SYNOPSIS

Provides for establishment of Regional Health Hub Program as replacement to Accountable Care Organization Demonstration Project, and designates existing accountable care organizations and look-alike organizations as Regional Health Hubs.

CURRENT VERSION OF TEXT

As reported by the Senate Budget and Appropriations Committee on January 6, 2020, with amendments.
AN ACT concerning the establishment of a Regional Health Hub Program as a replacement to the Accountable Care Organization Demonstration Project, and supplementing Title 30 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. The Legislature finds and declares that:
   a. Significant State resources are invested in both the health and social service sectors in New Jersey, and the development of improvements in how Medicaid benefits and payment models interact with social services would provide a benefit to all New Jersey residents.
   b. A more regional approach to care, involving the coordinated provision of person-centered health care in combination with robust connections to social services and community resources, is required at both the patient and organizational levels.
   c. It is in New Jersey’s best interest to establish a regional network of non-profit organizations that partner with Medicaid and State agencies to reduce health disparities and improve health outcomes and the delivery of care for Medicaid recipients in the State. Such non-profit organizations have the capacity to become local innovation engines that use real-time actionable data and diverse stakeholder input to develop and implement innovative models for the delivery of effective, person-centered care.
   d. It is both reasonable and appropriate for the Department of Human Services to designate and recognize existing accountable care organizations as Regional Health Hubs, and to establish new Regional Health Hubs in appropriate areas of the State, as provided by this act, in order to enable the State to:
      (1) identify existing and emerging threats to health and wellbeing, and problems with the State’s regional health care delivery systems, and identify and determine how to implement solutions to those problems;
      (2) promote and facilitate cooperation, coordination, innovation, and goal setting by and among relevant stakeholders;
      (3) evaluate the progress that has been made in achieving identified goals and priorities; and
      (4) otherwise encourage and enable the overall improvement of the health of New Jersey residents and the delivery of health care throughout the State.

2. As used in this act:

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
1Assembly AHE committee amendments adopted December 5, 2019.
2Senate SBA committee amendments adopted January 6, 2020.
“Commissioner” means the Commissioner of Human Services.
“Core region” means the geographic area of responsibility for a Regional Health Hub.
“Data catchment area” means the zip codes in New Jersey for which a Regional Health Hub receives Medicaid NJ FamilyCare claims data.
“Department” means the Department of Human Services.
“Existing Regional Health Hub” means those four organizations designated as Regional Health Hubs by the FY20 New Jersey State Budget, P.L.2019, c.150 and identified in subsection b. of section 3 of this act.
“Health information platform” means a Health Information Exchange (HIE) or other electronic platform that is used to run population-level analytics or exchange health information among various organizations.
“New Regional Health Hub” means an entity that is designated by the commissioner as a Regional Health Hub after the effective date of, and as provided by, this act.
“Prospective service region” or “prospective region” means a geographical area that is designated by the commissioner, pursuant to subsection a. of section 4 of this act, as being in need of a Regional Health Hub.
“Regional Health Hub” means any entity that is designated as a Regional Health Hub, as provided by this act, including an existing Regional Health Hub or a new Regional Health Hub.
3. a. The Department of Human Services shall establish a Regional Health Hub Program, and shall designate Regional Health Hubs in appropriate areas of the State, as provided by this act. The Regional Health Hub Program shall replace the Medicaid Accountable Care Organization Demonstration Project established pursuant to P.L.2011, c.114 (C.30:4D-8.1 et seq.), which is now subject to expiration by law.
b. The following certified accountable care organizations and accountable care look-alike organizations, which are operating in this State as of the effective date of this act, shall be grandfathered into the Regional Health Hub Program, and shall be automatically designated as Regional Health Hubs, for the purposes of this act:
(1) the Healthy Greater Newark ACO;
(2) the Trenton Health Team;
(3) the Camden Coalition of Health Care Providers; and
(4) the Health Coalition of Passaic County.
c. (1) The Department of Human Services, in consultation with the Department of Health, shall be authorized to designate additional non-profit organizations to operate as Regional...
Health Hubs under the Regional Health Hub Program, pursuant to section 4 of this act, as determined to be appropriate.

