

ASSEMBLY, No. 2847

STATE OF NEW JERSEY 219th LEGISLATURE

INTRODUCED FEBRUARY 20, 2020

Sponsored by:

Assemblyman GARY S. SCHAER

District 36 (Bergen and Passaic)

SYNOPSIS

Establishes pilot program for incentive-based value payment system for home health agencies and health care service firms.

CURRENT VERSION OF TEXT

As introduced.



1 **AN ACT** concerning a pilot program for incentive-based value
2 payments for home health agencies and health care service firms
3 and supplementing Title 30 of the Revised Statutes.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. a. The Division of Medical Assistance and Health Services
9 in the Department of Human Services shall establish a pilot
10 program to adopt a new, incentive-based value payment system for
11 licensed home health agencies and registered health care service
12 firms providing services to Medicaid and NJ FamilyCare recipients.
13 Participation in the incentive-based value payment system shall be
14 mandatory for home health agencies and health care service firms
15 providing services to Medicaid and NJ FamilyCare recipients, and
16 shall reward the home health agencies and health care service firms
17 for achieving improved performance outcomes in at least four core
18 measurements of quality improvement and cost savings. The
19 division shall implement the incentive-based value payment system
20 established under the pilot program no later than January 1, 2021.

21 b. The Assistant Commissioner for the Division of Medical
22 Assistance and Health Services shall, pursuant to the
23 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
24 seq.), and in consultation with the Home Health Services Value
25 Payment System Advisory Board established pursuant to section 2
26 of this act, adopt regulations establishing:

27 (1) core measurements to be considered when determining
28 quality improvement and cost savings for Medicaid and NJ
29 FamilyCare recipients receiving private duty nursing services,
30 including, but not limited to: preventable hospital admissions and
31 readmissions; medication reconciliation; adverse events; discharge
32 planning during hospitalization; continuity of care; and
33 collaboration with primary care and other health care providers;

34 (2) core measurements to be considered when determining
35 quality improvement and cost savings for Medicaid and NJ
36 FamilyCare recipients receiving personal care assistant services,
37 including, but not limited to: patient and nurse retention; patient
38 satisfaction; longevity of care; and the number of service hours
39 authorized compared with the number of service hours provided;

40 (3) performance targets for the improvements in the core
41 measurements;

42 (4) a formula for determining the baseline data against which
43 the core measurements shall be compared when determining the
44 level of improvement and cost savings achieved by each home
45 health agency and health care service firm;

46 (5) the amount of the incentive payments, which may include
47 payment amounts scaled to the level of improvement achieved in
48 each core measurement; and

1 (6) a schedule for making incentive payments, including: one
2 payment within 60 days after the start of the pilot program to assist
3 home health agencies and health care service firms with
4 implementation and reporting costs, the maximum amount of which
5 shall be established by the assistant commissioner; the option of a
6 second payment during the course of the pilot program; and a final
7 payment to be made upon completion of the pilot program; and

8 (7) any other requirements for participation in the pilot program
9 as the assistant commissioner shall deem necessary and appropriate.

10 c. For the purposes of the pilot program established by this act,
11 each home health agency and health care service firm shall:

12 (1) for each patient, designate a single health care professional
13 who is responsible for establishing a plan of care for that patient
14 and for coordinating person-centered services throughout the
15 continuum of care;

16 (2) develop protocols for immediate follow up after discharge
17 from a hospital, including a comprehensive risk assessment;

18 (3) establish protocols to facilitate collaboration with hospitals
19 and other health care providers to coordinate patient care
20 throughout the continuum of services;

21 (4) establish protocols and procedures to reconcile patient
22 medications; and

23 (5) establish standards, requirements, and programs to educate
24 patients, families, and caregivers regarding individualized plans of
25 care and goals to address the unique needs of each patient, family
26 member, and caregiver.

27 d. The incentive-based value payment system shall be
28 administered by managed care organizations that have contracted
29 with home health agencies and health care service firms to provide
30 home health services to Medicaid and NJ FamilyCare recipients.
31 Managed care organizations shall distribute incentive-based value
32 payments to home health agencies and health care service firms
33 consistent with division regulations.

34 e. (1) The Department of Human Services and each Medicaid
35 managed care organization in the State shall provide to the division
36 all such data concerning home health services provided in the State
37 as the division determines to be necessary for the purposes of
38 establishing and evaluating the incentive-based value payment
39 system, including all such data as may be required to develop
40 baseline data and to compare outcomes among home health
41 agencies and health care service firms throughout the State. The
42 division may authorize an administrative fee to be paid to managed
43 care organizations to offset the cost of reporting data pursuant to
44 this subsection, if that data is in addition to data the organization
45 currently reports to the State.

