

Affordable health coverage. Quality care.

Plan First Family Planning Program

Background

 Governor Murphy signed into law family planning legislation to increase access to family planning services in Medicaid for individuals up to 200% FPL.

 Current estimates 31,000 to 55,000 enrolled over five years.

Expanding Access to Family Planning Services (proposed)

- Family Planning services are a mandatory Medicaid service, but states have significant discretion in which populations are eligible and what services are provided.
- In March of 2018, legislation passed to expand Medicaid coverage for family planning services up to 200% FPL.

Eligibility:

- Women and Men Individuals with incomes between 138% and 205% of the Federal Poverty Level.
- Must be a New Jersey state resident, citizen or qualified alien.

NEXT STEPS:

- Provider trainings will take place in September 2019.
- Go live: October 1, 2019.



Eligibility Criteria

 Men and women, 138% to 200% with an allowed upper limit of 205% to mirror eligibility for pregnant women.

Apply online using the NJ FamilyCare application.

Provider Specialty

- Independent Clinic Family Planning/ Planned Parenthood
- Fee-For-Service (FFS) only
- All NJ FamilyCare FFS providers are eligible to participate, including FQHCs
- Inpatient claims are NOT INCLUDED
- No Presumptive Eligibility (PE) for Family Planning

Highlights of Covered Services

- Comprehensive family planning services for women and men including all FDA-approved forms of contraception
- Family planning-related laboratory testing
- Vasectomies covered for men 21 years of age, or older
- Long Acting Reversible Contraception (LARC)
- HPV Vaccine

NJ FamilyCare Update

June 2019 Enrollment Headlines

1,705,078 Overall Enrollment

2,035 (0.1%) Net Decrease Over May 2019

95.2% of All Recipients are Enrolled in Managed Care

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at http://www.nj.gov/humanservices/dmahs/news/reports/index.html; Dec. eligibility recast to reflect new public statistical report categories established in January 2014

Notes: Net change since Dec. 2013; includes individuals enrolling and leaving NJ FamilyCare. Does not include retroactivity.



June 2019 Eligibility Summary Total Enrollment: 1,705,078

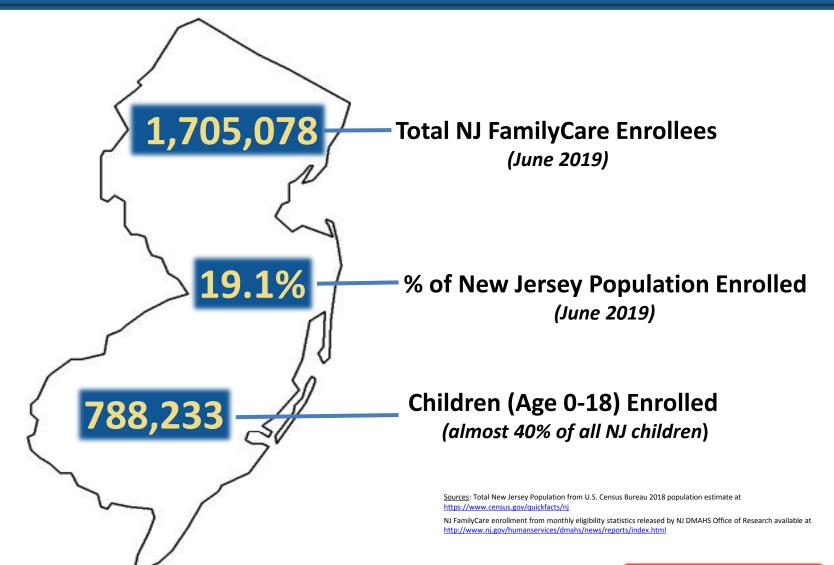
Expansion Adults	518,419	30.4%
Other Adults	96,044	5.6%
Medicaid Children	566,940	33.3%
M-CHIP Children	95,727	5.6%
CHIP Children	125,305	7.3%
Aged/Blind/Disabled	302,643	17.7%

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' and 'Children's Services'; M-CHIP consists of 'MCHIP'; CHIP Children consists of all CHIP eligibility categories; ABD consists of 'Aged', 'Blind' and 'Disabled'. Percentages may not add to 100% due to rounding.

