



# Meeting of the Medical Assistance Advisory Council

January 18, 2024

# Agenda

- Welcome and Call to Order – Dr. Deborah Spitalnik
- Approval of Minutes – MAAC Members
- Policy Updates – Jon Tew and Greg Woods
- Unwinding the Public Health Emergency
  - Community Outreach – Carol Grant
  - Metrics – Greg Woods
- Personal Preference Program: Fiscal Intermediary – Becky Thomas
- NJ WorkAbility – Becky Thomas
- Health Plan Name Change – Lynda Grajeda
- 1115 Comprehensive Medicaid Demonstration Policy
  - Overall Status Update – Jon Tew
  - Highlight: Behavioral Health Integration – Shanique McGowan and Jon Tew
- 2023 Lookback – Jennifer Langer Jacobs and Greg Woods
- Planning for the Next Meeting – Dr. Deborah Spitalnik

# Policy Updates

# State Policy Updates

Since the last MAAC meeting, legislation has been enacted tasking NJ FamilyCare with new program enhancements and rate increases.

- **Hospital at Home** – in partnership with DOH and CMS, creates a program for the coverage of acute hospital care in a member's home when appropriate [[P.L. 2023, c.163](#)].
- **Reproductive Health Information Hub** – creates a website housing information on access to reproductive health care, including NJ FamilyCare benefits: [ReproductiveHealth.nj.gov](https://ReproductiveHealth.nj.gov) [[P.L. 2023, c.170](#)].
- **Rate Increases** - establishes a new minimum rate for Traumatic Brain Injury (TBI) Specialty Nursing Care Facilities as well as an enhanced rate for Nursing Facilities that create single occupancy rooms [[P.L. 2023, c. 181](#)].
- **Palliative Care** – adds palliative care benefits to the NJ FamilyCare program [[P.L.2023, c.187](#)].

Implementation of these bills is underway and will continue into 2025.

# Lame Duck Action

- [A5757 | P.L.2023, c.199](#) – Extends for one year the rate parity requirements between telemedicine and telehealth services
- [A4913 | P.L.2023, c.247](#) – Requires carriers to offer healthcare providers more than one method of payment for reimbursement
- [A4153 P.L.2023, c.213](#) – Requires NJ FamilyCare to reimburse claims for covered services submitted by clinical social workers, professional counselors, and marriage and family therapists
- [A5212 P.L.2023, c.221](#)– Incorporates the use of healthcare platforms providing discounted drug prices into rules governing pharmacies and pharmacy benefits managers (PBMs)

# Lame Duck Action continued

- [A4049 P.L.2023, c.306](#) – Presumptive Eligibility for Home and Community Based Services (HCBS)
- [A5748 P.L.2023, c.337](#) – Adds Gloucester County as a "participating county" under the County Option Hospital Fee Program
- [S2535 P.L.2023, c.275](#) – Requires coverage of hearing aids and cochlear implants
- [A3092 P.L.2023, c.264](#) – Requires the collection of more specific demographic data by State Agencies

# Federal Policy – Key Milestones

- **Implemented**

- **January 2024:** Implementation of 12 months of continuous eligibility for children (Section 5112 - [Consolidated Appropriations Act of 2023](#))

- **Upcoming**

- **CY 2024:** CMS expected to finalize several major new regulations:
  - Eligibility and Enrollment ([Proposed rule](#) - September 2022)
  - Managed Care ([Proposed rule](#) - May 2023)
  - Access ([Proposed rule](#) - May 2023)
- **January 2025:** Cover physical and behavioral health screenings and targeted case management for juveniles before release from incarceration (Section 5121 - [Consolidated Appropriations Act of 2023](#))
- **July 2025:** Publish updated, searchable online provider directories for both managed care and fee-for-service (Section 5123 - [Consolidated Appropriations Act of 2023](#))
- **Summer 2026:** Completion of required eligibility process improvements outlined in New Jersey's unwinding "[mitigation strategy](#)"

# Unwinding the Public Health Emergency



# North Star Principles for Returning to Regular Renewals

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Serve people the best way possible.

We will **resume Medicaid eligibility renewals** as required by federal rules, with a focus on the quality of our work and support for our members.

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Communicate with clarity and concern.

We will emphasize **shared understanding** as we manage broad technical systems and very unique individual circumstances.

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Experiment with new ways to solve problems.

We will collaborate in new ways with our **operational partners** – and we will consider how we can use those new approaches to improve our program for the long-term.

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Work closely with our stakeholders.

We will collaborate with our **community stakeholders** to raise awareness and provide support, with a shared commitment to equity, inclusion, and synergy.

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Show people we care.

We will make **empathy, positive energy, and collaborative focus** our hallmark, internally and externally.

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# Additional Community Investment to Support Eligibility and Retention

- The Health Resources and Services Administration (HRSA) awarded \$170,000 to the NJ Department of Health (DOH) in November 2023 to support and increase awareness/call to action for renewal during PHE unwinding through outreach and effective use of media and community events.
- The grant has a specific focus on reaching diverse/marginalized populations of pregnant and postpartum people and children in key counties and cities in New Jersey.
- DOH will administer the grant through [SPAN \(Statewide Parent Advocacy Network\)](#) in partnership with DMAHS. SPAN will spearhead the work, utilizing town hall meetings, webinars, member focus sessions, public service announcements and social media.
- Implementation planning is currently underway.

# Additional Community Investment to Support *Cover All Kids* Eligibility and Retention

- Cover All Kids (CAK) Outreach Community Partner Grants
  - Six one-year grants of \$250,000 to community-based organizations to ensure children enrolled in NJ FamilyCare retain coverage.
  - Grantees will outreach Phase 1 and Phase 2-eligible children in their respective catchment areas.
  - Implementation activities including contracting, orientation and training currently underway.
- Regional Health Hubs
  - \$300,000 in additional funding to support and expand outreach, enrollment, and retention of eligible children in the Essex, Passaic, Camden, and Mercer counties.

