



Enrollment & Credentialing

NJ FamilyCare Behavioral Health Integration

SEPTEMBER 3, 2026

Housekeeping



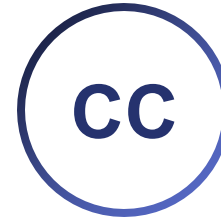
All attendees will enter the meeting on **mute**



Submit your **questions using the "Q&A" function** and we will compile them



Use the **"raise hand"** function if you wish to speak



You can **enable closed captions** at the bottom of the screen



This meeting will be recorded to act as an ongoing resource



Materials and recording will be published and available on DMAHS website

Agenda

-

1:30pm – 2:10pm

- Overview of standards and process flow to enroll in managed care

2:10pm – 3pm

- Overview of MCO credentialing and contracting process
- MCO credentialing for individual practitioners, residential providers, and OTPs
- MCO contracting requirements and processes
- Preparing for MCO participation
- Common credentialing and contracting questions, challenges, and best practices
- Enrollment resources and next steps
- Q&A

DMAHS | Overview of standards and enrolling in managed care

- Behavioral Health Integration & enrollment overview
Shanique McGowan Power, Deputy Director of BH, DMAHS
Geraldyn Molinari, Director, Managed Care Provider Relations
1:30 – 1:40
- Enrollment process
Helen Ross, Gainwell Technologies
1:40 – 2:10

NJ FamilyCare/NJ Medicaid has two delivery models

NJ FamilyCare is the name of the Medicaid Program in New Jersey, and includes core Medicaid, the Children's Health Insurance Program (CHIP), and Medicaid expansion populations. Medicaid services are provided through **two delivery models**:

Fee For Service (FFS)

- **Providers bill state** Medicaid directly for services
- Currently, **some behavioral health (BH) services** are billed under FFS for the **general population**, but are shifting to managed care
- In addition to certain services, FFS is used for **members not enrolled in a managed care organization (MCO)** and members with **presumptive eligibility**



~5% of NJFamilyCare members covered under FFS only

Managed care

- Services managed by one of **5 MCOs**: Aetna, Fidelis, Horizon, United, Wellpoint
- **Providers bill MCOs** for services; MCOs receive funding from state to **coordinate member care** and **offer special services** in addition to regular NJ FamilyCare benefits
- **MCOs responsible** for provider network management, care coordination and care management, utilization management, quality assurance, etc.



~95% of NJFamilyCare members enrolled in an MCO

Overview of NJ Behavioral Health Integration

Context

While physical health is managed by MCOs, many behavioral health (BH) services are still managed through FFS

BH includes mental health (MH) services and substance use disorder (SUD) services

NJ's BH Integration began shifting BH services from FFS to managed care as of Jan 2025

Goals of BH Integration

- ☆ **Increase access** to services with a focus on member-centered care
- ☆ Integrate behavioral and physical health for **whole person care**, with potential to improve healthcare outcomes
- ☆ Provide appropriate services for members in the **right setting, at the right time**

Phase 2 of BH Integration will go-live January 2027

Jan 1, 2025

Phase 1

Outpatient BH Services
(for adults and children)

- MH outpatient counseling/psychotherapy
- MH partial hospitalization
- MH partial care in outpatient clinic
- MH outpatient hospital or clinic services
- SUD outpatient counseling
- SUD intensive outpatient
- SUD outpatient clinic (includes ambulatory withdrawal management)
- SUD partial care

July 1, 2026

SUD Laboratory Services

- Presumptive drug tests (with SUD diagnosis)
- Definitive drug tests (with SUD diagnosis)

Jan 1, 2027

Phase 2

Residential & Opioid Treatment Programs

- SUD – medically monitored inpatient withdrawal management
- SUD short-term residential
- SUD long-term residential
- Opioid treatment programs (OTPs)

Phase 2 of BH Integration go-live planned for Jan 1, 2027

TBD¹

Phase 3

Additional BH services
TBD

- Adult mental health rehabilitation / MH supervised residential
- Opioid Overdose Recovery Programs (OORPs)
- Psychiatric Emergency Screening Services (PESS)
- Behavioral Health Homes
- Community Support Services (CSS)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Targeted case management (TCM)

