OPEN MINDS

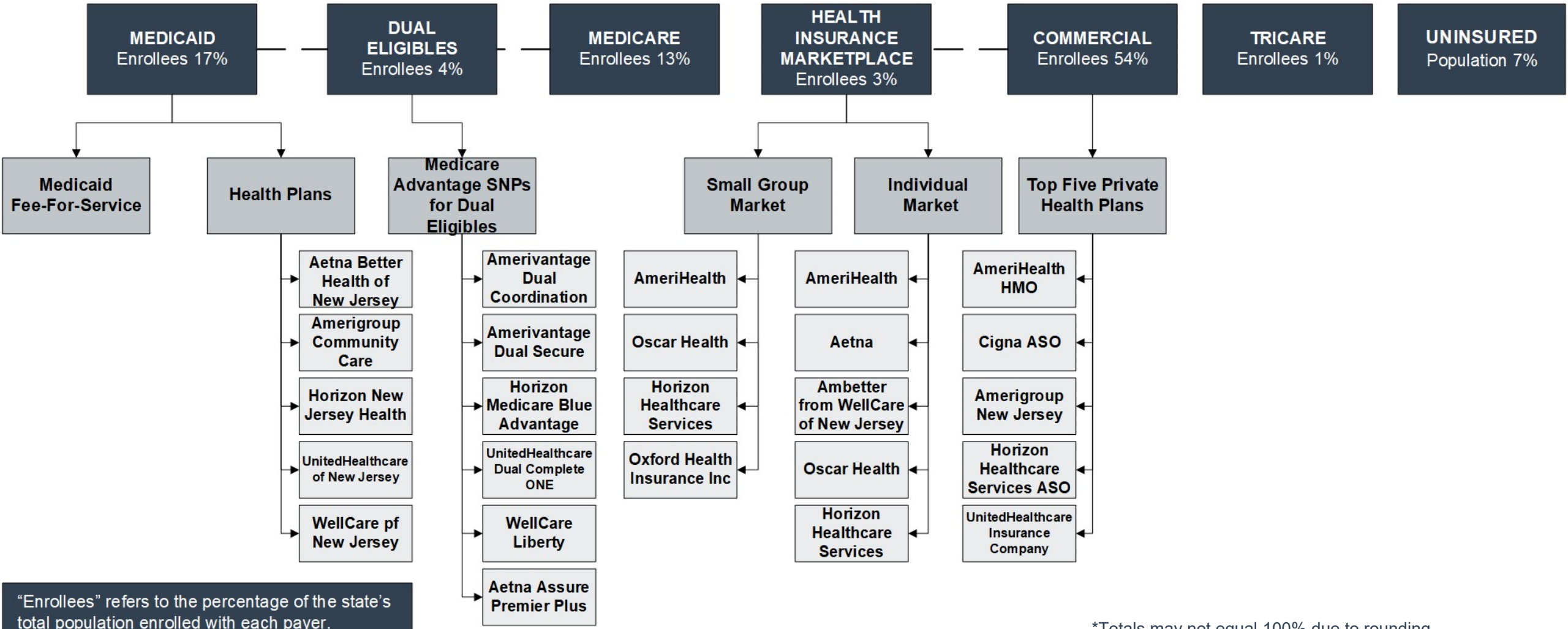
New Jersey Health & Human Services Market Profile: 2024

Health & Human Services Market Profile Overview

A. Executive Summary

A.1. New Jersey Physical Health Care Coverage By Payer

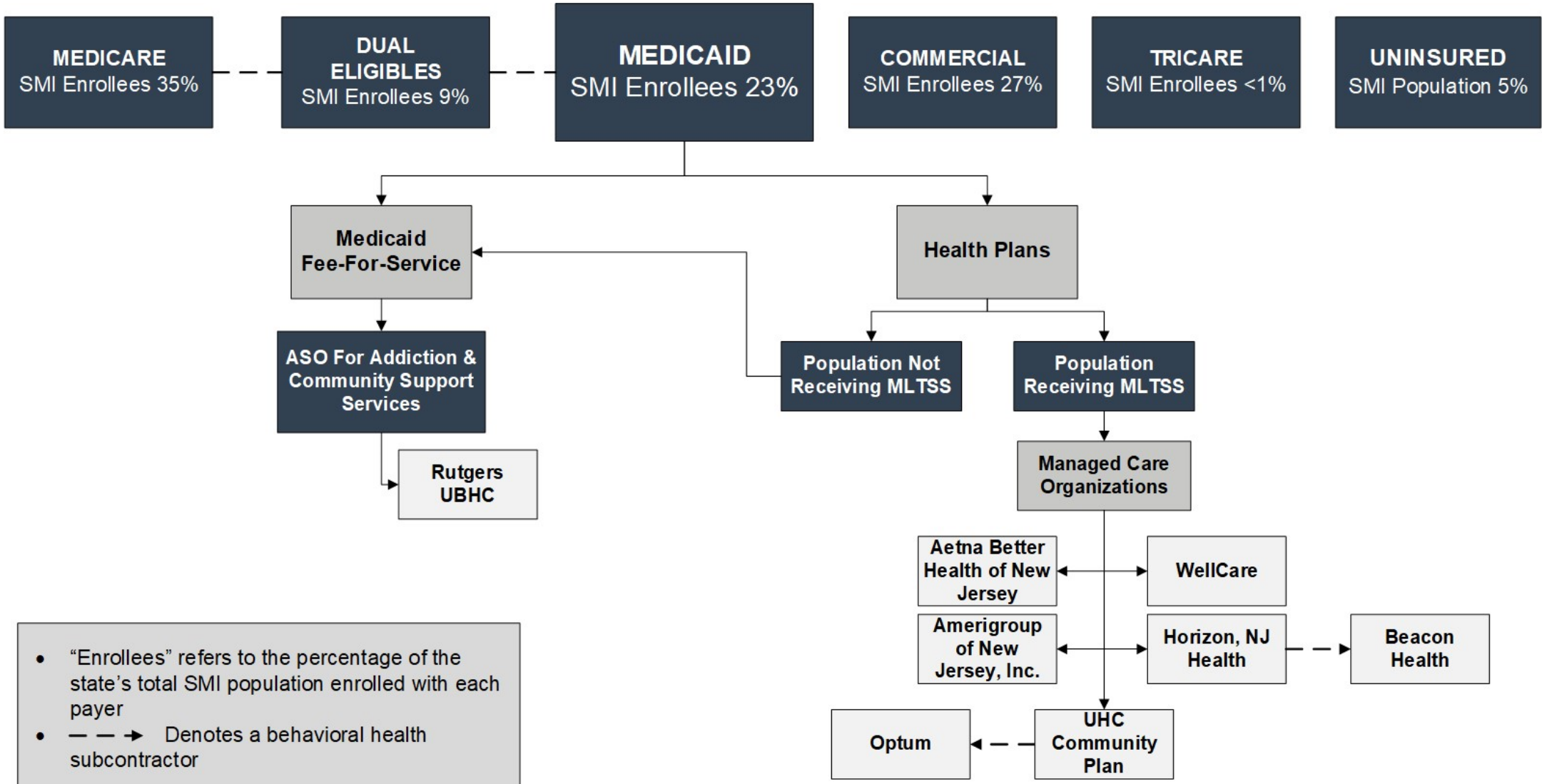
Total New Jersey Population- 9,261,699
Estimated Serious Mental Illness (SMI) Population- 740,936



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

*Totals may not equal 100% due to rounding

A.1. New Jersey Behavioral Health Care Coverage By Payer



- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- — — → Denotes a behavioral health subcontractor

*Totals may not equal 100% due to rounding

A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The ACO's have been renamed Regional Health Hubs.
Affordable Care Act (ACA) Model Health Home	✓	The state has health homes for individuals with SMI and children with serious emotional disturbance (SED).
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	The state provides LTSS through the Medicaid health plans for all populations except those with behavioral health and/ or substance use disorders
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates seven CCBHCs.
Other Grants & Initiatives		None

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The New Jersey Department of Health, Office of Primary Care and Rural Health, provides funding for physical health services for the uninsured population.

Mental Health Services

- The Department of Human Services, Division of Mental Health and Addiction Services, delivers mental health services to the uninsured population through a network of provider organizations.

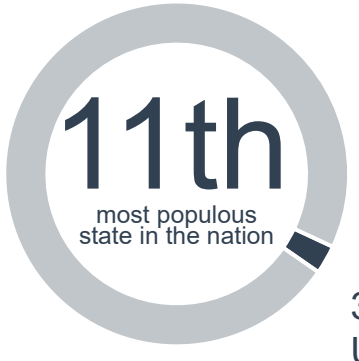
Addiction Treatment Services

- New Jersey's administrative services organization (ASO), Rutgers University Behavioral Health Care, is responsible for managing addiction treatment services for the uninsured population. Funding and contract oversight is provided by the Department of Human Services, Division of Mental Health and Addiction Services.