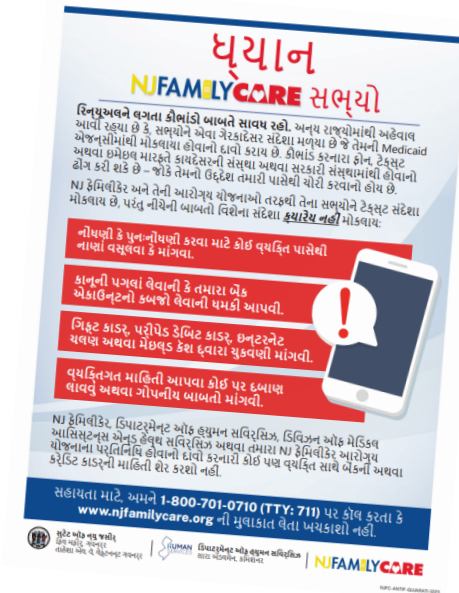
Grantees include:

- [Community Action Service DBA Rise](#) (Mercer County)
- [HOPES Community Action Partnership](#) (Morris County)
- [Latino Action Network Foundation](#) (Monmouth County)
- [Make the Road NJ](#) (Union County)
- [Second Street Youth Center](#) (Union County)
- [Southern Jersey Family Medical Centers](#) (Burlington County)
- RHH: [Camden Coalition](#)
- RHH: [Trenton Health Team](#)
- RHH: [Greater Newark Health Care Coalition](#)
- RHH: [Health Coalition of Passaic County](#)

# New Efforts for Community Outreach

To promote health equity and enhance outreach strategies, we connect with community members to gain insights into their experiences, challenges, and successes. This input guides and refines our initiatives, ensuring they align with the diverse needs of the community.

- Fostered deeper partnerships with community organizations in historically marginalized communities, utilizing phone, email, and social media campaigns to connect with members where they are.
- Established communication channels with Renewal Assistors and Community Ambassadors to actively disseminate updates, assist with applications, and promptly relay member feedback in real-time.
- Revised outreach materials and messaging to incorporate feedback from community partners, target specific audiences based on disenrollment trends, and assess the effectiveness of outreach efforts.



# NJ FamilyCare Trainings

- NJ FamilyCare staff have been running trainings for providers and community-based organizations throughout the unwinding period.
- The goal of the **provider trainings** is to inform providers about the renewal process and to offer resources providers can use to help patients keep their NJ FamilyCare coverage.
  - In 2023, we held 9 training sessions with over 750 attendees.
- The goal of the **renewal assistor trainings** is to inform local organizations about how NJ FamilyCare works so that they can help share this information in the communities they serve. Participants learn how to apply online for NJ FamilyCare and what happens after the application is submitted.
  - In 2023, we held 11 training sessions with over 820 attendees from more than 250 organizations.
- In 2024, there will be open meetings for those who have taken these trainings to share feedback with DMAHS staff.
  - Open Provider Meeting: [March 21 at 1:00](#)
  - Open Community Meeting: [February 22 at 1:00](#)

## Upcoming Renewal Assistor Trainings

[January 23 from 10:00 – 11:30](#)

[February 13 from 10:00 – 11:30](#)

[March 14 from 2:00 – 3:30](#)

# NJ FamilyCare Outreach Events

- La Casa de Don Pedro, Health Advisory Service Committee
- CamCare Redetermination Community Event
- North Brunswick Senior Center Health Fair
- Masjid-Al-Wali Health Fair (RWJBH)
- Cancer Awareness Event, PRAC of Southern NJ in Raspberry Plaza
- NJ School Boards Association Convention, Atlantic City
- Trunk or Treat Pine Street in Millville
- Opioid Awareness Walk in Newark
- Consulado de Colombia, Consulate Special Event
- Heritage South Family Success Center
- Immaculate Heart of Mary Event
- Newark Public School, 37th Annual Conference
- Mercer County Veteran Service Expo
- Rural Health Conference at Princeton Forrestal Village
- Paterson Parent Workshop
- NJ League of Municipalities Convention in Atlantic City
- Healthy Beginnings Free Community Baby Shower at Phillipsburg Early Childhood Learning Center
- Edison Housing Authority Event
- Bergenfield Department of Health Event
- Food Distribution at Trenton Area Soup Kitchen





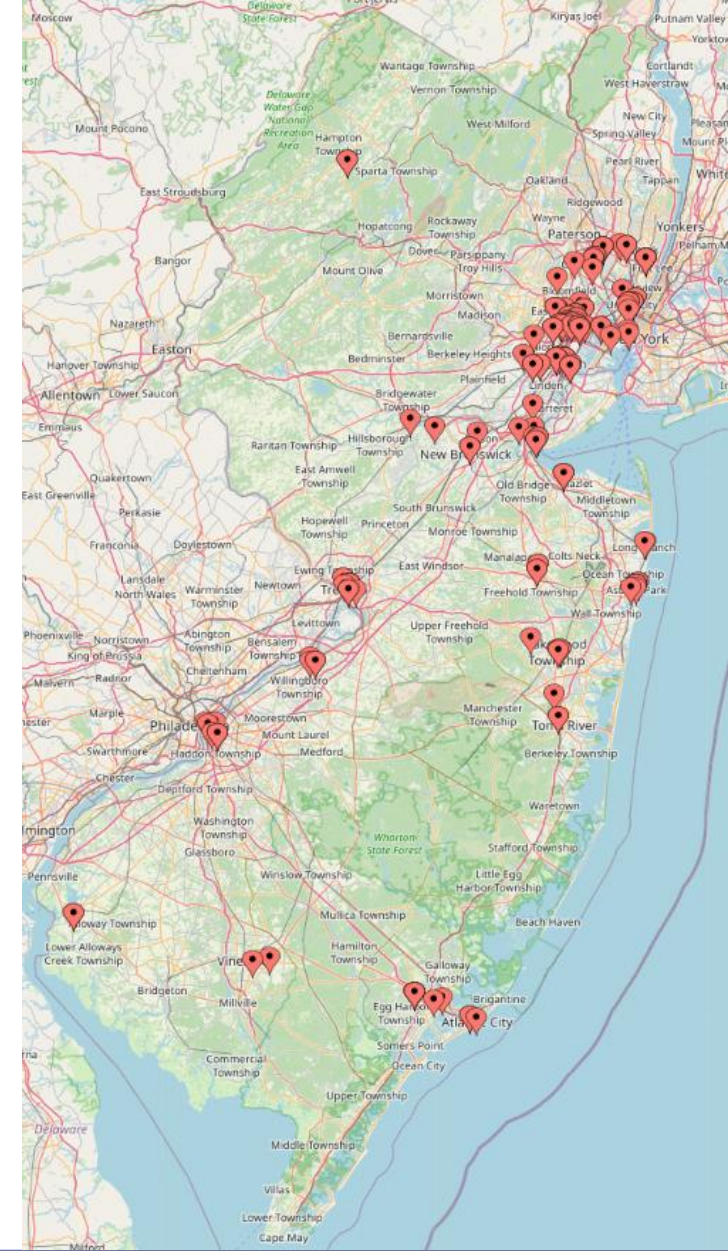
# Regional Health Hub Partnerships and Outreach Events

