

# Managed Long Term Services and Supports (MLTSS)

## Presentation to the Medical Assistance Advisory Council

October 19, 2015



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Department of Human Services**

# August 2015 MLTSS Headlines

**35.4% of the NJ FamilyCare LTC Population is in  
Home and Community Based Services  
Highest Since MLTSS Implementation**

**Nursing Facility Population Decrease is Getting Smaller;  
by Almost 1,500 Since June 2014**

# Long Term Care Recipients Summary – August 2015

**Total Long Term Care Recipients\***

**42,247**

**Managed Long Term Support & Services (MLTSS) 18,436**

MLTSS HCBS	10,866
MLTSS Assisted Living	3,019
MLTSS HCBS/AL (unable to differentiate)	8
MLTSS NF	4,486
MLTSS Upper SCNF	35
MLTSS Lower SCNF	22

**Fee For Service (FFS/Managed Care Exemption) 23,811**

FFS pending MLTSS (SPC 60-64)	594
FFS Nursing Facility (SPC 65)	18,250
FFS SCNF Upper (SPC 66)	233
FFS SCNF Lower (SPC 67)	165
FFS NF – Other (Feb 2015)**	3,733
PACE	836

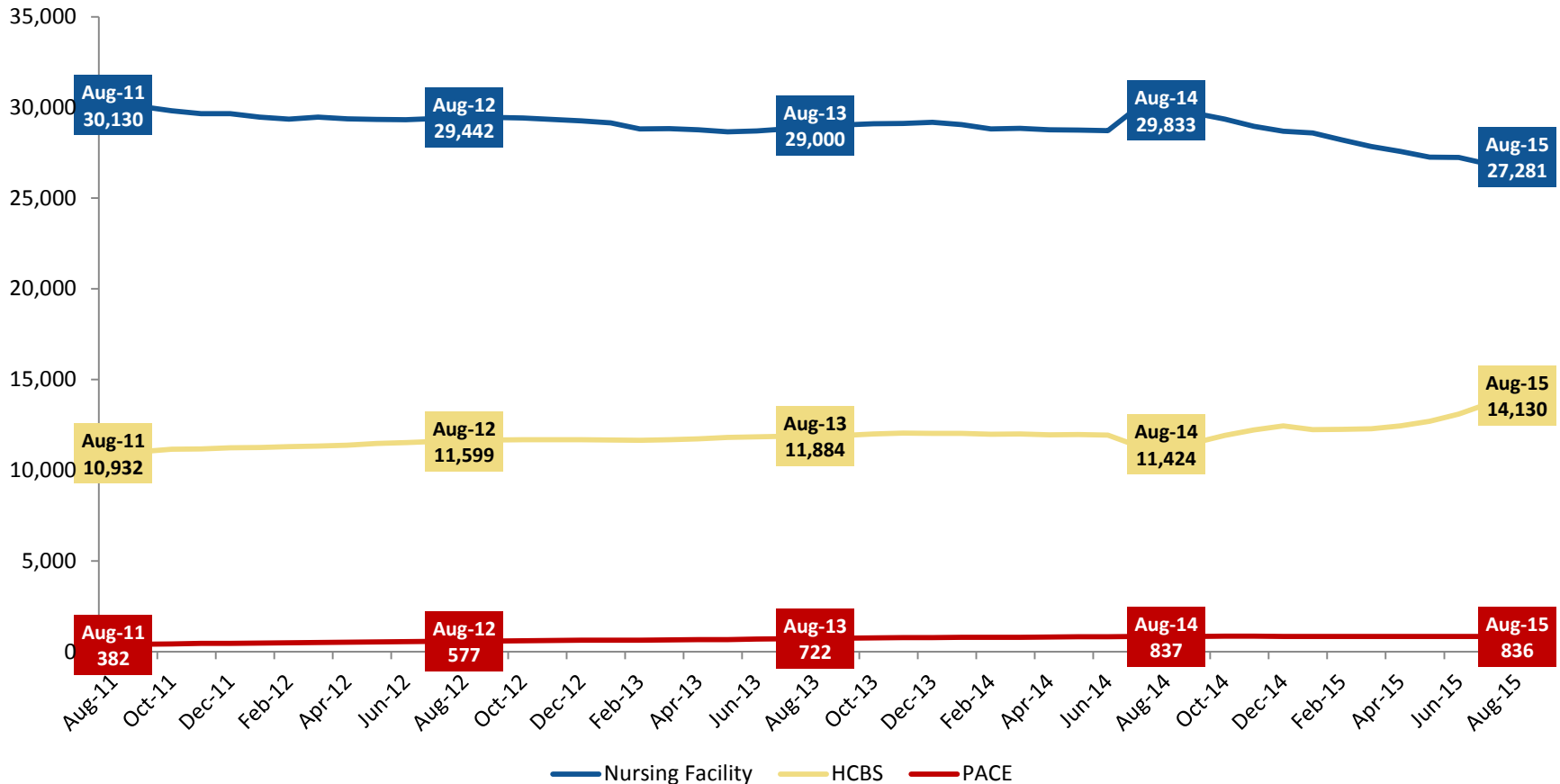
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 9/9/15