B. New Jersey Health Financing System Overview

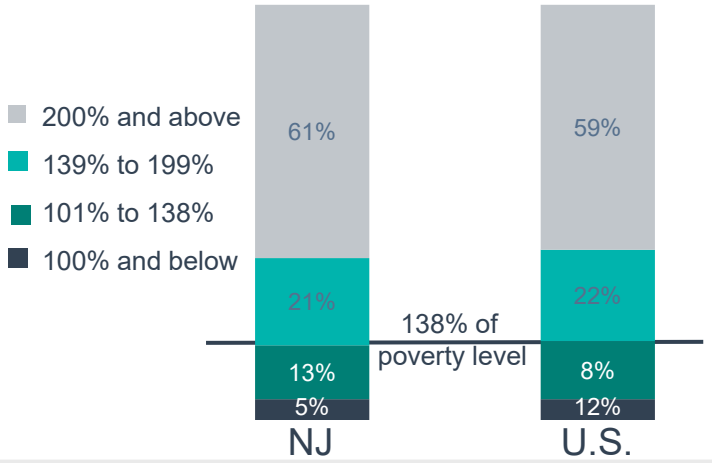
B.1. Population Demographics

Total New Jersey Population- 9,261,699
Estimated SMI Population- 740,936



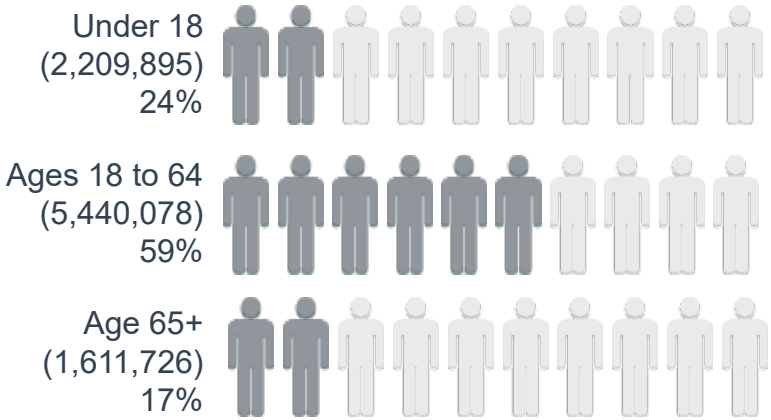
3% of the
U.S. population

Population Distribution By Income To Poverty Threshold Ratio

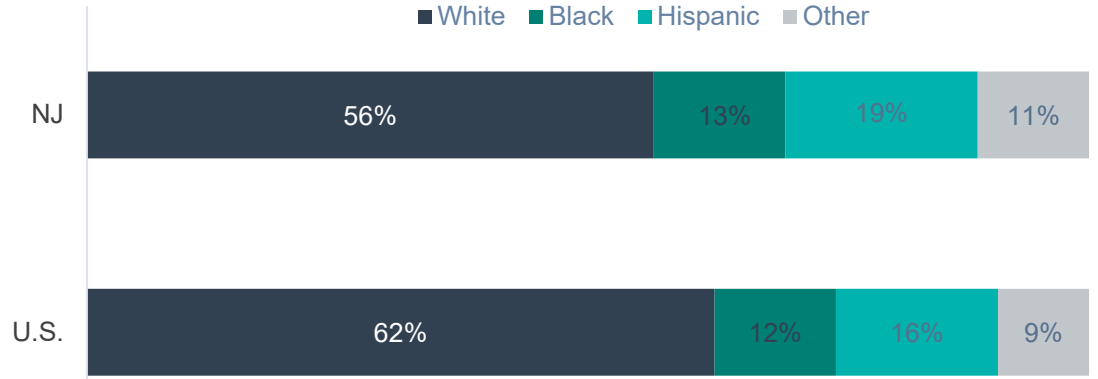


Median Household Income
New Jersey $96,346
U.S. $74,755

Population Distribution By Age



New Jersey & U.S. Racial Composition

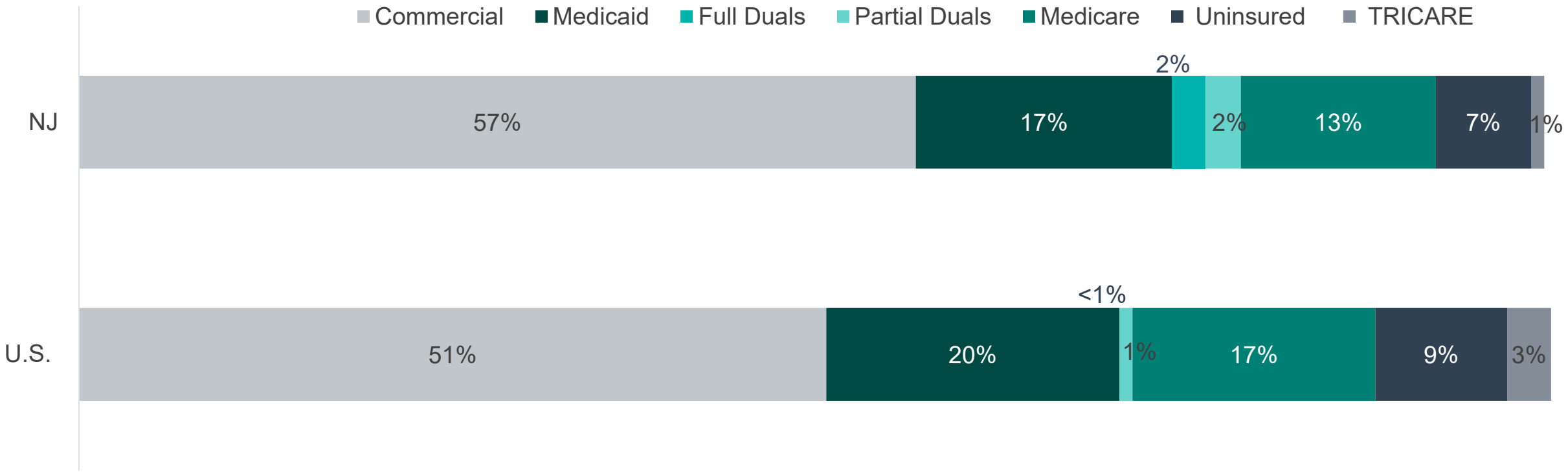


*Totals may not equal 100% due to rounding

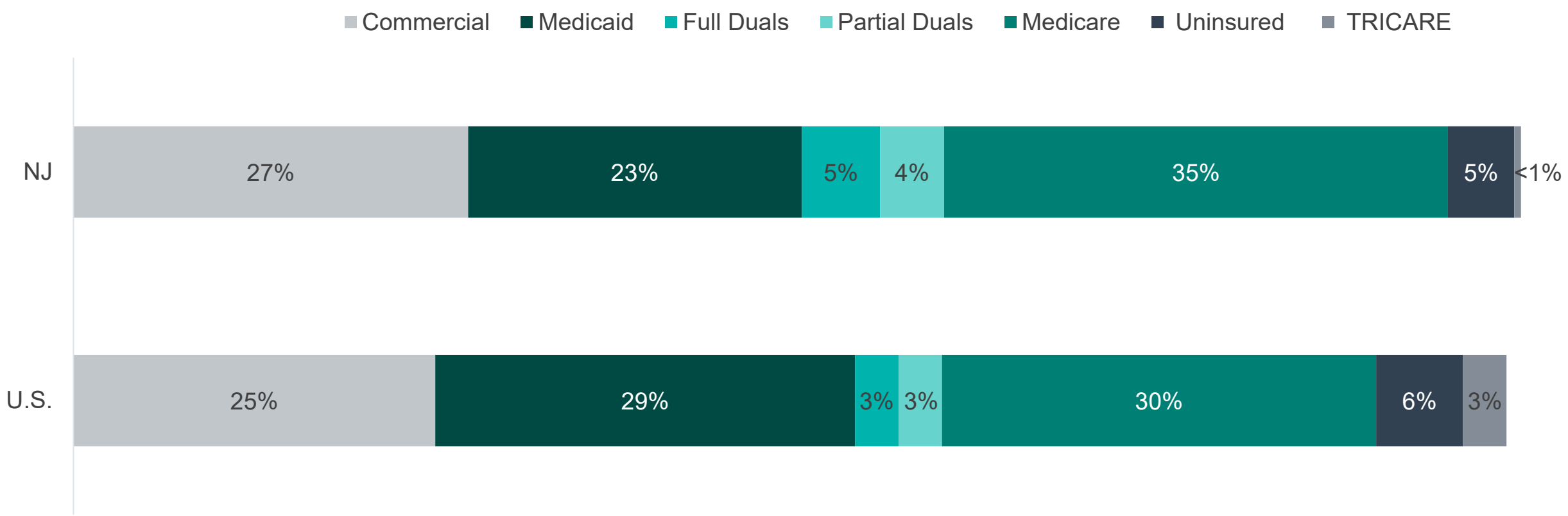
B.2. Population Centers

Population Centers by Metropolitan Statistical Areas (MSAs)		
MSA	**New Jersey Residents**	**Percent Of State Population**
Total MSA Population	**27,633,578**	**N/A**
New York-Newark-Jersey City, NJ-PA	19,617,869	N/A
Philadelphia-Camden-Wilmington, NJ-PA	6,241,164	67%
Allentown-Bethlehem-Easton, NJ-PA	871,229	9%
Trenton, NJ	380,688	4%
Atlantic City-Hammonton, NJ	275,638	3%
Vineland-Bridgeton, NJ	151,356	2%
Ocean City, NJ Metro Area	95,634	1%

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest New Jersey Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Horizon Healthcare Services	Commercial administrative services organization (ASO)	2,731,392
Horizon Healthcare Services ASO	Commercial ASO	2,723,095
Horizon New Jersey Health	Medicaid managed care	1,201,125
Medicare fee-for-service (FFS)	Medicare	1,004,592
Aetna ASO	Commercial ASO	857,015
UnitedHealthcare ASO	Commercial ASO	557,850
UnitedHealthcare of New Jersey	Medicaid managed care	406,601
Cigna ASO	Commercial ASO	380,317
Amerigroup Community Care	Medicaid managed care	231,411
Aetna Medicare	Medicare Advantage	189,288

*Medicaid enrollment as of March 2023; TRICARE as of December 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

B.4. Largest New Jersey Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,004,592	228,042
Horizon New Jersey Health	Medicaid managed care	1,201,125	139,331
Horizon Healthcare Services	Commercial ASO	2,731,392	114,718
Horizon Healthcare Services ASO	Commercial ASO	2,723,095	114,370
UnitedHealthcare of New Jersey	Medicaid managed care	406,601	47,166
Aetna Medicare	Medicare Advantage	189,288	42,968
Aetna ASO	Commercial ASO	857,015	35,995
AARP MedicareComplete	Medicare Advantage	135,490	30,756
Amerigroup Community Care	Medicaid managed care	231,411	26,844
UnitedHealthcare ASO	Commercial ASO	557,850	23,430

*Medicaid enrollment as of March 2023; TRICARE as of December 2023; Commercial as of March 2023; Medicare enrollment as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Enrollment Percentage	3%
Type of Marketplace	State
Individual Enrollment Contact	https://nj.gov/getcoverednj/
	1-833-677-1010
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2024 Individual Market Health Plans
1. AmeriHealth
2. Horizon Healthcare Services (BCBS)
3. Oscar Health
4. Ambetter from WellCare of New Jersey
5. Aetna

2024 Small Group Market Health Plans
1. AmeriHealth
2. Horizon Healthcare Services (BCBS)
3. Oscar Health
4. Oxford Health Insurance Inc.

