June 8, 2026 SUD Labs Integration Information Session – FAQs

Scope and timeline of integration

What types of labs are affected by this integration? Are hospital-based labs included?

Starting go-live, MCOs are required to reimburse all NJ FamilyCare SUD laboratory tests as a covered benefit. In other words, all NJ FamilyCare claims for one of the in-scope SUD laboratory procedure codes (80305, 80306, 80307, G0480, G0481) will be reimbursed by the Medicaid managed care organizations (MCOs), instead of by the State through fee-for-service (FFS). This includes tests billed by any providers that are able and certified to conduct the test, including hospital-based labs.

The requirement that MCOs reimburse SUD lab tests at least the FFS rate during the transition period applies only to standalone/independent labs. During the transition period, MCOs must reimburse clean claims from both in-network and out-of-network labs at least the FFS rate.

What time frame is expected for transition?

The transition period begins at go-live on July 1, 2026, and will take place for no less than 6 months.

How does the timeline for the SUD labs integration fit in with other phases of the BH Integration? What policies will change and when?

Transition period policies for SUD labs begin at go-live on July 1, 2026, and will be in effect until the State determines and formally announces the end to transition. All parties are expected to prepare for full integration to managed care by January 2027.

Phase 2 of BH integration is planned to go-live in January 2027. More details will be confirmed later about the Phase 2 policies that will come into effect January 2027. As previously communicated, MCOs are expected to contract all willing and qualified providers of Phase 2 services before go-live in 2027.

This means that by the time the transition period is lifted for SUD labs, all willing and qualified Phase 2 SUD providers should be in-network with MCOs.

Lab network standards

When will the service level standards that MCO lab networks are required to meet be confirmed?

The State has incorporated service level standards for MCO SUD laboratory networks in the draft July 2026 revision of the MCO contract, which is currently being finalized. The standards included are those that were discussed during the information session:

Topic	Standard
Timeliness	≥90% of all in-network tests must be completed within the maximum turnaround time for the test type (i.e. 24 hours for presumptive tests; 48 hours for definitive tests). No single test type identified as important by ordering providers may significantly lag in timeliness compared to others.
Contingency plans	Each MCO must create a plan for cases where an individual ordering provider's active order is delayed, such that the ordering provider is able to access a test result within 24 hours of reporting the delayed test to the MCO. For example, if a provider ordering lab tests reports that they are facing delays with their current in-network lab provider, the MCO might activate this plan – which could involve contacting their lab provider to troubleshoot issues and achieving a resolution within 24 hours, or organizing for samples to be sent to an alternative lab and run within 24 hours.
Daily pickups	Every ordering provider must have a confirmed schedule for daily specimen pick-up with their in-network lab(s) of choice, unless the ordering provider has requested less frequent pick-ups.
EHR integration	At least one lab in each MCO network must have the ability to configure systems such that ordering providers may order tests & receive test results directly in the ordering providers' EHR, at no cost to the ordering provider for the configuration.
Customer service	Each in-network lab must identify a point of contact for ordering providers to directly contact and raise inquiries about their test orders. The point of contact is required to respond within 24 hours of initial outreach. The labs' point of contact must have sufficient clinical or technical oversight over relevant testing processes to respond to these inquiries. MCOs must also designate a point of contact for ordering provider concerns. *Note:* This standard does not require labs or MCOs to designate a single employee to respond to all ordering provider inquiries. However, each ordering provider should be given the information to directly access an individual with the knowledge to answer their inquiries (such as a phone number or email of the individual point of contact, not a general customer service line or email inbox).
Novel drug panels	Each MCO must create a plan to ensure ordering providers requesting tests for novel drug are able to access these tests, including reimbursing tests from out-of-network labs if in-network labs do not offer test panels for the request in a reasonably timely manner. If MCOs receive recurring requests to access tests for a novel drug, MCOs should take action to build these testing capabilities within their lab network, such as guiding labs to develop test options for novel drugs or contracting additional labs.

Do these standards apply to out-of-network providers?

MCOs are required to meet these standards with their in-network lab providers. During the transition period, out-of-network lab providers are encouraged to report information on their performance against the standards, which will be considered in the State's decision to lift transition.

Can you elaborate on having one lab in network that is integrated with EHR?

At least one lab per MCO network must be able to implement integration between the lab's information systems and the ordering providers' EHR to enable ordering providers to place orders and receive results directly in their own EHR (or other information system).

How will the State measure turnaround time?

For presumptive tests, the State will measure turnaround time based on the moment when the lab first receives the specimen to the moment when the test result is first made available to the ordering provider.

For definitive tests, turnaround time is measured based on the moment when the lab first receives the order to the moment when the test result is first made available to the ordering provider.

