

# NJ FamilyCare Data Dashboard Portal

## *Supporting State Analytics*

Felicia Wu, Joseph Vetrano, Brian Leip  
Division of Medical Assistance and Health Services

Medical Assistance Advisory Council Meeting  
January 24, 2018

# IAP Data Analytics Project

**Develop public-facing NJ FamilyCare dashboards**

**12-month technical assistance (April 2018)**

**CMS IAP Partners:**

- **Truven Analytics**
- **Health DataViz**

# Overview of NJ FamilyCare (Dec 2017)



**1.76 million**

NJFC Enrollment

**20% NJ residents**

Enrolled in NJFC

**94% MC Enrollment**

**5 Partnering MCOs**

**\$15 billion**

Combined State and Federal Funding

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# **Selection Process for Visualization**

**Survey of OPRA Requests and other Division  
published materials**

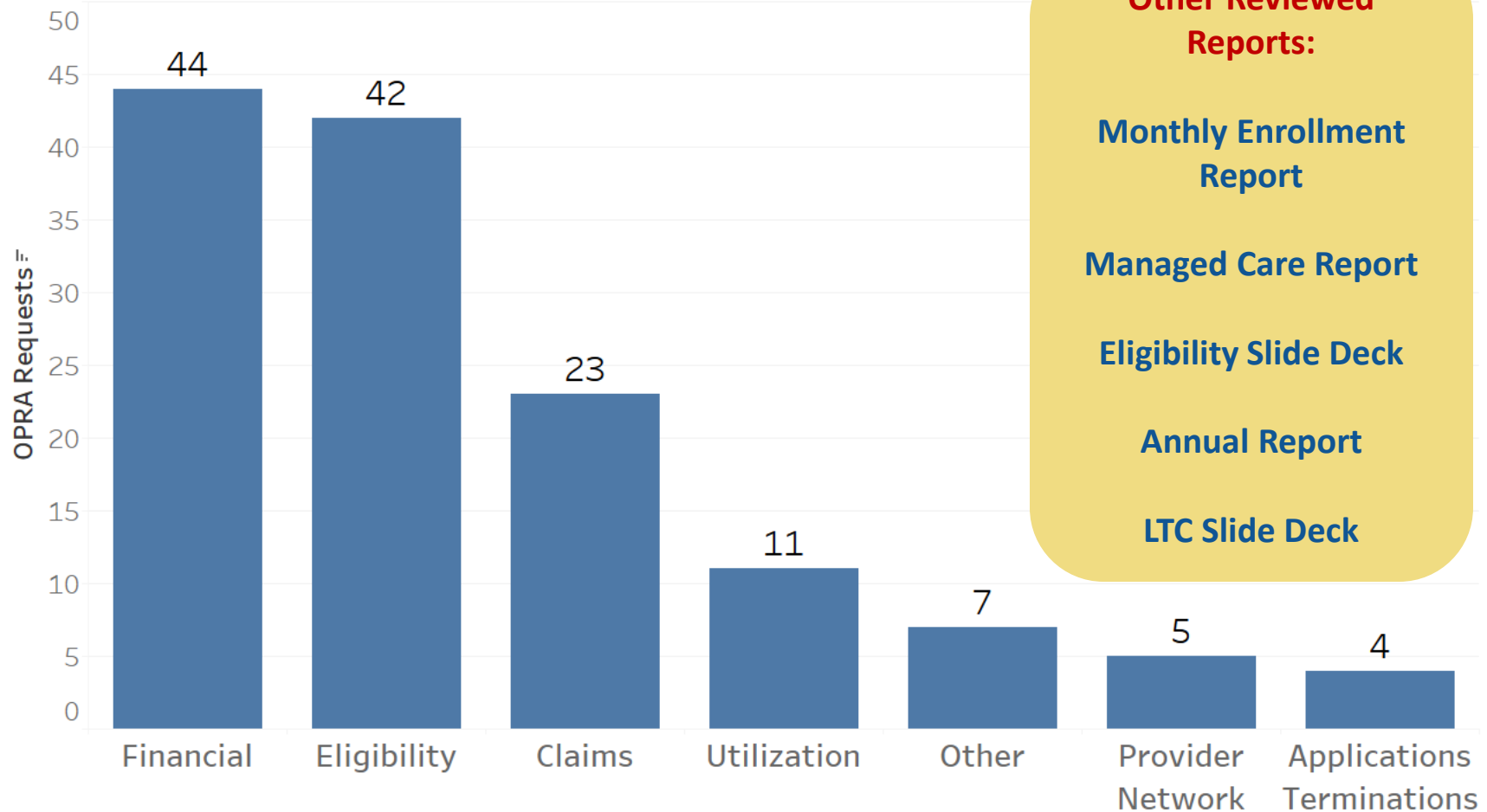
**State comparables study**

**IAP Partner Input**

**Medicaid Director**

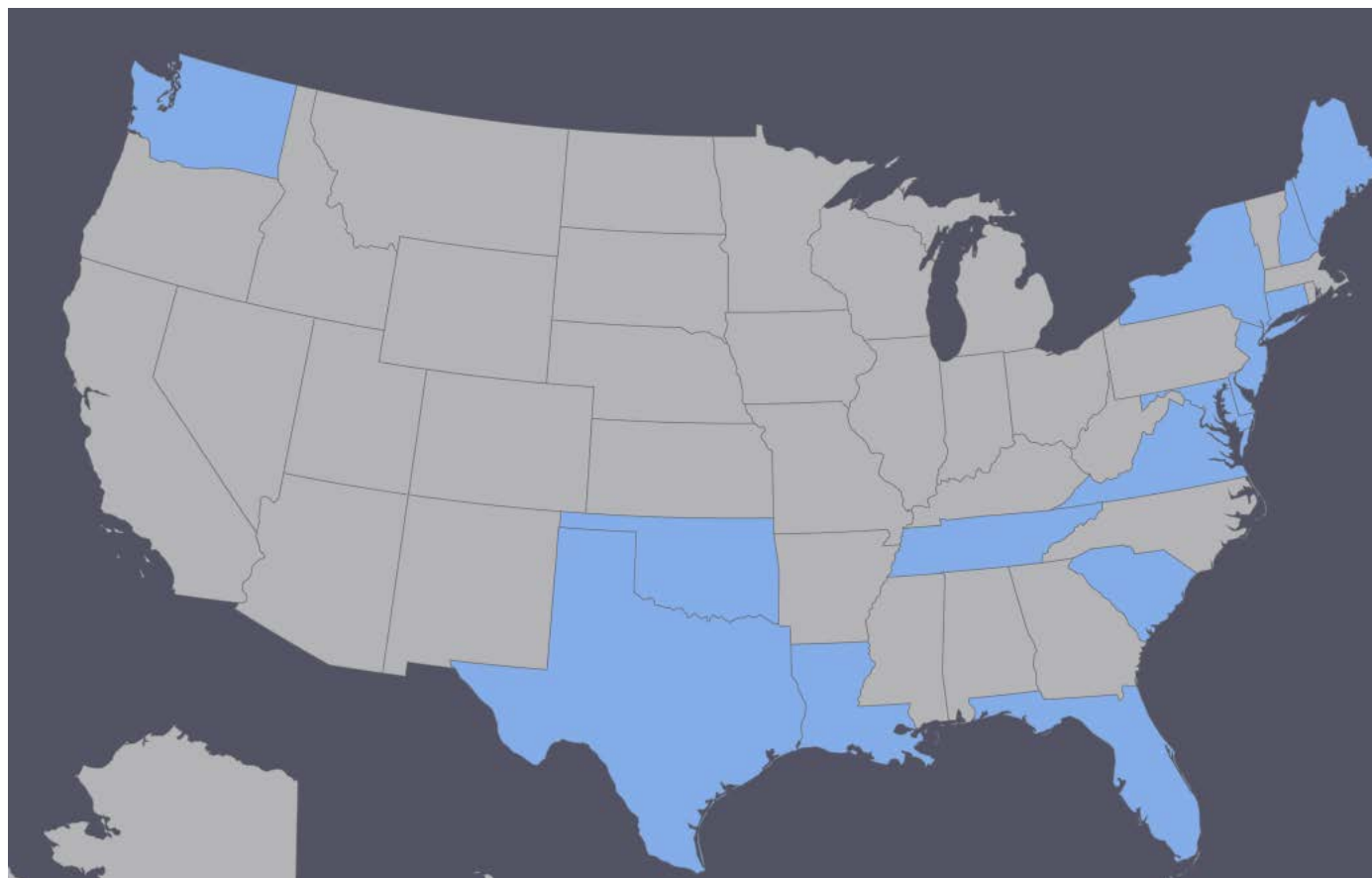
# Survey of Requested Reports

OPRA Requests 2016-2017



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# 13 Comparable States Surveyed



Delaware  
Florida  
Louisiana  
Maine  
Maryland  
New  
Hampshire  
New York  
Oklahoma  
Tennessee\*  
S. Carolina  
Texas  
Virginia  
Washington

*\*not public*

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# Phase 1 Selected Visualizations

OPRA Requests and Publicly Available Reports	
State Comparables Research	<div>Provider Accessibility</div> <div>Applications and Terminations</div> <div>CAHPS <small>Consumer</small> Assessment of Healthcare Providers</div>
	<div>Financials</div> <div>Service Utilization and/or Expenditures</div>
	<div>HEDIS and Clinical Measures</div> <div>Eligibility</div>

## Other Requested Visualizations:

Long Term Care

Medicaid  
Expansion

Managed Care  
Report Card

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# Eligibility

Eligibility ▾

Medicaid Expansion

LTC

HEDIS

CAHPS

Governor Chris Christie • Lt. Governor Kim Guadagno  
NJ Home | Services A to Z | Departments/Agencies | FAQs  
Search All of NJ Submit

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE & HEALTH SERVICES

- DHS Home
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- Consumers & Clients - Individuals & Families
- Information for Providers & Stakeholders: Contracts, Legal Notices
- News, Publications, Reports & Resources
  - Publications
  - Monthly Enrollment Reports**
- Division Staff & Contact Information
- Public Advisory Boards, Commissions & Councils

DHS Home > Division of Medical Assistance and Health Services > News, Publications, Reports & Resources > Monthly Enrollment Reports

**Monthly Enrollment Reports**

**NJ FamilyCare/Medicaid Enrollment Statistics**

[November 2017 \(PDF\)](#)  
[October 2017 \(PDF\)](#)  
[September 2017 \(PDF\)](#)  
[August 2017 \(PDF\)](#)  
[July 2017 \(PDF\)](#)  
[June 2017 \(PDF\)](#)  
[May 2017 \(PDF\)](#)  
[April 2017 \(PDF\)](#)  
[March 2017 \(PDF\)](#)  
[February 2017 \(PDF\)](#)  
[January 2017 \(PDF\)](#)  
[January 2016 – December 2016 \(PDF\)](#)  
[January 2015 – December 2015 \(PDF\)](#)  
[January 2014 – December 2014 \(PDF\)](#)

  
  
NJ 211 Partnership  
  
www.njhousing.gov  


## Data Used:

- Source Data: Snapshot data from **January 2014** to prior month
- Consistent with .pdf data presented in **monthly enrollment reports, managed care report, and MACC slide decks**
- Filters:** Dual Status, Age Band, County, HMO, Gender, Eligibility Type

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# HEDIS and other Performance Data

Timeline

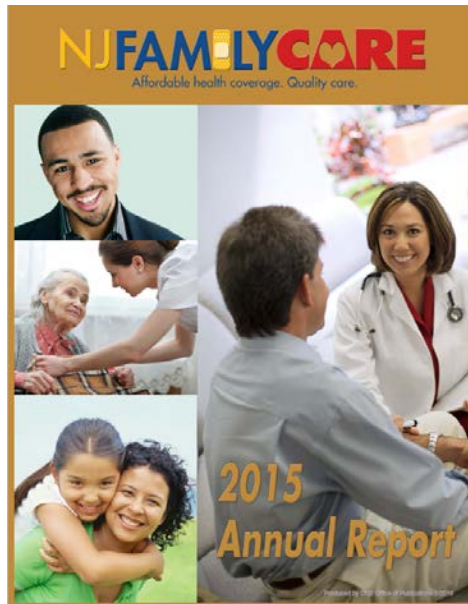
Eligibility ▾

Medicaid Expansion

LTC ▾

HEDIS ▾

CAHPS



Appendix E: 2015 HEDIS Performance Measures

Measure	Amerigroup	Horizon	United	Wellcare	New Jersey Medicaid Average <sup>1</sup>	National Medicaid Average
Immunization: Combination 2	74.5%	72.0%	67.9%	NA	70.9%	73.8%
Immunization: Combination 3	67.3%	66.9%	61.6%	NA	65.2%	70.4%
Immunization: Children (LSC)	76.8%	74.4%	78.1%	NA	76.0%	66.8%
Immunization: In the First 15 Months of Life: 6 or 15	67.1%	71.4%	68.6%	NA	70.0%	58.9%
Immunization: In the Third, Fourth, Fifth and Sixth 34	79.2%	77.7%	78.4%	NA	78.1%	71.9%
Immunization: Care Visits (AWC)	66.4%	66.1%	58.8%	36.7%	63.7%	50.0%
Immunization: Screening (BCS)	49.2%	55.2%	56.1%	NA	54.7%	58.8%
Immunization: Screening (CCS)	61.5%	60.6%	65.0%	22.9%	62.2%	60.2%
Immunization: Late Medications for People With						
	80.9%	84.7%	86.9%	NA	85.0%	n/a
	78.2%	80.2%	85.6%	NA	81.7%	n/a
	68.8%	77.6%	73.4%	NA	75.7%	n/a
	70.5%	77.2%	72.9%	NA	75.2%	n/a
	75.8%	80.8%	81.7%	NA	80.5%	n/a
Diabetes Care (CDC)						
	81.7%	82.3%	84.7%	NA	83.0%	86.3%
Diabetes Care: Control (>9.0%) <sup>2</sup>	41.4%	37.2%	42.6%	NA	39.4%	43.6%
Diabetes Care: Control (<8.0%)	50.5%	54.0%	46.9%	NA	51.4%	46.5%
Diabetes Care: Control (<7.0%) for a Selected Population	38.0%	37.7%	37.0%	NA	37.5%	34.1%
Diabetes Care: Control for Nephropathy	50.3%	64.1%	54.0%	NA	59.2%	54.4%
Diabetes Care: Controlled <140/90 mm Hg	76.7%	77.4%	79.2%	NA	77.8%	80.9%
Diabetes Care: Blood Pressure (CBP)	62.5%	62.2%	57.4%	NA	60.8%	61.9%
Diabetes Care: Blood Pressure (CBP)	58.7%	64.6%	46.7%	38.2%	58.3%	57.1%
Diabetes Care: Postpartum Care (PPC)						
Diabetes Care: Prenatal Care	81.7%	87.4%	84.2%	87.2%	85.4%	82.4%
Diabetes Care: Prenatal Care	52.0%	56.8%	61.1%	45.1%	57.6%	61.8%
Diabetes Care: Ongoing Prenatal Care -- 81+ Percent						
Diabetes Care: Prenatal Visits (FPC)	62.5%	65.0%	55.5%	58.7%	61.2%	55.2%
Diabetes Care: For Adolescents (IMA)						
Meningococcal	86.9%	88.3%	82.9%	NA	86.3%	73.4%
Tdap/Td	91.7%	95.9%	91.3%	NA	93.8%	83.7%
Combination 1	84.5%	88.3%	82.1%	NA	85.7%	71.4%
Appropriate testing for children with pharyngitis (CWP)	74.4%	68.8%	76.3%	NA	72.4%	69.5%
Chlamydia Screening (CHL)						
age 16-20	56.7%	40.4%	53.2%	NA	46.7%	51.2%
age 21-24	67.3%	50.6%	59.2%	NA	53.7%	60.1%
Total	61.0%	44.5%	55.7%	NA	50.4%	54.6%
BMI assessment for children/adolescents (WCC)						
age 3 - 11	75.1%	60.1%	54.3%	65.2%	59.8%	n/a
age 12 - 17	71.8%	63.1%	45.1%	NA	58.4%	n/a
Total	73.8%	61.0%	51.1%	57.8%	59.2%	64.0%
Follow up care for children prescribed ADHD medication (ADD)						
Initiation Phase	35.5%	29.2%	37.1%	NA	32.5%	40.1%
Continuation and Maintenance Phase	41.9%	33.8%	42.3%	NA	37.3%	47.5%
Follow-up after hosp. for mental illness <sup>3</sup>						
30 Day Followup	35.1%	16.8%	65.1%	NA	40.1%	63.0%
7 Day Followup	16.2%	8.9%	51.4%	NA	28.2%	43.9%
Adult BMI Assessment (ABA)	86.5%	81.6%	65.8%	NA	76.6%	79.9%

## Data Used:

- HEDIS reporting set measures **CY2014** forward (MCO Contract)
- Consistent with .pdf data presented in **Annual report (Appendix E)**

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# Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Timeline

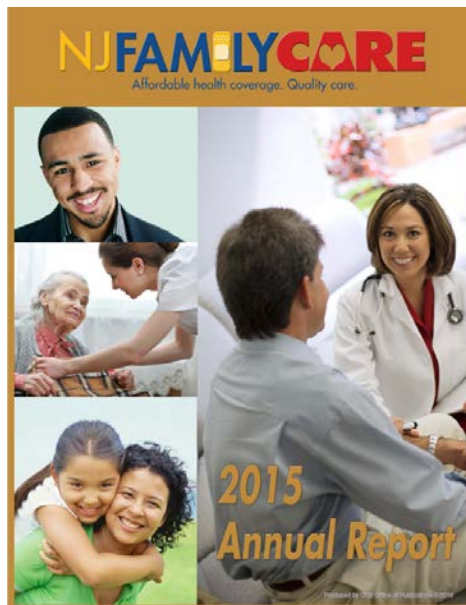
Eligibility ▾

Medicaid Expansion

LTC ▾

HEDIS ▾

CAHPS



Appendix D 2014 CAHPS® Health Plan Survey

	Horizon	United	Amerigroup	Healthfirst	New Jersey Medicaid Average	National Medicaid Average
Overall Rating of Health Care						
	88%	81%	83%	83%	84%	92%
	93%	88%	94%	94%	92%	92%
					78%	n/a <sup>3</sup>
Plan Satisfaction						
	87%	80%	79%	85%	83%	84%
	91%	83%	90%	90%	88%	90%
					85%	n/a <sup>3</sup>
Physician Doctor Satisfaction						
	95%	91%	87%	93%	91%	87%
	92%	93%	96%	95%	94%	93%
					90%	n/a <sup>3</sup>
Nurse Practitioner Doctor Satisfaction						
Adults	91%	84%	87%	86%	87%	87%
Children	88%	89%	90%	90%	89%	91%
D-SNP <sup>1,2</sup>					87%	n/a <sup>3</sup>
Overall Rating of Dental Care						
Adults	80%	74%	73%	77%	76%	n/a <sup>3</sup>
Children	87%	87%	81%	89%	86%	n/a <sup>3</sup>
D-SNP <sup>1,2</sup>						n/a <sup>3</sup>

<sup>1</sup> D-SNP is a coordinated care plan for New Jersey residents eligible for both Medicaid and Medicare (Parts A, B and D).