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



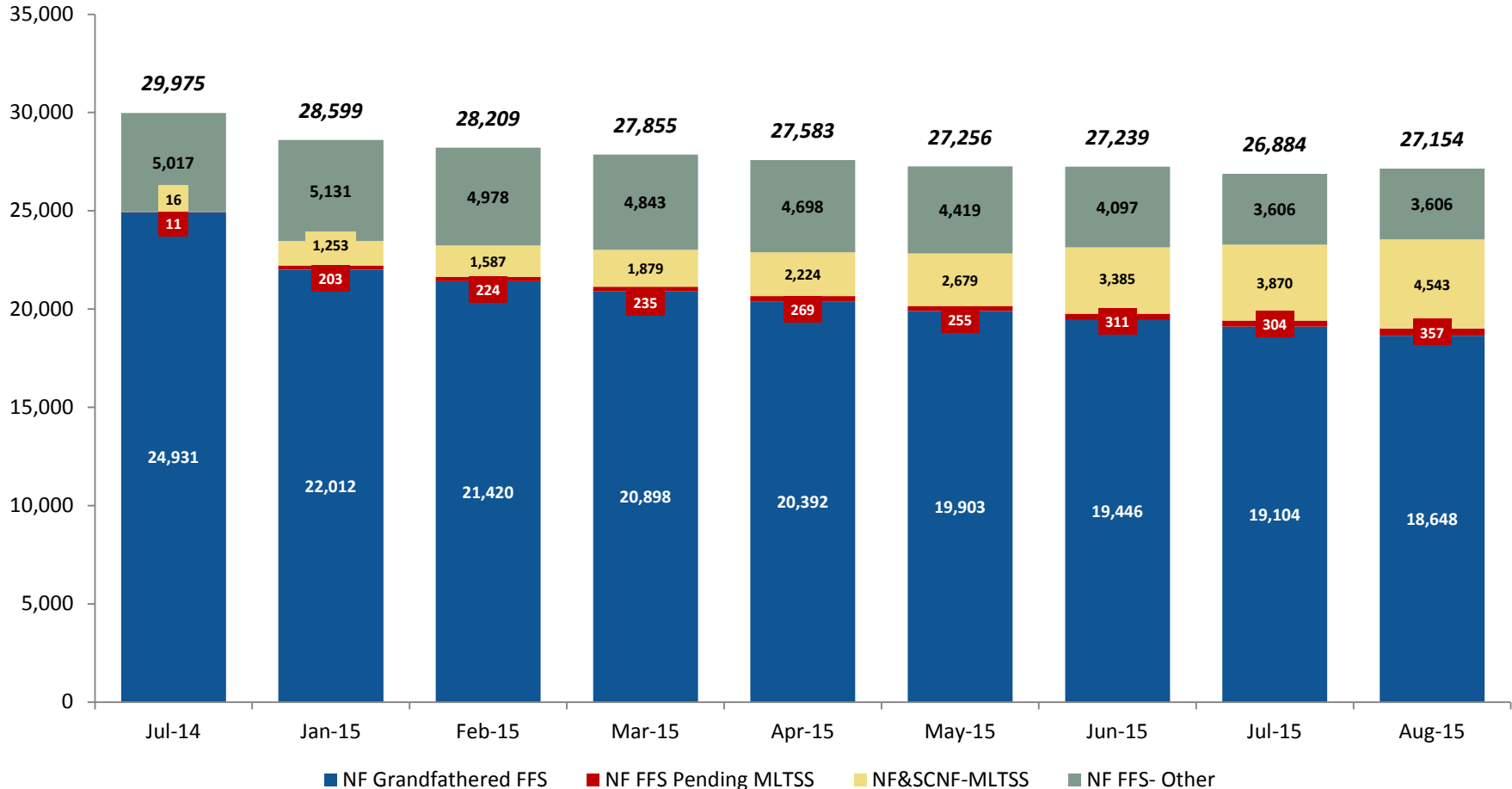
Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 9/9/2015.

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).

# Nursing Facility Population

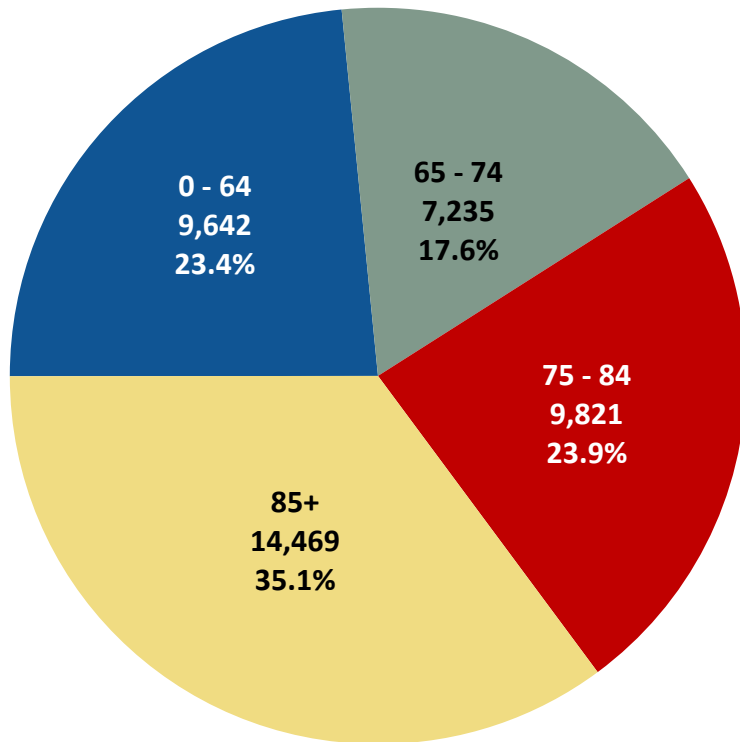


Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 9/9/2015.

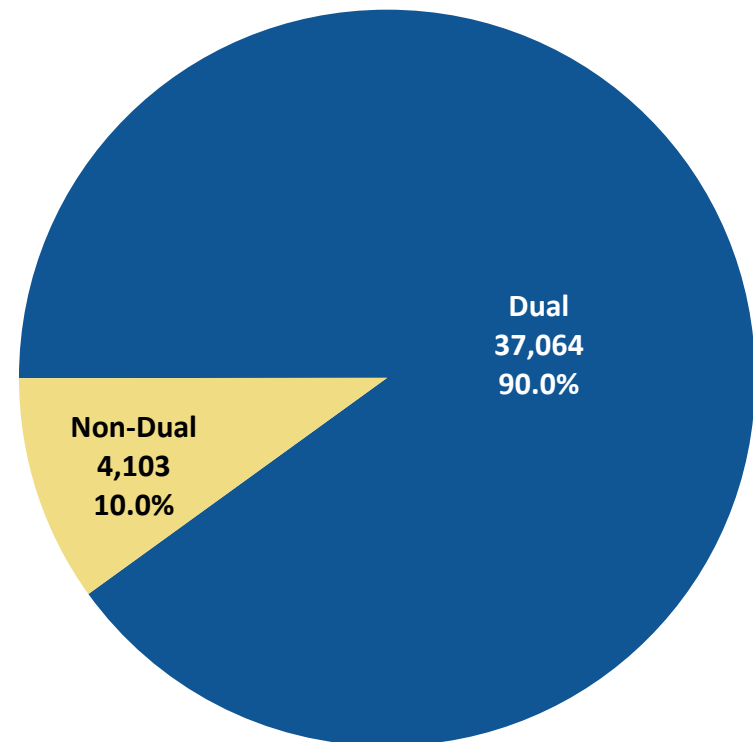
Notes: "NF (Nursing Facility) Grandfathered FFS" population is defined as recipients with Special Program Code (SPC) 65-67. "NF – MLTSS" population is defined as recipients with Capitation Code 78199, 88199, 78399, 88399, 78499 or 88499. "NF FFS Pending MLTSS" population is defined as recipients with a SPC 61,63, or 64 but not in Capitation Codes 78199, 88199, 78399, 88399, 78499 or 88499 OR recipients with SPC 60 or 62 and COS 07 but not in Capitation Codes 79399 or 89399. "NF FFS- Other" population is defined as all other recipients with COS code 07 that do not meet any of the previous criteria (most are medically needy recipients); most recent month: since claims have not been received yet, this category uses counts from the prior month with the same completion factor applied as in the prior month. "NF-PACE" is defined as recipients with a Plan Code 220-229