- South Jersey Family Medical Centers
- Puerto Rican Action Committee of South Jersey
- Iglesia Verbo De Dios
- City of Bridgeton
- Camden Metro Policy Department
- Camden City School District
- Salem Community College
- Ministerio Restauracion Cristiana
- Center for Family Services
- Vineland Soup Kitchen
- Cumberland County Family Shelter
- La Casa de Don Pedro
- Willing Heart Community Care Center
- Diabetes Health Screening at North 25
- NJ CEED and LALDEP Mammogram Extravaganza
- Diabetes Health Screening at Jennings Village
- Mercer County Probation Fair
- Blueprint for Wellness at Jehovah-Jireh Praise & Worship Center
- Early Learning Expo at Clinton Hill Early Learning Center
- Diaper Distribution at Weequahic Family Success Center
- Health Fair at Tabernacle du Seigneur
- One-on-One Conversations with United Passaic Organization



# Managed Care Outreach Events

- Red Ribbon Week – Health and Wellness Fair in Newark
- CARC Baby Shower in Asbury Park
- Lead Awareness and Education Event in Egg Harbor Township
- Children of Joy Pediatrics in Hackensack
- Neighborhood Health Services Corp in Elizabeth
- Hermandad Del Señor De Muruhuay in Union City
- The Leaguers Inc. Kindergarten Resource Fair in Newark
- Children's Home Society South in Trenton
- Monmouth County Free Expungement Clinic in Asbury Park
- Elizabethport Community Center in Elizabeth
- Puerto Rican Association for Human Development (PRAHD) in Perth Amboy
- Consulado De Columbia in Newark
- Ocean Health Initiatives in Lakewood
- Centro Comunitario CEUS (Comité En Unión para Salvadoreños)
- Osborn Family Health Center in Camden





# Unwinding Metrics



## Stay Covered NJ

[Home](#)

[Members:  
Make Sure You Renew](#)

[Community Help](#)

[Stay Covered NJ Toolkit](#)

[FAQs](#)

[Renewal Data](#)

[Eligibility Unwinding](#)

[Contact Us](#)

TAKE ACTION.  
STAY COVERED.

NJ FAMILY CARE



Eligibility reviews have re-started.

Share your updated contact information with NJ FamilyCare. Watch for our mail. Reply on time.

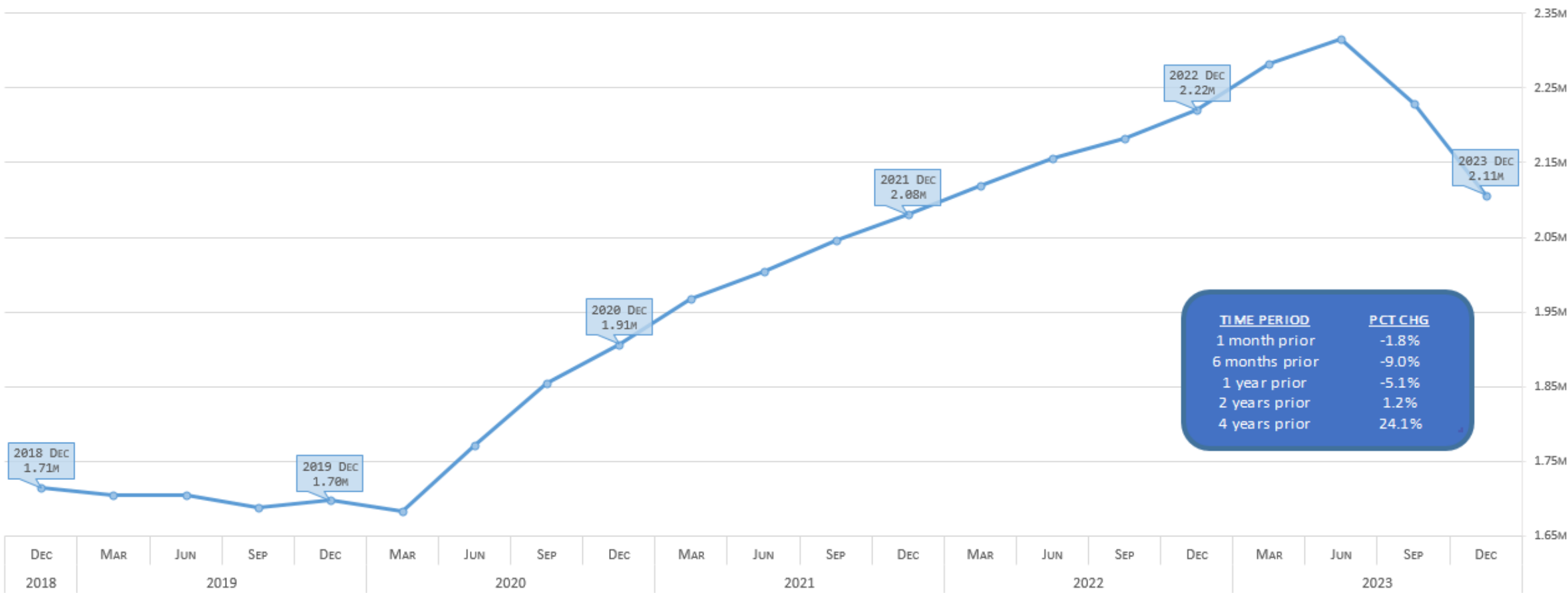
[LEARN MORE >](#)



# Unwinding Data – Monthly Report

- NJ FamilyCare intends to share information with the public throughout this process. We will provide monthly updates and reports to show progress.
- StayCoveredNJ includes a page specifically for [Renewal Data](#).
- The metrics currently available are summarized there, and [the full monthly report](#) can be found using the link at the bottom of the page.
- We have also included placeholders for data that we plan to report in the future but do not currently have available. We are focused on ensuring equitable outcomes across geography, racial and ethnic backgrounds, income, and disability status.