46 (2) The division shall provide the data received pursuant to
47 paragraph (1) of this subsection and data reported by home health
48 agencies and health care service firms concerning their participation

1 in the incentive-based value payment system to the Rutgers Center
2 for State Health Policy for the purposes of evaluating the program
3 with regard to patient outcomes, quality of patient care, cost
4 savings, and such other metrics as the division shall require.

5 f. The division shall require an annual audit of the incentive-
6 based value payment system, which shall be performed by an
7 independent third party auditor. The results of the audit shall be
8 included in the annual report required pursuant to subsection g. of
9 this section.

10 g. No later than one year after the effective date of this act, the
11 division shall report to the Legislature, pursuant to section 2 of
12 P.L.1991, c.164 (C.52:14-19.1), on the projected benefits and costs
13 of the incentive-based value payment system established under the
14 pilot program. In determining the costs and benefits of the new
15 system, the division shall cooperate with and consider input from
16 home health agencies, health care service firms, provider
17 associations, managed care organizations, and the Rutgers Center
18 for State Health Policy.

19 Commencing two years after the effective date of this act, and
20 annually thereafter for the duration of the pilot program, the
21 division shall report to the Legislature, pursuant to section 2 of
22 P.L.1991, c.164 (C.52:14-19.1), on the status of the pilot program,
23 including the costs of implementation, the number of home health
24 agencies and health care service firms, the size of each agency and
25 firm, the number of clients served by each agency and firm, the
26 total cost savings realized and the proportion of cost savings
27 attributable to each agency and firm, the amount of incentive-based
28 value payments made to each agency and firm, the proportion of
29 total payments made that are received by each agency and firm, an
30 analysis of quality improvement and cost savings for type of service
31 provided by agencies and firms, the division's recommendations, if
32 any, concerning revisions to the incentive-based value payment
33 system, and any other information as may be necessary to evaluate
34 the results of the pilot program.

35 h. The pilot program shall continue for at least two years after
36 the date of implementation, after which date the assistant
37 commissioner may revise the requirements for the program,
38 terminate the program, or recommend to the Legislature, in the
39 annual report required under subsection g. of this section, that the
40 program be made permanent.

41 i. The total expenditures made by the State under the pilot
42 program, including incentive payments and administration costs,
43 shall not exceed \$10 million.

44
45 2. a. There is established in the Department of Human
46 Services the Home Health Services Value Payment System
47 Advisory Board, which shall provide the Assistant Commissioner
48 for the Division of Medical Assistance and Health Services with

1 recommendations concerning the regulations which are to be
2 adopted pursuant to section 1 of this act.

3 b. The board shall comprise eight public members to be
4 appointed by the Governor. The public members shall include a
5 representative from the Rutgers Center for State Health Policy, a
6 representative from a home care agency providing private duty
7 nursing, a representative from a home care agency providing
8 personal care assistance, a representative of the Home Care &
9 Hospice Association of New Jersey, a finance professional with a
10 background in home care administration, a registered nurse who
11 provides long-term home health care services, a certified
12 homemaker-home health aide, and a representative from a Medicaid
13 managed care organization. The public members shall be appointed
14 no later than 30 days after the effective date of this act.

15 c. The board shall organize as soon as practicable following the
16 appointment of its members, and the members shall select a
17 chairperson and vice chairperson from among themselves. The
18 chairperson shall appoint a secretary who need not be a member of
19 the board. The board shall meet at such times as the chairperson
20 shall designate.

21 d. Members of the board shall serve without compensation, but
22 shall be reimbursed for necessary expenses incurred in the
23 performance of their duties within the limits of funds appropriated
24 or otherwise made available to the board for its purposes.

25 e. The Department of Human Services shall provide staff
26 services and other necessary support to the board.

27 f. No later than six months after the effective date of this act,
28 the board shall submit to the Assistant Commissioner for the
29 Division of Medical Assistance and Health Services its
30 recommendations concerning the requirements for home health
31 agencies and health care service firms participating in the incentive-
32 based value payment system established under to this act, as well as
33 any other matters for which the assistant commissioner requests
34 recommendations. The board shall expire upon the adoption of
35 regulations pursuant to section 1 of this act.

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37 3. The Commissioner of Human Services shall apply for such
38 State plan amendments or waivers as may be necessary to
39 implement the provisions of this act and to secure federal financial
40 participation for State Medicaid expenditures under the federal
41 Medicaid program.

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43 4. This act shall take effect immediately.

