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To: New Jersey Division of Medical Assistance and Health Services
(DMAHS.CMWcomments@dhs.nj.gov)
Cc: Greg Woods, Pam Orton
From: New Jersey Health Care Quality Institute
Date: October 11, 2021
Re: NJ FamilyCare Comprehensive Demonstration – Comments on Draft 1115 Waiver Renewal Proposal

We appreciate this opportunity to comment on the NJ FamilyCare Comprehensive Waiver Draft Renewal Proposal. We commend the Division for their thoughtful efforts in developing the renewal and their commitment to improvement in the Medicaid program.

The New Jersey Health Care Quality Institute's Medicaid Policy Center is dedicated to supporting and advancing quality improvement throughout the NJ FamilyCare program. In general, we support the inclusion of value-based purchasing strategies and the expansion of high-quality Medicaid coverage and services. Below are specific comments on key components of the waiver.

MCO Auto Assignment Enrollment:

The waiver indicates that the state is "currently in the early stages of considering modifications to our MCO auto-assignment algorithm, potentially including preferential assignment based on quality, efficiency, or other metrics". We strongly support changes to the MCO auto-assignment algorithm that would direct enrollees that have not selected a plan to a higher performing MCO.

We would encourage consideration for auto-assignment to the MCO that has the highest quality ratings that are specific to the type of care the beneficiary may be utilizing - for example, pediatric preventative care measures or maternity outcomes. We also would encourage the state to continue to focus on raising the MCO quality for many of the Core Measure Sets that are indicative of high-quality care, including preventative perinatal care, oral healthcare, and access to follow-up care after hospitalization or mental health issue. These are specific areas of wide variation across MCOs.

Behavioral Health Carve-In:

We support the proposed carve-in of behavioral services to facilitate integrated care of physical and mental health. We are, however, conscious of the vulnerability of the behavioral health network of providers and would encourage the state to provide a transition to full risk managed care. During the transition, all willing licensed providers should be allowed to continue to provide services. Like MLTSS, the recently established FFS rates should remain consistent with the rate paid by the MCO for provider reimbursement. Annually, the state should evaluate MCO performance and network adequacy prior to conversion to a full risk model, which could occur by the end of the waiver period. A more detailed description of this idea

(recommendation #11) was created by a consensus group of health care providers and payers and can be found [here](#).

New Jersey Integrated Care for Kids:

The waiver outlines the alternative payment model for the Integrated Care for Kids pilot that will be launching in the Monmouth and Ocean County region. We appreciate the Division's dedication to this model and its planning and diligence in moving this payment model forward to enhance the preventative and supportive care to children and families receiving NJ FamilyCare.

12 Month Continuous Eligibility for Adults:

While not included in the draft proposal, we support the suggestion by Legal Services of NJ to provide 12 months continuous eligibility for adults receiving Medicaid benefits, expanding continuous eligibility beyond children. Continuous eligibility has been in place for Medicaid and CHIP children for years and has proven to reduce eligibility churn. This type of provision has been successfully adopted by New York state for many years.

We appreciate your consideration of our feedback, and your shared interest in advancing the quality of care for New Jerseyans receiving NJ FamilyCare.