

# **Performance Standards**

## **P.L. 2019, c.249/S.499**

**January 2020**

# P.L. 2019, c.246

## *Provides for improved system for eligibility determination for Medicaid and NJ FamilyCare*

- Information technology platform
  - Simplify applications and redetermination processes
  - Standardize eligibility policy across agencies
  - Allow for real-time tracking of status
  - Allow rapid exchange of data among agencies
  - Provide a platform to integrate with other social programs as technology permits
- System to evaluate performance of entities responsible for intake and processing of applications
  - Measurement and publication of relevant common metrics
- System of rewards and penalties for all entities responsible for intake, processing of applications, and processing of redetermination applications
- Customer service liaison team to review complaints and recommend corrective actions to State and county agencies.

# Medicaid & CHIP Administration

- a) Budget submission with FTE roster
- b) Eligibility determinations on federal timelines
- c) Incentive and Penalty Payment Program
- d) Adoption of technology platform (Worker Portal)
- e) Use of approved member communications
- f) Appropriate use of documentation imaging system (DIMS)
- g) Corrective Action Plans as needed
- h) Financial responsibility for federal audit findings that result in retraction of funds

# Data Security Measures

- Reflects State and federal security requirements for the protection of data received, stored, processed, and transmitted.
- Federal rules now require that data security agreements must be in place to share any applicant/beneficiary information outside of DMAHS. This is a requirement to receive Authority to Connect (ATC) to the Federal Hub.
  - ATC allows New Jersey to use Federal Hub verification resources, which are critical to efficient and timely processing of Medicaid eligibility.
  - Compliance is required for New Jersey's ATC renewal due to CMS by June 30, 2020.

# Training & Technical Assistance

- Office of Eligibility Policy will provide training to CWA staff trainers
- CWA trainers will provide timely trainings to local staff and maintain records
- Includes mandatory annual or biennial trainings:
  - NVRA Training
  - HIPAA privacy training
  - Securing the workplace
  - IRS training in FTI
  - other training required by County, State or federal government

# Quality Control

- To ensure full compliance with CMS standards, CWA will:
  - Provide files requested by DMAHS's Bureau of Quality Control
  - Respond to Office of Quality Control timely
  - Scan case files into the document imaging system
  - Comply with DHS's quality control and oversight including any reporting requirements
- Failure to comply timely will forfeit the CWA's opportunity to have errors and deficiencies reversed

# Incentive & Penalty Payment Program

*This program requires a signed MOU with DMAHS by June 30, 2020.*

- **Redetermination Timeliness** – Incentive payment for every eligible case based on the county’s “completed” redetermination rate for the quarter
  - Incentive will be phased in from January to December 2020

# Incentive & Penalty Payment Program

- **Adopt Information Technology Platform**

- Incentive paid to CWA for data entered paper applications.

- Applications are processed within the Worker Portal using standardized notices.

# Incentive & Penalty Payment Program

- **Initial application timely processing – Incentive**
  - Bonus payment per quarter for processing **100%** of cases within federal timelines begins July 1, 2020
  - MAGI and ABD processing times must be met for the quarter

# Data Security Measures

## Appendix C

- Definitions
- Applicable State and federal statute and guidelines
- Required security measures and safeguards

# NJ FamilyCare Enrollment Highlights

# November 2019 Enrollment Headlines

1,693,074 Overall Enrollment

1,596 (0.1%) Net Decrease Over October 2019

94.7% of All Recipients are 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. Does not include retroactivity.