1. Scope and timing of Phase 3 to be determined after Phase 2 go-live

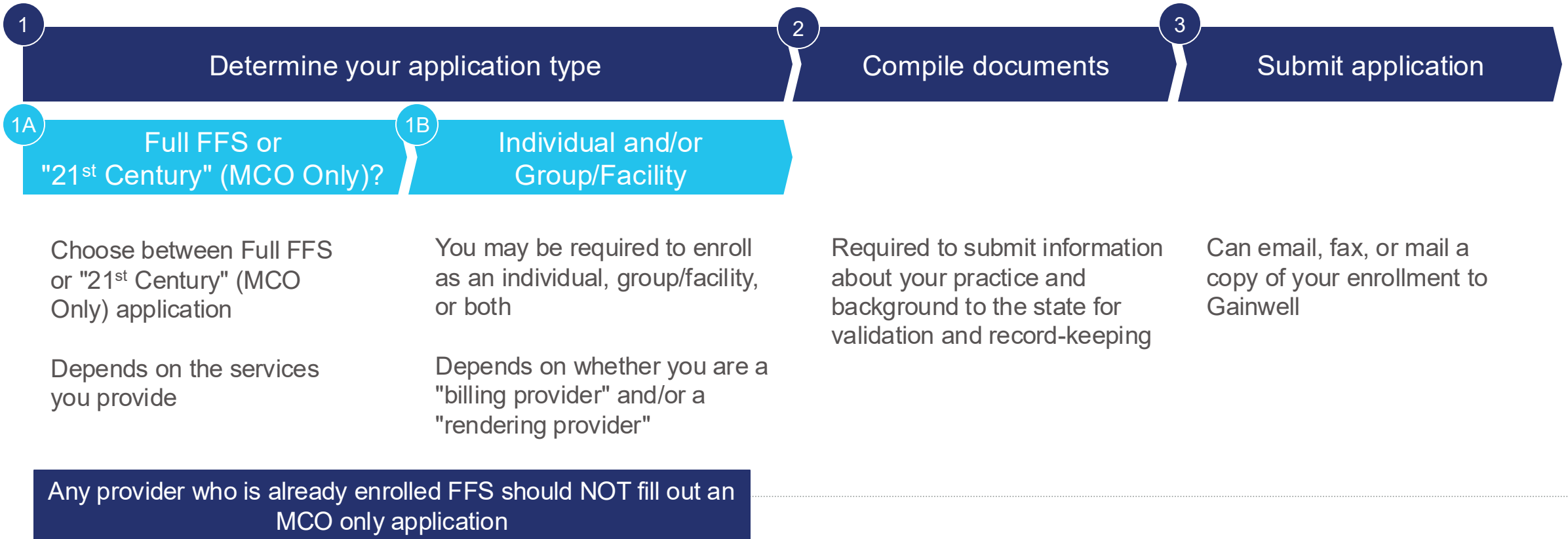
Enrollment

Process by which healthcare providers **apply and become approved** to deliver services to Medicaid beneficiaries

Goals

- ☆ **Access to care:** Establish a network of quality healthcare providers qualified to deliver care to Medicaid members
- ☆ **Program integrity:** Prevent fraud, waste, and abuse within the Medicaid program by thoroughly screening providers
- ☆ **Promote efficient healthcare delivery:** Enable timely and accurate reimbursement, improve coordination of care and overall efficiency of service provision within the Medicaid network

Enrollment process: Three steps to enroll in Medicaid



The entity should already be a FFS provider - if credentialing the clinicians in the MCO, then they should complete the MCO only application (or ROPA application)

Facility: Which enrollment application (s) do I need to submit?

Facility is required to submit a Full FFS or 21st Century Group application.

	Full FFS Able to bill any BH services FFS + MCO services	“21st Century” (MCO Only) Able to bill MCO services only
Application	Full FFS INDEPENDENT CLINIC - Narcotic & Drug Abuse Center	21st Century – Group¹
Individual Practitioners	Peer- Add on (FD-20M) Only “Peer” practitioner can be linked to the entity Other Practitioners who are required to enroll per the MCO will need to complete an alternate enrollment application, if they are not already enrolled in NJ Medicaid (having a 7-digit Medicaid ID) These applicaions are discussed on next slide.	No linking through enrolment No way to link individual rendering providers to 21st Century Groups via enrollment process. Instead, linking occurs through the credentialing / contracting process – <i>discussed in part 2 of training</i>

Individual practitioners: Which enrollment application(s) do I need to submit?