# LTC Demographics (July 2015\*)

## Age Group



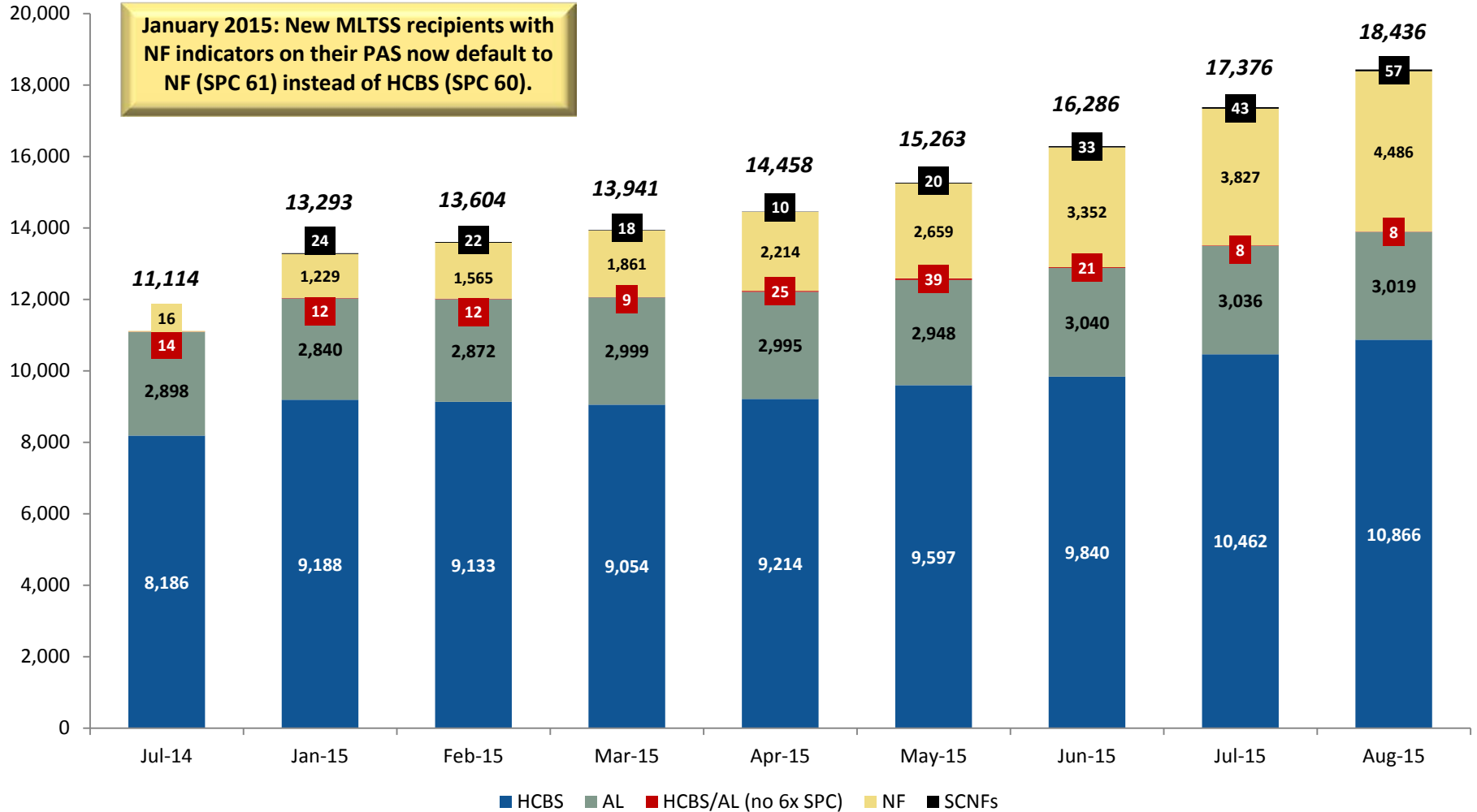
## Dual/Non-Dual



Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 9/9/15

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.

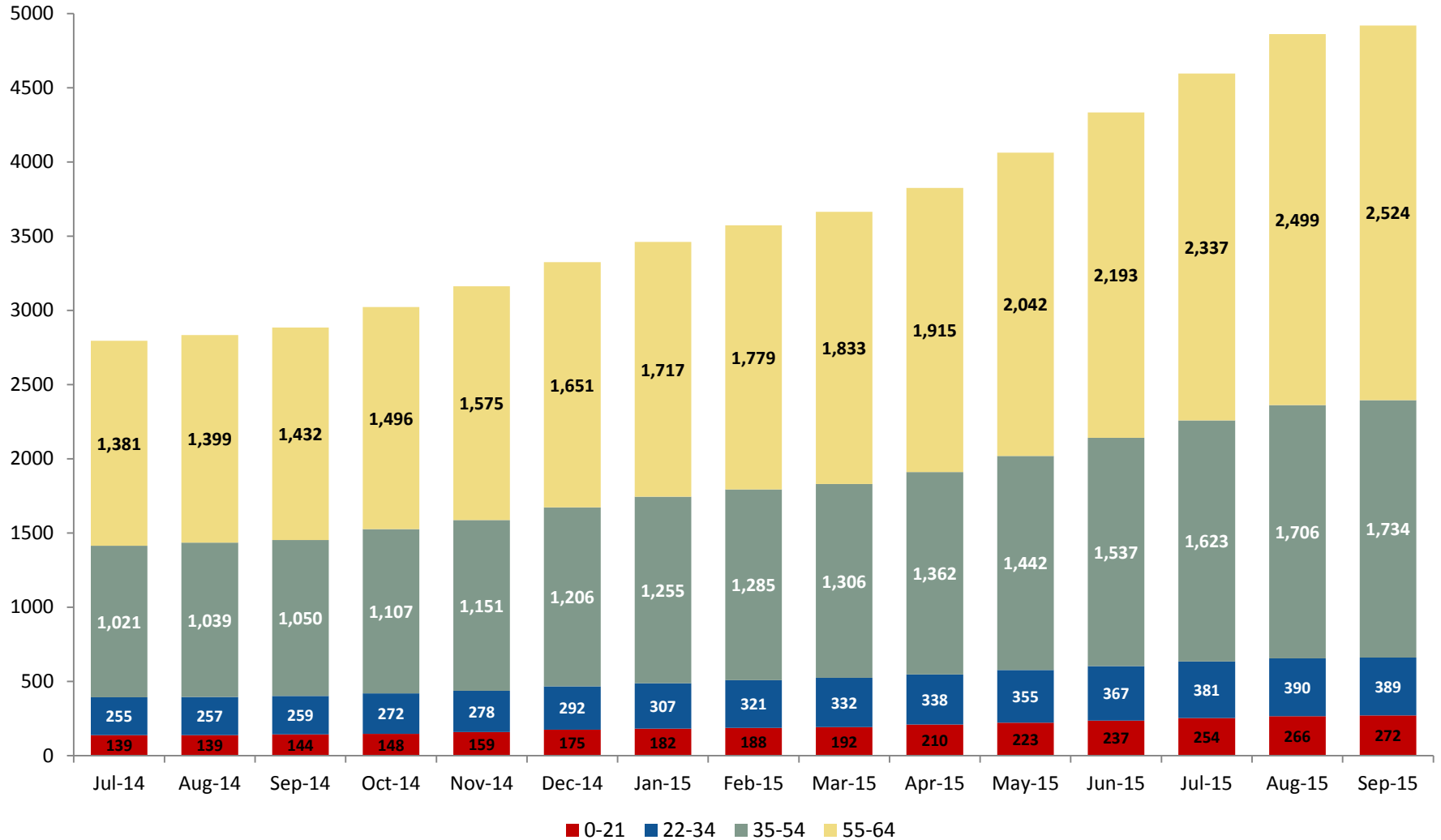
# MLTSS Population by Setting



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 9/9/15.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them considering both their cap code and their SPC.