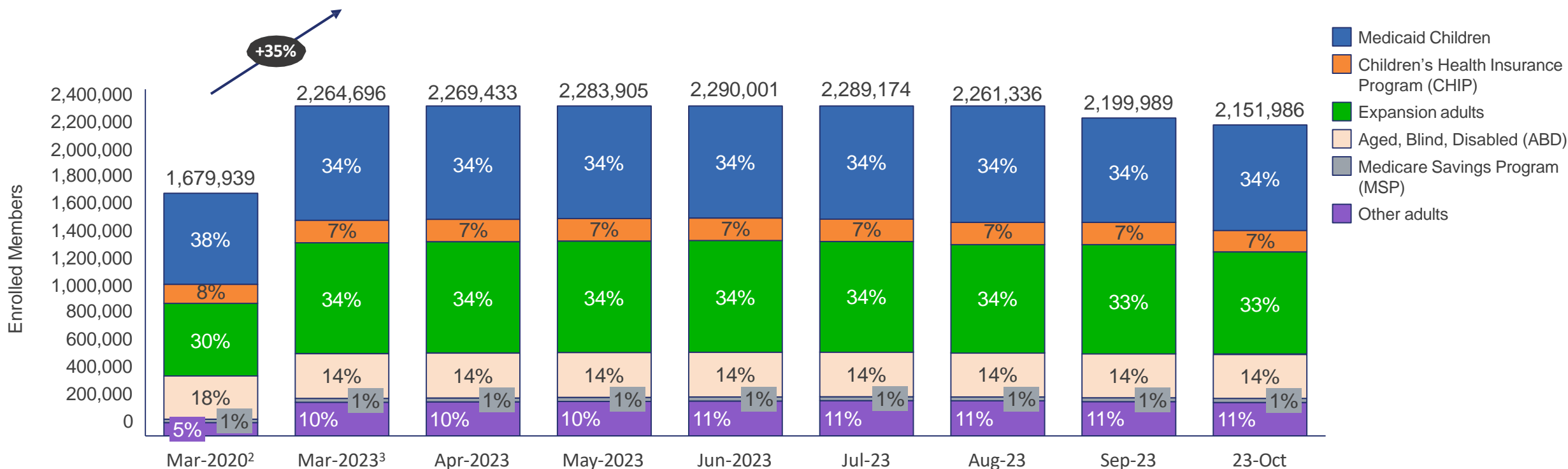
# NJ FamilyCare Enrollment



# NJ FamilyCare enrollment

Total members enrolled in NJ FamilyCare<sup>1</sup>

**X** Percent change in NJ FamilyCare enrollment between March 2020 – March 2023



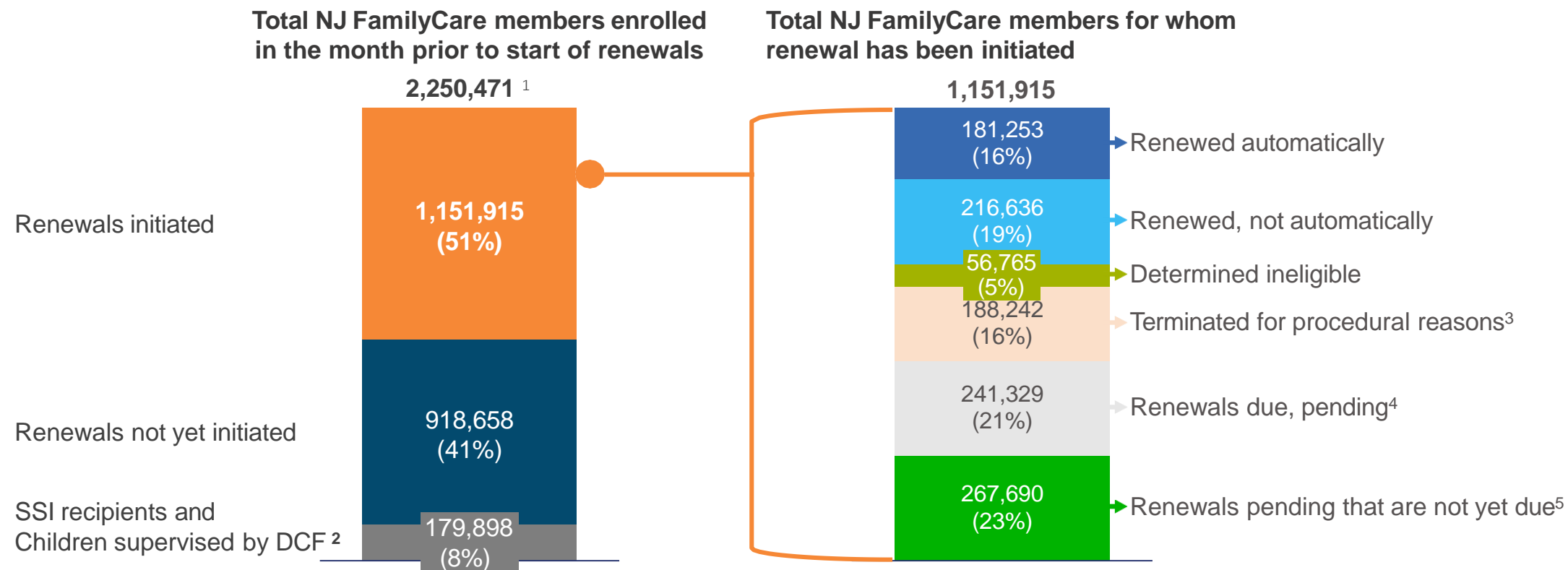
1. The enrollment counts in this report differ from those in the NJFC Public Statistics dashboard due to differences in timeframes, and inclusion and exclusion criteria. The enrollment counts in this report include individuals in Medicare Savings Program (excluded from Public Stats); and exclude presumptively eligible members and individuals receiving State-only funded coverage or federally funded NJFC coverage for emergency services only (these populations are included in the NJFC Public Statistics dashboard). Furthermore, each month's net enrollment count results from the combined impact of new enrollments and disenrollments in the program.