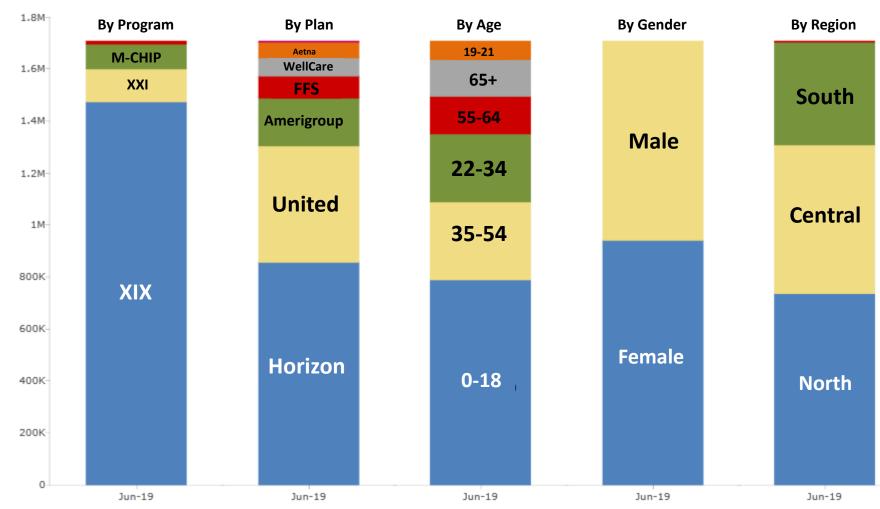


NJ Total Population: 8,908,520



NJ FamilyCare Enrollment "Breakdowns"





Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for June 2019.

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.



Census 2020

How Temporary Census Income is Counted when Determining Eligibility for Medicaid/CHIP

MAGI

- Census income is taxable, and it may not be excluded in determining eligibility for medical assistance using Modified Adjusted Gross Income (MAGI) rules.
- CMS guidance states that instead of counting income only in the month received, individuals that are working temporarily may have their incomes prorated over the course of a year.
- New Jersey has always counted income in this manner, as appropriate, and it is outlined in our State Plan.

Aged, Blind and Disabled (ABD) Programs

- CMS has encouraged states to request authority in order to encourage individuals to work for the Census without fear of losing medical coverage.
- New Jersey submitted a State Plan Amendment to disregard Census income under ABD rules. Historically, New Jersey had State Plan authority for this income disregard, but it expired after the last Census.

How Temporary Census Income is Counted when Determining Eligibility for Division of Family Development Programs

Supplemental Nutrition Assistance Program (SNAP)

• The Division of Family Development (DFD) applied, and received approval, to disregard temporary Census worker income for SNAP.

Temporary Assistance for Needy Families (TANF) and General Assistance (GA)

 DFD will also disregard temporary Census worker income for the TANF and GA programs.

Long Term Care and Managed Long Term Services & Supports

May 2019 LTC Headlines

84.7% of NJFC Long Term Care Population is Enrolled in MLTSS

53.5% of the NJ FamilyCare LTC Population is in Home and Community Based Services*

Prior Month = 53.1%; Start of Program = 29.4%

Number of Recipients Residing in Nursing Facilities** is Down Over 2,000 Since the July 2014 Implementation of MLTSS

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



^{*} 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.

Long Term Care Recipients Summary – May 2019

Total Long Term Care Recipients

58,384

Managed Long Term Support & Services (MLTSS)		49,423
	MLTSS HCBS	27,064
	MLTSS Assisted Living	3,040
	MLTSS NF/SCNF	19,319

Fee For Service* (Managed Care Exempt) NF & SCNF 7,826

PACE 1,135

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed July 2019.