<sup>2</sup> Breakdown by plan are not available for D-SNP measures

<sup>3</sup> National averages are not available for the D-SNP and dental measures

Source: 2014 NJ CAHPS® Survey 5.0 Analysis & Health Plan Comparison Report provided by Xerox, last updated 10/2014.

## Data Used:

- Source Data: CAHPS Data **2014** forward
- Populations surveyed: Children, Adults, D-SNP
- Consistent with .pdf data presented in **Annual report (Appendix D)**

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# Long Term Care

Timeline

Eligibility ▾

Medicaid Expansion

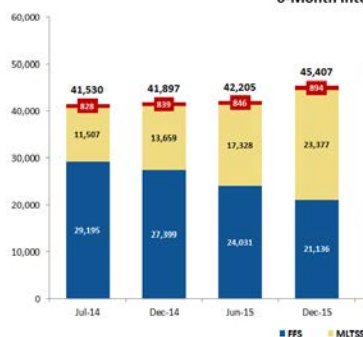
LTC ▾

HEDIS ▾

CAHPS

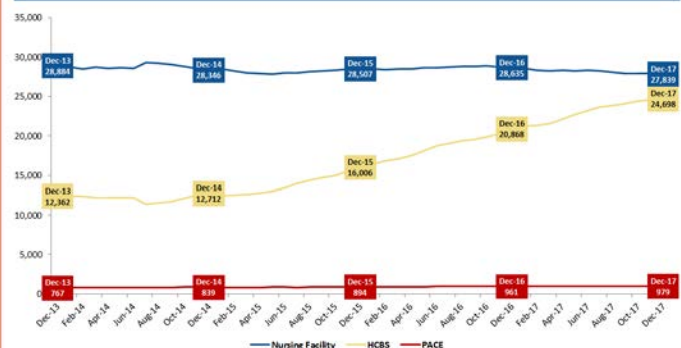
## Long Term Care Population: FFS-MLTSS Breakdown

6-Month Intervals



Source: Monthly Eligibility Universe (MEU) in Shared Data Warehouse (SDW), accessed on 1/13/2018.  
 Note: Information shown includes persons who are not enrolled in LTC or any point in a given month. Capitation Code 83,899, 79,999 & 83,899, Special Program Codes 03, 05, 06, 17, 31, 65, 67, Category of Service Code 07, or MC Plan Codes 220-221 (220-229) are categorized as PACE regardless of SPC, Capitation Code, or CDS. MLTSS includes all residents with the cap code 07 or 07-01, which is based on the prior month's CDS 07 population with a completion factor (CF) included to ensure it is received. Historically, 30.78% of long-term care nursing facility claims and encounters are received one month after the end of the month.

## Long Term Care Population by Setting



Source: Monthly Eligibility Universe (MEU) in Shared Data Warehouse (SDW), accessed on 1/13/2018.  
 Note: All residents with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or CDS.  
 Home & Community Based Services (HCBS) Population is defined as residents with a special program code (SPC) of 83 (HCB) or 42 (HCB) - Assisted Living OR Capitation Code 79,999, 83,899 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month.  
 Nursing Facility (NF) Population is defined as residents with a SPC 42, 43, 44, 45, 46, 47 (22 CAP Code 79,999, 83,899, 79,999, 83,899) with a SPC 42, 43, 44, 45, 46, 47 (22 CAP Code 79,999, 83,899) with a CDS code 07 (22) or Cap Code 79,999, 83,899 with a CDS code 07 (22) or CDS 07 without a SPC 42-47 (Medically Needy). CDS 07 counts as one of the specified cap codes used for the prior month and applies a completion factor (CF) due to claims lag (improvement and medically needy residents).

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NJ FAMILYCARE

## Data Used:

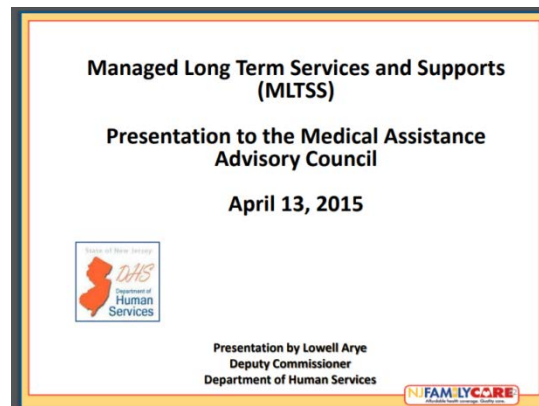
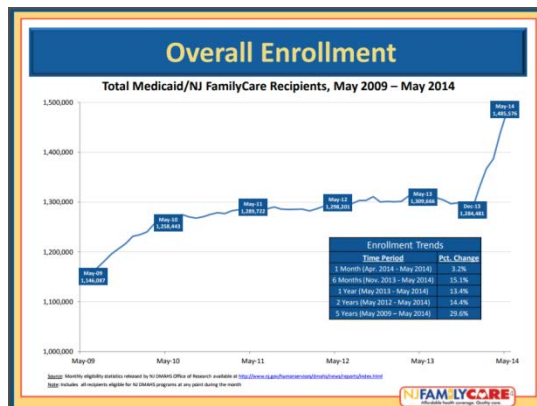
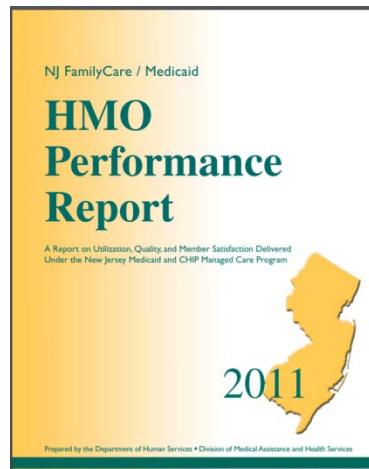
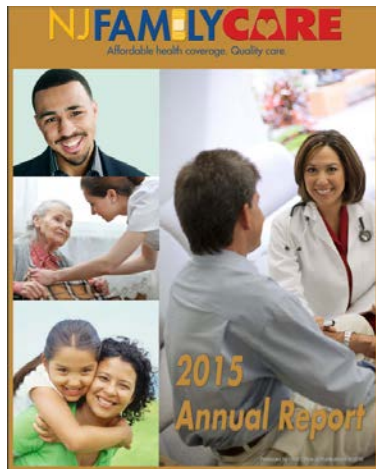
- Source Data: Eligibility and Claims Data\*
- Consistent with slide decks presented at MACC meetings and MLTSS stakeholder meetings
- **Filters:** Dual Status, Age Band, County, HMO, Gender

\*12 months claims runout

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# Future NJ FamilyCare dashboard

Summer 2018: <http://www.njfamilycare.org/default.aspx>



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# Development Timeline

Comparables Research, Cataloguing of Current Requests	0-2 mo.	100%
Meeting with Director's Office and Business Units	3-6 mo.	60%
Draft Dashboard Development	4-8mo.	60%
Website and Eligibility Dashboards LIVE	Spring 2018	60%
Continuing Review by Business Units	6-10mo.	0%
Coordination with Central Office to publish onto DMAHS website	Summer 2018	0%

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# Contact Us

Contact Us: [dmahs.referrals@dhs.state.nj.us](mailto:dmahs.referrals@dhs.state.nj.us)

Subject: NJ FamilyCare - Data Analytics Dashboards



# Mobile Friendly & Browser Independent



The desktop version of the NJ FamilyCare website. The header includes the NJ FamilyCare logo and a navigation menu with links: Home, Timeline, Eligibility, Medicaid Expansion, LTC, HEDIS, CAHPS, and More Information. Below the header is a large image of a person looking at a futuristic data dashboard. To the right of the image is an "Introduction" section with text about the NJ FamilyCare data analytics dashboards. Below the introduction is a link: "For more information on the Medicaid Innovator Accelerator Program, click here." Below the introduction and link is a section titled "NJ FamilyCare Highlights" with four data points: Total Enrollment (1,756,136), Managed Care Enrollment (94.1%), Long Term Care Population in Home and Community Based Services (47.4%), and New Behavioral Health Providers Added Since Rate Increase (92). To the right of the highlights is a section titled "Monthly Enrollment Reports" with an image of a document.

### Introduction

The Division of Medical Assistance and Health Services is pleased to present the NJ FamilyCare data analytics dashboards. The objective of these web-based dashboards is to enable greater transparency to the Medicaid program. Users can gain a more timely and in-depth knowledge of key demographic and performance metrics. Assistance and guidance for the development of the dashboards was received under the umbrella of the CMS Data Analytics Medicaid Innovator Accelerator Program.

For more information on the Medicaid Innovator Accelerator Program, [click here](#).

### NJ FamilyCare Highlights

1,756,136 Total Enrollment	94.1% Managed Care Enrollment	47.4% Long Term Care Population in Home and Community Based Services	92 New Behavioral Health Providers Added Since Rate Increase
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### Monthly Enrollment Reports

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# **Medicaid Substance Use Disorder (SUD) Waiver**

**Roxanne Kennedy and Gwen Carrick**

**Division of Medical Assistance and Health Services**

**Department of Human Services**

**January 2018**



# Why an SUD Waiver

- Steady increase each year in NJ and Country of deaths related to SUD, primarily opiates.
- The Waiver is a recommendation of the NJ Governor's Task Force Report on Drug Abuse Control, September 2017
- President Trump's announcement on 10/26/2017 declaring a national health emergency for SUD
- CMS is taking into consideration the modification of the IMD Exclusion within Waiver authority for Medicaid payment for SUD Treatment (approved in 5 states as of 11/17)

# The IMD Exclusion

- The Institution for Mental Diseases (IMD) Exclusion is a federal statute that prohibits the use of federal Medicaid financing for care provided to most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds between the ages of 22-64.
- NJ sought Waiver authority through the 1115 Comprehensive Medicaid Waiver Renewal process to include SUD treatment in an IMD as part of the SUD continuum.

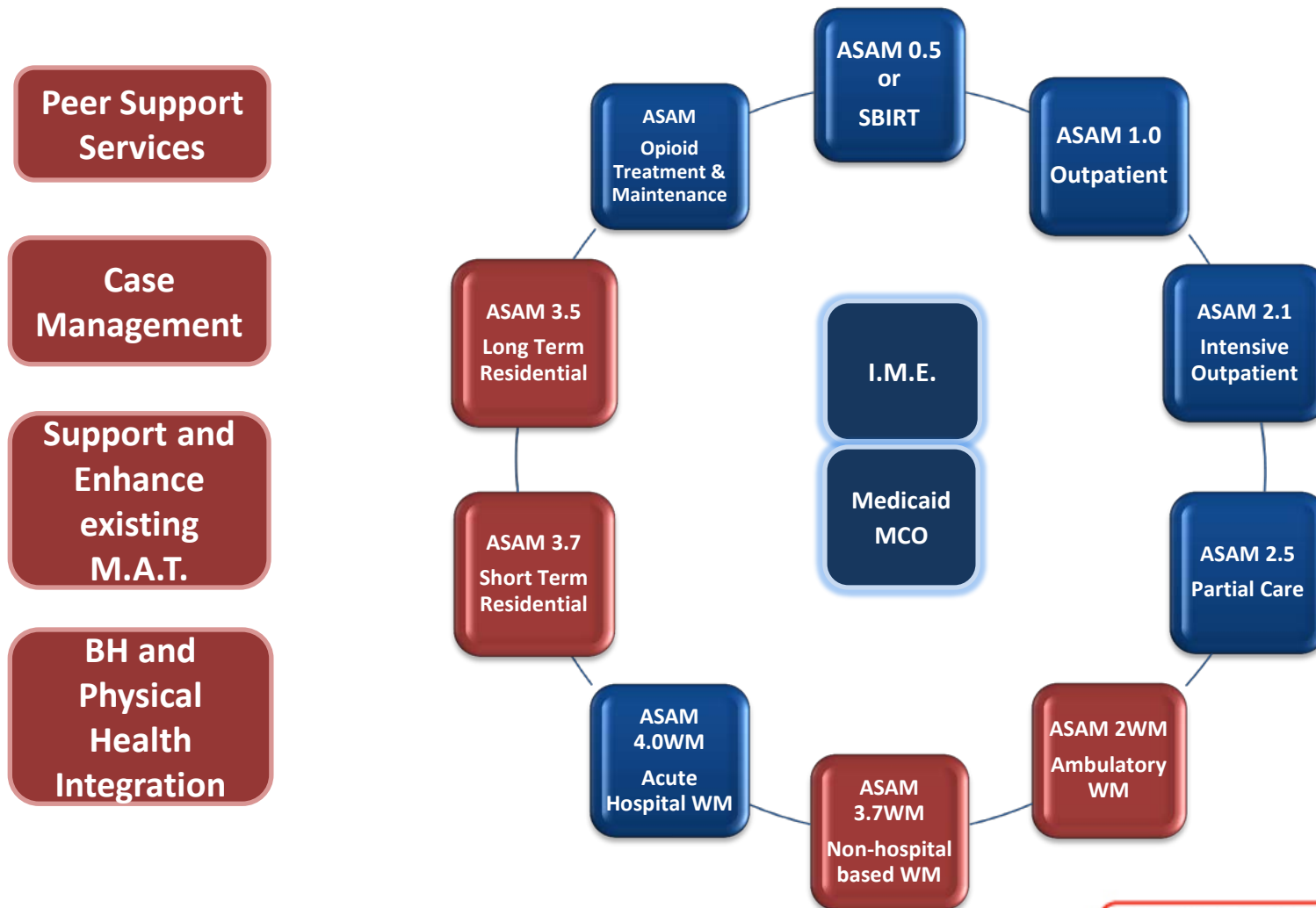
# Purpose of the SUD Waiver

- To expand Medicaid coverage to residential treatment in Detox, Short Term and Long Term Residential rehabilitation services.
- Increase the benefit package to include peer services and case management services for individuals with a SUD
- Provide and monitor evidenced based services for individuals with a SUD
- Closely monitor the effectiveness and efficiencies of services expanded and covered in the waiver

# SUD Waiver Authority

- Effective 10/31/17, NJ FamilyCare has received Waiver authority to claim expenditures for services provided in residential facilities that meet the requirements of an Institution for Mental Disease (IMD) for individuals 18 and over.
  - **Non-hospital based Withdrawal Management, ASAM 3.7WM**
  - **Short term Residential Treatment, ASAM 3.7**
  - **Long Term Residential Treatment, ASAM 3.5**
- NJ FamilyCare must maintain a combined average length of stay of 30 days or less for these services.
- NJ FamilyCare will provide a full continuum of SUD services that includes **case management** and **peer recovery support services**.

