



Any Willing Qualified Provider (AWQP) Updates

May 14, 2025

Key Goals

Ensure that all nursing facilities meet basic quality standards that protect the health, safety, and happiness of members

Using qualitative and quantitative data, including state and federal metrics, identify facilities with chronic quality concerns

Help NJ FamilyCare members and caregivers make informed choices about where to receive long-term care

Empower MCOs to monitor and adjust their provider networks as needed to maintain quality care for members

Protect the autonomy of members to choose and remain in the nursing facility of their choice

Ensure all actions taken are guided by principles of person-centered care that promote the delivery of healthcare services in facilities that are responsive to resident needs and preferences

Adapt and evolve standards in response to member needs and changes in quality in nursing facilities

What is Any Willing Qualified Provider?

What It Is

- A way to provide members with information about nursing facility quality
- Increased monitoring of members in facilities with serious health and safety concerns
- Notifications for members residing in facilities with short or long term quality concerns
- Increased freedom for MCOs to define their network to ensure the highest quality of care for members
- A path for addressing facilities that chronically endanger residents

What It Is Not

- A change to rates or a factor influencing the rate setting process
- A metric that determines or increases survey or licensing activity
- A defined set of criteria for automatically removing nursing facilities from Medicaid
- A halt on coverage of members in flagged facilities
- Based on a “snapshot” of a facility’s performance
- A replacement for existing regulatory actions, safety measures, incentive programs, and policies affecting nursing facilities
- A limitation on a member’s choice of facility

Key Contract Changes

01

Waiver of Any
Willing Provider
Requirement

02

Increased
Frequency of Care
Management Visits

03

Additional Member
Notification
Requirements

1. Waiver of Any Willing Provider Requirement



What's the same?

MCOs are still **required** to contract with **vast majority** of Medicaid-participating NFs.

MCOs still have the **option** to contract with **all** Medicaid-participating NFs.

MCOs **must** continue to cover services for **existing residents** of **all** NFs.

Rates are not affected by whether a facility meets AWQP criteria



What's different?

MCOs have the **option** to **not contract** with the limited number of Medicaid-participating NFs that do not meet Any Willing Qualified Provider criteria

1. Waiver of Any Willing Provider Requirement (cont.)

- Which facilities will **not be included** on Any Willing Qualified Provider list?
 - Facilities that have in **two of the three most recently completed calendar years**:
 1. Been included on the Center for Medicare and Medicaid Services (CMS) **Special Focus Facilities** (SFF) Lists A, C, or D at least once; **or**
 2. Been cited for **two or more Level G or higher federal deficiencies** or similar equivalent licensing violations from the New Jersey Department of Health; **or**
 3. Received an overall **one-star rating** by CMS for **nine or more of the prior twelve quarters**.

Criteria for Exclusion from AWQP



CMS Star Rating

Long-stay quality measures (ADL decline, Mobility decline, Catheter usage, High-risk pressure ulcers, Use of physical restraints, Urinary tract infections, Moderate to severe pain)

Short-stay quality measures (Presence of pressure ulcers, Moderate to severe pain, Delirium in residents)

Staffing measures

Health inspection results



Special Focus Facility List

Points assigned based on health inspection domain of CMS Star Rating system.

Uses results from last three health survey cycles and last three years of complaint surveys

Facilities with more deficiencies, and higher levels of scope and severity (e.g. harm or injury), result in more points



Health Inspection Results

G level or higher deficiencies result in actual harm or immediate danger to residents

- G/H – Actual Harm
- J/K/L – Immediate jeopardy

2. Increased Frequency of Face-to-Face Visits



What's the same?

MCOs are still **required** to conduct face-to-face care management visits for **all NF residents**, at least once every **180 days**.

Required **elements** of care management **visits are unchanged**.

Care managers monitor **member care**, not facility compliance with CMS/DOH requirements



What's different?

For **limited subset** of NFs:

- Frequency of care management visits must increase to at least **once per quarter** (for each member).
- MCOs must conduct care management visits at each NF at least **once per month** (across all members)

2. Increased Frequency of Face-to-Face Visits (cont.)

- MCOs will increase the frequency of care management visits in which facilities?
 - Facilities that have in **two of the three most recently completed calendar years**:
 1. Been included on the Center for Medicare and Medicaid Services (CMS) **Special Focus Facilities (SFF)** Lists A, C, or D at least once; **or**
 2. Been cited for **two or more Level G or higher federal deficiencies** or similar equivalent licensing violations from the New Jersey Department of Health; **or**
 3. Received an overall **one-star rating** by CMS for **nine or more of the prior twelve quarters**.
 - Members residing in other facilities of concern **identified by DMAHS**, that:
 - Are at **risk of closure**
 - Are at risk for **negative licensing action** that could impact residents
 - Are at risk for **financial instability**
 - Have demonstrated **chronic quality concerns**
 - Are experiencing a **crisis** that may result in the need to relocate residents

3. Additional Member Notification Requirements



What's the same?

Members have the **right to choose a NF**, including the right to *remain* in NF that does not meet AWQP criteria



What's different?

New **standardized notifications** are required for certain members (and families)

3. Additional Member Notification Requirements (cont.)

- MCOs will provide additional notifications to members in which facilities?
 - Those not on the Any Willing Qualified Provider List which are facilities that have in **two of the three most recently completed calendar years**:
 1. Been included on the Center for Medicare and Medicaid Services (CMS) **Special Focus Facilities** (SFF) Lists A, C, or D at least once; or
 2. Been cited for **two or more Level G or higher federal deficiencies** or similar equivalent licensing violations from the New Jersey Department of Health; or
 3. Received an **overall one-star rating** by CMS for **nine or more of the prior twelve quarters**.
 - Other facilities with a CMS **one-star rating in the previous quarter**.

Determination Process

- Facilities that do not meet AWQP criteria will be notified 30 days prior to the effective date of the AWQP designations.
- If a facility believes it has been designated incorrectly, they may notify DMAHS within 30 days.
- For 1-star rating notifications, DMAHS will notify affected facilities in the first month of each quarter.

Next Steps

- DHS to share standardized template language for member notification letters.
- DHS to issue program guidance to MCOs and providers
- DHS to notify facilities that do not meet AWQP criteria by May 30, 2025.
 - AWQP provisions take effect July 1, 2025
- DHS will notify facilities subject to 1-star member notification in July 2025,
 - MCO notifications will first occur during Q3 2025
- DHS will subsequently review facilities for AWQP criteria and notify facilities that do not meet the criteria on an annual basis