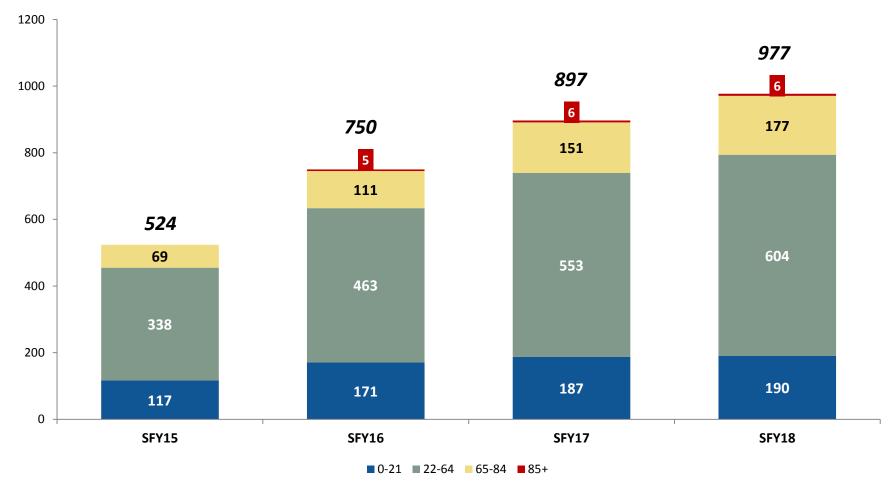
Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223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



^{*} A portion (~25%) of the FFS NF & SCNF count is claims-based and therefore uses a completion factor (CF) to estimate the impact of nursing facility claims not yet received. Historically, 63.56% of long term care nursing facility fee-for-service claims are received one month after the end of a given service month.

MLTSS Recipients with an I/DD Designation*

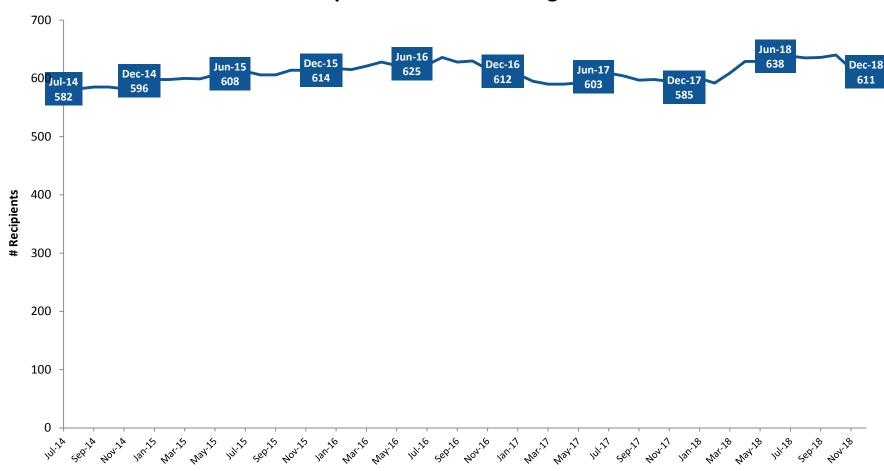






I/DD* Recipients Residing in a Nursing Facility: FFS & MLTSS

NF Recipients with a DD Designation



Source: NJ DMAHS Share Data Warehouse Recipient Table and Claims Universe, accessed 5/17/19.

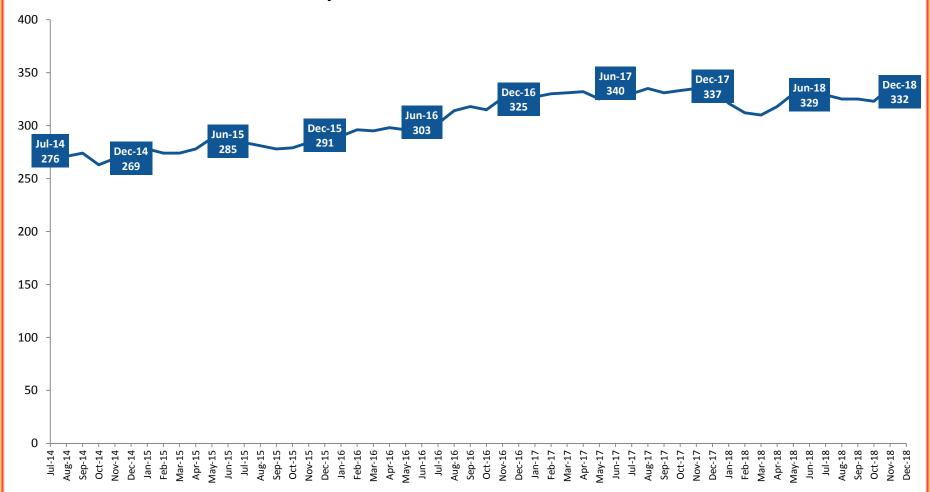
Notes: * I/DD status identified by recipient having a DDD paycode designation on the RHMF between 1/1/13 & present. NF status identified by ENC COS NFC claim or COS 07 claim in the given month.

