

# Medicaid 2.0

## Transformation Teams

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### ***Access & Quality***

*Dr. Kemi Alli, Henry J. Austin Medical Center & John Kirchner, Wellcare*

The expansion of Medicaid increased demand for health services compounding existing difficulties in accessing care, particularly specialist care. While access to primary care has improved, access to specialists, dentists and behavioral health providers continues to present a challenge. This workshop will focus on barriers and potential solutions such as: expanded telehealth, scope of practice, dental access and clinical/quality improvements.

### ***Behavioral Health Integration***

*Jen Velez, RWJBarnabas & John Koehn, Amerigroup*

The expansion of Medicaid infused the adult behavioral system with new money and services allowing the state to increase rates and expand services. However, these services remain largely outside the Medicaid managed care delivery system, which provides all other health care services for beneficiaries. This workshop will examine the barriers and potential solutions such as: carving in/out behavioral health services to MCOs, incentives for integrating primary and behavioral care, expanded coverage of services, improved coverage for children transitioning to adult services.

### ***Eligibility & Enrollment***

*Maura Collingsgru, NJ Citizen Action & Theresa Edelstein, NJ Hospital Association*

In 2016, the State estimates that 1.3 million applications (new and renewal) will be processed through the County Welfare Agencies (CWA), Xerox (the state contractor) or the Federal Health Exchange. Delays in application processing, churn, and continuity of networks continue to interrupt or delay coverage. This workshop will focus on the barriers and potential solutions such as: improved application/eligibility process, improved redeterminations process, and expanded eligibility.

### ***NJ Purchasing Authority/Administration***

*Ev Liebman, AARP NJ & Scott Waulters, United*

New Jersey's organization and oversight of its health programs have a combined cost of nearly \$20 billion and is spread out among five agencies. The New Jersey Medicaid program accounts for nearly 20% of the state budget but is one of seven divisions within the Department of Human Services. Medicaid's role in other states is being reconsidered and some states have elevated the program's director to a cabinet level position. This workshop will examine opportunities to reorganize the state's health program financing; combine the \$20 billion purchasing power of New Jersey's health programs, the potential to elevate the role of NJ Medicaid and improve the Medicaid managed care procurement process.

### ***Value-based Purchasing***

*Suzanne Ianni, Hospital Alliance of NJ & Ted Pantaleo, Horizon*

NJ Medicaid has several small value-based purchasing demonstrations. However, there is no defined strategy to expand the use of successful models and current efforts are often hampered by overlapping care coordination efforts. At the payer level, the state Medicaid managed care contract currently includes a performance bonus for quality, but to date none have achieved the results to qualify. This workshop will focus on barriers and potential solutions such as: performance-based risk-sharing, DSRIP, managing the dually-eligible, CPC +, and incorporation of social determinants.