# November 2019 Eligibility Summary

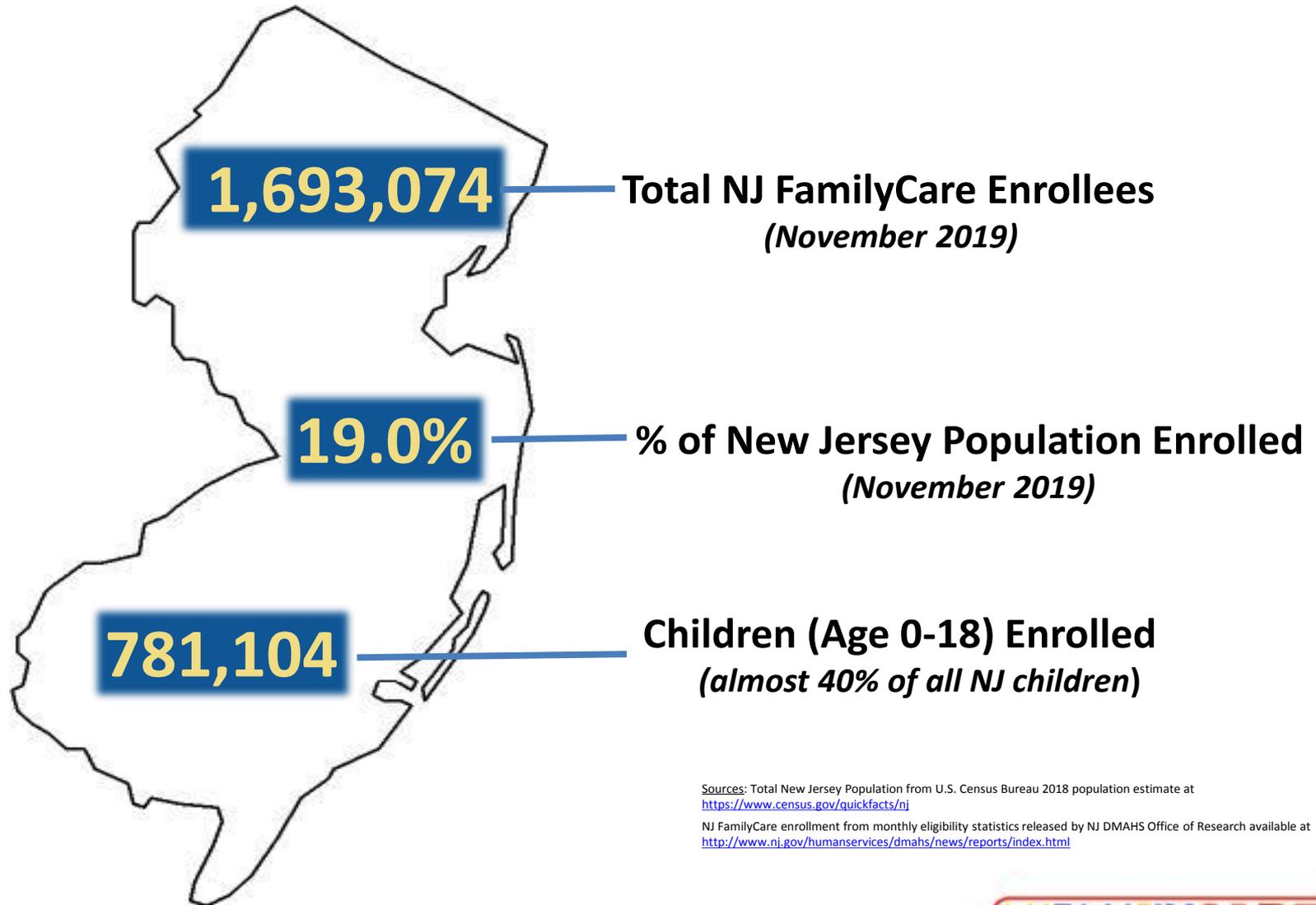
Total Enrollment: 1,693,074

Expansion Adults	512,591	30.3%
Other Adults & Family Planning	96,958	5.7%
Medicaid Children	552,797	32.7%
M-CHIP Children	96,943	5.7%
CHIP Children	129,651	7.7%
Aged/Blind/Disabled	304,134	18.0%

Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>;

Notes: Expansion Adults consists of 'ABP Parents' and 'ABP Other Adults' & 'Family Planning'; Other Adults consists of 'Medicaid Adults'; Medicaid Children consists of 'Medicaid Children' and 'Childrens Services'; M-CHIP consists of 'MCHIP'; CHIP Children consists of all CHIP eligibility categories; ABD consists of 'Aged', 'Blind' and 'Disabled'. Percentages may not add to 100% due to rounding.