# MLTSS Population by Age Group Through 64 Years Old



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 10/5/15.

Notes: Includes all recipients in Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499 at any point in the given month and categorizes them by age.



# Balancing Incentive Program (BIP)

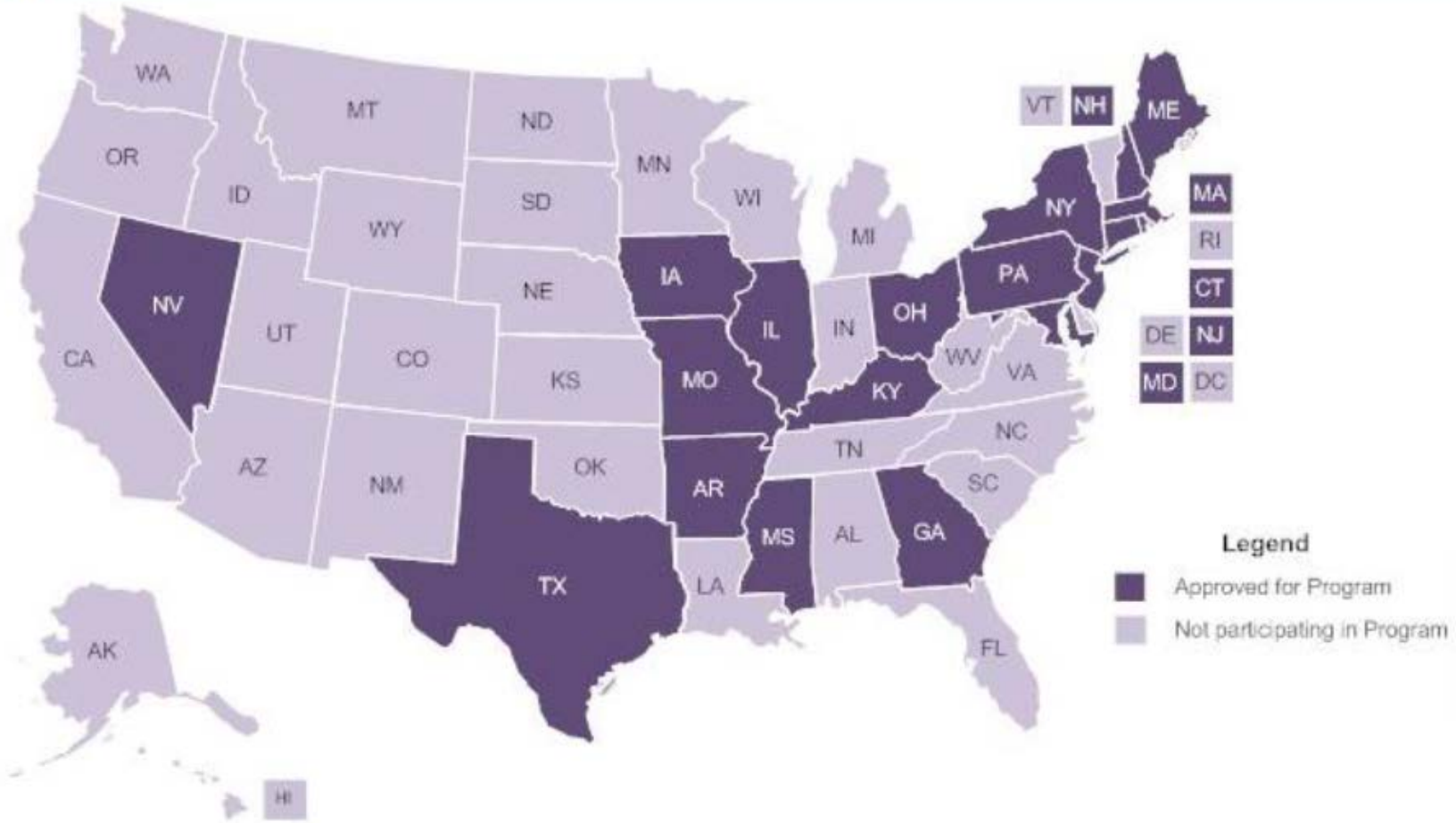
# New Jersey BIP

- Applied for an additional 2% in FMAP funding and received CMS award of \$110.1 million from 4/1/13 to 9/30/15
- To date, NJ has earned \$89.0 million and spent \$29 million
- NJ has until 9/30/2017 to reinvest the remaining BIP revenue

# BIP Structural Requirements

- Expand ADRC as NWD/SEP beyond its current target population of older adults and people with physical disabilities
- Develop and implement core standardized assessment tools to determine HCBS eligibility for populations included and excluded from managed LTSS
- Ensure conflict free case management is employed uniformly to assist residents in gaining access to LTSS regardless of the funding source


# Balancing Incentive Program States



# Percent of Total LTSS Spent on Community LTSS by Quarter: All Participating States

10

State	2009	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3	2013 Q4	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1
NH	41.2%	46.2%	45.6%	53.9%	59.3%	46.2%	53.8%	57.4%	53.3%	40.0%	47.4%	56.0%	54.1%
MD	36.8%		53.6%	52.1%	53.4%	53.0%	50.9%	54.8%	54.4%	60.3%	57.7%	58.9%	60.6%
GA	37.4%			N/A	46.4%	50.0%	49.1%	49.2%	49.1%	49.0%	49.2%	47.5%	48.5%
MO	40.7%			54.8%	51.2%	54.7%	55.6%	55.7%	52.7%	56.6%	56.1%	56.6%	60.6%
IA	39.8%				48.0%	48.2%	50.2%	50.0%	52.0%	48.0%	49.7%	51.1%	52.4%
MS	14.4%				28.7%	30.1%	28.9%	27.4%	28.8%	30.9%	30.3%	30.4%	31.0%
TX	46.9%				59.8%	53.1%	56.4%	59.7%	59.3%	58.6%	56.9%	58.8%	58.5%
IN*	30.6%					32.1%	32.0%	30.5%	31.7%	30.9%	31.2%	30.3%	N/A
AR	29.8%						52.1%	48.7%	48.7%	53.9%	53.8%	49.7%	53.3%
CT	44.1%						45.2%	37.8%	47.3%	53.3%	48.1%	43.6%	49.0%
NJ	26.0%							38.5%	36.4%	42.5%	42.9%	46.1%	45.2%
LA*	36.4%							44.8%	35.8%	38.0%	40.5%	38.8%	N/A
NY	46.7%							54.3%	54.9%	56.3%	56.9%	58.8%	58.7%
IL	27.8%							30.8%	39.7%	43.0%	42.9%	44.4%	48.9%
OH	32.5%							42.7%	49.5%	51.1%	61.9%	60.5%	61.6%
ME	49.1%							53.2%	55.1%	55.8%	54.2%	56.8%	52.5%
KY	31.1%									41.5%	44.6%	49.5%	47.8%
NV	41.6%										48.3%	48.8%	47.5%
MA	44.8%										65.0%	65.1%	64.4%
PA	33.0%											45.1%	45.9%

 = Did not participate in the Program long enough to submit a progress report.

