Amerigroup RealSolutions in healthcare

New Jersey Managed Long-Term Services and Supports Update

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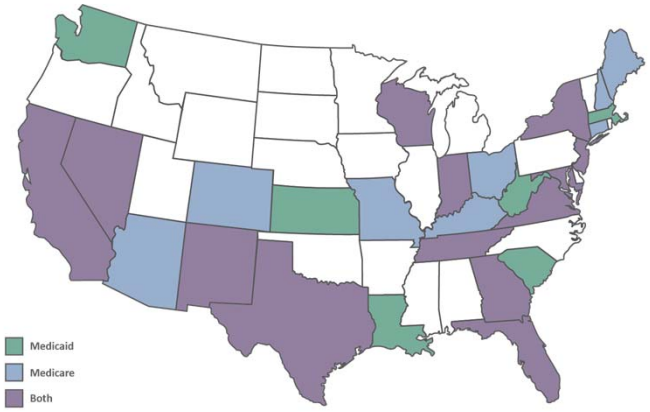
Agenda

- Introduction
- New Jersey's Medicaid Managed Care Program
- What Might Valerie Have Said Today?
- What's Going on at the Managed Care Organizations (MCOs)?

Amerigroup-WellPoint Footprint

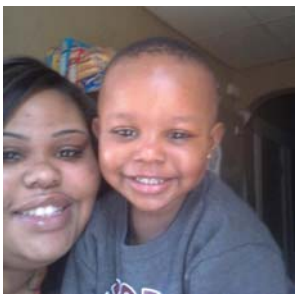
Together, we coordinate health care services for approximately 7.4 million members enrolled in Medicaid, Medicare and Federal Government Solutions programs in 19 states, making us the largest provider of health care solutions to public programs.



Jennifer Langer Jacobs

- Joined Amerigroup in January 2006
  - Represents Amerigroup, one of four Medicaid health plans in New Jersey today, in dialogue with policymakers, advocates, health care providers and consumers in Trenton and beyond
  - Address policy challenges and get traction on the opportunities in health care delivery
  - Chair the Medicaid Committee of the New Jersey Association of Health Plans
- Alumna of Penn State, MIT and Teach for America
- Hands-on, diplomatic commitment to government program solutions

Government Program Solutions for These Guys



Lashawna and JJ
Integrated and Coordinated

Michael Ogg
Flexibility and Options

Partnership with the State of New Jersey

Improve Access to Care
- Build and maintain an adequate network of providers
- Meet/Exceed state-defined network standards
- Pay claims efficiently

Coordinate Care for Our Members
- Reach out to all populations to encourage preventive care
- Provide intensive case management support to members with acute needs
- Provide ongoing care management support to members who need a little help
- Ensure "continuity of care" for members transitioning into the plan

Analyze, Innovate and Collaborate
- Analyze quality metrics and develop new approaches to improve health outcomes
- Share best practices with the State and other health plans
- Participate in policy dialogues

The Medicaid Managed Care Program: Recent Change

2010 and prior

Population:
Parents & Kids
Most Aged, Blind & Disabled (ABD)
Some with Medicaid + Medicare

Benefits:
Primary/Specialist/Preventive care
Inpatient/Outpatient/Most Rx
Dental, Behavioral Health for developmentally disabled clients only

2011-12

Population:
Previous populations, plus:
All Aged, Blind and Disabled (ABD)
All with Medicaid + Medicare
Including home/community LTC

Benefits:
Previous benefits, plus:
Rx for all clients
Rehabilitative therapies:
Occupational, Physical, Speech
Personal Care Assistance
Medical Day Care

Medicare Integration 1/1/12:
Health plans now cover both Medicare and Medicaid benefits for members in *Special Needs Plans*

2014

Population:
Previous populations, plus:
Residents of nursing facilities

Benefits:
Previous benefits, plus:
Nursing Facility
Assisted Living
Home and community-based services
BH for LTC clients

Still carved out:
- DD LTC waiver (CCW)
- BH for members not DD/LTSS

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Medicaid Long-Term Care

People who need long-term services and supports typically prefer to remain in their home as long as they are able.

