Presentation:

Overview of the Comprehensive Medicaid Waiver Evaluation Strategy

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EVALUATION PLAN FOR THE NEW JERSEY COMPREHENSIVE WAIVER DEMONSTRATION

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The NJ Comprehensive Medicaid Waiver

Medicaid section 1115 demonstration proposal was approved for the period October 1, 2012 to June 30, 2017

Key Policies

- Expansion of managed care to include additional services including long term services and supports
- Provide additional home and community based services to Medicaid/CHIP beneficiaries with serious emotional disturbance, autism spectrum disorder, and intellectual disabilities/developmental disabilities
- Administrative changes relating to LTC eligibility: eliminating transfer of asset look back period; introduction of Qualified Income Trust
- Delivery System Reform Incentive Payment Program: Hospital Relief Subsidy Funds repurposed for Pay-for-Performance/Reporting

Evaluation Scope

Guided by the *Special Terms and Conditions* related to the waiver

- "The State will test the following (4) hypotheses in the evaluation of the demonstration."
- "The evaluation design must, at a minimum, address the research questions listed below."

Hypothesis 1: Managed care expansion

Expanding Medicaid managed care to include long-term care services and supports will result in improved access to care and quality of care and reduced costs, and allow more individuals to live in their communities instead of institutions.

Research Question 1a: What is the impact of the managed care expansion on access to care, the quality, efficiency, and coordination of care, and the cost of care for adults and children?

Research Question 1b: What is the impact of including long-term care services in the capitated managed care benefit on access to care, quality of care, and mix of care settings employed?

The Evaluation Process

- Examines the impact of new policies on waiver populations by examining trends in key outcomes, e.g.,
  - How does the shift to managed care affect access to care, quality of care and health outcomes for the long term care population?
  - How do disease management programs undertaken by hospitals in the DSRIP program impact patient health?
- Sources for key metrics
  - All payer hospital discharge data
  - Medicaid claims and encounter files
  - Quality metrics reported by MCOs
- Stakeholder interviews and surveys
- Other information: Update meetings, implementation details with Medicaid and other departments

Expanding Managed Care to Additional Services

- Long term services and supports
- Behavioral health services

Examine all managed care populations as well as specific beneficiary groups for any *changes* in

- Access and continuity of care
- Quality of care
- Physical and behavioral health outcomes
- Costs

Assess these using established measures to evaluate policy changes

Data-Based Measures

- Avoidable hospitalizations and ED visits
  - Indicates inadequate ambulatory care/primary care
- 30 day all-cause readmissions
  - May reflect barriers to care coordination, care transition
- Hospitalizations associated with behavioral health problems
  - Mental illness; substance use disorder; severe mental illness
- Follow-up after hospitalization for mental illness
- Percent of long-term care population and spending on HCBS
- HEDIS and CAHPS-based preventive measures
- PACE outcomes

Stakeholder Input- MLTSS

Attend stakeholder meetings; review recommendations and meeting minutes; monitor progress, successes, challenges

Key Informant Interviews

- State officials
- Provider community associations
- Advocacy community
- Agency associations (e.g., AAAs)
- MCO staff
- Others

Focus on the effect of managed care expansion on LTSS

Sheds light on policy effects that are not always evident in analysis of administrative data

Sample Interview Questions- MLTSS

- Have there been any effects on determination of functional eligibility?
- Is continuity of care affected by the implementation of MLTSS?
- Are there any changes in services provided to consumers ?
- What, if any, are the effects on provider communities?
  - Impact on consumers
- Are there any effects on process of transitioning from nursing facility to the community?

New Services and Expanded Eligibility to Beneficiaries with ASD, ID-DD/MI, and SED

What is the impact on access and health?

- Autism Spectrum Disorder – behavioral support services
- Intellectual/Developmental Disability and Mental Illness - targeted HCBS
- Serious Emotional Disturbance - expanded eligibility and new services

Examine whether..

Greater use of targeted HCBS by individuals over time resulted in

- Decreased hospitalization and costs by eligible individuals
  - All-cause hospitalizations
  - Readmissions
  - Mental health hospitalizations
  - Avoidable hospitalizations
- Decreased institutionalization rate among children with SED

Administrative Changes in Long-Term Care

Elimination of Transfer of Assets Look-back Period

- Individuals applying for MLTSS with income < 100% FPL can self-attest that they have not transferred assets in the past 5 years
- Streamlines application process, reduces paper burden, and can speed up eligibility determination

Qualified Income Trusts

- New pathway to eligibility for individuals in need for MLTSS, but having income above the Medicaid limit
- Replaces the hypothetical spend-down provision for medically needy
- Income over the special income limit is deposited into a trust account and is not counted towards Medicaid eligibility

Evaluation of Administrative Simplifications

Examine impact on

- Eligibility and enrollment process
- Number and mix of individuals qualifying for LTC

Outcomes

- Error rates in self-attestation
- Time from initial application to approval for LTC benefits
  - Review data from audit of applications during demonstration period
- Increased share of LTC eligible population receiving home and community based services and supports

Delivery System Reform Incentive Payment Program

Hospital Relief Subsidy Funds repurposed to establish a system of incentive payments for hospitals

Pay for Performance/Reporting

- Performance in chronic disease management projects
- Universal Performance Pool
- Reporting of a set of clinical measures by all hospitals

Program evaluation guided by STC Research Questions

- Did the DSRIP Program achieve better care, population health, and reduced costs?
- What is the impact on hospital finances?
- What are stakeholder perceptions relating to the program?

Two rounds of evaluation: Midpoint and Summative

Examine Overall DSRIP Effect and Hospital Projects

Research Hypothesis: Hospital projects in specific focus areas will result in improvements in care and outcomes

- Rates of 30-day heart failure/AMI readmissions will decrease in hospitals adopting cardiac care interventions
- Increased follow-up visits by patients from hospitals adopting behavioral health interventions

Examine overall effect of the program on quality of care, health, costs and hospital finances

- Avoidable hospitalizations, ED visits, readmissions, and costs
- Recommended care, preventive care
- Hospital margins

Examine Stakeholder Perceptions

Key Informant Interviews

- What are the hospital experiences to date in understanding program requirements?
- What specific components promote one or more of the triple aims: better care, better health, and lower costs?
- What improvements in care and health, if any, have already been noted in your communities as a result of the DSRIP activities?
- How do other concurrent policy changes impact DSRIP activities or outcomes?

Hospital Web Survey

How would you characterize changes in the following health-related aspects of your community as a result of DSRIP activities?

	Substantial improvement	Some improvement	Little or no impact	Some worsening	Substantial worsening	Too early to assess
Patient access to health care services						
Continuity of patient care						
Quality of patient transitions between settings						
Quality of health care delivered						
Patient health						

Current Activities and Roadmap

- Currently analyzing baseline data
- Important Dates for the Evaluation:
  - Update on status and findings for the evaluation is due with every quarterly and annual report
- Draft Interim Evaluation Report is due to CMS by July 1, 2016.
  - The Final Interim Evaluation Report is due 60 days after the State receives CMS comments
- Draft Final Evaluation Report is due to CMS by July 1, 2017.
  - The Final Evaluation Report is due 60 days after the State receives CMS comments

Presentation:

Overview of the External Quality Review Organization Transportation Study

New Jersey Transportation Program

- **Three studies were conducted**
- **Utilization Study**
  - Penetration Rates
  - Utilization Per Thousand Member Months
  - Utilization Patterns by FFS/MCO and Region
- **Trip Study**
  - Trip Drop off / Pick-up Timeliness
  - Trip Length
  - Canceled Trip Analysis
- **Satisfaction Study**
  - Member Satisfaction with Transportation Provider and LogistiCare
  - Facility Satisfaction with LogistiCare

UTILIZATION STUDY

Study Timeframe: July 2012 – June 2013

Data Sources

- LogistiCare Eligibility Files
- LogistiCare Trip Files
- Medicaid FFS/MCO Enrollment Files

Utilization – By Transport Type

Trip Type*	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Yearly Total
Ambulatory Trips/K	303.72	338.59	275.54	311.00	253.36	272.37	304.85	277.43	285.90	308.75	313.60	275.96	3521.07
Mass Transit Trips/K	72.25	77.32	67.82	79.39	72.22	76.27	80.69	73.44	75.93	78.75	80.47	71.77	906.32
Gas Reimbursement Trips/K	6.64	7.93	7.76	9.51	7.74	8.35	8.74	8.56	9.50	10.15	10.70	9.64	105.22

*** Completed trips; K: 1,000 member months.**

Total Trips 4,532,610

Ambulatory Trips broken down:

Livery trips	2,645,425
MAV trips	789,946
BLS stretcher trips	98,807

Utilization – Stability of Ridership

Rider Type*Cum	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013
Monthly Unique Riders	43,096	45,217	43,151	44,915	40,086	40,915	44,369	43,018	43,733	45,006	44,428	43,352
Riders with a Trip in a Previous Month	0	30,002	33,334	36,027	34,138	35,198	37,590	37,332	38,098	39,303	39,140	38,593
New Riders	43,096	15,215	9,817	8,888	5,948	5,717	6,779	5,686	5,635	5,703	5,288	4,759
Inactive Riders**	0	13,094	24,977	32,101	42,878	47,766	51,091	58,128	63,048	67,478	73,344	79,179
Cumulative Total Riders	43,096	58,311	68,128	77,016	82,964	88,681	95,460	101,146	106,781	112,484	117,772	122,531
Cumulative Percent	35%	48%	56%	63%	68%	72%	78%	83%	87%	92%	96%	100%

*Eligible members with all types of completed rides for all legs were included in this analysis.
** Riders who had a trip in a previous month, but not in the current month

Trip Study – Completed Trips: Timeliness of Pick-ups

On-time Pick-up: LogistiCare data indicated a pick-up time within 15 minutes of the arranged pick-up time.