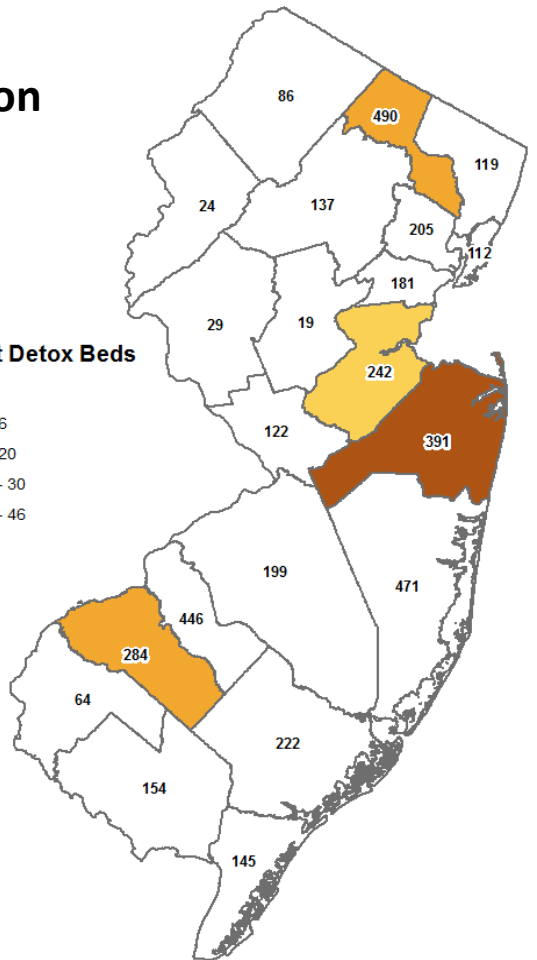
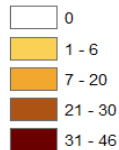
# A Full Continuum of Benefits for SUD Treatment



# Withdrawal Management (Detox) Beds

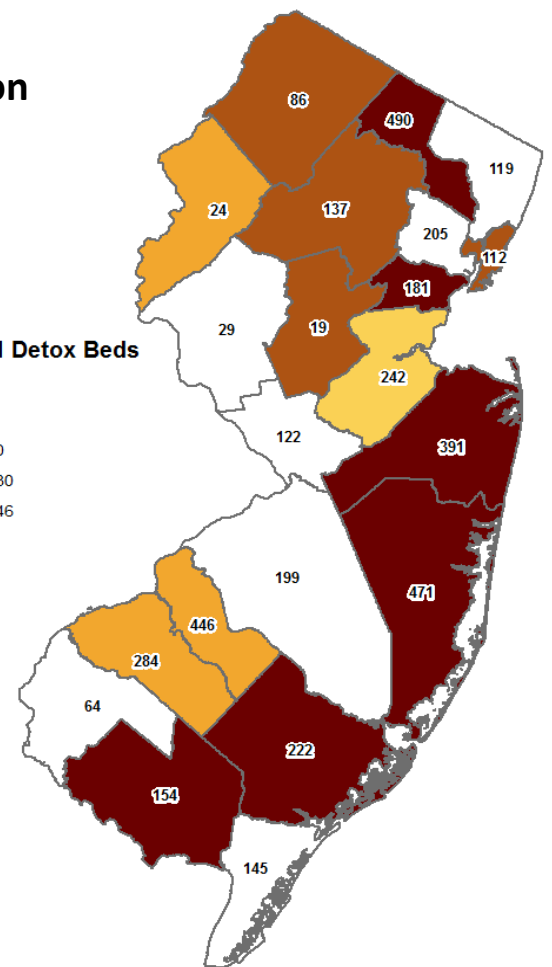
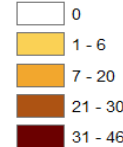
## IMD Restriction

### Current Detox Beds



## No IMD Restriction

### Potential Detox Beds

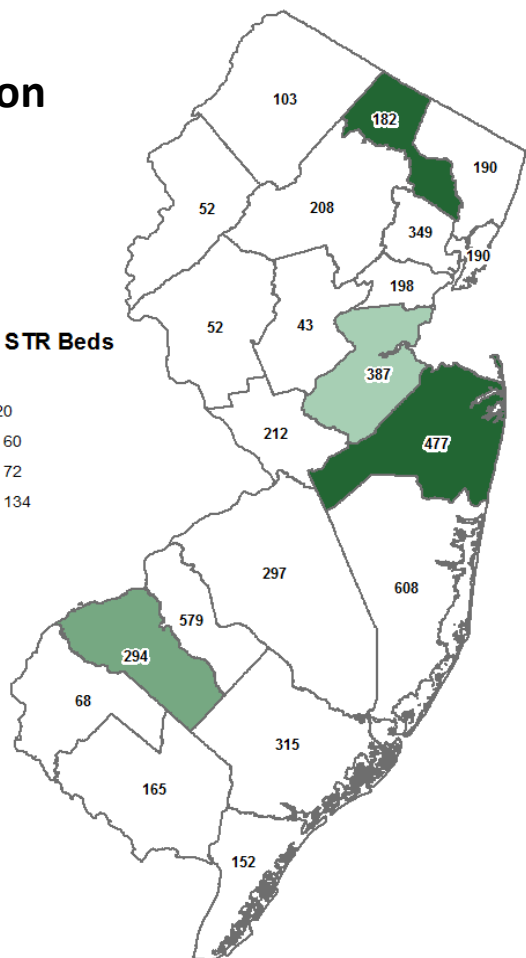
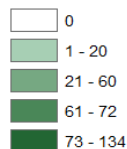


- Color = number of beds
- Numbers = admissions by County of Residence for CY 2016, FPL ≤ 133%

# Short Term Residential Beds

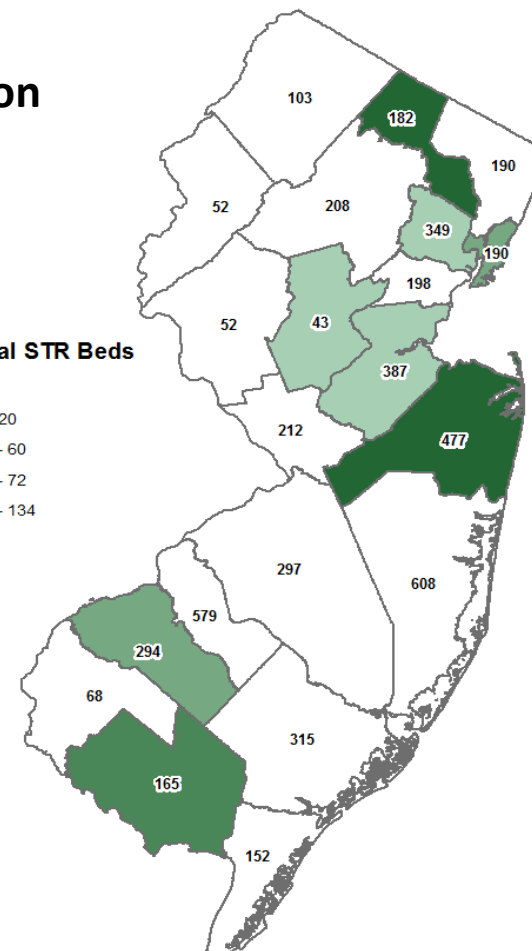
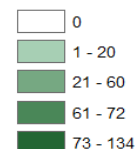
## IMD Restriction

### Current STR Beds



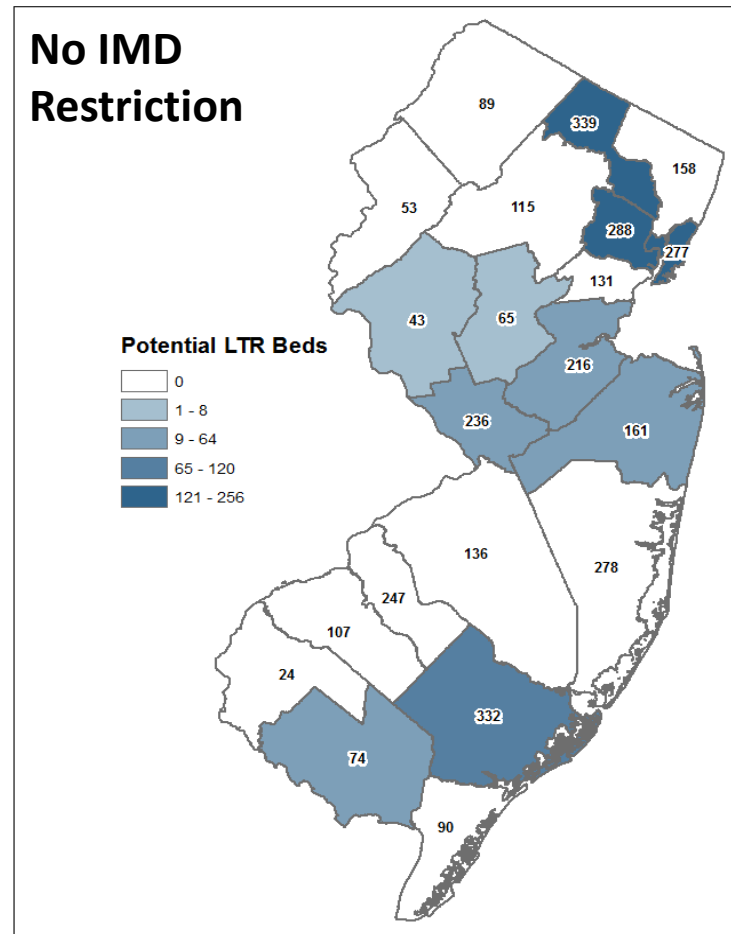
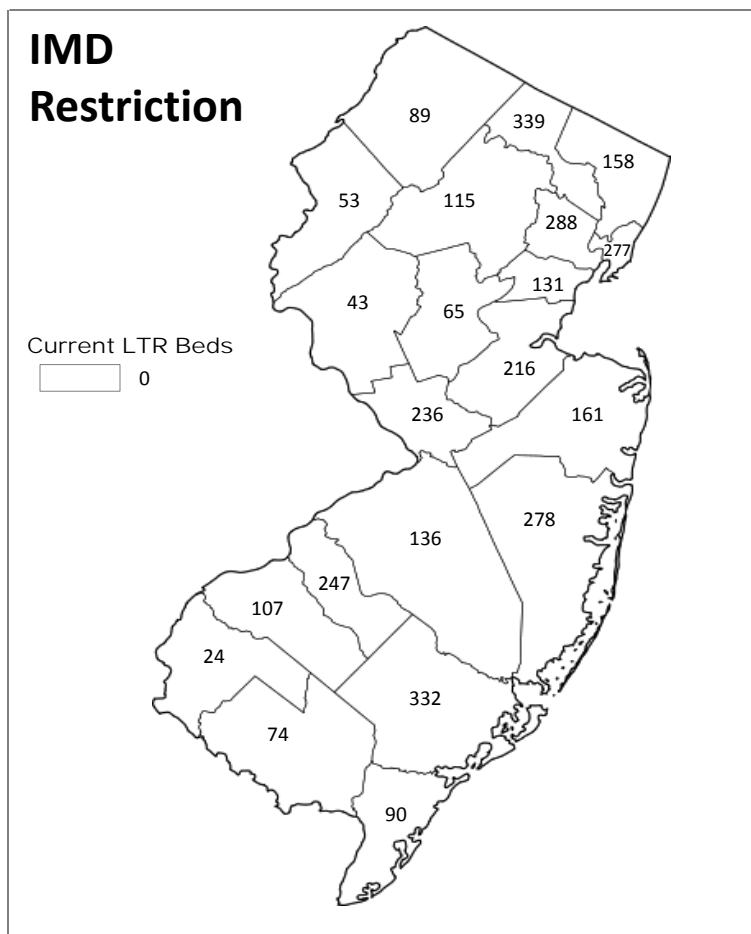
## No IMD Restriction

### Potential STR Beds



- Color = number of beds.
- Numbers = admissions by County of Residence for CY 2016, FPL<=133%

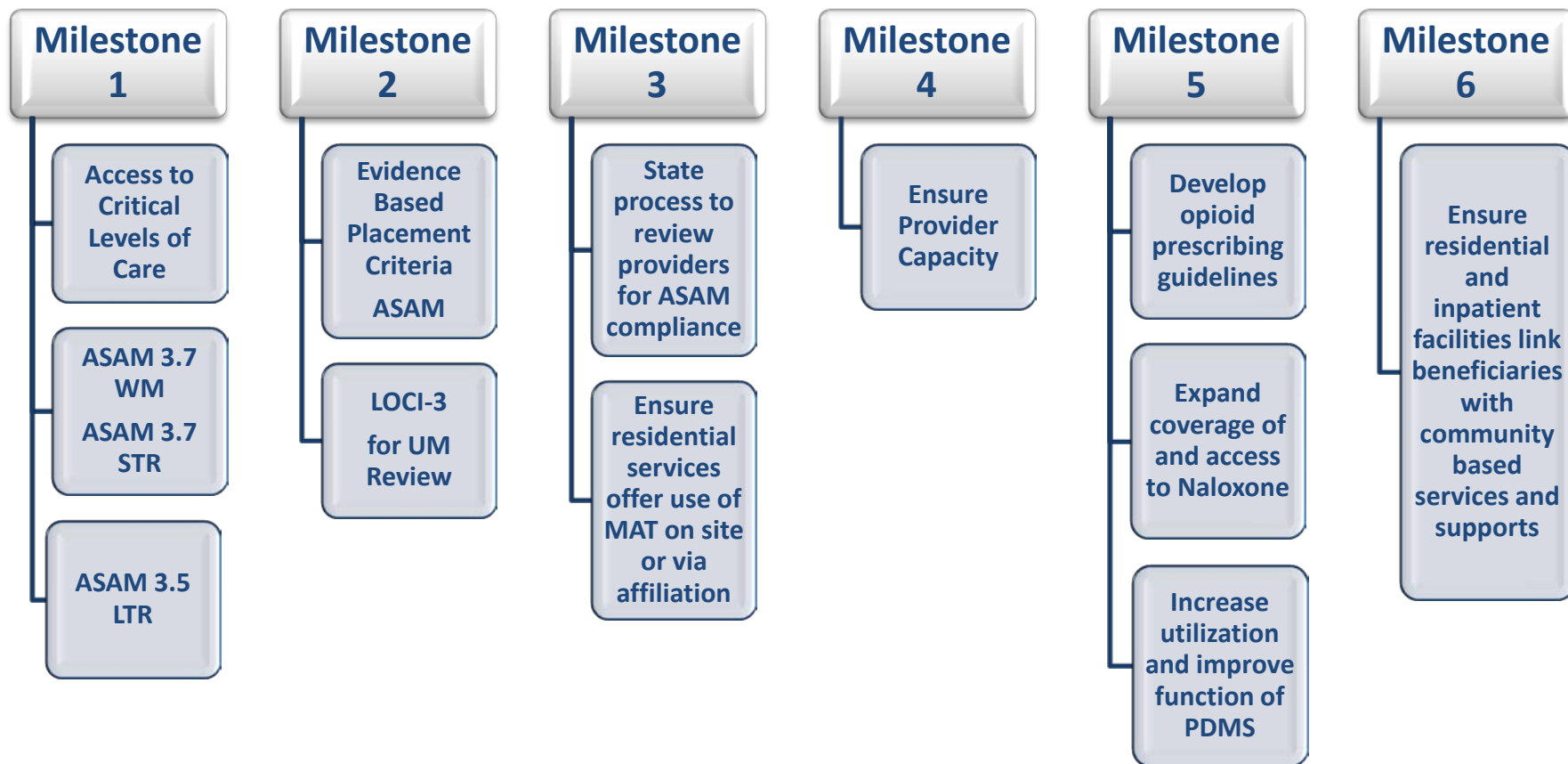
# Long Term Residential Beds



- Color = Number of beds.
- Number = admissions by County of Residence for CY 2016, FPL≤133%



# Special Terms and Conditions



# Special Terms and Conditions

## *Additional CMS Deliverables*

**SUD Program  
Implementation  
Plan**

**SUD Program  
Health IT  
Plan**

**SUD Program  
Evaluation  
Design**

**SUD Program  
Monitoring  
Protocol**

**Budget  
Neutrality**

# Service Implementation Timeline

\*July 2018

- IMD services Medicaid covered STR and WM

\*October 2018

- IMD service Medicaid covered LTR

\*July 2019

- Medicaid covered Case Management for SUD

\*July 2019

- Medicaid covered Peer services benefit coverage

\*Dates are projections and are contingent upon CMS approval.

# Impact on SUD Providers

- Providers of **Short Term, Long Term** and **Detox residential services** will bill Medicaid for all Medicaid beneficiaries.
- Providers that receive state only FFS funds are required to be Medicaid providers.
- Providers licensed through DHS (DOH) for these services will be able to apply to be in the Medicaid SUD provider network regardless of their participation in the state only FFS network.
- Once a benefit and rate is designed for **Case Management** and **Recovery Supports Services**, the providers of these services will be able to bill for Medicaid beneficiaries.