May need to enroll as an individual **and/or** be linked to a facility depending on practitioner and services you provide

	Full FFS Ability to bill FFS + MCO services	"21st Century" (MCO Only) Ability to enroll and bill for MCO services only
A Individual provider	Full FFS – Individual (FD-20) Note: Will be enrolled, but not linked to the entity in FFS	21st Century – Individual
B ROPA (Referring, Ordering, Prescribing, Attending)	Non-Billing Provider (FD 20B) Note: Will be enrolled, but not linked to the entity in FFS	21st Century – Individual
C Peer	Peer- Add on (FD-20M) Submitted by the Facility Note: Only "Peer" practitioner can be linked to the entity	21st Century – Individual

Compile the relevant documents

A high-level, non-exhaustive summary of key documentation requirements is below, but providers are encouraged to review the application specific to your provider type

All applications

Not exhaustive

Information to compile:

- ☐ NPI – if you do not have an NPI, can create one via [NPPES](#)
- ☐ TIN (SSN or EIN)²
- ☐ License number
- ☐ Address

Forms:

- ☐ Disclosure of ownership and control interest statement¹
- ☐ Signature authorization form
- ☐ Provider agreement



Individual

- ☐ Copy of medical license, board certification and registrations, DEA drug permits
- ☐ Copy of VOID CHECK (for billing provider)

Facility

- ☐ Copy of 147C or IRS CP-575
- ☐ Copy of license and certification (where applicable)
- ☐ Copy of VOID CHECK or Blank Letter (for billing provider)

Note: All providers enrolling in Medicaid must undergo a criminal history background check;
Some providers/business owners must also undergo fingerprinting; you will be notified by the state if so

1. Not required for 21st Century Individual application; 2. Clinics do not require SSN

Submit application to Gainwell to complete process

Compile your enrollment application



Application



Required
documents



Email, fax, or mail to Gainwell – *only one*



njmmisproviderenrollment@
gainwelltechnologies.com



609-584-1192



Gainwell Technologies Provider
Enrollment P.O. Box 4804
Trenton, NJ 0865009-588-6036

Estimated processing time = 15 business days

Overview of MCO Credentialing and Contracting Process

Aetna



**Aetna Better Health® of
New Jersey**

**Aetna Assure Premier Plus
(HMO D-SNP)**

Overview of Credentialing & Contracting Process



Overview of Credentialing & Contracting

How to Join the Network

Step 1

Enroll with NJ Medicaid

- Follow Medicaid enrollment process

Step 2

Contact Us

Send an email with your W9 to Aetna's Sr. Network Management:

Kate Mignone

Katelyn.Mignone@aetna.com

959-236-6618

Step 3

Documentation Needed

- Application
- Disclosure Statement
- Certificate of Insurance
- Employment Attestation
- W9
- State License(s)
- Special Needs Survey
- Accreditation certificate OR state site survey with approval letter within the last 3 years