B.6. Accountable Care Organizations

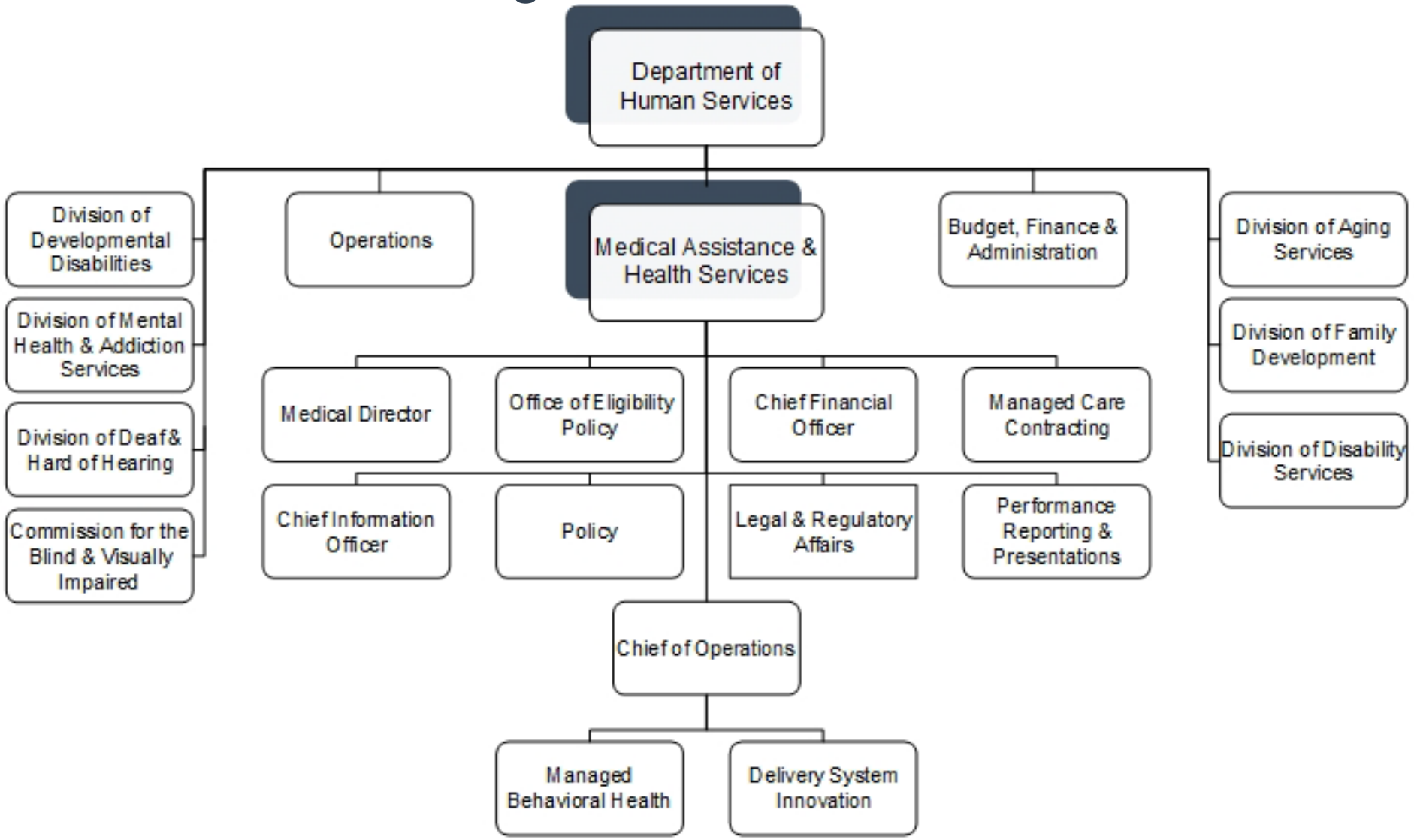
Medicare Shared Savings ACOs	
1. Accountable Care Organization of Pennsylvania, LLC (Delaware Valley ACO)	19. Holy Name Medical Center ACO, LLC
2. Accountable Care Coalition of Southeast Wisconsin, LLC	20. Inspira Care Connect, LLC
3. ACO Health Partners, LLC	21. JFK Population Health Company, LLC
4. Aledade Accountable Care 22, LLC	22. LHS Health Network, LLC
5. Aledade Accountable Care 25, LLC	23. LTC ACO, LLC (Formerly Genesis Healthcare ACO)
6. AllCare Health Alliance, LLC	24. Meridian Accountable Care Organization, LLC
7. Atlantic Accountable Care Organization (AHS ACO)	25. North Jersey Health Alliance
8. AtlantiCare Health Solutions, Inc	26. NewYork Quality Care
9. Barnabas Health ACO-North, LLC	27. North Jersey Health Alliance, LLC
10. Capital Health Accountable Care Organization, LLC	28. NJPACO R, LLC
11. Caravan Health ACO 22, LLC	29. Optimus Healthcare Partners, LLC
12. Care Better ACO, LLC	30. Orange Accountable Care Organization, LLC
13. Central Florida ACO	31. Princeton HealthCare Partners, LLC
14. ColigoCare, LLC	32. Richmond Quality, LLC
15. DVACO-3, LLC	33. Shore Quality Partners ACO, LLC
16. Hackensack Physician-Hospital Alliance ACO, LLC	34. SOMOS Accountable Care Organization LLC
17. Healthcare Quality Partners, LLC	35. St Luke's Shared Savings Plan, LLC
18. Healthier Communities ACO, LLC	36. The Physicians Alliance LLC

B.6. Accountable Care Organizations (cont.)

Commercial ACOs	
ACO	**Commercial Insurer**
Accountable Care Organization of Pennsylvania, LLC	Horizon BCBSNJ, Humana
Atlantic Accountable Care Organization	Aetna, UnitedHealthcare
AtlantiCare Health Solutions, Inc	Horizon BCBSNJ
Barnabas Health ACO-North, LLC	Horizon BCBSNJ
Hackensack Physician-Hospital Alliance ACO, LLC	Horizon BCBSNJ, Aetna
Hunterdon HealthCare Partners	Aetna, Cigna, Horizon BCBSNJ
LHS Health Network	Aetna, Horizon BCBSNJ
NexusACO	UnitedHealthcare
Optimus Healthcare Partners, LLC	Aetna
Skylands Medical Group CAC	Cigna
Summit Health	Cigna

C. Medicaid Administration, Governance & Operations

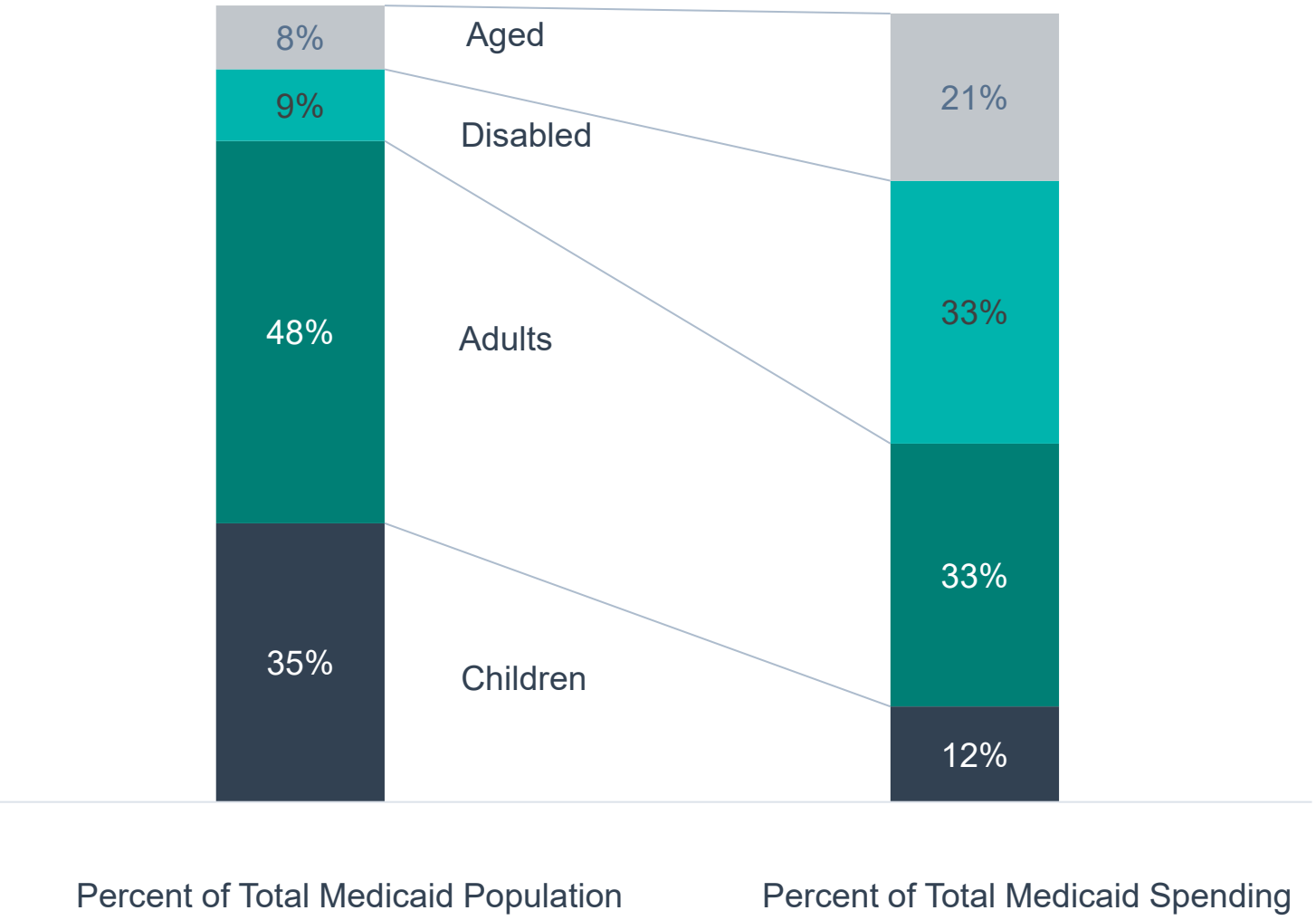
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Sarah Adelman	Acting Commissioner	Department of Human Services (DHS)	sarah.adelman@dhs.state.nj.us
Lisa Asare	Deputy Commissioner of Health Services	Department of Human Services (DHS)	lisa.asare@dhs.state.nj.us
Jon Chebra	Chief of Staff	Department of Human Services (DHS)	jonathan.chebra@dhs.nj.gov
Jennifer Langer Jacobs	Division Assistant Commissioner	DHS, Division of Medical Assistance and Health Services	jennifer.jacobs@dhs.state.nj.us
Carol Grant	Deputy Director	DHS, Division of Medical Assistance and Health Services	carol.grant@dhs.state.nj.us

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	NJ
All populations	$8,651	$10,278
Children	$3,584	$3,594
Adults	$5,462	$7,672
Expansion adults	$7,486	$7,263
Blind and disabled	$23,935	$35,749
Aged	$18,514	$25,462

