

Informational Update:

Behavioral Health

Managed Behavioral Health Goals

- Integrate physical and behavioral health services
- Develop innovative delivery systems
- Reduce institutional placements
- Provider opportunities for rate rebalancing
- Increase focus on children, individuals needing substance abuse services and beneficiaries with developmental disabilities.

Behavioral Health and Managed Care

- There is no longer an RFP for an ASO
- DHS is completing an analysis of fiscal and utilization data to inform the decision to manage behavioral health care
- Some options being considered for management of behavioral health services are:
 - a separate managed behavioral health care organization (MBHO)
 - a carve-in of behavioral health services into current Medicaid MCOs.

Interim Management Overview

- Announced in January 2015 at Governor's budget address
- A step toward management of the entire behavioral health system
- Will include only addictions treatment services at roll out
- Working with UBHC as an IME to manage state, block grant and NJ FamilyCare funds in addiction services with a start date of July 1, 2015
- Provider network for the IME includes agencies that are licensed by DHS, contracted with DMHAS, and enrolled in NJFamilyCare

Interim Management Entity

- 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
 - Ability to increase some rates

Addiction Services Interim Managing Entity (IME)



➤ Coordinated Point of Entry for individuals seeking substance abuse disorders treatment

➤ Remove Barriers to Treatment

➤ The Right treatment to the Right person for the Right amount of time

Phases 1 -7/1/15

- In July 2015 DMHAS, NJ FamilyCare, and UBHC will launch Phase I.
 - Phase I will include 24/7 availability for callers, screening, referral, and care coordination and will provide limited utilization management activities.
 - Medicaid rates will be increased to match the current state rates for some outpatient and opiate treatment services.
 - Phase I will also include the requirement for prior authorizations of client assessments for state and federal block grant funds.
 - Phase I will introduce changes to NJSAMS, this includes changes in the DASIE, the addition of screening tools, a notes module and a mandatory DSM module.

Phases 2 -1/1/16

- Phase II will be launched in January 2016
 - The IME will use ASAM criteria to approve treatment placements and continuing care stays for individuals being served through IME managed state initiatives and Medicaid covered services and providers.
 - The specifics of Phase II will be available for stakeholders in the fall of 2015.

Scope- Rates

- 2016 interim rate change for some services
 - Outpatient and methadone treatment Medicaid rates to be increased to the state fee-for-service rates (mental health outpatient rates will be increased also)
- Other substance abuse treatment rates to remain the same
- Rate changes resulting from the Myers & Stauffer rate study are not included in this interim step

In Preparation:

- UBHC staff are being trained about Medicaid and State only funded services management.
- SUD providers are being trained on the IME process
- UBHC will be going through a Readiness Review Assessment completed by DHS staff.

Provider Network

- The State will hold the provider network
- The provider network consists of current Medicaid and State only funded SUD providers
- Providers are to sign an Affiliation Agreement with UBHC and the Division of Mental Health and Addiction services
- UBHC will be providing a service capacity system that will be updated by providers to have current information about vacancies and service availability.

More information...

- DMHAS Website
- Question/Comment Mailbox:
MBHOinput@dhs.state.nj.us
- IME Number effective 7/1/15: **1-844-276-2777**

Informational Update:

NJ FamilyCare Expansion Enrollment

May 2015 Enrollment Headlines

476,589 (37.1%) Net Increase Since Dec. 2013;
382,746 Expansion + 97,380 Woodwork

Monthly Enrollment Increase Stabilizing

2.9% avg. increase January – August 2014

1.0% avg. increase September 2014 – May 2015

19.7% of NJ's Population is Enrolled in NJ Family Care

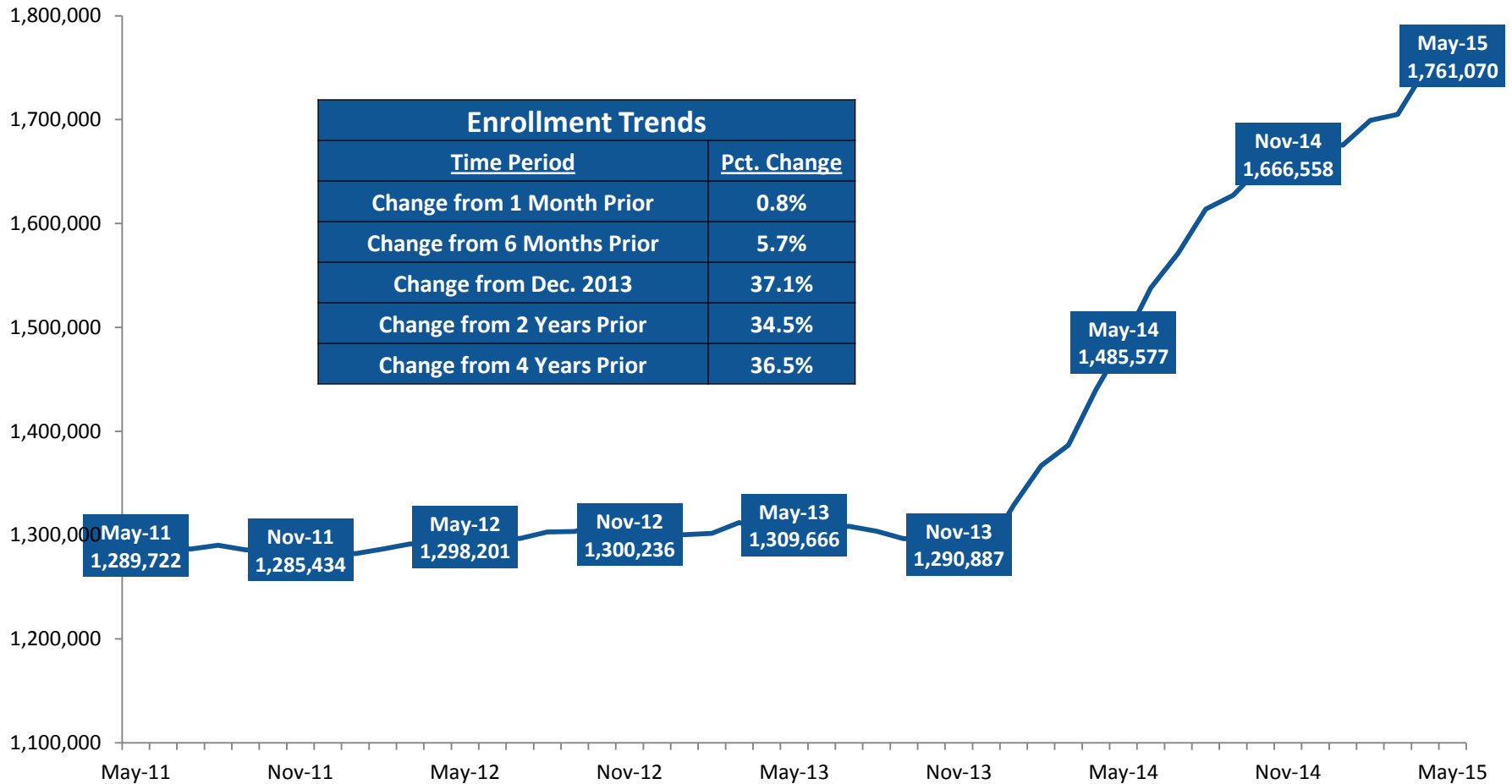
16.6% enrolled one year ago

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.