DDD paycode designations include the following: 4, 6, B, C, D, J, K, S, U, W & X respectively High Cost Drugs & DDD; Cystic Fibrosis & DDD; AIDS & DDD; HIV+ & DDD; FACTOR 8/9 & DDD (w & w/out HIV), DYFS and ABD and DDD (w & w/out AIDS, HIV, FACTOR 8/9). Note that the same recipient may appear in multiple month's counts.



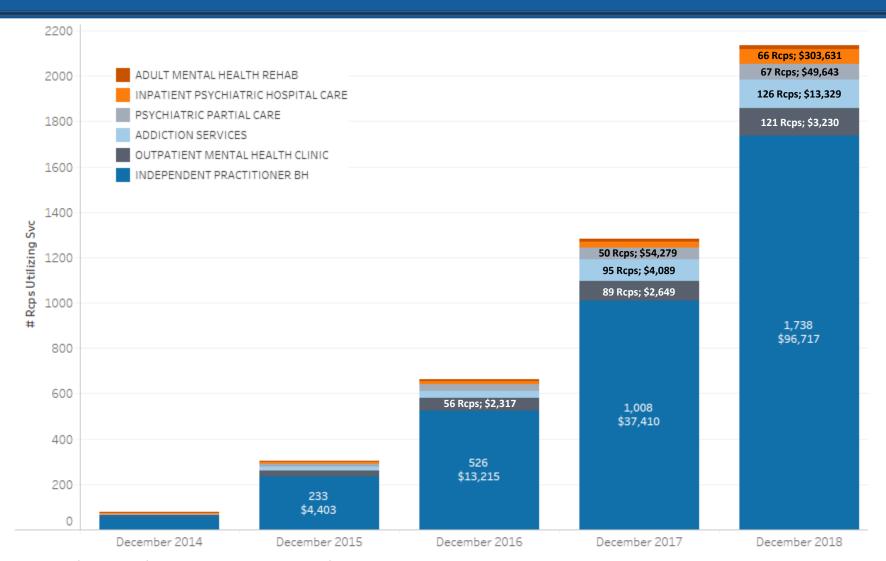
MLTSS Recipients with a TBI Diagnosis

MLTSS Recipients with a TBI Claim in Given Month



NJFAMILYCARE
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MLTSS Recipients' BH Utilization, over Time

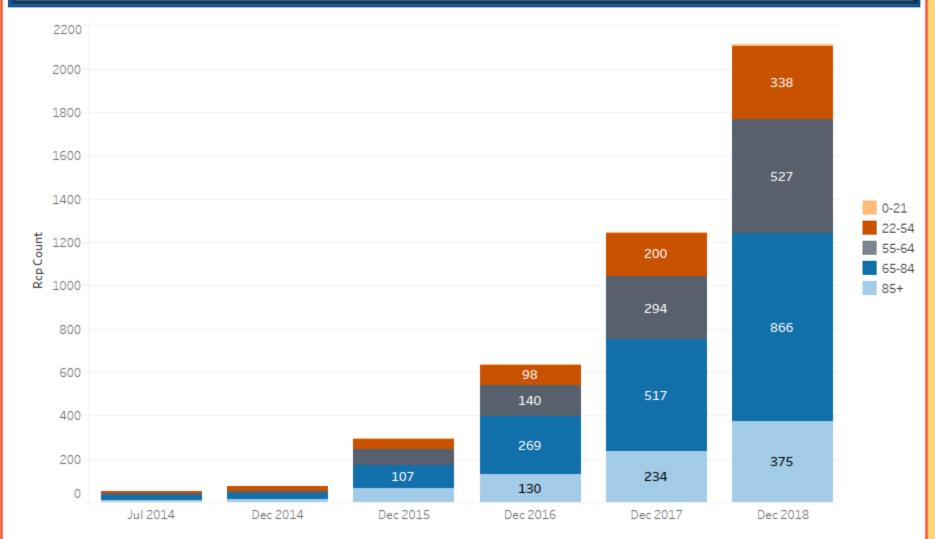


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed June 2019.