Source: Attachment C of Balancing Incentive Program Instruction Manual; Program Progress Reports

\* As of 12/31/2014, state is no longer participating in Program.

*Informational Update:*

# **NJ FamilyCare Expansion Enrollment**

# September 2015 Enrollment Headlines

## Enrollment Stabilizing

2,139 (0.12%) Net Increase Over April 2015

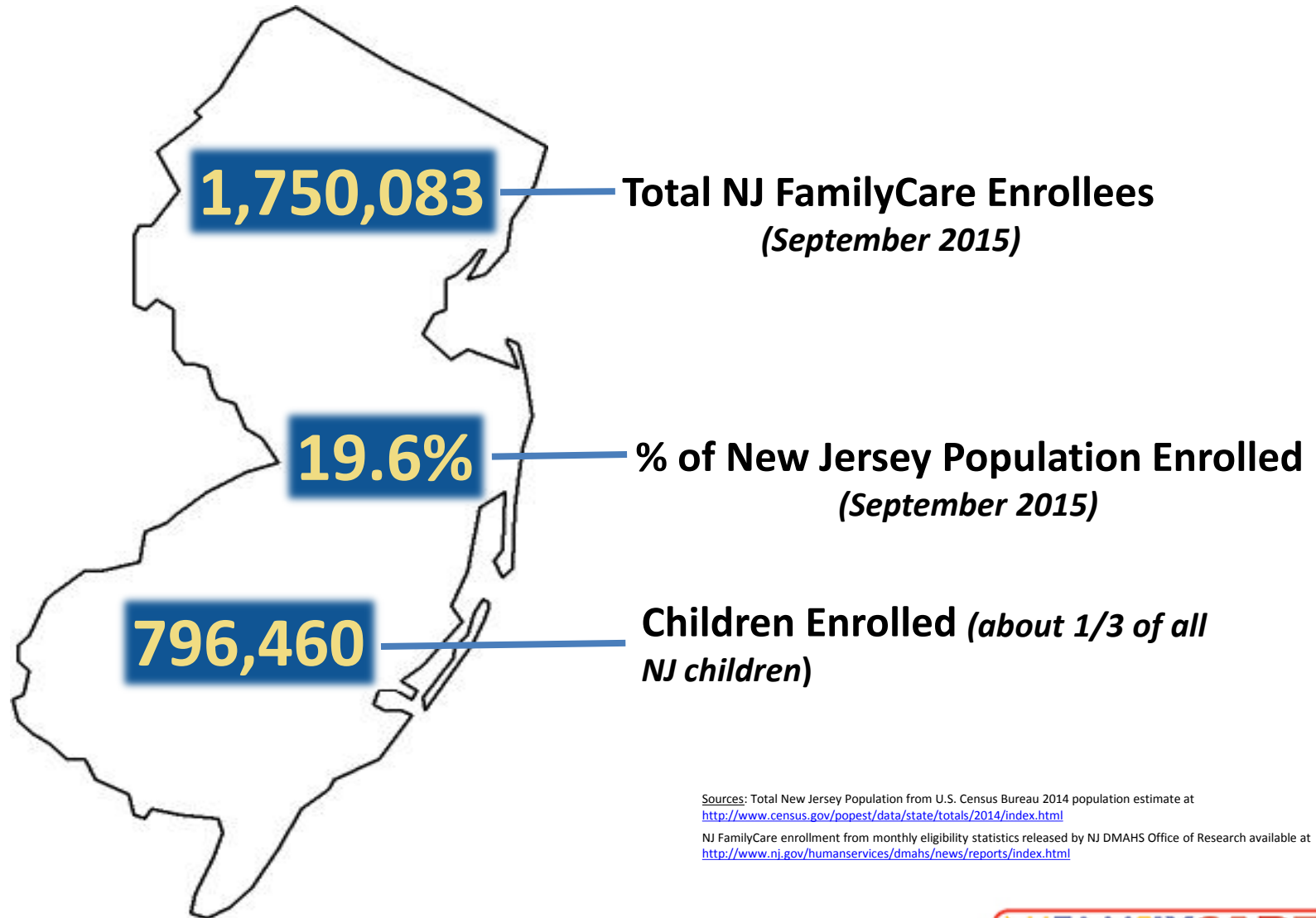
465,602 (36.2%) Net Increase Since Dec. 2013

