



NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Meeting of the Medical Assistance Advisory Council

February 1, 2023

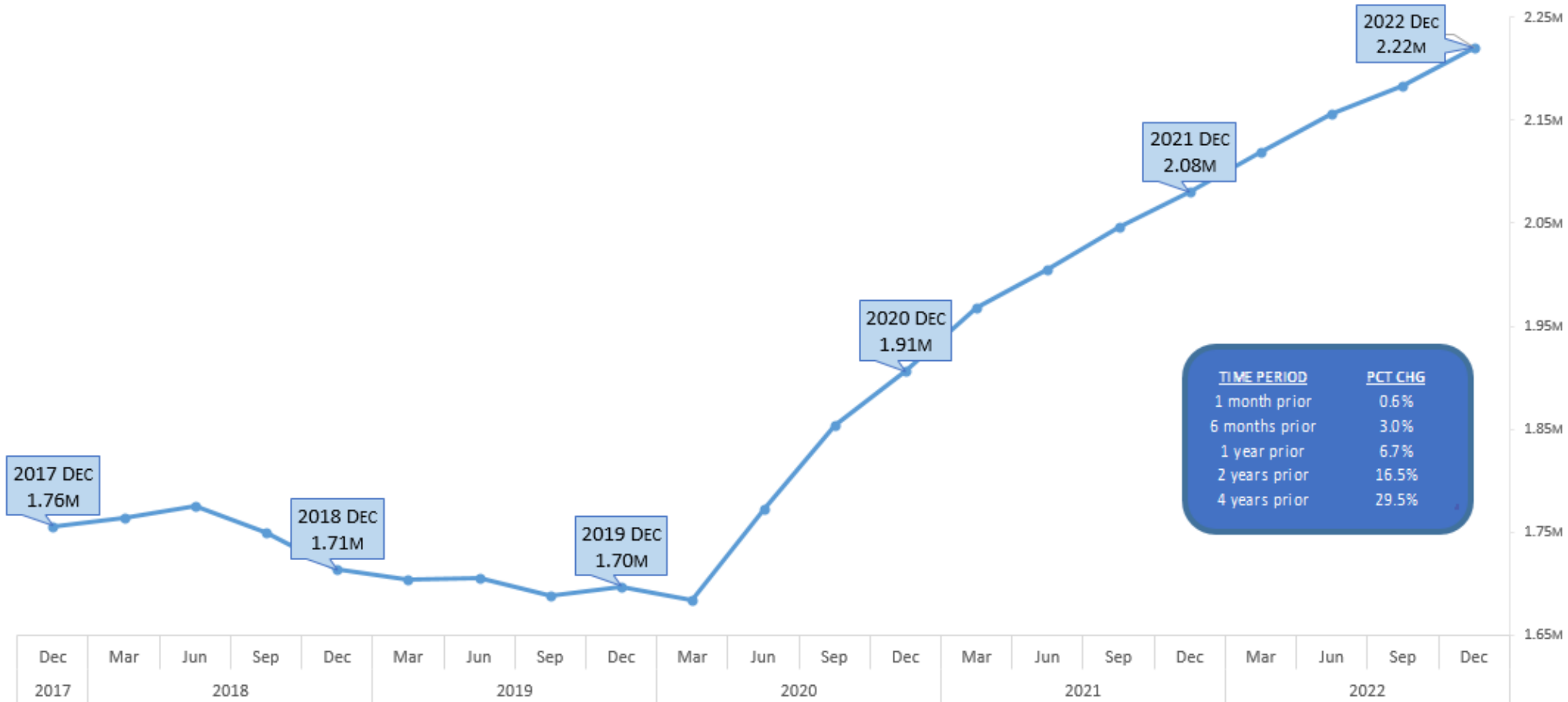
Agenda

- **Welcome and Call to Order** – Dr. Deborah Spitalnik
- **Approval of Minutes** – MAAC Members
- **NJ FamilyCare Membership** – Greg Woods
- **Policy Implementation** – Greg Woods
 - 1115 Update
 - WorkAbility Expansion
 - Maternity Rates
- **Naloxone365** – Reut Ghodsi
- **Behavioral Health Utilization: DDD-Eligible Adults in NJ FamilyCare** – Greg Woods and Jennifer Langer Jacobs
- **Cover All Kids Updates** – Carol Grant
- **Medicaid Eligibility Checks Resume April 1, 2023** – Greg Woods and Jennifer Langer Jacobs
- **2022 NJ FamilyCare Year in Review** – Jennifer Langer Jacobs
- **Planning for the Next Meeting** – Dr. Deborah Spitalnik



NJ FamilyCare Membership

NJ FamilyCare Enrollment





Policy Implementation

NJ FamilyCare Comprehensive 1115 Demonstration - Update

- New Jersey continues to negotiate with CMS over approval of our [proposal](#) to renew our comprehensive 1115 demonstration.
- At CMS' request, we have agreed to another temporary extension of existing demonstration to March 31.
 - This is to allow additional time for final federal review and approval.
- Once renewal is approved, we will provide a full briefing to the MAAC.

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. Recently enacted [legislation](#) expanded who can qualify for NJ Workability.

- Phase 1 implementation is on track for an April 2023 go-live. This expansion:
 - allows for twelve months of coverage after a job loss;
 - expands eligibility to those 65 and older;
 - removes consideration of spouse's income; and
 - eliminates asset limits from the WorkAbility program.
- Phase 2 is currently being built in our eligibility system for implementation as soon as possible in 2023. This expansion will include higher income levels.
- DMAHS is initiating a Workability Communications Strategy Subgroup
 - A subgroup of community partners will review websites and materials from NJ and other states, then determine ways to engage our community to raise awareness of the expanded WorkAbility program in a dynamic and inclusive way.
 - The kick-off meeting is scheduled for Monday, February 13th, 2023, 3:00 – 4:00

