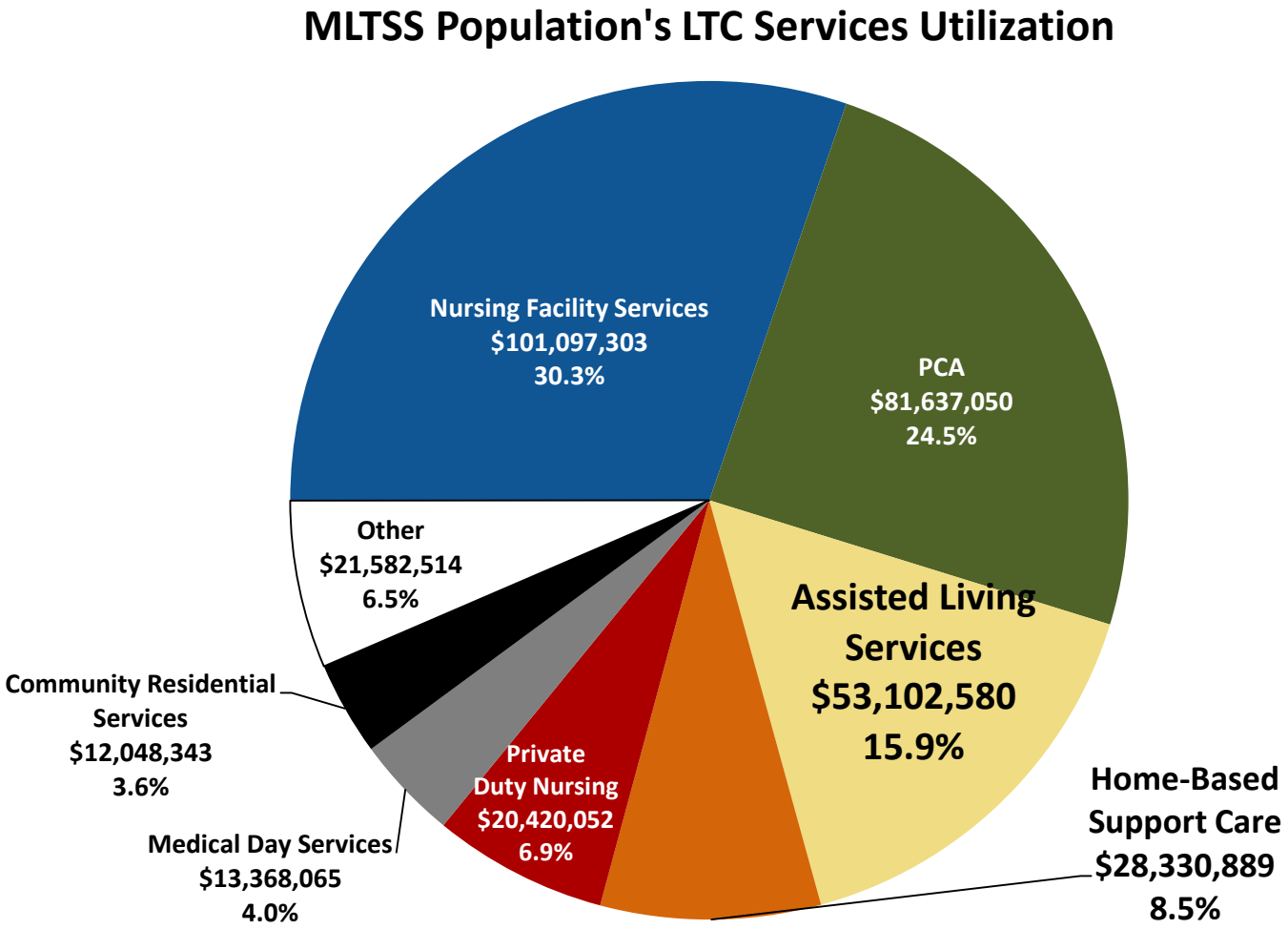
MLTSS Population's LTC Services Utilization SFY15



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 2/10/16.
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, Assisted Living Program, Caregiver Training, Chore Services, Cognitive Therapy (Group/Indiv.), Community Transition Services, Home-Delivered Meals, Medication Dispensing Device (Monitoring), Medication Dispensing Device (Setup), Occupational Therapy (Group/Indiv.), PERS Monitoring, PERS Setup, Physical Therapy (Group/Indiv.), Residential Modifications, Respite (Daily/Hourly), Social Adult Day Care, Speech/Language/Hearing Therapy (Group/Indiv.), Structured Day Program, Supported Day Services, TBI Behavioral Management, and Vehicle Modifications.