Labs are expected to provide these data points to MCOs for the State's review.

Contracting with MCO networks

How will the State manage the impact of labs being unable to contract with MCOs that have closed networks?

The State requires lab networks to meet service level standards to ensure that integration does not impact care delivery for members. Furthermore, out-of-network labs are reimbursed during the transition period to mitigate disruptions.

Should ordering providers utilize labs based on the MCO the client is enrolled with?

Yes.

As an ordering provider, should I notify the laboratory my SUD clinic/agency uses that the laboratory should join with Medicaid MCOs?

Ordering providers are encouraged to communicate with their lab partners and ensure that labs are aware of the upcoming integration on July 1. Labs are encouraged to reach out to MCOs to pursue joining MCO networks.

What is the timeline for labs to enroll with MCOs?

MCOs have individual policies regarding their timelines for enrollment. The State expects MCOs to develop their networks early in the transition period to ensure that service level standards are met, and to finalize network development well within six months after go-live.

Are MCOs required to bring SUD providers that conduct their own presumptive testing into their networks?

After go-live, MCOs must fully cover SUD laboratory services, including reimbursing these services when billed by qualified SUD providers. Furthermore, as part of Phase 1 and Phase 2 of BH integration, MCOs are required to contract all willing and qualified providers of SUD services.

Does DMAHS have any plans to encourage ordering providers to work with the MCO in-network labs to ensure smooth transition?

Yes. Ordering providers are encouraged to proactively partner with in-network labs to adequately prepare for a smooth transition. DMAHS will provide details on specific readiness activities that ordering providers should complete after go-live.

Utilization limits & reimbursement

How does a lab bill if out-of-network with an MCO?

Labs should contact MCOs for information on claims and billing processes; MCO contact information can be found on the BH Integration Provider Resource page. Providers can also find materials from previous State training sessions on the BH Integration Provider Resource page, which feature representatives from each MCO to explain their reimbursement procedures.

Will MCOs put clients into collections?

No. This is not allowed under Medicaid; members should not be responsible for the costs of SUD laboratory services.

Will reimbursement for SUD providers for collection change with the integration of SUD laboratory services?

MCOs will continue to reimburse SUD providers for collection.

Are other BH screening procedures covered by MCOs?

Screening procedures such as alcohol and/or drug assessments were integrated into managed care as part of Phase 1 and thus already covered by MCOs. They will continue to be reimbursed by MCOs after the integration of SUD lab services.

Do MCOs cover the lab test on the same day with SUD clinical services?

Yes.

Will there be specific number of tests that you can administer per client every month?

The State defined utilization limits for the maximum number of SUD lab tests administered per month. These limits are outlined in DMAHS newsletter 31-11. Claims for tests that do not adhere to these utilization limits will not be reimbursed by MCOs unless prior authorization is requested and granted for a legitimate medical reason.

Will there be prior authorization needed for OTPs who are required to test patients a minimum of 8 times per year?

Prior authorizations are not required for SUD laboratory services, except for select cases where the test exceeds State-defined utilization limits, upon which labs may need to demonstrate the medical necessity of conducting the test through a prior authorization. This follows the State's current prior authorization policy for SUD lab services under fee-for-service.

Preparing for go-live

The State has requested data on turnaround times from MCO lab networks. How should labs provide this data, and for which tests should labs report information?

DMAHS has sent MCOs a preliminary version of the reporting template that MCOs will be required to complete during the transition period. MCOs are ultimately responsible for preparing these reports, obtaining information from labs where relevant. If you are a lab, please contact your MCOs to ask specific questions on reporting and verify what information should come from MCO vs. lab databases.

Additionally, please carefully consult the "Instructions" tab and column headers of the data response tabs.

How will the State be communicating with labs to obtain information on performance during transition?

The State will primarily communicate via email to its contact lists. Please contact dmahs.behavioralhealth@dhs.nj.gov to ensure that you are added to these contact lists.

MCOs will also be responsible for communicating with their provider networks to facilitate information requests from the State and communicate updates.

Labs and ordering providers should monitor both of these channels for updates.

Where can we register so we get the meeting information?

Contact dmahs.behavioralhealth@dhs.nj.gov to receive future announcements.

Where can we reference a list of which labs have contracted with MCOs?

MCO provider directories can be found here:

- Aetna Better Health of New Jersey: aetnabetterhealth.com/newjersey/find-provider
- Fidelis: https://www.fideliscarenj.com/members/medicaid/nj-familycare/provider-directories.html
- Horizon NJ Health: https://www.horizonnjhealth.com/findadoctor
- United: https://www.uhc.com/find-a-doctor
- Wellpoint: https://www.wellpoint.com/find-care/