Maternity Rate Increases

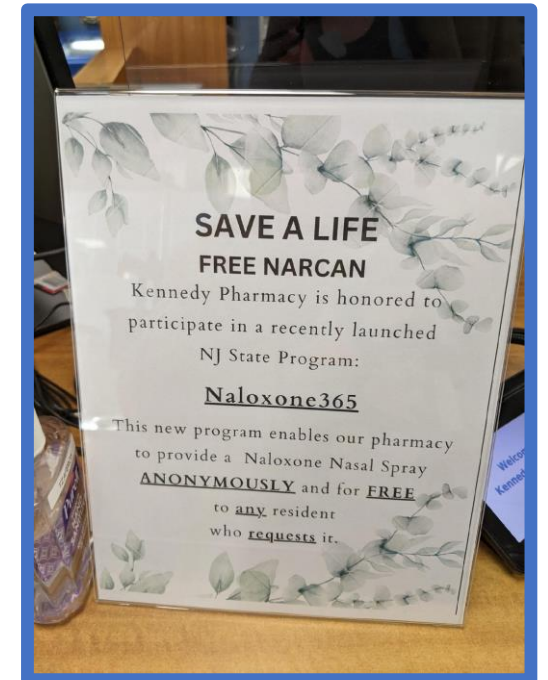
- To support improved access to high quality care, New Jersey has increased fee-for-service reimbursement for maternity-related care.
- Specific changes include:
 - Setting physician and midwife payment for certain maternity-related services at 100% of Medicare rates
 - Increasing reimbursement of midwives to parity with physicians for all midwifery services
 - Increasing payment to community doulas for providing labor support
- All rate increases are retroactive to July 1, 2022.



Naloxone365

Naloxone365 went live January 1, 2023

- Naloxone is available at the pharmacy counter anonymously and for free to New Jerseyans ≥ 14 years old. New Jersey is the first state in the nation to implement this type of program.
- All FDA-approved 4 mg naloxone nasal spray products are covered
 - Available at any participating pharmacy with one package per dispense
 - Ensures access to Naloxone to all communities around the state
- Implementation
 - Leverages existing Medicaid infrastructure
 - Claims are paying and volume is increasing as we build awareness



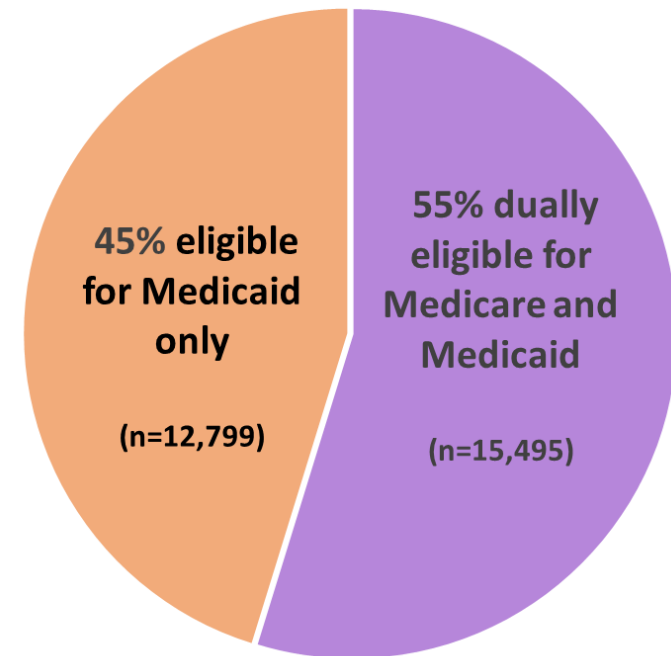


Behavioral Health Utilization: DDD-Eligible Adults in NJ FamilyCare

Behavioral Health Utilization: DDD-Eligible Adults in NJ FamilyCare

- For NJ FamilyCare members served by the Division of Developmental Disabilities (DDD), most behavioral health services were carved into managed care as of October 2018
- Over 28,000 NJFC adults eligible for DDD now receive most of their Medicaid behavioral health services through managed care
- As of June 2022, 55% of these adults were dually eligible for Medicare (duals)

28,294 NJFC adults (age 21+) eligible for DDD services and enrolled in managed care as of June 2022



*"DDD-eligible" is defined by participation in the DDD Supports Program or Community Care Program, or by individuals receiving DDD-related managed care capitation codes, which can occur prior to/outside of enrollment in DDD programs. (The population above excludes < 200 DDD-eligible adults in fee-for-service Medicaid.)

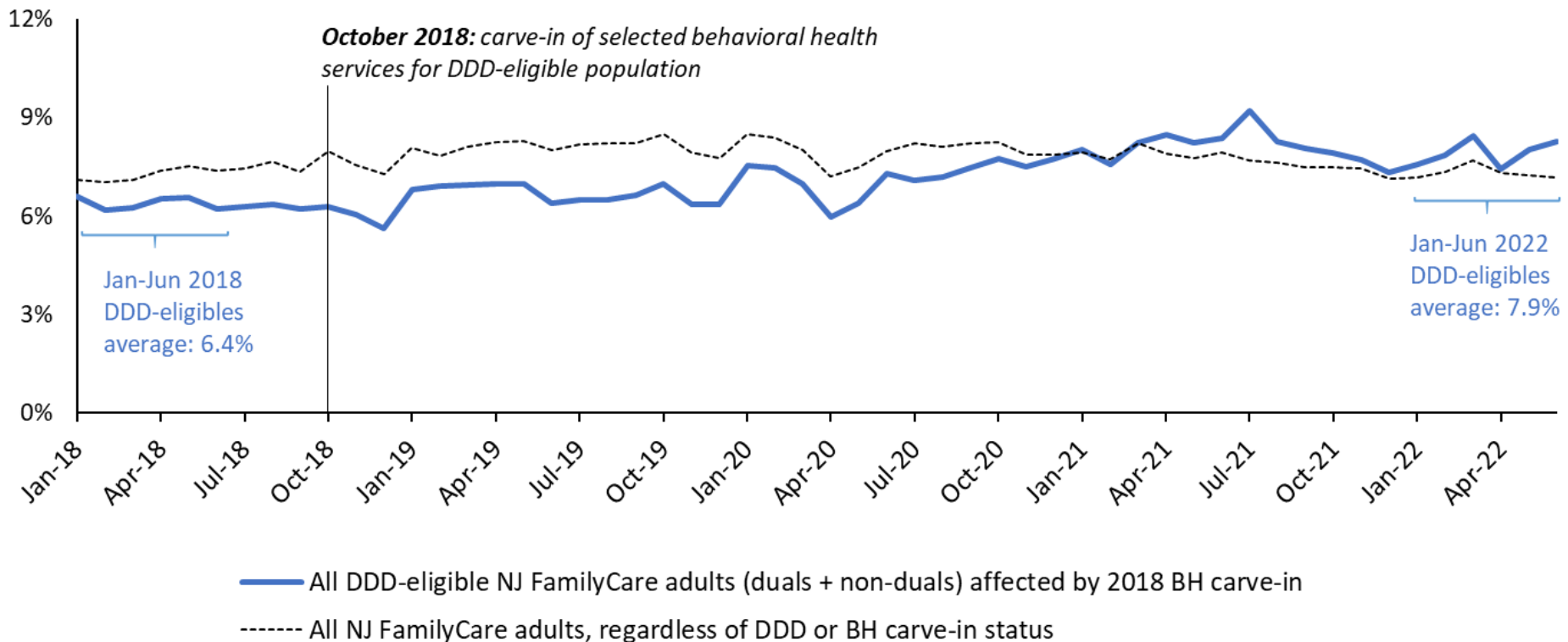
Effective October 1, 2018, certain behavioral health services were carved into managed care coverage for DDD-eligible adults, while other BH services remained fee-for-service