Early Pick-up: LogistiCare data indicated a pick-up time earlier than 15 minutes of the arranged time.

Late Pick-up: LogistiCare data indicated a pick-up time that was more than 15 minutes later than the arranged time.

Pick-up Time*	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Yearly Total
Early	12.5%	12.4%	11.7%	10.9%	11.7%	11.6%	10.8%	10.6%	10.4%	10.6%	10.4%	10.1%	11.1%
Late	22.6%	22.7%	24.3%	23.7%	23.0%	21.9%	22.4%	22.4%	22.7%	22.2%	21.7%	22.1%	22.6%
On Time	64.9%	64.9%	64.0%	65.3%	65.3%	66.5%	66.8%	67.0%	66.9%	67.2%	67.9%	67.8%	66.2%

*** A-leg ambulatory trips**

Trip Study – Completed Trips: Timeliness of Drop-offs

On-time Drop-off: LogistiCare data indicated a drop-off time 30 to 0 minutes before member's scheduled appointment time.

Early Drop-off: LogistiCare data indicated a drop-off time earlier than 30 minutes before the scheduled appointment time.

Late Drop-off: LogistiCare data indicated a drop-off time that was 1 or more minutes later than the scheduled appointment time.

Drop-off Time*	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Yearly Total
Early	23.8%	23.6%	22.6%	22.6%	22.7%	22.9%	21.9%	21.5%	21.7%	21.6%	21.4%	20.7%	22.3%
Late	18.3%	18.0%	20.5%	19.8%	20.0%	18.8%	19.3%	19.4%	19.5%	18.8%	19.0%	19.0%	19.2%
On Time	57.9%	58.3%	56.9%	57.6%	57.2%	58.3%	58.8%	59.1%	58.8%	59.6%	59.6%	60.3%	58.5%

*** A-leg ambulatory trips**

Trip Study – Completed Trips: Duration and Distance of Trips

Trips*	Mean Duration (min)	Median Duration (min)	99th Percentile (min)	Mean Distance (miles)	Median Distance (miles)	99th Percentile (miles)
Total	35.2	30	115	8.6	6	47
Urban/Rural						
Urban	34.9	30	111	8.3	6	45
Rural	43.7	35	143	17.4	13	76
Region						
North	33.9	31	95	6.2	4	31
Central	35.1	30	115	9.5	7	45
South	37.2	30	130	11.6	8	61

***A-leg ambulatory trips, excluding those trips with a logged drop-off time before pick-up time**

Trip Study – Completed Trips: Distribution of Trips by Distance

Distance	North	Central	South	Total
1–5 Miles	60.1%	40.9%	33.2%	47.4%
6–10 Miles	24.7%	25.0%	27.8%	25.7%
11–20 Miles	12.0%	25.3%	25.7%	19.3%
1–20 Miles	*96.8%*	*91.2%*	*86.7%*	*92.4%*
21–30 Miles	2.1%	5.5%	6.1%	4.1%
31–50 Miles	0.8%	2.8%	5.3%	2.7%
50+ Miles	0.2%	0.5%	1.9%	0.8%

Trip Study – Canceled Trips

Cancelation Rates by Reason or Responsible Party

Cancelled Trips

• Denied – Denied	10.6%
• LogistiCare – Duplicate, LogistiCare Issues, Reroute	3.7%
• Non-LogistiCare – Crisis/Weather, Appointment Change	20.1%
• Provider – This excludes prescheduled trips that were canceled.	0.2%
• Rider – Death/Illness, Rider Cancel, Rider Issue	44.9%
• Unknown – Canceled by .., Late Cancelation	20.4%

Cancelation reasons were taken from the data provided by LogistiCare.

SATISFACTION STUDY

Three Surveys were conducted to assess member and facility satisfaction:

- **Member Satisfaction Surveys**
  - Phone survey to members with recent completed trip
    - Assess satisfaction with transportation provider and LogistiCare
  - Phone survey to members with recent canceled trip
    - Validate cancelation reasons and experience with rescheduling trip
- **Facility Satisfaction Survey**
  - Mail survey to facilities with a high volume of prescheduled trips to assess satisfaction with LogistiCare

Member Survey – Completed Trip

Call Outcome	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
Total Calls Attempted	1,249	100%	842	100%	549	100%	2,640	100%
Member Not Reached (Wrong Number, Voice Mail, No Answer)	936	75%	671	80%	377	69%	1,984	75%
Language Barrier	74	6%	35	4%	15	3%	124	5%
Declined to Participate	3	0%	6	1%	11	2%	20	1%
Member Reported Incorrect Trip Data	22	2%	12	1%	3	1%	37	1%
Disconnected During Survey	11	1%	8	1%	5	1%	24	1%
Completed Survey	**203**	**16%**	**110**	**13%**	**138**	**25%**	**451**	**17%**
Calls Per Completed Survey	6.2 calls		7.7 calls		4.0 calls		5.9 calls	
Days from Trip to Call	4.4 days		4.1 days		3.8 days		4.1 days	

Member Survey – Completed Trip: Satisfaction With Pick-up Time

Pick-up Time Satisfaction	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
Were you satisfied with the time the vehicle arrived to pick you up?								
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
Yes, Satisfied	183	90%	97	88%	126	91%	406	90%
No, Not Satisfied	20	10%	13	12%	12	9%	45	10%

Member Survey – Completed Trip Satisfaction With Pick-up Time

Comparison of Member Satisfaction and Utilization Data for Pick-up Time		LogistiCare Utilization Data – Pick-up Time n (% of 451)			Total (Row) n (% of 451)
		Early (> 15 min Before Scheduled Pick-up)	On Time (+/- 15 min of Scheduled Pick-up)	Late (> 15 min After Scheduled Pick-up)	
Member Satisfaction with Pick-up Time n (% of 451)	Dissatisfied – Early	2	4	0	6 (1%)
	Satisfied	48	279	79	406 (90%)
	Dissatisfied – Late	0	22	7	39 (9%)
Total (Column) n (% of 451)		50 (11%)	305 (68%)	96 (21%)	451 (100%)

Member Survey – Completed Trip: Satisfaction With Drop-off

Comparison of Member Satisfaction and Utilization Data for Drop-off Time		LogistiCare Utilization Data – Drop-off Time n (% of 415)			Total (Row) n (% of 451)
		Early (> 30 min Before Appointment)	On Time (0–30 min Before Appointment)	Late (≥ 1 min After Appointment)	
Member Satisfaction of Drop-off Time n (% of 451)	Early Drop-off	30	53	11	94 (20.8%)
	On-Time Drop-off	71	178	54	303 (67.2%)
	Late Drop-off	8	28	18	54 (12.0%)
Total (Column) n (% of 451)		109 (24.2%)	259 (57.4%)	83 (18.4%)	451 (100.0%)

Member Survey – Completed Trip: Driver Safety And Courtesy

Driver Safety and Courtesy	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
In your opinion, was the person driving the vehicle a safe driver?								
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
Yes	194	96%	108	98%	136	99%	438	97%
No	9	4%	2	2%	2	1%	13	3%
In your opinion, did the driver treat you with courtesy and respect?								
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
Yes	200	99%	109	99%	137	99%	446	99%
No	3	1%	1	1%	1	1%	5	1%

Member Survey – Completed Trip: Driver Responsiveness

Driver Responsiveness to Questions/Concerns	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
Was the driver responsive to any questions or concerns that you had?								
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
Member Had No Questions/Concerns	178	88%	93	85%	112	81%	383	85%
Member Had Questions/Concerns	25	12%	17	15%	26	19%	68	15%
For members who did have questions/concerns, was the driver responsive?								
Members with Questions/Concerns	25	100%	17	100%	26	100%	68	100%
Yes	17	68%	17	100%	23	88%	57	84%
No	8	32%	0	0%	3	12%	11	16%

*** DME: durable medical equipment**

Member Survey – Completed Trip: Assistance And Equipment

Assistance from Driver	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
Did you require assistance from the driver with getting in and out of the vehicle, or assistance getting to your appointment?								
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
No	146	72%	99	90%	100	72%	345	76%
Yes	57	28%	11	10%	38	28%	106	24%
For members who did require assistance, was the driver willing and able to give assistance?								
Members Requiring Assistance	57	100%	11	100%	38	100%	106	100%
Yes	54	95%	11	100%	34	89%	99	93%
No	3	5%	0	0%	4	11%	7	7%

Equipment in Vehicle	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
Did you require any equipment for your trip? For example, a wheelchair lift?								
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
No	181	89%	108	98%	126	91%	415	92%
Yes	22	11%	2	2%	12	9%	36	8%
For members who did require special equipment, did the vehicle have the equipment you needed?								
Members Requiring Equipment	22	100%	2	100%	12	100%	36	100%
Yes	22	100%	2	100%	10	83%	34	94%
No	0	0%	0	0%	2	17%	2	6%