2. March 2020 represents the start of Public Health Emergency (PHE)-related continuous enrollment period

3. March 2023 represents end of PHE-related continuous enrollment period

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Enrollment Data File, March 2020 – October 2023

# Renewal status snapshot



1. This enrollment count excludes members who were in reasonable opportunity to confirm their immigration status in the month prior to the start of Unwinding and new enrollees after the start of PHE Unwinding.
2. New Jersey residents who receive Supplemental Security Income (SSI) from the federal Social Security Administration (SSA) and children supervised by the Department of Children and Families (DCF) are automatically eligible for Medicaid and not included in the PHE Unwinding renewal schedule.
3. Reasons for procedural terminations include non-response or insufficient response to renewal.
4. This includes members whose renewals are due and who have not responded or responded with insufficient information and will be given a grace period, members whose renewals are pending a final eligibility decision, members who requested a good cause extension or have been granted a good cause extension due to operational reasons, and members who have an open / active request for information case. These member segments are not broken out in this report due to limitations of the source data systems.
5. This includes members whose renewals have been initiated but not yet due.

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – October 2023

# NJ FamilyCare Call Center Data

1-800-701-0710 (TTY: 711)

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
Incoming calls received <sup>1</sup>	76,084	69,838	78,853	65,587	77,189	83,574	109,732	137,995	126,141	168,417	151,287
Average speed to answer (ASA) (minutes) <sup>2</sup>	0.9	0.8	0.8	0.8	0.9	0.6	9.0	16.0	4.8	25.4	17.6
Average hold time in queue (minutes) <sup>3</sup>	1.7	1.4	1.3	1.6	1.3	1.6	7.9	1.8	2.0	2.9	3.6

1. This includes all incoming calls received by the NJ FamilyCare hotline during business hours including voicemails

2. This represents the time from when a caller chooses to speak to a live agent within the interactive voice response (IVR) system until it is answered by a live agent. Time spent by callers waiting for a call back from a live call center agent is included in the average speed to answer

3. This represents the time a caller remains in a queue after their call has been answered. [This is the metric historically included in federal reports](#)

Source: DMAHS Office of Business Intelligence. NJ FamilyCare Unwinding Data Files, April – November 2023

# **Personal Preference Program: Fiscal Intermediary**



# PPP Transition – Update

## January 2024

- All MCOs have contracts in place with PPL since October 1, 2023 and services have continued without disruption.
- To the extent that MCOs are considering a vendor change, the State contract requires extensive readiness review, and vendor selection must be guided by community priorities, person-centered principles, and self-direction best practices.
- Community workgroup continues to meet the first Wednesday of each month.
  - Workgroup is working on a draft Frequently Asked Questions (FAQ) document comprised of questions submitted by the community.
  - Workgroup presentations are available on the DMAHS [PPP web page](#).

# NJ WorkAbility Expansion

# NJ WorkAbility Expansion

NJ WorkAbility offers people with disabilities who are working, and whose income would otherwise make them ineligible for Medicaid, the opportunity to receive full Medicaid coverage. The expansion is rolling out in two phases.

## Phase 1

- Enrollment has increased every month since going live on April 1, 2023.
- Notably, enrollment data shows that individuals 65+ make up a larger percent of the Phase 1 population each month.

## Phase 2

- Expansion implementation is continuing to make progress.
- A [public comment period](#) began on December 18, 2023 and ends on January 18, 2024.
- The Phase 2 State Plan Amendment will be submitted to CMS for approval in early 2024.

# Health Plan Name Change

# Health Plan Name Change



- As of January 1, 2024, **Amerigroup New Jersey** has become **WellPoint**.
- As of January 1, 2024, **Amerigroup Amerivantage**, a plan for members dually eligible for Medicare and Medicaid, has become **Wellpoint Full Dual Advantage**
- All Amerigroup members should have received a new health plan ID card in January 2024.
  - Members should call 1-833-731-2147 (TTY: 711) if they do not receive a new card or if they have any questions.
- Only the name of the health plan is changing. Benefits, member IDs, and provider network remain the same.

# **1115 Comprehensive Medicaid Demonstration Updates**

# 1115 Demonstration Renewal: April 1, 2023 through June 30, 2028

- On March 30th, 2023, the Centers for Medicare and Medicaid Services (CMS) approved a renewal of New Jersey's Comprehensive 1115 Demonstration.
- This renewal includes innovative NJ FamilyCare projects designed to address priorities such as:
  - addressing members' housing physical-related needs;
  - integrating behavioral and health services; and
  - providing new and creative approaches to care.
- The renewal extends federal authority for the state to operate large parts of the NJ FamilyCare program. The renewal is effective from April 1, 2023 through June 30, 2028.

# 1115 Overall Status Update



Housing		Behavioral Health Integration	
Recent Progress	<ul style="list-style-type: none"><li>• Extensive stakeholder outreach including a focus on housing service providers, MCOs, and state partners to understand current housing support ecosystem</li></ul>		<ul style="list-style-type: none"><li>• Continued conducting extensive stakeholder engagement, including with MCOs</li><li>• Incorporated initial requirements into MCO contract language to support program design and implementation</li></ul>
Next Steps	<ul style="list-style-type: none"><li>• Develop preliminary program guidelines on eligibility criteria, service definitions, infrastructure, and overall program design for housing services and supports</li></ul>		<ul style="list-style-type: none"><li>• Begin provider-focused workgroups on services that are slated to be integrated into managed care in early 2025</li><li>• Analyze historical utilization data for fee-for-service behavioral health services</li></ul>