Carved-In for DDD-Eligible Adults	Remained Fee-for-Service
Outpatient Mental Health Services	Targeted Case Management (e.g., Children’s System of Care CMOs, Justice-Involved Services)
Partial Care/Partial Hospitalization/ Acute Partial Hospitalization	Behavioral Health Homes
Adult Mental Health Rehabilitation	Programs for Assertive Community Treatment (PACT)
Inpatient Mental Health Services*	Community Support Services
Addiction Services	Certified Community Behavioral Health Clinics
* Psychiatric inpatient admissions to general acute-care hospitals and specialty hospitals were carved in for all Medicaid managed care members	Psychiatric Emergency Services (Screening Centers)
	Admissions to State and County psychiatric facilities (where reimbursable by Medicaid)

The following behavioral health analyses examine utilization in the full array of NJ FamilyCare mental health and addiction services.

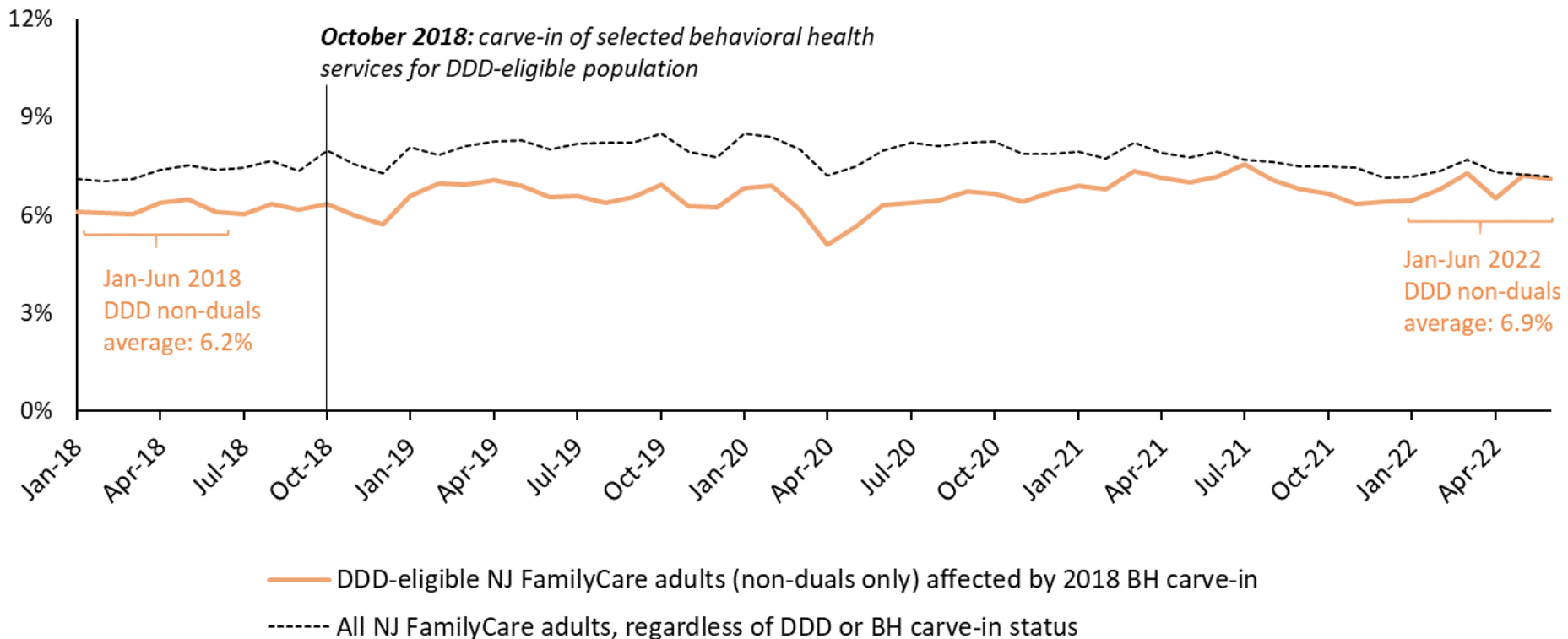
Utilization of behavioral health services among all DDD adults has gradually increased since the October 2018 carve-in

Percentage of Adults Receiving Any Medicaid Behavioral Health Services in Given Month, by Selected Population (January 2018-June 2022)



