

'The Past, Present & Future of MLTSS'

An Update on Managed Long Term Services & Supports

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Our Past - *The MLTSS Timeline*

- February 2011 - Governor Chris Christie calls for a Medicaid reform plan during FY 2012 budget address
- May 2011 - Comprehensive Waiver / MLTSS / Managed Care Transition concept paper released
- May 2011 to August 2011 - Public input process conducted
- September 2011 – Section 1115 Waiver request submitted to CMS
- October 1, 2012 CMS approves Section 1115 Waiver through June 30, 2017
- 2012 – 2014 Planning, Politics, Discussion & Delays
- July 1, 2014 – Managed Long Term Services and Supports initiated

Our Present – *“You Did What?”*

- The Waiver & MLTSS is Truly comprehensive.
- Brings the remainder of certain Fee-For-Service (FFS) populations into Managed Care:
 - -Behavioral Health
 - -Developmental Disabilities
 - -Long Term Care (AL, NF, SCNF)
- Some services and populations for above are still excluded from MLTSS (PAC, acute Behavioral, certain DD services/populations).

Making it Happen?

- ◉ Rolling the two existing managed care waiver programs (Dual waiver and NJ Family Care Waiver) into MLTSS.
- ◉ Transitioning of four existing FFS waiver programs (GO, CRPD, TBI and ACCAP) into managed care/new waiver.
- ◉ Requires “flipping” over 11,000 HCBS beneficiaries into MLTSS and expanding the number of individuals who qualify for HCBS and the types of HCBS services available.
- ◉ Rolling traditional Long Term Care services into managed care (MLTSS). That’s us!
- ◉ Facilitating & Expediting Eligibility, Really?

“I have a dream today”

- Comprehensive Medicaid Waiver Innovations are Planned.
- Mandatory managed care enrollment.
- Duals and Medicare Special Needs Plans (SNPs).
- Health homes.
- Accountable Care Organizations.
- Administrative Service Organizations.

High Hopes?

- The Comprehensive Medicaid Waiver includes:
- Incentive for increasing provider network capacity
- Chronic disease self-management programming
- Rebalancing LTC through delayed placement, spend down for alternative placements and more investment in HCBS options for care.
- Coordination with SNPs for duals
- Health homes for seniors

What Does it Mean to Me?

- MLTSS impacts all LTC settings AL, NF & SCNF.
- What Did HCANJ Do for You?
 - -“Any Willing Provider” (AWP) for at least two years for NF, SCNFs, AL, CRS, and LTC Pharmacies
 - -“State Set Rate” for NFs, SCNFs, and ALs in the absence of a mutually agreed upon (contracted) rate between the facility and the MCO
 - -Contract Project told you what was right and just and got the state to address contract concerns and proscribe language and solutions.
 - -Targeted Communications – *The Managed Care Minute.*

Married to more than just Molina?

- *New Jersey Medicaid Health Plans (MCOs) Include:*
- -Horizon NJ Health – Here today, has a booth in the arena and has met with HCANJ and providers.
- -WellCare – Here today, very accommodating to HCANJ requests and has met with HCANJ and providers.
- -Amerigroup – Here today, came around on contract project requests and has met with HCANJ and providers.
- -United Healthcare – Also here today. Pretty tough back and forth on many contract issues and concerns and not as helpful language or response on matters relating to rates, non-participating providers.
- -Aetna (application pending before state)
- *The MLTSS process requires you to apply, credential and contract or go non-participating or single use.*

“It’s a free country”

- A beneficiary can change MCOs during the Open Enrollment period during October of each year
- A beneficiary can change their MCO at any time for good cause (membership changes the beginning of the following month if done before the 15th of the month)
- Beware of Antitrust Issues...

What About Bob?

- HCANJ Members & Leaders Initiated Contract Project.
- Other AHCA state affiliates did not go as far for their members.
- Some Issues remain & we recommend you have counsel.
- Some initial template contract language not applicable to provider group. Some contracts not returned / fully executed.
- Some requirements overbroad or more restrictive than state or federal mandates.
- “All Inclusive Rate” – what’s in the rate?
- “State Set Rate” – Rates set but new increases possible and one due with July 1, 2014 retroactivity. Still argued by one MCO but in writing from state that it’s coming.

A trickle versus the flow...

- MLTSS Transition began July 1, 2014 in ALs, NFs & SCNFs.
- ALs transition of all SNF Level Medicaid Residents.
- NF/SCNF only new residents admits on or after July 1, 2014.
- Residents that were in a NF and paid FFS as of June 30, 2014 will continue to be paid FFS until discharge.
- Residents that were in a SCNF and paid FFS as of June 30, 2014 will transition to MLTSS as of July 1, 2016.
- NEW! - A change from Medically Needy program to NJ FamilyCare will trigger enrollment into MLTSS (requires a new Medicaid ID#).

Is my resident qualified?

- Clinical Qualification for MLTSS (PAS evaluation of Nursing Facility Level of Care).
- Hospitals will continue to do the EARC PAS.
- OCCO will continue to do PAS evaluations for non-Medicaid eligible persons entering or residing in a NF or AL.
- MCOs will do PAS evaluations for persons already in an MCO (must be reviewed and approved by the State OCCO Office).
- MCOs will do annual recertification for MLTSS participants.
- OCCO will do annual recertification for grandfathered (fee for service) residents .