Overall Enrollment

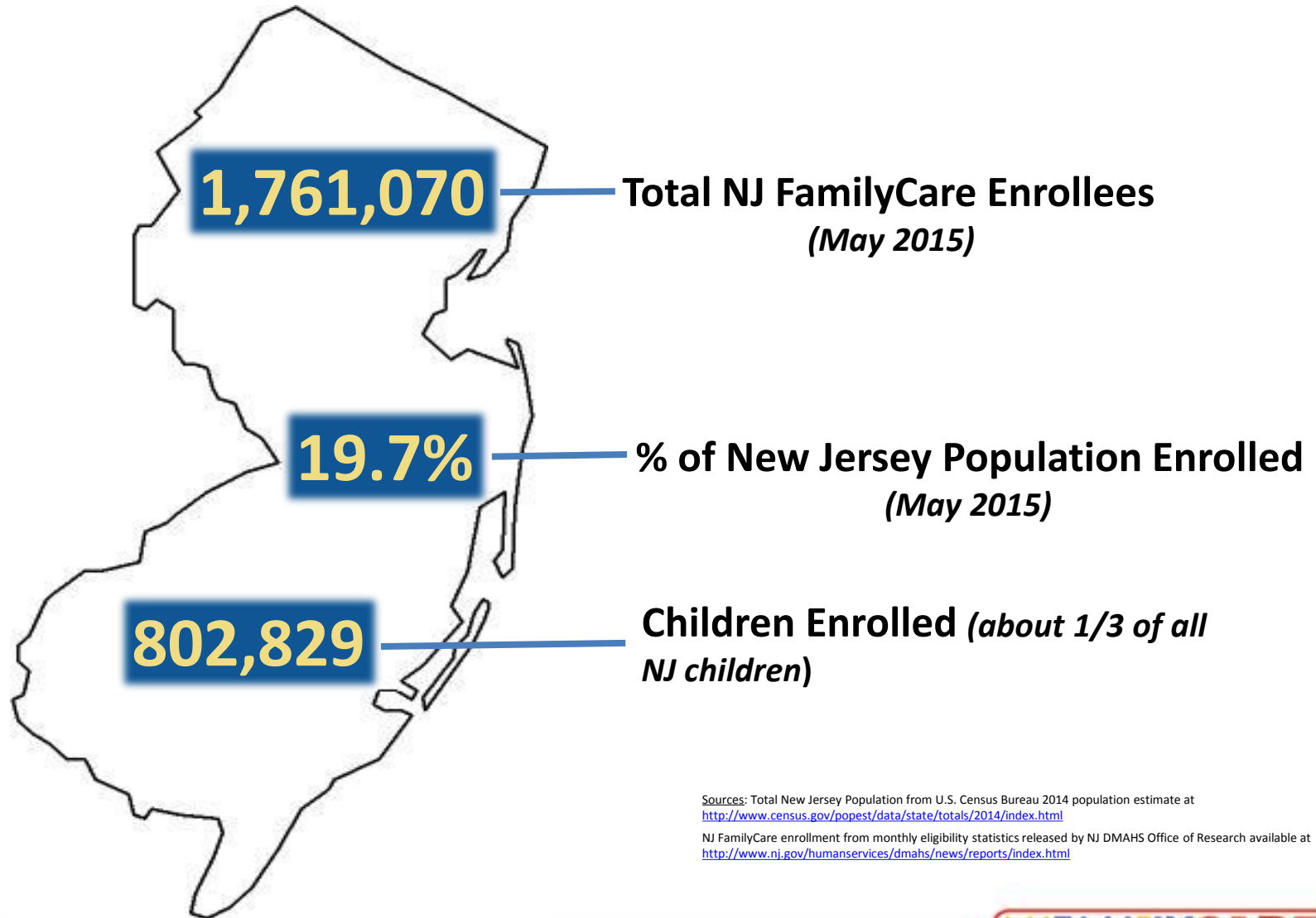
Total NJ FamilyCare Recipients, May 2011 – May 2015



Source: SDW MMX Snapshot Universe, accessed 6/1/15.

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

NJ Total Population: 8,938,175

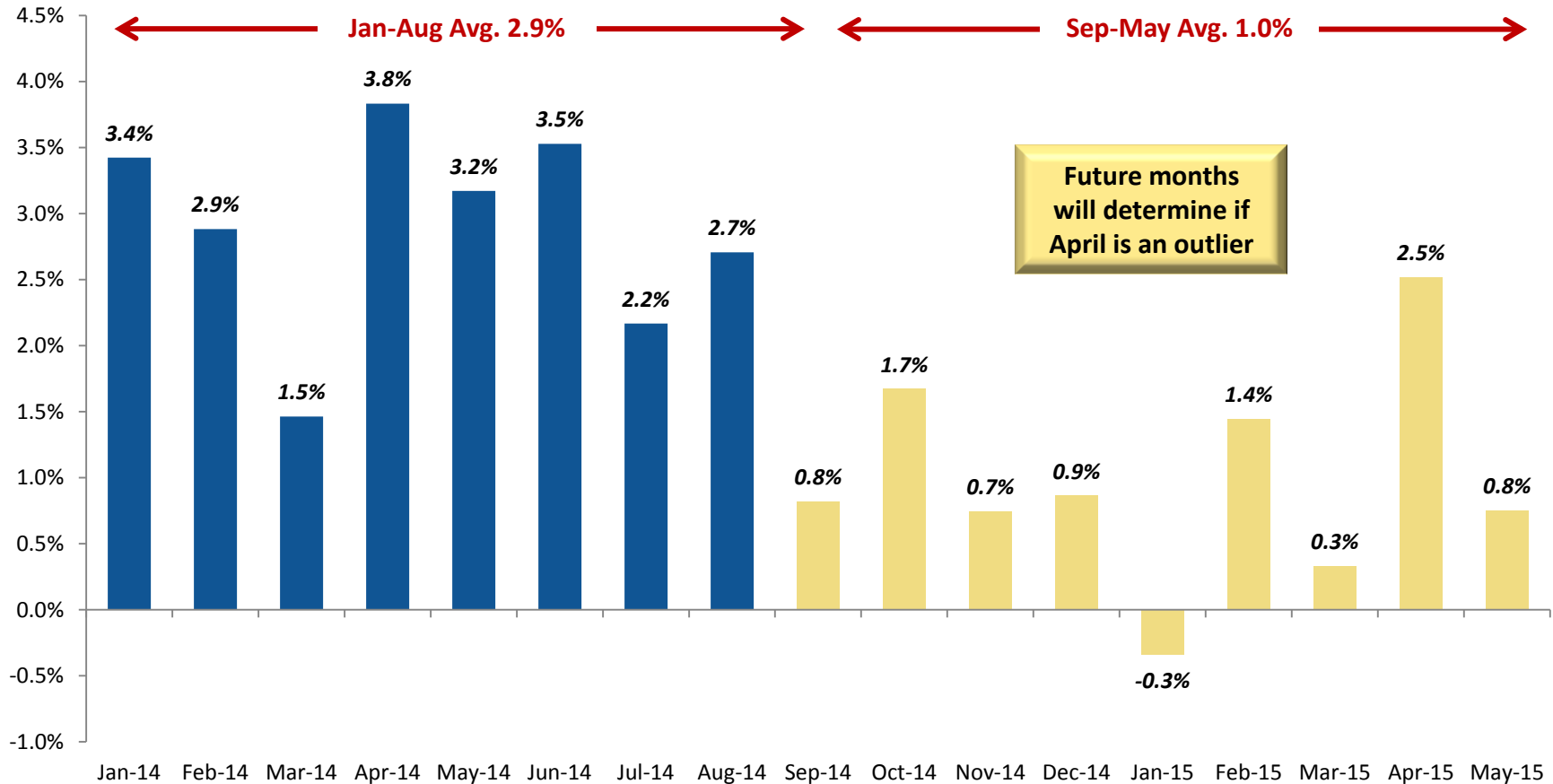


Sources: Total New Jersey Population from U.S. Census Bureau 2014 population estimate at <http://www.census.gov/popest/data/state/totals/2014/index.html>

NJ FamilyCare enrollment from monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>

Monthly Enrollment Increase Stabilizing

1-Month Enrollment Percentage Change



Source: SDW MMX Snapshot Universe, accessed 6/1/15.