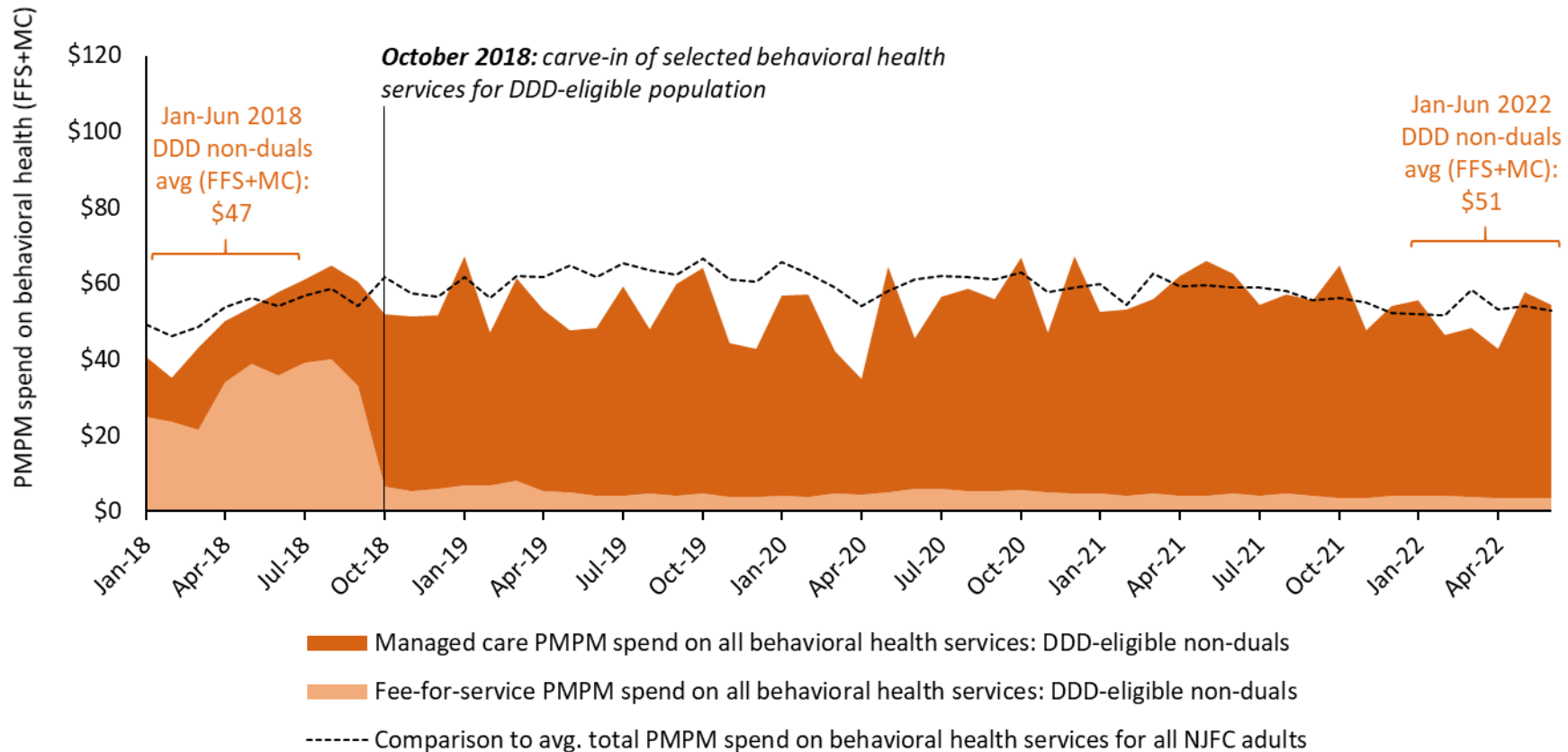
Since late 2020, the percentage of non-dual DDD adults using behavioral health services has grown, and the gap between DDD and other adults is closing

Percentage of Adults Receiving Any Medicaid Behavioral Health Services in Given Month, by Selected Population (January 2018-June 2022)



Spending on behavioral health services for DDD adults increased by about 9% since BH was carved into managed care—twice the growth rate for all NJFC adults

DDD-Eligible NJFC Adults (Non-Duals Only) with Behavioral Health Carved In: Average Per-Member Per-Month Medicaid BH Spend (January 2018-June 2022)



Case Study: Joseph

- After a six-month psychiatric hospitalization, Joseph moved from his mother's home to his grandmother's home in a rural area. He has been enrolled with his Managed Care Organization since 2017.
- Joseph's diagnoses include:
 - Autism Spectrum Disorder,
 - Pica,
 - Epilepsy,
 - Receptive and expressive language difficulties,
 - ADHD, and
 - A brain stem tumor.
- Joseph's behaviors include:
 - Hitting, pinching, using body weight to restrict others' movements
 - Home destruction and elopement
 - Verbal aggression and sexually inappropriate acts

As Joseph's primary caregiver, Grandmother was overwhelmed and worried.

- Joseph was growing quickly and did not understand his size and strength.
- He would leave home and go missing (elopement).
- Grandmother needed support and help coordinating his complex care needs.

Case Study: Joseph

- Joseph's MCO care manager connected with his grandmother in May 2017 and conducted a clinical assessment that included:
 - Health and health care needs
 - Cognitive and functional needs
 - Community history and caregiver support
 - Language and communication preferences
 - Health-related social needs (income, food security, housing)
- They worked together on Joseph's health care needs, including:
 - Establishing with a new Primary Care Provider
 - Coordinating with specialized providers (e.g. psychiatrist, pediatric neurologist, dental, lab, ABA)
 - Avoiding readmission to hospital
 - Medication management, Diabetic nutrition counseling, and epilepsy management
 - Transportation to appointments
 - Enrollment in Personal Preference Program for 25 hours a week of self-directed personal care
 - Caregiver respite

Case Study: Joseph

- As she built a trusting relationship with Grandmother, Joseph's care manager helped connect the family to other community resources as well. This included conversations about:
 - Financial assistance through DCP&P and SNAP
 - Poison Control resources
 - Summer recreation program and kinship navigator program for socialization and respite
 - Home safety (storage of hazardous substances, door alarms, fire emergency prevention and response)
 - Crisis protocols and coping strategies
- In addition to maintaining close contact with Grandmother, Joseph's care manager participated in care team meetings with his medical and behavioral care providers and his community care manager.

Case Study: Joseph

- Joseph's care plan is unique to his needs and demonstrates ongoing coordination between his family, his providers, his community care manager, and his MCO care manager.
- As a result of this collaboration, Joseph has seen significant improvement in maintaining routine medical appointments. He has improved compliance with his medication regimen and established better sleep patterns. His behaviors have benefited from in-home ABA therapy and monthly psychiatric appointments. He has participated in social and community settings and, importantly, has avoided additional inpatient stays and emergency room visits.
- His grandmother reports no needs at this time and stays in contact with the MCO care manager.



Cover All Kids Updates

Enrollment growth (members under age 19) since enactment of Cover All Kids legislation



51,245
members under 19 years
old have enrolled in
NJ FamilyCare since
enactment of Cover All Kids
legislation in
July 2021

Based on January 2023 Public Stats

January 1 Implementation Update

- Coverage for all income-eligible children went live on 1/1/2023!
- The NJ FamilyCare website is updated to show that all income-eligible kids can apply, regardless of their immigration status.
- A special Cover All Kids site features application information, frequently asked questions, posters and social media, and translation instructions.
- Please visit us at nj.gov/CoverAllKids and help spread the word!

NJFAMILYCARE | Cover All Kids



Cover All Kids increases access to healthcare coverage for income-eligible children in New Jersey.

Now, all children can apply for NJ FamilyCare, regardless of their immigration status.



Visit nj.gov/CoverAllKids to learn more and apply.



