The New NJ FamilyCare



October 1, 2013 Changes

- Newly eligible populations:
 - Parents and Caretaker Relatives up to 133% FPL
 - Single Adults and Couples without dependent children aged 19 – 64 up to 133% FPL
- Modified Adjusted Gross Income (MAGI) is a new way to determine household size and financial eligibility.
 - Consistent calculations for all applicants
 - Tax-based system for counting income and determining household size
- Streamlined Application
 - Apply at <u>www.njfamilycare.org</u> or <u>www.healthcare.gov</u>.



NJ FamilyCare Online Application



Affordable health coverage. Quality care.

FamilyCare Home Page		Enter Application				
Select a Language: EN		ember Info In	come Health	Plan Review	Sign Submit	Confirmation
NOTE: If you are u	ısing Interne	et Explorer ver	sion 9 or 10, e	nable the brow	ser compatibil	lity view. For help clic
Apply for Health C make sure you are				/. First we have	e a few questio	ons for you to answer t
1. Are you a resident	of New Jerse	y? ⊚Yes ⊚N	О			
If Yes, continue to th	ie next questi	on. If No, click h	ere to continue to	o HealthCare.go	v for more inform	nation.
2. Are you age 65 or 0	older? Ye:	s © No				
If No, continue to the next question. If Yes, click here to apply for the appropriate NJ Medicaid program.						
3. Are you disabled?	⊚Yes ⊚ N	lo				
If Yes, you can continue with this application or you can click here if you are interested in other medical assistance program such as Age, Blind and Disabled or Long Term Care.						
4. Are you applying for in home medical support, medical day services, nursing home or assisted living coverage? © Yes No						
If No, continue belov	v. If Yes, click	c here to apply t	for the appropriat	e NJ Medicaid p	rogram.	

New Jersey has a new application that includes food stamps and cash assistance in addition to NJ FamilyCare. If you also wish

Source: www.njfamilycare.org

to apply for these programs, click HERE. All others, continue below.



Status of Training

- 1,758 individuals trained or scheduled for training through March 2014
- 122 classes scheduled through March 2014
- Examples of participants: CBOs, FQHCs, Hospitals,
 Schools, Volunteers, Mental Health providers
- Sign-up for training on the New NJ FamilyCare at: https://www.surveymonkey.com/s/NJFAMILYCARE.



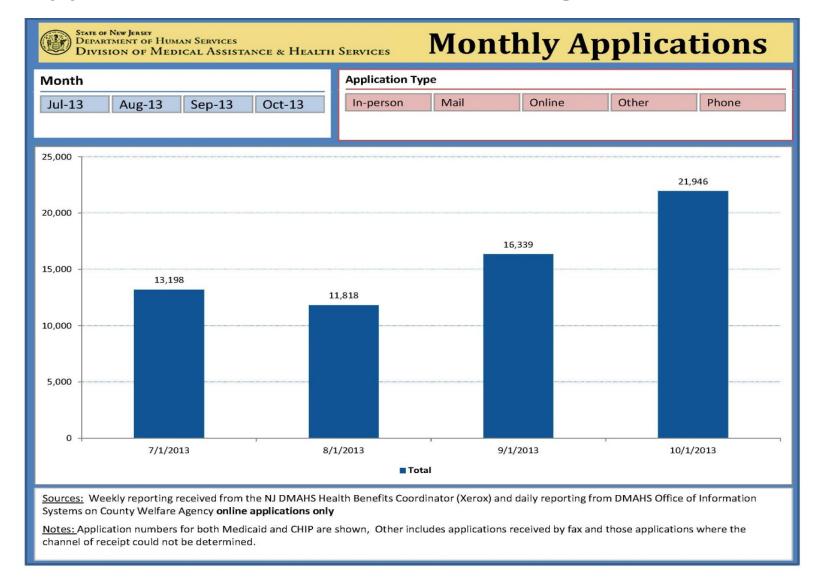
Consolidated Assistance Support System (CASS)

- System and user acceptance testing
- Software updates for new federal rules and communication with the Marketplace
- System and operational work-arounds in place to meet new requirements