Member Survey – Completed Trip: Vehicle Cleanliness

Cleanliness of Vehicle	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
Clean/Very Clean	200	99%	105	95%	127	92%	432	96%
Dirty/Very Dirty	3	1%	5	5%	11	8%	19	4%

Member Survey – Completed Trip: Additional Stops

Additional Stops	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
Did the driver stop to pick up or drop off someone else?								
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
No	134	66%	86	78%	88	64%	308	68%
Yes	69	34%	24	22%	50	36%	143	32%
If yes, how many times?								
Stopped to PU/DO Others	69	100%	24	100%	50	100%	143	100%
1 Additional Stop	43	62%	15	63%	28	56%	86	60%
2 Additional Stops	17	25%	6	25%	15	30%	38	27%
3 Additional Stops	5	7%	1	4%	0	0%	6	4%
4 or More Additional Stops	4	6%	2	8%	7	14%	13	9%

Number of Stops	No Inconvenience		Slightly Inconvenient		Very Inconvenient		Any Inconvenience (Slight + Very)	
	n	Percent	n	Percent	n	Percent	n	Percent
Trips with Any Stop	105	73%	25	17%	13	9%	38	27%
1 Stop	65	76%	17	20%	4	5%	21	24%
2 Stops	27	71%	6	16%	5	13%	11	29%
3 Stops	5	83%	0	0%	1	17%	1	17%
4 or More Stops	8	62%	2	15%	3	23%	5	38%

Member Survey – Completed Trips: Overall Trip Satisfaction

Overall Rating of Trip	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
Very Good/Good	193	95%	108	98%	130	94%	431	96%
Poor/Very Poor	10	5%	2	2%	8	6%	20	4%

Member Survey – Completed Trips: LogistiCare Satisfaction

Satisfaction with LogistiCare	North		Central		South		Statewide	
	n	Percent	n	Percent	n	Percent	n	Percent
Did you call LogistiCare to schedule this trip?								
All Completed Surveys	203	100%	110	100%	138	100%	451	100%
No	37	18%	4	4%	31	22%	72	16%
Yes	166	82%	106	96%	107	78%	379	84%
If yes, how would you rate your interactions with LogistiCare overall?								
Member Called LogistiCare	166	100%	106	100%	107	100%	379	100%
Very Good/Good	148	89%	93	88%	86	80%	327	86%
Poor/Very Poor	18	11%	13	12%	21	20%	52	14%

CONCLUSIONS – Member Surveys

- Quality of trip:
  - 97% safe driver
  - 99% treated with respect
  - 84% driver responsive to any questions/concerns
  - 96% vehicle clean

- Assistance and equipment**:**
  - 93% driver willing and able to assist
  - 94% required equipment provided

CONCLUSIONS – Member Surveys

Completed Trip Member Survey (n = 451):

- The majority of members surveyed were satisfied with the timeliness of their pick-up and drop-off times
  - Pick-up timeliness comparison:
    - 66% of the member responses agreed with the LogistiCare data
    - 18% members satisfied with the pick-up time on trips identified as late by LogistiCare data

- Pick-up timeliness after the appointment:
  - Prescheduled: 87% vehicle arrived on time
  - Will-call: 76% arrived within 15 minutes
    - 82% satisfied with the wait time

- Overall trip: 96% “Very Good” or “Good”
- Overall scheduling with LogistiCare: 86% “Very Good” or “Good”

CONCLUSIONS – Member Surveys

Canceled Trip Member Survey (n = 385):

Transportation Provider No Show/Late :

- 56% of members stated they canceled the trip
- 44% stated the vehicle never arrived.

Member Survey – Canceled Trip: Comparison of Reasons

LogistiCare Cancelation Reason (Utilization Data)	Member Response (Survey)			Total n (% Row)
	Doctor Canceled n (% Row)	Member Canceled n (% Row)	Vehicle Never Arrived n (% Row)	
Late Cancelation	12	114	4	130
Rider No Show	7	60	9	76
Appointment Was Rescheduled	12	42	2	56
Canceled by Enrollee or Practitioner	4	33	1	38
Transportation Provider No Show/Late	0	10	8	18
Rider Transported By Other Means	3	13	2	18
Rider Refused Transportation	1	15	1	17
Rider No Longer Goes To The Healthcare Facility	0	6	0	6
Rider Not Ready	0	4	0	4
LogistiCare Mistake	0	3	0	3
Bad Address	0	1	1	2
Rider Drove Himself To Appointment	0	1	0	1
Total	**39**	**302**	**28**	**369**

Facility Survey: Pick-up/Drop-off Satisfaction

Drop-off Time Satisfaction	Dialysis		MH/SA		Other*		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
Overall, how satisfied are you with the timeliness of patient drop-off prior to the appointment?								
All Completed Surveys	22	100%	37	100%	11	100%	70	100%
Satisfied/Very Satisfied	17	77%	15	41%	9	82%	41	59%
Dissatisfied/Very Dissatisfied	5	23%	22	59%	2	18%	29	41%

Pick-up Time Satisfaction	Dialysis		MH/SA		Other*		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
Overall, how satisfied are you with the timeliness of patient pick-up after the appointment?								
All Completed Surveys	22	100%	38	100%	11	100%	71	100%
Satisfied/Very Satisfied	10	45%	7	18%	4	36%	21	30%
Dissatisfied/Very Dissatisfied	12	55%	31	82%	7	64%	50	70%

***Includes Nursing Homes, Wound Care, Physical Therapy, and Rehabilitation.**
MS/SA: Mental health/substance abuse facility

Facility Survey: Assistance and Equipment

Special Assistance Availability	Dialysis		MH/SA		Other*		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
Sometimes a patient will require assistance getting in or out of the vehicle, or will need to be accompanied to your office. How often is the driver willing and able to provide this assistance?								
All Completed Surveys	20	100%	25	100%	9	100%	54	100%
Always/Usually	17	85%	15	38%	6	73%	38	58%
Sometimes/Rarely/Never	3	15%	10	62%	3	27%	16	42%

Proper Equipment Availability	Dialysis		MH/SA		Other*		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
When special accommodations are required, is the vehicle sent by LogistiCare properly equipped?								
All Completed Surveys	20	100%	25	100%	9	100%	54	100%
Always/Usually	17	85%	15	60%	6	67%	38	70%
Sometimes/Rarely/Never	3	15%	10	40%	3	33%	16	30%

***Includes Nursing Homes, Wound Care, Physical Therapy, and Rehabilitation.**
MS/SA: Mental health/substance abuse facility

Facility Survey: Cancelation and Rescheduling

Cancelation Process	Dialysis		MH/SA		Other*		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
When you have to cancel a patient's appointment, how satisfied are you with LogistiCare's cancelation process?								
All Completed Surveys	21	100%	36	100%	11	100%	68	100%
Satisfied/Very Satisfied	14	67%	25	69%	9	82%	48	71%
Dissatisfied/Very Dissatisfied	7	33%	11	31%	2	18%	20	29%

Rescheduling Process	Dialysis		MH/SA		Other*		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
When you have to reschedule a patient's appointment, how satisfied are you with LogistiCare's rescheduling process?								
All Completed Surveys	22	100%	36	100%	10	1005	68	100%
Satisfied/Very Satisfied	12	55%	21	58%	6	60%	39	57%
Dissatisfied/Very Dissatisfied	10	45%	15	42%	4	40%	29	43%

***Includes Nursing Homes, Wound Care, Physical Therapy, and Rehabilitation.**
MS/SA: Mental health/substance abuse facility

Facility Survey: Courtesy and Responsiveness

Courtesy and Professionalism	Dialysis		MH/SA		Other*		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
When you contact LogistiCare to schedule, reschedule, or cancel a trip, how would you rate the courtesy and professionalism of the person you spoke to?								
All Completed Surveys	22	100%	38	100%	11	100%	71	100%
Good/Excellent	14	64%	22	58%	4	36%	40	56%
Average/Poor	8	36%	16	42%	7	64%	31	44%

Response to Urgent Issues	Dialysis		MH/SA		Other*		Total	
	n	Percent	n	Percent	n	Percent	n	Percent
How would you rate LogistiCare's response in resolving urgent issues in a timely fashion?								
All Completed Surveys	20	100%	37	100%	8	100%	65	100%
Good/Excellent	7	35%	4	11%	0	0%	11	17%
Average/Poor	13	65%	33	89%	8	100%	54	83%

***Includes Nursing Homes, Wound Care, Physical Therapy, and Rehabilitation.**
MS/SA: Mental health/substance abuse facility

Conclusions – Facility Survey

- 59% satisfied with patient drop-off times
  - MH/SA: 41%, lowest satisfaction
  - Dialysis: 77%, highest satisfaction
- 30% satisfied with patient pick-up times
  - MH/SA: 18%, lowest
  - Dialysis: 45%, highest
- 58% driver always or usually provides assistance
  - MH/SA: 38%
  - Dialysis: 85%
- Courtesy and professionalism: 56% “Good” or “Excellent”
- Most common issue with the transportation program:
  - Late pick-ups: 49%
  - Late drop-offs: 32%

Corrective Actions

- Expansion of Preferred Provider program from Dialysis centers to include
  - Hospitals
  - Nursing Homes
- Contracted on call providers for hospital discharges
- Addition of 50 more call center employees in NJ
- On-line transportation booking for facilities
- One-on-one training for specialized providers with unique issues
- Pilot program for GPS tracking of providers to ensure accuracy and reduce excessive wait times for will call clients
- Currently investigating a Pay for Performance initiative
- Removal of Independent Clinic transport from the new contract

Informational Update:

NJ FamilyCare Expansion Enrollment

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Enrollment Statistics

March 2015 Enrollment Headlines

420,516 (32.7%) Net Increase Since Dec. 2013;

Includes 344,557 "Expansion" and 79,496 "Woodwork"

19.1% of NJ's Population is Enrolled in NJ Family Care

One year ago: 15.6%

92.4% of Individuals Enrolled in Managed Care

One year ago: 89.8% 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.