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Complaints, Grievances & Appeals
January 2015 – September 2015

Carol Grant, Deputy Director

Medical Assistance Advisory Council Meeting

April 20, 2016

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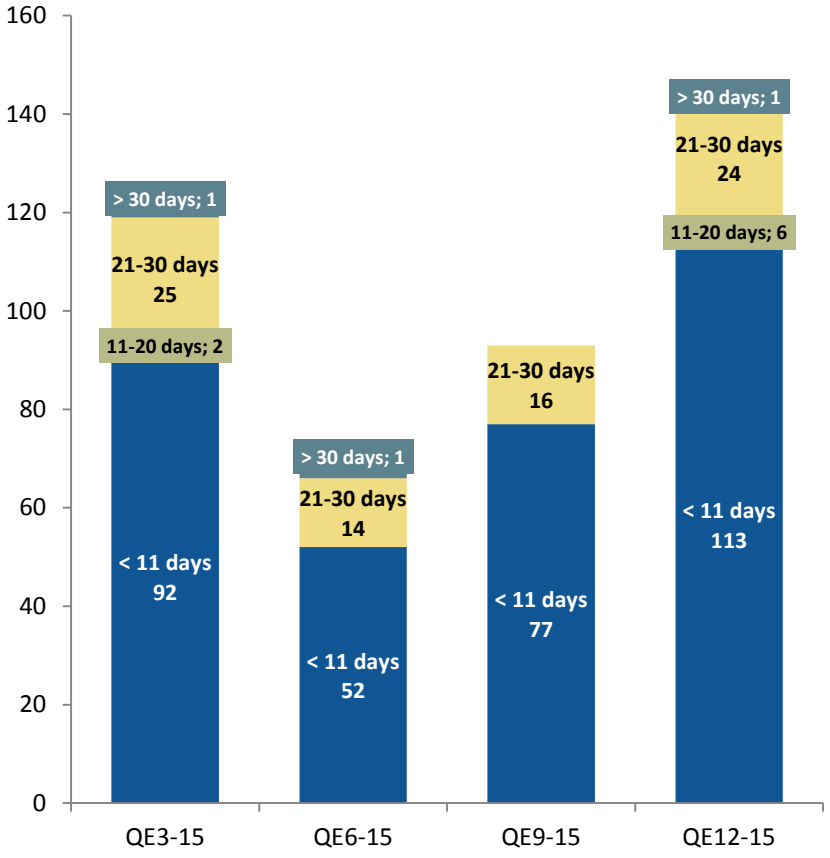
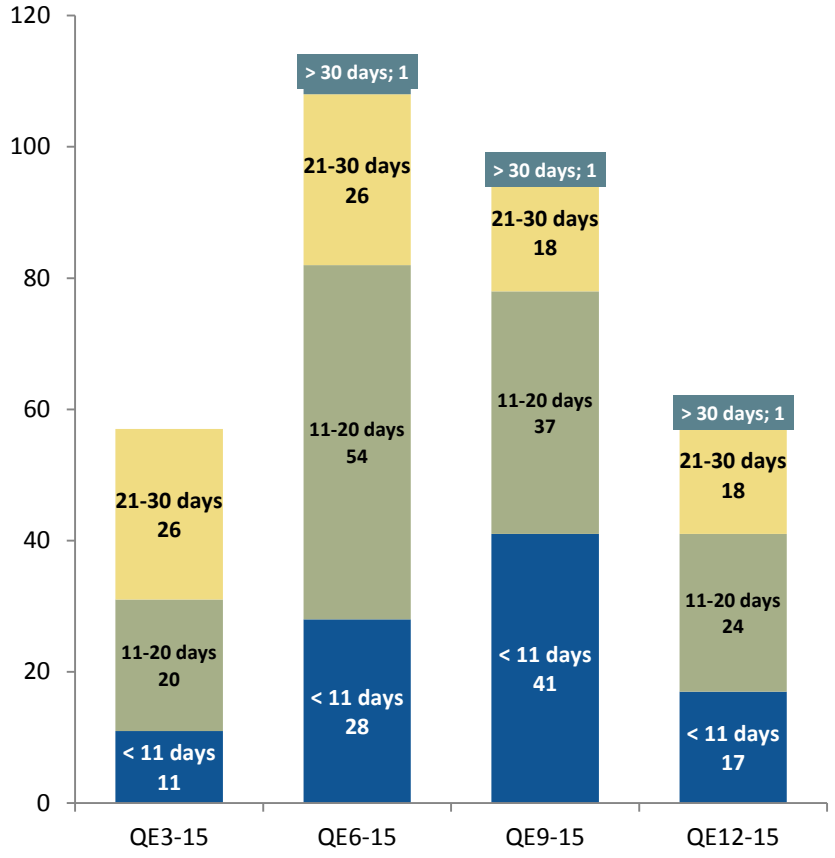
MLTSS: Timeliness of Appeals & Grievances

Appeal Resolution Timeliness



Grievance Resolution Timeliness



Source: Tables 3A, & 3B reported by MCOs quarterly

Notes: Appeals and grievances that occur near the end of the quarter may be lagged to the next reporting period to be able to obtain conclusive data. Numbers represent all appeals and grievances reported across all plans, and may include multiple appeals or multiple grievances reported by one recipient.