*Based on FY 2021 data

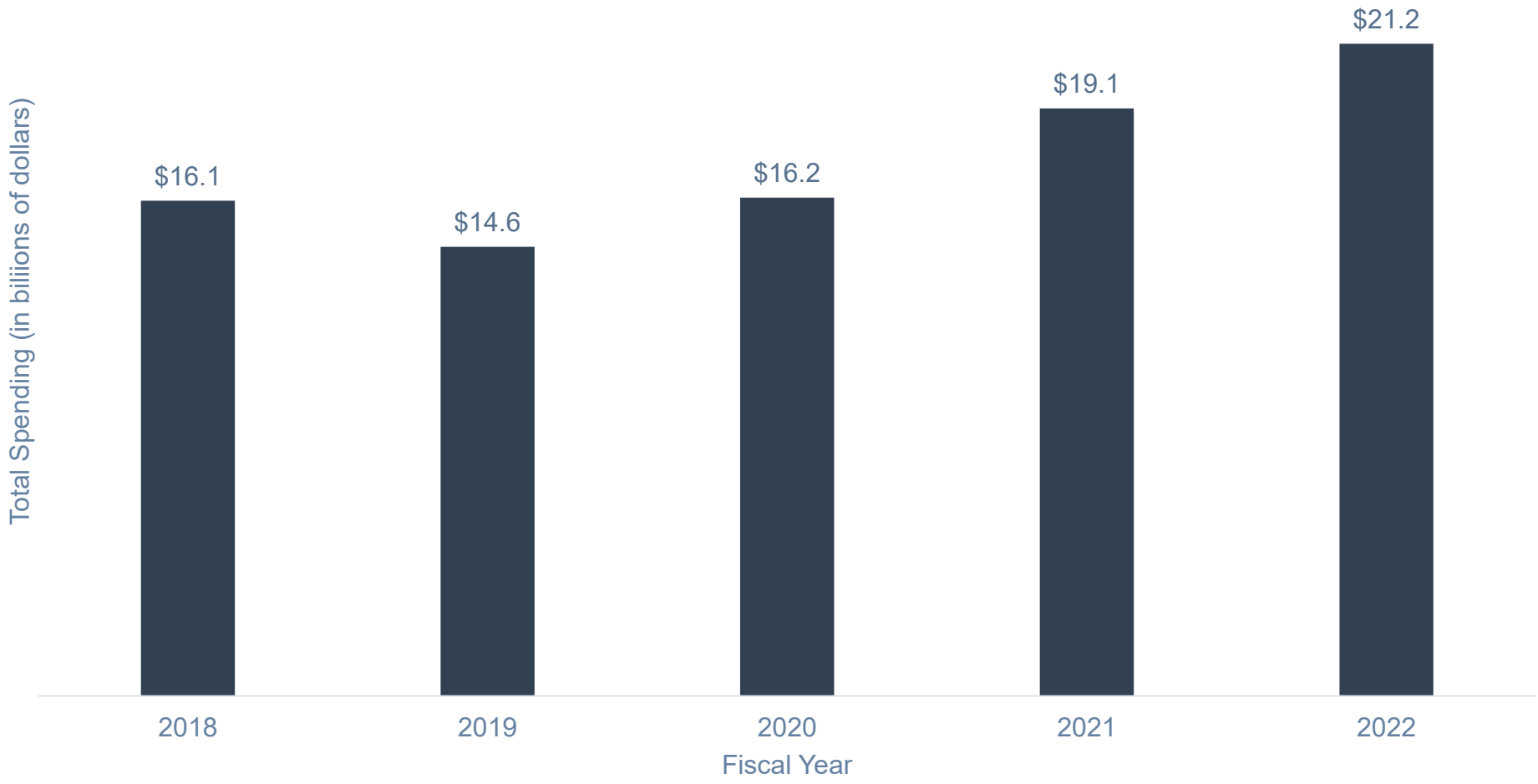
Totals may not equal 100% due to rounding.

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 2022 Spending	Percent Of Budget
Managed care and premium assistance	$13,759,000,000	65%
Home- and community-based LTSS	$2,376,000,000	11%
Institutional LTSS	$1,372,000,000	6%
Hospital	$1,285,000,000	6%
Other acute services	$1,178,000,000	6%
Medicare premiums and coinsurance	$587,000,000	3%
Clinic and health center	$518,000,000	2%
Physician	$54,000,000	<1%
Other practitioner	$18,000,000	<1%
Drugs	$7,000,000	<1%
Budget Total: $21,154,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	50%
CY 2024 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act of 2010 (PPACA) requires that 5% of income be disregarded in eligibility determination.
Legislation Used To Expand Medicaid	FY 2014 Appropriations Act
Number Of Individuals Enrolled In The Expansion Group (October 2023)	768,525
Number Of Enrollees Newly Eligible Due To Expansion	768,525
Benefits Plan For Expansion Population	The state's benefit plan for the expansion population is called FamilyCare ABP. The ABP provides all Medicaid state plan benefits.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

New Jersey's Optional Services

1. Podiatry services
2. Optometry services
3. Chiropractic services
4. Other practitioner services
5. Clinic services
6. Dental services
7. Physical and occupational therapy
8. Services for individuals with speech, hearing, and language disorders
9. Prescribed drugs
10. Eyeglasses, prosthetics, and dentures
11. Diagnostic, screening, rehabilitative, and preventive services
12. Services for individuals aged 65 and older in IMDs
13. Intermediate care facility services
14. Inpatient psychiatric care for individuals under age 22
15. Nursing facility services for individuals under age 21
16. Case management
17. Care and services provided in religious nonmedical health care institutions
18. Personal care services
19. Hospice care

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (November 2023)	62,902	2,143,956
SMI Enrollment	• New Jersey does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. • *OPEN MINDS* estimates 97% of the population in managed care, 3% in FFS	
Management	• Physical health: Department of Human Services • Behavioral health: Department of Human Services and administrative services organization (ASO)	• Physical health: Five health plans • Behavioral health: Department of Human Services and ASO
Payment Model	• Physical health: FFS • Behavioral health: FFS and administrative rate	• Physical health: Capitated rate • Behavioral health: FFS and administrative rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 2,206,858 | Total Medicaid With SMI: 255,995

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of November 2023: 3% in fee-for-service (FFS), 97% in managed care
SMI population inclusion in managed care	• New Jersey does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. • Estimated 3% of population in FFS, 97% in managed care
Dual eligible population inclusion in managed care	• Managed care is mandatory for full benefit dual eligibles and FFS is mandatory for partial benefit dual eligibles. • Estimated that approximately 100% in managed care
LTSS population inclusion in managed care	• Managed care is mandatory for all LTSS beneficiaries. • Estimated 100% in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	• Non-Managed Long-Term Services and Supports (MLTSS) population: Excluded from the health plan's capitation rate, and covered FFS by the state • MLTSS population: Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state, addiction treatment services are managed by an administrative services organization (ASO)	• Non-MLTSS population: Excluded from the health plan's capitation rate and covered FFS. Addiction treatment services are managed by an ASO. • MLTSS population: All addiction treatment benefits are included in the health plan's capitation rate. Some mental health services are excluded from the health plan's capitation rate.
Pharmaceuticals	N/A	All populations: Included in the health plan's capitation rate
Long-term services and supports (LTSS)	N/A	All populations: Included in the health plan's capitation rate except for services for the developmentally disabled

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The ACO's have been renamed Regional Health Hubs.
Affordable Care Act (ACA) Model Health Home	✓	The state has health homes for individuals with SMI and children with serious emotional disturbance (SED).
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	The state provides LTSS through the Medicaid health plans for all populations except those with behavioral health and/ or substance use disorder.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently operates seven CCBHCs.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	X (partial benefit)		X (full benefit)
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		X
Individuals in foster care			X
Other populations	• Individuals institutionalized in an inpatient psychiatric institution • Individuals who are medically needy • Infants of inmates living in the prison nursery	Indians who are members of federally recognized Tribes	Breast and cervical cancer participants

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of November 2023 was 62,902.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- Rutgers University Behavioral Health Care (UBHC) is the administrative services organization (ASO) for addiction treatment services and is called the interim management entity (IME).
- UBHC provides utilization management, serves as the single point of entry for addiction treatment services, and processes prior authorizations for mental health community support services.

FFS Mental Health Benefits
1. Inpatient services
2. Partial care
3. Medication management
4. Testing and assessment
5. Crisis assessment
6. Programs of assertive community treatment
7. Individual, group, and family counseling
8. Rehabilitative services
9. Service plan
10. Psychiatric emergency rehabilitation services
11. Community support services
12. Integrated/targeted case management
13. Applied Behavioral Analysis services for individuals under the age of 21.
14. Peer Support Services
15. Applied Behavioral Analysis
16. Outpatient services
17. Community Residences for Adults with Mental Illness

FFS Addiction Treatment Benefits
1. Inpatient services
2. Outpatient services
3. Intensive outpatient services
4. Partial care
5. Residential detoxification
6. Short-term residential treatment (including services in an IMD)
7. Ambulatory withdrawal management
8. Medication assisted treatment (MAT)
9. Peer Support Services
10. Office-based addiction treatment services [Three tiers: primary care services, FQHC and clinic-based Opioid Treatment Providers (OTPs)]

D.2. Medicaid FFS Program: SMI Population

- New Jersey does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.

- As of November 2023, *OPEN MINDS* estimates that 3% of the SMI population is enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

New Jersey FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	No, the state does not use a PDL for FFS and covers all FDA approved drugs.
State Uses A PDL For Mental Health Drugs	
State Uses A PDL For Addiction Treatment Drugs	
Coverage Of Antipsychotic Injectable Medications	
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Some utilization restrictions related to quantity limits or the number of prescriptions may apply.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, New Jersey operates a pharmacy lock-in program for individuals who use multiple prescribers for controlled substances, use multiple pharmacies, or have multiple emergency room visits. The length of time an individual is locked into a pharmacy is determined on a case by case basis. Approximately 1% of the FFS population is in the lock-in program.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of November 2023 was 2,143,956.
- The five health plans deliver physical health and long-term services and supports (LTSS) for most populations, including families and children, Medicaid expansion adults, and aged and disabled adults. For more information on these health plans, please see slide 37
  - All but one health plan is available statewide. Individuals have a choice of plans in their county.
- The health plans are eligible for performance incentive payments based on five physical health quality measures. See the next slide for performance measures.
  - The state allocated $20,000,000 in SFY 20 for the performance-based incentive program. The program has two funding pools:
    - The performance payment pool: $17,000,000. Eligible contractors receive performance-based incentive payments of $0.175 multiplied by total member months during the 2020 calendar year.
    - The high performance (HP) bonus pool: $3,000,000. Contractors that meet three of the five benchmarks will receive payment for the high-performance bonus pool. This pool will be equally divided among qualifying provider organizations.
- To receive incentive payments, MCOs must earn “commendable” National Committee for Quality Assurance (NCQA) accreditation status; this is based on their performance on Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2020 measures.