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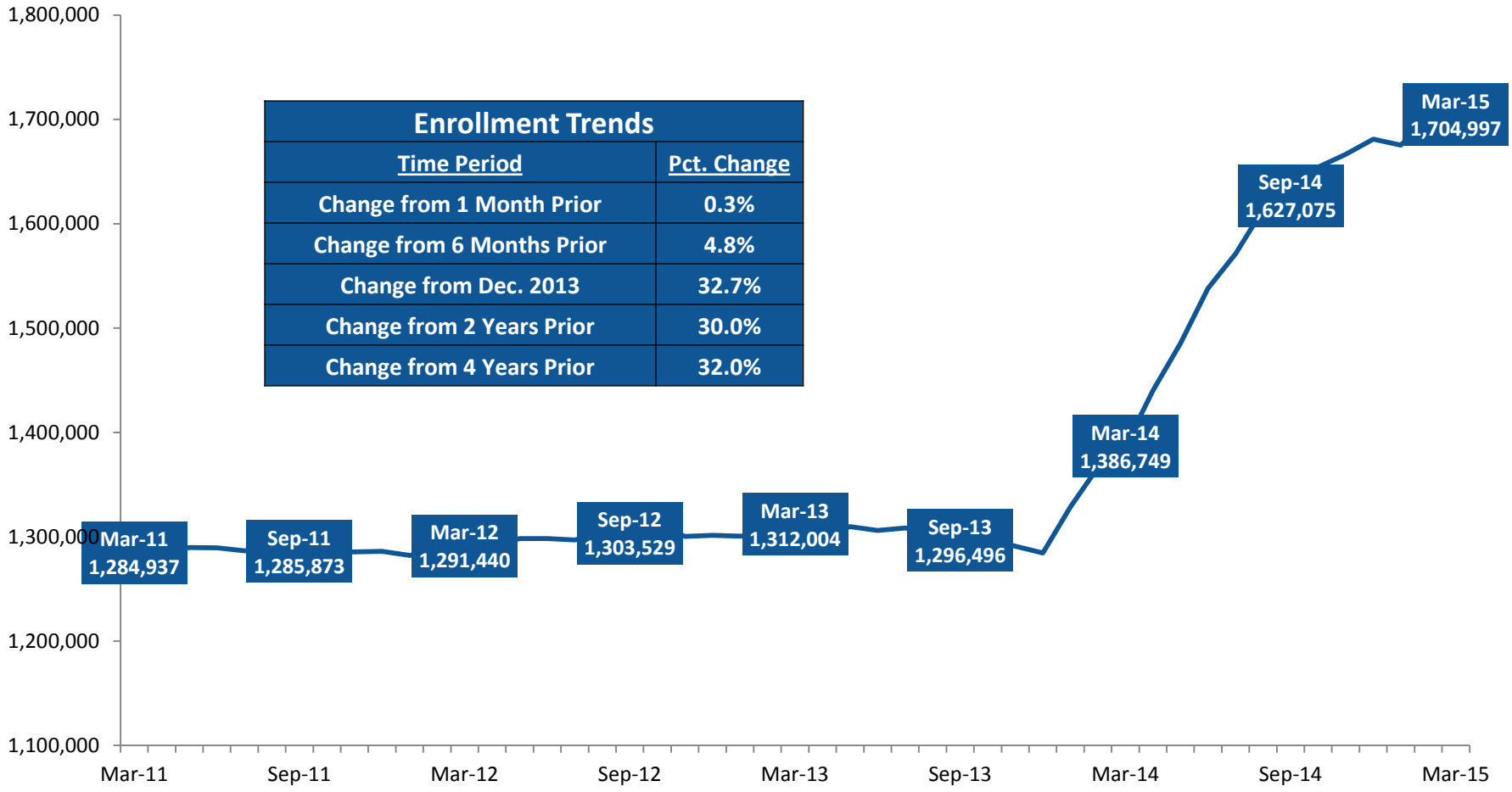
Overall Enrollment

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



Enrollment Trends	
Time Period	Pct. Change
Change from 1 Month Prior	0.3%
Change from 6 Months Prior	4.8%
Change from Dec. 2013	32.7%
Change from 2 Years Prior	30.0%
Change from 4 Years Prior	32.0%

Source: SDW MMX Snapshot Universe, accessed 3/24/15.

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

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Expansion Group Detail

Expansion Basics

Timeline

- Oct. 2013 – Applications Started
- Jan. 2014 – Expansion Population Benefits Started

Who's Eligible?

- All adults earning up to 133% of federal poverty level ($26,321 per year for a family of three)
- Those previously eligible also expected to enroll due to federal law's "individual mandate"

Who pays?

- Federal government pays 100% of expansion population's benefits through 2016
- Federal share slowly tapers to 90% by 2020

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Expansion Population Service Cost Detail

Expansion Group Fee-for-Service Claims and Managed Care Encounters

(Payments to Providers for Services Rendered, January-August 2014)

Claim Type	Claim Count	Paid Amount
Inpatient Hospital	40,855	$275,605,886
Outpatient Hospital	2,391,299	$263,326,309
Physician and Professional Services	6,385,652	$208,481,231
Pharmacy	3,425,606	$194,830,279
Dental Services	924,985	$54,112,435
Transportation	558,849	$10,137,316
Home Health Services	12,365	$1,265,408
Long Term Care	292	$874,719
Vision Services	137,739	$811,867
Crossover Claims for Dual Eligibles	5,773	$376,243
Total Service Payments		$1,009,821,694
Average Enrollment		339,768

Source: NJ DMAHS Share Data Warehouse fee-for-service claim and managed care encounter information accessed 3/12/15

Notes: The information includes all fee-for-service claims and managed care encounters paid through 3/12/2015 for services provided in January through August 2014; based on historic trends, this represents approximately 90% of all fee-for-service claims and managed care encounters for this period.

- Capitation payments to NJ FamilyCare managed care organizations, "subcapitation" payments made to entities subcontracting with NJ FamilyCare managed care organization for various services, and stand-alone "Media Code 7" lump sum payments to managed care organizations are not included.
- Encounters and enrollment for WellCare Health Plans of New Jersey are not included due to incomplete encounter information.
- Only paid claims and encounters are included; transactions that are paid at $0.00 are not shown
- In additional to traditional "physician services" claims, "Professional Services" includes orthotics, prosthetics, independent clinics, supplies, durable medical equipment, hearing aids and EPSDT, laboratory, chiropractor, podiatry, optometry, psychology, nurse practitioner, and nurse midwifery services.

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Application Processing

Xerox contract extension; staff augmentation

Renewals are staggered

SNAP match; more than 7,000 enrollments

Federal Data hub connectivity via Salesforce

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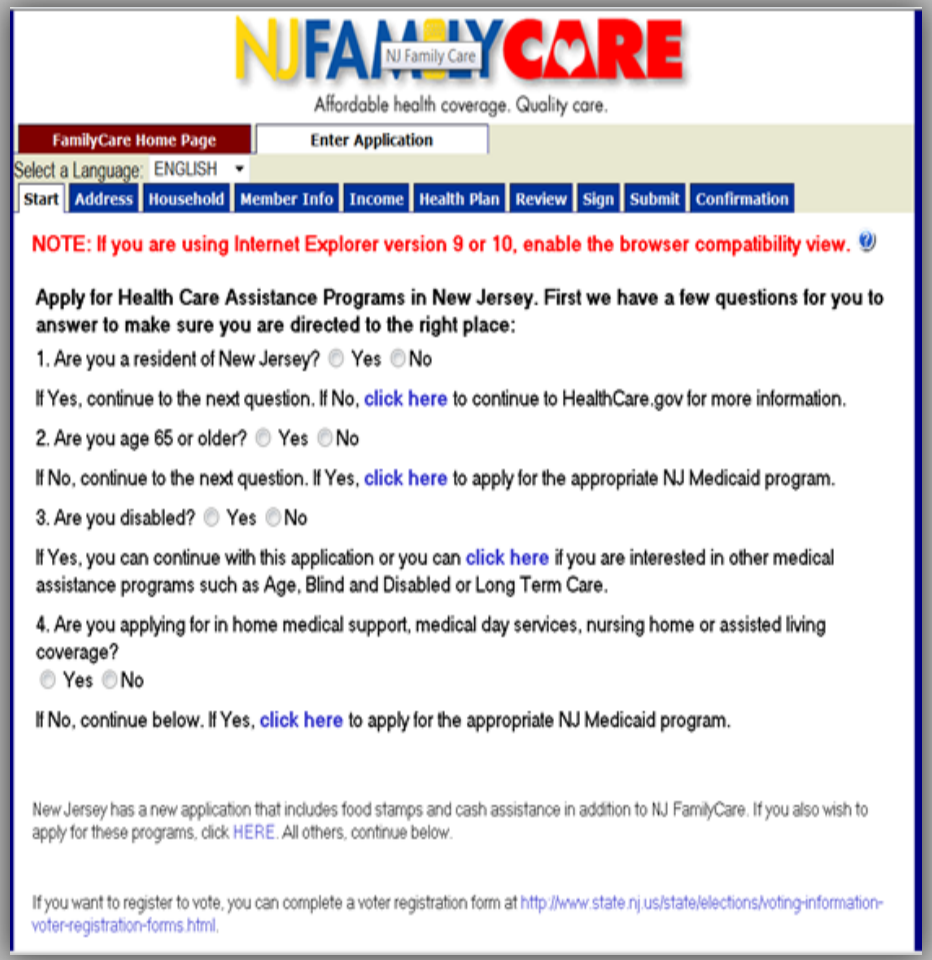
NJ FamilyCare Online Application Screenshot