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

Expansion Basics

Timeline

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

Who's Eligible?

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

Who pays?

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

Expansion Population Service Cost Detail

Expansion Group Fee-for-Service Claims and Managed Care Encounters (Payments to Providers for Services Rendered, January-October 2014)

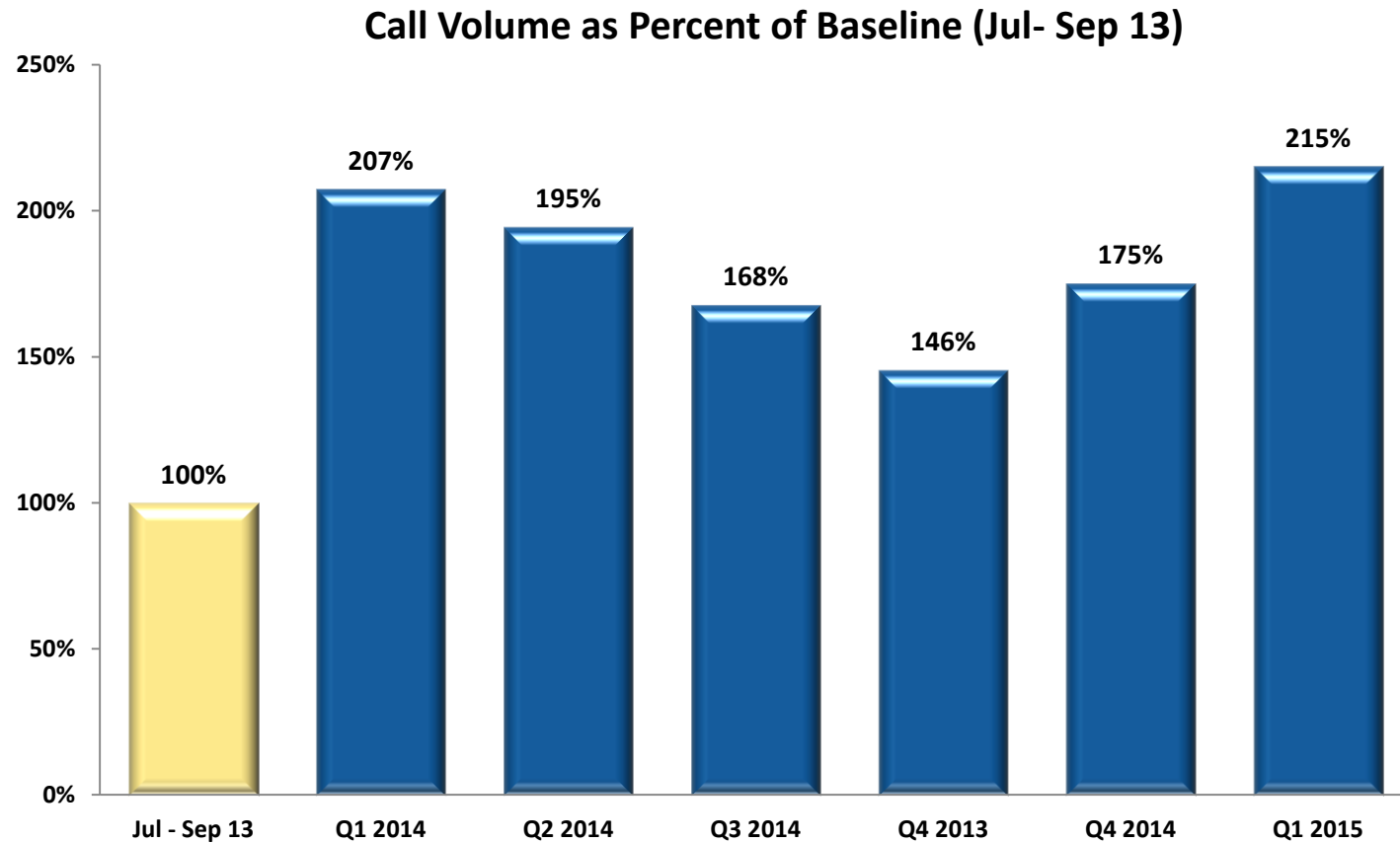
<u>Claim Type</u>	<u>Claim Count</u>	<u>Paid Amount</u>
Inpatient Hospital	55,051	\$368,610,519
Outpatient Hospital	3,233,205	\$359,786,048
Physician and Professional Services	8,695,469	\$288,954,182
Pharmacy	4,812,619	\$271,533,948
Dental Services	1,253,056	\$74,504,909
Transportation	763,418	\$13,954,903
Home Health Services	17,849	\$1,828,996
Long Term Care	461	\$1,387,424
Vision Services	188,232	\$1,154,324
Crossover Claims for Dual Eligibles	7,574	\$472,504
<i>Total Service Payments</i>		\$1,382,187,759
Average Enrollment		434,042

Source: NJ DMAHS Share Data Warehouse fee-for-service claim and managed care encounter information accessed 5/12/15

Notes: The information includes all fee-for-service claims and managed care encounters paid through 5/12/2015 for services provided in January through October 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 addition to traditional "physician services" claims, "Professional Services" includes orthotics, prosthetics, independent clinics, supplies, durable medical equipment, hearing aids and EPSDT, laboratory, chiropractor, podiatry, optometry, psychology, nurse practitioner, and nurse midwifery services.

