

New Jersey FamilyCare Dual Eligible Special Needs Plan New Jersey has a long-standing commitment to expanding managed care options for delivering high-quality Medicaid services through NJ FamilyCare. New Jersey FamilyCare's (NJFC) Dual Eligible Special Needs Plan (D-SNP) Program began offering Medicare-Medicaid beneficiaries statewide access to an integrated system of acute and chronic care in January 2012. Since then, the program has grown to serve over 25,000 of New Jersey's 170,000 dual eligibles. The following is a brief overview of key features of the NJ FamilyCare D-SNP program.

Contracting

- Contracting for the Dual Eligible Special Needs plan is highly selective. Only those managed care organizations approved to serve NJ FamilyCare may offer a D-SNP. However, not all of NJFC's Medicaid managed care contractors offer a D-SNP.¹
- New Jersey uses an annual, full-risk, capitated Medicare Dual Eligible Subset – Zero Cost Share MIPPA² Contract. NJ does not offer a coordination of benefit (Business Associate Agreement) option for MIPPA contracting.
- At present, there are three D-SNPs--Horizon Medicare Blue TotalCare, Healthfirst NJ Maximum Plan, and Amerivantage Specialty + Rx.

Eligibility

- Full dual eligibles of all ages may enroll.
- Eligibility verification and enrollment is managed by the D-SNP contractor, and validated through a highly coordinated process with the Medicaid agency's fiscal agent; however, the Medicaid managed care enrollment broker is not involved in the D-SNP enrollment process.
- Approximately 170,000 dual eligibles are enrolled in managed care in New Jersey, most of whom are eligible to enroll in D-SNP.
- Available to individuals with intellectual or developmental disabilities.

Enrollment

- While NJ FamilyCare managed care enrollment is mandatory for dual eligibles, enrollment in the D-SNP program is strictly voluntary.
- Current enrollment is approximately 25,000. Despite strong monthly growth from new membership that doubled total enrollment year over year since inception, enrollment is *shrinking* due to market attrition from a limited pool of contractors.
- Beneficiaries under 65 with chronic conditions or disabilities constitute both the fastest growing enrollment segment and the longest enrollment segments.
- Medicare stars actions will account for over 16,000 terminated enrollments since January 2013, 54% of total enrollment losses from January 2013 – January 2014.

¹ Market participation in D-SNP among available Medicaid managed care contractors is limited to those approved by Medicare for market participation.

² Medicare Improvements for Patients and Providers Act of 2008



- The most popular enrollment incentives include \$0 cost sharing, especially for Part D prescription drugs and supplemental benefits (OTC drug card, gym memberships, etc.).
- NJ enforces issue of a single enrollment card. One card connects the D-SNP enrollee to coverage unifying all Medicare, Medicaid, and Prescription Drug benefits in one convenient package.

Appeals & Grievances

- Members may use both Medicare and Medicaid Appeals and Grievance pathways
- Medicare and Medicaid pathways may be used serially or simultaneously.
- New Jersey may intervene on behalf of a beneficiary at any time during the appeals process.
- Integrated Denial Notice reporting required.

Quality Measurement & Monitoring

- CAHPS, HEDIS, Medication Management QIP, and State-only metrics reported.
- Extensive monitoring on programs for the elderly and those with disabilities, including transitions of care, prevention of hospital readmission, programs for members with cognitive impairments, congestive heart failure, identifying and preventing abuse and neglect and preventing long-term hospitalization.

The future of integrated care for Medicare-Medicaid enrollees in New Jersey includes:

- Fully integrated Medicare-Medicaid option including all acute, chronic, behavioral, and long-term care services and supports (2016)
- Accountable care organizations (2015)
- More Program of All-Inclusive Care for the Elderly (PACE) sites

Important Wraparound Benefits in New Jersey

- Full dental coverage
- Vision
- Hearing Aids and Fitting Exams
- Home Health (non-homebound, includes maintenance therapies)
- Care & case management
- Hospice (institutional or community setting; room and board covered for institutional settings)
- Limited long-term services and supports
 - Personal Care Assistant
 - Medical Day Care
 - Nursing Facility – Hospice Room & Board
 - Nursing facility – custodial care
- Podiatry
- Certain durable medical equipment
- Prescription Drugs beyond Part D coverage
- Private Duty Nursing

Important Wrap Benefit Exclusions Covered by Fee-For-Service Medicaid

- Home and Community Based Waiver Services
- Methadone Cost, Administration and Maintenance
- Highly specialized, community based behavioral health supports
- Transportation (covered under a separate capitated contract)