# NJ Total Population: 8,908,520

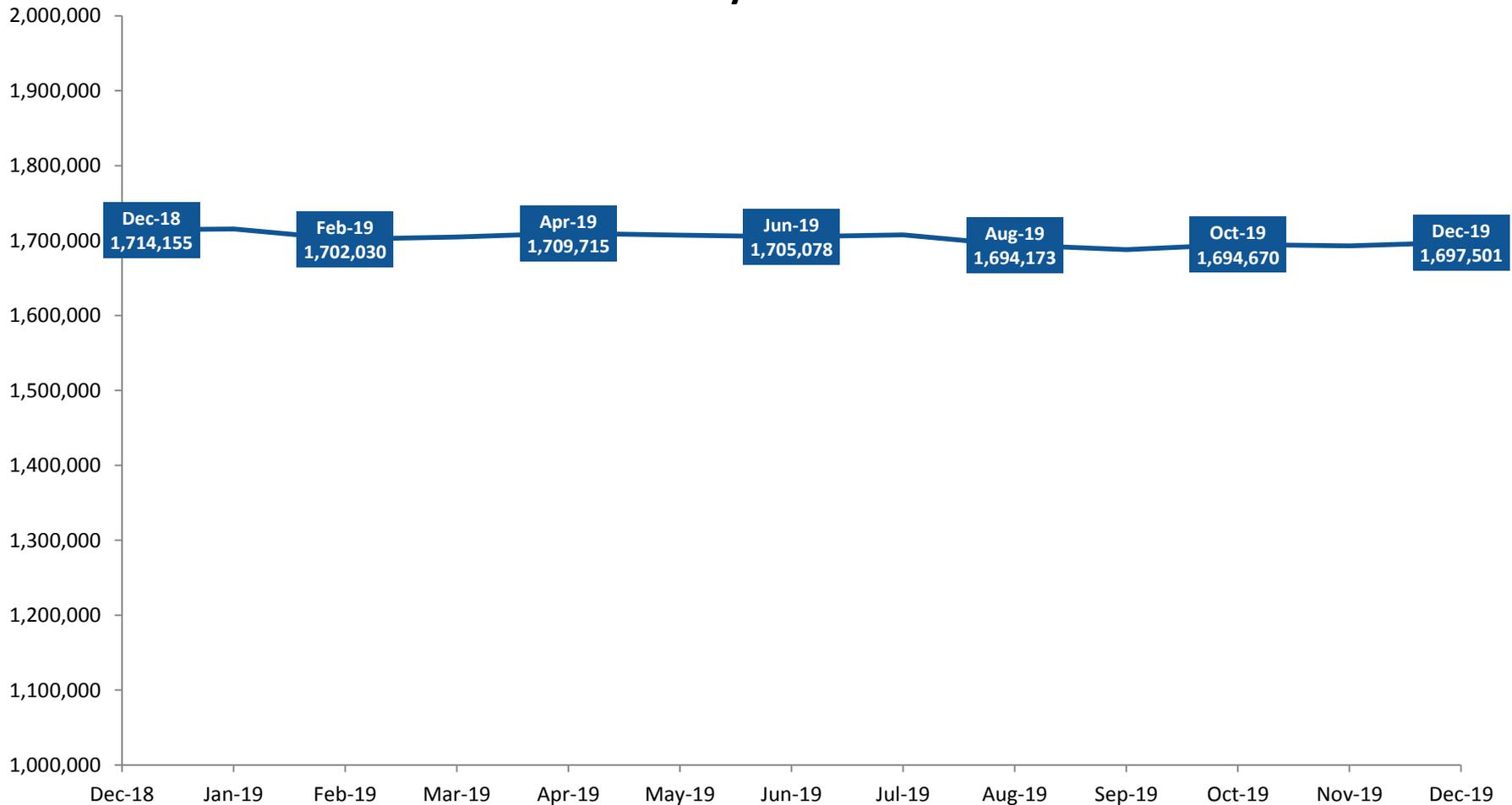


Sources: Total New Jersey Population from U.S. Census Bureau 2018 population estimate at <https://www.census.gov/quickfacts/nj>