- **Individuals/households complete an online application and click "submit the application"**
- **Application is available in electronic queue for Xerox or County staff to process**



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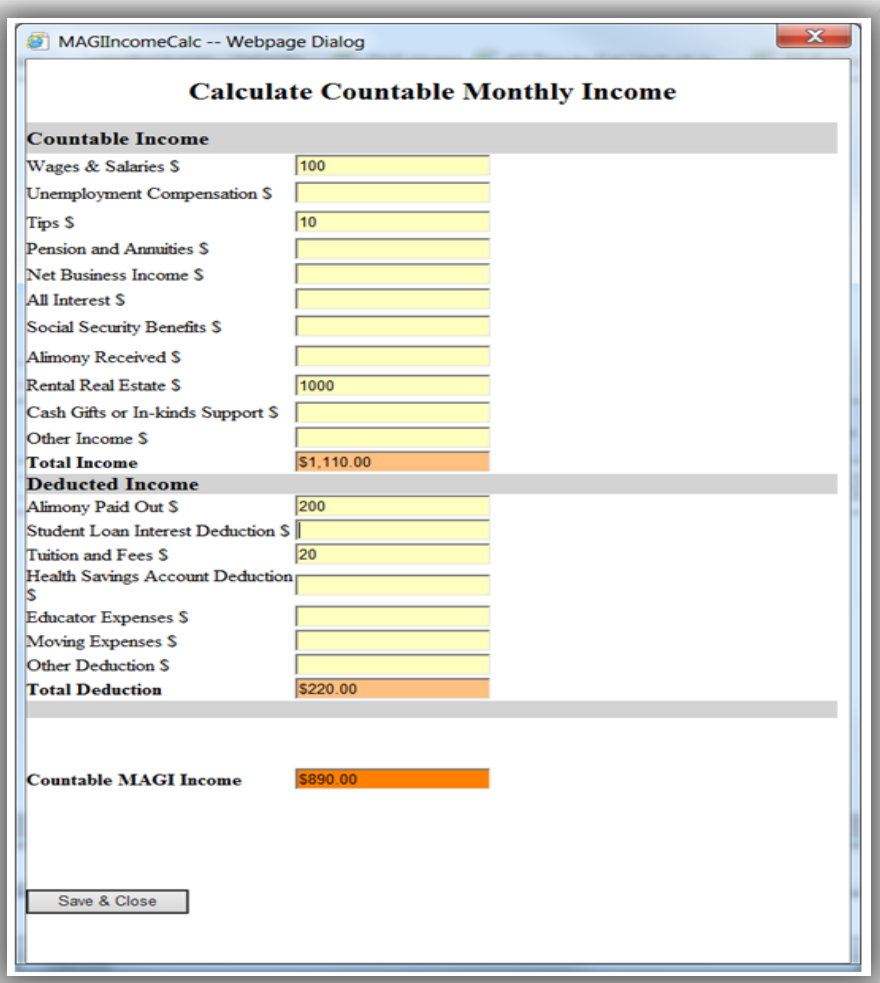
“MAGI in the Cloud” Screenshot

- **Income is verified by Xerox or County staff using existing income verification tools (WAGES, DABS, LOOPS)**
- **Upon verification, the application is sent to an automated MAGI calculator (“MAGI in the cloud”) for an income eligibility decision**



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NJ FamilyCare Renewals

12/31/14:

Renewal Waiver Expiration

All cases without a MAGI-based eligibility determination to receive one within 18 months of original renewal date

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Renewal Process Improvements

- Administrative household renewal when income can be verified electronically
- Health Benefits Coordinator staff augmentation
- Multiple renewal options: online, phone, mail or in-person
- Authority to use SNAP and TANF renewals for the Medicaid case
- Single state agency authority – no longer requiring state sign-off of Plan A cases

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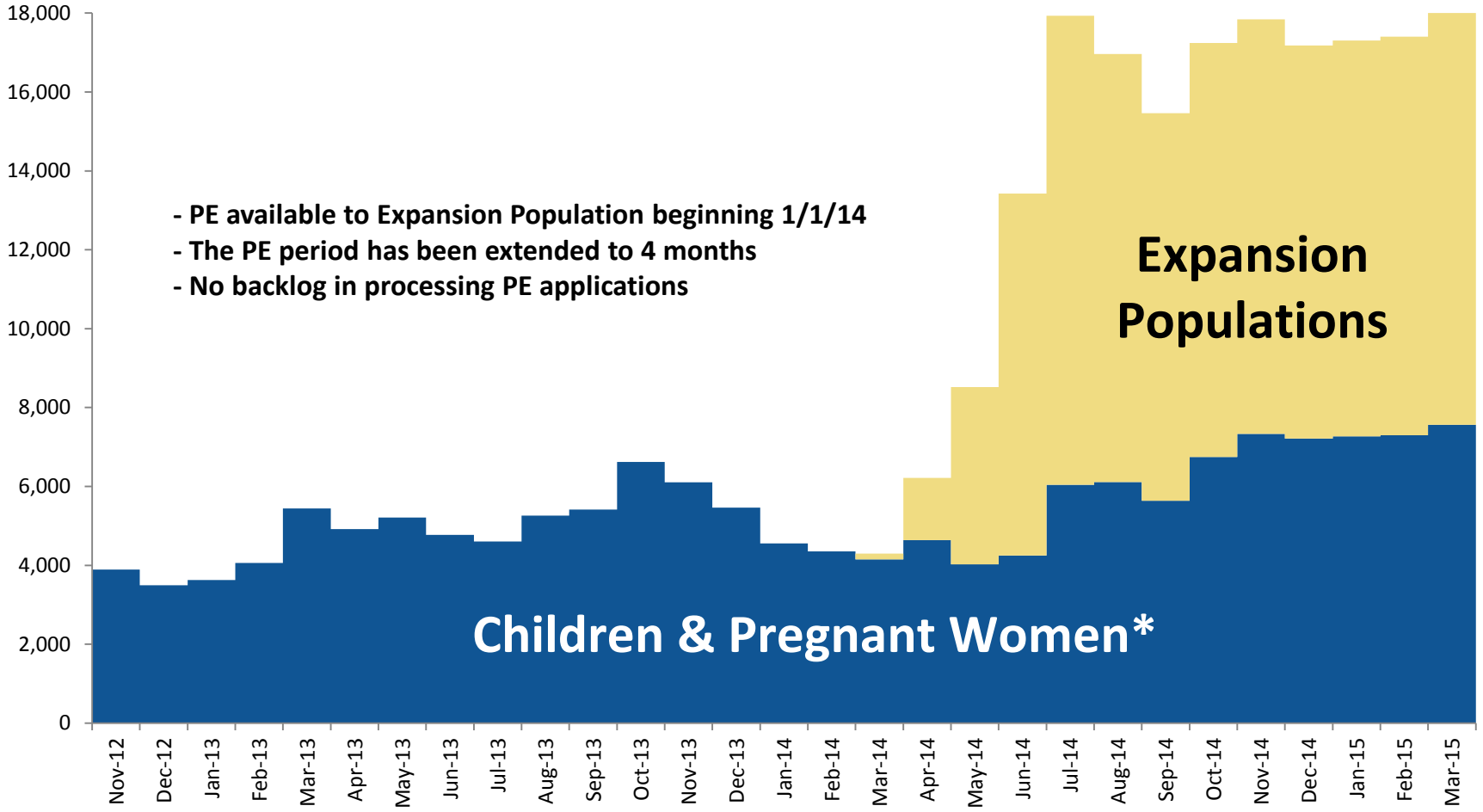
Presumptive Eligibility Enrollment



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, accessed 3/24/15.
Notes: Presumptive eligibility includes all those in the NJ FamilyCare Public Statistical Report with County of Supervision 25 or a PSC 390 (Pregnant Women)
"Expansion Populations" include the "ABP Parent Up To 133% FPL" and "Other Adult Up To 133% FPL" categories of the NJ FamilyCare Public Statistical Report
"Children & Pregnant Women" include all children's eligibility categories, disabled children , and pregnant women across all eligibility categories. * Also includes recipients determined eligible under N.J.A.C. 10:72-8.4 (Breast and Cervical Cancer Prevention and Treatment Act).