4. a. The commissioner, in consultation with the Commissioner of Health, shall designate and delineate the boundaries of regions of the State that are in need of new Regional Health Hubs within six months of the effective date of this act.

b. The commissioner’s designation and delineation of prospective service regions for new Regional Health Hubs shall be based on the following factors:

(1) the availability of State and federal funding necessary to support the new Regional Health Hub, and the State’s ability to provide necessary funding without negatively impacting the operation and effectiveness of other Regional Health Hubs in the State;

(2) the number and density of Medicaid beneficiaries in the region;

(3) the existence, in the region, of multiple health and social service systems of care that are in need of convening and coordination; and

(4) the volume, in the region, of avoidable inpatient hospital admissions and emergency department visits.

c. Based on the analysis of factors identified in subsection b. of this section, the commissioner may designate any county, zip code, or group of zip codes in the State as a prospective service region. The boundaries of any prospective service region designated under this section shall not overlap with any portion of a core region served by another Regional Health Hub.

d. Once an area has been designated by the commissioner as a prospective service region, the commissioner shall solicit and review applications from qualified non-profit organizations that wish to be designated and certified as the new Regional Health Hub for the prospective service region. The commissioner shall only designate and certify an organization as a new Regional Health Hub if the organization:

(1) is a registered New Jersey non-profit organization exempt from federal taxation under 26 U.S.C. s.501(c)3;

(2) submits a request identifying the proposed boundaries of the Regional Health Hub’s anticipated core region, which boundaries shall include the total area of a prospective service region designated by the commissioner, and shall not include any area that is already included in another Regional Health Hub’s core region; and

(3) submits a request identifying the proposed boundaries of the Regional Health Hub’s anticipated data catchment area;
demonstrates, to the commissioner’s satisfaction, the ability
to perform the mandatory functions of a Regional Health Hub, as
described in subsection a. of section 6 of this act.

e. Within 180 days after an organization is approved to operate
as a Regional Health Hub, the organization shall:
(1) establish and maintain a headquarters within the boundaries
of the core region;
(2) establish and convene an advisory committee of persons who
reside or work in the core region, which committee shall include
community members and representatives from organizations that
exemplify the diversity of geography, gender, disability, age, sexual
orientation, veterans’ status, and prevalent health conditions in the
core region. The following types of persons may be included in an
advisory committee established under this paragraph: (a)
community members having lived experience with the health care
system; (b) Medicaid beneficiaries; (c) representatives from school
districts; (d) representatives of local government; (e) representatives
of housing organizations; and (f) representatives of the faith-based
community; and
(3) establish and convene a governing board that includes
members from a majority of the following groups and entities, to
the extent that such groups and entities are present in the core
region: (a) hospitals or hospital systems; (b) Federally Qualified
Health Centers; (c) private clinicians, including physicians and
nurses; (d) community-based organizations such as behavioral
health providers and social service agencies; (e) managed care
organizations; (f) the advisory committee established pursuant to
paragraph (2) of this subsection; and (g) health care consumers;
and
(4) demonstrate, to the commissioner’s satisfaction, the ability
to perform the mandatory functions of a Regional Health Hub, as
described in subsection a. of section 6 of this act.

f. If more than one organization meets the criteria for
designation as a Regional Health Hub in a prospective service
region, the commissioner, in the commissioner’s discretion, shall
designate the organization that the commissioner determines will be
best able to meet the needs of, and fulfill the purposes of this act
within, the prospective service region.

g. Before approving an application to become a Regional Health Hub under this section, the commissioner shall
review each of the boundary requests submitted by the applicant
organization under paragraphs (6) and (7) of subsection d. of this section, and shall either approve the requests,
as submitted by the applicant organization, or require the
applicant organization to make appropriate modifications to the
boundary requests as a precondition to their approval. If a
boundary request cannot be modified as necessary to comply with
the provisions of this act, the commissioner may select
another applicant organization to serve as the Regional Health Hub in the proposed service region.

h. A designated Regional Health Hub may submit an application to the commissioner, at any time, requesting the expansion of its core region. The commissioner may approve the requested expansion if:

(1) the boundaries of the expanded core region will not overlap with the core region of another Regional Health Hub;

(2) the area would otherwise qualify for designation as a prospective service region under subsection b. of this section of this act; and

(3) the applicant demonstrates, to the commissioner’s satisfaction, the applicant’s ability to perform, in the requested expansion area, and within one year following submission of the application, the mandatory activities of a Regional Health Hub, as described in subsection a. of section 6 of this act.

5. a. The commissioner may revoke an organization’s status as a Regional Health Hub if the organization fails to perform the mandatory activities of a Regional Health Hub, as described in subsection a. of section 6 of this act.

b. Before revoking an organization’s status as a Regional Health Hub, the commissioner shall notify the organization of the potential revocation and provide a reasonable timeframe for corrective action.

c. The commissioner’s revocation of Regional Health Hub status shall be a final agency action for the purposes of the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.).

d. After revoking an organization’s status as a Regional Health Hub, the commissioner shall immediately determine whether a new Regional Health Hub is needed in the area where status was revoked. If such need is determined to exist, the commissioner shall designate a new Regional Health Hub to serve the area, as provided by subsection d. of section 4 of this act.