# 1115 Overall Status Update



	Behavioral Health Promoting Interoperability Program (PIP)	Community Health Worker (CHW) Pilot	Demonstration-Wide Efforts
<b>Recent Progress</b>	<ul style="list-style-type: none"><li>• Incentive Payment Protocol submitted to and approved by CMS, enabling NJ to claim federal match for payments to behavioral health providers</li></ul>	<ul style="list-style-type: none"><li>• Guidance for CHW Pilot proposals has been released to the MCOs, with a submission deadline set for February</li></ul>	<ul style="list-style-type: none"><li>• Began design of evaluation plans for each 1115 program</li><li>• Began drafting a new 1115 Quality Improvement Strategy for CMS review, including identifying appropriate quality and experience-of-care measures</li></ul>
<b>Next Steps</b>	<ul style="list-style-type: none"><li>• Complete the provider surveys and system changes needed to begin the program July 1st</li><li>• Survey results will ensure incentives and milestones are aligned with provider needs</li></ul>	<ul style="list-style-type: none"><li>• Review MCO proposals for submission to CMS</li></ul>	<ul style="list-style-type: none"><li>• Submit program evaluation plans to CMS for approval</li><li>• Finalize the 1115 Quality Improvement Strategy (QIS)</li></ul>

# Policy Highlight: Behavioral Health Integration

- The 1115 Demonstration includes approval to integrate behavioral health care services with other medical care covered by managed care organizations.
- DMAHS is exploring this in very close partnership with the Division of Mental Health and Addiction Services.
- Implementation will include the following elements:
  - Multi-year phase-in
  - Robust stakeholder process
  - Review of each service for consideration to move into managed care
  - Member protections
  - MCO accountability

# North Star Principles for Behavioral Health Integration

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Serve people the best way possible.

We will **provide high quality services** to meet members' needs in the right setting and at the right time by improving access and supporting individuals through evidence-based methods.

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Communicate with clarity and concern.

We will **increase integration** through improved care coordination, strong payer-provider partnerships, and broader electronic health record integration between physical and behavioral health providers.

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Explore new ways to solve problems.

We will strengthen our current innovative approaches to whole-person, culturally competent care models and introduce new "best practice" opportunities that **improve outcomes**.

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Work closely with our stakeholders.

We will **collaborate with our community stakeholders** and aligned systems to raise awareness and provide support, with a shared commitment to respect, dignity, equity, and inclusion.

---

Show people we care.

We will make **empathy, positive energy, and collaborative** focus our hallmark, internally and externally, with focus on the strengths, resources, challenges and needs of the people we serve.

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# How BH Integration Will Work: Phase 1

We will utilize a phased approach. In each phase, we plan to review and discuss the potential integration of certain services into MCO contracts. We will begin by reviewing services that are currently covered by MCOs for members enrolled in MLTSS, DDD, and FIDE-SNP. Subgroups A-D within each phase will facilitate detailed and specific discussions by provider type.

<b>Phase 1 – Outpatient BH</b> Some MCO integration exists today for mental health (MH) and substance use disorder (SUD) services	
<b>Discussions began <i>Fall 2023</i> for implementation in <i>January 2025</i></b>	
A	<ul style="list-style-type: none"><li>MH independent clinicians – includes Psychiatrists, Psychologists, Advanced Practice Nurses, and Licensed Clinical Social Workers</li><li>SUD independent clinicians – includes Licensed Clinical Alcohol and Drug Counselors and MH clinicians who provide SUD services</li></ul>
B	<ul style="list-style-type: none"><li>MH Partial Hospitalization and MH Partial Care in an outpatient clinic</li></ul>
C	<ul style="list-style-type: none"><li>MH outpatient hospital or clinic services</li><li>SUD intensive outpatient</li><li>SUD outpatient clinic services – including Ambulatory Withdrawal Management</li></ul>
D	<ul style="list-style-type: none"><li>SUD Partial Care</li></ul>

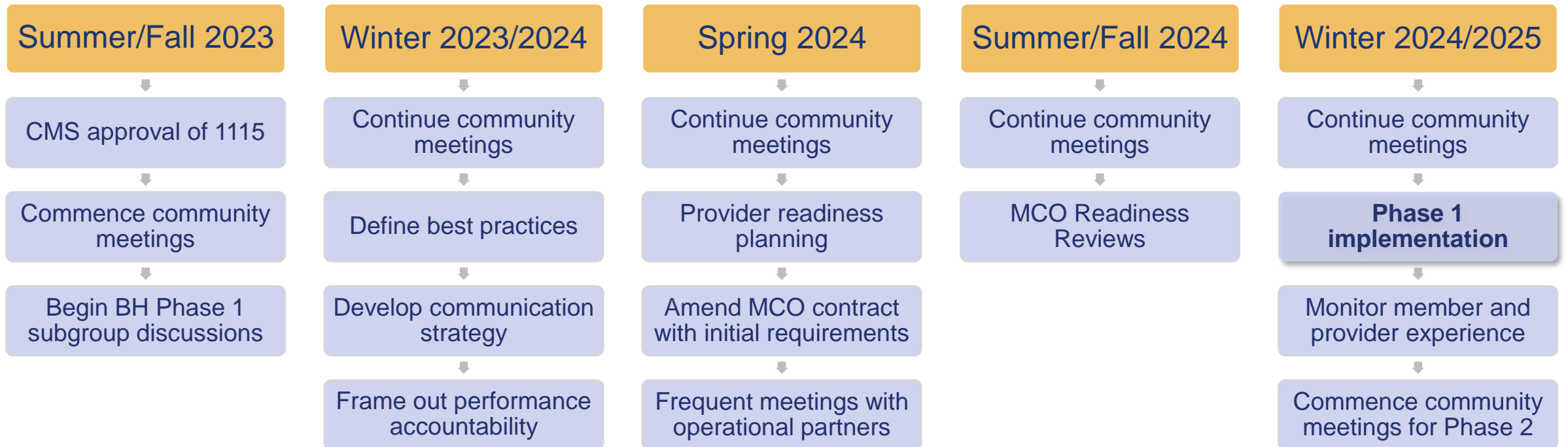
## Future phases:

Residential Services

Opioid Treatment  
Programs (OTP)

Other BH Services

# Timeline for BH Integration



# Opportunities to Engage

## Member Focus Groups (In-person and Virtual – TBD)

- Through these focus groups, DMAHS will hear the voices of our members directly regarding their experiences with behavioral health services. Member insights will identify opportunities to improve access to and integration of care.