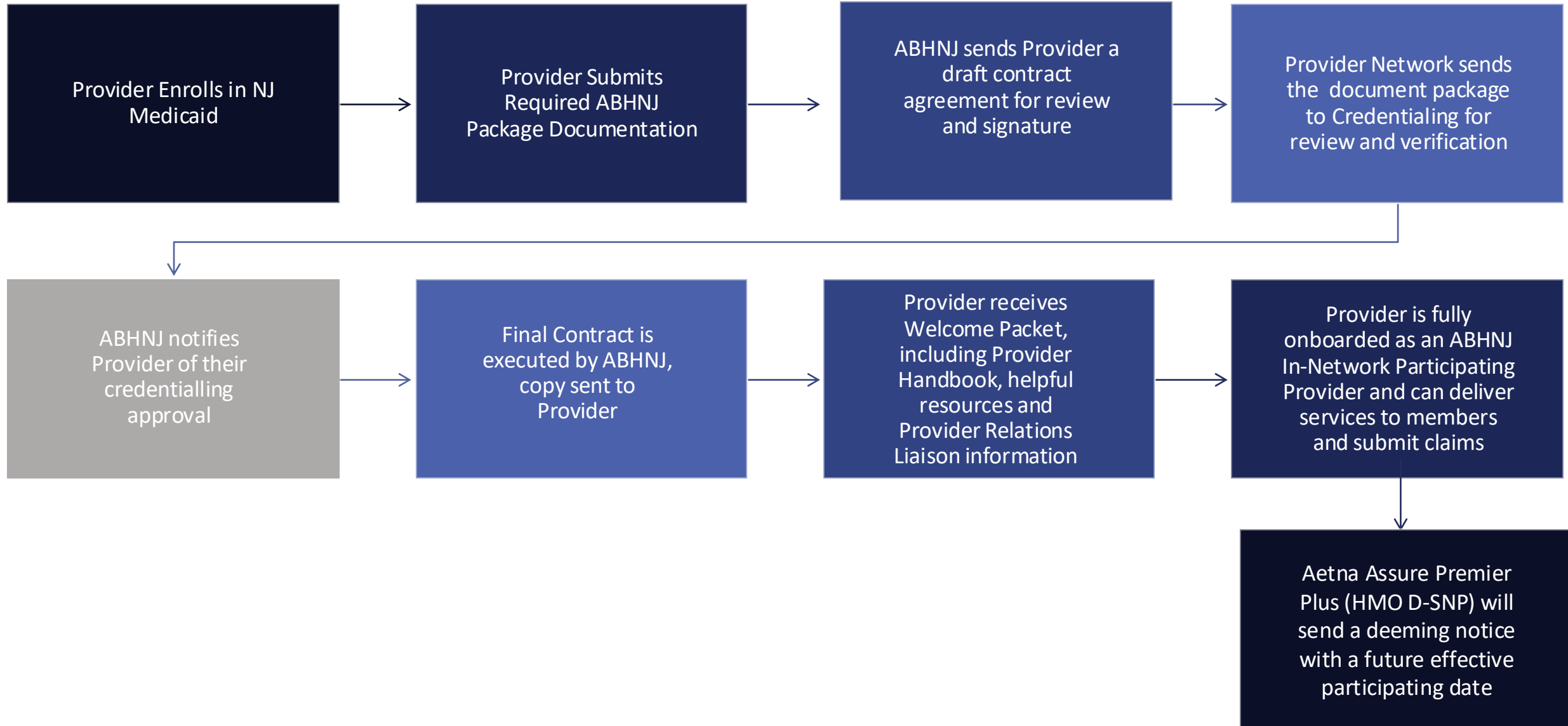
Step 4

Timing

- ABH NJ conducts the credentialing and contracting process simultaneously
- Upon receipt of a clean package, the full contracting and credentialing process takes approximately 60 days for completion.
- Credentialing may reach out for additional information, if documentation is incomplete.

- Contracting – Providers participating with ABH NJ will participate with Assure Premier Plus (HMO D-SNP) either through their existing Aetna Medicare Advantage agreement in New Jersey or the Assure Premier Plus (HMO D-SNP) amendment. Providers do not have to recontract, Aetna Assure Premier Plus (HMO D-SNP) will send a deeming notice with a future effective participating date once the ABH NJ contract is executed.
- Credentialing – Aetna Better Health of NJ and Aetna Assure Premier Plus (HMO D-SNP) process is the same and centralized for both lines of business.

Visual Contracting/Credentialing Workflow



Thank you!

MCO Credentialing for Individual Practitioners, Residential Providers, OTPs

Fidelis Care



FIDELIS CARE®

Credentialing

Fidelis Care NJ Credentialing: Phase 2 Provider Readiness



FIDELIS CARE®



Credentialing Overview

Fidelis Care NJ Credentialing Overview for BHI Phase 2 Providers

Purpose

This section provides an overview of Fidelis Care NJ's general credentialing expectations for Phase 2 Behavioral Health providers preparing for managed care participation.