D.3. Medicaid Managed Care Program: Performance-Based Incentive Program Measures

Performance Incentive Measures For Health Plan Contracts		
Metric Name	**Metric Description**	**Benchmark Percentage**
Preterm birth rate	Preterm birth rate: The percentage of live births which are less than 37 weeks of gestation for members enrolled with the same contract for six months prior to birth.	<9.25%
Prenatal care timeliness	Prenatal care timeliness: The percentage of deliveries that received a prenatal care visit as a member in the first trimester, on the enrollment start date, or within 32 days of enrollment.	>NCQA 75th percentile for HEDIS 2021
Postpartum care timeliness	Postpartum care timeliness: The percentage of deliveries that has a postpartum visit on or between 21 and 56 days after delivery.	>NCQA 75th percentile for HEDIS 2021
HbA1C < 8	HbA1C < 8: Assess adults ages 18 to 75 with diabetes type 1 and type 2 who have HbA1C control less than 8.0%.	>NCQA 66th percentile for HEDIS 2021
Body mass index (BMI)	Body mass index documentation for children and adolescents: BMI percentile assessment for children ages three to 17.	>NCQA 66th percentile for HEDIS 2021

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health

1. Profit status: For-profit
2. Parent company: Aetna
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS/Caremark
5. Geographic area: Statewide
6. Enrollment share: 7%

Amerigroup

1. Profit status: For-profit
2. Parent company: Anthem
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: IngenioRx
5. Geographic area: Statewide
6. Enrollment share: 11%

Horizon NJ Health

1. Profit status: Non-profit
2. Parent company: Horizon Blue Cross Blue Shield of New Jersey
3. Behavioral health subcontractor: Horizon Behavioral Health
4. Pharmacy benefits manager: None
5. Geographic area: Statewide
6. Enrollment share: 58%

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealth
3. Behavioral health subcontractor: Optum
4. Pharmacy benefits manager: OptumRx
5. Geographic area: Statewide
6. Enrollment share: 20%

*As of November 2019, Enrollment in UHC is currently frozen due to operational issues.

Fidelis Care (formerly WellCare)

1. Profit status: For-profit
2. Parent company: Centene
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS/Caremark
5. Geographic area: All counties except Hunterdon
6. Enrollment share: 5%

Totals may not equal 100% due to rounding.

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- In October 2018, New Jersey made changes to the financing and delivery of behavioral health benefits.
  - Most behavioral health benefits are now included in the health plan's capitation rate for individuals receiving MLTSS and Department of Developmental Disability services, as well as for dual eligibles enrolled in an aligned D-SNP.
  - For all members, the health plans are now responsible for all hospital admissions, including psychiatric unit admissions in general acute hospitals, psychiatric hospitals, and specialty care hospitals. The health plans are not responsible for state or county psychiatric hospital admissions.
- For all enrollees not receiving MLTSS services or Department of Developmental Disability services, behavioral health services continue to be excluded from the health plan's capitation rate and covered FFS by the state.
- Addiction treatment benefits for adults are managed by the state's ASO, Rutgers University Behavioral Health Care (UBHC), which is part of the state university of New Jersey.
  - New Jersey calls the ASO the interim management entity (IME).
  - The functions of the ASO include a 24/7 call center, member services, prior authorization, network management, utilization management, care coordination, quality management, etc.
  - The IME also provides utilization management for community support services.
- The health plans are responsible for all pharmacy services.
- Behavioral health services for children are managed by Children's System of Care and covered FFS.
- New Jersey's 1115 demonstration includes a substance use disorder demonstration (SUD). Under the demonstration, New Jersey received authority to:
  - Provide addiction disorder treatment services in an IMD for up to 30 days
  - Add a new level of care, long-term residential treatment
  - Provide peer recovery support specialists and care management programs for addiction disorders
  - Move to a managed delivery system that integrates physical and behavioral health care
- The 1115 Demonstration waiver is set to expire at the end of CY 22, no news whether it will be extended.

D.3. Medicaid Managed Care Program: MLTSS Population Behavioral Health Benefits

Mental Health Benefits Included In The Health Plan's Capitation Rate
1. Inpatient services
2. Outpatient services
3. Adult mental health rehabilitation
4. Partial care and partial hospitalization
5. Long-term residential services

Addiction Treatment Benefits Included In The Health Plan's Capitation
1. Inpatient services
2. Outpatient services
3. Intensive outpatient services
4. Partial care
5. Residential detoxification
6. Short-term and long-term residential treatment (including services in an IMD)*
7. Ambulatory withdrawal management
8. Peer recovery support services
9. Medication assisted treatment

Behavioral Health Benefits Covered FFS
1. Targeted case management
2. Behavioral health homes
3. Programs in assertive community treatment (PACT)
4. Community support services
5. Psychiatric emergency services

D.3. Medicaid Managed Care Program: Non-MLTSS Population Behavioral Health Benefits

Mental Health Benefits Covered FFS	Addiction Treatment Benefits Covered FFS & Managed By IME	Behavioral Health Benefits Included In The Health Plan's Capitation Rate
1. Psychiatric emergency services	1. Non-medical withdrawal management	1. Inpatient medical detoxification
2. Partial hospitalization	2. Short-term residential (including services in an IMD)	2. Inpatient services
3. Adult mental health rehabilitation	3. Intensive outpatient services	3. Behavioral health services delivered by a primary care provider
4. Outpatient services	4. Partial care	
5. Targeted case management	5. Outpatient services	
6. Behavioral health home	6. Medication assisted treatment	
7. PACT		
8. Community support services		

D.3. Medicaid Managed Care Program: SMI Population

- New Jersey does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.

- As of November 2023, *OPEN MINDS* estimates that 97% of the SMI population is enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

New Jersey Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the health plans are able to set their own PDL, which may or may not include mental health and addiction treatment drugs.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	The health plans have the ability to set their own utilization restrictions for mental health and addiction drugs. These restrictions will vary by health plan.
Health Plan Allowed To Implement Pharmacy Lock-In Program	The health plans are required to develop lock-in programs; however, each health plan may design their own program which is subject to approval by the state.

D.4. Medicaid Program: Care Coordination Initiatives

Accountable Care Organization (ACO) Program

The state has three ACOs that were implemented in 2015 and ended in July 2019. The state has renamed the ACOs Regional Health Hubs, has added an additional hub, and has continued funding through 2020. Extended funding was not announced in the first 2021 budget.

Affordable Care Act Health Home

The state has health homes for individuals with SMI and children with SED.

Patient-Centered Medical Home

The health plans are encouraged—but not required—to identify primary care provider organizations that operate under a medical home model, and to ensure that they receive accreditation.

Other Care Coordination Initiatives

- The state enacted the MATrx program to better deliver non-methadone medication assisted treatment

D.4. Medicaid Program: Regional Health Hubs

- In 2011, the legislature passed a law mandating a three-year Medicaid ACO demonstration project. In July 2015, three ACOs were selected to participate in the Medicaid ACO demonstration project: Camden Coalition of Healthcare Providers, Healthy Greater Newark ACO, and Trenton Health Team.
  - The demonstration was slated to end in 2018; but was extended for an additional year until July 2019. The extension also included $1 million in funds for each of the ACOs.
- Each ACO was required to be a non-profit organization, participate in a gainsharing arrangement with the state, provide services to a minimum of 5,000 beneficiaries, and contract with local entities–such as hospital, primary care, and mental health provider organizations–to deliver services in the intended region.
- The fiscal year 2020 budget has renamed the Medicaid ACOs to Regional Health Hubs (RHH) and includes $1.5 million in funding.
  - The budget gives the Commissioner of Human Services broad authority to change the structure of the program.
  - In January 2020, the state recognized Health Coalition of Passiac County as a Regional Health Hub.
  - In this new model, each RHH will serve as the local expert and go-between for state health priorities, to take action on the state's most urgent health issues and operate as a regional health information exchange to make sure that health data is accessible and useful.
  - Between 10% and 25% of funds appropriated by DHS will be based on the hub's attainment of predetermined goals and performance metrics.
- The 2023 budget included $2,250,000 to fund the Regional Health Hubs.

D.4. State Medicaid Health Home Characteristics

New Jersey Behavioral Health Homes Characteristics	
Target Population	• Adults with one or more SMI diagnosis • Individuals must choose between receiving PACT, targeted case management, 1915(c) services, or health home services
Enrollment Model	Eligible participants must opt-in to receive services.
Geographic Service Area	Five counties (Atlantic, Bergen, Monmouth, and Mercer)
Care Delivery Model	• Any licensed mental health provider organization may provide health home services • Delivery of the six core health home functions • Within three years of becoming a health home, an organization must co-locate primary care services in their office at least eight hours per week.

Payment Model	• Health home provider organizations contract directly with the state
	• Services are reimbursed using a per member per month (PMPM) rate. Rates are established by the phase of the program the enrollee is currently engaged in:
	  • Engagement (initial three months)
	  • Active (approximately, but not limited to, 24 months)
	  • Maintenance (when more intense engagement is no longer necessary)

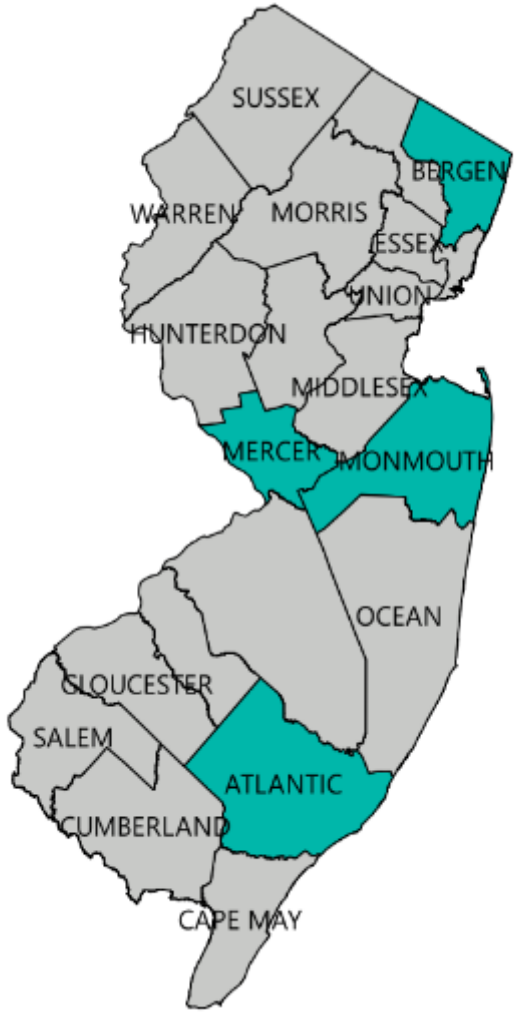
Practice Performance & Improvement	• Health home provider organizations must achieve health home accreditation from a national organization by year two of participation in the program • Creation of a Behavioral Health Home Learning Community • Emergency room visit, skilled nursing facility, and hospital admission rates • Change in total spending attributable to health home enrollees

D.4. State Medicaid Health Home Service Areas

Health Homes

No Health Homes

Counties Served	Health Home
Atlantic County	Behavioral Crossroads Recovery LLC, Helping Hand Behavioral Health, Jewish Family Service of Atlantic and Cape May Counties
Bergen County	CarePlus of NJ, Vatage Health System
Mercer County	All Access Mental Health, Catholic Charities Diocese of Trenton, Oaks Integrated Care
Monmouth County	CPC Behavioral Healthcare, Hackensack-Meridian Health, Easter Seals New Jersey, Stress Care of NJ