DRAFT

Data Shown as Reported by Plans; Pending State and IPRO Validation

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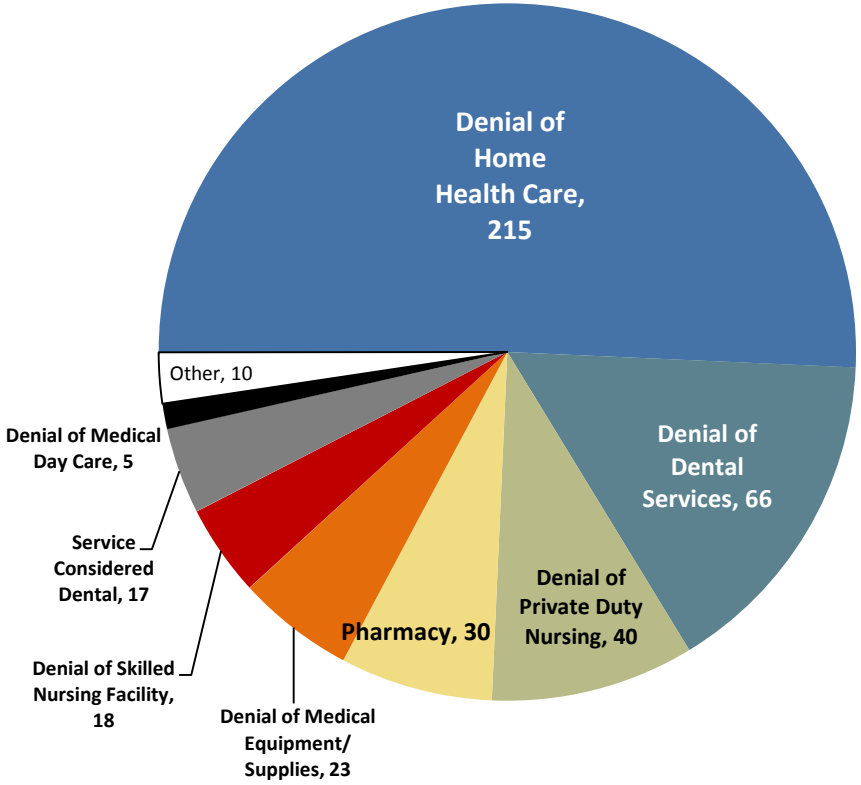
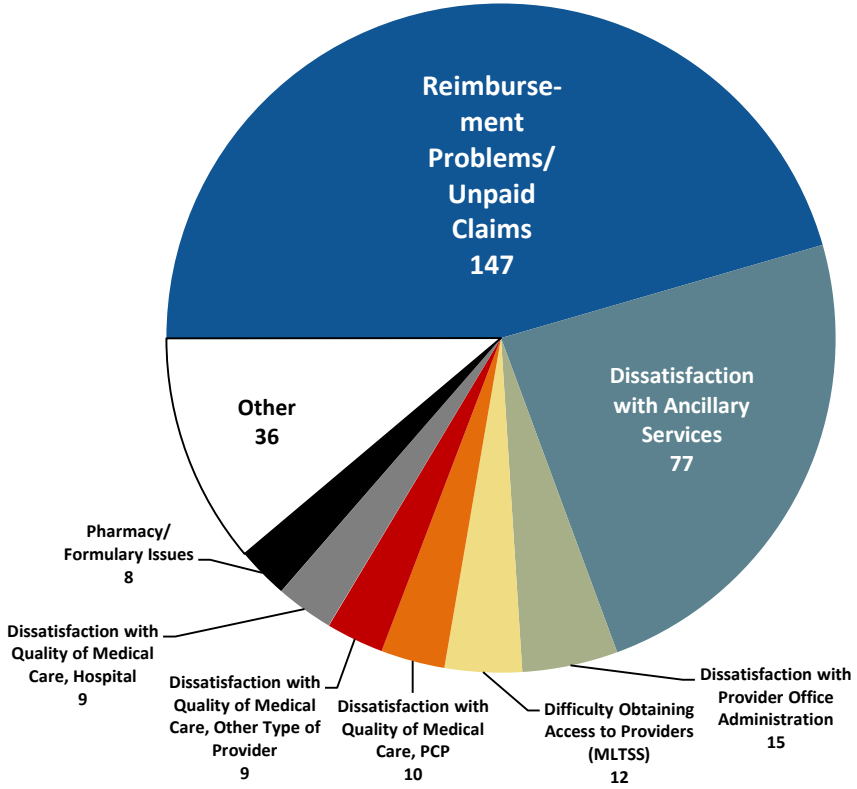
MLTSS: Appeals & Grievances by Category

Appeals by Appeal Category
Jan. 2015 - Dec. 2015



Grievances by Grievance Category
Jan. 2015 - Dec. 2015



Source: Tables 3A & 3B, reported by MCOs quarterly

Notes: Numbers represent all appeals and all grievances reported across all plans, and may include multiple grievances reported by one recipient. Appeals 'Other' consists of: Denial of Outpatient Medical Treatment/Diagnostic Testing; Denial of Hearing Aid Services; Denial of Referral to Out-of-Network Specialist; Denial of Behavioral Health Services; Denial of Outpatient Rehabilitation Therapy (PT, OT, Cardiac, Speech, Cognitive, etc.); Other (MLTSS). Grievances 'Other' consists of: Dissatisfaction with Plan Benefit Design; Dissatisfaction with Quality of Medical Care, Specialist; Laboratory Issues; Dissatisfaction with Dental Services; Dissatisfaction with Marketing/Member Services/etc.; Difficulty Obtaining Access to a Provider; Dissatisfaction with Provider Network; Dissatisfaction with Vision Services; Difficulty Obtaining Referral to Network Specialist of Member's Choice; Difficulty Obtaining Referrals for Ancillary Services; Waiting Time Too Long at Office, PCP; Difficulty Obtaining Referrals for Covered Services (MLTSS).