Call 1-800-701-0710 (TTY: 711) with questions or to apply by phone. Language translators are available.

Outreach for Awareness

- Posters and social media content are available to share in-person and online.
- Content is currently available in English and Spanish, with 19 more languages on the way.
- To help spread the word, NJ FamilyCare is working on Community Outreach Grants.
 - A draft RFP is under internal review
 - A Notice of Funds Available will be posted onto the DHS website when available
 - The State wishes to award the Community Outreach Grants in early spring of 2023



NJ FAMILYCARE | Cover All Kids

¡NJ cubre a todos los niños!
 Todos los niños pueden solicitar NJ FamilyCare, independientemente de su estado migratorio.

Con NJFamilyCare, los menores de 19 años que reúnan los requisitos de ingresos pueden recibir:

• Atención primaria y especializada, incluyendo los chequeos y otras visitas	• Vacunas
• Gafas/ lentes	• Cuidado de salud mental
• Hospitalización (tanto hospitalaria como ambulatoria)	• Pruebas y tratamiento del uso de sustancias
• Pruebas de laboratorio y radiografías	• Servicios oftalmológicos
• Recetas médicas	• Servicios de audición
• Servicios dentales	• Detección de plomo
• Exámenes preventivos	• Planificación familiar
	• Otros servicios médicamente necesarios

 Para más información y solicitar visite nj.gov/CoverAllKids
 Para preguntas o solicitar por teléfono llame al **1-800-701-0710 (TTY: 711)** Intérpretes de idiomas están disponibles.

Community Partnerships

We want to make sure that everyone is aware that NJ Family Care offers coverage for all income-eligible children, regardless of immigration status.

- Recent trainees include:
 - Health Benefits Coordinators
 - NJ FamilyCare Presumptive Eligibility (PE) Providers
 - Outreach Coordinators at the Office of New Americans
 - County Welfare Agencies on a weekly basis
- We have also made presentations to community groups, including:
 - Community Child Care Solutions
 - Human Services Directors Meeting
 - County Welfare Agency Director’s Meeting
 - Middlesex County Human Services Advisory Council
 - Department of Health and Federally Qualified Health Centers

NJ FAMILY CARE | **Cover All Kids**



NJ Covers All Kids!
 All children can apply for NJ FamilyCare, **regardless of their immigration status.**

With NJ FamilyCare, income-eligible children under 19 can receive:

- | | |
|--|---------------------------------------|
| • Primary and specialty care, including check-ups and other visits | • Vaccinations |
| • Eye Glasses | • Mental Health Care |
| • Hospitalization (both inpatient and outpatient) | • Substance Use Testing and Treatment |
| • Lab tests/x-rays | • Vision Services |
| • Prescriptions | • Hearing Services |
| • Dental Services | • Lead Screening |
| • Preventive Screenings | • Family Planning |
| | • Other medically necessary services |



Visit nj.gov/CoverAllKids to learn more and apply.



Call **1-800-701-0710 (TTY: 711)** with questions or to apply by phone. Language translators are available.

Winter Outreach Events

- November
 - Middlesex County: Statewide Fatherhood Conference
 - Bergen County: Bergenfield Dept. of Health
 - Mercer County: Mercer County Veterans' Expo
 - Middlesex County: First Annual Rural Health Conference
 - Passaic County: Paterson Board of Education (School #2 and #13)
 - Union County: Coffee Chat, Elizabeth Port Community Center
 - Atlantic County: New Day Family Success Center
 - Atlantic County: Inland Family Success Center
- December
 - Middlesex County: Woodbridge Health Dept. Bi-annual Community Health Fair
 - Atlantic County: Oceanside Family Success Center
 - Bergen County: Pre-K and High School Parent Teacher Conferences, Hackensack
 - Essex County: Training, Recreation, and Education Center, Newark
 - Bergen County: Bergenfield Dept. of Health
 - Union County: Family and Me Day, Union City
 - Atlantic County: Children's Winter Health Fair, Egg Harbor Twp.
 - Essex County: La Cosa Don Pedro St. Francis School Presentation, Newark
 - Passaic County: Parent Workshop, School #15, Paterson
- January
 - Bergen County: Bergenfield Dept. of Health
 - Hudson County: Mahatma K. Gandhi School, Jersey City
 - Passaic County: Frank Lautenberg School, Paterson
 - Ocean County: CHEMED Screening Event, Lakewood
 - Burlington County: Pinelands Family Success Center, Pemberton
 - Middlesex County: Christ Mercy Church, Perth Amboy
 - Essex County: La Casa Don Pedro, St. Francis School, Newark
 - Passaic County: Alonzo Tambua Moody Academy, Paterson
 - Passaic County: New Roberto Clemente Full Service School, Paterson



Medicaid Eligibility Checks Resume April 1, 2023

Restarting Eligibility Renewals

Since March 2020, NJ FamilyCare members have remained enrolled due to federal “maintenance of effort” requirements during the Public Health Emergency (PHE).

In December 2022, Congress enacted legislation that required states to resume Medicaid eligibility processes, starting on **April 1, 2023**. The COVID-19 PHE is still in effect.

States have 12 months after the April 1 re-start date to initiate eligibility renewals for all Medicaid beneficiaries – this includes more than 2 million NJ FamilyCare members. There are also new rules from Congress about eligibility and outreach.

This “unwinding” represents the single largest renewal exercise in the history of New Jersey’s Medicaid program. Our preparedness for this exercise is a top priority at DMAHS.

What we will talk about today

- ✓ What members need to do
- ✓ North Star Principles
- ✓ Timeline for eligibility unwinding
- ✓ Special populations
- ✓ Eligibility Determining Agencies
- ✓ Member examples
- ✓ MCO outreach

Restarting Eligibility Renewals

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What members need to do:

- Make sure NJ FamilyCare/Medicaid has your correct mailing address
 - Members can confirm or update their contact information by calling NJ FamilyCare at 1-800-701-0710 (TTY: 711). NJ FamilyCare will use this information to communicate with members about their healthcare coverage.
- Respond to mail from NJ FamilyCare/Medicaid
 - Members need to look for and respond to mail from the State of New Jersey or their local County Board of Social Services. If NJ FamilyCare requests information, they need to respond right away to avoid a gap in their NJ FamilyCare coverage.

North Star Principles for Unwinding the PHE

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.

Communicate with clarity and concern.

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

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.