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 Recipients Utilizing BH Services by Age Group

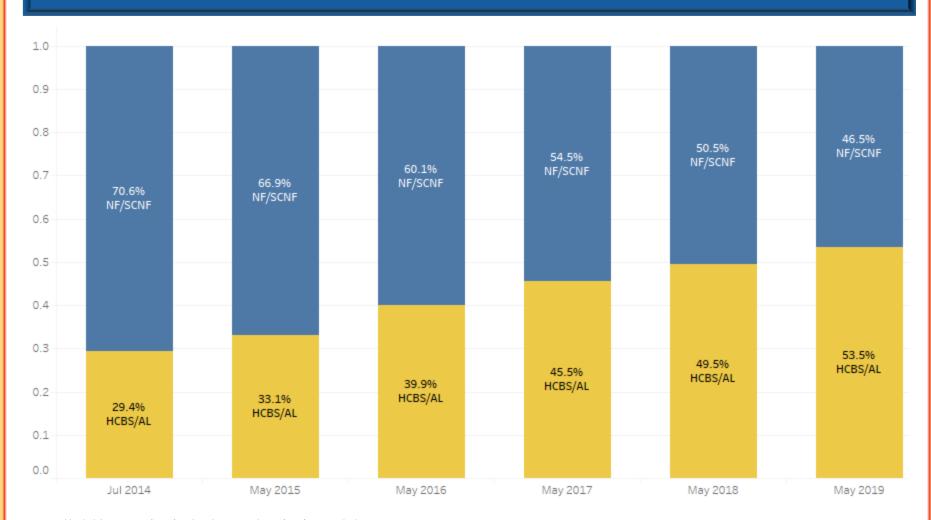


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed June 2019.

Notes: Claims represent encounters paid through the date that the SDW was accessed. Subcapitations are not included in this data. HCBS & AL Populations are defined based on cap codes 79399; 89399 OR SPCs 60; 62.



MLTSS Rebalancing Recipients: Monthly Counts

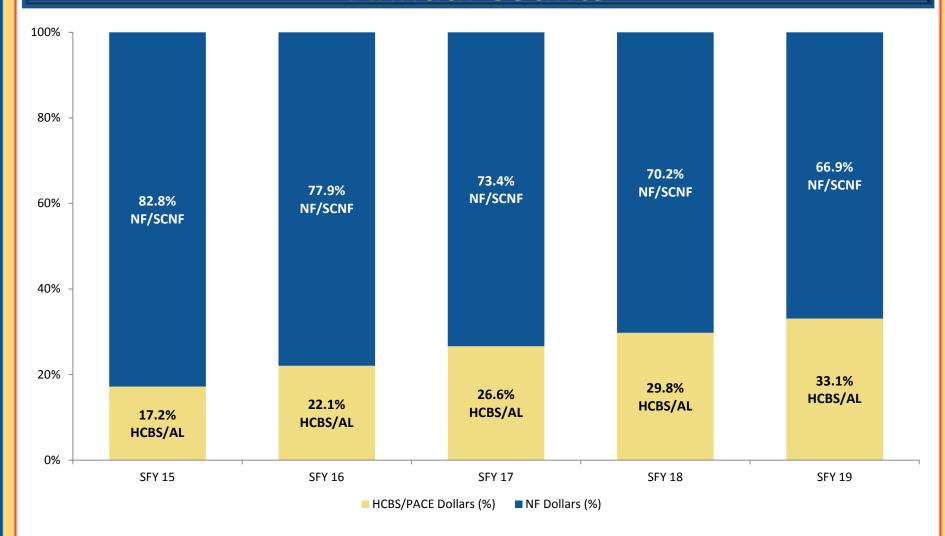


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed July 2019.

Notes: All recipients with PACE plan codes (220-229) are categorized as PACE and are included in the total HCBS /AL count. 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/AL) with no fee-for-service nursing facility claims in the measured month. Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,646,65,6667 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy &/or Rehab). COS 07 count w/out a SPC 6x or one of the specified cap codes uses a completion factor (CF) due to claims lag (majority are medically needy recipients).



Percentage of MLTSS Rebalancing Dollars: Annual Counts



Source: NJ DHS (DMAHS) Budget, FY 2015 – FY 2019, accessed July 2019.

Notes: Shows spend for each LTC category as a percent of overall LTC spend. LTC defined as recipients residing in nursing facilities or receiving home-based supportive care (including those in the PACE program).

