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STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED JANUARY 24, 2019

Sponsored by: Senator NELLIE POU District 35 (Bergen and Passaic) Senator JOSEPH P. CRYAN District 20 (Union) Assemblywoman GABRIELA M. MOSQUERA District 4 (Camden and Gloucester) Assemblyman ADAM J. TALIAFERRO District 3 (Cumberland, Gloucester and Salem) Assemblyman DANIEL R. BENSON District 14 (Mercer and Middlesex)

Co-Sponsored by:

Assemblywomen Murphy, Reynolds-Jackson, Lampitt, Assemblyman Greenwald, Assemblywomen Tucker, McKnight, Downey and Jasey

SYNOPSIS

Establishes perinatal episode of care pilot program in Medicaid.

CURRENT VERSION OF TEXT

As reported by the Senate Health, Human Services and Senior Citizens Committee on March 4, 2019, with amendments.



(Sponsorship Updated As Of: 3/26/2019)

1 AN ACT establishing a Medicaid perinatal episode of care pilot 2 program. 3 4 **BE IT ENACTED** by the Senate and General Assembly of the State 5 of New Jersey: 6 7 1. As used in this act: "Commencement date" means the date ¹[in] on¹ which the 8 perinatal episode of care pilot program is first implemented 9 pursuant to this act, which shall be no later than January 1, 2020. 10 "Division" means the Division of Medical Assistance and Health 11 Services in the Department of Human Services. 12 "Perinatal episode of care" or "episode" means all pregnancy-13 related care ^{1,1} including prenatal care, labor and birth, and 14 postpartum care $\frac{1}{1}$ provided to a mother and infant, beginning 40 15 weeks prior to the delivery and ending 60 days after the delivery of 16 17 the infant, or as otherwise defined by the perinatal episode of care learning network ¹[, as established pursuant to section 2 of this 18 act, \mathbf{J}^1 and approved by the division. 19 "Perinatal episode of care learning network" or "learning 20 network" means ¹[a group of ten or more members including but 21 not limited to Medicaid managed care organizations, maternity 22 23 healthcare providers, and division representatives, convened by the 24 division or a multi-stakeholder entity well versed in alternative payment models designated by the division] the perinatal episode 25 of care learning network established pursuant to section 2 of this 26 27 act¹. 28 "Perinatal episode of care payment model" means a provider 29 reimbursement model based on target total cost of care for services 30 provided within a perinatal episode of care. "Medicaid" means the Medicaid program established pursuant to 31 32 P.L.1968, c.413 (C.30:4D-1 et seq.). 33 "Participating provider" means an obstetrical provider or group of obstetrical providers approved to participate in the Medicaid 34 program that meet a specified minimum volume of Medicaid live 35 births per year, as defined by the learning network and approved by 36 the division, and that has entered into a voluntary provider 37 agreement with a Medicaid managed care organization to 38 39 participate in the perinatal episode of care pilot program. 40 "Total cost of care" means all costs for a perinatal episode of 41 care as calculated by claims data, with a risk adjustment for clinical 42 factors that affect the cost of delivering an episode for specific 43 patients.

Matter underlined <u>thus</u> is new matter.

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 enclosed in superscript numerals has been adopted as follows: ¹Senate SHH committee amendments adopted March 4, 2019.

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1 2. a. The division shall establish a perinatal episode of care learning network. The learning network may be administered by 2 the division, or 1, at the division's discretion, 1 a designated entity 3 ¹[, at the division's discretion] that is well versed in alternative 4 Any entity designated by the division to 5 payment models¹. administer the learning network shall enter into a data sharing 6 7 agreement with the division in order to fulfill the provisions of this 8 act.

9 The learning network shall consist of ¹[ten] 10¹ or more 10 members with knowledge regarding alternative payment 11 methodologies for pregnancy-related services within Medicaid, including 1, 1 but not limited to: the Director of the 1 [division] 12 Division of Medical Assistance and Health Services in the 13 14 Department of Human Services¹, or the director's designee; representatives from each of the current Medicaid ¹[Managed Care 15 Organizations] managed care organizations (MCOs)¹ contracted 16 with the division to provide Medicaid benefits; ¹at least two 17 18 representatives of federally qualified health centers, with at least one representative from a federally qualified health center located 19 20 in the northern region of the State and at least one representative from a federally qualified health center located in the southern 21 22 region of the State;¹ and at least three maternity healthcare providers, representing ¹[Northern, Central, and Southern] 23 northern, central, and southern¹ New Jersey, approved to participate 24 25 in Medicaid.