# Stakeholder Meetings

- Nov. 27, 2017: SUD Workgroup (multi-department and division workgroup)
- Nov. 28, 2017: Division of Mental Health and Addictions Services Senior Staff Meeting
- Dec. 4, 2017: County Drug and Alcohol Directors Meeting
- Dec. 7, 2017: DMHAS Stakeholder Leadership Constituency Meeting
- Dec. 8, 2017: Professional Advisory Committee (PAC)
- Dec. 14, 2017: Quarterly Provider Meeting
- Dec. 15, 2017: Opioid Taskforce Meeting
- Jan. 24, 2018: Medical Assistance Advisory Council (MAAC) Meeting
- Feb. 14, 2018: Mental Health Planning Council Meeting

# Relevant Links

- State Medicaid Director's Letter ***Strategies to Address the Opioid Epidemic:***  
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf>
- NJ Standard Terms and Conditions of the 1115 Waiver Renewal (Section 40 re: SUD):  
<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nj/nj-1115-request-ca.pdf>

# Questions



# NJ FamilyCare Managed Care Contract Changes

**Carol Grant**

**Deputy Director**

**Division of Medical Assistance and Health Services**



# Managed Care Contract Changes

## July Managed Care Contract

- Managed Care Rule and other CMS Requirements
- Highlights of the changes on the next few slides;  
Managed Care Contract available online at :  
<http://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf>

## Article 3 – Managed Care Management Information Systems

Coordination of Benefits – Managed Care Rule requires MCOs to establish their own COBA with Medicare (will become operational when NJ launches new MMIS) and participate in automated claims crossover process.

## Article 4 – Provision of Health Care Services

- In Lieu Of Services moved from the Financial Reporting Manual to the main contract
  - OTC medications
  - Smoking Cessation
  - Residential BH/SUD treatment in an IMD for 15 days or less
  - LTAC treatment
  - Residential Modifications
  - Assistance with finding or keeping housing (not rent)
- EPSDT recipients aging out of EPSDT may be assessed for MLTSS up to 6 months before their 21<sup>st</sup> birthday
- CMS required changes to what formulary information and in what format MCOs must post to their websites
- MCOs must send DMAHS on an annual basis (changed from w/in 45 days of request) a detailed description of its drug utilization review activities
- Expanded State requirements for MCO reporting of drug encounters and covered outpatient drugs so that the State can apply for drug rebates
- The Administration lowered the threshold for Blood Lead Testing threshold from 10 to 5 micrograms/deciliter obtained through a capillary sample now required to be confirmed by a venous sample.
  - If the test shows a lead level greater than 5 micrograms/deciliter, the MCO should recommend that the other children and pregnant women living in the household be tested.
  - Children between 24 – 72 months who have not had a screening blood lead test must be tested immediately regardless of level of risk. If the blood level is found to be 5 – 9 mcg/dl, MCO must ensure PCPs cooperate with local health department to facilitate a preliminary environmental evaluation.
  - MCO must provide DMAHS an annual action plan for interventions used in outreaching parents/caregivers of children with positive lead screening tests. Lead Case Management Program applies to children with blood lead levels >5mcg/dl.

## Article 4 – Provision of Health Care Services, cont.

- Contract now states specific federal law requirements for Hospice Care provided in a NF or SCNF
  - at least 95% of the of the rate that would have been paid by the State for facility services in the facility for the individual.
- Performance Measures:
  - Added: Electronic submission requirement – Complete HEDIS Workbook incl. all measures required by the NJFC MC Contract and measures submitted to NCQA for accreditation.
  - Expanded: MCO must submit a workplan for measures as defined by the State by 8/15 of each year. DMAHS may require a Corrective Action Plan for performance below minimum acceptable service levels. Progress updates may be requested by the State.
  - Added HEDIS reporting measure: Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- MCO's MLTSS Consumer Advisory Committee must include representation by MLTSS population participants or their representatives and case managers. Must address issues related to MLTSS. Must forward results and f/u items to DMAHS quarterly.
- Appeals process changes resulting from new Managed Care Rule (as discussed at the July MAAC):
  - MCO must mail notice of adverse benefit determination to Member by date of action if:
    - Member has died
    - Member has requested, in writing, service termination/reduction
    - Member has been admitted to an institution where he/she is no longer eligible for NJFC
    - Member's address is unknown – mail returned without forwarding address
    - Member is accepted for Medicaid services outside of NJ
    - A change in LoC is prescribed by Member's physician
    - Notice involves adverse determination regarding preadmission screening (section 1919(e)(7) of the Act.
    - Transfer or discharge from a facility will occur in an expedited fashion
- Managed Care Rule required changes to Provider Networks requirements:
  - The Contractor is not required to contract with more Providers than necessary to meet the needs of its Members.
  - MCO may use different reimbursement amounts for different specialties or different practitioners in the same specialty

## Article 4 – Provision of Health Care Services, cont.

- MCO is not precluded from establishing measures to maintain quality of services and control costs, consistent with MCO's responsibilities to members
- BH providers should be listed in online directory by service descriptions (State requirement):
  - Acute Partial Hospitalization Mental Health/Psychiatric Partial Hospitalization
  - Adult Mental Health Rehabilitation (AMHR)
  - Inpatient Psychiatric Hospital Care
  - Independent Practitioner(s) (Psychiatry, Psychiatry; NP Psychiatric MH; Psychiatry; Neurology (Osteopaths Only); Psychologist)
  - Medication Monitoring
  - Opioid Treatment Services
  - Outpatient Mental health Hospital
  - Outpatient Mental Health Independent Clinic
  - Partial Care
- Managed Care Final Rule requires MCO's, when building Provider Networks, to consider:
  - How many NJ FamilyCare beneficiaries may enroll
  - The expected utilization of services, given the characteristics and health care needs of the specific populations enrolled with the Contractor
  - The numbers and types (their training, experience and specialization) of Providers required to provide the required services
  - The numbers of network Providers who are not accepting new NJ FamilyCare patients
- AWP extended through June 2018.
- AWQP section added
- Article 4.11 provides DMAHS with authority to conduct enhanced readiness reviews for significant and material MCO changes impacting members or providers. MCOs were instructed on submission criteria, processing protocol, and review timeframes. MCO's are not permitted to implement a proposed change without DMAHS approval.

## Article 7 - Terms and Conditions

- Required each MCO to establish a dedicated Housing Specialist responsible for:
  - Identifying, securing and maintaining community-based housing for MLTSS Members
  - Acting as a liaison with DMAHS to receive training and capacity building assistance

## Article 8 – Financial Provisions

- Medical Loss Ratio section
  - Replaced with language consistent with the Managed Care Final Rule.
  - New MLRs are 85% for non MLTSS premium groups and 90% for all MLTSS premium groups . This measure is already active. Contract language is now consistent with MCFR.

## Article 9 – Managed Long Term Services and Supports

- Expanded procedures for Member voluntary withdrawal from MLTSS and Disenrollment for non-compliance at MCO request.  
Defined MCO counseling responsibilities and risks to Members
- Expanded on procedures for screening potential MLTSS Members
- Expanded explanation to Member of MCO Care Management requirements and procedures
- Defined Essential Elements for person-centered plan of care:
  - Member demographics
  - Member Goals
  - Member's assessed needs
  - Service and support needs
  - Medical review
  - Caregiver's support needs
  - Member rights and responsibilities
  - Special instructions/comments

## Article 9 – Managed Long Term Services and Supports, cont.

- Changes were made to the MLTSS Performance Measures. Some were revised to provide further clarity or refine the data collected, some measures were discontinued, and others were further stratified to provide more detailed information.
  - Performance Measure #39 and #40 were further stratified to capture number of MLTSS members with substance only; mental illness only; or members with substance abuse and mental illness.
  - New Performance Measures were introduced to capture information concerning the follow-up after Emergency Department visit for mental illness or alcohol and other drug dependence (stratified for the HCBS and NF population)

# Nursing Facility Quality Improvement Initiative

**Elizabeth Brennan**  
**Assistant Division Director**  
**Division of Aging Services**

# Guiding Principles

1

Improved Resident Experience and Quality of Life

2

Transparency & Collaboration with the Stakeholder Community

3

Consistent approach to Quality Measurement

4

Quality Monitoring & Promoting Continuous Quality Improvement

5

Oversight and Protections



# Any Willing Provider (AWP) Policy

**New Jersey's goal has been to safeguard the NF industry's financial health and minimize disruption to NF residents as the state moves from FFS to managed care under MLTSS.**

**The AWP provision currently requires the MCOs to contract with the NFs at least at the approved state Medicaid rates.**

**The AWP contracting policy for NFs was extended beyond its original two year period until 6/30/17.**

**Before eliminating AWP, NJ is developing NF provider network requirements and quality indicators that will be used in the contracting process between providers and the MCOs.**

# Any Willing Qualified Provider (AWQP)

The three primary goals of the AWQP program are:

- Setting the stage for value based purchasing – the AWQP program needs to be aligned with value based purchasing because its focus is also on quality and outcomes of care
- Improving NF quality for long-stay residents (“raise all ships”) - by providing regular feedback on performance to NFs, they can design and implement quality improvement plans to improve outcomes for all residents
- Provide MCOs with a pathway towards stronger network management - in addition to rewarding quality through higher reimbursement to quality providers, MCOs will be able to share provider performance with members so they have the knowledge base to select high value service providers

# Implementation Activities

- AWQP Initiative has launched
  - 302 Medicaid certified NFs are included
  - SCNFs, Private Pay, and small volume facilities are excluded
- Webinars for NF providers have begun
  - DHS (DMAHS and DoAS) is presenting a comprehensive overview
  - Hosted by the NJ Hospital Association; open to all NFs
  - January 23<sup>rd</sup>, February 1<sup>st</sup>, February 7<sup>th</sup>
- Quality Performance Standards data will be released to providers in February
- Resident/Family experience (Core Q) and Hospital Utilization Tracking pre-survey will be administered by Dr. Nick Castle of University of Pittsburg

# Timeline (Abbreviated)

Timeline	Key DMAHS and DoAS Activities
January 2018	Prepare baseline data for distribution Conduct webinars
February 2018	Baseline data is released
March 2018	Receive NF Quality Performance Plans (QPP) Receive and review any NF appeals related to data
July 2018	Prepare data for distribution
August 2018	Baseline interim data is released
September 2018	Receive and review NF Quality Performance Plans (QPP)
January 2019	Prepare 1 <sup>st</sup> annual data for distribution
February 2019	1 <sup>st</sup> annual data is released
March 2019	Receive NF Quality Performance Plans (QPP) Receive and review any NF appeals
<b>April 2019</b>	<b>AWQP annual designation is provided <u>for the first time</u></b>

# Additional Information

## ✓ Website

- ✓ [http://www.state.nj.us/humanservices/dmahs/home/mltss\\_nhq.html](http://www.state.nj.us/humanservices/dmahs/home/mltss_nhq.html)

## ✓ Email

- ✓ [dhs.awqpinitiative@dhs.state.nj.us](mailto:dhs.awqpinitiative@dhs.state.nj.us)

## ✓ Leah Rogers, DoAS QA Coordinator

- ✓ 609-588-6510

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



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# Long Term Care Recipients Summary – December 2017

**Total Long Term Care Recipients\***

**53,516**

**Managed Long Term Support & Services (MLTSS) 40,500**

MLTSS HCBS 21,604

MLTSS Assisted Living 3,094

MLTSS NF 15,522

MLTSS SCNF (Upper & Lower) 280

**Fee For Service (FFS/Managed Care Exemption) 12,037**

FFS Nursing Facility (includes SCNF) 9,010

FFS NF – Other\*\* 3,027

**PACE 972**

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 1/11/2018.

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).

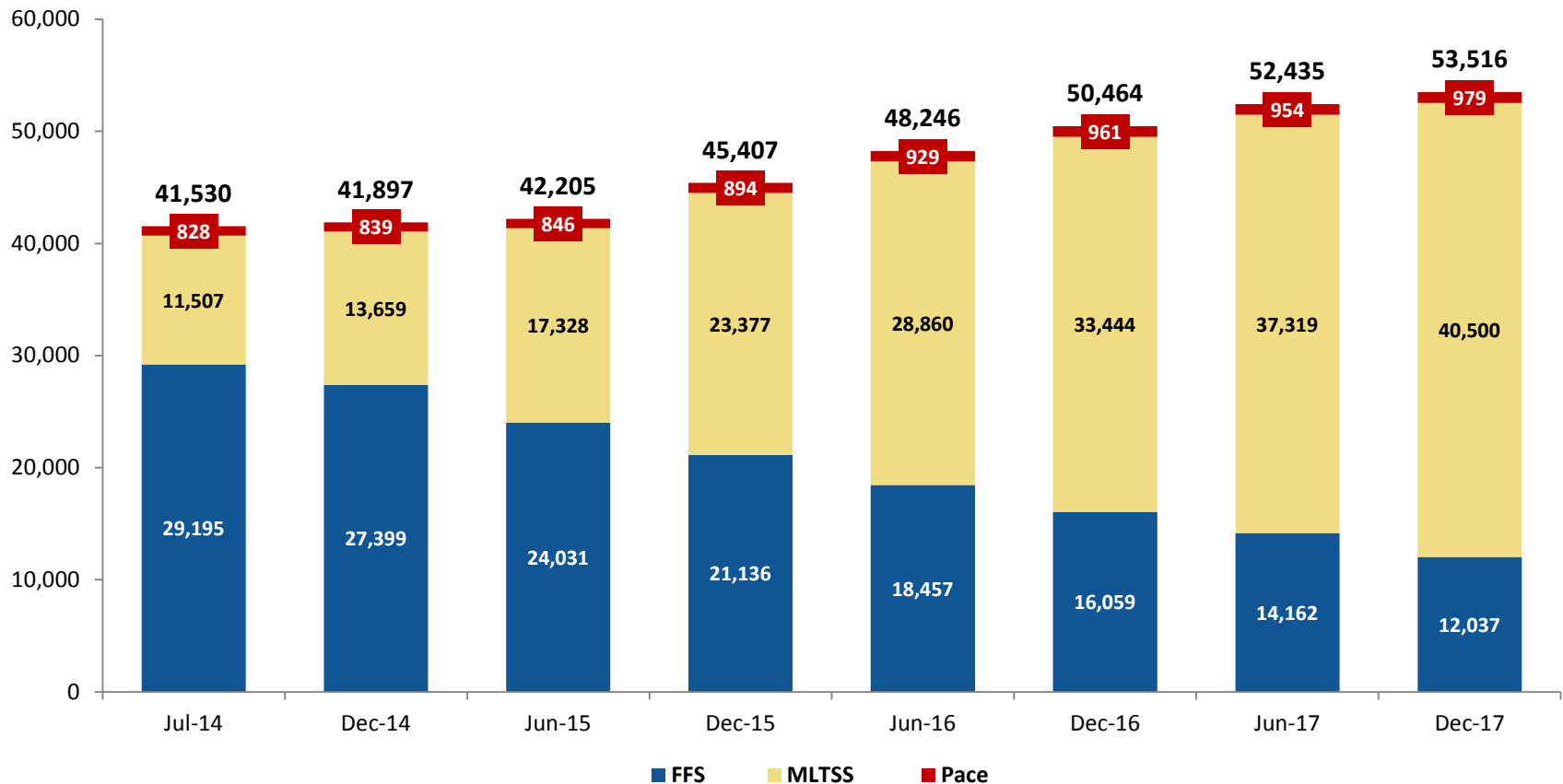
\* 'FFS NF – Other' is derived based on the prior month's population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 63.56% of long term care nursing facility fee-for-service claims are received one month after the end of a given 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 residing in nursing facilities that are not within special program codes 60-67 or capitation codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499.