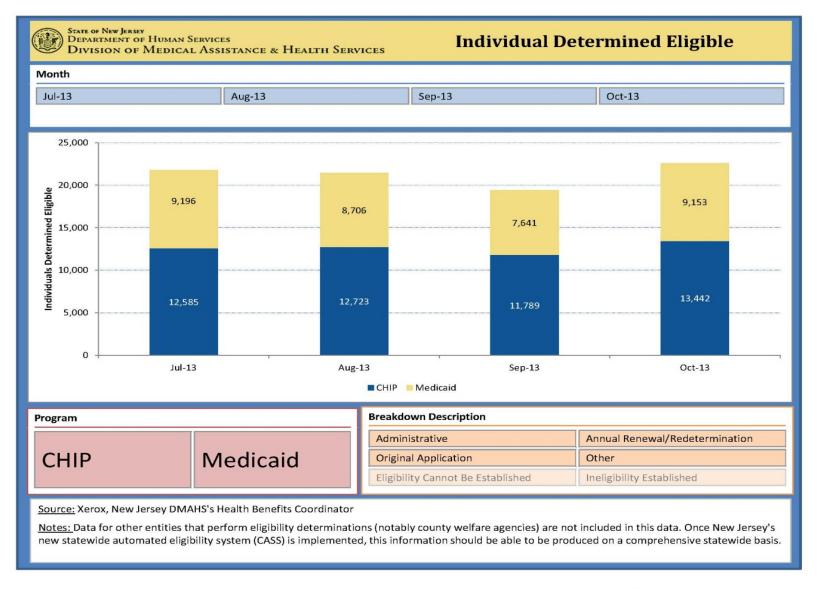


- U.S. Department of Health and Human Services reports 17,460 individuals determined or assessed eligible through the Marketplace (Oct. 1 - Nov. 2)
- New Jersey ranked second of the federally facilitated Marketplace states

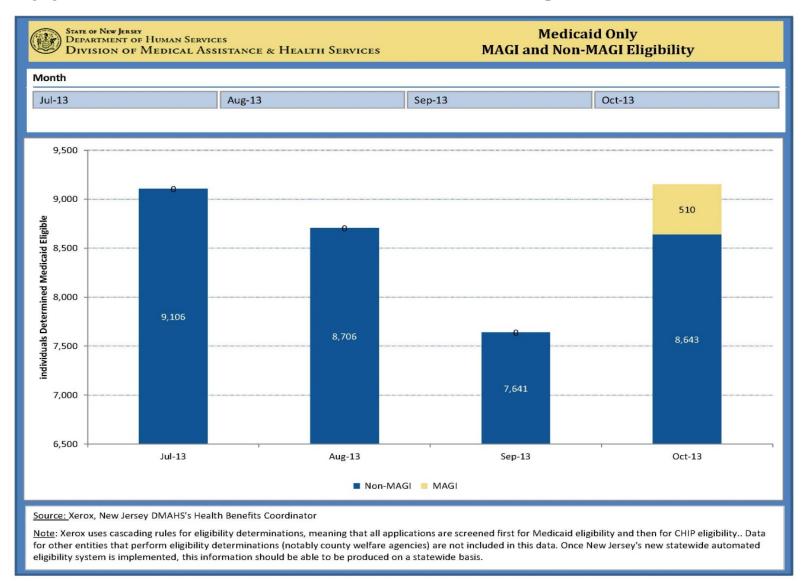






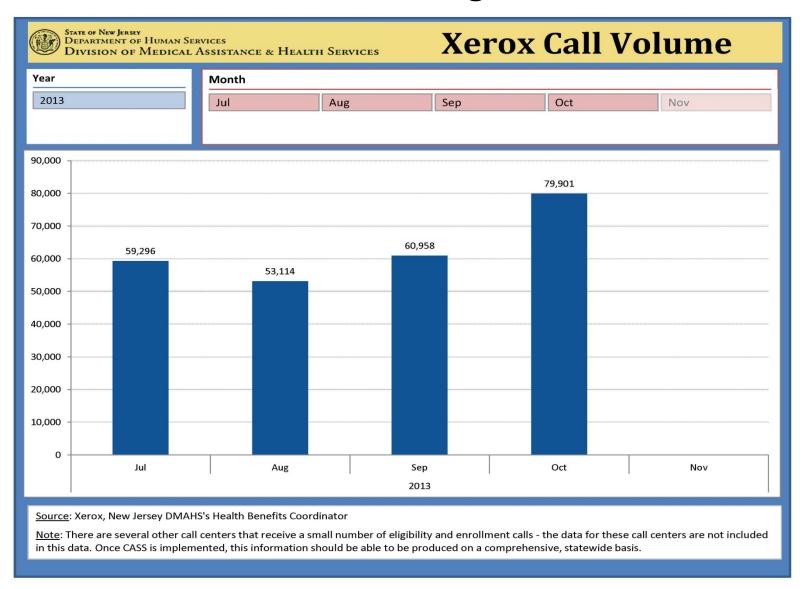








Call Center Volume through October 2013





Next Steps

 Continue enrollment efforts, training,
 Presumptive Eligibility, targeted enrollment strategies, Alternative Benefit Plan, etc.

