

Paving the Way to Higher Performing Healthcare in New Jersey

The Road to Innovation: Human Services



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Setting the Stage



- 2011 Comprehensive Medicaid Waiver
 - Sustain the program long-term as a safety-net for eligible populations
 - Rebalance resources to reflect the changing healthcare landscape
- 2012 Medicaid Expansion

Innovations



- Managed Long Term Services and Supports (MLTSS)
- Accountable Care Organizations (ACOs)
- Interim Managing Entity (IME)

Managed Long Term Services and Supports MLTSS



- 1995 Medicaid managed care introduced but not across the entire system
- HCBS and facility-based LTC remained in FFS
- In 2010 \$3.5B spent on LTC services for older adults and people with disabilities under FFS
- Most expenditures on nursing home care rather than home and community based services

MLTSS



- Authorized under the 1115 Waiver
 - Care management key component
 - Expands HCBS eligibility
 - Removes HCBS service “walls”
 - Protects consumer choice and independence
- Steering committee of stakeholders, consumers, and MCOs convened to guide program
- Extensive planning ensured a smooth transition for waiver recipients and new consumers

MLTSS



- July 1, 2014
 - Approximately 13,000 recipients under Global Options, TBI, CRPD, ACCAP were transitioned to MLTSS
 - 27,000 NF residents were not transitioned and remain in FFS
 - Most Medicaid eligible individuals entering NFs post 7/1/14 are enrolled in MLTSS.
 - “Medically needy” and PACE participants remain outside of MLTSS

MLTSS



- MCOs manage a network of providers to meet the needs of recipients
- Recipients select the MCO that meets their geographic and provider needs
- MCOs required to
 - Ensure continuity of care
 - Develop new Plans of Care (PoC) for members
 - Provide and coordinate individualized care

MLTSS

What it means to the consumer



- Access to more services
- Delay/discontinued need for NF care
- Preservation of independence
- Medically appropriate care
- Coordination of care/reduced duplication of services
- Focus on prevention and in-home care
- No slot limitations
- No waiting lists

MLTSS to Date



- 40,000 NJ FamilyCare long term care recipients, including 15,000 MLTSS
- Home and Community Based Services
 - July 2014 28.9%
 - April 2015 32.5%
- NF population has seen a 1,500 person decrease since July 2014

Accountable Care Organizations ACO



- August 18, 2011, Governor Christie signed into law [NJ P.L. 2011, Chapter 114](#)
- Law establishes a three year Medicaid Accountable Care Organization Demonstration Project

ACO



- Under the new legislation:
 - DHS will accept, review and certify applications
 - DHS will consult with the Department of Health and the Office of Attorney General with respect to establishment and oversight of the project
 - DHS will consult with the Department of Banking and Insurance relating to the impact on commercial rates in the designated areas

ACO



- Intent of the legislation:
 - Increase access for Medicaid recipients to primary care, behavioral health care, pharmaceuticals, and dental care in defined regions
 - Improve health outcomes and quality; measure outcomes using objective metrics and patient feedback
 - Reduce unnecessary and inefficient care without interfering with access to providers and provider access to Medicaid reimbursement

ACO



- **NJ's Conceptual Model:**
 - Non-profit organization created to improve the quality and efficiency of care within a designated area
 - Governing Board representation includes primary care providers, hospitals, behavioral health providers, patients, and social services agencies
 - Voting representation of at least two consumer organizations
 - Community member engagement
 - Focus on high-cost utilizers

ACO



- **Gainsharing:**

- Certified ACOs must submit a plan within one year
- Plans must:
 - ✦ Promote improvement in health outcomes and quality of care
 - ✦ Expand access to primary and behavioral health care services and reduction of unnecessary and inefficient costs
- Rutgers Center for State Health Policy will provide analysis on plans
- Rutgers recommended approach for calculating savings

ACO



- **Quality Metrics**

- Several levels of reporting
- Mandatory
- Voluntary (1 preventative, 5 chronic)
- Demonstration measures (not included in calculated savings)
- Future or potential

ACO



- Quality Metrics – Gainsharing
 - Year 1 – standard and routine reporting
 - Year 2 – relative performance improvement of at least two measures
 - Year 3 – relative performance improvement of at least five measures and absolute improvement of two measures

ACO

Next Step



- Announcement of applicant certifications
- Pilot launch July 1, 2015
- Evaluation of programs over the three year pilot period

Interim Managing Entity IME



- Announced by Governor in State of the State Address
- Step toward management of the entire system
- Single point/no wrong door of entry for publicly funded substance use treatment
 - Increase in provider enrollment due to Medicaid Expansion
 - Expanded SUD treatment benefit in the ABP
 - Ability to increase some rates

IME



- Provider Rutgers University Behavioral Health Care
- UBHC will manage state, block grant and NJ FamilyCare addiction funds
- All levels of SUD treatment services will be managed
- Provider network for UBHC: licensed by DHS, contracted with DMHAS, and/or enrolled in FamilyCare
- Start July 2015



- Why UBHC

- ✦ Clinical academic entity
- ✦ Experienced provider
- ✦ Sophisticated technology infrastructure
- ✦ Knowledge of state resources
- ✦ Fully functional, state of the art, call center

IME



- Interim rate change for some services
 - Some outpatient and methadone treatment Medicaid rates to be increased to state FFS rates
 - Some outpatient mental health rates
 - Other substance abuse treatment rates remain the same

IME



- Accessing Care
 - Two ways to enter treatment
 - ✦ IME call center
 - ✦ Telephone screening and referral to provider for full assessment
 - Provider screening
 - ✦ Reaches out to IME for assessment authorization
- Assessment will drive treatment

IME



- Utilization Management performed by addiction trained clinicians
- Care coordinators will be available to help remove barriers to treatment
- Agencies required to update an online service capacity management system to indicate available capacity.

IME



- **Benefits of IME**

- Care coordinators remove barriers to treatment and assist clients in moving to other levels of care
- Centralization of access maximizes the impact of available resources
- Managing entity creates a more organized and coherent system of care
- Help ensure the appropriate treatment in the appropriate dose

Looking Ahead



MLTSS

- Increased enrollment
- Evaluation

ACO

- Announcement and launch
- Evaluation

IME

- Launch
- Evaluation