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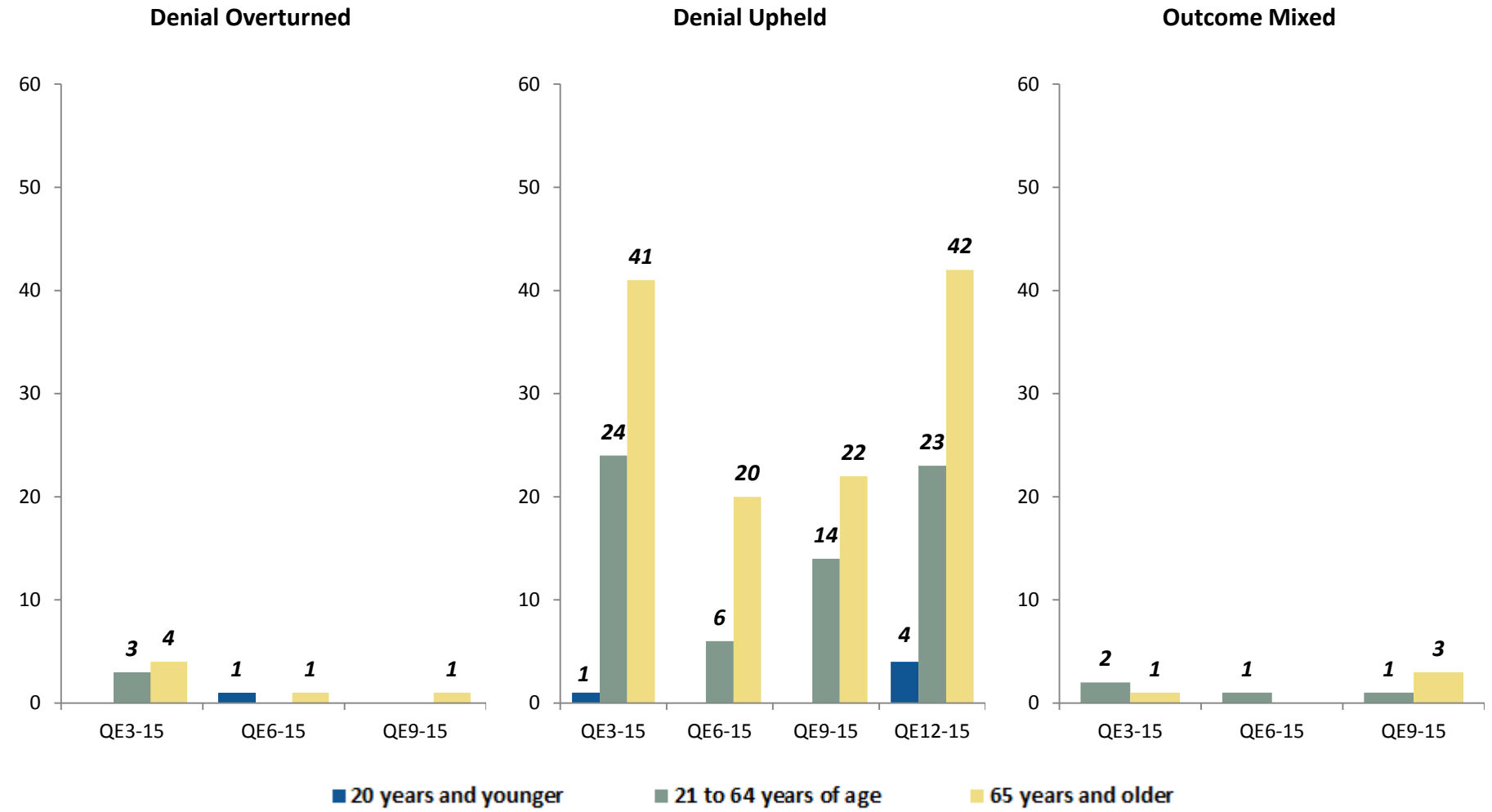
MLTSS: Appeals- Denial of Home Health Services



Source: Table 3A, reported by MCOs quarterly
Notes: Appeals that occur near the end of the quarter may be lagged to the next reporting period to be able to obtain conclusive data.
Numbers represent all appeals reported across all plans, and may include multiple appeals reported by one recipient.

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Pending State and IPRO Validation