6. a. Each designated Regional Health Hub shall engage in the following mandatory activities:

(1) establish, operate, and maintain a health information platform that allows for population-level views and analytics, and patient-level health interventions. Unless annually exempted by the commissioner, each Regional Health Hub’s health information platform shall, to the extent practicable, be interoperable with all other Regional Health Hubs’ platforms, and with any other Statewide health information platform designated by the commissioner;

(2) convene and obtain relevant input from community stakeholders within the Regional Health Hub’s core region. At a
minimum, convening activities shall include quarterly opportunities
for the active engagement and interaction of relevant stakeholders,
including, but not limited to, managed care organizations, local and
State government entities, health care and social service providers,
community-based organizations, and local consumers of health
care;
(3) upon request, provide the department and other State
agencies, including the Departments of Health, Children and
Families, and Community Affairs, with information and feedback to
assist the departments in program design, population analysis,
strategic planning, and other appropriate functions; and
(4) engage in any other activity that the commissioner deems
necessary to achieve the goals of this act.
b. Each designated Regional Health Hub shall be authorized to
engage in the following activities as necessary either to further the
Regional Health Hub’s goals or to comport with the provisions of
[a memorandum of understanding executed between] the proposal
submitted by the Regional Health Hub [and] to the department
pursuant to section 7 of this act:
(1) plan and execute population-level and patient-level health
interventions;
(2) establish, operate, and maintain, or partner with a third-party
who will establish, operate, and maintain, a community resource
inventory that is capable of referring and tracking the referral of
community members to appropriate services;
(3) perform a health needs assessment on all or part of the
population in the Regional Health Hub’s core region;
(4) perform quality improvement activities based on population-
level data and health needs assessment findings;
(5) develop screening protocols that provide for a
comprehensive risk assessment to determine a patient’s need for
follow-up and wrap-around services related to the social
determinants of health;
(6) facilitate the coordination, within the Regional Health Hub’s
core region, of health care and ancillary services related to the
social determinants of health, including, but not limited to, food
assistance services, legal services, and other social services, for
high-need populations;
(7) provide care management services to the entire population,
or to underserved sub-populations, in the Regional Health Hub’s
core region;
(8) submit [an annual report] reports to the commissioner
describing the health needs in the Regional Health Hub’s core
region, identifying the Regional Health Hub’s near and long-term
health goals for the core region, and describing the activities that
have been undertaken, and the progress that has been made, over
the preceding year, by the Regional Health Hub and relevant
stakeholders in the core region to improve the effectiveness or efficiency of the core region’s health care system; and
(9) engage in any other appropriate activity that the commissioner or Regional Health Hub deems relevant to the attainment of the Regional Health Hub’s goals.

c. Nothing in this section shall be deemed to limit the activities that a Regional Health Hub may conduct on behalf of other State departments or funders.

7. a. Each Regional Health Hub may annually enter into a memorandum of understanding with the department, describing the Regional Health Hub’s annual goals, and the elective activities that the Regional Health Hub will undertake during the upcoming fiscal year.

b. In order to facilitate the annual execution of memoranda of understanding become effective, each Regional Health Hub’s proposal shall be approved by the department in consultation with the Department of Health. Approval shall be at the sole discretion of the department, and the department may request that the Regional Health Hub modify and resubmit a proposal, in order to receive approval.

c. In order to facilitate the development of proposals under this section, the department shall annually provide each Regional Health Hub with a list of the department’s goals, projects, or priorities for the upcoming fiscal year.

d. When executing a memorandum of understanding finalizing a proposal under this section, the department and relevant Regional Health Hub shall negotiate joint goals, projects, and priorities for the upcoming fiscal year, and agree upon the associated funding that will be needed to accomplish those joint goals, projects, and priorities.

e. Each memorandum of understanding executed proposal pursuant to this section shall include, at a minimum:

(1) a description of the joint goals, projects, and priorities agreed upon by the Regional Health Hub and the department for the upcoming fiscal year pursuant to subsection d. of this section;

(2) an indication of the amount of funding that will be needed to attain each joint goal, project, and priority identified in the memorandum of understanding proposal, and an indication of
the total amount of funding, overall, that will be needed to execute the memorandum of understanding proposal;

(3) a description of the clear deliverables and performance metrics that will be used to evaluate and measure success in relation to the achievement of the goals, projects, and priorities described in the memorandum of understanding proposal; and

(4) a description of performance-based payments representing at least 10 percent but not more than 25 percent of the total funding needed to execute the memorandum of understanding, which payments will be tied to the achievement of the clear deliverables and performance metrics described in paragraph (3) of this subsection. Each year, at least 10 percent, but no more than 25 percent of the total funding provided by the department to each Regional Health Hub to undertake the activities described in section 6 of this act shall be contingent upon the Regional Health Hub’s achievement of such deliverables and performance metrics. Determination of whether a Regional Health Hub has achieved such deliverables and performance metrics shall be at the sole discretion of the department.