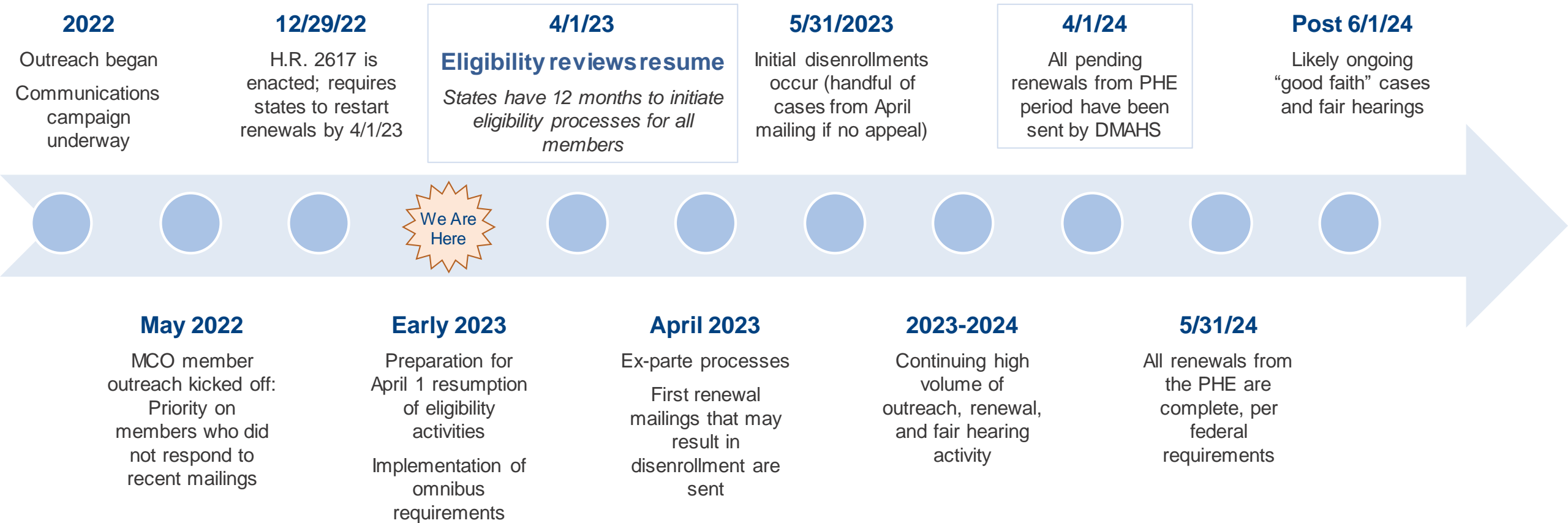
Work closely with our stakeholders.

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

Show people we care.

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

Timeline for Eligibility Unwinding



Eligibility Unwinding – Special Populations

- The details of renewing eligibility will be different for different categories of NJ FamilyCare members.
- Some eligibility groups may require additional or different documentation.
- DMAHS will work with community and state partners to provide targeted outreach and information to specific eligibility groups, including:
 - Aged, Blind, or Disabled (ABD) members
 - Members receiving services from the Division of Developmental Disabilities or the Children's System of Care
 - Members who receive long-term care through the Managed Long-Term Services and Supports (MLTSS) program
 - Members who have recently become eligible for Medicare
- **All** members should:
 - Make sure Medicaid has your correct mailing address by calling 1-800-701-0710 (TTY: 711)
 - Respond promptly to all mail from NJ FamilyCare

Role of Eligibility Determining Agencies

Our Eligibility Determining Agencies (EDAs) will need to renew Medicaid eligibility for over 2 million beneficiaries in the 12-month period following April 1, 2023. *We will be spreading the activity evenly over those twelve months.*

County Welfare Agencies

21 counties

- Responsible for eligibility for about 1 million members
- System upgrades initiated during PHE will support quality and efficiency
- 2022 MOU added incentives for renewal performance

NJ FamilyCare Health Benefits Coordinator

Conduent

- Responsible for eligibility for about 1 million members
- Ambassador team will support all NJ FamilyCare members with address updates and unwinding questions
- Eligibility processing is within contractual timeframes

Weekly operating reports and monthly regulatory reports will track progress.

Examples of Medicaid Eligibility Renewal

Halima

- Called the Ambassador line to provide an updated address to NJ FamilyCare (or didn't)
- Received and responded to eligibility mailing
- Determined eligible
- Halima's eligibility continues

Hector

- Responded to eligibility mailing (or didn't)
- Hector does not want to remain enrolled
- Determined ineligible based on the information he provided or his non-response
- Hector's eligibility ends

Samuel

- Responded to eligibility mailing
- Determined ineligible due to income/assets
- Received disenrollment notice; account transfer to GetCoveredNJ
- *Samuel wants to remain enrolled*

Sofía

- Did not respond to eligibility mailing
- Determined ineligible due to non-response
- Received disenrollment notice, which includes GetCoveredNJ information
- *Sofía wants to remain enrolled*

Rapid response, informal resolution, and Fair Hearings will support these members

What happens next for Samuel?



Samuel

- Responded to eligibility mailing
- Determined ineligible due to income/assets
- Received disenrollment notice; account transfer to GetCoveredNJ
- *Samuel wants to remain enrolled*



Prior to the termination notice, Samuel received a request for information from the eligibility agency saying that they had verified his income at a level above the eligibility threshold.

Samuel provided additional information, but later received a termination notice. He disagrees with the decision.

His notice included fair hearing rights. He must request a fair hearing within 20 days of his termination notice.



The Medicaid legal office will review Samuel's fair hearing request and submit the request to the administrative courts.

Based on information provided, we may also notify the eligibility agency that the hearing was requested. If possible, the eligibility agency will try to resolve the fair hearing issue prior to the court date.



Meanwhile, when the Medicaid system processed Samuel's case, it immediately transferred his information to GetCoveredNJ.

[GetCoveredNJ](#) will reach out to Samuel to assist him in finding out if he is qualified for premium assistance or tax credits in purchasing an affordable health plan.

What happens next for Sofía?



Sofía

- Did not respond to eligibility mailing
- Determined ineligible due to non-response
- Received disenrollment notice, which includes GetCoveredNJ information
- *Sofía wants to remain enrolled*



Sofía's letter tells her that her NJ FamilyCare coverage will end because she did not provide needed information to complete her eligibility renewal.

The notice includes instructions for submitting needed information for reconsideration within 90 days and also includes fair hearing rights that she can exercise.



Sofía should respond to the renewal as soon as possible (online if applicable or by mail).