19.6 % of the Population In New Jersey is  
Enrolled in NJ FamilyCare

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: 8,938,175



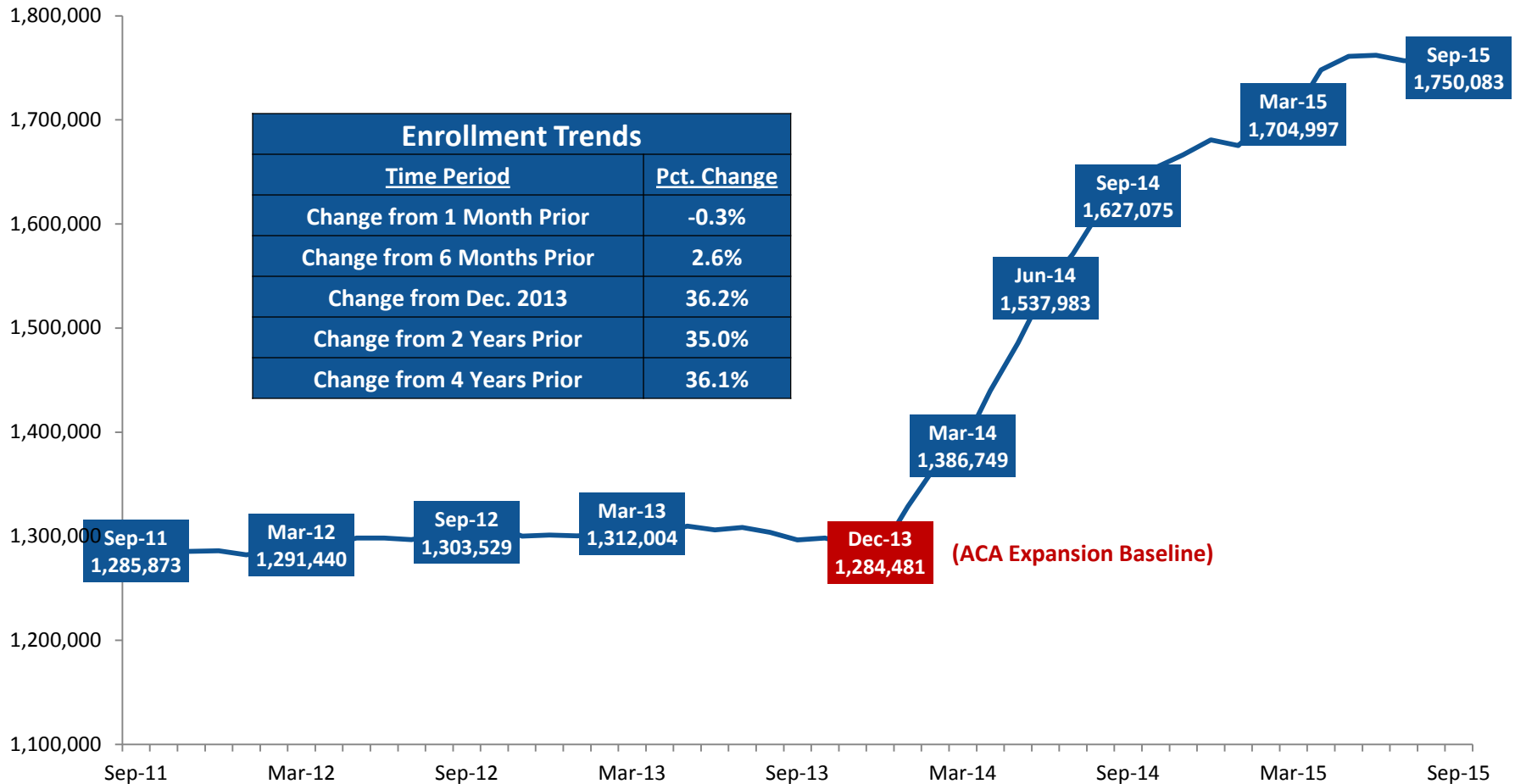
Sources: Total New Jersey Population from U.S. Census Bureau 2014 population estimate at <http://www.census.gov/popest/data/state/totals/2014/index.html>

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>



# Overall Enrollment

Total NJ FamilyCare Recipients, Sept. 2011 – Sept. 2015

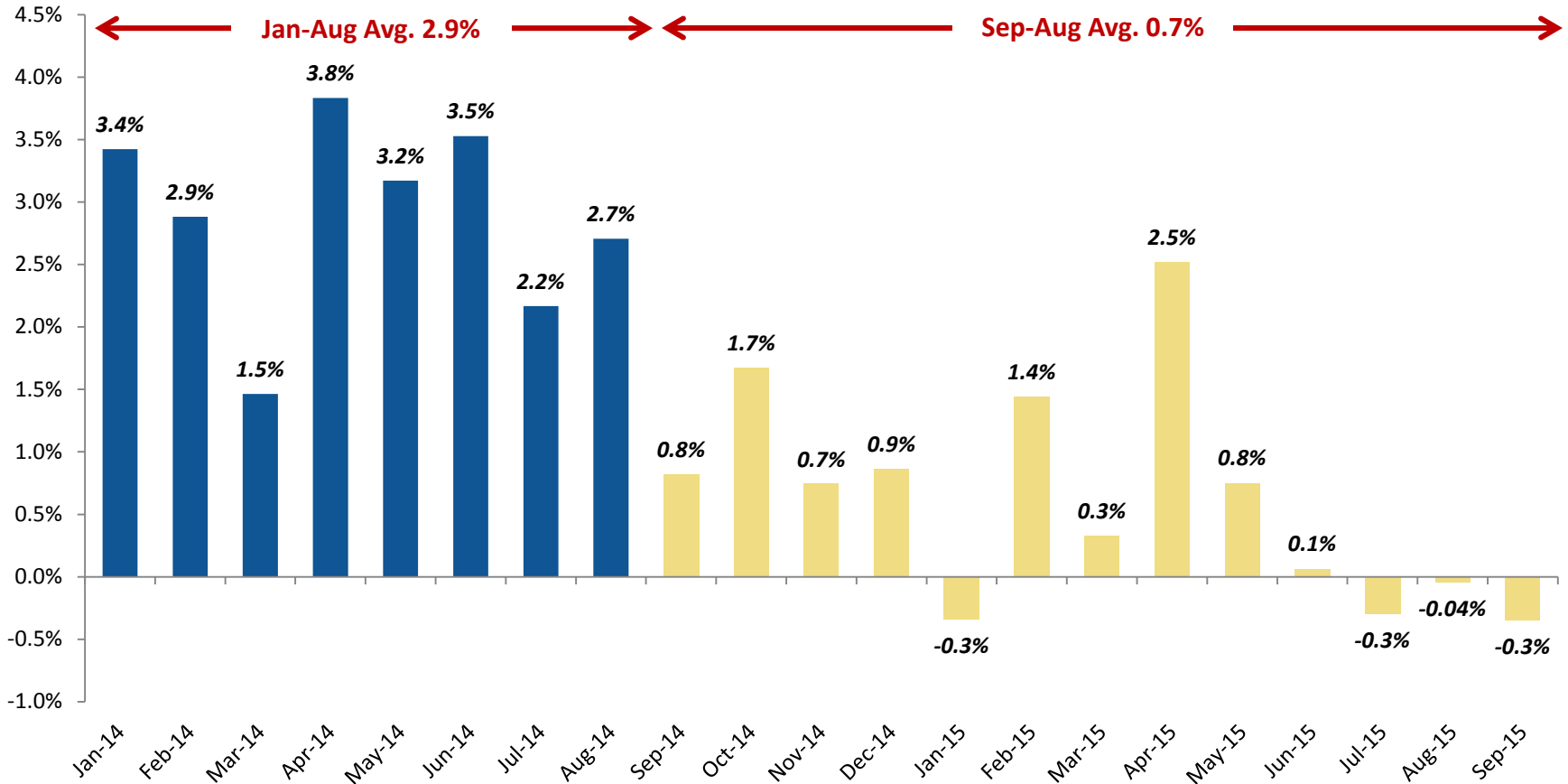


Source: SDW MMX Snapshot Universe, accessed 9/28/15.