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Managed Long Term Services and Supports (MLTSS)

Presentation to the Medical Assistance Advisory Council

April 13, 2015

Presentation by Lowell Arye
Deputy Commissioner
Department of Human Services

TOPICS

MLTSS Update including Dashboard

Balancing Incentive Program (BIP)

HCBS Settings Rule: State Transition Plan

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March 2015 MLTSS Headlines

32.7% of the NJ FamilyCare LTC Population is in Home and Community Based Services (Highest to Date)

Nursing Facility Population Has Decreased by Over 1,500 Since June 2014

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Long Term Care Recipients Summary – March 2015

Total Long Term Care Recipients*	**39,631**
Managed Long Term Support & Services (MLTSS)	**13,933**
MLTSS HCBS	9,066
MLTSS Assisted Living	2,940
MLTSS HCBS/AL (unable to differentiate)	48
MLTSS NF	1,862
MLTSS Upper SNF	5
MLTSS Lower SNF	12
Fee For Service (FFS/Managed Care Exemption)	**25,698**
FFS pending MLTSS (SPC 60-64)	388
FFS Nursing Facility (SPC 65)	20,285
FFS SCNF Upper (SPC 66)	262
FFS SCNF Lower (SPC 67)	190
FFS NF – Other (Feb 2015**)	3,740
PACE	833

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 4/2/15

Notes: Information shown includes any person who was considered LTC at any point in a given month, based on CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, Program Status Codes 170, 180, 340-370, 570 & 580, or MC Plan Codes 220-223 (PACE). Does not include retroactive classification. * Additional "NF FFS – Medically Needy" & "NF FFS – Other" recipients not included in this count due to claims lag. Claims Lag Details: data represents 90.76% of all claims and encounters (based on historic trend). ** Medically Needy (PSC 170,180,270,280,340,350,360,370,570&580) recipients residing in nursing facilities are not part of MLTSS SPC's 60-67. MN & 'Other' data not available for Jan 2015 yet due to claims lag.

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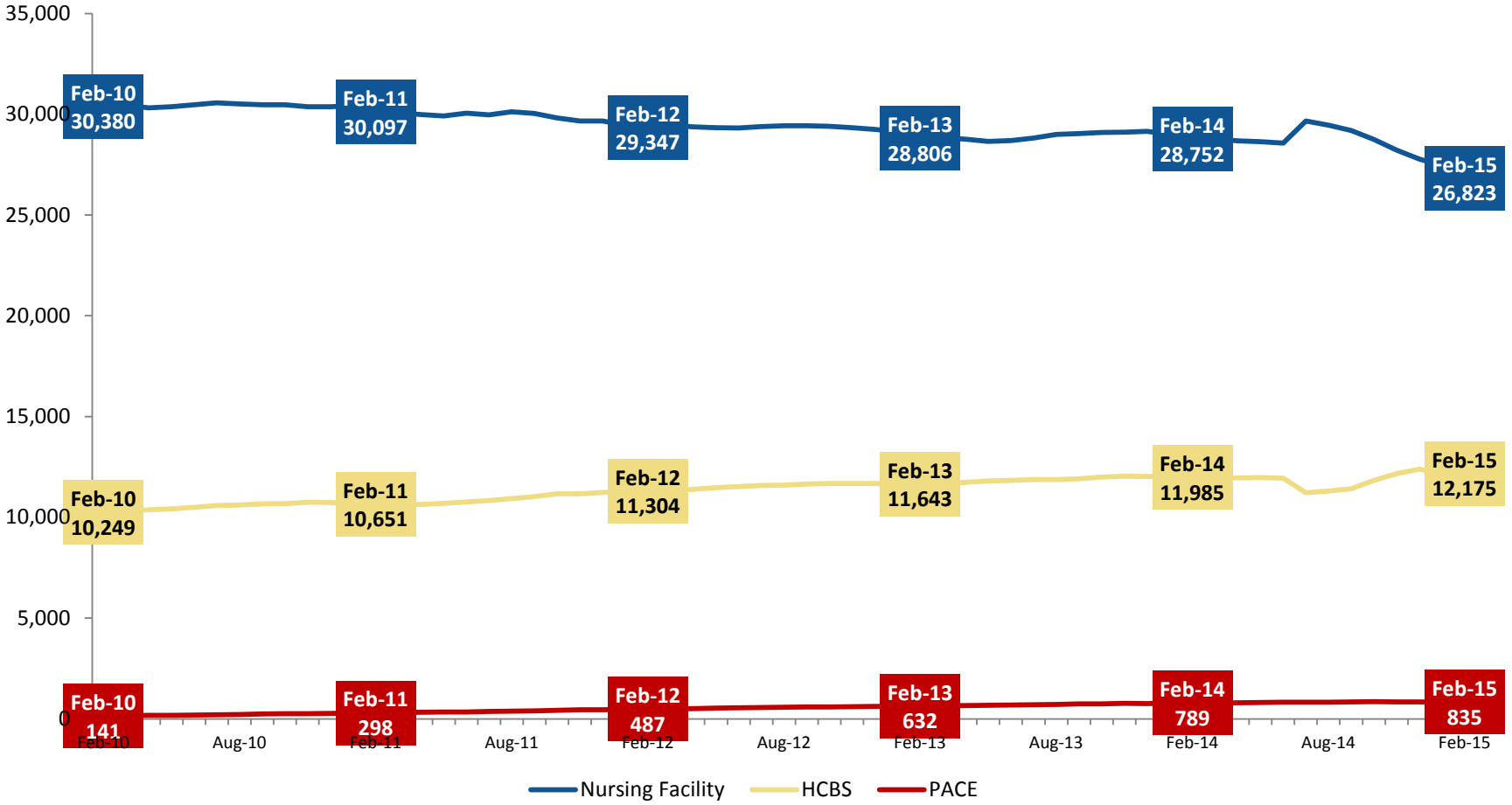
Long Term Care Population by Setting



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 4/2/2015.

Notes: Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60/62 OR CAP Code 79399/89399, but without a COS code 07. Nursing Facility (NF) Population is defined as recipients with a SPC 61, 63, 64, 65, 66 or 67 OR a SPC 60 or 62 and a COS code 07 OR CAP Code 78199/88199/78399/88399/78499/88499 OR a COS 07 without a SPC 60-67 (Medically Needy). All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC or COS. NF count uses a completion factor applied to the COS 07 count and the Medically Needy counts, to account for claims lag. Data also has 1 month lag due to claims lag.

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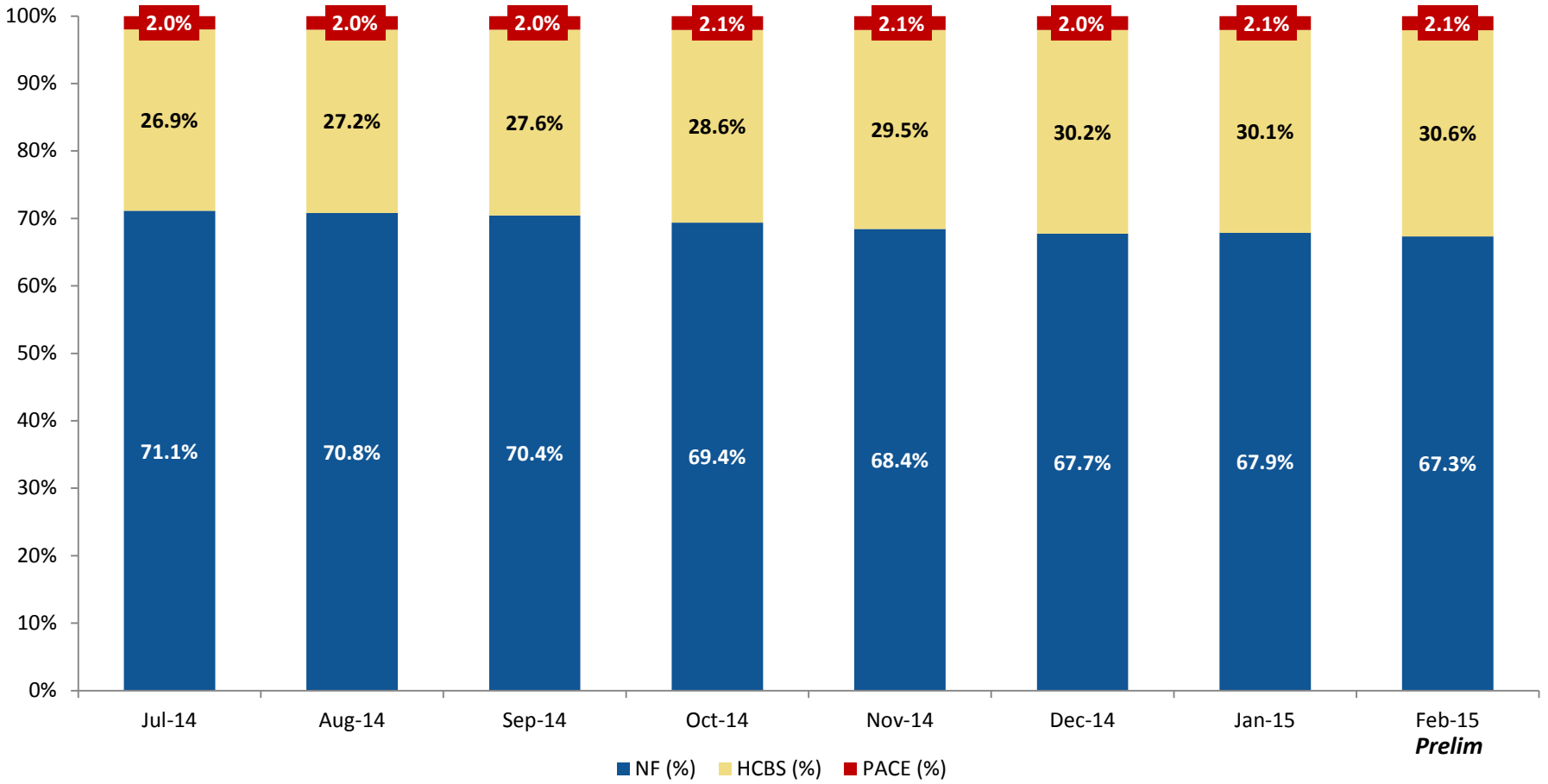
Percent of LTC Population in NF vs HCBS vs PACE



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 4/2/2015.