Xerox Call Volume

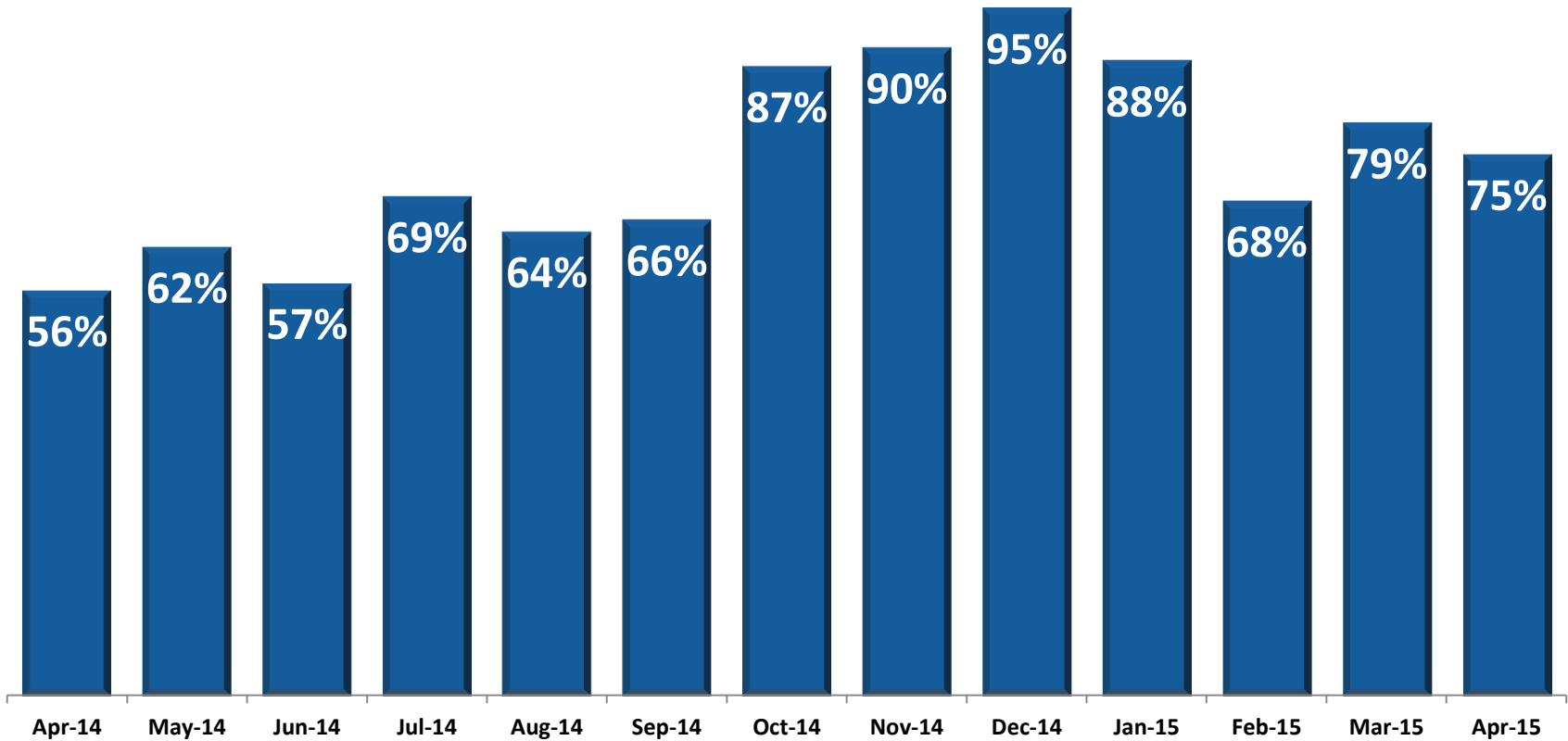


Source: Xerox, NJ's Health Benefits Coordinator

MAGI Processing Days

(by reporting entities)

% of Applications Processed Within 45 Days



Source: Xerox, NJ's Health Benefits Coordinator

2014 Customer Satisfaction Survey

84%

Adult Overall Rating of Healthcare
(At a 6 year high)

92%

Child Overall Rating of Healthcare
(At a 6 year high)

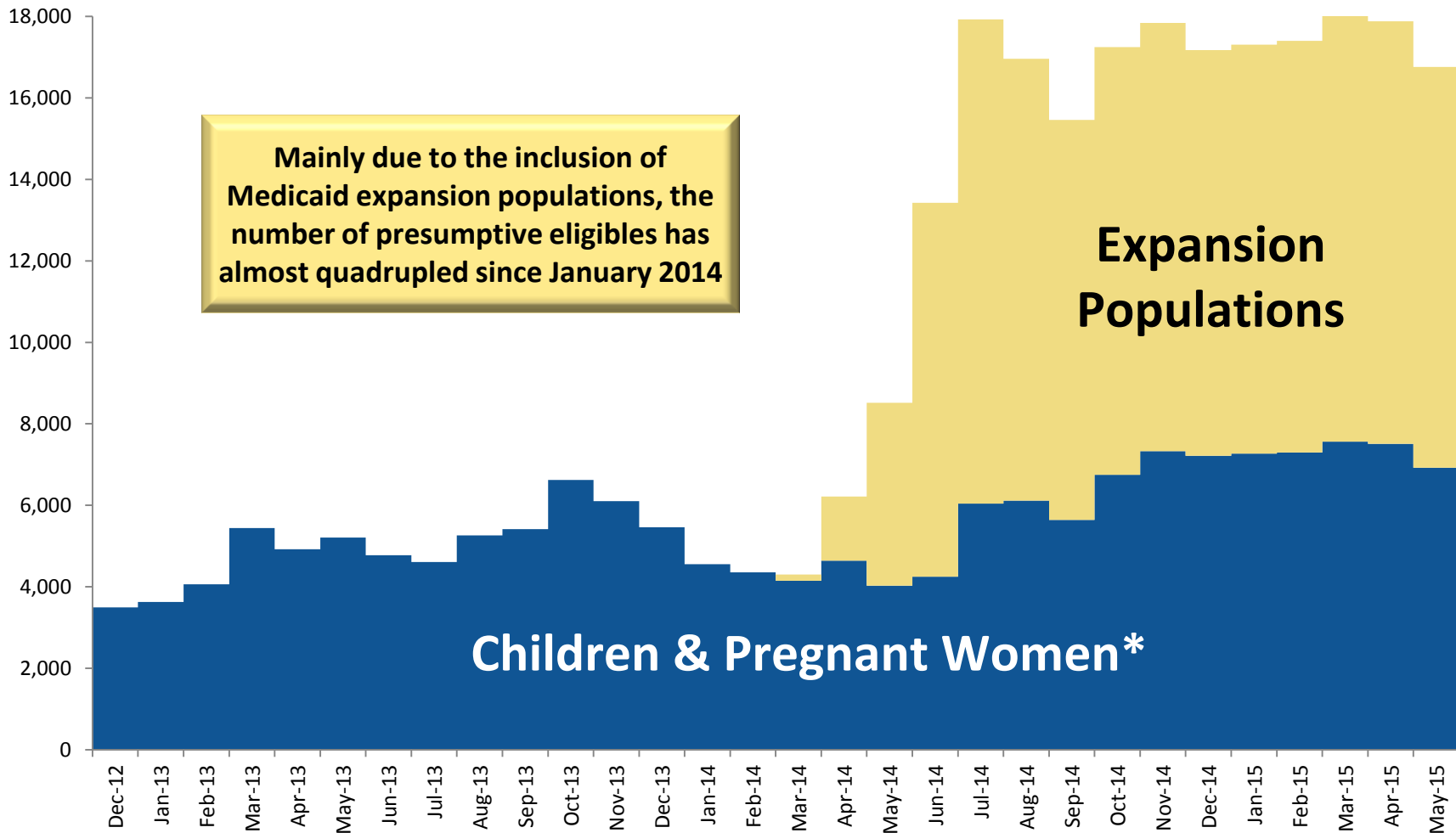
91%

Adult Personal Doctor Satisfaction Rate

94%

Child Personal Doctor Satisfaction Rate

Presumptive Eligibility Enrollment



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, accessed 6/1/15.

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).

Informational Update:

**Managed Long Term Services
and Supports**

Managed Long Term Services and Supports (MLTSS)

Presentation to
Medical Assistance Advisory Council

June 15, 2015



Presentation by Lowell Arye
Deputy Commissioner
NJ Department of Human Services

Topics

- MLTSS Update with Dashboard Indicators
- Appeals, Grievances and Complaints: January 1-
March 31, 2015
- Provider Update: Retroactive Cost Share Process

April 2015 MLTSS Headlines

32.5% of the NJ FamilyCare LTC Population is in Home and Community Based Services

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

Long Term Care Recipients Summary – April 2015

Total Long Term Care Recipients*

39,909

Managed Long Term Support & Services (MLTSS) 14,460

MLTSS HCBS	8,916
MLTSS Assisted Living	2,975
MLTSS HCBS/AL (unable to differentiate)	48
MLTSS NF	2,510
MLTSS Upper SCNF	4
MLTSS Lower SCNF	7

Fee For Service (FFS/Managed Care Exemption) 25,449

FFS pending MLTSS (SPC 60-64)	426
FFS Nursing Facility (SPC 65)	19,864
FFS SCNF Upper (SPC 66)	258
FFS SCNF Lower (SPC 67)	186
FFS NF – Other (Feb 2015)**	3,875
PACE	840