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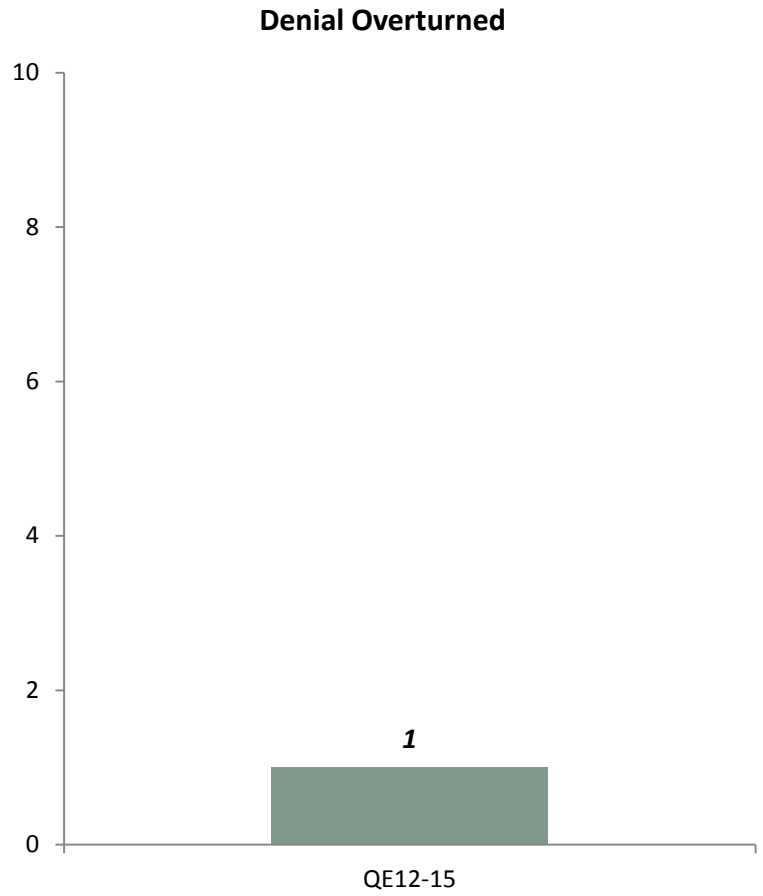
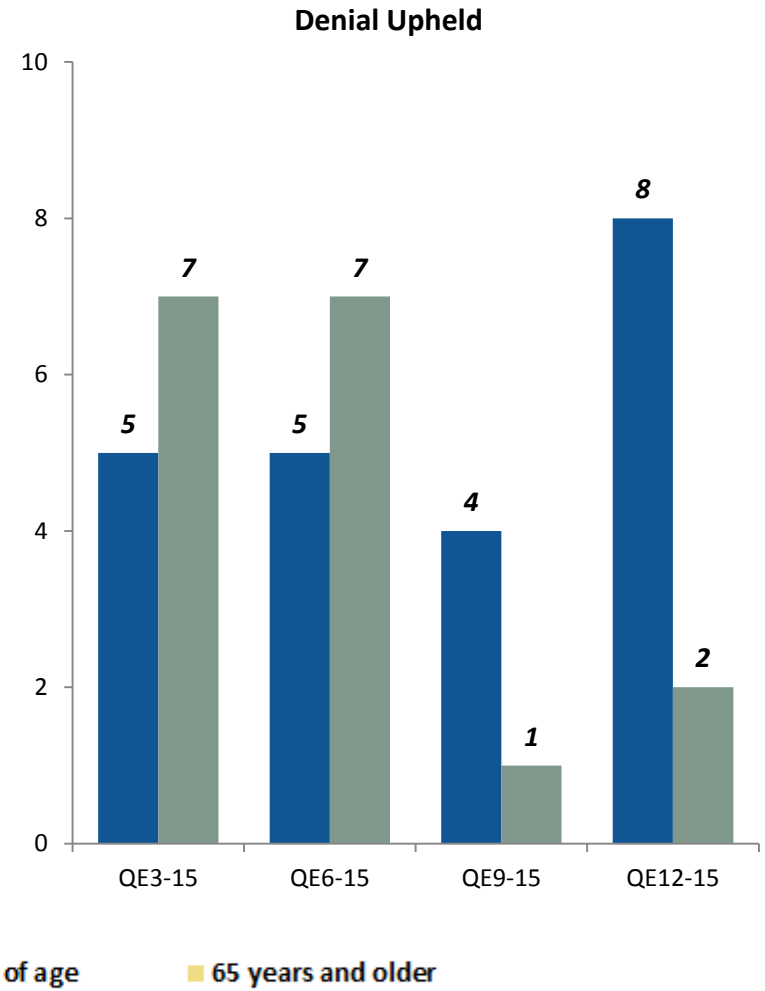
MLTSS: Appeals- Denial of Private Duty Nursing Services





Source: Table 3A, reported by MCOs quarterly

Notes: Appeals that occur near the end of the quarter may be lagged to the next reporting period to be able to obtain conclusive data. Numbers represent all appeals reported across all plans, and may include multiple appeals reported by one recipient. *No Denials Overturned or Mixed Outcomes for this Appeal Category during the time periods shown in the chart.

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Data Shown as Reported by Plans; Pending State and IPRO Validation

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NJ FamilyCare Update

Meghan Davey, Director

Medical Assistance Advisory Council Meeting

April 20, 2016

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March 2016 Enrollment Headlines

2nd Monthly Enrollment Increase Since June 2015

13,538 (0.78%) Net *Increase* Over February 2016

461,848 (36%) Net Increase Since Dec. 2013

60,598 New Enrollments

(2nd Highest Amount Since April 2015)

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.