D.4. Medicaid Program: CCBHCs

- In October 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded New Jersey a $982,372 phase two planning grant for a new program under section 223 of the Protecting Access to Medicare Act of 2014 to support planning efforts for certified community behavioral health clinics (CCBHCs).
- In December 2016, the state was awarded two-year demonstration funding under phase 2 of the program. The state launched its pilot on July 1, 2017, which was originally scheduled to end on June 30, 2019.
  - Congress has approved the Empowering Beneficiaries, Ensuring Access, and Strengthening Accountability Act of 2019 (H.R. 3253) which extends the demonstration program until September 13, 2019.
  - As of August 2019, the House introduced a bill, Excellence in Mental Health and Addiction Treatment Expansion Act (H.R. 1767), to extend the CCBHC grant for two years, and expand the funding to 11 additional states.
  - In December 2019, Congress passed an extension of funding through FY2020.
- New Jersey has certified seven CCBHCs for the pilot, each of which serves a designated county area.
- Of the two prospective payment systems authorized through the CCBHC program, the state has opted to use the monthly unit of payment method.
  - The monthly payment method allows for variable rates depending on the populations served by the CCBHC, while also incorporaing quality bonus payments.
- CCBHCs coordinate care across the spectrum of health services, including physical health, behavioral health, and social services. CCBHCs will be required to form partnerships with other organizations, including FQHCs, inpatient psychiatry, detoxification and post-detoxification step-down services, residential programs, and social services provider organizations.

D.4. Medicaid Program: CCBHC and Service Areas

CCBHC	County Served	Demonstration or Expansion Status
Acenda, Inc	Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean, Salem	Expansion Grantee
AtlantiCare Behavioral Health	Atlantic	Demonstration, Expansion Site
Family Connections	Essex	Expansion Grantee
Care Plus New Jersey	Bergen	Demonstration Site, Expansion Site
Integrity House	Essex	Expansion Grantee
Family Guidance Center of Warren County	Warren	Expansion Site
Trinitas Regional Medical Center	Union	Expansion Grantee
Northwest Essex Community Healthcare Network	Essex	Demonstration Site, Expansion Site
SERV Centers of New Jersey, Inc	Mercer	Expansion Grantee
Ocean Mental Health Services, Inc	Ocean	Expansion Grantee
Rutgers University Behavioral Health Care	Essex, Middlesex	Demonstration Site, Expansion Site
Catholic Charities, Diocese of Trenton	Mercer	Demonstration Site, Expansion Site
Preferred Behavioral Health of New Jersey, Inc	Ocean	Expansion Grantee

D.4. Medicaid Program: CCBHC and Service Areas (cont.)

CCBHC	County Served	Demonstration or Expansion Status
Oaks Integrated Care	Atlantic, Burlington, Camden, Cumberland, Bergen, Gloucester, Hudson, Hunterdon, Mercer, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Warren	Demonstration Site, Expansion Site
CPC Behavioral Healthcare	Monmouth	Demonstration Site, Expansion Site
County of Somerset	Somerset	Expansion Grantee
Bridgeway Rehabilitation Services, Inc	Union	Expansion Grantee
Richard Hall CMHC of Somerset County	Somerset	Expansion Grantee
Lakewood Community Services Corp	Ocean	Expansion Grantee
Monmouth Medical Center	Monmouth	Expansion Grantee
Team Management 2000 Inc	Bergen	Expansion Grantee

D.4. Medicaid Program: MATrx Model

- In January 2019, New Jersey implemented a new concept for delivering non-methadone medication assisted treatment (MAT), called the MATrx.
  - The model builds on the Pennsylvania and Rhode Island Centers of Excellence models and the Vermont Hub and Spoke model.
- Under the model, there are three types of provider organizations that can induce and sustain MAT:
  - Centers of Excellence: Organizations who are able to provide integrated care (physical and mental health and addiction treatment) and treat complex consumers. They use best practices and serve as a resource for the community and other clinical professionals.
  - Premier Providers: FQHCs, CCBHCs, and opioid treatment programs that qualify through a certification process and provide integrated or connected care. They must coordinate care for physical and counseling services that cannot be provided on-site.
  - Office-based Addiction Treatment: Clinical professionals with waivers to provide buprenorphine who affiliate with Premier Providers or Centers of Excellence to provide integrated care.
- The three types of provider organizations are required to deliver integrated care, counseling services, and MAT induction, stabilization, and maintenance. However, some provider organizations deliver additional MATrx services (see next slide). The state's payment model for each provider organization type is dependent upon the services provided.
  - Intake and assessment services have a one-time fee of $438.17 to be paid on the initial visit to the provider organization.
  - Stabilization services are billed $76 per week with a six week limit, or $76 per month with no monthly limit.
  - Maintenance services cost $76 per month and continue based on an individual's need.
  - Navigator, or case management, services are provided by office-based addiction treatment and Center of Excellence provider organizations and have a one-time fee of $152.

D.4. Medicaid Program New Initiatives: MATrx Model Services

Characteristics Of MATrx Organizations			
MATrx Services	**Centers Of Excellence**	**Premier Providers**	**Office-Based Addiction Treatments**
Integrated care for physical and behavioral health needs	Required	Required	Required
Capability for MAT induction, stabilization, and maintenance	Required	Required	Required
Ability to see MAT referrals within 24-48 hours	Required	N/A	N/A
Ability to utilize peer support services	Required	N/A	N/A
Ability to provide case management/navigation	Optional	N/A	Required
Ability to provide behavioral health counseling on-site, through affiliation, or through telemedicine	Required	Required	Required

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
New Jersey FamilyCare Comprehensive Demonstration (formerly New Jersey Comprehensive Waiver)	Authorizes the state's managed care and MLTSS programs, as well as a number of other programs, including: • The use of an ASO for addiction treatment services • Enhanced addiction treatment benefit and coverage of services in an institution for mental disease (IMD) • Delivery System Reform and Incentive Program for the state's hospitals	1115	None	10/02/2012	06/30/2028

New Jersey's 1115 demonstration includes an amendment currently pending as of November 2022. This amendment would add:

- Extended coverage to women 180 days postpartum.
- Federal funding for the Substance Use Disorder Promoting Interoperability Program.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

- The state has no current 1915 (c) HCBS waivers.

D.6. Medicaid Program New Initiatives: Quality Improvement Program

- In March 2020, the state presented a new program, the Quality Improvement Program-New Jersey (QIP-NJ), focused on continued population health improvement. The main focus is to advance quality improvements in maternal and behavioral health statewide and will focus on maternal health and behavioral health.
- Hospitals will earn QIP-NJ incentive payments through performance targets of state-selected quality measures. These measures include:
  - Maternal care process improvements
  - Reduce maternal morbidity
  - Improve connections to behavioral health services
- Payments will be distributed to the hospitals by the managed care plans and will be tied to Medicaid services and utilization.
- Funding will be determined by the size of the populations the hospital serves, and the hospital's performance on performance targets. No payments will be earned for reporting or for partial achievements.
- The program began on July 1, 2021.
- DOH completed the final review of the MY1 non-claims-based (NCB) measure results following appeals. The final MY1 NCB results were used along with MY1 claims-based (MMIS) measure results to calculate MY1 Performance Payments.

D.6. Medicaid Program New Initiatives: QIP-NJ Behavioral Health Measures

QIP-NJ Behavioral Health Measures		
Measure #	**Measure Type**	**Measure name**
BH1	MMIS**	30 Day All-Cause Unplanned Readmission following psychiatric inpatient hospitalization
BH2	MMIS	Follow-Up after hospitalization for mental illness
BH3	MMIS	Potentially preventable ED visits
BH4	MMIS	Follow-up after ED visit for mental illness or alcohol and other drug abuse or dependence
BH5	MMIS	Diabetes screening for people with schizophrenia or bipolar disorder using antipsychotic medications
BH6	MMIS	Initiation and engagement of alcohol and other drug abuse or dependence treatment
BH7	MMIS	Use of Pharmacotherapy for Opioid Use Disorder
BH8	MMIS	Continuity of Care for Medicaid Beneficiaries after Detoxification from Alcohol and/or drugs
BH9	Chart/EHR	Timely transmission of the transition record
BH10*	Instrument	3-item care transitions measure
BH11*	Instrument	Use of a standardized screening tool for social determinants of health

*These measures must be submitted by the hospital but will not be used to receiving funding.
** Medicaid Management Information System

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (August 2023)	1,705,056	665,992
SMI Enrollment	• *OPEN MINDS* estimates 28% of the population in Medicare Advantage, 72% in Traditional Medicare.	
Management	• Part A: inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide all of your Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 2,371,048 | Total Medicare With SMI: 538,227

E.2. Medicare System Overview

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of March 2023: 28% Medicare Advantage, 72% in traditional Medicare.
SMI population inclusion in managed care	• Estimated 28% of population in Medicare Advantage, 72% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	• Estimated that less than 1% of population in C-SNP plans
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	• Estimated that less than 1% of population in I-SNP plans

E.2. Medicare System: Overview

- Medicare enrollment as of August 2023 was 2,371,048.
- Of the 2,371,048 enrolled in Medicare (MA and FFS) there are 1,330,012 that are also optionally enrolled in part D prescription plans.
- About 90% of New Jersey beneficiaries are eligible for Medicare due to their. But roughly 10% are eligible for Medicare coverage due to a disability that lasts at least 24 months, or a diagnosis of ALS or end-stage renal disease.
  - Nationwide, about 88% of enrollees use Medicare benefits due to age, while 12% are eligible due to disability.
- Beneficiaries in New Jersey can select from between 33 and 60 Medicare Advantage plans in 2023, depending on their county.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums and services Medicare doesn't cover – such as long-term care.
- New Jersey guarantees access to Medigap Plan D for people under 65, and premiums can't be higher than they are for those 65+.
  - Legislation has been introduced again in 2023 in an effort to create year-round guaranteed-issue Medigap rules for people at least 65 years old.
- More than half of New Jersey's Medicare beneficiaries have stand-alone Part D plans; 24 plans are available in 2024.