Notes: Home & Community Based Services (HCBS) Population is defined as recipients with a special program code (SPC) of 60/62 OR CAP Code 79399/89399, but without a COS code 07. Nursing Facility (NF) Population is defined as recipients with a SPC 61, 63, 64, 65, 66 or 67 OR a SPC 60 or 62 and a COS code 07 OR CAP Code 78199/88199/78399/88399/78499/88499 OR a COS 07 without a SPC 60-67 (Medically Needy). All recipients with PACE plan codes (220-229) are categorized as PACE regardless of SPC or COS. NF count uses a completion factor applied to the COS 07 count and the Medically Needy counts, to account for claims lag. Data also has 1 month lag due to claims lag. Rounding to one decimal place makes some months add to 100.1.

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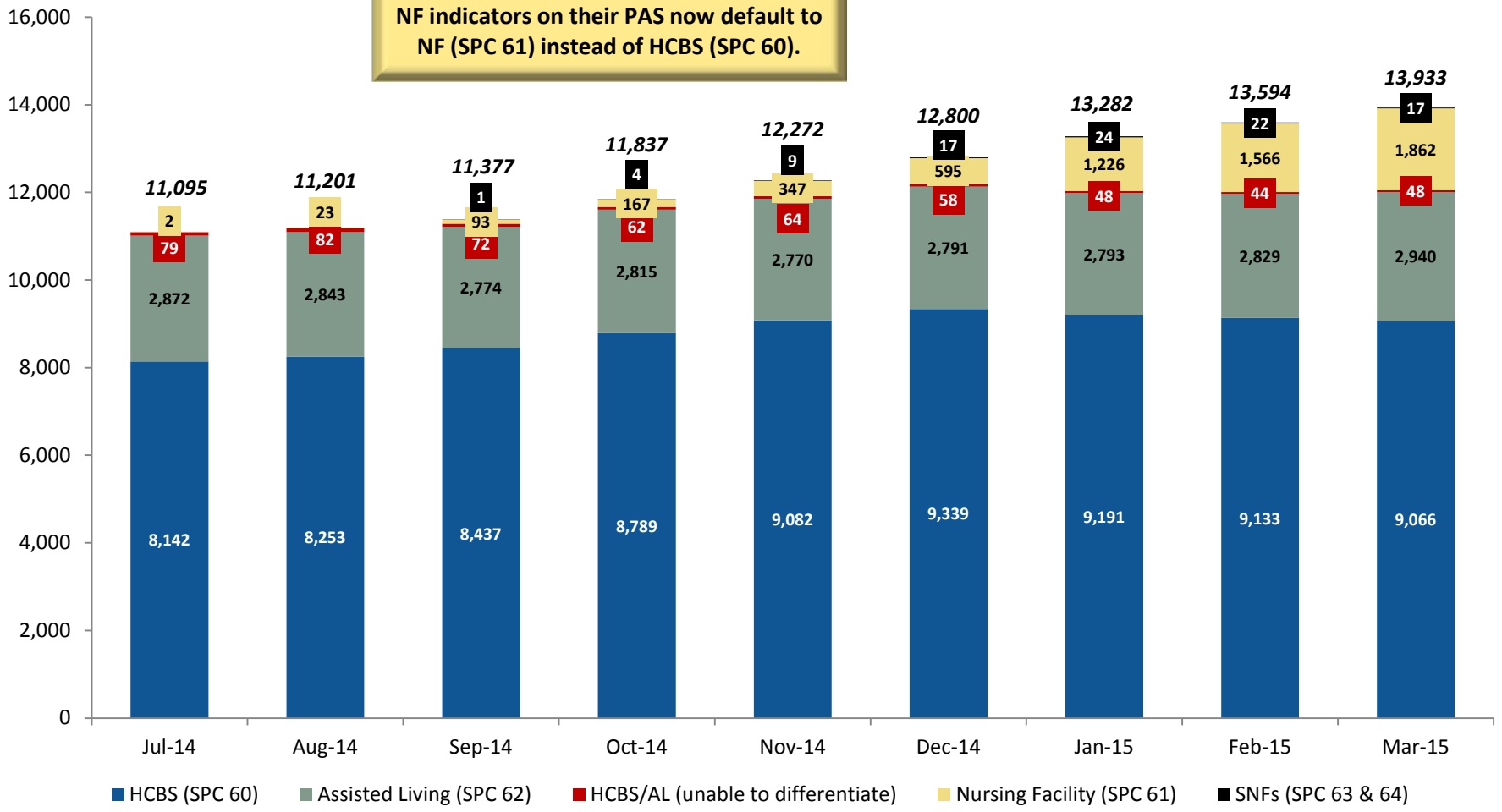
MLTSS Population by Setting

January 2015: New MLTSS recipients with NF indicators on their PAS now default to NF (SPC 61) instead of HCBS (SPC 60).



Sources: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 4/2/15.

Notes: Recipient counts include all recipients eligible on any day of the given month. Includes all recipients coded as MLTSS (CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499, 88499) at any point in the given month. NF = Nursing Facility; SNF = Skilled Nursing Facility Upper & Lower.

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MLTSS Migration

MONTH	August	September	October	November	December	January	February
MLTSS Enrollment (at start of month)	11,201	11,377	11,837	12,272	12,800	13,282	13,594
No Longer Enrolled in the Subsequent Month	-136	-143	-155	-183	-196	-252	-265
Left MLTSS (Not coded as SPC 60-64 in the subsequent month)	-66	-64	-45	+64	-89	-85	-64
Migrated into MLTSS (Recipient is in ABD Eligibility Category)	+352	+635	+603	+734	+733	+612	+643
Migrated into MLTSS (Recipient is in a Non-ABD Eligibility Category)	+6	+14	+14	+29	+19	+28	+18
Migrated into MLTSS from FFS NF (Special Program Codes 65-67)	+20	+17	+18	+12	+15	+5	+7
New to NJ FamilyCare (Not enrolled in Prior Month)	+0	+1	+0	+0	+0	+4	+0
Subsequent Month's Total MLTSS Population	11,377	11,837	12,272	12,800	13,282	13,594	13,933

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 4/2/2015.
Notes: Base numbers include any person who was considered MLTSS at any point in a given month, based on CAP codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 and 88499.

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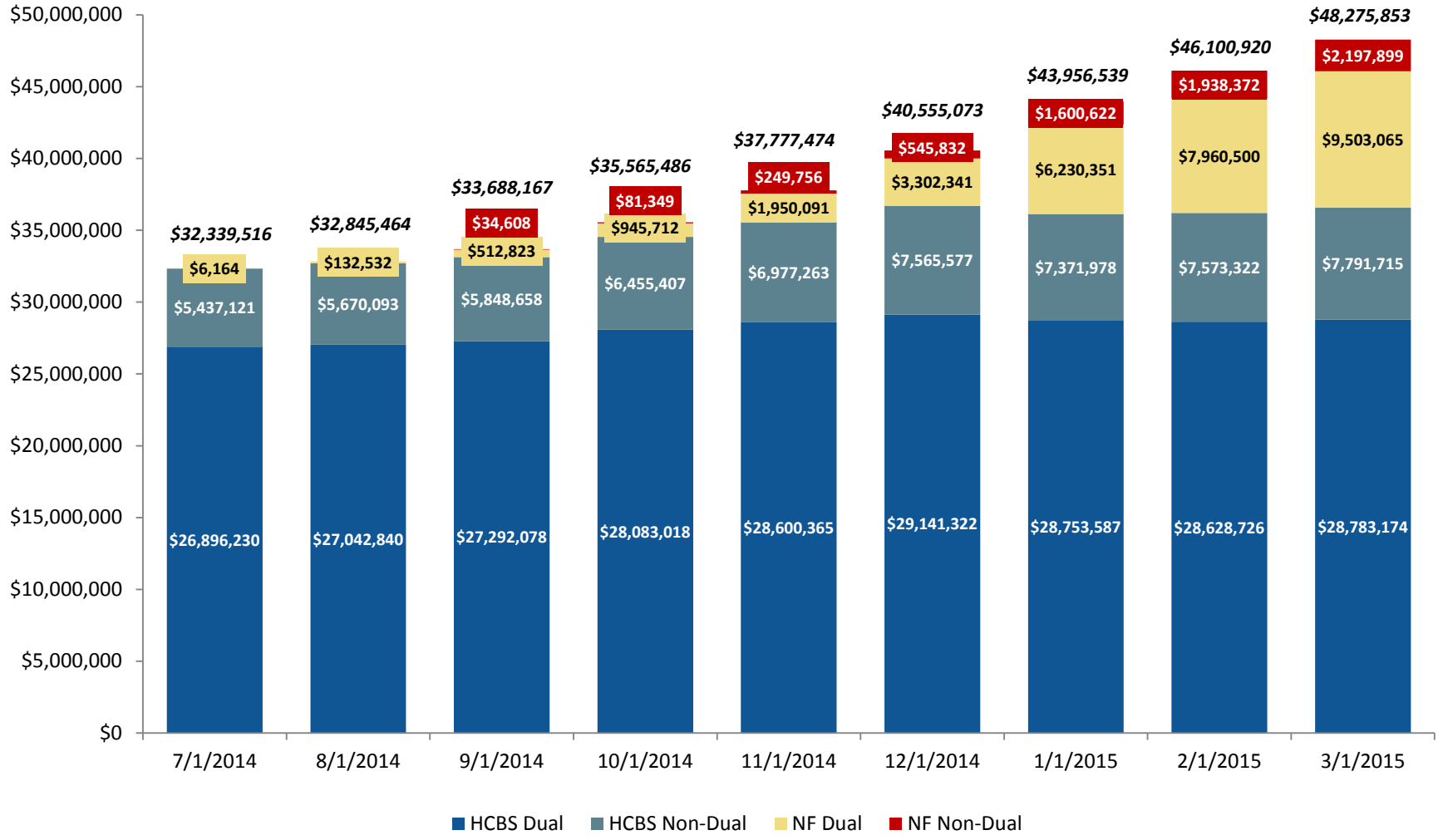
MLTSS Capitations