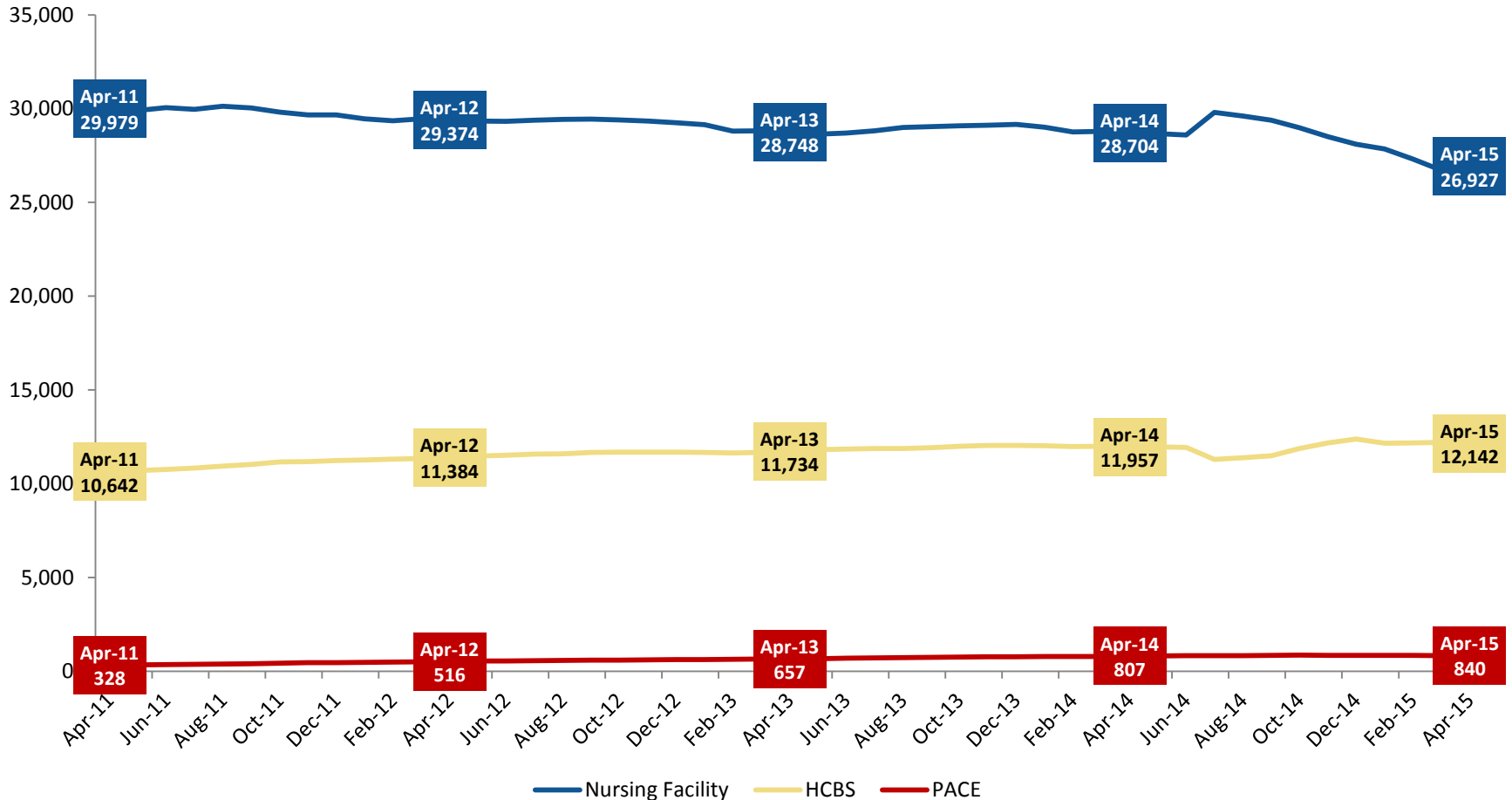
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 4/29/15

Notes: Information shown includes any person who was considered LTC at any point in a given month and includes individuals with Capitation Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 03, 05, 06, 17, 32, 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE).

* 'FFS NF – Other is derived based on the prior month's population with a completion factor (CF) included to estimate the impact of nursing facility claims not yet received. Historically, 90.76% of long term care nursing facility claims and encounters are received one month after the end of a given service month.

** Includes Medically Needy (PSC 170,180,270,280,340-370,570&580) recipients residing in nursing facilities and individuals in all other program status codes that are not within special program codes 60-67 or capitation codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499.

Long Term Care Population by Setting



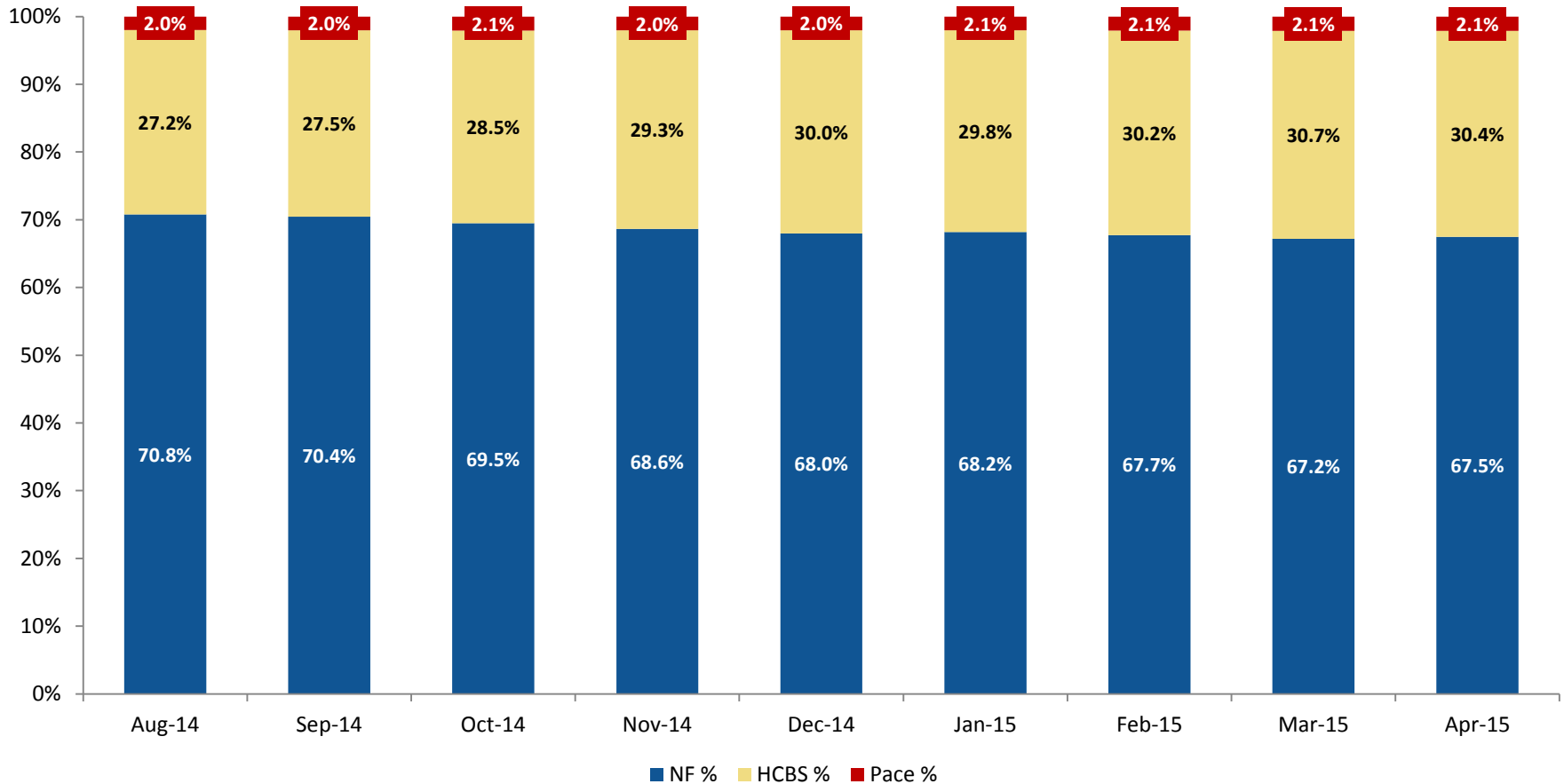
Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 4/29/2015.