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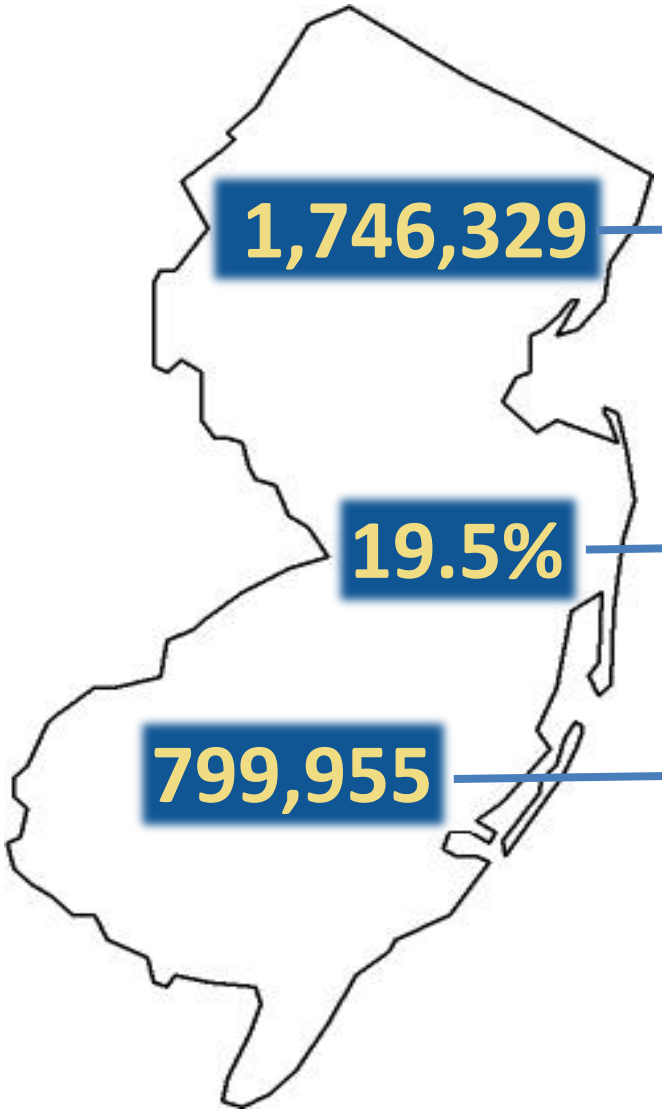
NJ Total Population: *8,958,013*



1,746,329 — **Total NJ FamilyCare Enrollees** ***(March 2016)***

19.5% — **% of New Jersey Population Enrolled** ***(March 2016)***

799,955 — **Children Enrolled** ***(about 1/3 of all NJ children)***

Sources: Total New Jersey Population from U.S. Census Bureau 2015 population estimate at http://www.census.gov/popest/data/state/totals/2015/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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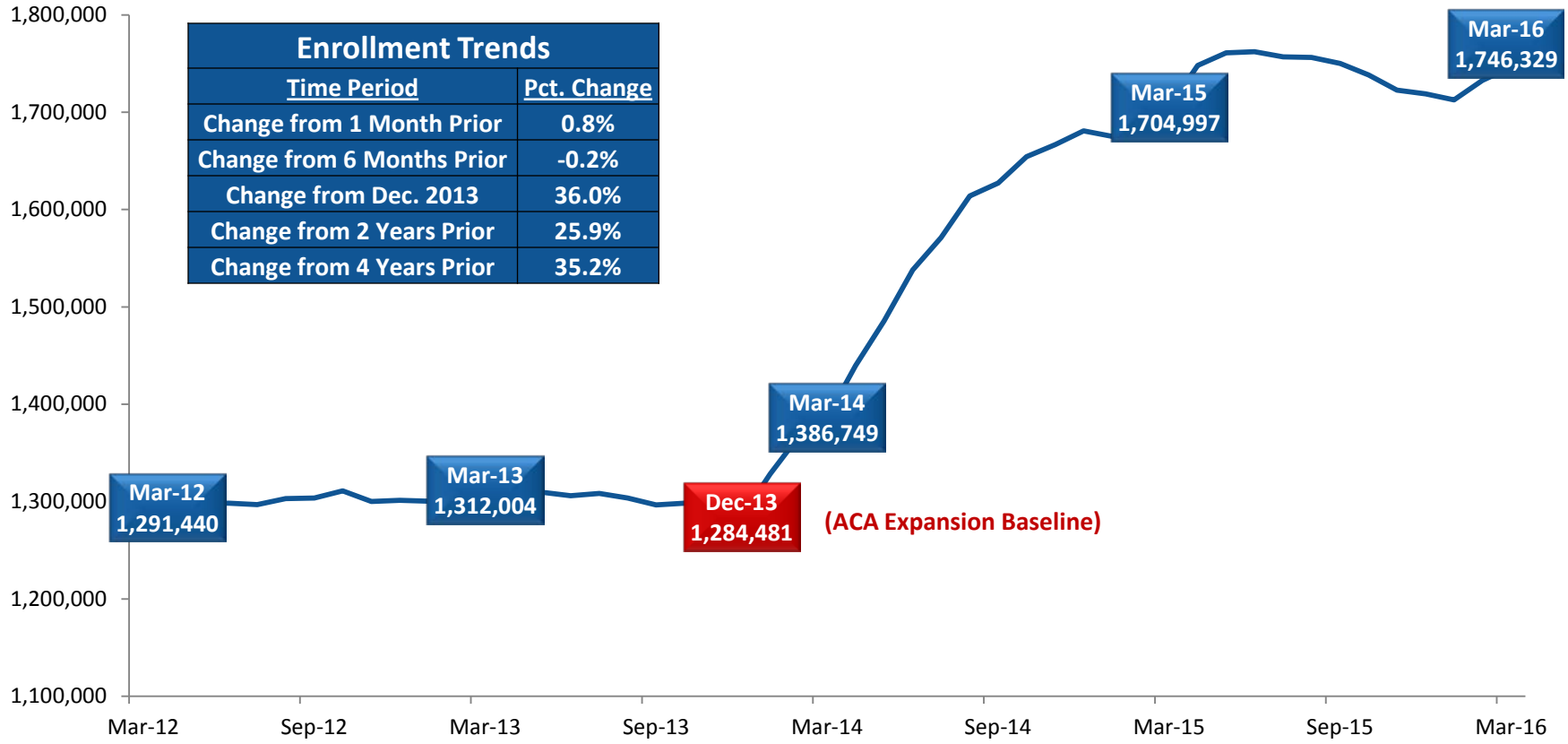
Overall Enrollment

Total NJ FamilyCare Recipients, Mar. 2012 – Mar. 2016



Enrollment Trends	
Time Period	Pct. Change
Change from 1 Month Prior	0.8%
Change from 6 Months Prior	-0.2%
Change from Dec. 2013	36.0%
Change from 2 Years Prior	25.9%
Change from 4 Years Prior	35.2%

Source: SDW MMX Snapshot Universe, accessed 4/1/2016.