Coverage to begin January 1, 2014



NJ FamilyCare Rebranding

Before

NJ FamilyCare

- Families with income up to 133% of the federal poverty level (FPL)
- Children in families with incomes up to 350% FPL
- Pregnant Women up to 200%
 FPL

Medicaid

- Aged, Blind and Disabled up to 100% FPL
- Childless Adults up to 25% FPL

After

NJ FamilyCare

All Medicaid eligible populations



Call 1-800-701-0710 Monday through Friday from 8:00 a.m. to 5:00 p.m. Monday & Thursday to 8:00 p.m.

NIFAMILYCARE

Affordable health coverage. Quality care.

Home

What is it?

What does it cover?

Who is eligible?

Immigrant Information

Questions & Answers

Income Eligibility and Cost

Choosing a Health Plan

Need help enrolling?

Application download

Online Application

Enrollment Statistics

Using Your Benefits

Helpful links

Home

Welcome to the NJ FamilyCare website.

Beginning January 2014, NJ FamilyCare - New Jersey's publicly funded health insurance program - will include CHIP, Medicaid and Medicaid expansion populations. That means qualified NJ residents of any age may be eligible for free or low cost health insurance that covers doctor visits, prescriptions, vision, dental care, mental health and substance use services and even hospitalization.

Open enrollment for this new eligibility group begins October 1, 2013. Coverage begins January 1, 2014.

If you are a NJ resident and you need more information on this program, please read through the pages of this website and see how to become a member of NJ FamilyCare.

More information

Individuals ineligible for NJ FamilyCare can find information on other insurance affordability programs at www.healthcare.gov.





What Does Rebranding Mean to You?

- No changes to MCOs, provider networks, or benefits as a result of rebranding
- NJ FamilyCare logo will represent <u>ALL</u> New Jersey medical assistance programs
- Continuation of streamlining and simplification goals set forth in Comprehensive Medicaid Waiver and federal law
- Most beneficiaries already familiar with NJ FamilyCarebranded materials



Informational Updates



WellCare Health Plan of New Jersey, Inc.

- Serving NJ FamilyCare clients effective December 1, 2013 as the 5th Health Plan choice
- Operational in: Essex, Hudson, Middlesex, Passaic and Union Counties; Statewide by June 1, 2015
- Currently serving Medicaid managed care in 8 states



The 5 State Contracted Health Plans

(effective 12/1/13)

Amerigroup



Healthfirst NJ



Horizon NJ Health



UnitedHealthcare



Wellcare





WellCare-Healthfirst NJ Asset Purchase Agreement

- September 2013 WellCare asset purchase agreement
- Transaction expected to close in early 2014
- Healthfirst will serve members until the day of transfer to WellCare
- Members have the option to self-select a new health plan



Dual Special Needs Plan

- UnitedHealthcare Dual Complete D-SNP leaving the D-SNP market 12/31/13 in all 11 counties
- 10,300 members notified by CMS and United
- Member options provided in communications; resources, FAQs are available on UnitedHealthcare Dual Complete's website
- Ongoing active clinical transition planning and care management



ASO / MBHO

- Request for Proposal under state review
- Rate setting analysis to move DMHAS contracts to FFS
- Behavioral health provider rate increase for certain BH services effective January 1, 2013 (Newsletter, July 2013 Vol. 23, No. 11)
- New billable Telepsychiatry service designed to improve clinical access for clients in need of psychiatric services (Newsletter forthcoming)



Statistics on the Provider Rate Increase

- 9/27/13 DMAHS began processing MC payments retroactive to January 1st
- All MCOs distributed enhanced payments: 1Q & 2Q total = \$64M
- FFS retroactive payments to 4,100 PCPs to be paid mid-December 2013
- FFS claims submitted after 11/4/13 are reimbursed at an enhanced rate

NJ Medicaid ACO Timeline

May 2013

Regulations published; 60 day public comment period begins

July 2013

Public Comment period ends;
 DMAHS incorporates comments into final regulations

Fall / Winter 2013

 Final draft adoption documents prepared and under review. Final regulation adopted; 60 day application period begins