Once her renewal response is received, her information will be reviewed. If she is eligible, her coverage will be retroactively reinstated with the same health plan without a gap.

If Sofía does not complete the renewal within 90 days of her termination, a new application will be required.



If Sofía has questions about her renewal status, she can call **1-800-701-0710 (TTY: 711)** to speak with a NJ FamilyCare representative.

If Sofía is not eligible for continued coverage after responding to her renewal, she may apply for coverage, including premium assistance, through [GetCoveredNJ](#).

MCOs will support member-specific outreach strategy

Member Contact Information
Continuing since 2022

- MCOs will continue transmitting updated member contact information to DMAHS, as permitted by CMS

“Get Ready” Outreach
Starting March 2023

- MCOs will reach out to members who are set to renew in the coming month and encourage them to keep an eye out for their renewal mail

Non-Responder Outreach
Continuing since 2022 with updates

- In accordance with new federal requirements, MCOs will reach out to members who have not responded to their renewal mail

*Federal guidance states that MCO communications cannot be “intended to influence a beneficiary to enroll.”

Important Messages to Share with our Communities

- **Key messages to our communities today...**

- Call 1-800-701-0710 (TTY: 711) to make sure NJ FamilyCare has your current address
- Respond to any mail you receive from NJ FamilyCare

- **Additional messaging after April 1...**

- If you believe your eligibility was incorrectly terminated, you have appeal rights. These rights are explained in the mail you receive. If you do not have the letter or you have questions, you can call NJ FamilyCare at 1-800-701-0710 (TTY: 711).
- If you lost eligibility because you did not provide all the information that was needed, you can provide the information within 90 days to have your renewal application reconsidered.
- If you are ineligible for NJ FamilyCare due to your income level, you can apply for coverage through [GetCoveredNJ](#).

- **Community partners include...**

- Health care providers and payers
- Community leaders and organizations
- Aging and disability advocates
- Medical Assistance Advisory Council (MAAC) and Cover All Kids workgroup members
- Regional Health Hubs
- Sister agencies, including DOBI navigators





2022 NJ FamilyCare Year in Review

Annual Planning at DMAHS

Action on the Basics

Change and Disruption

Evaluation and Enhancement

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: Serve people the best way possible

1.1 Improve maternal/child health outcomes

- Implemented 12 months postpartum eligibility.
- Increased rates for maternity care for OBs, midwives, and community doulas with rate parity between midwives and physicians, including well-woman care. Expanded provider access to include all licensed midwives.
- Worked with a community-driven Cover All Kids workgroup to coordinate outreach and awareness of NJ FamilyCare statewide, and [implemented coverage for undocumented children beginning 1/1/23](#).
- Implemented coverage for dispensing of contraceptives up to twelve month supply.
- Increased the number of community doula-assisted births and collaborated with DOH and community groups to expand the doula workforce.
- Set standards for distribution of breast pumps and breastfeeding supplies that led to a 21% increase in utilization of breast pumps from SFY21 to SFY22.
- Initiated payments for contraceptive care and implemented community doula benefits for undocumented women.

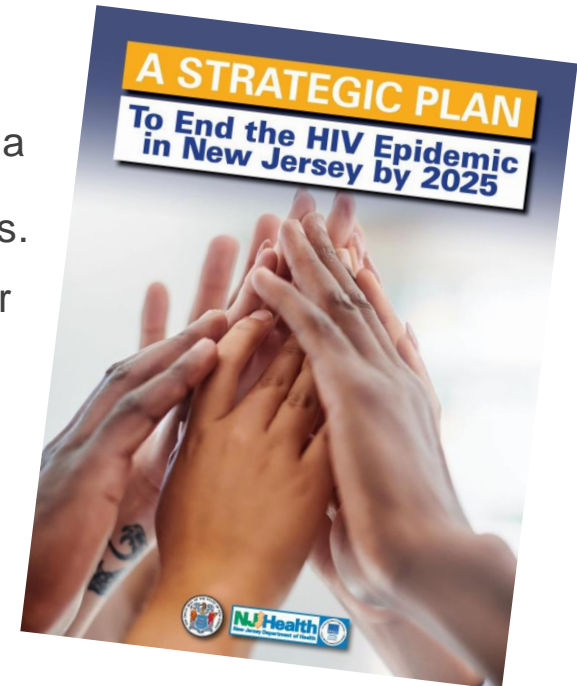


Goal 1: Serve people the best way possible

1.2 Help members with physical, cognitive, or behavioral health challenges get better coordinated care



- Increased the number of members accessing autism services by ~40% in SFY22 with utilization continuing to rise in SFY23.
- Supported a 25% increase in SUD facilities participating in interoperability, for a total of 98 facilities and more than 2,000 clinicians with capacity for electronic information exchange between behavioral health and physical health providers.
- In partnership with DOH, DOAS, DMHAS, LTC Ombudsman, MCOs, and other partner agencies, coordinated closure of a nursing facility housing a complex population; all residents moved to new settings with person-centered care planning.
- Began implementation of WorkAbility expansion with community-driven workgroup; phase 1 technical implementation largely complete for early 2023 launch.
- Supported “[End the Epidemic](#)” strategic plan by eliminating all prior authorization, including step therapy, for treatment of HIV.



Goal 1: Serve people the best way possible

1.3 Support independence for all older adults and people with disabilities who need help with daily activities

- Increased rates for TBI residential services and introduced tiered rates to incentivize Assisted Living facilities to accept more Medicaid beneficiaries.
- Enrolled 2,000 grandfathered nursing facility residents into MCOs on 7/1/22, with 4 out of 5 plans completing an initial visit for greater than 90% of these members by the end of 2022.
- Implemented new MCO accountability for PCA and PDN cases and reduced unstaffed cases statewide. With provider rate increases and improved processes, less than 1% of PCA cases and less than 5% of PDN cases are not fully staffed as of December 2022.
- 14% more members chose integrated Medicare and Medicaid health plans in 2022, for a total enrollment of more than 78,000 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 Department of Community Affairs, established initial program parameters for Healthy Homes housing units dedicated to Medicaid members at risk of homelessness or institutionalization. Kickoff with housing developers will occur in 2023.