E.3. Medicare ACOs

Medicare Shared Savings ACOs	
1. Accountable Care Organization of Pennsylvania, LLC (Delaware Valley ACO)	19. Holy Name Medical Center ACO, LLC
2. Accountable Care Coalition of Southeast Wisconsin, LLC	20. Inspira Care Connect, LLC
3. ACO Health Partners, LLC	21. JFK Population Health Company, LLC
4. Aledade Accountable Care 22, LLC	22. LHS Health Network, LLC
5. Aledade Accountable Care 25, LLC	23. LTC ACO, LLC (Formerly Genesis Healthcare ACO)
6. AllCare Health Alliance, LLC	24. Meridian Accountable Care Organization, LLC
7. Atlantic Accountable Care Organization (AHS ACO)	25. North Jersey Health Alliance
8. AtlantiCare Health Solutions, Inc	26. NewYork Quality Care
9. Barnabas Health ACO-North, LLC	27. North Jersey Health Alliance, LLC
10. Capital Health Accountable Care Organization, LLC	28. NJPACO R, LLC
11. Caravan Health ACO 22, LLC	29. Optimus Healthcare Partners, LLC
12. Care Better ACO, LLC	30. Orange Accountable Care Organization, LLC
13. Central Florida ACO	31. Princeton HealthCare Partners, LLC
14. ColigoCare, LLC	32. Richmond Quality, LLC
15. DVACO-3, LLC	33. Shore Quality Partners ACO, LLC
16. Hackensack Physician-Hospital Alliance ACO, LLC	34. SOMOS Accountable Care Organization LLC
17. Healthcare Quality Partners, LLC	35. St Luke's Shared Savings Plan, LLC
18. Healthier Communities ACO, LLC	36. The Physicians Alliance LLC

E.4. Medicare System: New Initiatives – Making Care Primary Model

- In June 2023, CMS announced a new primary care model – the Making Care Primary (MCP) Model – that will be tested in eight states.
- Access to high-quality primary care is associated with better health outcomes and equity for people and communities.
- MCP aims improve care for patients by expanding and enhancing care management and care coordination, equipping primary care clinicians with tools to form partnerships with health care specialists, and leveraging community-based connections to address patients' health needs as well as their health-related social needs.
- The goals of MCP are to:
  - Ensure patients receive primary care that is integrated, coordinated, person-centered and accountable
  - Create a pathway for primary care organizations and practices – especially small, independent, rural, and safety net organizations – to enter value-based care arrangements
  - To improve the quality of care and health outcomes of patients while reducing program expenditures
- The MCP Model will provide participants with additional revenue to build infrastructure, make primary care services more accessible, as well as better coordinate care with specialists. CMS expects this work to lead to downstream savings over time through better preventive care and reducing potentially avoidable costs, such as repeat hospitalizations.
- MCP will run for 10.5 years, from July 1, 2024, to December 31, 2034. The model will build upon previous primary care models, such as the Comprehensive Primary Care (CPC), CPC+, Primary Care First models, and the Maryland Primary Care Program.

E.4. Medicare System: New Initiatives - BPCI Advanced

- In October 2022, CMS announced a two-year extension of the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model. The model launched in October 2018 and was originally set to end in December 2023.
- With the extension, BPCI Advanced is set to end in December 2025.
- New applicants (Model Year 7), must be Medicare-enrolled providers, suppliers, or Medicare Accountable Care Organizations (ACOs).
- BPCI Advanced is part of the continuing efforts by the CMS and the Center for Medicare and Medicaid Innovation in implementing voluntary episode payment models.
- The model aims to support health care providers that invest in practice innovation and care redesign to better coordinate care and reduce expenditures, while improving the quality of care for Medicare beneficiaries.
- BPCI Advanced qualifies as an Advanced Alternative Payment Model (APM) under the Quality Payment Program.
- The BPCI Advanced Model aims to address these issues by having the BPCI Advanced participants take responsibility for ensuring the patient's entire health care team – including the providers from all health care settings – communicate and collaborate on quality and total cost of a patient's care.
- The participant facilitates coordination among the health care team, working to meet the patient's full needs throughout the duration of the episode of care.
- The goal is to provide patients high-quality care, support a successful recovery and reduce the frequency and length of preventable hospital stays and emergency department use.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	**Medicaid Managed Care**	**PACE**
Enrollment (March 2023)	216,363	1054
Estimated SMI Enrollment	45,436	221
Management	• Physical health: Five health plans • Behavioral health: Department of Human Services and Regional Health Hubs	Six programs
Payment Model	• Physical health: Capitated rate • Behavioral health: FFS and administrative rate	Blended capitated rate
Geographic Service Area	Statewide	There are six PACE agencies operating in select ZIP codes.

Total Dual Eligible Enrollment: 217,417 | Total Dual Eligible Enrollment With SMI: 45,657

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete ONE	UnitedHealthcare	Medicare Advantage D-SNP	34,057	7,152
Horizon Medicare Blue Advantage	Horizon Healthcare of New Jersey, Inc	Medicare Advantage D-SNP	19,974	4,195
Amerivantage Dual Coordination	Amerigroup New Jersey, Inc	Medicare Advantage D-SNP	15,347	3,223
WellCare Liberty	WellCare Health Plans, Inc	Medicare Advantage D-SNP	7,880	1,655
Aetna Assure Premier Plus	Aetna	Medicare Advantage D-SNP	2,308	485
Amerivantage Dual Secure	Amerigroup New Jersey, Inc	Medicare Advantage D-SNP	845	177
Inspira LIFE	Inspira Health Network	PACE	241	51
Beacon of LIFE	N/A	PACE	198	42
LIFE at Lourdes	Virtua Health	PACE	159	33
AtlantiCare LIFE Connection	N/A	PACE	123	26

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of March 2023 was 217,417.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Full benefit dual eligibles must enroll in one of the five health plans to receive physical and behavioral health services. Partial benefit dual eligibles must enroll in FFS.
- D-SNP enrollment as of March 2023 was 80,411, SMI enrollment for D-SNP was 16,886.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- As a part of New Jersey's health integration, most behavioral health benefits are now included in the health plan's capitation rate for dual eligibles enrolled in an aligned D-SNP.
- There are no other dual eligible initiatives pending.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2023)	65,861
Estimated SMI Enrollment	13,830
Management	• Physical health: Five health plans • Behavioral health: Department of Human Services and Regional Health Hubs • Pharmacy:
Payment Model	• Physical health: Capitated rate • Behavioral health: Capitated rate
Geographic Service Area	Statewide

Total LTSS Enrollment: 65,861 | Total LTSS Enrollment With SMI: 13,830

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles	X (partial benefit)		X (full benefit)
Individuals with I/DD			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients			X
Other populations	• Individuals institutionalized in an inpatient psychiatric institution • Individuals who are considered medically needy		

G.2. LTSS Medicaid Financing & Delivery System: Overview

- LTSS beneficiary enrollment as of December 2023 is 65,861.
- In New Jersey, LTSS beneficiaries receive long-term services and supports through the Medicaid managed care health plans.
- NJ Family Care provides comprehensive physical health and long-term services and supports to a majority of beneficiaries (with the exception of partial dual eligible, and individuals residing in nursing homes).
  - The MLTSS services are rendered through the five managed care health plans offered statewide, except for one plan that is not available in one county.
- The health plans are eligible for performance incentive payments based on five physical health quality measures.
  - The state has allocated $20,000,000 in SFY 20 for the performance-based incentive program. The program has two funding pools:
    - The performance payment pool: $17,000,000. Eligible contractors receive performance-based incentive payments of $0.175 multiplied by total member months during the 2020 calendar year.
    - The high performance (HP) bonus pool: $3,000,000. Contractors that meet three of the five benchmarks will receive payment for the high performance bonus pool. This pool will be equally divided among qualifying provider organizations.
- To receive incentive payments, MCOs must earn “commendable” National Committee for Quality Assurance (NCQA) accreditation status; this is based on their performance on Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2020 measures.
- Behavioral health services are provided fee-for-service by the state and through the department’s administrative services organization (ASO).

G.3. Medicaid LTSS Program: Health Plan Characteristics

Aetna Better Health

1. Profit status: For-profit
2. Parent company: Aetna
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS/Caremark
5. Geographic area: Statewide
6. Estimated LTSS enrollment share: Not available

Amerigroup

1. Profit status: For-profit
2. Parent company: Anthem
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: IngenioRx
5. Geographic area: Statewide
6. Enrollment share: Not available

Horizon NJ Health

1. Profit status: Non-profit
2. Parent company: Horizon Blue Cross Blue Shield of New Jersey
3. Behavioral health subcontractor: Horizon Behavioral Health
4. Pharmacy benefits manager: None
5. Geographic area: Statewide
6. Enrollment share: Not available

UnitedHealthcare Community Plan

1. Profit status: For-profit
2. Parent company: UnitedHealth
3. Behavioral health subcontractor: Optum
4. Pharmacy benefits manager: OptumRx
5. Geographic area: Statewide
6. Enrollment share: Not available

WellCare

1. Profit status: For-profit
2. Parent company: Centene
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: CVS/Caremark
5. Geographic area: All counties except Hunterdon
6. Enrollment share: Not available

*All MLTSS is Covered by Medicaid Health Plans

G.4. Medicaid LTSS Program: Health Benefits

- Physical health services for the LTSS population are integrated through the managed care health plans.
- Behavioral health and addiction treatment services are reimbursed fee-for-service.

LTSS Mental Health Benefits
1. Inpatient services
2. Partial Care
3. Medication management
4. Testing and assessment
5. Crisis assessment
6. Programs of assertive community treatment
7. Individual, group, and family counseling
8. Rehabilitative services
9. Service plan
10. Psychiatric emergency rehabilitation services
11. Community support services
12. Integrated/targeted case management
13. Peer Support Services
14. Applied Behavioral Analysis

LTSS Addiction Treatment Benefits
1. Inpatient services
2. Partial Care
3. Medication management
4. Outpatient services
5. Intensive outpatient services
6. Partial care
7. Residential detoxification
8. Short-term residential treatment (including services in an IMD)
9. Ambulatory withdrawal management
10. Medication assisted treatment (MAT)
11. Peer Support Services
12. Office-based addiction treatment services