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>

# Overall Enrollment

## Total NJ FamilyCare Enrollment

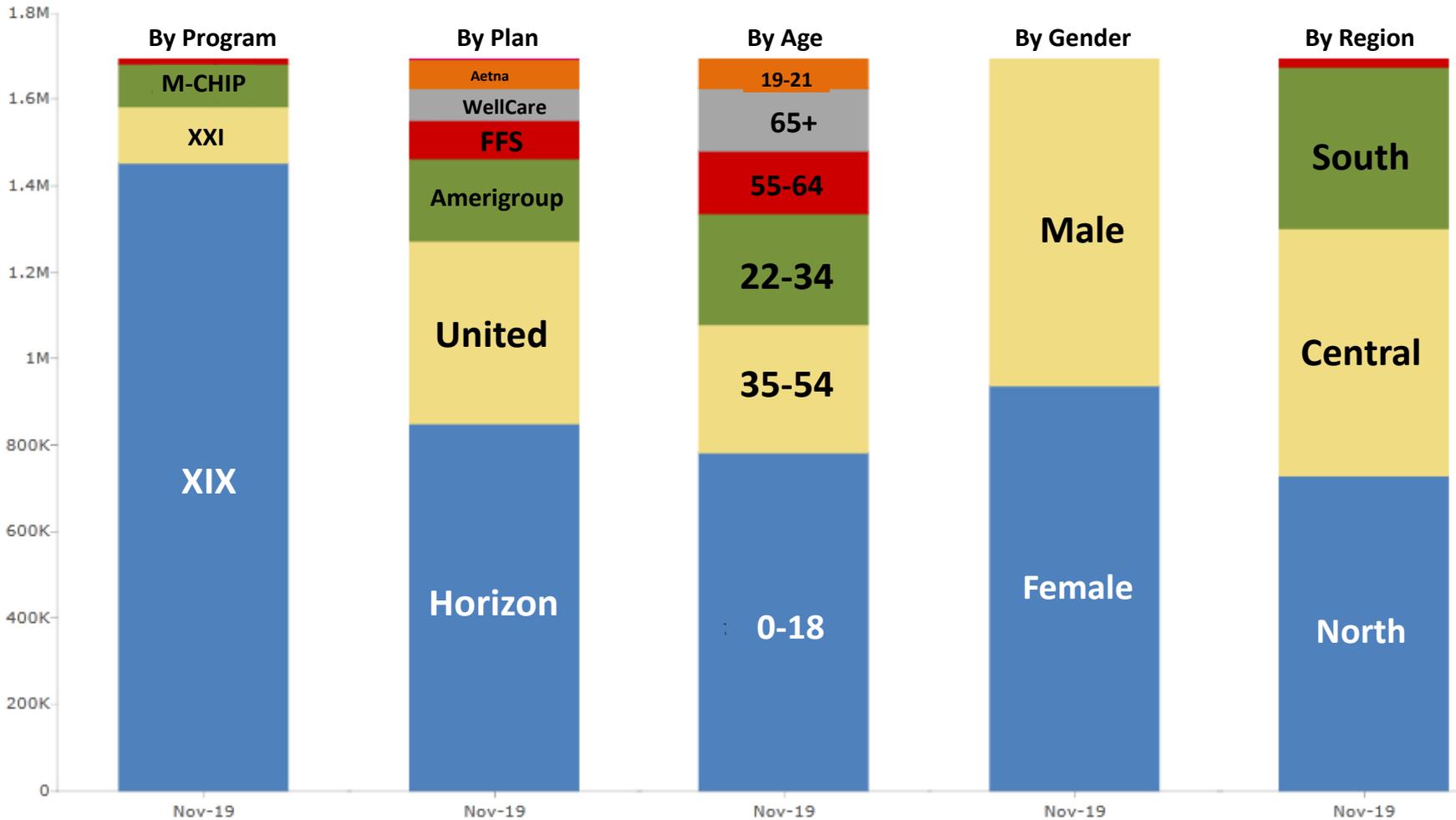


Source: SDW MMX Snapshot Universe, accessed 1/22/2020.

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

# NJ FamilyCare Enrollment “Breakdowns”

Total Enrollment: 1,693,074



Source: NJ DMAHS Shared Data Warehouse Snapshot Eligibility Summary Universe, run for October 2019.

Notes: By Region: North= Bergen, Essex, Hudson, Morris, Passaic, Sussex & Warren. Central= Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset & Union. South= Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester & Salem. Region does not add up to total enrollment due to small “unknown” category that is not displayed. \*M-CHIP: Individuals eligible under Title XIX, but paid with CHIP (Title XXI) federal funds.

Advisory, Consultative, Deliberative



Affordable health coverage. Quality care.

