Provider Update on Managed Medicaid: Acute Care, Long Term Supports and Services (MLTSS) and Behavioral Health

March 17, 2020 | NJHA Conference and Event Center, 760 Alexander Rd, Princeton, N.J. 08046

Registration | 9:30 a.m.
 Member: \$119

 Program | 10 a.m. - 3 p.m.
 Non-member: \$189

Seminar | 2048

OVERVIEW:

NJHA and LeadingAge NJ & DE co-host this annual seminar to inform providers of the changing Medicaid Managed Care environment. Providers will learn about recent policy changes and operational updates from the Department of Human Services. In addition, each of the Medicaid Managed Care Organizations, including a representative from the Program for All-Inclusive Care for the Elderly, will offer presentations on their Medicaid Managed Care operations for acute care, MLTSS and behavioral health services. Topics will include new policies, case management processes, new technology/portals, market coverage and staffing changes. There will also be a discussion of value-based efforts as well as a focus on upcoming innovations at Medicaid and in the state's 1115 waiver.

OBJECTIVES:

- To learn about managed care process changes, including case management, payment policies and market dynamics
- To facilitate dialogue between the full continuum of providers, the managed care organizations and the state
- To learn about the Department of Human Services' changes to the state contract with the MCOs as well as the Medicaid waiver.

TARGET AUDIENCE:

Managed care executives, long term care and assisted living administrators, home and community-based providers, finance and billing directors, care managers and discharged planners.

CONTINUING EDUCATION:

Nursing Home Administrators Licensing Board Statement:

This continuing education program is sponsored/conducted by the Health Research and Educational Trust and is in compliance with N.J.A.C. 8:34-7.3 to provide licensed nursing home administrator (LNHA) and certified assisted living administrator (CALA) credits accepted by the Nursing Home Administrators Licensing Board. This education activity may only be used for continuing education credit and not to meet academic college credits.

This education activity has been approved for 3.75 LNHA/CALA credits.

DISCLOSURE INFORMATION: Full disclosure will be provided at the educational activity.





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AGENDA

9:30 a.m. **Registration & Continental Breakfast**

10 a.m. Welcome & Introductions

Theresa Edelstein, MPH, LNHA

Vice President, Center for Partnerships Transforming Health

New Jersey Hospital Association

10:15 a.m. Update from the New Jersey Department of Human Services

12 noon *Lunch*

1 p.m. Panel Discussion with Q/A: Aetna, Horizon NJ Health, Amerigroup, United and Wellcare

Representatives from the five Medicaid Managed Care Organizations will
present on issue areas concerning MLTSS, Medicaid expansion, and acute
care services.

3 p.m. Adjournment





EDU 2048 – MLTSS FEES | Member: \$119

March 17, 2019 Non-member: \$189

<u>Guarantee</u> your seat now by paying for your registration online with a credit card. **It's secure and easy.** Click on the following link:

http://hret-registration.njha.com

PAYING BY CHECK

Please fax your registration form prior to mailing with your payment.

A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-228-5336

Make check payable to: HRET

Mail to: HRET of NJ – P.O. Box 828691 – Philadelphia, PA 19182-8691

- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If special accommodations are necessary, please call 609-275-4181
- In the event of inclement weather, call 609-275-4140 before coming to the conference

Cancellation/Refund Policy:

All cancellations must be received before March 3, 2020. Cancellations will receive a refund minus a \$50 service fee. Registrations unable to attend may send an alternate.

| Check One: Member | Non | Non-member | |
|--------------------------|--------------------|------------|--|
| REGISTRATION | | | |
| Name: | | | |
| Designation/Credentials: | Job Title: | | |
| Phone: | E-mail: | | |
| Organization: | | | |
| Organization Address: | | | |
| City, State, Zip: | | | |
| Method of Payment: Check | Payment Amount: \$ | Check# | |