## Informational Stakeholder Group (Virtual – 2x/year)

- Any interested member of the public, including state agency partners, advocates, members, providers, and MCOs can participate in this group to get updates on our BH integration initiative.

## Provider Forums (Virtual – TBD)

- Through these forums, Phase 1 providers, advocates, and MCOs will gather to share feedback, questions, and concerns, and contribute to the specific, detailed design of the program as it impacts their area of expertise.

## Behavioral Health Integration Advisory Hub

DMAHS has also convened active members, providers, advocates, and MCOs as an advisory hub.

This group meets bi-monthly to discuss overarching priorities, interagency coordination, policy considerations, and general concerns and recommendations.

# **2023 NJ FamilyCare Year in Review**

# At NJ FamilyCare, we have four overarching goals to guide our work

## Goal 1: Benefits

Serve people the best way possible

- Includes priorities related to benefits, service delivery, quality, and equity

## Goal 2: Innovation

Experiment with new ways to solve problems

- Includes priorities related to innovation, new technology, system stability, and troubleshooting

## Goal 3: Operations

Focus on integrity and real outcomes

- Includes priorities related to accountability, compliance, and performance management

## Goal 4: Culture

Show people we care

- Includes priorities related to culture, compassion, and leadership



# Goal 1: Serve People the Best Way Possible

- 1.1 Improve maternal/child health outcomes
- 1.2 Help members with physical, cognitive, and/or behavioral health challenges get better coordinated care
- 1.3 Support independence for all older adults and people with disabilities who need help with daily activities

# Goal 1.1 Improve Maternal/Child Health Outcomes

- **Invested \$30 million in maternity care provider rates, including doctors, midwives, and doulas, to increase access to high quality maternity and family planning services.**
- Undertook IT systems improvements and troubleshooting to increase availability of midwives and to be able to enroll and reimburse birth centers in fee-for-service Medicaid.
- Requested and received federal approval to cover lactation consultant services.
- Conducted health equity-driven focus study with External Quality Review Organization to identify specific demographics and geographies with racial and ethnic disparities in prenatal and postpartum care.
- **Built system infrastructure and worked with trusted community organizations to enroll more than 35,000 undocumented children in comprehensive NJ FamilyCare coverage.**



**As of December 2023, 318 NJ FamilyCare members have received community doula services through Medicaid. 161 NJ FamilyCare babies have been born with doula support!**

**We are continuing inter-agency partnerships to increase doula workforce and engagement, and to make the benefit more available to our members.**

# Goal 1.2 Help Members with Physical, Cognitive, and/or Behavioral Health Challenges Get Better Coordinated Care

- Launched Phase 1 of **NJ WorkAbility expansion** on April 1 and saw enrollment increase of 12% to date. More than half of this growth was from members who were previously ineligible due to age. Phase 2 implementation impacted by PHE Unwinding but in motion for early 2024.
- Launched **Behavioral Health Integration Hub** in partnership with community advocates, providers, MCOs, and sister agencies to establish a shared vision and identify best practices for the future of behavioral health care in our program.
- Increased the number of members accessing **autism services** by ~50% from SFY22 to SFY23.
- **Increased Behavioral Health provider reimbursement by \$31 million.** Created a bundled service program to align with Medicare Opioid Detox Treatment Program.
- In partnership with New Jersey Department of Children and Families (DCF), began technical process to provide Medicaid reimbursement for the therapeutic and supportive services portion of supportive visitation services.
- Continued increase in SUD facilities participating in interoperability, for a total of 108 facilities and more than 2,200 clinicians with capacity for electronic information exchange between behavioral health and physical health providers. Received federal approval to expand to include Mental Health facilities.

# Goal 1.3 Support Independence for All Older Adults and People with Disabilities Who Need Help With Daily Activities

- With provider rate increases and MCO operational accountability, addressed workforce challenges and maintained <1% of PCA cases and ~5% of PDN cases not fully staffed as of December 2023 – continued focus to get to 0%.
- **Supported HCBS infrastructure** by increasing rates for PCA, PDN, Medical Day Care, TBI residential services, and nursing facilities. Introduced tiered rates to incentivize Assisted Living facilities to accept more Medicaid residents.
- 14% more members chose integrated Medicare and Medicaid health plans in 2023, for a total enrollment of more than 89,000 FIDE SNP members. The DMAHS team participated in national collaboratives and served as a resource to other states' development of similarly integrated programs.
- In partnership with DOH, DOAS, DMHAS, LTC Ombudsman, MCOs, and other partner agencies, coordinated unexpected closure of a nursing facility and collaborated on new long-term care facility quality reviews and procedures.
- Launched community workgroup to identify **best practices in self-directed services**, and transitioned responsibility for fiscal intermediary contracting to MCOs on October 1 without disruption to members or providers.

## Goal 2: Experiment with New Ways to Solve Problems

- 2.1 Demonstrate new models that drive outcomes
- 2.2 Use new systems and technology to make our program more efficient and effective
- 2.3 Engage our teams in operational troubleshooting

# Goal 2.1 Demonstrate New Models That Drive Outcomes

## Value-Based / Alternative Payment Models

- **Perinatal Episode of Care** – Advanced our quality-driven pilot with additional providers (including one birth center) who together provide maternity care for more than 10,000 Medicaid births statewide.
- **Integrated Care for Kids** – Requested and received federal approval for updates to this model currently available to Ocean and Monmouth County children.
- **Making Care Primary** – In partnership with CMS and MCOs, ensuring that New Jersey primary care providers participating in CMS's innovative multi-payer model have consistent payment incentives between Medicaid and other payers.
- **MCO Rebalancing Incentive** – Updated MCO capitation model to further incentivize transitions from nursing home to community and prevention of new admissions.



