MLTSS and Community Providers: New Jersey’s Experience

New in the Community, Managed LTSS Plans
Meet Community Providers
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MLTSS Design: Provider Transition
Workgroup Guiding Principles

1. Predictability/stability are critical for the transition of beneficiaries who meet a NF level of care; and.
2. Simplicity to ease the transition to managed care.
   • Any willing provider provision with regards to:
     – Nursing facilities, special care nursing facilities, assisted living facilities and long-term care pharmacies
MLTSS Design: Provider Transition Workgroup Recommendations

1. Any willing provider provision for NFs, SCNFs, ALs and long-term care pharmacies
2. Timely claims payment
3. Good cause provision to the MCO contract that allows members to change plans
4. Standardized billing process across MCOs
5. Provider training period,
6. Claims testing period
7. Smaller provider transition workgroups

New Jersey Go-LIVE Scenario

• MLTSS went live on July 1, 2014 with automatic enrollment of about 13,000 individuals in four distinct Medicaid Waiver programs.
• About 27,000 nursing home residents who were already considered custodial care and on fee-for-service Medicaid were excluded, but newly eligible individuals after July 1 would be on MLTSS.
Essential Elements for Providers on 7/1/14

- Confirming a member’s eligibility in NJ FamilyCare
- Provider enrollment information
  - MCO network requirements
  - Application process for provider enrollment
  - MCO provider relation resources
  - Prior authorization, claims submission requirements and utilization appeals

MCO Collaboration and Oversight

- Beginning on “Go-Live” day for MLTSS, the State required daily one-hour calls with the MCOs to troubleshoot, provide guidance and hear success stories during this initial phase.
- Weekly group conference calls (now bi-weekly) with all the MCOs were held to ensure consistent communication of policy direction.
- MCO calls went to once a week for the first year of MLTSS and are now every other week.
- HCBS Network Adequacy is always a discussion item.
Provider Communications

• Division of Medical Assistance and Health Services, Office of Managed Health Care, targets communications to ensure access through its provider networks:
  – Provider inquiries, complaint resolution and tracking by provider type.
  – Newsletter to 17,000 providers educating them on MLTSS.
  – Seven educational sessions held and videotaped.
  – Emphasis on the DHS website to transmit as it becomes available (FAQs updated about monthly to address provider concerns).

Provider FAQ Topics

• AL Billing when Member is Pending Medicaid Enrollment
• Financial and Clinical Eligibility Determination
• FFS Member Transition to MLTSS for Custodial FFS Members
• MCO Provider Network
• MCO Contract Parameters for MLTSS Providers
• Member Eligibility Confirmation
• Member Enrollment and Eligibility Information
• Patient Pay Liability/Cost Share
• NF Resident Discharge
• Resources for Providers
• Transition from Fee for Services Approval to Managed Care
Provider Feedback

• Besides the initial provider forums, State presents at numerous meetings convened by provider trade associations, participates in webinars and makes individual calls to specific providers.
• At provider forums, agenda included questions about specific issues and time with individual MCOs for joint problem-solving.
• Feed-back through provider hotline and emails which are discussed on calls with MCOs.

Continuing Stakeholder Process

• Multi-faceted communications process, including email, telephone hotlines and website.
• MLTSS Steering Committee meets quarterly with a facilitator from Center for Health Care Strategies.
  – While agenda is filled with informational updates, there is always time for input and questions from stakeholders.
• MLTSS is a standing agenda item at the quarterly Medical Assistance Advisory Committee meetings.
• Videos, newsletters and website with FAQs are available to educate stakeholders on MLTSS.
Ongoing Input is Critical

- Feedback Forums – DHS management held sessions statewide for advocates/consumers to share their thoughts about the rollout. Topics presented were:
  - Access to services, person-centered approach, care plans based on care needs, and members’ rights and responsibilities.
- Provider Surveys – Conducted a survey of the Assisted Living providers to fix some billing issues, which were then able to be resolved.
  - A similar strategy for the Traumatic Brain Injury providers.
- Consumer Survey -- Participating in the NCI-AD Initiative to get direct feedback from consumers.

Discussion Topics

- Payment for MLTSS Services Prior to MLTSS Eligibility/Enrollment
  - Fee-For-Service Coverage of AL
- NF Expedited Clinical Authorization Process
- Community Transitions from NF with MLTSS
For More Information

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For more Information related to MLTSS:
http://www.state.nj.us/humanservices/dmahs/home/mltss_resources.html