Sources: DMAHS Shared Data Warehouse Claims Universe, Accessed 3/26/15.

Notes: Sum claim payment amount is shown by service date month.
Dollar amount shown is a net of all capitation payments made to MLTSS capitation codes: 78199, 78399, 78499, 79399, 88199, 88399, 88499 & 89399.

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Balancing Incentive Program (BIP)

Status Update as of 12/31/14:

- NJ has earned $70.2M in increased FMAP funding.
- NJ anticipates earning $110M in BIP funding through September 30, 2015.
- HCBS expenditures now comprise 46.1% of NJ's spending on long term services and supports. (In 12/31/13, NJ's spending on HCBS expenditures was at 38.48%.)

HCBS Settings Rule

- Public comment period for NJ's draft Statewide Transition Plan (STP) closed on 2/27/15.
- Over 1,000 public comments received.
- DHS requested an extension from the Centers for Medicare & Medicaid Services (CMS).
- Extension necessary to catalogue comments and incorporate revisions so that the STP can fully and fairly represent the interests and concerns of the people most impacted.

Informational Update:

National Core Indicators – Aging and Disabilities Initiative (NCI-AD)

NCI - AD

- Collaborative effort between National Association of States United for Aging and Disabilities (NASUAD), Human Services Research Institute (HSRI), and interested States.
- Initiative designed to support states' interest in assessing the performance of their long-term services and supports programs.
- In-person surveys to a sampling of recipients of long-term services and supports.
- Survey period for 1st year is June 1st – Sept. 2015.

Benefits of NCI - AD

- Focuses on how individuals experience services and how they impact their quality of life.
- Focuses on performance of state LTSS systems instead of specific services.
- Provides data on LTSS regardless of funding source (Medicaid, PACE, Older Americans Act).
- Gathers information directly from randomly-selected individuals through face-to-face interviews.

Benefits of NCI - AD

- May be used to evaluate MCO and quality of services in managed LTSS.
- May be used as one of the state's methods to ensure compliance with the HCBS Settings rule.
- Allows for state-to-state, regional, and cross agency/service comparisons.
- Timely and actionable – states see their results within 12-months of survey/data collection.
- Provides baseline data and data over time.

New Jersey's NCI – AD Initiative

- 1st year survey period: June 1- Sept. 2015
- 700 completed surveys:
  - MLTSS/HCBS (4-MCOs);
  - Nursing Home (FFS);
  - PACE; and
  - Older Americans Act (Cluster 1)
- Surveys conducted by State staff and ADRC staff trained by NCI-AD (May 2015).
- HSRI will provide State with draft report in Dec. 2015.
- http://www.nasuad.org/initiatives/national-core-indicators-aging-and-disabilities

Informational Update:

Behavioral Health Home State Plan Amendment and the Interim Managing Entity

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Behavioral Health Home (BHH) State Plan Amendment (SPA)

- The Behavioral Health Home (BHH) State Plan Amendment (SPA) for adults and children was submitted to CMS in July 2014 for Bergen County and in October 2014 for Mercer County.
- The Bergen County Adult and Children's SPA was approved by CMs.
- Currently this BHH SPA is in review with CMS for Mercer County

Behavioral Health Home SPA

There are two separate BHH SPAs for Bergen County, one for children and one for adults.

- The adult SPA is targeted to serve individuals with Serious Mental Illness *and* high service utilization
- The Children's BHH SPA is targeted to serve children who are in the CMO and have a chronic medical illness.

Behavioral Health Home SPA

The plan for future BHHs is to roll out the service county by county

- Bergen – 3rd quarter of calendar year 2014
- Mercer – 4th quarter of calendar year 2014
- Adult and children SPAs will be submitted jointly
- DMHAS and DMAHS will measure outcomes and impact on costs
- Other counties to follow as state appropriations are made available.

Quality Measures/Outcomes for Behavioral Health Homes

- The goal of health homes is to reduce hospital admissions, reduce ER visits, and reduce skilled nursing facility stays.

- Each provider is responsible for tracking outcomes and reporting same to DHS/DMHAS, DHS/DMAHS and DCF/CSOC

Quality Measures/Outcomes for Behavioral Health Homes

- DHS/DMHAS, DHS/DMAHS and DCF/CSOC will monitor the CMS required and additional measures that include:
  - Adult BMI (18 and over)
  - High blood pressure control
  - Initiation of AOD treatment
  - Care transition
  - Ambulatory care admission
  - Plan for all cause admissions
  - Follow up after hospitalization for mental illness, and screening for clinical depression.

- DHS/DMHAS, DHS/DMAHS and DCF/CSOC will also monitor tobacco use with an anticipated goal of a reduction in smoking among the BHH service recipients.

Collection of Data

- The State will report to CMS data on these measures annually.
- The Providers will report data on these measures to the State every six months
- Some required data elements will be collected from Medicaid encounter data
- Other data elements will require reporting to state from BHH electronic health record
- All data will be collected and analyzed by the state for reporting to CMS

Interim Managing Entity (IME)

Background

- Based on Administrative Services Organization (ASO)
  - Planning for the ASO began FY 2012
  - Part of the Medicaid Comprehensive Waiver
  - Need to manage the Medicaid benefit for behavioral health similar to the physical health benefit
    - Limited resources
    - High demand
    - Improve access
  - Joint project of NJ FamilyCare and DMHAS

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Interim Management

- The IME is a step toward management of the entire system
- Will include only addictions treatment services at roll out
  - Increase in provider and client enrollment in Medicaid due to Medicaid Expansion
  - Expanded SUD treatment benefit in the ABP
- Community Support Services will be added in January 2016

Scope

- DHS will partner with and fund Rutgers University Behavioral Health Care (UBHC) as an IME to manage state, block grant and NJ FamilyCare funds in addiction services with a projected start date of July 1, 2015
  - This is the first phase of managing adult behavioral health services
- UBHC is a non-risk bearing entity and the state will retain FFS reimbursement processes
- Ability to improve rates with a managed system
- UBHC will manage addiction treatment services provided by agencies that are licensed by DHS, contracted with DMHAS, and enrolled in NJFamilyCare

Scope- UBHC

- Why UBHC?
  - State clinical academic entity – Clinical provider
  - Years of successful experience managing care
  - Sophisticated technology infrastructure – ability to start quickly with minimal investment
  - Strong knowledge of state resources
  - Ease of procurement with another state entity

Accessing Care

- Two ways to enter treatment:
  - UBHC will perform telephone screening and refer to a provider for full assessment when indicated
  - Provider does screening

- The assessment will drive a treatment recommendation which will then be reviewed by the IME for an authorization determination

Accessing Care

- Provide an excellent consumer experience
- Utilization Management will be performed by addiction trained clinicians
- Care coordinators will be available to help remove barriers to treatment
- All processes will be designed to minimize red tape and administrative cost
- Continue to use NJSAMS
- Agencies will be required to update an on-line list of treatment availability in order to get referrals
  - Streamline process for referrals
  - Maximize capacity
  - Will seek input into this process

Authorizations for Payment

- IME treatment authorizations will direct permit FFS payments in NJ MMIS or the State funds fiscal agent
- Reauthorizations will be necessary to continue treatment beyond prior authorized lengths of stay
- Payments will continue from current sources for both Medicaid and non-Medicaid claims

Benefits of an IME

- Care coordinators will work to remove barriers to treatment and assist clients in moving to other levels of care
- Centralization of access maximizes the impact of available resources
- Using a managing entity creates a more organized and coherent system of care
- IME will help ensure the right treatment to the right person for the right length of time

Communications

- DMHAS Website
- Question/Comment Mailbox: MBHOinput@dhs.state.nj.us
- Addictions Professional Advisory Committee and invited guests
- On-line procedure manual hosted by UBHC
- Training and information sessions run by UBHC and DMHAS