# Transition of Eligibility between NJ FamilyCare Programs

# Evaluation for Transition off SSI

Individuals losing their **SSI eligibility** are evaluated under all of NJ FamilyCare's Programs:

- Beneficiaries are given 4 months of Medicaid (transitional period) while the CWA uses existing information to evaluate for continued eligibility.
- Beneficiaries determined no longer eligible are terminated by the CWA at the end of the 4 months (transition period) due to ineligibility (i.e. over income or resource limit) or Failure to Respond. CWA includes Fair Hearing Rights with all termination notices.

# Coming Soon: MAGI process to mirror SSI

Target: March 2020

Individuals losing their **NJ FamilyCare (MAGI-based) eligibility** will be evaluated under NJ FamilyCare's Aged, Blind and Disabled Programs:

- Monthly report of beneficiaries losing eligibility will be sent to the appropriate CWA for tracking purposes. Same file will be sent to DOAS for their evaluation/outreach.
- Centralized mail vendor will send a Request for Information packet and pre-populated cover letter with CWA address-specific return envelopes.
- CWA will process all returned Requests for Information packets and make an eligibility determination with Fair Hearing Rights, Plan benefits, Nondiscrimination notice and language assistance notices. Terminations for Failure to Respond will be sent based on the CWAs' tracking report.

# Worker Portal Enhancements

1. Worker Portal continues to expand to include electronic data sources used for verification purposes sources such as:

- Federal Data Services Hub, including the Social Security Administration data
- Verification of Lawful Presence (VLP) through DHS
- State wage data with disability and unemployment income
- NJ Division of Taxation data

2. To improve the quality of eligibility communications, all notices will be standardized and include attachments as needed: (i.e. Fair Hearing Rights, Plan benefits, Nondiscrimination notice and language assistance notices)

3. Individuals in a 4 month transitional period will be added to the Worker Portal for electronic processing.

# Proposed NJ FamilyCare Managed Care Contract Changes for January 2020

# Proposed January 2020 Managed Care Contract Changes

- Adds new definitions for: Community Based Care Management, Comprehensive Orthodontic Treatment, Dental Home, emergency Dental Condition and Long-Acting Reversible Contraceptives (LARC).
- Adds language to cover new Inpatient Hospital Utilization Review which now extends to managed care.
- Updates dental coverage language regarding the transitions from FFS to managed care for dental services authorized while the Member was FFS.
- Introduce the Peri-natal Risk Assessment requirement and associated forms.
- Establishes penalty (no reimbursement) for non-medically indicated early elective deliveries.
- Adds “Centering” as a listed benefit.
- Adds “Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” (SUPPORT for Patients and Communities Act) language to the Provider Lock-In Program and the Drug Utilization Review (DUR) Program.

# Proposed January 2020 Managed Care Contract Changes *(continued)*

- Adds Maximum Daily Morphine Milligram Equivalent (MME) safety edit requirements to the DUR Program.
- Adds the prohibition on reimbursement for non-rebateable legend drugs except those that are exempt from federal Medicaid Drug Rebate requirements.
- Requires MCOs to monitor automatic prescription drug refills.
- Adds services for Members with Autism Spectrum Disorder: ABA targeted to begin 4/1/2020, medically necessary rehabilitative services targeted to begin 7/1/2020. Requires appropriate referrals to, and collaboration with, DCF/CSOC, including participation in multidisciplinary team meetings.
- Changes HEDIS® reporting Set Measures to all measures in the complete HEDIS® Workbook.
- Changes benchmarks in the Performance-Based Incentive program performance payment pool to NCQA 75<sup>th</sup> Percentile for HEDIS® 2020.
- Replaced the Orthodontic Treatment Services section (in the Appendix B).
- Requires all MCOs to use a nationally recognized standard criteria for inpatient hospital admissions that substantially conforms to the Milliman Care Guidelines.

# Long Term Care (LTC) and Managed Long Term Services & Supports (MLTSS)



# October 2019 LTC Headlines

**86.4% of NJFC Long Term Care Population is Enrolled in MLTSS**

**55.3% of the NJ FamilyCare LTC Population is in  
Home and Community Based Services\***  
*Prior Month = 55.1%; Start of Program = 29.4%*

\* Methodology used to calculate completion factor for claims lag in the 'NF FFS Other' category (which primarily consists of medically needy and rehab recipients) has been recalculated as of December 2015 to account for changes in claims lag; this population was being under-estimated.