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# Long Term Care Population: FFS-MLTSS Breakdown

## 6-Month Intervals



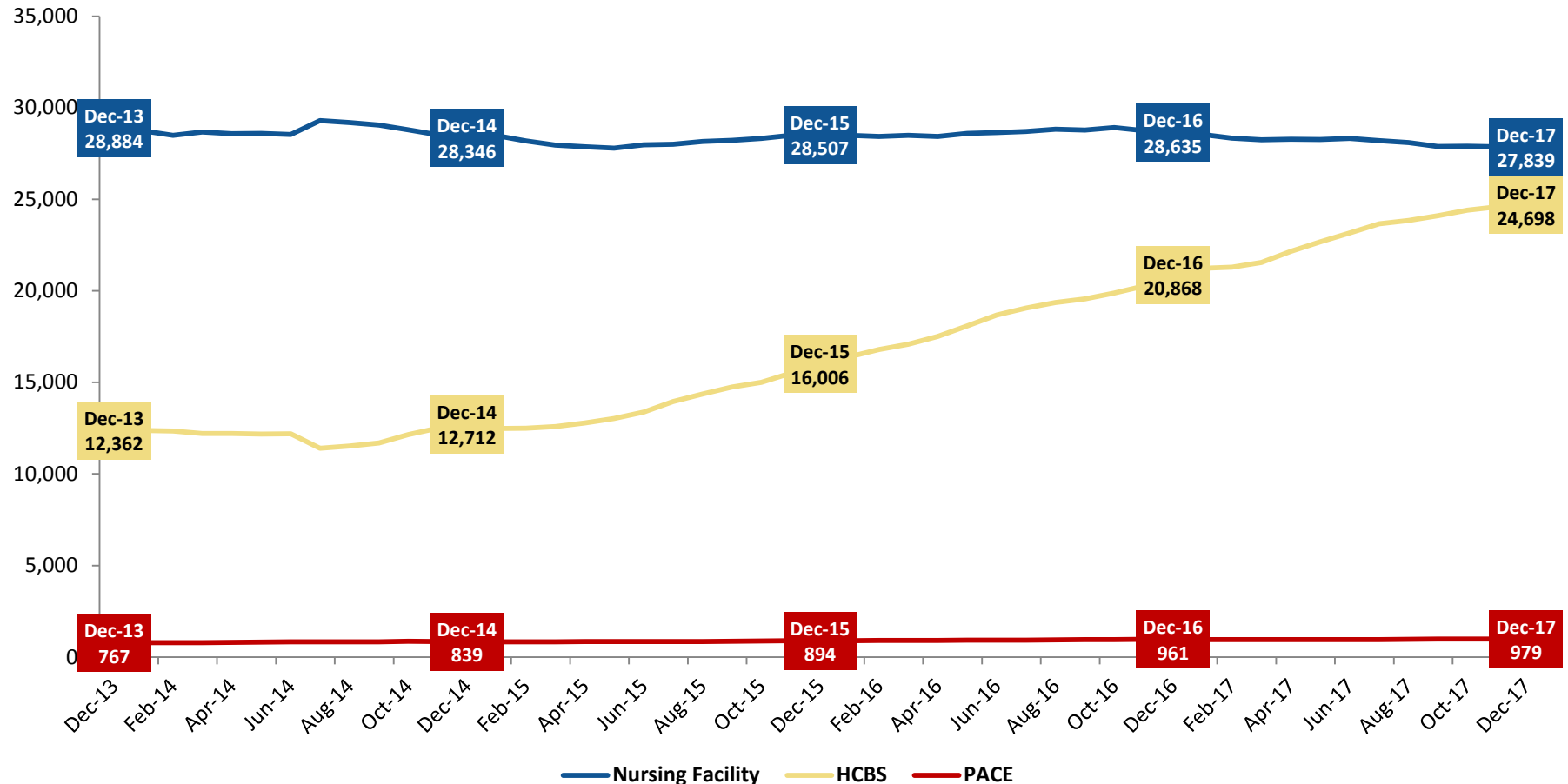
Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 1/11/2018.

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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# Long Term Care Population by Setting



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 1/11/2018.

Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

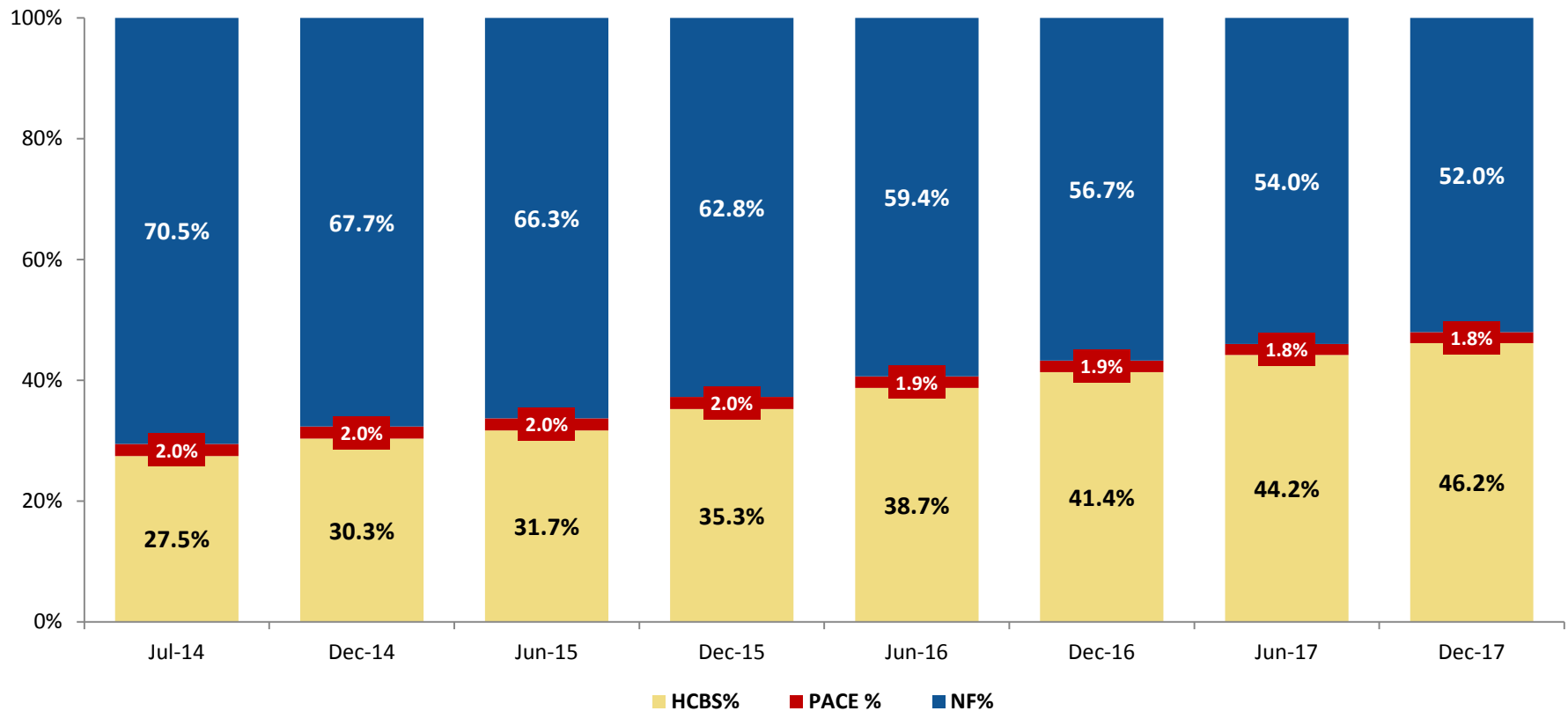
Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month.

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).

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# MLTSS Rebalancing

## 6 Month Intervals



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 1/11/2018.

Notes: All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC, Capitation Code, or COS.

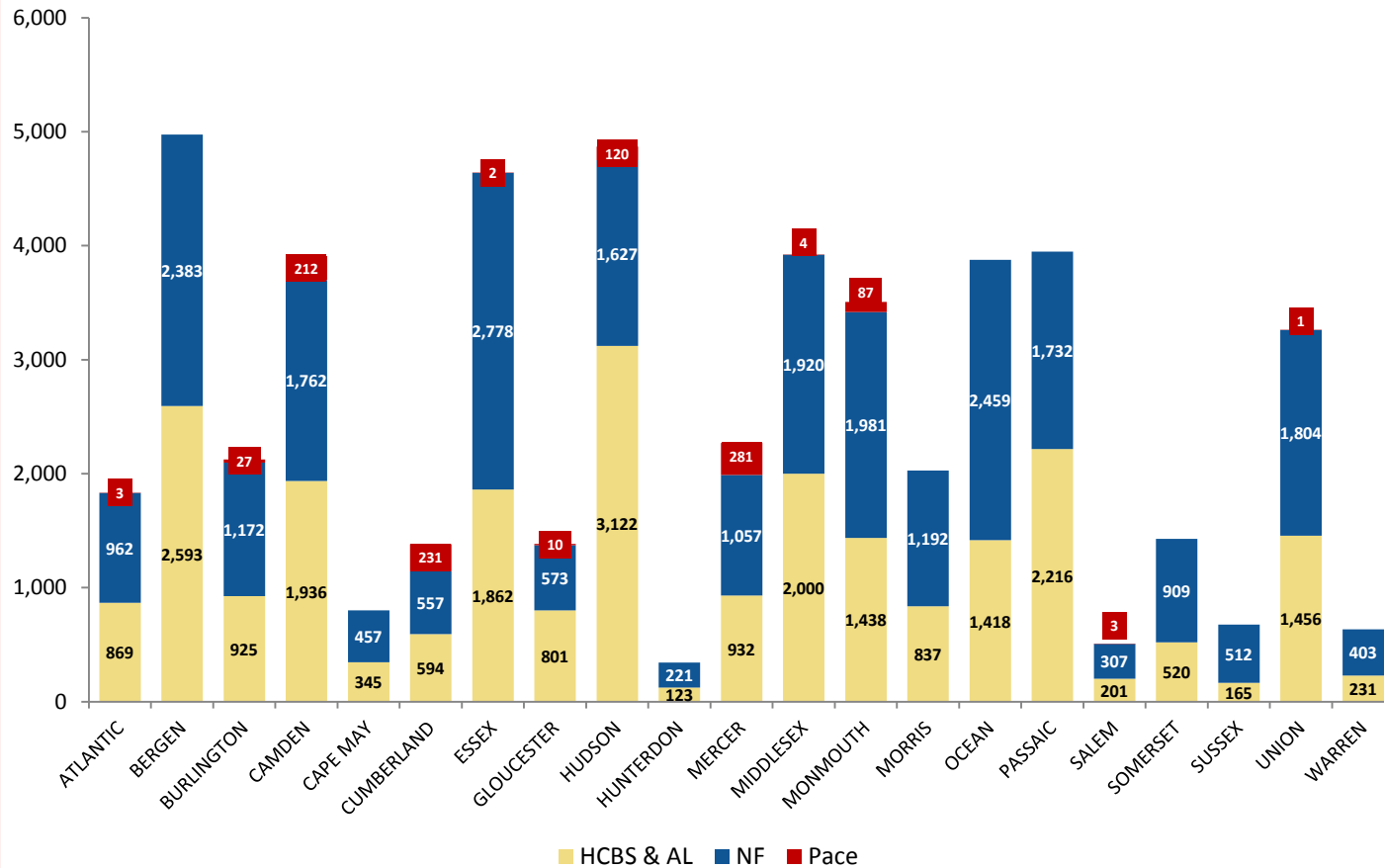
Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60 (HCBS) or 62 (HCBS – Assisted Living) OR Capitation Code 79399,89399 (MLTSS HCBS) with no fee-for-service nursing facility claims in the measured month.

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 &/or Rehab). 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).

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# Long Term Care Population by County

November 2017



COUNTY	NJ FamilyCare	LTC
ATLANTIC	4.1%	3.5%
BERGEN	6.6%	9.6%
BURLINGTON	3.6%	4.1%
CAMDEN	8.2%	7.2%
CAPE MAY	1.1%	1.5%
CUMBERLAND	2.8%	2.2%
ESSEX	13.5%	9.0%
GLOUCESTER	2.7%	2.7%
HUDSON	10.3%	9.2%
HUNTERDON	0.6%	0.7%
MERCER	4.1%	3.9%
MIDDLESEX	7.7%	7.6%
MONMOUTH	4.7%	6.6%
MORRIS	2.5%	3.9%
OCEAN	7.5%	7.5%
PASSAIC	8.9%	7.6%
SALEM	0.9%	1.0%
SOMERSET	1.9%	2.8%
SUSSEX	0.9%	1.3%
UNION	6.6%	6.3%
WARREN	0.9%	1.9%

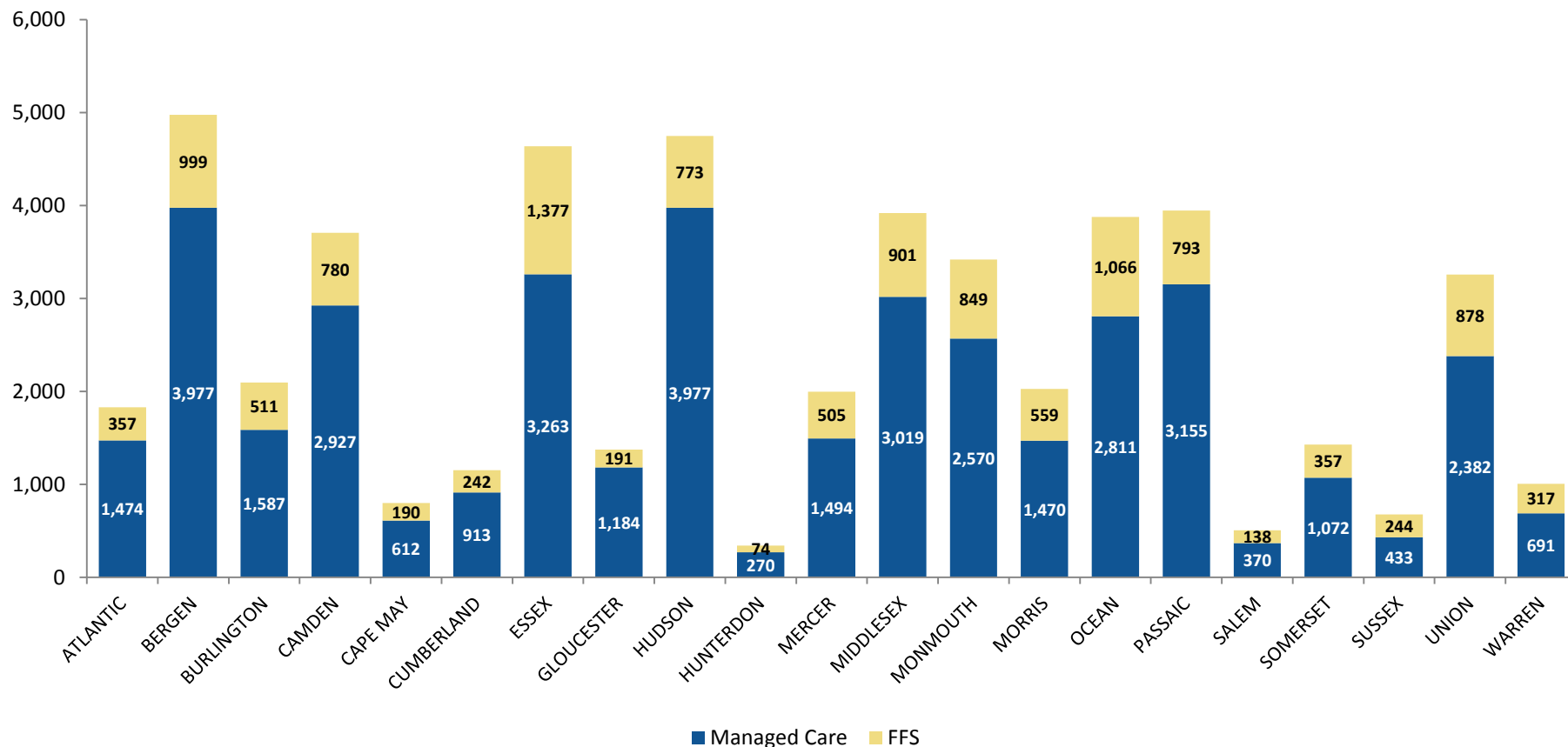
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 1/11/18.

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.