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

# Monthly Enrollment Increase Stabilizing

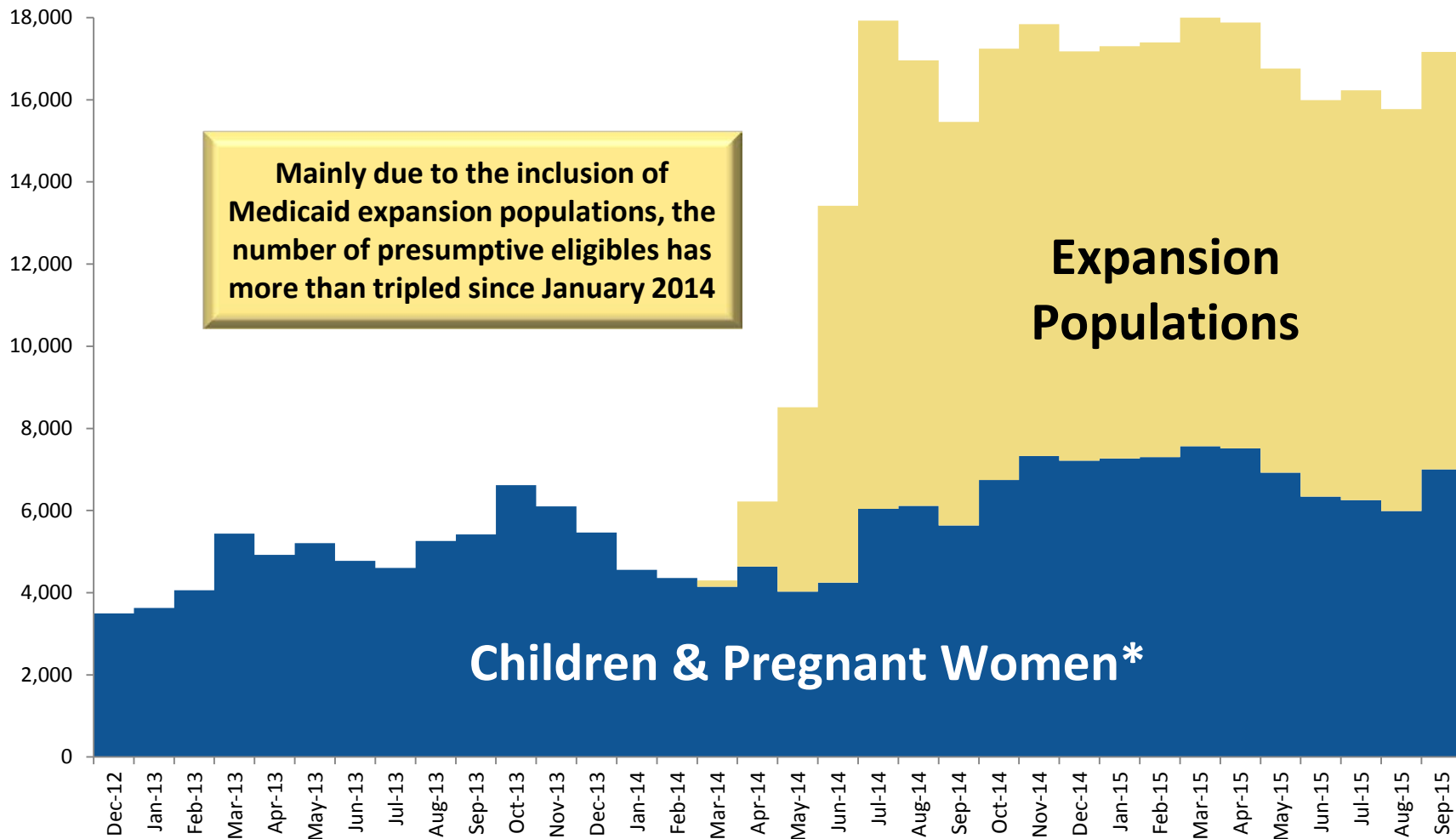
## 1-Month Enrollment Percentage Change



Source: SDW MMX Snapshot Universe, accessed 9/28/15.

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

# Presumptive Eligibility Enrollment



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, accessed 9/28/15.

Notes: Presumptive eligibility includes all those in the NJ FamilyCare Public Statistical Report with County of Supervision 25 or a PSC 390 (Pregnant Women)

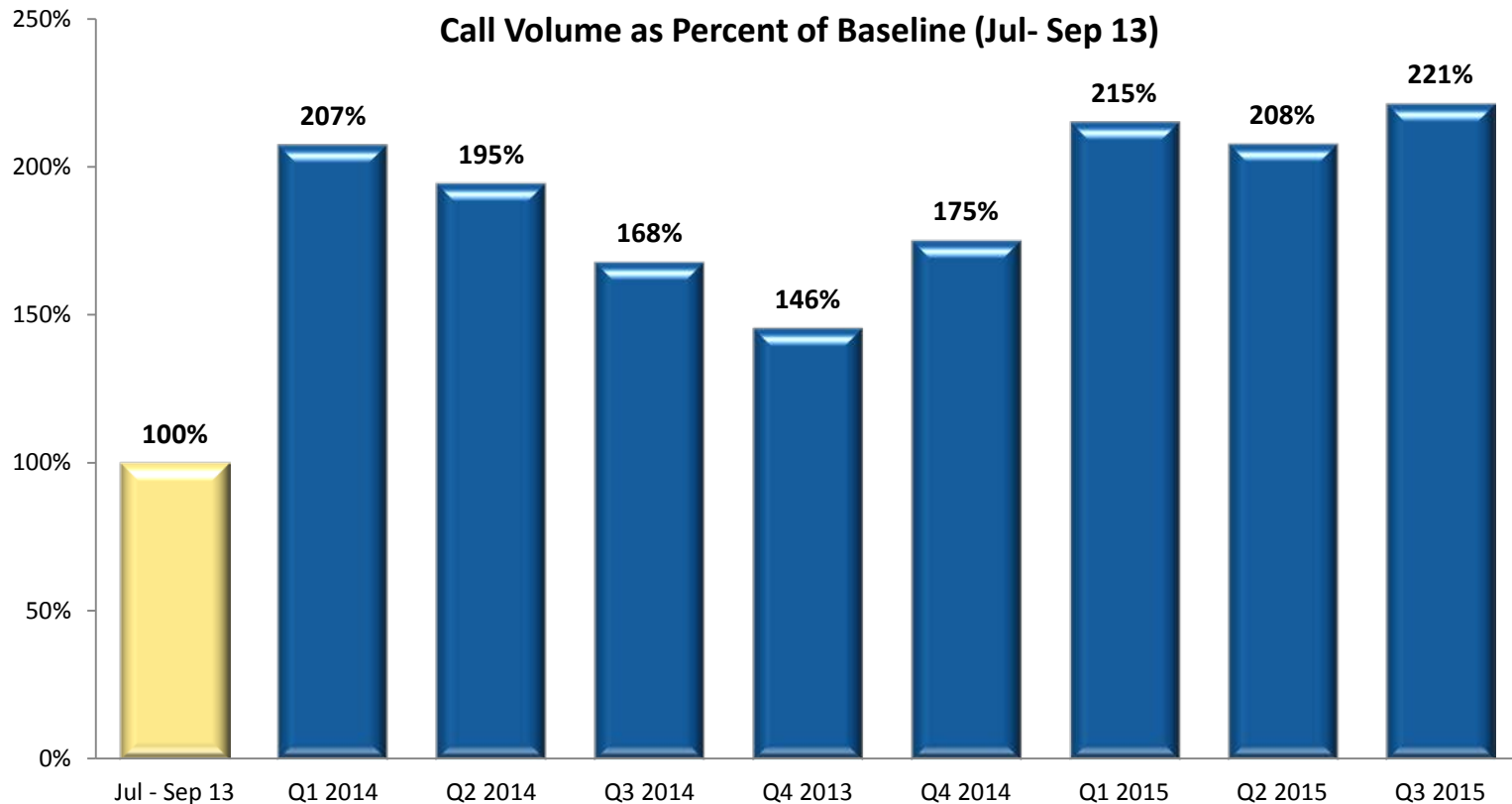
"Expansion Populations" include the "ABP Parent Up To 133% FPL" and "Other Adult Up To 133% FPL" categories of the NJ FamilyCare Public Statistical Report

"Children & Pregnant Women" include all children's eligibility categories, disabled children, and pregnant women across all eligibility categories. \* Also includes

recipients determined eligible under N.J.A.C. 10:72-8.4 (Breast and Cervical Cancer Prevention and Treatment Act).

