

## New Jersey Managed Care Program Features, as of 2014

Features	NJ FamilyCare	PACE	LogistiCare
<b>Program type</b>	Comprehensive MCO + MLTSS	Program of All-inclusive Care for the Elderly (PACE)	Non-Emergency Medical Transportation
<b>Statewide or region-specific?</b>	Statewide	07002, 07030, 07047, 07086, 07087, 07093, 07094, 07302, 07304, 07305, 07306, 07307, 07310, 07311, 08501, 08505, 08512, 08518, 08520, 08525, 08530, 08534, 08540, 08541, 08542, 08543, 08544, 08550, 08554, 08560, 08561, 08601, 08602, 08603, 08604, 08605, 08606, 08607, 08608, 08609, 08610, 08611, 08618, 08619, 08620, 08625, 08628, 08629, 08638, 08645, 08646, 08647, 08648, 08650, 08666, 08690, 08691, 08695, 08028, 08062, 08071, 08094, 08098, 08302, 08311, 08312, 08314, 08316, 08318, 08321, 08322, 08323, 08324, 08327, 08328, 08329, 08332, 08343, 08344, 08345, 08348, 08349, 08352, 08353, 08360, 08361, 08362, 08002, 08003, 08004, 08007, 08009, 08012, 08021, 08026, 08029, 08030, 08031, 08033, 08034, 08035, 08043, 08045, 08049, 08059, 08078, 08081, 08083, 08084, 08091, 08095, 08099, 08101, 08102, 08103, 08104, 08105, 08106, 08107, 08108, 08109, 08110	Statewide
<b>Federal operating authority</b>	1115(a) (Medicaid demonstration waivers)	PACE	1902(a)(70) NEMT
<b>Program start date</b>	9/1/1995	4/9/2009	7/1/2009
Waiver expiration date (if applicable)	6/30/2017		
If the program ended in 2014, indicate the end date			
<b>Populations enrolled</b>			
Low-income Adults not eligible under ACA Section VIII	Mandatory		Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory	Voluntary	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory		Mandatory
Individuals receiving Limited Benefits			
Low-income adults eligible under ACA Section VIII	Mandatory		Mandatory
Full Duals	Mandatory	Voluntary	Mandatory
Partial Duals		Voluntary	Mandatory
Children with Special Health Care Needs	Mandatory		Mandatory
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Mandatory	Exempt	Mandatory
<b>Enrollment choice period</b>	10 days	N/A	Other
<b>Enrollment broker name (if applicable)</b>	Xerox		
<b>Notes on enrollment choice period</b>		monthly on the first day of the month	enrolled simultaneously with MCO
<b>Benefits covered</b>			

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Inpatient hospital physical health	X	X	
Inpatient hospital behavioral health (MH and/or SUD)	X	X	
Outpatient hospital physical health	X	X	
Outpatient hospital behavioral health (MH and/or SUD)	X	X	
Partial hospitalization	X	X	
Physician	X	X	
Nurse practitioner	X	X	
Rural health clinics and FQHCs	X		
Clinic services	X	X	
Lab and x-ray	X	X	
Prescription drugs and prosthetic devices	X	X	
EPSDT	X		
Case management	X	X	
Health home (SSA 1945)			
Family planning	X	X	
Dental services (medical/surgical)	X	X	
Dental (preventative or corrective)	X	X	
Home health agency services	X	X	
Personal care (state plan option)	X	X	
HCBS waiver services	X	X	
Private duty nursing	X		
ICF-IDD	X		
Nursing facility services	X	X	
Hospice care	X	X	
Non-Emergency Medical Transportation	X	X	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Assistive tech, audiology, chiropractic, DME, Hearing aid, immunization, MDC, Med supplies, optical appliances, optometrist, organ transplants, orthotics, rehab/sp hosp, outpatient rehab, podiatrist, post-acute care, preventive health, spec hosp, vision		
<b>Quality assurance and improvement</b>			
HEDIS data required?	Yes	No	No
CAHPS data required?	Yes	No	No
Accreditation required?	No	No	No
Accrediting organization			
EQRO contractor name (if applicable)	Island Peer Review Organization		
<b>Performance incentives?</b>			
Payment bonuses/differentials to reward plans	X		
Preferential auto-enrollment to reward plans			
Public reports comparing MCO performance on key metrics			

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Withholds tied to performance metrics			
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			
<b>Provider Value-Based Purchasing</b>			
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
<b>Participating plans and regions served</b>			
Plans in Program	Horizon NJ Health; Amerigroup; UnitedHealthcare Community Plan; Amerivantage Specialty + RX; Healthfirst NJ Maximum Plan; Horizon Medicare Blue Totalcare; WellCare Health Plans of NJ, Inc.	Lutheran Senior LIFE Jersey City; LIFE (Living Independently for Elders) St. Francis; Inspira LIFE (formerly Sout hJersey Healthcare LIFE); LIFE at Lourdes	LogistiCare
<b>Notes</b>			
Program notes	<p>Rehabilitative nursing facility services (short stay) are covered under managed care. LTSS (custodial) nursing facility services are covered by managed care (NJFC A and medically frail NJFC ABP only) if the member was admitted to the nursing facility on or after 7/1/14. Enrollees admitted before 7/1/14 are managed care for the first 30 days, then FFS for the remainder of their stay or until a change in living arrangements occur. Special care nursing facility stays (prior to 7/1/14) are FFS until 7/1/16, and managed care thereafter. New special care nursing facility admissions (beginning on or after 7/1/14) are managed care. Behavioral health clinics are FFS, except substance abuse/detox under NJFC ABP, which is managed care. Acute care clinics are managed care. Private duty nursing is covered as a State Plan service under EPSDT based on medical necessity. Home and community-based services and private duty nursing are waiver services under the 1115(a), available to NJFC A members only. The two previous 1915(b) waivers were folded into the 1115 Demonstration making full duals and children with special healthcare needs mandatorily enrolled in the program. The 1932(a) managed State Plan services subsumed by 1115 on 4/1/2014.</p>		Managed Care is responsible only for emergency transport and hospital to hospital transport. The state utilizes a contracted vendor for NEMT.