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# Long Term Care Recipients per County, MC vs FFS

County Long Term Care Population, by MC vs. FFS  
November 2017

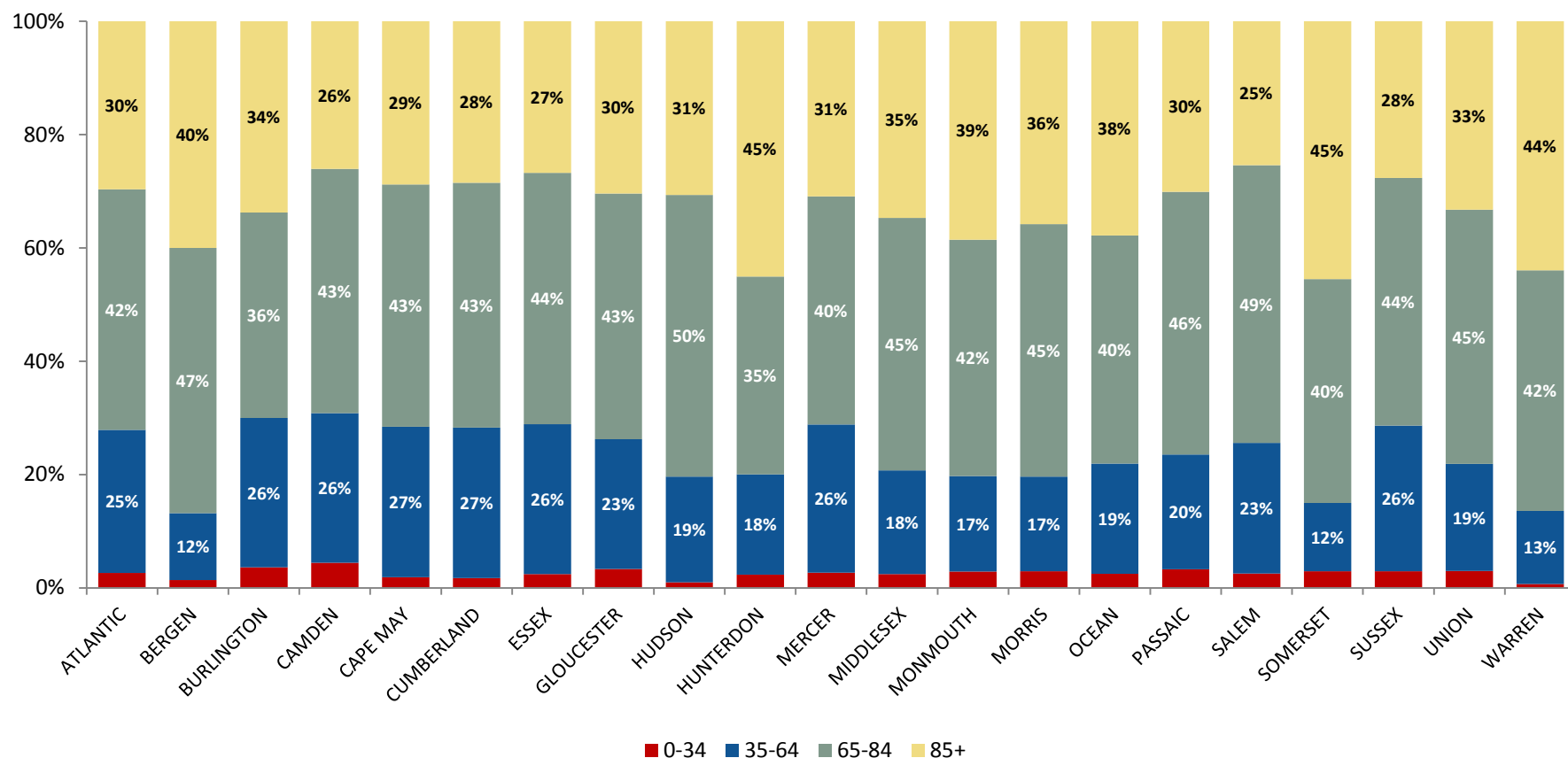


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 1/11/2018.

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 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.

# Long Term Care Recipients per County, by Age Grouping

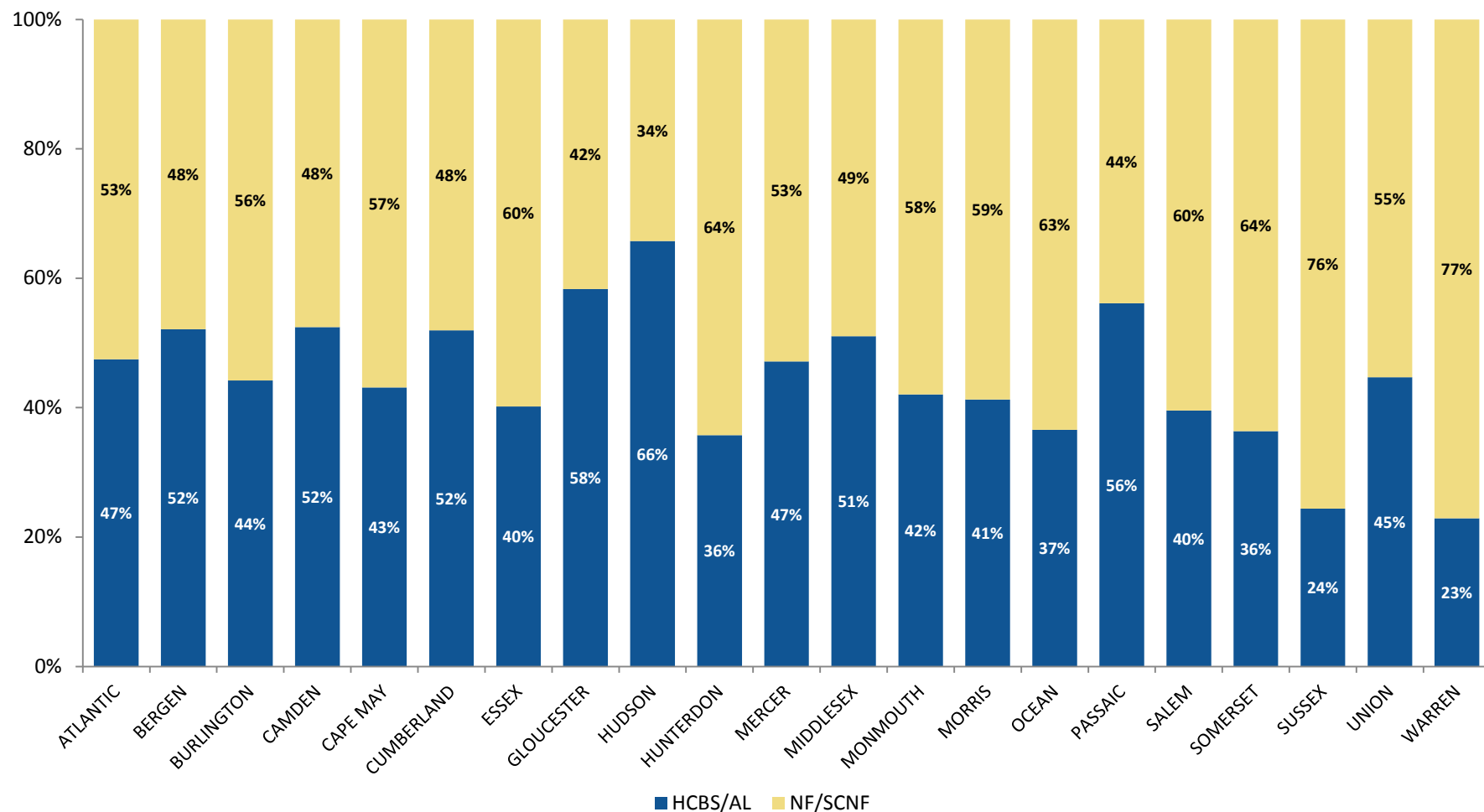
**County Long Term Care Population, by Age Grouping**  
**November 2017**



Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 1/11/2018.

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 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.

# Rebalancing Long Term Care, by County

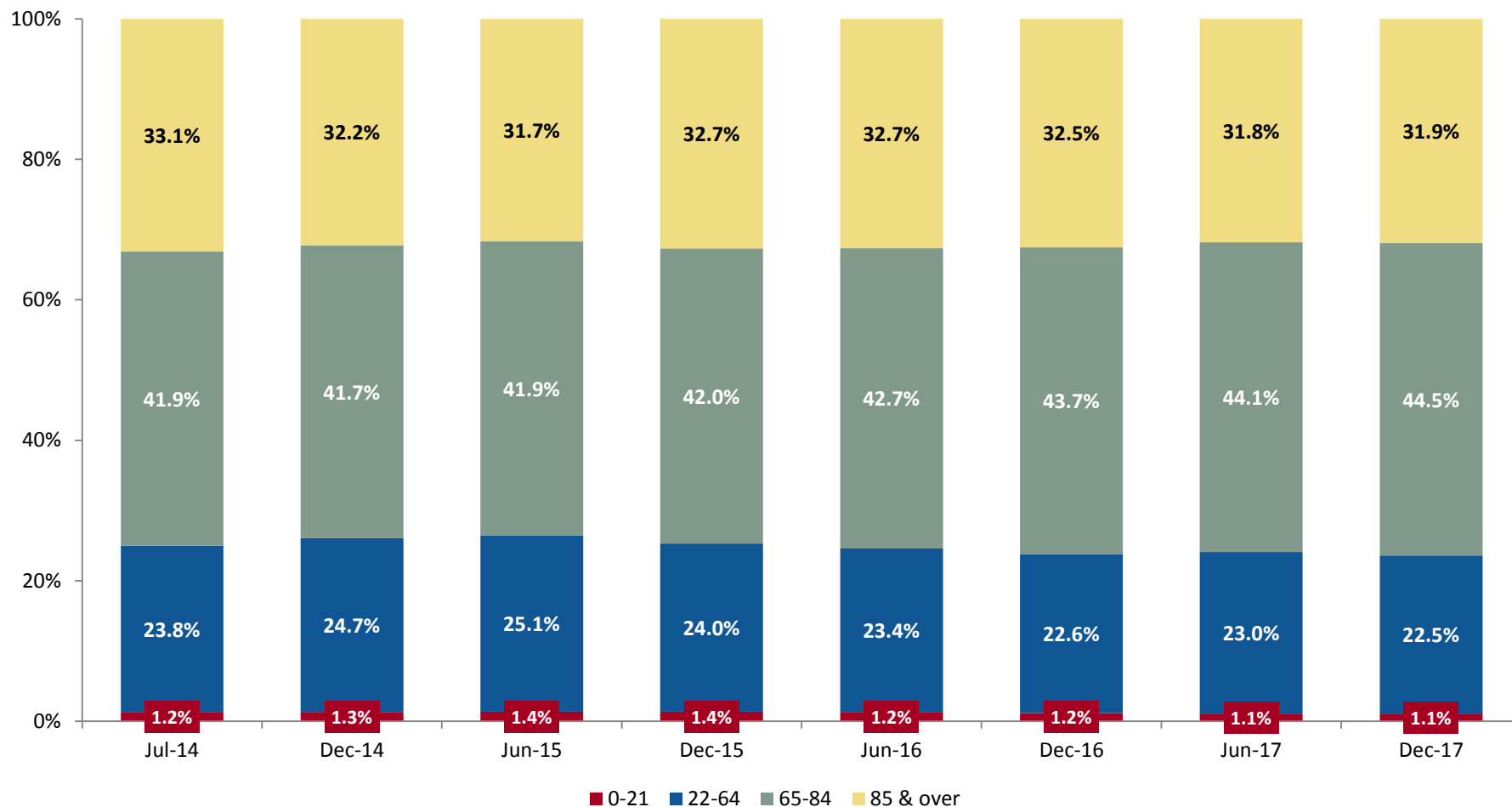


Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 1/11/2018.

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 (prior to 7/1/14) or SPC 60-67 (post 7/1/14), Category of Service Code 07, or MC Plan Codes 220-223 (PACE). County distinction is based on recipient's county of residence in the given month.

# MLTSS Population Trend, by Age Group

## 6-Month Intervals



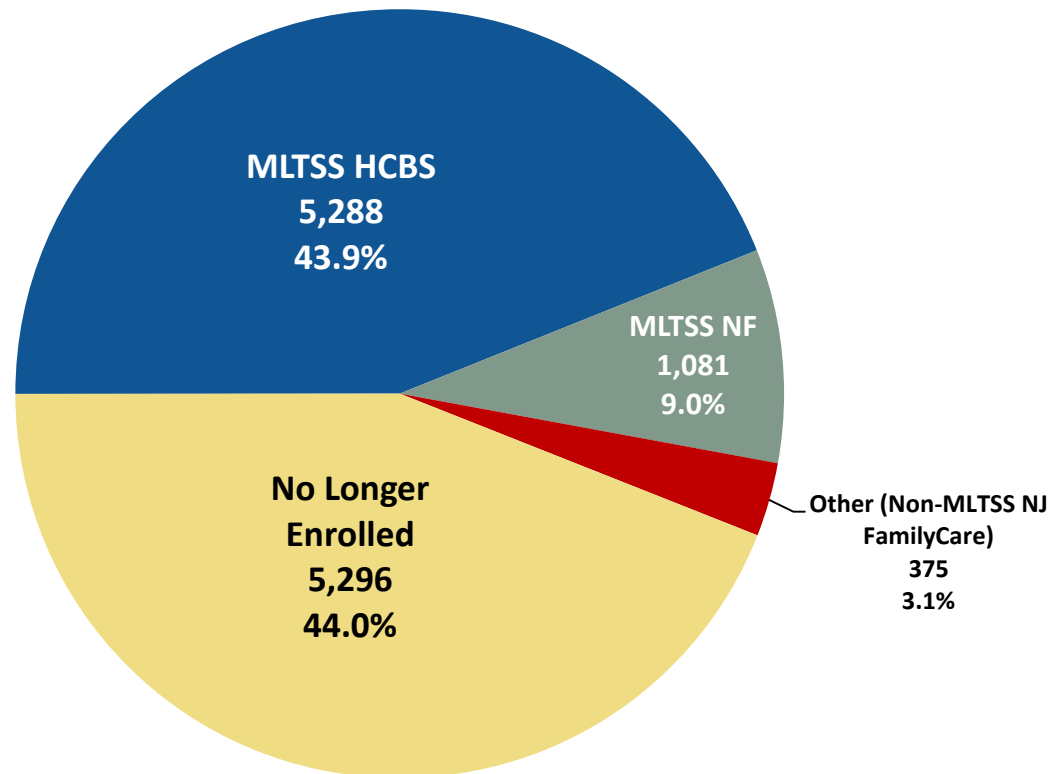
Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 1/11/2018.

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.

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# A Look at the June 30, 2014 Waiver Population Today

**All Waivers**  
(6/30/14 = 12,040)



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 1/11/2018.

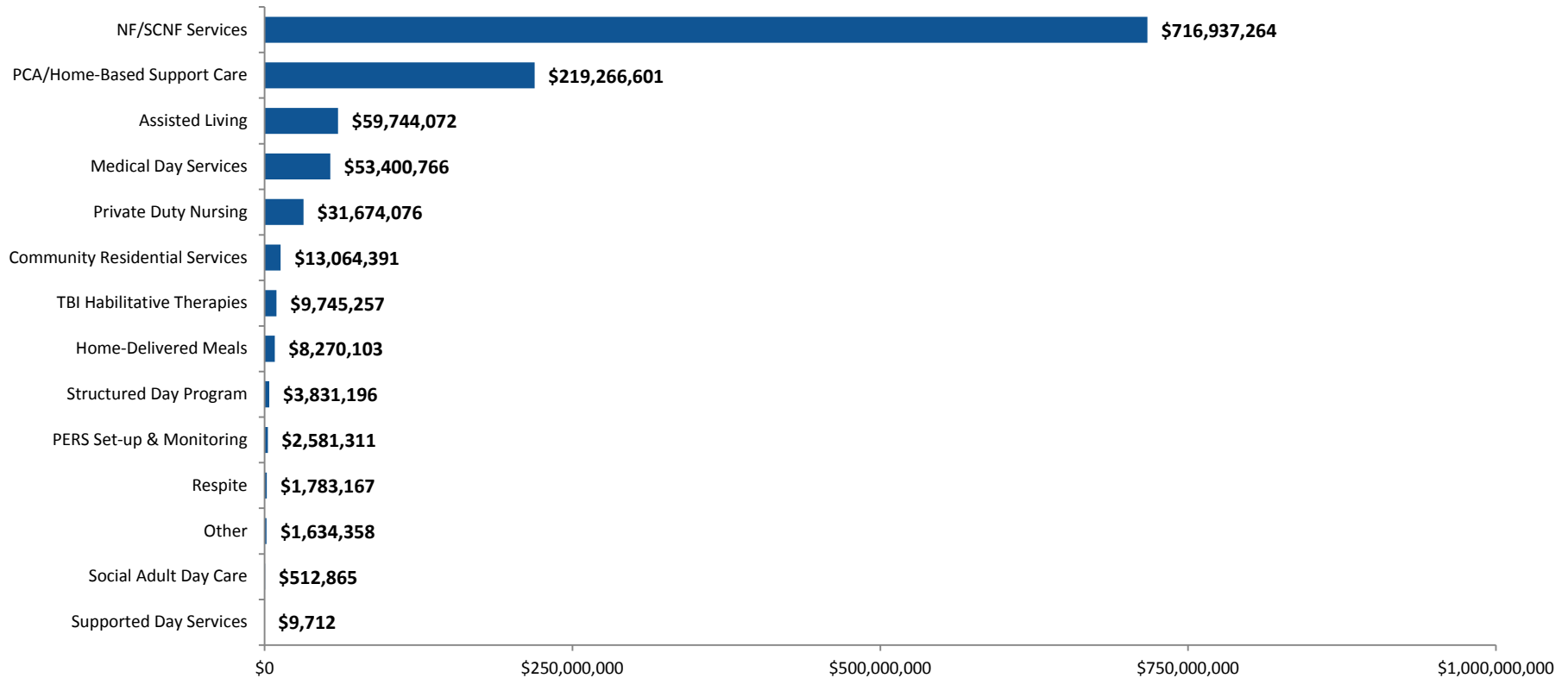
Notes: Includes all recipients who were in a waiver SPC (03, 05, 06, 17 or 32) on 6/30/14. Where they are now is based on capitation code or PSC. Those without a current capitation code or PSC are determined to be "No Longer Enrolled". Of the total number no longer enrolled, 93.8% (3,102) have a date of death in the system (current through 7-11-16).