Phase 2 Provider Types

- SUD Medically Monitored Inpatient Withdrawal Management
- SUD Short-Term Residential
- SUD Long-Term Residential
- Opioid Treatment Programs

Key Message

Credentialing helps confirm that applicable providers meet required qualifications before participating in the Fidelis Care NJ network and rendering services to NJ FamilyCare members through managed care.

Who Must Be Credentialed

- Agencies, facilities, and residential providers delivering covered Phase 2 Behavioral Health services
- Opioid Treatment Programs participating with Fidelis Care NJ
- Individual practitioners when individual credentialing is required based on licensure, certification, rendering status, contractual requirements, scope of service, or applicable regulatory/accreditation standards
 - Please follow individual MCO guidelines
- Any provider entity or practitioner requiring verification before network participation

Note:

Credentialing requirements may vary based on provider structure, services rendered, licensure category, and whether practitioners bill independently or render services under an organization.

Agency/Facility/OTP vs. Individual Practitioner Requirements

Provider Type	Credentialing Focus	Examples of Information Reviewed
Agency / Facility / Residential Provider	Confirms the organization is appropriately qualified to participate as a network provider.	Organizational NPI, state licensure, ownership/disclosure information, insurance, OIG, SAM.Gov, medicaid exclusions, and sanctions screenings. Accreditation or site review documentation if applicable, service location information, and provider roster.
Opioid Treatment Program	Confirms the OTP meets applicable program, licensure, and participation requirements.	Organizational credentials, applicable state/federal approvals, service location details, ownership/disclosure information, insurance, and roster information.
Individual Practitioner	Confirms the individual practitioner meets professional qualifications when individual credentialing is required.	Individual NPI, current license/certification, education/training as applicable, work history as applicable, sanctions/exclusions review, malpractice history as applicable, and CAQH or application information if required.

Note:

Complete and accurate submissions support timely review and help reduce delays as BHI Phase 2 Behavioral Health providers prepare for network participation.

MCO Contracting Requirements & Processes

Horizon

Horizon NJ Health | Overview of our contracting process

How to apply

- Providers should utilize MCO specific websites for detailed credentialing information and how to initiate the credentialing process, applicable to each MCO

Required documentation

- A full and complete credentialing application
- Copies of all programmatic licensure, and extension letters as applicable
- Signed W-9
- Ownership and Disclosure form
- Confirmation of NJ FamilyCare enrollment
- Americans with Disabilities Act Provider Survey, for each applicable service location
- Any other supplemental documentation, as required by each MCO

Contracting

- Signed contracts are typically required to be submitted with credentialing applications
- The effective date is the 1st of the month following the completion of credentialing
- Once the provider is considered as participating, relevant information will display on each MCO provider directory, as applicable

Horizon NJ Health | Overview of our contracting process

Single Case Agreements (SCA)

- A one-time agreement, equivalent to an in-network contract
- Utilized if a member is receiving medically necessary services out of area, or no participating providers are available
- If the member is out of state at the time of admission, approvals will be time limited and meet criteria until the member is back in NJ or has been out of state in a custodial stay for more than 30 days, at which time the member would be reported to DMAHS for disenrollment.

Preparing for MCO Participation

United Healthcare

Preparing for MCO Participation – Required Documentation

A high-level summary of information and documentation requirements are listed below, but providers are encouraged to review the application specific to your provider type and the specific requirements of each MCO

Requirements for Facility / Agency

- Medicaid enrollment information
- TIN/NPI
- Servicing location(s)
- Copies of state license(s) for each service location
- Disclosure of ownership
- Certificate of facility / agency insurance
- Background check when applicable
- Americans with Disabilities Act (ADA) survey / attestation
- Accreditations from an approved accrediting body
- W-9 Form
- Facility / Agency roster¹



1. Roster requirements vary by MCO. Not all MCOs require rostering

Common Reason for Credentialing Delays – Improve the Speed of Processing

- Incomplete application or filled out incorrectly
 - It is important to attach all correct and required documents as applicable
 - Only select the provider type/Levels of Care/Expertise/AOE's for which you are seeking credentialing. Do not check all the options offered.
- Outdated / expired Liability Insurance Certificate
 - A current Liability Insurance Certificate is required and must be submitted with the application
- W-9 form not included / submitted
 - Please include a signed completed W-9 form
- Appropriate state licensure and/or certification not provided
 - Levels of Care require appropriate state licensure and/or certification to be provided as part of the application process.
- Provider responsiveness / delay in response
 - Always respond timely to a request for additional information
- Accreditation Missing
 - Include National Accreditation certificate or letter, State Survey Report including any CAP/PIP that may have been required and approval from the state for said CAP/PIP.