\*\* Nursing Facility Population includes all MLTSS recipients and all FFS recipients (grandfathered, medically needy, etc.) physically residing in a nursing facility during the reporting month.

# Long Term Care Recipients Summary – October 2019

**Total Long Term Care Recipients**

**61,190**

**Managed Long Term Support & Services (MLTSS)**

**52,871**

MLTSS HCBS

29,715

MLTSS Assisted Living

2,963

MLTSS NF/SCNF

20,193

**Fee For Service\* (Managed Care Exempt) NF & SCNF**

**7,161**

**PACE**

**1,158**

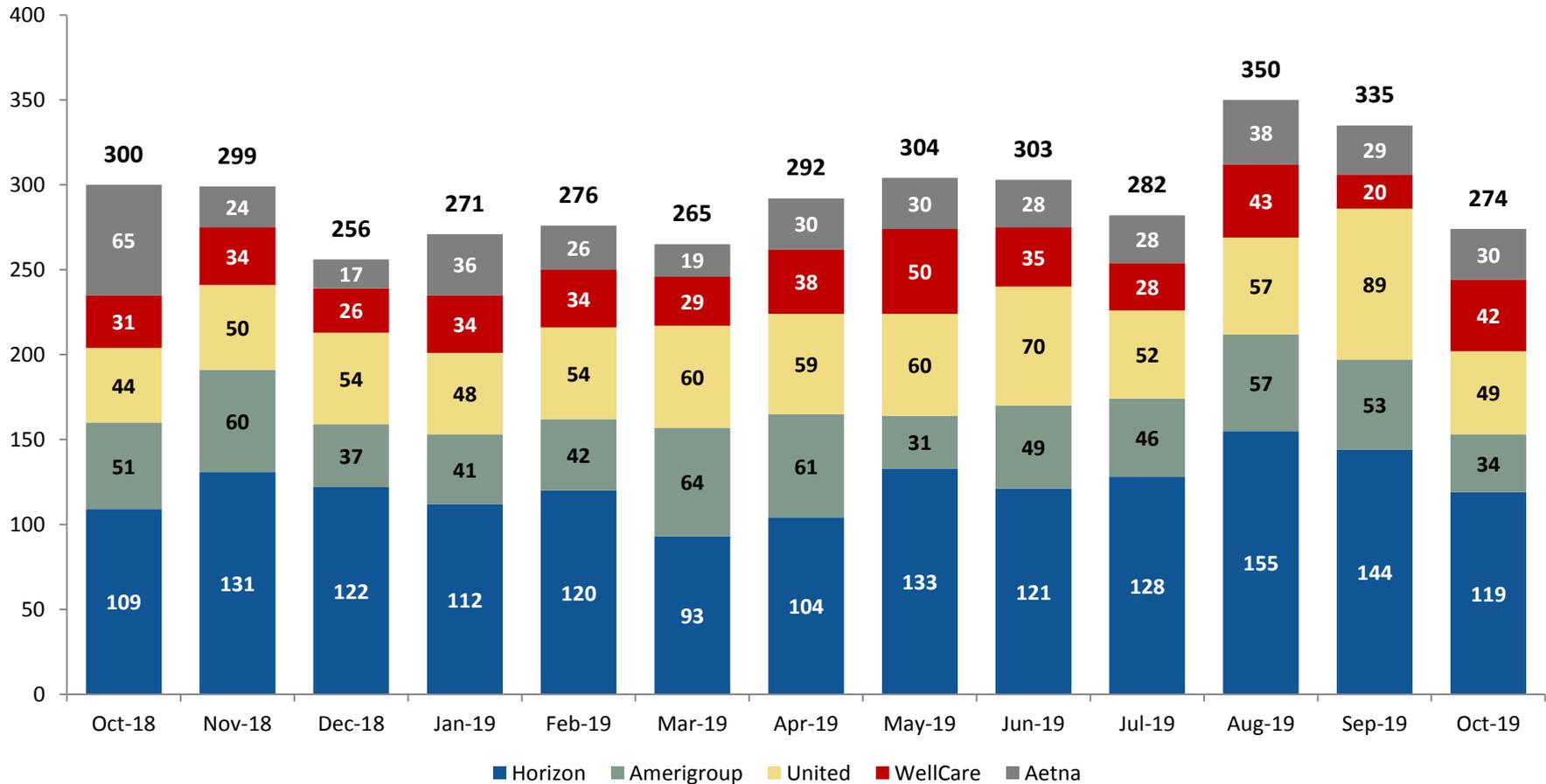
Source: NJ DMAHS Shared Data Warehouse Regular MMX Eligibility Summary Universe, accessed December 2019.