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# MLTSS Population's LTC Services Cost

SFY17



Monthly Average Number of Recipients: SFY17	
HCBS/AL	20,438
NF/SCNF	12,137
Grand Total	32,575

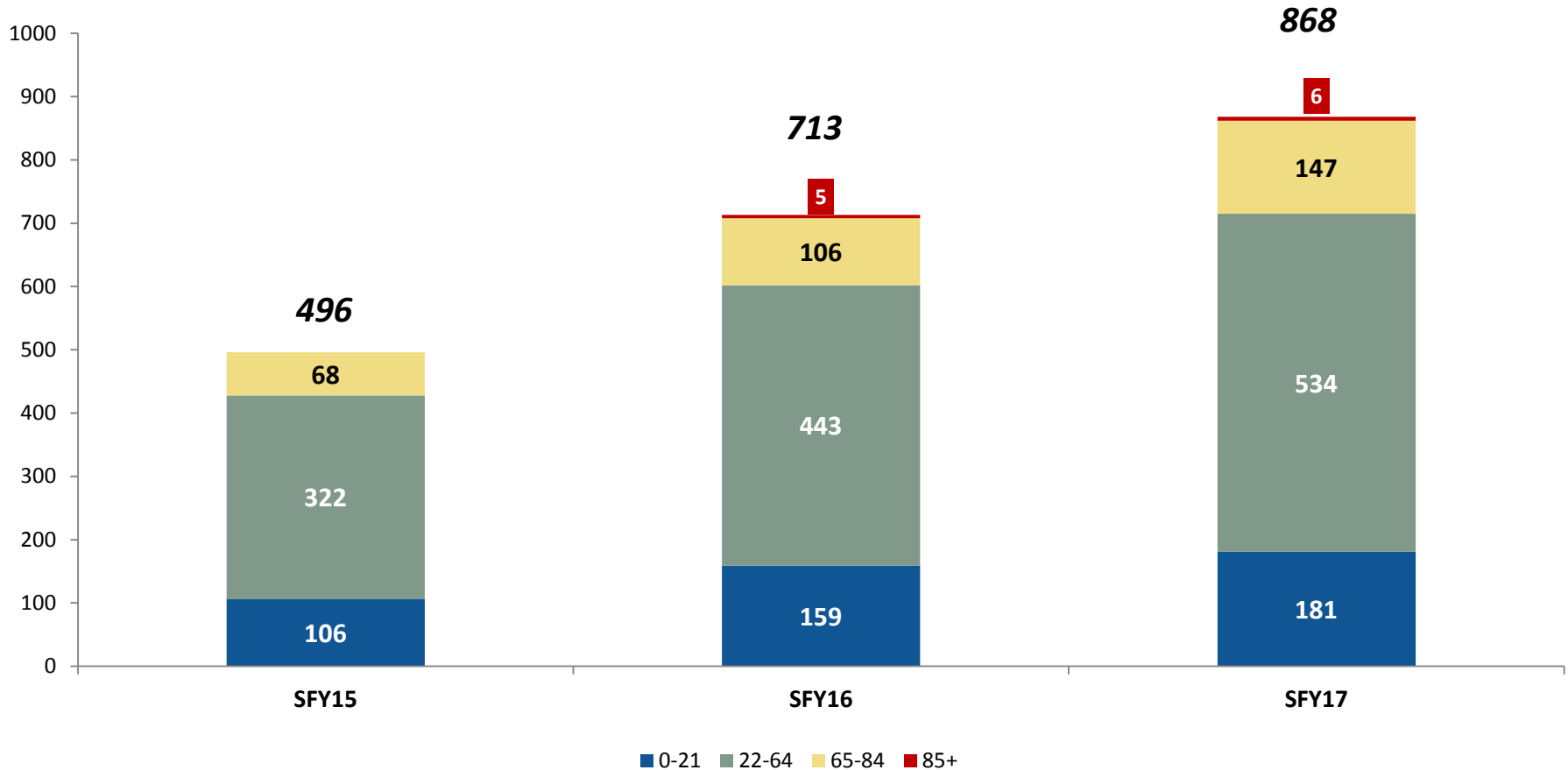
Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/18/17.

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, Caregiver Training, Chore Services, Community Transition Services, Medication Dispensing Device (Monitoring), Medication Dispensing Device (Setup), Residential Modifications, TBI Behavioral Management, Non-Medical Transportation, and Vehicle Modifications.

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# MLTSS DDD Recipients

## MLTSS Recipients (by Age Group) with a DDD Claim



Source: NJ DMAHS Share Data Warehouse MLTSS Table and Claims Universe, accessed 9/18/17.

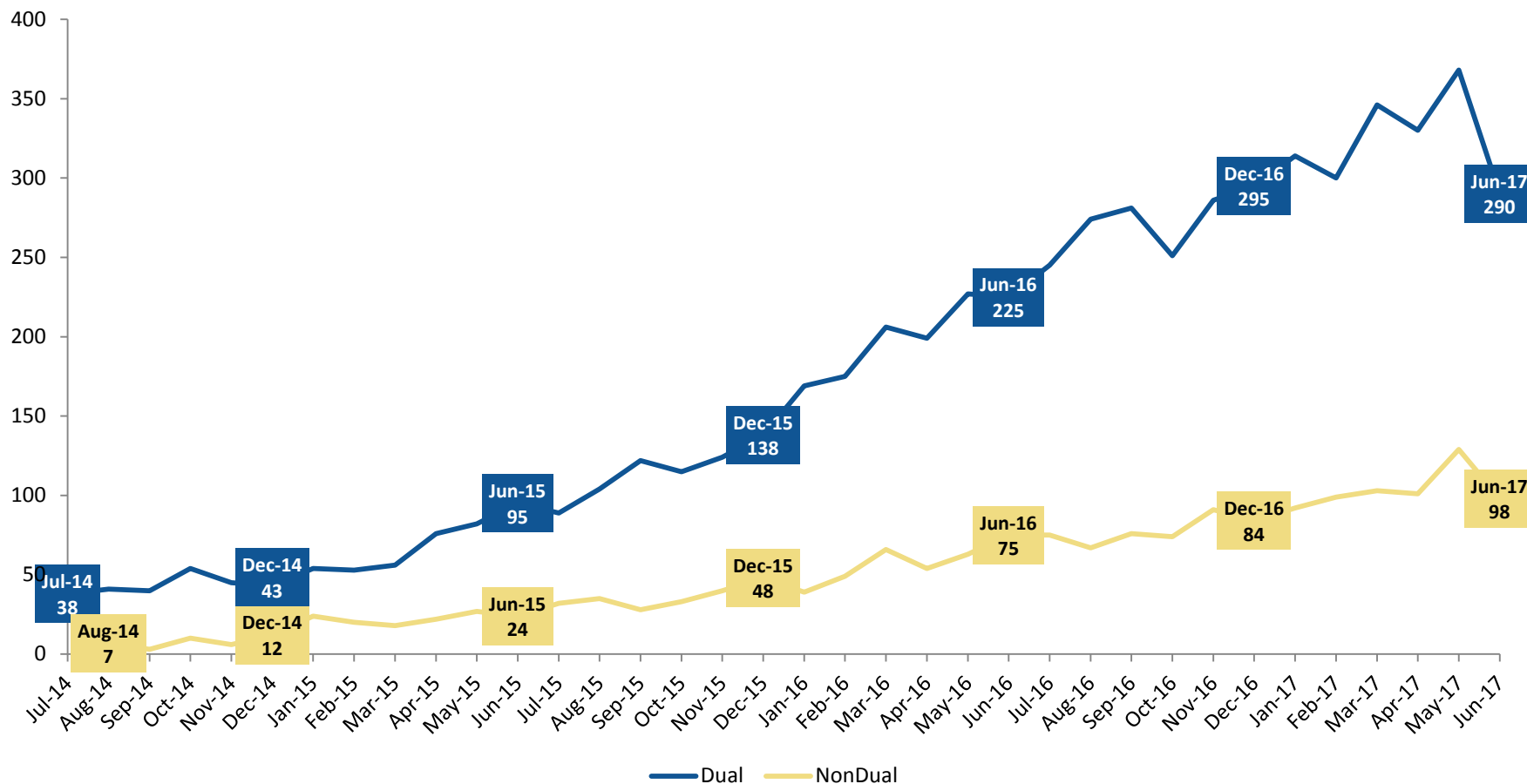
Notes: Includes all MLTSS recipients, as defined by capitation codes 79399;89399;78199;88199;78399;88399;78499;88499 with a DDD paycode designation on the RHMf. Includes the following paycodes: 4, 6, B, C, D, S (respectively: High Cost Drugs & DDD; Cystic Fibrosis & DDD; AIDS & DDD; HIV+ & DDD; DDD; DYFS and ABD and DDD). Note that the same recipient may appear in multiple month's counts. Recipients are grouped according to their age on the last day of each state fiscal year.

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# MLTSS Recipients Receiving Behavioral Health Services

## Monthly Counts, By Dual Status

MLTSS BH Recipients, by Dual Status



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/13/2017.

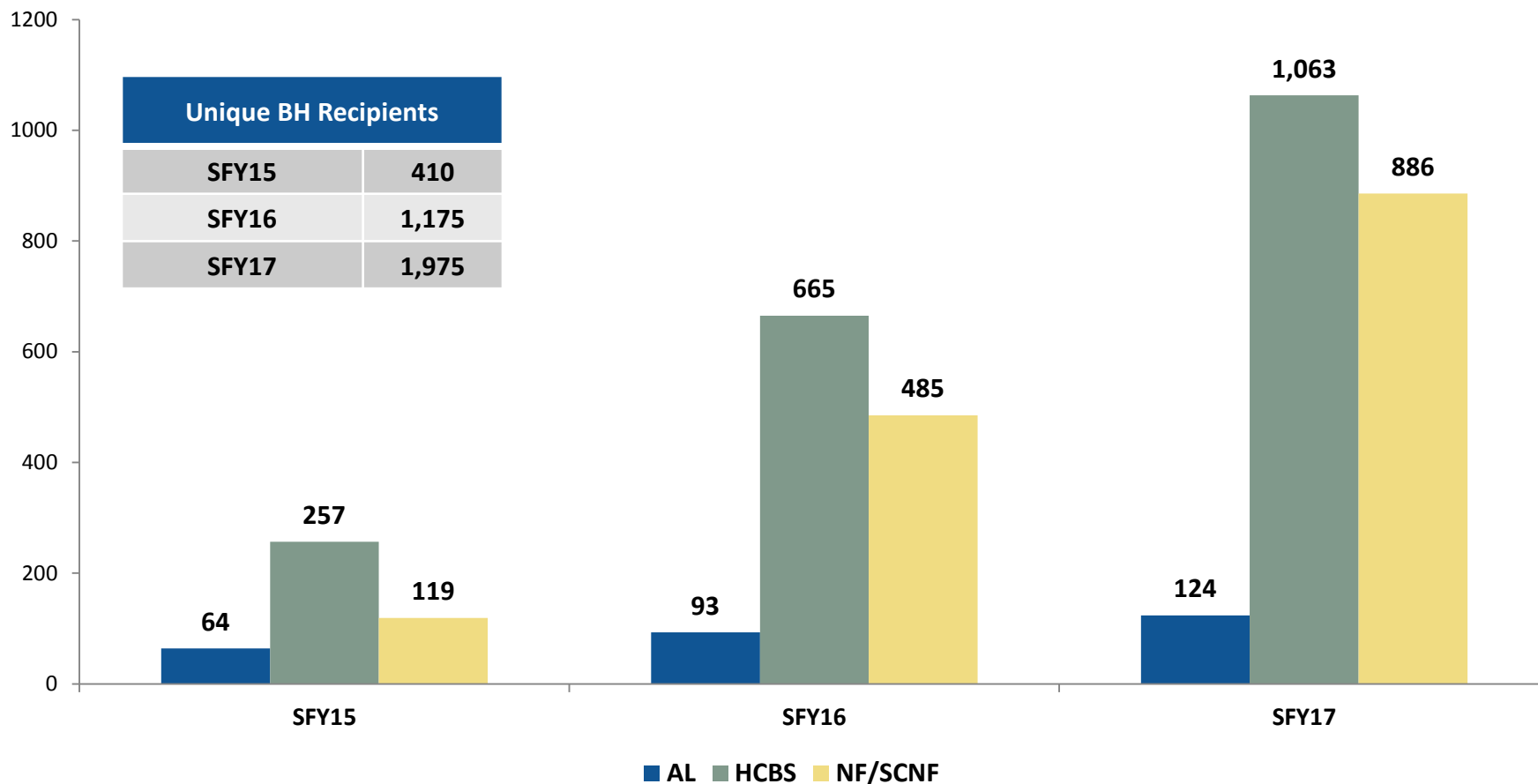
Notes: All recipients counted above are defined as MLTSS based on capitation code (79399;89399;78199;88199;78399;88399;78499;88499) and defined as BH based on receipt of services classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Individual recipients may be counted more than once in a state fiscal year if they transitioned between settings (HCBS,AL,NF).

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# MLTSS Recipients Receiving Behavioral Health Services

## Annual Counts, By Setting

### MLTSS Recipients Receiving BH Services

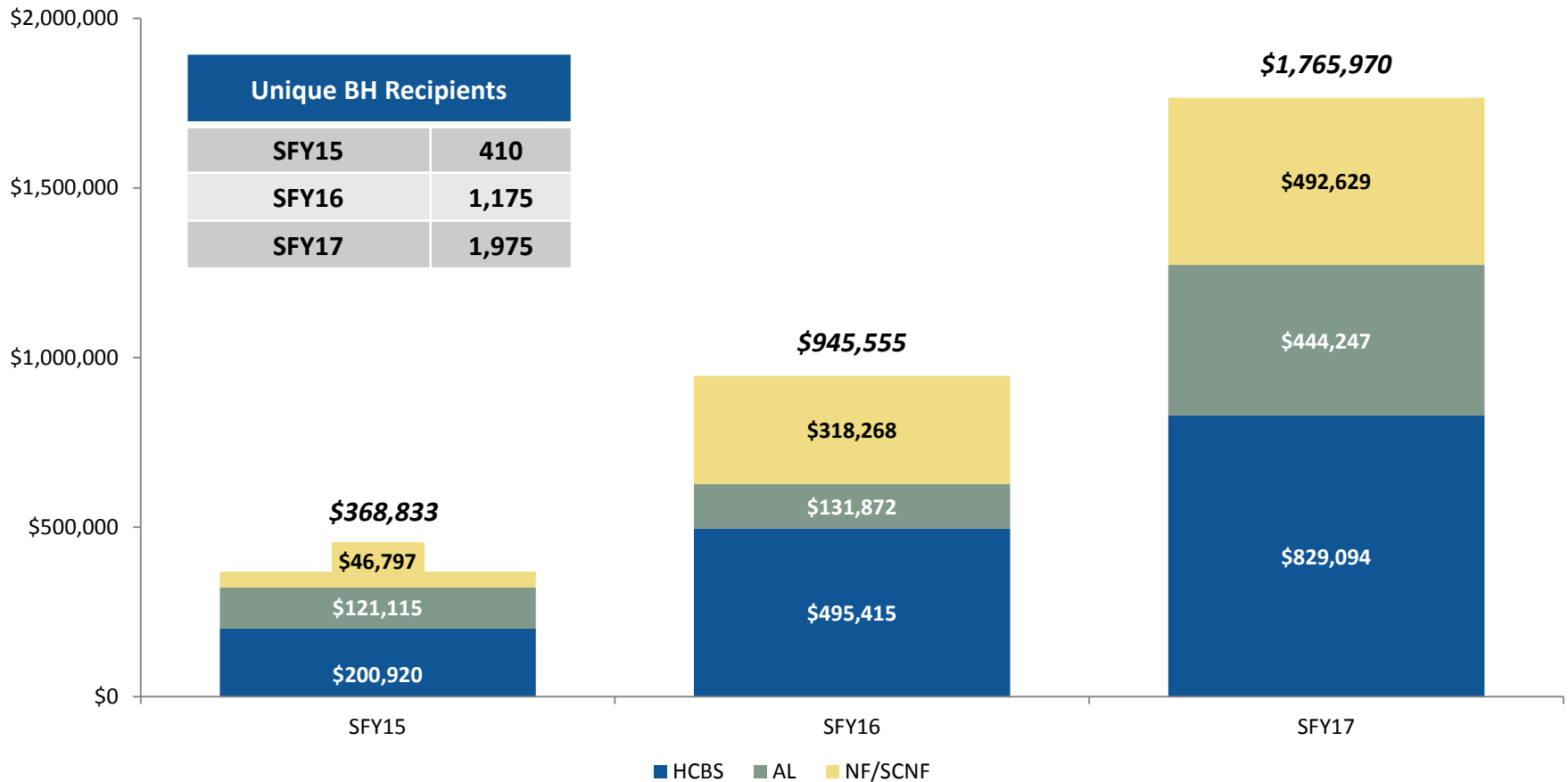


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/13/2017.