Notes: Includes all recipients eligible for NJ DMAHS programs at any point during the month

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Expansion Basics

Timeline

- Oct. 2013 – Applications Started
- Jan. 2014 – Expansion Population Benefits Started

Who's Eligible?

- All adults earning up to 133% of federal poverty level ($26,321 per year for a family of three)
- Those previously eligible also expected to enroll due to federal law's "individual mandate"

Who pays?

- Federal government pays 100% of expansion population's benefits through 2016
- Federal share slowly tapers to 90% by 2020

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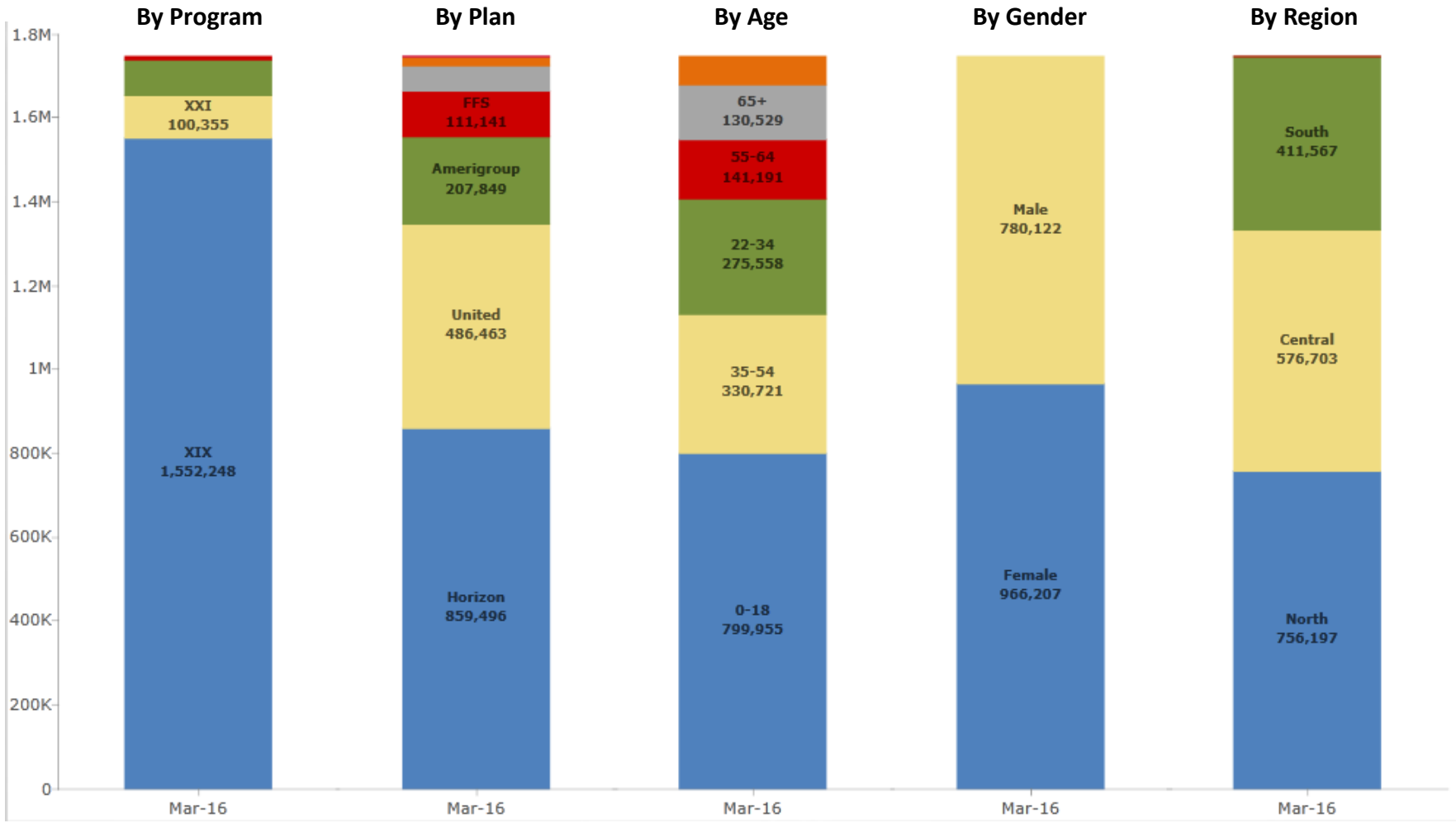
NJ FamilyCare Enrollment "Breakdowns"

Total Enrollment: 1,746,329



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for 4/1/2016.