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

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

Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy). COS 07 count w/out a SPC 6x or one of the specified cap codes uses count for the prior month and applies a completion factor (CF) due to claims lag (majority are medically needy recipients).

Percent of LTC Population in NF vs HCBS vs PACE



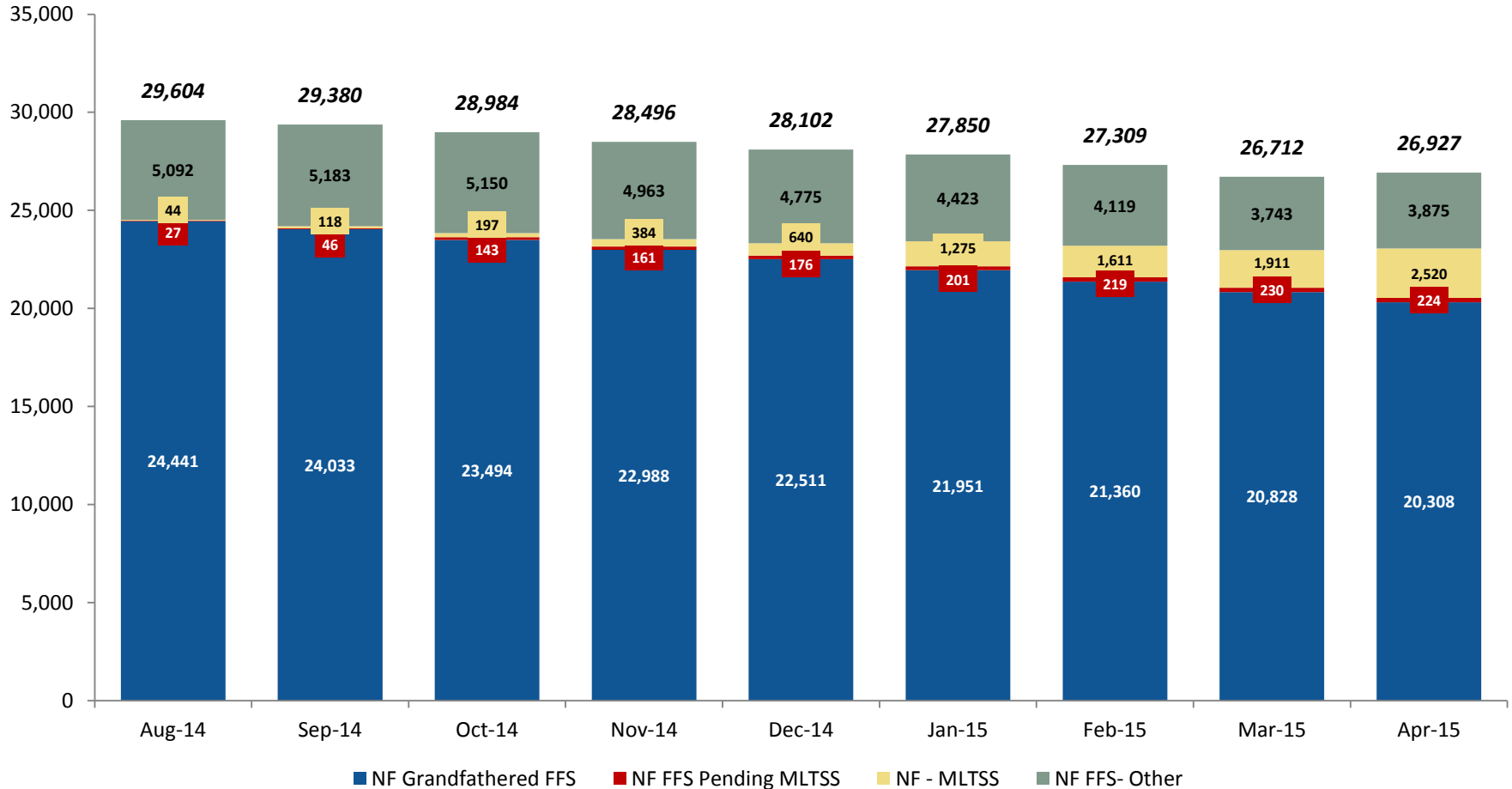
Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 4/29/2015.

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

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

Nursing Facility (NF) Population is defined as recipients with a SPC 61,63,64,65,66,67 OR CAP Code 78199,88199,78399,88399,78499,88499 OR a SPC 60,62 with a COS code 07 OR a Cap Code 79399,89399 with a COS code 07 OR a COS 07 without a SPC 60-67 (Medically Needy). COS 07 count w/out a SPC 6x or one of the specified cap codes uses count for the prior month and applies a completion factor (CF) due to claims lag (majority are medically needy recipients).

Nursing Facility Population



Source: Monthly Eligibility Universe (MMX) in Shared Data Warehouse (SDW), accessed on 4/29/2015.

Notes: "NF (Nursing Facility) Grandfathered FFS" population is defined as recipients with Special Program Code (SPC) 65-67.

"NF - MLTSS" population is defined as recipients with Capitation Code 78199, 88199, 78399, 88399, 78499 or 88499.

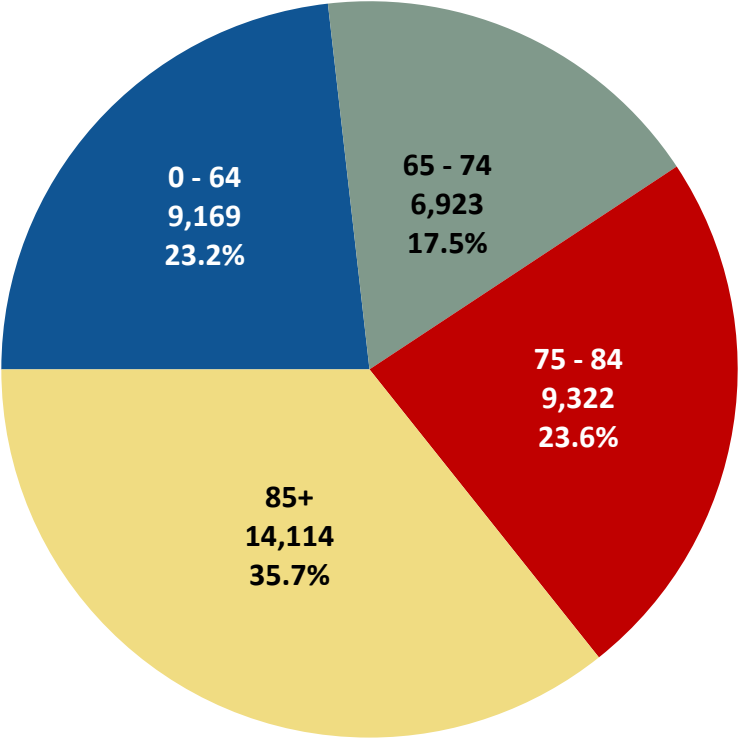
"NF FFS Pending MLTSS" population is defined as recipients with a SPC 61,63, or 64 but not in Capitation Codes 78199, 88199, 78399, 88399, 78499 or 88499 OR recipients with SPC 60 or 62 and COS 07 but not in Capitation Codes 79399 or 89399.

"NF FFS- Other" population is defined as all other recipients with COS code 07 that do not meet any of the previous criteria (most are medically needy recipients); this category uses counts for the prior month and applies a completion factor based on the historic percentage of fee-for-service nursing facility claims received.