Early 2014

 Anticipated start of demonstration project

Provider Credentialing

 Credentialing Task Force formed February 2013

Participants: DMAHS, MCOs, DOBI, MFD,
 Community medical and dental providers

 Goal: recommend "Best Practice" credentialing model for NJ Medicaid



Provider Credentialing

PHASE I:

- 1. Compile and review **Provider feedback** regarding existing credentialing challenges.
- 2. Modify the **NJ Universal Physician Applicatio**n for use by non-medical providers.
- 3. Compile and review Plan feedback:
 - credentialing challenges;
 - individual credentialing processes, their ability to cooperate on the necessary tasks with the state, and with other plans;
 - experiences in other states.
- 4. Compile and review feedback from NJ State agencies.
- Review credentialing strategies/initiatives employed by other states.

PHASE II: Development of task-specific strategies

PHASE III: Issuance of formal recommendation







CHILDREN'S SYSTEM OF CARE COMPREHENSIVE WAIVER

PRESENTED
BY
ELIZABETH MANLEY
DIRECTOR





CHILDREN'S SYSTEM OF CARE

RESPONSIBLE FOR THREE COMPONENTS OF THE COMPREHENSIVE MEDICAID WAIVER

- 1. Intellectual Disability/Developmental Disability Mental Illness (ID/DD-MI) COMPONENT
- 2. Autism Spectrum Disorder (ASD) COMPONENT

EACH PILOT WILL SERVE ABOUT 200 YOUTH

3. Severe Emotional Disturbance (SED) COMPONENT

CHILDREN WITH SED WHO MEET CLINICAL CRITERIA FOR HOSPITAL LEVEL OF CARE, WILL BE PROVIDED WITH PLAN A, MEDICAL BENEFIT PACKAGE





SED COMPONENT

ADDITIONAL THREE NEW SERVICES TO ELIGIBLE YOUTH* INVOLVED WITH THE CHILDREN'S SYSTEM OF CARE (CSOC):

- ⇒Transitioning Youth Life Skill Building (16 and over)
- ⇒Youth Support and Training (5 -16 yr old)
- ⇒Non Medical Transportation

*Youth must be involved with Care Management Organization (CMO) and services must be included in plan of care





ID/DD-MI COMPONENT

GOALS

- Serve and stabilize child in the least restrictive setting
- ◆ Return the family unit to a place that will require minimal outside intervention

INCLUSIONARY CRITERIA

- Medicaid/NJ Family Care Eligible youth
- CMO involved youth (to coordinate care)
- 5 to 21 yr old
- Co-occurring MH/DD diagnosis
- Meets State MH LOC





ID/DD-MI SERVICE COMPONENTS

- Case/Care Management
- Individual Supports
- Natural Supports Training
- Intensive In Community (IIC)-Habilitation
- Respite
- Non Medical Transportation
- Interpreter Services





ASD COMPONENT

- ◆ Services are habilitative
- ◆ Must be evidence based
- ◆ Enhance inclusion in community with
 - ◆ Improved adaptive behavior, language, and cognitive outcomes





ASD COMPONENT

INCLUSIONARY CRITERIA:

- Must be determined DD eligible through CSOC
- Medicaid/NJ Family Care Eligible Youth
- Under 13 yr. old
- Meets ICF/MR LOC Criteria
- Diagnosis of ASD

EXCLUSIONARY CRITERIA:

Children with other insurance





ASD COMPONENT

- Three levels of acuity with associated cost limits for habilitation services
 - Low-\$9,000/yr
 - Moderate-\$18,000/yr
 - High-\$27,000/yr
- Eligibility and tier assessment by CSOC's Contracted Systems Administrator (CSA), PerformCare NJ





ASD SERVICE COMPONENTS

CSOC will authorize through its own provider network the following services:

- ◆Behavior Consultative Supports
- ◆Individual Behavior Supports

MCO's will authorize and manage the below through their provider network:

- ◆Occupational Therapy
- ◆Physical Therapy
- ◆Speech and Language Therapy





TIMELINE

- EXPECT ALL COMPONENTS OF THE WAIVER TO BE OPERATIONAL BY THE FIRST QUARTER OF 2014
- PRIOR TO THIS WE WILL HAVE REACHED OUT TO STAKEHOLDERS FOR INPUT
- ALL SERVICES WILL BE PRIOR AUTHORIZED THROUGH CSOC's CSA, PERFORMCARE





QUESTIONS?

QUESTIONS/COMMENTS/SUGGESTIONS CAN BE SENT TO dcf_cbh@dcf.state.nj.us