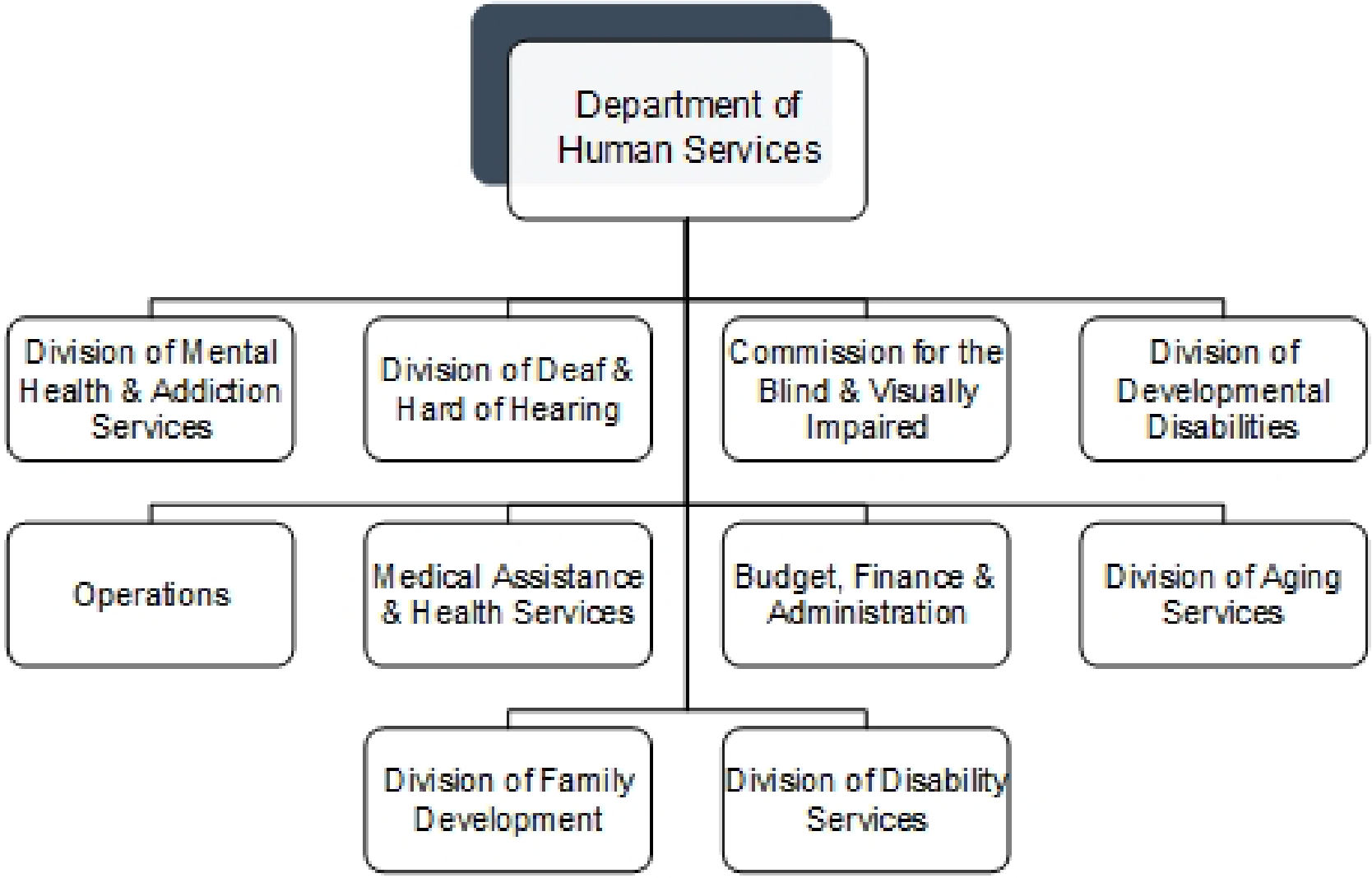
LTSS Physical Care Benefits
1. Personal Care
2. Respite
3. Care Management
4. Home and Vehicle Modifications
5. Home Delivered Meals
6. Personal Emergency Response Systems
7. Assisted Living
8. Nursing Home Care
9. Physical or Occupational Therapy

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- New Jersey has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

H. State Behavioral Health Administration & Finance System

H.1. Division Of Mental Health & Addiction Services: Organization Chart



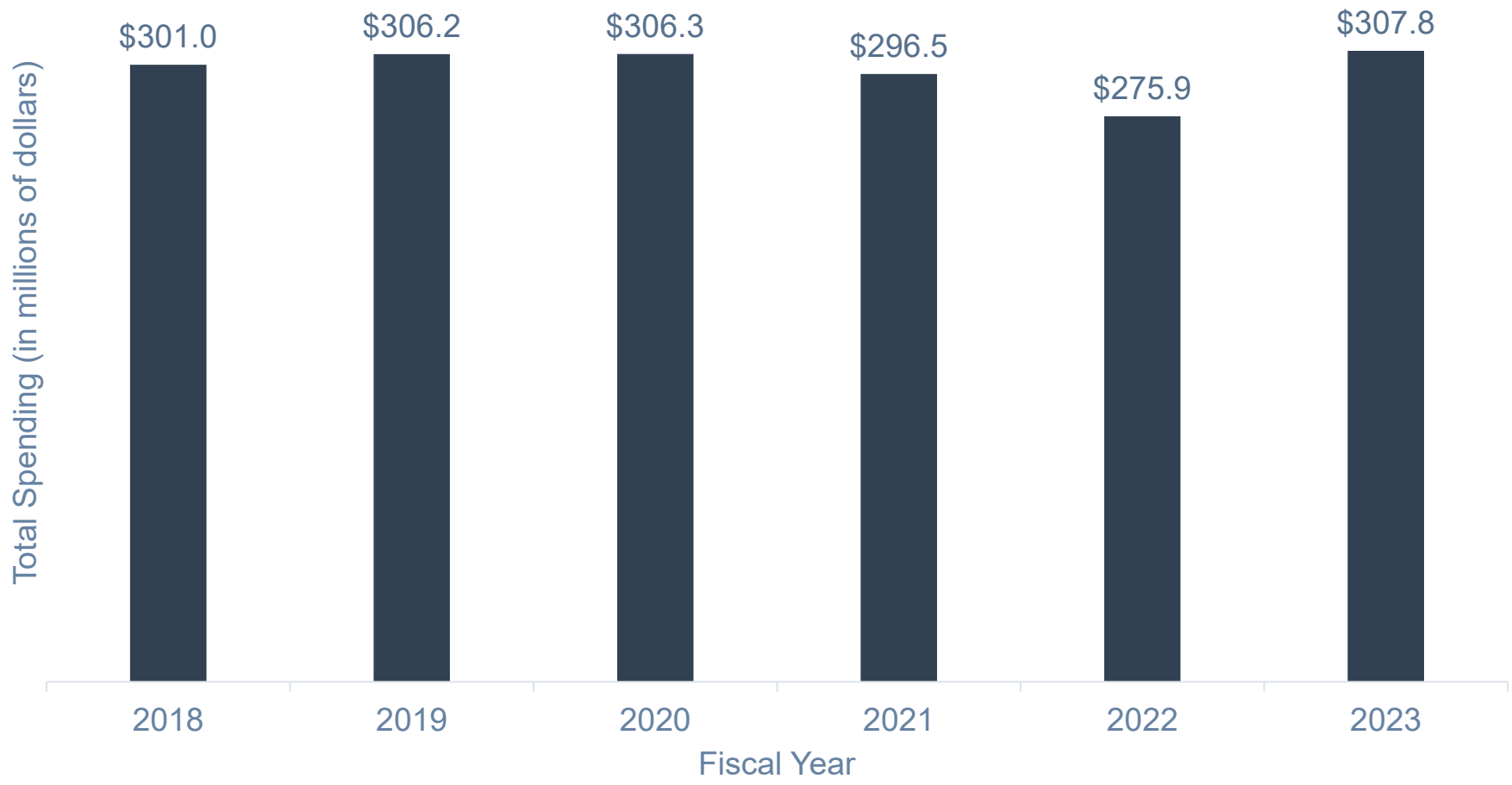
H.1. Division Of Mental Health & Addiction Services: Key Leadership

Name	Position	Department	Email
Sarah Adelman	Commissioner	Department of Human Services (DHS)	sarah.adelman@dhs.state.nj.us
Lisa Asare	Deputy Commissioner of Health Services	DHS	elisa.neira@dhs.state.nj.us
Valerie Mielke, MSA	Assistant Commissioner	DHS, Division of Mental Health and Addiction Services	valerie.mielke@dhs.nj.gov
Jon Chebra	Chief of Staff	DHS	jonathan.chebra@dhs.nj.gov
Robert Eilers, M.D.	Medical Director	DHS, Division of Mental Health and Addiction Services	robert.eilers@dhs.state.nj.us
David Helfand	Community Services Administrator	DHS, Division of Mental Health and Addiction Services	david.helfand@dhs.state.nj.us

H.2. Division Of Mental Health & Addiction Services: Spending

Budget Item	SFY 2023 Revised Budget	Percent Of Budget
Supported housing	$143,671,284	47%
Residential care	$52,264,1061	17%
Screening services	$33,749,395	11%
Early intervention and support services	$23,544,974	8%
Outpatient services	$18,812,792	6%
Assertive community treatment (ACT)	$15,637,810	5%
Partial care	$11,576,363	4%
Integrated case management	$4,986,635	2%
Short-term care facilities	$2,333,908	1%
State psychiatric hospitals	$1,238,172	<1%
Total: $307,815,439		

H.2. Department Of Mental Health & Addiction: Spending Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions					
Institution	**Location**	**Beds**	**FY 2023 Admissions**	**FY 2023 Discharges**	**FY 2023 Average Monthly Census**
Ancora Psychiatric Hospital	Ancora	600	231	238	305
Trenton Psychiatric Hospital	West Trenton	400	163	166	301
Ann Klein Forensic Center	West Trenton	200	110	102	186
Greystone Park Psychiatric Hospital	Morris Plains	552	165	171	361
Total		**1,752**	**669**	**677**	**1,153**

H.4. Behavioral Health Safety-Net Delivery System

- The Division of Mental Health and Addiction Services (DMHAS) contracts with 120 non-profit community mental health service provider organizations to provide mental health treatment services to the uninsured population. Available services include:
  - Outpatient care
  - Partial care
  - Integrated case management
  - Assertive community treatment programs
  - Supported employment services
  - System advocates
- DMHAS contracts with Rutgers University Behavioral Health Care (UBHC) to administer state and federal grant funded addiction services.
  - Treatment is provided by a network of provider organizations.
  - Individuals access treatment through a UBHC telephone screening, or by a provider organization associated with UBHC.

H.5. Behavioral Health: New Initiatives

- Recognizing the pivotal role parents and caregivers play in shaping the mental health and well-being of youth, the New Jersey Department of Health (NJDOH) is looking for youth and parent/caregiver serving organizations interested in operating a new statewide program to help equip parents, caregivers, and youth-serving professionals with the training and education to better support children and adolescents navigating mental health, sexual health, and substance use challenges.
- A Request for Applications was released seeking organizations with the capacity to develop and implement a centralized web-based hub for parents, caregivers and youth-serving professionals to access virtual and in-person evidence-based trainings through the Statewide Parent and Professional Engagement Program (S-PEP)..
- The grant award will total $250,000, with an additional three-year continuation based on agency performance of prior years and availability of funds.
- A single award is scheduled for December 2023, and the official launch for training registration is set for Spring 2024.

I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2024, the FPL is $14,580 for an individual and $30,000 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case there does not have to be a contract in place for Medicaid, this can be contracted or not, on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but since have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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B.3. SMI Population Distribution By Payer: National vs. State

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B.4. Largest State Health Plans By Enrollment

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C.2. Medicaid Program Spending: Change Over Time

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