It's all about the money.

- Financial eligibility (income and asset) criteria for nursing facility care has not changed.
- “Self-Attestation of Non-Transfer of Assets” will avoid the requirement of the CWA performing a look back for transfer of assets before eligibility can be established for persons with income at or below poverty level (will now be a post eligibility audit function).
- Miller Trusts will open up Medicaid eligibility for HCBS LTC services and will impact both NFs and Als. State's Application Pending at CMS.
- Dr. Dorner explanation available and more info coming.

Hey Ump! A little help here!

- Appeals
- Utilization Management Appeal (Adverse Benefit Decision)
 - Medical benefit – three levels of appeal plus a Fair Hearing option
 - Non-Medical benefit – two levels of appeal plus a Fair hearing option
- Claims Appeals
 - Stage 1 - Individual Health Plan
 - Stage 2 - Alternative Dispute Resolution

Can You Hear Me Now?

- October Feedback Session by state yielded the following:
 - Complaints of delays in enrollee clinical evaluations by MCOs.
 - Complaints of delays in admissions and transfers to MLTSS.
 - Concerns that beneficiaries do not understand their rights under managed care system.
 - Questions regarding dedication/competence of case managers after transfer to MCOs.
 - Front-line provider relations staff at MCOs don't appear to understand New Jersey MLTSS.
 - Problems with payment by MCOs to providers.
 - Complaints regarding low reimbursement rates and over-regulation by the State.

“Houston we have 15 problems”

- HCANJ monitoring & fighting for resolution of unresolved issues with MLTSS transition:
 1. Filling the AL “payment gap.”
 2. Cost share calculations.
 3. Delays in beneficiary clinical (level of care) evaluations by OCCO and MCOs.
 4. Unnecessary “cost avoidance” requirements – Medicare EOB denials, etc.
 5. Contract language & return failures.
 6. AL claims – POS code.
 7. Cost share liability.

“Houston we have 15 problems”

1. Hospice treatment and days under MLTSS? New guidance received from state and HCANJ reviewing now.
2. Clarification of financial eligibility process for community (SSI and ABP) eligibles transitioning to MLTSS in NFs and ALs.
3. Clarification on timing of payment cost share adjustments for community eligibles transitioning to MLTSS.
4. Erroneous assignment of grandfathered residents to MCOs.
5. Impact on MCO enrollment by delays in annual financial redeterminations.
6. Changes in Medicaid Provider enrollment requirements for current or future MLTSS providers.
7. Miller Trusts.
8. Uniform Remittance Advice.

Filling the Gap?

- ⊙ SNF/SCNF paid on date of admission. ALs paid on date of enrollment.
- ⊙ Significant delays between date of eligibility to date of MCO enrollment “The Gap”.
- ⊙ State committed to restoring AL payments to cover gap with a FFS payment.
- ⊙ Will it cover total gap? – OCCO delays, MCO delays and Billing cycle bad luck.
- ⊙ Devil in Details - State promises plan is in final stages and details to come in November or early December.
- ⊙ What about retroactivity? Shouldn't they cover original dates of eligibility since beginning of program?
- ⊙ Some view of situation is a problem. Others say ALs must prescreen and figure out asset depletion rate.

HCANJ Resources

- ◉ Dr. Dorner on call.
- ◉ MTSS Resources on the HCANJ web site:
 - ◉ Home page Menu Bar
 - ◉ Click “Facility Resources” drop down
 - ◉ Click Comprehensive Waiver
 - Managed Care Minutes
 - Managed Care Resources
 - Historical Comprehensive Waiver/MLTSS Information

Complaining according to procedure

- ◉ The Office of Managed Health Care (OMHC) is in the Division of Medical Assistance of Health Service (Medicaid) in DHS.
- ◉ System established for the Department to review and respond to questions/problems of providers in the implementation and operation of MLTSS.
- ◉ Question/problem must have first been brought to the attention of the MCO. If still unresolved, then
- ◉ Send request for assistance to:

MAHS.Provider-Inquiries@dhs.state.nj.us

- ◉ The e-mail should include: Member's Medicaid Number, Member Date of Birth, Service Type, Provider, MCO, Dates of Service, Summary of Inquiry, Date MCO contacted regarding inquiry.

The Future – Rate Increases and Adjustments

- ◉ Leaving Rate Setting Behind from Case Mix to Cost Reports.
- ◉ The “free market” and negotiations with plans for MLTSS Residents.
- ◉ Illustrating value and quality is your new currency.
- ◉ HCANJ FY2015 Increase an example of how to keep legislature involved in supporting better funding and plans in line on receiving a new capitated rate and passing money to facilities.
- ◉ Mable and her facility deserve an increase for services from 2014 to 2024.

The Future – Quality & Network Adequacy and Standards

- In other states the state agency sets the standards of network participation.
- Can we agree and pursue the right balance in NJ?
- Will there be a race to the bottom or cheapest versus the least expensive or best value regardless of price?
- We can all become a “Certified Used Car”?
- HCANJ clinical and quality assistance is now and will be critical moving forward.

Experts are in the Building

Time now to see the Dr., Lawyer, Lobbyist and MCOs

Questions?

Suggestions?

Hang in there!