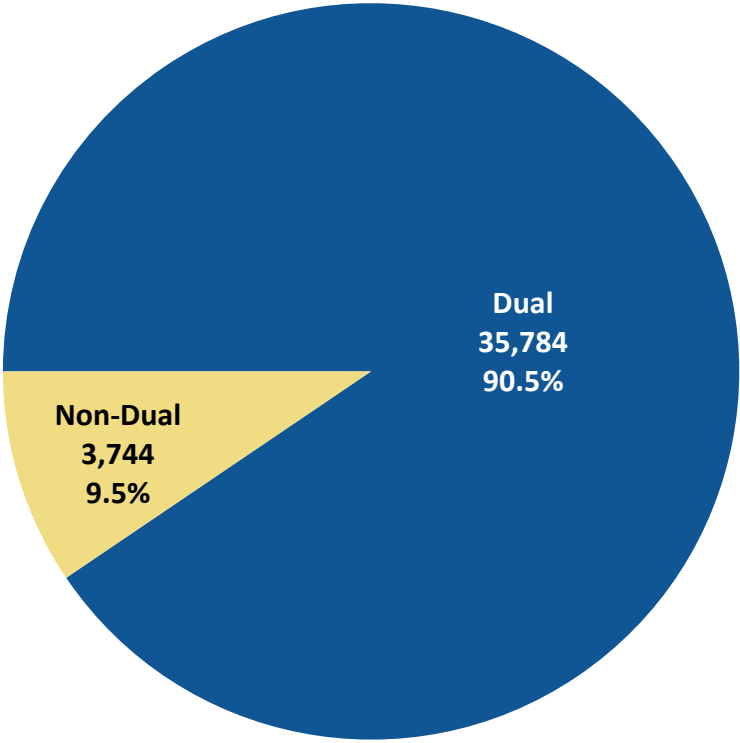
"NF-PACE" is defined as recipients with a Plan Code 220-229

LTC Demographics (March 2015*)

Age Group

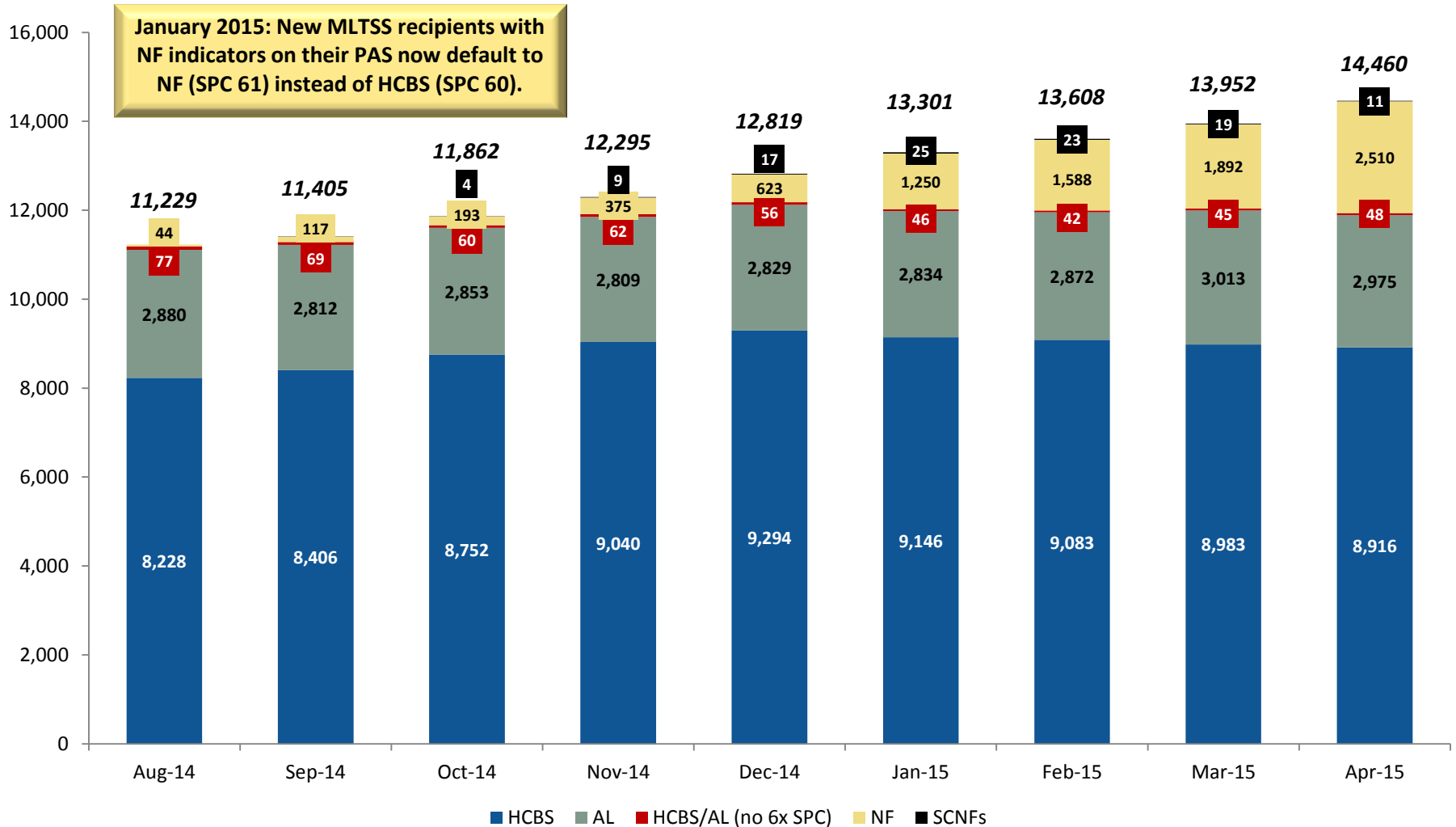


Dual/Non-Dual



Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 4/29/15
Notes: Information shown includes any person who was considered LTC at any point in a given month, based on CAP Codes 79399, 89399, 78199, 88199, 78399, 88399, 78499 & 88499, Special Program Codes 60-67, Category of Service Code 07, or MC Plan Codes 220-223 (PACE). Uses count for the prior month due to claims lag in identifying medically needy (PSC 170,180,270,280,340-370,570&580) and other non-exempt fee-for-service nursing facility recipients.

MLTSS Population by Setting



Source: DMAHS Shared Data Warehouse Monthly Eligibility Universe, accessed 4/29/15.