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45 STATEMENT

46

47 This bill requires the Division of Medical Assistance and Health
48 Services in the Department of Human Services (DHS) to establish a

1 pilot program to adopt a new, incentive-based value payment
2 system for licensed home health agencies and registered health care
3 service firms providing services to Medicaid and NJ FamilyCare
4 recipients. Participation in the incentive-based value payment
5 system, which will reward agencies and firms for achieving
6 improved performance outcomes in at least four core measurements
7 of quality improvement and cost savings, will be mandatory. For
8 Medicaid and NJ FamilyCare recipients receiving private duty
9 nursing services, the core measurements will include, but not be
10 limited to: preventable hospital admissions and readmissions;
11 medication reconciliation; adverse events; discharge planning
12 during hospitalization; continuity of care; and collaboration with
13 primary care and other health care providers. For Medicaid and NJ
14 FamilyCare recipients receiving personal care assistant services, the
15 core measurements will include, but not be limited to: patient and
16 nurse retention; patient satisfaction; longevity of care; and the
17 number of service hours authorized compared with the number of
18 service hours provided. The goal of the system will be to reduce
19 the costs associated with long-term care by improving the
20 coordination of long-term health care services.

21 The Assistant Commissioner for the Division of Medical
22 Assistance and Health Services will be required to establish, in
23 consultation with the Home Health Services Value Payment System
24 Advisory Board established under the bill, regulations concerning
25 the core measurements and performance targets for the system, a
26 formula for establishing baseline data for comparison, the amount
27 of the incentive payments, a schedule for making payments, and any
28 other requirements the assistant commissioner deems necessary and
29 appropriate. The advisory board will comprise eight public
30 members appointed by the Governor, and will include a
31 representative from the Rutgers Center for State Health Policy, a
32 representative from a home care agency providing private duty
33 nursing, a representative from a home care agency providing
34 personal care assistance, a representative of the Home Care &
35 Hospice Association of New Jersey, a finance professional with a
36 background in home care administration, a registered nurse who
37 provides long-term home health care services, a certified
38 homemaker-home health aide, and a representative from a Medicaid
39 managed care organization (MCO). The advisory board is to
40 provide its recommendations no later than six months after the
41 effective date of the bill and will expire upon the adoption of
42 regulations by the assistant commissioner.

43 Under the pilot program, home health agencies and health care
44 service firms will be required to designate a single health care
45 professional for each patient to establish a plan of care and
46 coordinate person-centered services for the patient, develop
47 protocols for immediate follow up after discharge from a hospital,
48 develop protocols for medication reconciliation, establish protocols

1 to facilitate collaboration with hospitals and other health care
2 providers, and establish standards, requirements, and programs to
3 educate patients, families, and caregivers regarding individualized
4 plans of care and goals to address the unique needs of each patient,
5 family member, and caregiver.

6 The incentive-based value payment system will be administered
7 by MCOs that have contracted with home health agencies and
8 health care service firms to provide home health services to
9 Medicaid and NJ FamilyCare recipients. The MCOs will distribute
10 the incentive-based value payments to the home health agencies and
11 health care service firms, consistent with division regulations.

12 The bill requires DHS and each MCO in the State to provide to
13 the division all such data concerning home health services provided
14 in the State as the division determines to be necessary for the
15 purposes of establishing and evaluating the incentive-based value
16 payment system, including all such data as may be required to
17 develop baseline data and to compare outcomes among home health
18 agencies and health care service firms throughout the State. The
19 division will be permitted to authorize an administrative fee to be
20 paid to MCOs to offset the cost of reporting data pursuant that is in
21 addition to data the MCO currently reports to the State. The
22 division will provide the data received from DHS and MCOs, along
23 with data reported by home health agencies and health care service
24 firms, to the Rutgers Center for State Health Policy for the purposes
25 of evaluating the program with regard to patient outcomes, quality
26 of patient care, cost savings, and such other metrics as the division
27 shall require.

28 The incentive-based value payment system is required to
29 commence no later than January 1, 2021. The division will be
30 required to submit an initial report to the Legislature on the
31 projected benefits and costs of the system, and to thereafter submit
32 annual reports on the status of the pilot program, including the costs
33 of implementation, the number of home health agencies and health
34 care service firms, the size of each agency and firm and the number
35 of clients served, the total cost savings realized and the proportion
36 of cost savings attributable to each agency and firm, the amount of
37 incentive-based value payments made to each agency and firm and
38 the proportion of total payments received by each agency and firm,
39 an analysis of quality improvement and cost savings for type of
40 service provided by agencies and firms, the division's
41 recommendations, if any, concerning revisions to the incentive-
42 based value payment system, and any other information as may be
43 necessary to evaluate the results of the pilot program.

44 The bill requires an annual audit of the incentive-based value
45 payment system to be performed by an independent third party
46 auditor. The results of the audit are to be included in the annual
47 report.

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- 1 The total expenditures made by the State under the pilot
- 2 program, including incentive payments and administrative costs, are
- 3 not to exceed \$10 million.