- **92 percent of New Jersey's 50+ citizens believe it is important to have long-term care services that allow for aging in the home[1]**

The State has some programs that allow this, but has had difficulty scaling to achieve desired ratios of institutional to community care

- Less than 29 percent of New Jersey's LTSS spending is for home- and community-based care, putting New Jersey in the bottom half of states. Top performing states average 60 percent[1]

State government resources are limited

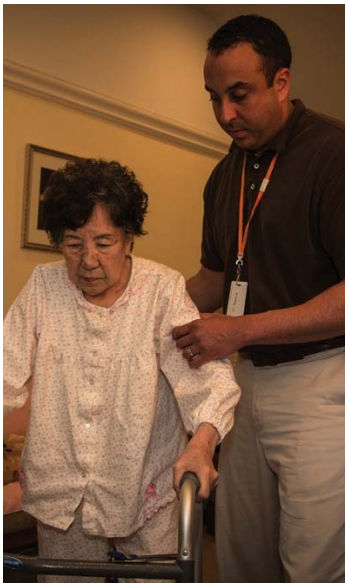
- In 2000, 12.4 percent of the U.S. population was 65 or older, a number projected to jump to 19 percent by 2030[2]
- Care for the whole person delivered in the right setting is the most cost-efficient
- Sixteen states plan to implement new managed care programs for LTSS by 2014

Sources:
1) AARP Long-Term Services and Supports Scorecard (www.longtermscorecard.org) and The Daily Record Editorial (10/3/11);
2) US Administration on Aging: http://www.aoa.gov/aoaroot/aging_statistics/index.aspx
3) Centers for Medicare & Medicaid Services: The Growth of Managed Long-Term Services and Supports (MLTSS) Programs: A 2012 Update .

MLTSS Services

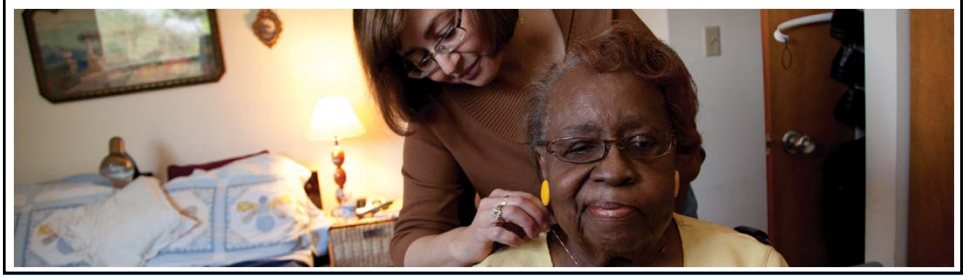
Covered services include:

- Nursing facility, assisted living and other residential settings
- Home-based activities of daily living support
  - Home-based supportive care
- Home-delivered meal
- Social day care
  - Medical Day care is non-waiver service
- Personal emergency response system
  - Including medication monitoring
- Home and vehicle modifications
- Community transition



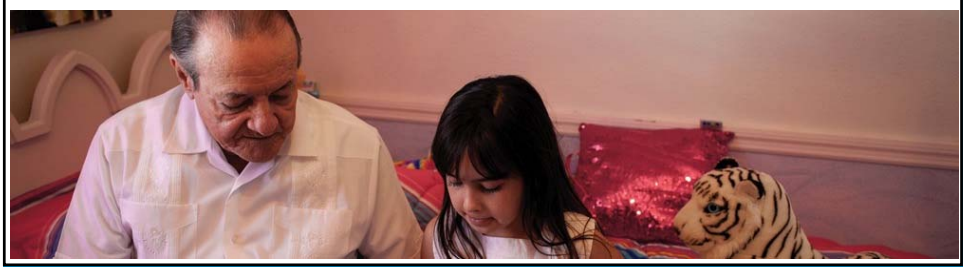
Quick: What Changes and What Stays the Same?

- Changes:
  - You will bill MCOs
  - MCO care managers will periodically check on members and monitor their progress with collaboratively developed care plans
  - For certain dual and all non-dual members, the MCOs will be covering all acute care benefits – e.g. hospitalization
- Stays the same:
  - Payment rates, at least for the initial period
  - County welfare agencies will continue to determine financial eligibility. We share your interest in the rapid turnaround of these determinations
  - You will continue to collect patient liability



What Might Valerie Have Said?

- Medicaid is drafting updates to the managed care **contract and rates**, including quality metrics
- Developing detailed **provider Q-and-A** and training material
  - Commitment to claims testing period and close partnership
- Finalizing **standardized billing** procedures – same codes/format across all four plans
- **Readiness materials** submitted, reviewed and updated
- **On-site** readiness review at MCOs in November
- A few key **policy decisions** still in play



What Is Going on at the MCOs?

- Contract review/negotiation
- Preparations for on-site readiness review
- Systems configuration, including reporting
- Hiring and training staff
- Provider outreach and contracting
- Community outreach
- ***Evaluating opportunities for innovation and quality improvement***

Why We See MLTSS as an Opportunity

- Home and community-based services are underutilized
- They are also not well coordinated
- We can manage cases prior to potential nursing home admission
- ***Important Note:*** **MLTSS is not about trying to change nursing homes, rather it is about better care management and more effective use of home and community-based services**

Keys to Program Success

- Paying providers correctly and quickly
- Ready access to our members, both those in and out of your facilities
- The development of clinically sound and practical plans of care
- **Partnership and dialogue**

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