# Meeting Summary

**NJ FamilyCare/Medicaid Beneficiary Advisory Council (BAC)**

**Date:** Tuesday, March 17, 2026

**Time**: 10:00 AM – 12:00 Noon

**Location**: DMAHS Offices, Hamilton, NJ and Virtually via Zoom

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**Attendees**

**BAC Members Present**: Dina Ginsberger, Elray Hobbs, Rosalynn McEvilly, Anthony Pantaleo, Sachin Pathare, Bee Ray, Shirley Santillán, MrDexter, DA, LG, AL, AN, SS, AW

**BAC Member Not Present**: JD

**State Participants**: NJ Division of Medical Assistance & Health Services (DMAHS) staff including: Greg Woods, Kristine Byrnes, Karen Enoch, Lynda Grajeda, Dr. Thomas Lind, Natalie Kotkin, Gina Artman, Sam Krauss, Phyllis Melendez, Hope Morante, Paige Solarski
NJ Innovation Authority staff including: Fabiola Herrera, James Sallee, Andrew Wong-Crocitto

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**Meeting Overview**

This meeting of the NJ FamilyCare/Medicaid Beneficiary Advisory Council (BAC) included discussion on provider networks, managed care payment structures, network adequacy standards, and member feedback on H.R. 1 screening tools and member communications. The meeting also included remarks from NJ Department of Human Services (DHS) and Division of Medical Assistance & Health Services (DMAHS) leadership and identification of future topics for deeper review.

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**Key Meeting Topics**

**1. Opening Remarks**
Commissioner Dr. Stephen Cha shared introductory remarks and outlined priorities during his tenure as Commissioner.

Members requested increased engagement with rural communities to better understand regional access challenges.

**2. Provider Networks and Managed Care**
Clarification provided on provider enrollment and participation in managed care organizations (MCOs).
Providers may choose which MCOs to seek to contract with after enrolling with NJ FamilyCare.
Members raise concerns about access limitations when providers do not participate in certain

MCO networks.
Follow-up planned on individual member access issues.

**3. Provider Payment Structures**

Overview of managed care payment methodology, including risk adjustment processes.
Risk adjustment occurs after enrollment based on member health data.
Fee-for-service (FFS) rates vary depending on service type and may be tied to other rates such as Medicare rates. Tiered intensity explained as varying payment levels based on service complexity.
Members discussed provider incentives and concerns about billing practices.

**4. Network Adequacy and Access to Care**

State staff reviewed requirements to ensure adequate provider networks.
Introduction of the "5 As" framework, including appointment availability and access support.
Members raised concerns regarding:

- o Long travel distances in rural areas
- o Inaccurate provider directories
- o Limited provider acceptance of new patients despite listed availability

Staff noted ongoing monitoring through surveys and audits; e.g., External Quality Review (EQR).
Future discussions planned on oral health and behavioral health provider access.

**5. Behavioral Health and Provider Availability**

Members highlighted challenges accessing psychiatrists and ongoing behavioral health care.
Concerns raised about providers not accepting insurance and differences in treatment quality.
Staff acknowledged workforce shortages and complexity in provider recruitment.
Topic will be considered for deeper future discussion.

**6. Appeals and Member Choice**

Members discussed scenarios involving denied services and medical necessity determinations.
State staff confirmed that appeals processes are available.
Suggestion raised to allow different family members to enroll in different managed care organizations (MCOs).
Appeal processes identified as a future meeting topic.

**7. Work Requirement Member Screener Feedback**

Members provided feedback on screening tool clarity and usability.
Key themes included:

- o Need for clearer wording around pregnancy and age-based questions
- o Clarification on caregiver definitions and eligibility criteria
- o Questions regarding self-attestation and documentation requirements
- o Need for clearer timing references (current vs. renewal period)

Staff noted that additional federal guidance is pending and feedback will inform revisions.

Members suggested simplifying work-related questions (e.g., yes/no before detailed inputs).
Clarification requested for self-employment and income reporting.
Feedback provided on education-related questions and terminology.
Dynamic questionnaire functionality noted for future implementation.

**9. Communications and Member Materials Related to Work Requirements**
Members reviewed draft communications and discussed clarity and tone.
Feedback requested on whether materials clearly convey applicability and next steps.
Staff will share drafts for additional input and refinement.

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**Planning and Next Steps**

Members are encouraged to review program materials shared during this meeting and submit feedback via email.
Future meetings may include deeper discussions on appeals, oral health, and behavioral health access.
Staff will follow-up on outstanding questions and member-specific concerns.

**Adjournment**: The meeting adjourned at approximately 12:00 Noon.

**Next Meeting**: June 23, 2026 at 1:00 PM. This meeting will be held virtually via Zoom