Goal 2: Experiment with new ways to solve problems

- 2.1 Demonstrate new value-based 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: Experiment with new ways to solve problems

2.1 Demonstrate new value-based models that drive outcomes

- Launched quality-driven [perinatal episode of care](#) pilot with 16 hospital-affiliated and community practices that provide care for 10,000 Medicaid births statewide annually
- Extensively negotiated 1115 proposal with CMS, including innovations related to health-related social needs, with renewal projected in Q1 2023.
 - Includes improved integration of behavioral health benefits and new services to address health-related social needs (aka social determinants of health)

Goal 2: Experiment with new ways to solve problems

2.2 Use new systems and technology to make our program more efficient and effective

- Prepared to unwind the Public Health Emergency with new processes (e.g. new flexibilities, extensive MCO and community outreach) and new technology for eligibility processing. Amended call center contract to allow any member to call one toll-free number with their address update.
- Used new flexibility from CMS and updated process to gather more than 197,000 address updates from MCOs.
- Launched [StayCoveredNJ](#) website in user-friendly format with toolkit, printable and social media. Optimized community contact lists.
- Experimented with strategic bundling of technical coding to improve efficiency of systems updates.
- Upgraded eligibility systems to improve accuracy, efficiency, and user experience, reducing the risk of unnecessary loss of coverage for eligible members.

System improvements in 2022 include:

Rolled out online renewal process in all counties as an alternative to paper application packets.

Upgraded eligibility screening for all programs (e.g. Medicare Savings Plans).

Significantly increased automated eligibility approvals at the Health Benefits Coordinator (“ex parte”).

Initiated data sharing with SNAP to be able to automatically renew members using income information provided for their SNAP eligibility decision.

Made enhancements to upload automation, immigration status verification, and race and ethnicity data collection to assist in health equity goals.

Goal 2: Experiment with new ways to solve problems

2.3 Engage our teams in operational troubleshooting

- First state in the nation to operationalize provision of [free Naloxone](#) for all residents, anonymously, at pharmacy counters every day.
- Finalized Health Benefits Coordinator re-procurement: Began twelve-month implementation phase on September 1, 2022.
 - This includes plans for more efficient mail handling and eligibility processing and improved member experience.
- Actively participated in newly created National Association of Medicaid Directors' Health Equity Advisory Council, set up health equity leadership, and began incorporating equity analysis into the broad work of the Division – clinical, operational, and organizational.



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**

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

- Updated transportation broker contract to include higher performance standards and greater accountability for results.
- Improved provider enrollment process and addressed inventory backlog. Worked with vendor to reduce pending inventory by 90% in 2022 to consistently meet or exceed new service level standards and make providers available to our members faster.
- Implemented new MCO pediatric network accountability requirements.
- Increased oversight of MCO performance accountability for dental preventive care and treatment.
- Conducted member annual CAHPS consumer survey.
- Dedicated resources to extensive National Core Indicators (NCI-AD) member survey with more than 1,200 MLTSS members in 2022.

Voices of our community:

- CAHPS consumer survey of NJ FamilyCare members
 - MCO consumer satisfaction increased from 79% in 2021 to 81% in 2022, and 87% rated MCO customer service highly in 2022.
 - Satisfaction with specialty care increased from 81% in 2021 to 88% in 2022.
 - Declines in rating of overall health care and rating of PCP are areas of focus in the upcoming year.
- NCI-AD 2022 MLTSS survey
 - Results have not yet been published nationally, but we aim to continue prior year trends which included significant improvement in member choice and involvement in plan of care decisions.

Goal 3: Focus on integrity and real outcomes

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.
 - Monitored and audited county compliance with performance expectations and eligibility quality controls. Continued improvement of quality control trends in eligibility processing at counties through worker training and system upgrades that support accuracy of eligibility determinations.
 - Implemented unique ID requirement in EVV to support program integrity reviews.
 - Addressed fraud, waste, and abuse investigations and policy change in partnership with the Medicaid Fraud Division.
- Compliance with State and federal requirements
 - Resolved data quality issues and moved into higher data quality brackets in federal reporting.
 - Readopted administrative code to support service delivery within NJ FamilyCare and in partnership with sister agencies.
 - With sister agencies, advanced [HCBS Settings Rule implementation](#) by completing public comment for Statewide Transition Plan (STP) and Heightened Scrutiny process. Surveyed over 3,000 sites to verify compliance. Received CMS initial approval for the STP in January 2022 and final approval in January 2023.
 - Developed and submitted new federal reporting pertaining to MCO performance.



Goal 3: Focus on integrity and real outcomes

3.3 Monitor fiscal accountability and manage risk

- Comprehensive rate studies in progress to address Medicaid rate adequacy relative to Medicare and other payers.
- Successfully resolved longstanding issues in 1115 budget neutrality calculations, and participated in multi-state workgroup that resulted in a more equitable CMS framework for calculating budget neutrality
- Completed first year of the County Option program which provides over \$600 million in federal funding to NJ hospitals with no additional State appropriations. The State is in the process of expanding the program.
- Office of FQHC Reimbursement established data and clinical workgroups and met quarterly with NJPCA to provide best practice on wrap reimbursements. Resulted in improved quarterly wrap alignment and fostered better working relationships between DMAHS, NJPCA, and FQHCs.

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

- Activities to energize and re-energize our team included Lunch & Learns, charitable events, and “Take a hike, DMAHS!” lunchtime walks.
- 70+ DMAHS employees received *Making the Magic Happen* recognition in 2022.
- We are mindfully advancing diversity, equity, and inclusion within our organization.
 - Ongoing weekly touch base with 90+ DMAHS leaders participating to ensure news is shared and priorities are aligned across teams.
 - Building a diverse leadership team with 10 employees engaged in executive coaching through the Center for Health Care Strategies in 2022, including individual contributors, supervisors, managers, and senior leaders.
 - One individual accepted to the [Medicaid Pathways Program](#), a national leadership development program that supports a diverse cohort of Medicaid leaders.
 - Advancing organizational development goals and leadership strategy with support from the Center for Health Care Strategies.

Our DMAHS team is making the magic happen

With our four overarching goals in mind, this internal survey tool helps us celebrate DMAHS team members making a difference for the communities we serve

1. Your name

Enter your answer

2. Who would you like to recognize for making a difference at DMAHS? Please name individual(s) and/or team *

Enter your answer

3. Please briefly share how they make an impact on our team or in the communities we serve *

Enter your answer

4. Which of our four goals does this touch?

- DMAHS Goal 1: Serve people the best way possible.
- DMAHS Goal 2: Experiment with new ways to solve problems
- DMAHS Goal 3: Focus on integrity and real outcomes.
- DMAHS Goal 4: Show people we care



Planning for the Next Meeting – April 26, 2023