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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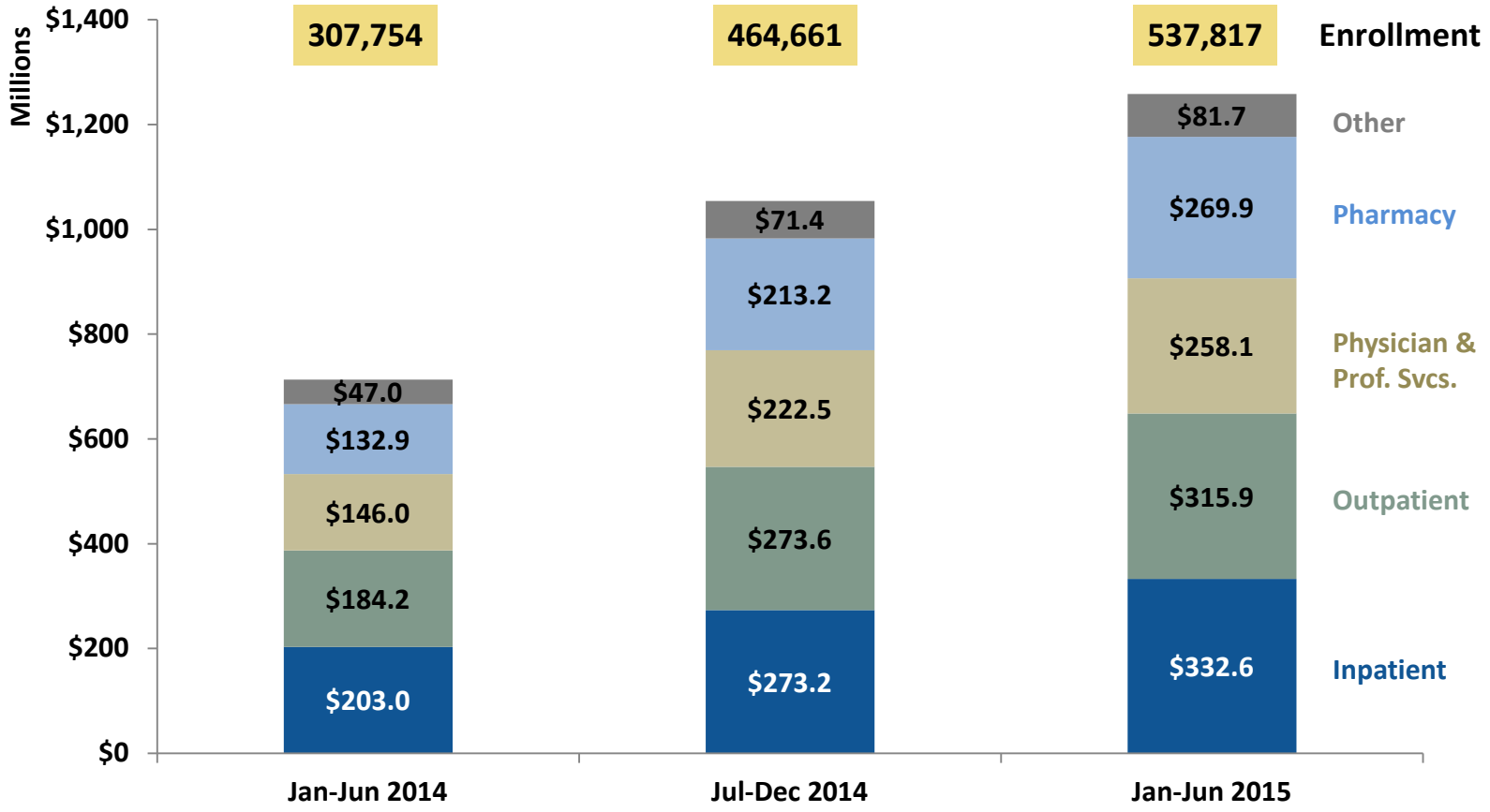
Expansion Population Service Cost Detail



Source: NJ DMAHS Share Data Warehouse fee-for-service claim and managed care encounter information accessed 4/6/2016

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 12/28/15 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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NJ FamilyCare Renewals

NJ FamilyCare coverage must be renewed and updated annually

It is important to report changes such as:

- **Income**
- **Household size**
- **Address**

Renewal Processing

Renewal applications are sent 75 days prior to renewal date

2 reminder letters sent prior to renewal period ending

Reasons for Disenrollment

Ineligibility due to residence, age and income

Payment of premium past due

No response to renewal

Request for disenrollment

Outreach and Retention Efforts

DMAHS provides the following monthly reports to NJ FamilyCare managed care organizations:

- HMO Renewal Report
- Cost Share Disenrollment Report
- Non-Response to Renewal

1115 Comprehensive Waiver Demonstration Renewal

The renewal application includes a 30 day comment period for stakeholder feedback. Comments may be sent:

Preferred Method:

➡ **Via email to: cmwcomments@dhs.state.nj.us**

➡ **Via mail or fax to:**

Margaret Rose
Division of Medical Assistance and Health Services
Office of Legal and Regulatory Affairs
P.O. Box 712
Trenton, NJ 08625-0712
FAX: 609-588-7343

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Transportation Broker Contract Update

(RFP released December 15, 2015)

Answers to submitted questions posted week of March 11, 2016

Date for submission of proposals extended to April 14, 2016

Award of new contract late May, early June

If a new contractor is selected, the existing contract will be extended on a month-to-month basis to accommodate the transition

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