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).

\* A portion (~25%) of the FFS NF & SCNF count is claims-based and therefore uses a completion factor (CF) to estimate the impact of nursing facility claims not yet received. Historically, 63.56% of long term care nursing facility fee-for-service claims are received one month after the end of a given service month.

# MLTSS HCBS to NF Transitions

## HCBS Recipients Transitioning to NF the Following Month, by Plan\*

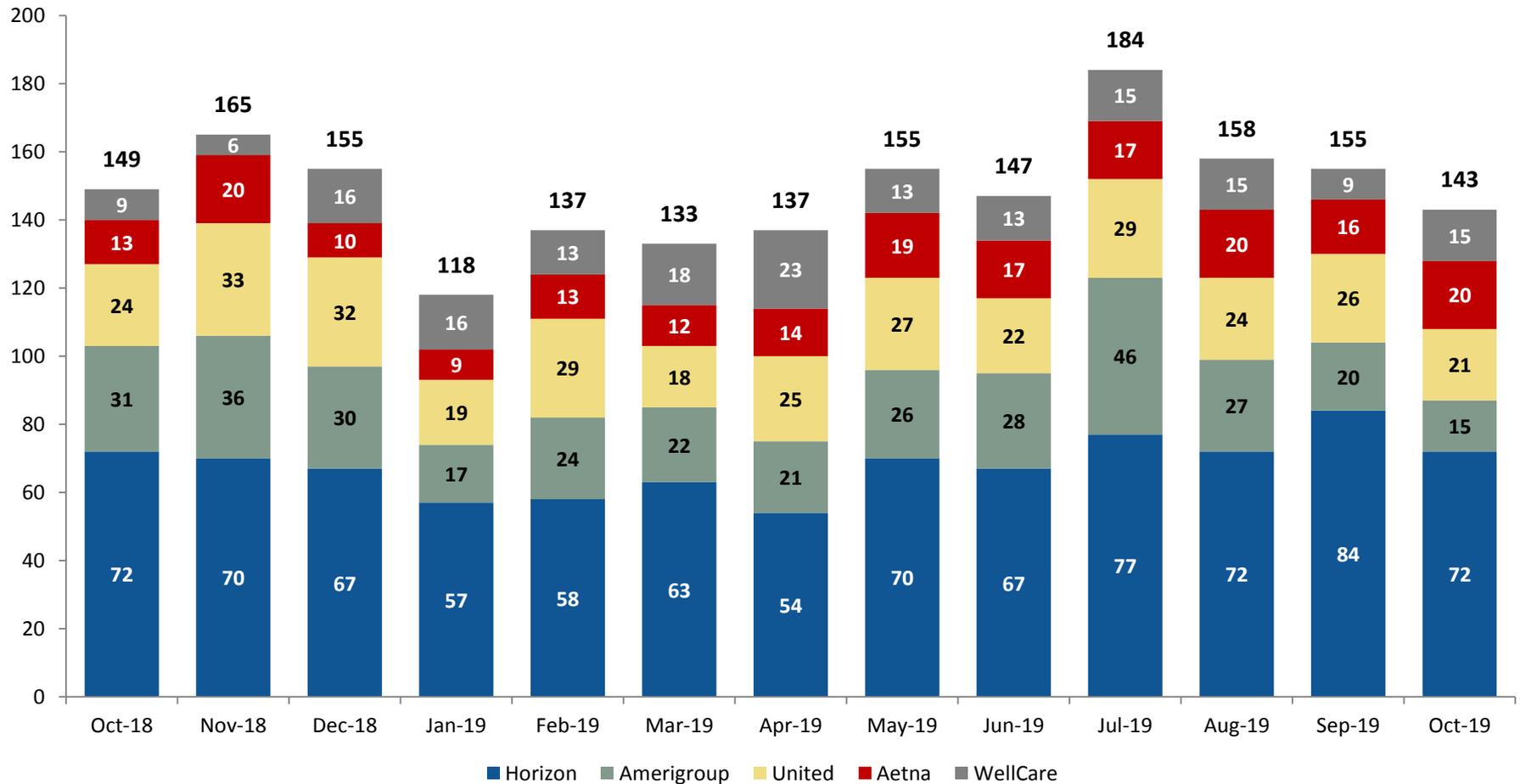


Source: NJ DMAHS Shared Data Warehouse MLTSS Summary Table, accessed January 2020.