Remember: The biggest opportunities to reduce delays are ensuring documentation is complete, monitoring expirations proactively and maintaining accurate provider records.

Maintaining Current Credentialing and Contact Information



Best practice: Proactive monitoring prevents last-minute issues

1. Establish Routine Monitoring
 - Monthly expiration checks
 - Quarterly roster reviews
 - Annual contract and provider information audits
2. Maintain Current Records
 - Track license expirations
 - Monitor malpractice insurance dates
 - Keep demographic information updated
3. Report Changes and Complete Regular Attestations
 - Keep your contact information up to date with the MCO so all correspondence reaches the right people.

Common Credentialing Questions, Challenges, and Best Practices

Wellpoint

Wellpoint Phase 2 – Behavioral Health Integration Training



Wellpoint's Provider Solutions Team



Heidi Coluni
Director, Provider Solutions



Rhonnda Talton
Provider Network Manager Sr



Michael Giaimo
Business Change Manager,
Sr.



Wellpoint | Common Credentialing and Contract Questions

How does a provider submit a credentialing application with Wellpoint?

- Credentialing applications are submitted via Wellpoint's portal at www.Availity.com
- Providers must register their organization with Availity at www.Availity.com.
- Select Payer Spaces/Wellpoint/Enrollment to begin the process.
- Download the credentialing forms and fill them out and submit them back to Availity.

How will the provider receive a Wellpoint contract?

- The Wellpoint contract is sent to the provider electronically for review and signature.
- Once the provider executes the contract, it routes back to Wellpoint for counter-execution
- The contract is attached to the credentialing forms and sent to the Credentialing Committee for review.
- The turnaround time is 30-days, and the provider receives a Wellpoint Welcome Letter.



Wellpoint | Common Credentialing and Contract Challenges

The Top 5 challenges for credentialing and contracting:

- The credentialing forms are not filled out correctly. Questions are often left blank.
- The provider does not submit all required credentialing forms to Availity, resulting in delays.
- Wellpoint outreaches to the provider for the missing credentialing documents and the provider does not respond and/or does submit the missing information timely.
- The provider does not check their credentialing status in Availity. Availity is a provider self-facing tool that allows the provider to follow the enrollment process from beginning to end.
- The credentialing application is closed if the provider does not respond timely to Credentialing outreach efforts, resulting in further delays for enrollment.