# Xerox Call Volume

**Record Call Volume in Q3 2015**

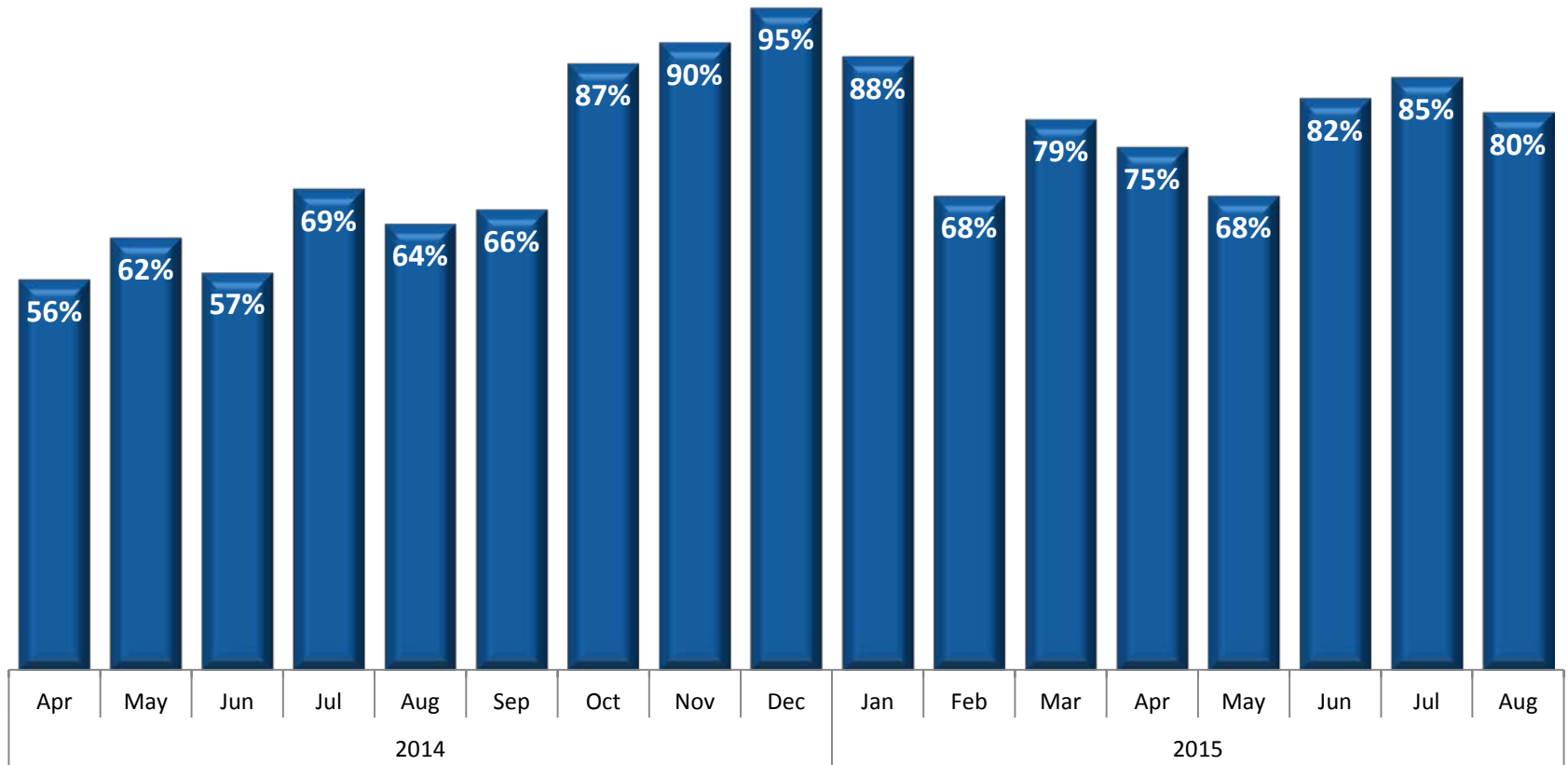


Source: Xerox, NJ's Health Benefits Coordinator

# MAGI Processing Days

(by reporting entities)

## % of Applications Processed Within 45 Days



Source: Xerox, NJ's Health Benefits Coordinator

# 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

# Expansion Population Service Cost Detail

## Expansion Group Fee-for-Service Claims and Managed Care Encounters (Payments to Providers for Services Rendered)

Claim Type	Jan - Dec 2014		Jan - Mar 2015	
	Claim Count	Paid Amount	Claim Count	Paid Amount
Inpatient Hospital	63,454	\$469,562,616	19,875	\$153,219,147
Outpatient Hospital	3,924,397	\$455,155,071	1,224,781	\$147,784,929
Physician and Prof. Services	9,832,749	\$367,099,661	3,157,024	\$119,149,487
Pharmacy	5,911,187	\$346,184,721	1,963,726	\$122,572,896
Dental Services	1,525,380	\$93,132,990	462,553	\$29,637,822
Transportation	938,840	\$18,552,936	341,353	\$6,491,691
Home Health Services	22,559	\$2,373,691	8,642	\$905,830
Long Term Care	487	\$2,063,867	201	\$829,135
Vision Services	226,232	\$1,406,387	63,542	\$376,230
Crossover Claims for Duals	9,265	\$608,054	3,144	\$145,898
<b>Total Service Payments</b>		<b>\$1,756,139,994</b>		<b>\$581,113,063</b>
Average Enrollment		386,208		513,774

Source: NJ DMAHS Share Data Warehouse fee-for-service claim and managed care encounter information accessed 10/5/2015

Notes: The information includes all fee-for-service claims and managed care encounters paid through 10/5/2015 for services provided in January 2014 through March 2015; based on historic trends, this represents approximately 90% of all fee-for-service claims and managed care encounters for this period.

- Capitation payments to NJ FamilyCare managed care organizations, "subcapitation" payments made to entities subcontracting with NJ FamilyCare managed care organization for various services, and stand-alone "Media Code 7" lump sum payments to managed care organizations are not included.
- Encounters and enrollment for WellCare Health Plans of New Jersey are not included due to incomplete encounter information.
- Only paid claims and encounters are included; transactions that are paid at \$0.00 are not shown
- 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.