Notes: HCBS in the current month defined by cap codes 79399 & 89399. NF in the subsequent month defined by cap codes 78199, 88199, 78399, 88399, 78499 and 88499. \* Recipients are only included in the count if they were in the same MCO in the given month and in the subsequent month.

# MLTSS NF to HCBS Transitions

## NF Recipients Transitioning to HCBS the Following Month, by Plan\*



Source: NJ DMAHS Shared Data Warehouse MLTSS Summary Table, accessed January 2020.

Notes: NF in the current month defined by cap codes 78199, 88199, 78399, 88399, 78499 and 88499. HCBS in the subsequent month defined by cap codes 79399 & 89399. \* Recipients are only included in the count if they were in the same MCO in the given month and in the subsequent month.

# Autism Benefits

# Autism Benefits Available Today

Autism benefits available today are currently coordinated between Medicaid managed care and DCF's Children's System of Care (CSOC).

- Medicaid Managed Care Organizations (MCOs) provide allied health services (Physical Therapy, Occupational Therapy, and Speech therapy); Sensory Integration therapy; and, augmentative and alternative communication devices.
- The Children's System of Care (CSOC) provides clinical interventions, skill acquisition and capacity building.

# New Autism Benefits

- DHS, DCF and its stakeholders have been working diligently on an EPSDT benefit design to expand Autism Spectrum Disorder (ASD) services available to Medicaid beneficiaries.
- New SPA-approved services are targeted to begin on April 1, 2020 (ABA) and July 1, 2020 (DIR<sup>®</sup> Floortime).
- New Autism services, covered under managed care:
  - Applied Behavioral Analysis (ABA)
  - DIR<sup>®</sup> Floortime: addresses social engagement, teaches problem solving and improves communication

# Doula Care

# Doula Care

## Background/Legislation

- P.L. 2019 Chapter 85, signed into law 5/8/19
- Provides coverage under NJ Medicaid for non-medical doula services that provide prenatal support, labor support, and post-partum support to mothers
- Implementation is being done in partnership with NJ DOH, who is running regional, community-based doula programs with *Healthy Women, Healthy Families* grant funding

## Progress

- Ongoing conversations with working group of community doulas and other relevant stakeholders to discuss key programmatic, clinical, and financial design choices.
- Engagement with MCOs on implementation of benefit
- Development of SPA for submission to CMS

## Next steps

- Ongoing stakeholder discussions, and program development
- Goal of go-live: Mid-2020

# Electronic Visit Verification

# Electronic Visit Verification (EVV)

- The Division of Medical Assistance and Health Services (DMAHS) vision for EVV is implementing a system and operation which meets state and federal requirements with broad public support and a strong/enthusiastic stakeholder process.
- The State's decision to choose an open model was influenced by stakeholder input.
  - Open model means that the selected vendor must have the ability to accept and process EVV data from platforms chosen by payers or providers.

# Electronic Visit Verification (EVV)

*(continued)*

- DMAHS presented EVV at stakeholder meetings, which included families and caregivers. The state will plan, with the selected vendor, to continue meaningful engagement with families and caregivers in an interactive dialogue.
- New Jersey has completed the vendor selection process and will be issuing the official award of a contract for a statewide EVV vendor.
- DMAHS intends to operationalize the EVV six months after the contract is awarded.

# Electronic Visit Verification (EVV)

*(continued)*

- December 12, 2019, DMAHS received an approval from CMS for a EVV Good Faith Effort Exemption
  - The exemption expires on December 31, 2020
  - NJ will not be penalized during the Exemption period.
- Providers and MCOs will continue to operate as usual until further information is provided.
- EVV-related questions/issues or concerns may be directed to [mahs.evv@dhs.state.nj.us](mailto:mahs.evv@dhs.state.nj.us).