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

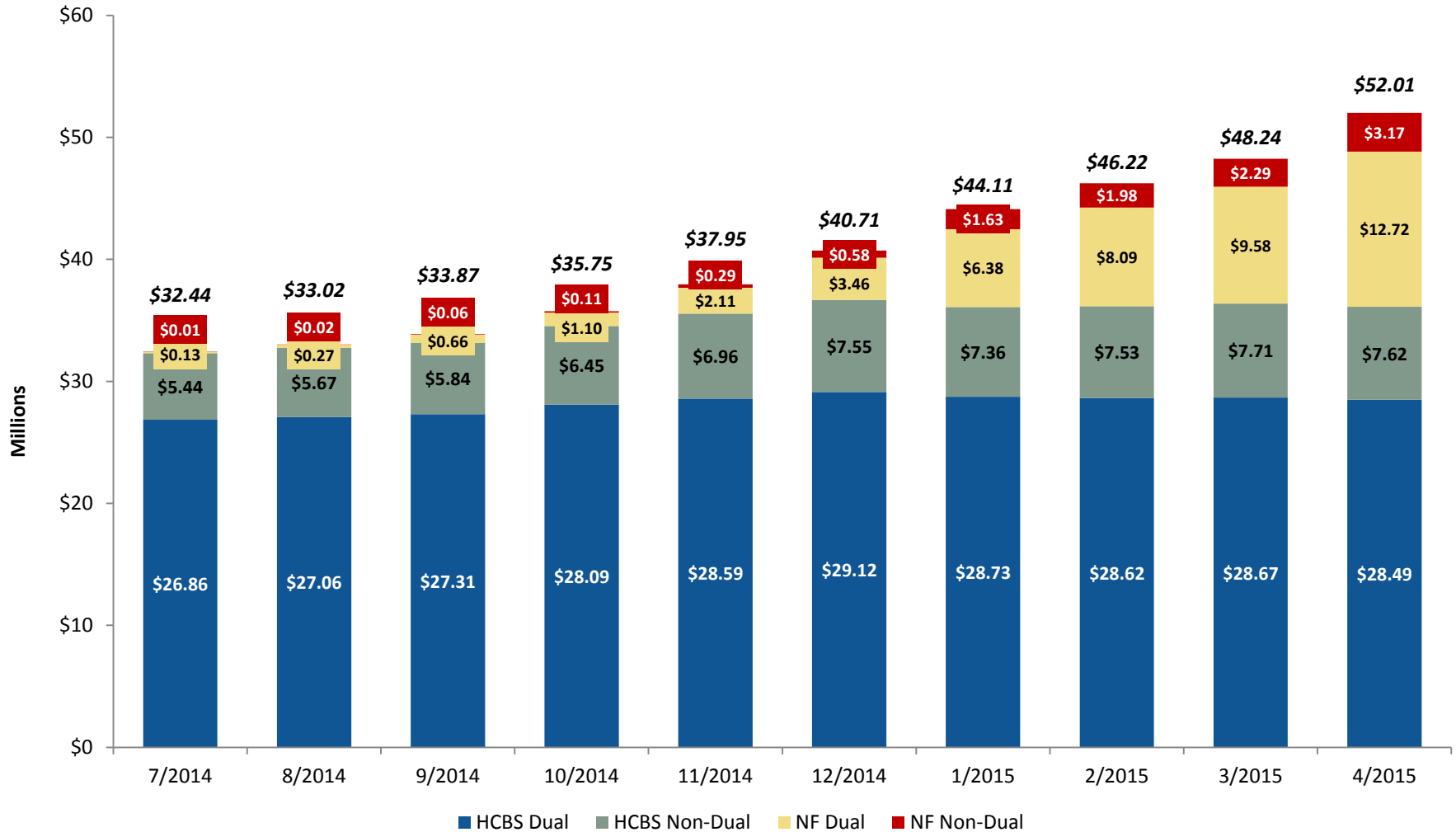
MLTSS Migration

MONTH	September	October	November	December	January	February	March
Starting MLTSS Enrollment	11,405	11,862	12,295	12,819	13,301	13,608	13,952
No Longer Enrolled in NJ FamilyCare in the Subsequent Month	-143	-154	-182	-195	-251	-257	-246
Left MLTSS (No MLTSS capitation code in the subsequent month)	-66	-45	-65	-87	-89	-69	-80
Migrated into MLTSS from an ABD Eligibility Category	+634	+600	+731	+732	+610	+644	+787
Migrated into MLTSS from a Non-ABD Eligibility Category	+14	+14	+29	+18	+28	+19	+33
Migrated into MLTSS from exempt FFS NF (SPC 65-67)	+17	+18	+11	+14	+5	+7	+13
New to NJ FamilyCare (Not enrolled in prior month)	+1	+0	+0	+0	+4	+0	+1
Subsequent Month's Starting MLTSS Enrollment	11,862	12,295	12,819	13,301	13,608	13,952	14,460

Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed 4/30/2015.

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. ABD defined as PSC 1xx, 2xx, or 5xx or cap codes 77399, 79599, 87399 or 89599.

MLTSS Capitations (in \$ millions)



Source: DMAHS Shared Data Warehouse Claims Universe, Accessed 4/29/15.

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.

MLTSS

Appeals, Grievances, and Complaints
Jan 1 – March 31, 2015

Reporting Period: 1/1/15 – 3/31/15

DATA SOURCES:

- MCO contractually required reported data:
 - Table 3-A: Pertains to all utilization management MLTSS member grievance/appeal requests and dispositions.
 - Table 3-B: Pertains to all MLTSS non-utilization management member grievance/appeal requests and dispositions.
- MLTSS Quality Monitoring – SharePoint Database: documentation of telephone calls received concerning MLTSS members

MCO Reported Data

- The Managed Care Contract requires the MCO to report on a quarterly basis to the DMAHS the member and provider complaints, grievances, and appeals; the resolution; and timeliness to resolve.
 - The required reporting format, Table 3-A and 3-B, stipulated in the July 2014 Contract Amendment, co-mingled the MLTSS members with the NJ FamilyCare population.
 - Effective January 2015 Amendment, this data is reported separately; MLTSS members are no longer co-mingled.
 - Provider specific complaints, grievances, and appeals are submitted to the DMAHS in a separate report format. This format, Table 3-C, captures data for ALL providers. Since it is inclusive of all providers, we cannot isolate MLTSS specific issues.

Table 3-A: Appeal Categories Reported

category of appeal	0-20 yrs (8%)	21-64 yrs (44%)	65 yrs + (48%)	Total
home health	1	29	46	76
Skilled NF	0	3	0	3
Medical Equip	3	2	1	6
Medical Day Care	0	0	4	4
Dental Services	1	10	6	17
Pharmacy	0	2	0	2
PDN	5	7	0	12
Totals	10	53	57	120

Table 3-A: Appeal Resolutions

category of appeal	Denied (83%)	Overtured (11%)	Partial (7%)	Total Reported
home health	66	7	3	76
Skilled NF	2	1	0	3
Medical Equip	4	2	0	6
Medical Day Care	4	0	0	4
Dental Services	9	3	5	17
Pharmacy	2	0	0	2
PDN	12	0	0	12
Totals	99	13	8	120

Table 3-B: Complaints/Grievances

Category of Complaint/Grievance	21-64 yrs (49%)	65 yrs + (51%)	Total
Dissatisfaction with Quality of Medical Care - PCP	6	2	8
Dissatisfaction with Quality of Medical Care - Other type of provider	1	4	5
Dissatisfaction with Quality of Medical Care - Ancillary Services (home health, DME, Therapy)	13	6	19
Dissatisfaction with Provider Office Administration	0	1	1
Dissatisfaction with plan benefit design	1	0	1
Dissatisfaction with member services	1	0	1
Difficulty obtaining referral to network specialist	1	0	1
Laboratory issues	0	1	1
Reimbursement problems	5	14	19
Difficulty obtaining access to providers	0	1	1
Totals	28	29	57

MLTSS Quality Monitoring Unit

Jan-March 31, 2015 -- Received 153 Inquiries:

- Top three by types of inquiry:
 - Claims payment
 - Care management (point of contact to resolve issue)
 - Eligibility/Enrollment/Disenrollment
- Top four by type of service:
 - Assisted living
 - MLTSS/HCBS services
 - Nursing facility services
 - PCA

Retroactive Cost Share Process with MCOs

MCO	Contact Information
Amerigroup	<ol style="list-style-type: none"> 1. Carol.DiPrisco@amerigroup.com (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Monmouth, Ocean and Salem) 2. Sasha.Pilgrim@anthem.com (Hunterdon, Morris, Passaic, Somerset, Sussex and Warren) 3. Alejandro.Valentin@amerigroup.com (Bergen, Essex, Hudson, Mercer, Middlesex and Union)
Horizon	Call 1-800-682-9091 to speak with provider services representatives.
United	<ol style="list-style-type: none"> 1. Call 888-702-2168 2. AL providers can contact their provider advocate Estelle Adams Wright at eadams_w@uhc.com or 732-623-1953 3. NF providers can contact their provider advocate Kourtney Todd at ktodd5@uhc.com or 952-202-2953
Wellcare	Contact is Consuelo Taveras at 973-951-3473 (mobile) or 943-274-2128.