26 b. The learning network, as approved by the division, shall develop the parameters for a ¹[three year] <u>three-year</u>¹ perinatal 27 28 episode of care pilot program within Medicaid. The purpose of this 29 pilot program is to improve perinatal health care outcomes and to 30 reduce the cost of perinatal care. To effectuate the goals of the program, the learning network shall design a perinatal episode of 31 32 care payment model, which shall be approved by the division and implemented by ¹[Medicaid managed care organizations (MCOs)] 33 MCOs¹, according to section 3 of this act. 34

35 c. Subject to the approval of the division, the learning network36 shall:

37 (1) Identify the services to be covered under each episode,
38 including ¹[wrap around] <u>wraparound</u>¹ patient support services,
39 such as childbirth education and community doula services for the
40 mother;

41 (2) Establish patient volume minimums for participating42 providers;

43 (3) Identify quality metrics and quality metric targets to be44 included in the episode;

45 (4) Establish a methodology to calculate the target total cost of 46 care for an episode and the distribution of any shared savings 1 between a MCO and a participating provider. The methodology for 2 shared savings shall align payments to a participating provider with 3 the quality metrics and quality metric targets, as determined by the learning network, regarding the provider's provision of care; and 4

5 (5) Establish additional episode parameters $\frac{1}{2}$ including the episode trigger, duration, principal accountable provider, 6 exclusions, adjustments, and quality reporting methodology 7 8 between providers and ¹[managed care organizations] <u>MCOs</u>¹.

d. The learning network shall report to the Governor, and 1 , 9 pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1),¹ to the 10 Legislature, ¹[pursuant to section 2 of P.L.1991, c.164 (C.52:14-11 12 19.1), no later than¹ four years following the commencement date, on the effectiveness of the perinatal episode of care pilot program in 13 improving the quality and reducing the cost of maternity and infant 14 care ¹[and make]. <u>The report shall include</u>¹ any recommendations 15 that the learning network deems appropriate to ¹continue,¹ revise, 16 restrict, or expand the program. The division shall make copies of 17 the learning network's report available to the public on the 18 19 Department of Human Services' website.

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21 3. A managed care organization that has contracted with the division to provide benefits under the Medicaid ¹[Program] 22 23 program¹ shall enter into a provider agreement with an obstetrical 24 provider or group of obstetrical providers to implement the 25 perinatal episode of care payment model, as established by the 26 learning network, and approved by the division, pursuant to section 27 2 of this act.

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29 4. a. A participating provider shall submit all information 30 required to fulfill the provisions of this act to the learning network, 31 in a format and at a frequency to be determined by the learning 32 network and approved by the division.

b. A participating provider shall conduct a risk assessment for 33 34 all episodes using the Perinatal Risk Assessment form, as used by 35 the division, to determine each mother's level of need for ¹[State sponsored] <u>State-sponsored</u>¹ support services. 36 ¹[When the assessment tool indicates a need for services,] With the mother's 37 consent,¹ the provider shall ¹forward the completed risk assessment 38 39 form to the appropriate county central intake agency, which shall 40 review the form and, if the form indicates a need for services, <u>contact the mother to</u>¹ provide ¹ [the mother with the appropriate] 41 her with information and¹ referrals ¹to appropriate services¹. The 42 ¹[referral of]¹ services ¹to which mothers may be referred pursuant 43 to this subsection¹ shall include, but ¹shall¹ not be limited to: home 44 visitation programs ¹[,];¹ mental health and substance use disorder 45 treatment ¹[,];¹ domestic violence support and intervention; 46

1 transportation and housing assistance; and group prenatal 2 counseling. 3 5. The Commissioner of Human Services shall apply for such 4 State plan amendments or waivers as may be necessary to 5 6 implement the provisions of this act and to secure federal financial 7 participation for State Medicaid expenditures under the Medicaid 8 program. 9 6. The Commissioner Human Services, pursuant to the 10 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et 11 12 seq.), shall adopt rules and regulations necessary to implement the 13 provisions of this act.

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7. This act shall take effect immediately, with the pilot
program commencing no later than January 1, 2020, and shall
expire upon the submission of the report by the learning network to
the Governor and the Legislature pursuant to subsection d. of
section 2 of this act.