8. a. A Regional Health Hub may be funded in part by the department, in accordance with the provisions of the annual appropriations act. As described in paragraph (4) of subsection e. of section 7 of this act, a portion of such funding shall be contingent on the Regional Health Hub’s achievement of deliverables and performance metrics, as specified in the Regional Health Hub’s approved proposal each year.

b. In addition to funding described in subsection a. of this section, the commissioner shall have the discretion to support a Regional Health Hub’s innovation projects that advance Medicaid priorities using other available dollars as appropriate.

c. A Regional Health Hub shall not receive funding provided for under this section until the Regional Health Hub has submitted an annual proposal, as described in section 7 of this act.

9. a. A health information platform operated pursuant to paragraph (1) of subsection a. of section 6 of this act shall contain detailed health data from the Regional Health Hub’s core region, including macro-level analytics of broad population trends, and micro-level analytics of both individual health data, and disease trends by category of disease, age group, or other subset.

b. Each hospital in the State shall be required to submit pertinent patient data to the health information platform that is maintained by the Regional Health Hub operating in the same region of the State in which the hospital is located, or, if there is no Regional Health Hub operating in the region, to the health information platform that is maintained by the Regional Health Hub.
that is closest in geography to the hospital. The data submitted
pursuant to this paragraph shall be provided on a real-time basis, to
the extent practicable, and in no case, less frequently than daily.

c. Each managed care organization operating in the State shall
be required to share all relevant health data with each health
information platform that is maintained in a region of the State in
which the managed care organization provides services to patients.

d. Each Regional Health Hub shall maintain a data sharing use
and reciprocal support agreement, and any applicable use case
agreement, with any Statewide health information platform
designated by the commissioner in order to promote
interoperability.

c. The department shall, consistent with federal and State law,
make available NJ FamilyCare claims data to the Regional Health
Hubs, as needed for the Regional Health Hub’s population health
work or other tasks, and enter into appropriate data sharing
agreements for the exchange of such data. The department shall
share with each Regional Health Hub the NJ FamilyCare claims
data for beneficiaries residing within the Regional Health Hub’s
data catchment area, as mutually agreed to by the Regional Health
Hub and the department. The data catchment area shall include, but
need not be limited to, the Regional Health Hub’s core region, and
may overlap with the data catchment areas for other Regional
Health Hubs.

d. The Departments of Human Services, Health, Children and
Families, and Community Affairs shall be authorized, to the
extent permissible by federal and State law or regulation, to share
with the health information platforms established, or the Regional
Health Hubs designated, pursuant to this act, any available health
data that is maintained by the departments.

Any State department that implements a pilot
program related to health care delivery shall be encouraged to
consult with the Regional Health Hubs operating in the regions of
the State that will be affected by the pilot program, in order to
ensure that all relevant considerations have been accounted for, and
that the pilot program is effectively and efficiently implemented
with the assistance of all relevant stakeholders.

In addition to utilizing any State-appropriated
funding that supports Regional Health Hubs, the Commissioner of
Human Services shall apply for such State plan amendments or
waivers as may be necessary to implement the provisions of this
act, and to secure federal financial participation for State Medicaid
expenditures under the federal Medicaid program, and shall take
such additional steps as may be necessary to secure, on behalf of
participating Regional Health Hubs, such waivers, exemptions, or
advisory opinions to ensure that such Regional Health Hubs are in
compliance with applicable provisions of State and federal law
related to fraud and abuse, including, but not limited to, anti-
kickback, self-referral, false claim, and civil monetary penalty
provisions.

1 The Commissioner of Human Services shall adopt rules and
departments, pursuant to the “Administrative Procedure
Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to
implement the provisions of this act.

1 This act shall take effect immediately; however,
funding appropriated for the Regional Health Hub Project in the
Fiscal Year 2020 annual appropriations act, P.L.2019, c.150, shall
not be subject to the provisions of this act.