Notes: All recipients counted above are defined as MLTSS based on capitation code (79399;89399;78199;88199;78399;88399;78499;88499) and defined as BH based on receipt of services classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. Individual recipients may be counted more than once in a state fiscal year if they transitioned between settings (HCBS,AL,NF).

# MLTSS Behavioral Health Services Utilization, by Setting

## MLTSS Recipients' BH Service Utilization (ENC)

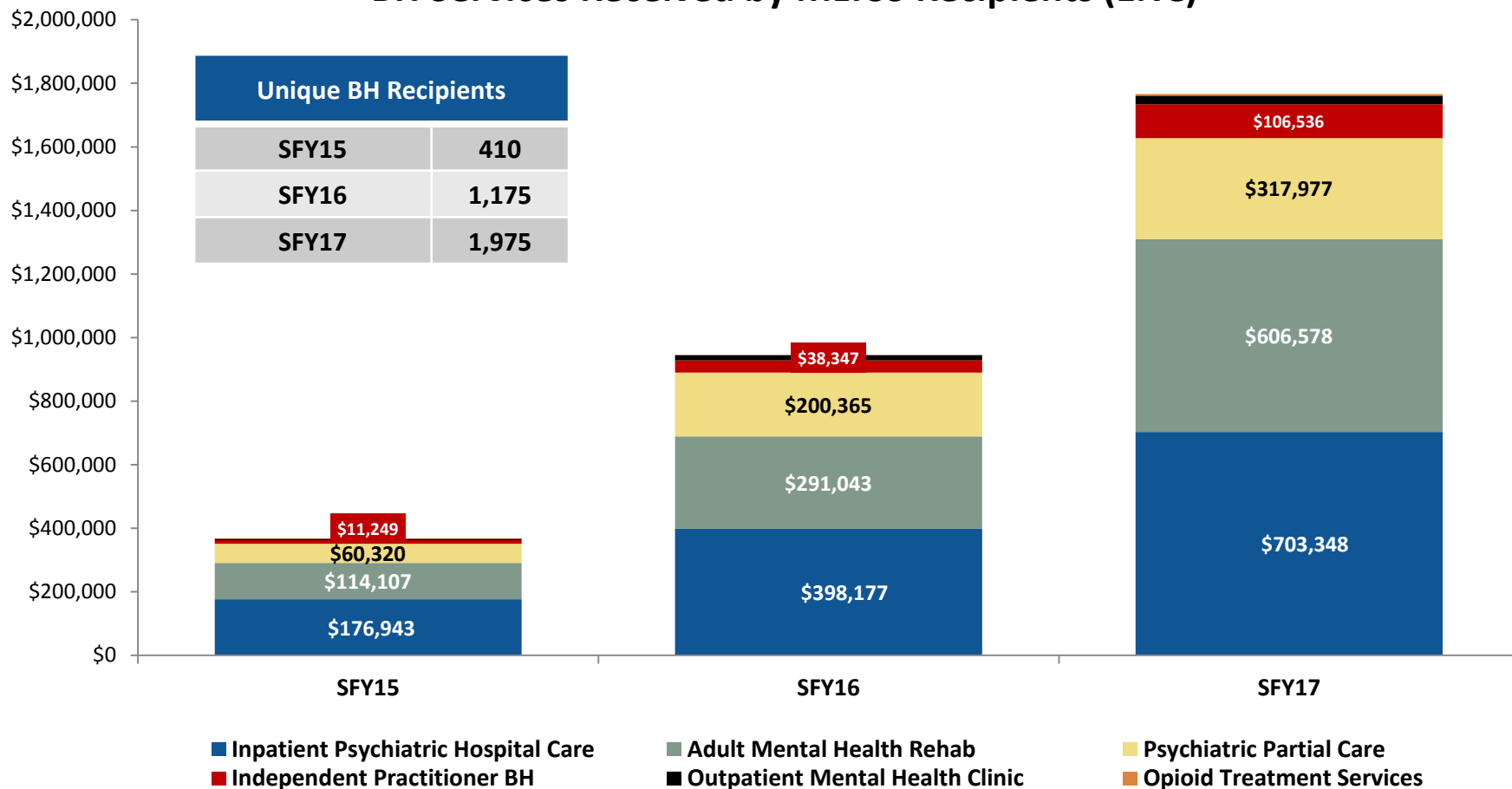


Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/13/2017.

**Notes:** Amounts shown by service dates. Services are classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. 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 2/8/17 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.

# MLTSS Behavioral Health Services Utilization, by Service

## BH Services Received by MLTSS Recipients (ENC)



Source: NJ DMAHS Share Data Warehouse MLTSS Services Dictionary, accessed on 9/13/2017.

**Notes:** Amounts shown by service dates. Services are classified as BH based on procedure code or revenue code as defined in the MLTSS BH Services Dictionary. Does not include services meeting the definition of MLTSS Waiver, Medical Day Care or PCA as defined in the MLTSS Services Dictionary. 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 2/8/17 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. \*Psychiatric Partial Care includes both inpatient & outpatient partial care.

The New Jersey Department of Human Services  
**Division of Developmental Disabilities**



# **SUPPORTS PROGRAM UPDATE**

Jennifer Joyce  
Supports Program & Employment Services,  
Provider Performance & Monitoring, and Support  
Coordination Units

# Supports Program Information



- Launched July 2015
- 5,700 individuals currently enrolled
- Enrollment is ongoing
  - New presenters to DDD
  - Individuals currently receiving DDD services
    - ✦ As service plans come up for renewal
    - ✦ As identified for enrollment
  - 2018 graduates – approximately 700
  - Shift to Supports Program expected to be complete by end of FY18
- 105 Medicaid/DDD Approved Support Coordination Agencies



# Ongoing/Upcoming



- Release of revised Supports Program Policies & Procedures Manual – expected within the next few weeks
- Ongoing outreach to leadership groups and stakeholders to further identify and address areas in need of improvement
- Continued webinars
  - Q&A Sessions
  - Overviews of Services

# Additional Information



- Supports Program Policies & Procedures Manual
  - [http://www.nj.gov/humanservices/ddd/documents/supports\\_program\\_policy\\_manual.pdf](http://www.nj.gov/humanservices/ddd/documents/supports_program_policy_manual.pdf)
- Supports Program page of the DDD website
  - [http://www.nj.gov/humanservices/ddd/programs/supports\\_program.html](http://www.nj.gov/humanservices/ddd/programs/supports_program.html)
- Archived Webinars
  - <http://www.nj.gov/humanservices/ddd/resources/webinars.html>

# NJ FamilyCare Update

Meghan Davey, Director  
Division of Medical Assistance and Health Services

Medical Assistance Advisory Council Meeting  
January 24, 2018

# December 2017 Enrollment Headlines

1,756,136 Overall Enrollment  
2<sup>nd</sup> Monthly Increase After 6 Month Decline

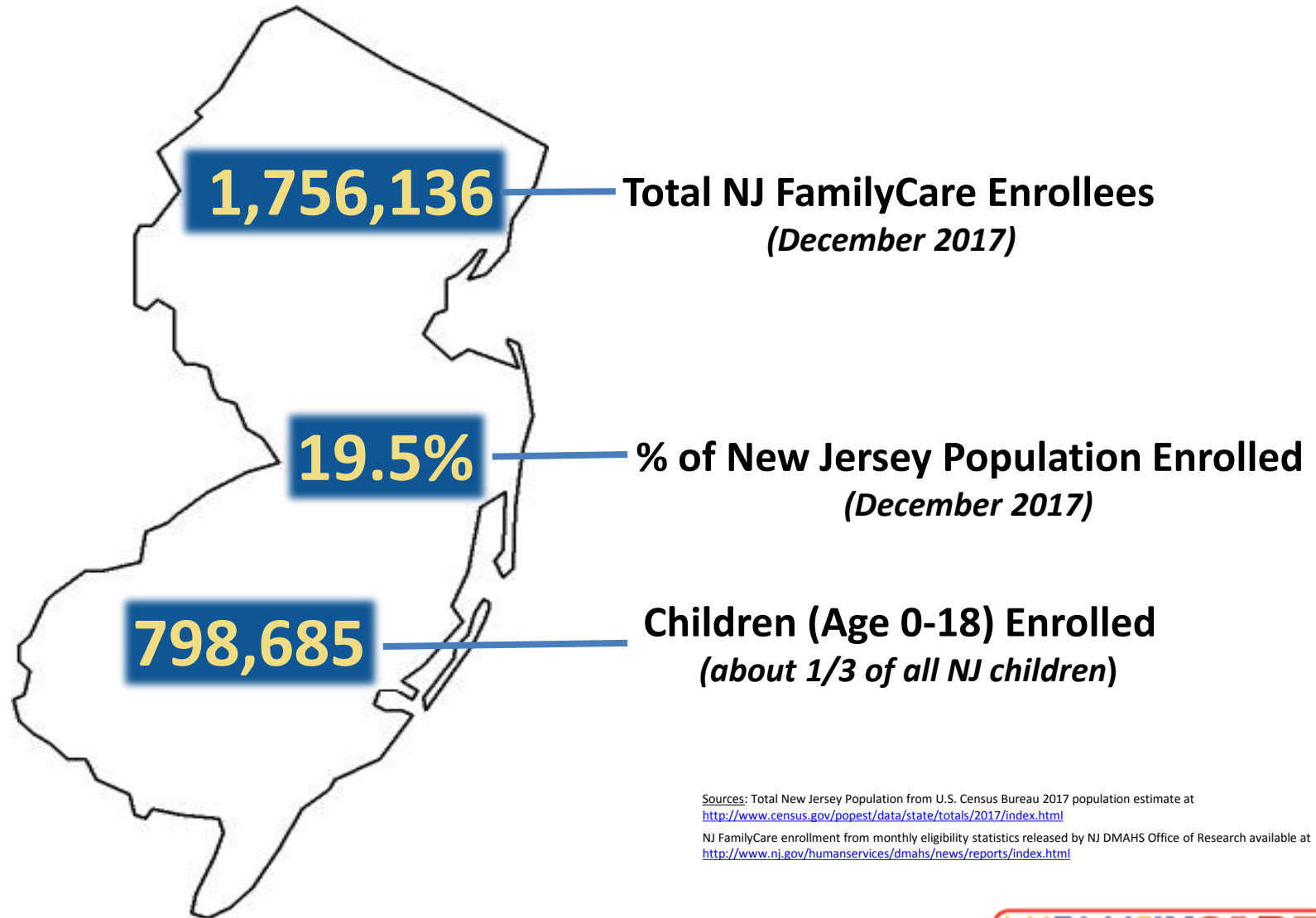
2,366 (0.1%) Net Increase Over November 2017  
15,536 (0.9%) Net Decrease Over December 2016

94.1% 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 NJFamilyCare. Does not include retroactivity.

# NJ Total Population: 9,005,644



Sources: Total New Jersey Population from U.S. Census Bureau 2017 population estimate at <http://www.census.gov/popest/data/state/totals/2017/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>

# December 2017 Eligibility Summary

Total Enrollment: 1,756,136

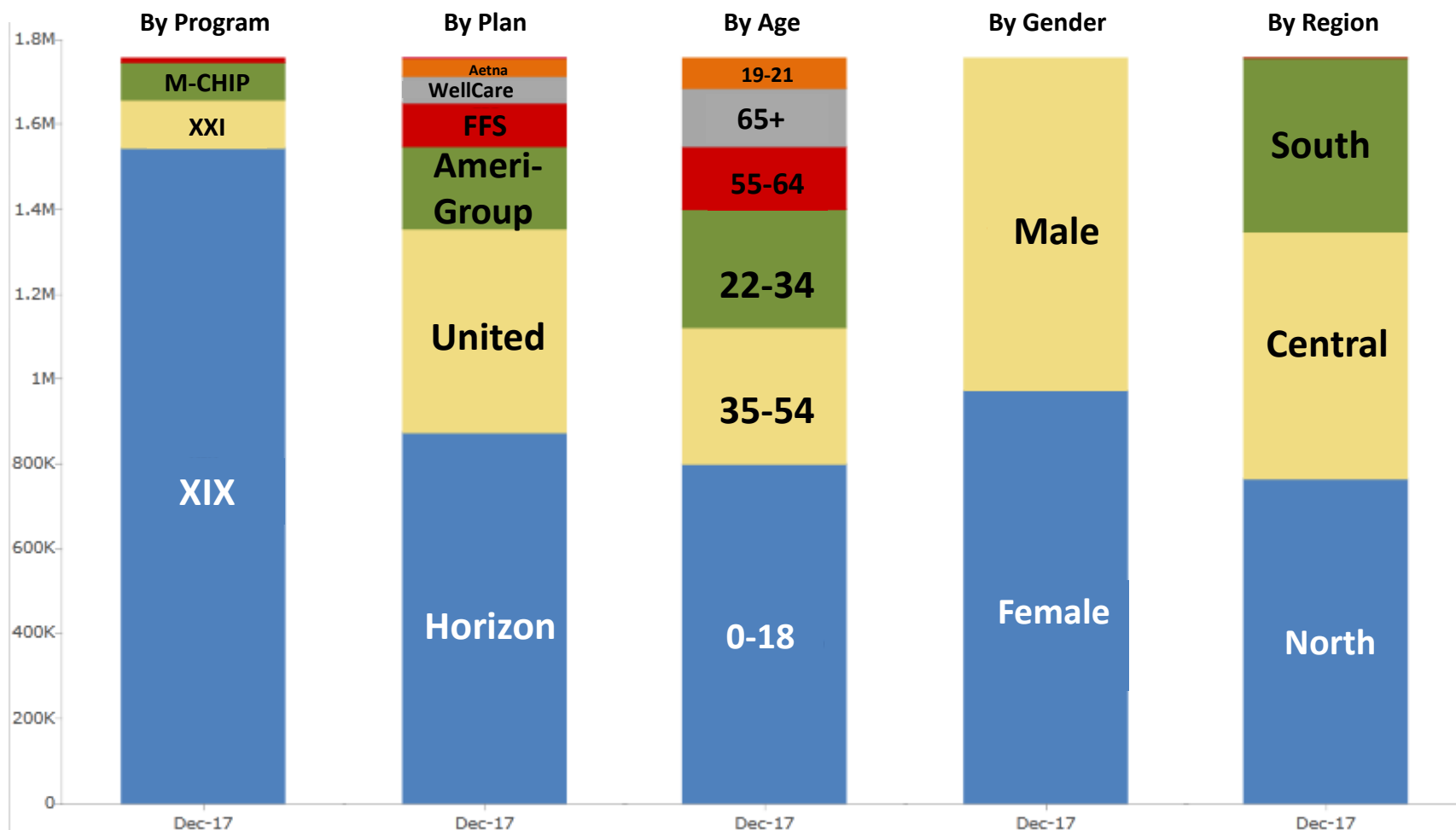
Expansion Adults	543,817	31.0%
Other Adults	108,033	6.2%
Medicaid Children	600,371	34.2%
M-CHIP Children	90,330	5.1%
CHIP Children	113,111	6.4%
Aged/Blind/Disabled	300,474	17.1%

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', M-CHIP and 'Childrens Services'; CHIP Children consists of all CHIP eligibility categories; ABD consists of 'Aged', 'Blind' and 'Disabled'.

# NJ FamilyCare Enrollment "Breakdowns"

**Total Enrollment: 1,756,136**



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for December 2017.

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.

# Child Health Insurance Program (CHIP) – Update



# CHIP Update

- CHIP funding expired as of September 30, 2017.
- Renewed on January 22, 2018 for six years.
- Funding remains at ACA levels (88%) for two years, then will decrease over two years to pre-ACA level.

# More Updates...

Aged-Blind-  
Disabled

Online Application

Credentialing

Universal Provider  
Credentialing System

# Diabetes Legislation Update

# Diabetes Legislation

## Public Law A2993

Requires Medicaid to cover diabetes self-management education, training, services and equipment for patients with diabetes, gestational diabetes and pre-diabetes.

Passed 7/21/2017

# Diabetes State Plan Amendment (SPA)

## Diabetes Services to Include:

**Diabetes Self-management Education (DMSE):** Items and services meeting the American Diabetes Association DSME standards to be made available to beneficiaries.

**Diabetes Prevention Program:** Designed for beneficiaries diagnosed with prediabetes as defined by the American Diabetes Association and meet the standards of CDC-recognized programs

**Medical Nutrition Therapy** Services to be provided to beneficiaries by certain credentialed nutrition professionals

# Diabetes State Plan Amendment (SPA)



Diabetic equipment and supplies already covered by NJ FamilyCare.



New fee-for-service provider types will be created so that they may be reimbursed by NJ FamilyCare: nutritionists, dietitians, and/or certified diabetes educators.