## Innovative approaches to improving outcomes

- **Healthy Homes** – Received national recognition for development of affordable housing units dedicated to Medicaid members at risk of homelessness or institutionalization with technical support and braided funding from Department of Community Affairs.
- **Housing Services & Supports** – Began the design of new housing services coverage with extensive public outreach and work groups with impacted stakeholders and other state agencies.
- **Community Health Workers** – Developed and released program guidance that will enable our managed care partners to innovate with the community in 2024.
- **Health Equity Focus** – Amended MCO contract to require NCQA Health Equity accreditation and performance improvement projects directly related to addressing disparities in health outcomes.



# Goal 2.2 Use New Systems and Technology to Make Our Program More Efficient and Effective

- **Launched the twelve-month "Unwinding" of the Public Health Emergency** with new technology and processes
  - Received national recognition for multi-prong community outreach initiatives with special focus on high-risk members
  - Increased automated renewals using SNAP data and adapted to new federal guidance, with continued systems work underway
  - Integrated new technology to support telephonic and online renewals
  - Rolled out pre-populated paper renewals
  - Streamlined processes with new worker portal functionality

- Other notable system improvements in 2023 include:

Finalized system development to support NJ Workability expansion and 12 months postpartum extension

Continued modernization with system selection and procurement process for new provider module and pilot integration platform



***More than 1,000 telephonic renewals accepted in first month after launch***

## Goal 2.3 Engage Our Teams in Operational Troubleshooting

- Operated a **PHE Unwinding Hub** that met daily to plan, execute, and problem-solve, including Rapid Response collaborations and new metrics to track and trend to ensure accountability of eligibility processing partners and the best possible outcomes for our community.
- **First state in the nation to provide free Naloxone** for all residents, anonymously, at pharmacy counters every day – upwards of 120,000 doses distributed in 2023. A list of participating pharmacies is available at [StopOverdoses.NJ.gov](https://StopOverdoses.NJ.gov).
- Transitioned Health Benefits Coordinator to new contract with digital mailroom and call center transformation underway to improve customer experience.



### Recent message sent to the Naloxone 365 mailbox:

"I just want to say thanks so much for the naloxone that was provided by (my local pharmacy) because y'all saved my mother's life. Y'all don't know how much this means to our family... Y'all have me typing this message tearful and shaking."



## Goal 3: Focus on Integrity and Real Outcomes

- 3.1 Hold operational partners accountable for ensuring a stable, accessible, and continuously improving program for our members and providers
- 3.2 Ensure program integrity and compliance with State and federal requirements
- 3.3 Monitor fiscal accountability and manage risk

# 3.1 Hold Operational Partners Accountable for Ensuring a Stable, Accessible, and Continuously Improving Program for our Members and Providers

- **Transportation** – Achieved improvements as a result of vendor contract amendments. On time performance improved to 95% and complaints decreased accordingly.
- **Provider Enrollment** – Maintained 2022's progress on provider onboarding with provider enrollment pending ~10 days on average and provider service lines performing at 92%.
- **Health Benefits Coordinator** – Increased oversight and quality control, addressed sub-standard performance through corrective action plan and contractual measures.
- **MCO Performance Accountability** – Implemented new requirements for helping members access care, including Appointment Assistance Request forms in member handbooks and online. Amended contract to increase accountability for preventive dental care.

## Medicaid member survey (CAHPS) highlights

- Member satisfaction with MCO customer service remains high at 88%. Satisfaction with "getting urgent care quickly" increased from 77% in 2022 to 82% in 2023.
- MCO overall satisfaction decreased from 81% in 2022 to 79% in 2023, which represents a return to its rate of 2021.
- Satisfaction with specialist access is an area of focus in the upcoming year.

## MLTSS member feedback (NCI-AD) highlights

- 96% stated services help them live the life they want
- 87% get enough support for everyday activities: **NJ highest of all states in this category.**
- 51% take part in activities with others as much as they want: NJ ranked among the lowest states, an opportunity for improvement.



# Goal 3.2 Ensure Program Integrity and Compliance with State and Federal Requirements

- Program integrity
  - **Implemented corrective action related to long-standing audit concerns and supported new audit activity.**
  - Continued improvement of quality control trends in eligibility processing at counties through worker training and system upgrades that support accuracy of eligibility determinations.
  - Addressed fraud, waste, and abuse investigations and policy change in partnership with the Medicaid Fraud Division.
- Compliance with State and federal requirements
  - Readopted administrative code to support service delivery within NJ FamilyCare and in partnership with sister agencies.
  - **Developed and submitted new federal reporting pertaining to PHE Unwinding.**
  - Resolved data quality issues and moved TMSIS (federal data standardization) status into higher data quality brackets.
  - Achieved CMS Streamlined Modular Certification of the New Jersey Health Information Network.
  - Implemented CMS Interoperability and Patient Access Final Rule allowing members access to provider directory and claims information.

## Goal 3.3 Monitor Fiscal Accountability and Manage Risk

- **Comprehensive rate studies in progress to review and address Medicaid rate adequacy relative to Medicare and other payers**
- Continued to expand the County Option program that provided more than \$860 million in additional federal funding to providers
- Continued to expand the Medicaid Access to Physician Services (MAPs) program by adding additional sites
- **Enhanced provider reimbursement models to support policy priorities**
- Forecast and monitored the fiscal impact of policy initiatives with standardized reporting
- Improved internal visibility and coordination of budget process

## Goal 4: Show People We Care

- 4.1 Collaborate with positive energy and compassion for each other and the people we serve
- 4.2 Simplify and clarify to build understanding and solve problems
- 4.3 Support and advance the “true-true” to help the team succeed

## Goal 4: Show People We Care

- Ongoing weekly touch base with 90+ DMAHS leaders participating to ensure news is shared and priorities are aligned across teams.
- **190 DMAHS employees received Making the Magic Happen recognition in 2023**
- Activities to build energy and understanding on our team included community events, Lunch & Learns, charitable giving, and “Take a hike, DMAHS!” lunchtime walks.
- We are mindfully advancing diversity, equity, and inclusion within our organization.
  - Conducted Division-wide Diversity, Equity & Inclusion survey to inform and inspire change.
  - Advancing organizational development goals and leadership strategy with support from the Center for Health Care Strategies and Center for State Health Value Strategies.



*DMAHS team members with Toys for Tots donations for DCP&P families in Trenton and Edison*

# Planning for the Next Meeting

*April 18, 2024*