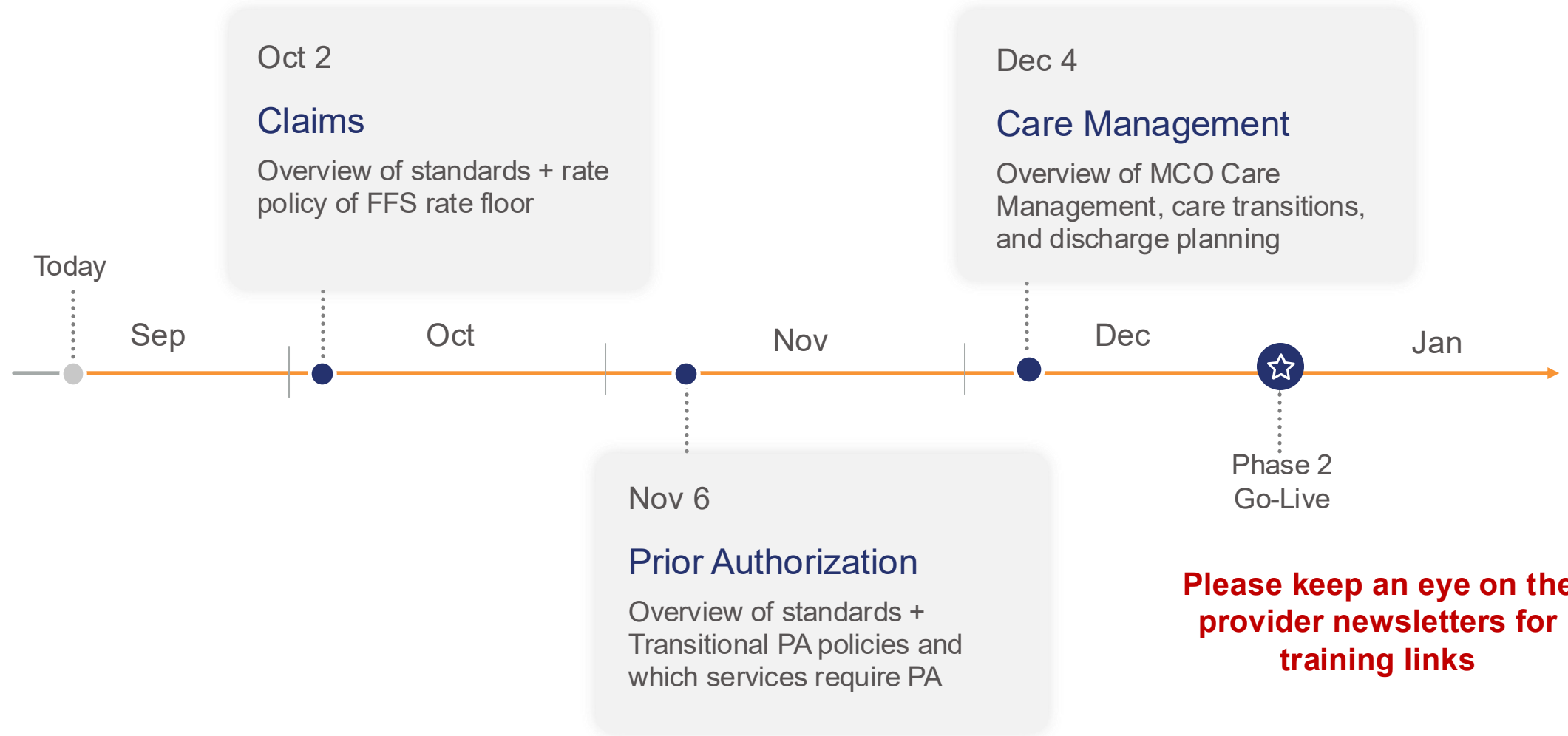


Wellpoint | Best Practices

- Best Practices are listed as follows:
 - The provider must follow the instructions for credentialing and complete the forms accurately and timely.
 - The provider must review the Wellpoint contract and execute it timely and return it to Wellpoint via OneSpan/Docusign.
 - Credentialing makes 2 outreach attempts for missing information before the credentialing application is closed. Once the application is closed, the provider must resubmit.
 - The provider must check their credentialing status in Availity. Availity is a provider self-facing tool that allows the provider to follow the enrollment process from beginning to end.



Register for upcoming training sessions



Key contact information for MCOs



Email:
Kate Mignone at
Aetna
katelyn.mignone@aetna.com



Email:
Michael Czajkowski,
Contract Negotiator
Michael.Czajkowski@fideliscarenj.com



Email:
BHMedicaid_@horizonblue.com



Email:
NJNetworkmanagement@Optum.com
or call the Provider
Service Line 1-888-
362-3368



Email:
provider.relations.NJ@carelon.com or by
phone by calling the
National Provider
Services Line at 800-
397-1630

Next steps and key contact information

Next steps

- 1 Review DMAHS Enrollment Guidance as part of forthcoming provider readiness packet
- 2 Reach out to DMAHS or Gainwell if you have any enrollment questions
- 3 Enroll in NJ Medicaid / NJFamilyCare



Contact information

DMAHS for general enrollment questions



Dmahs.behavioralhealth@dhs.nj.gov



[Behavioral Health Integration
Stakeholder Information](#)

Gainwell for questions related to NJMMIS



609-584-6036



[njmmisproviderenrollment@gainwelltechnologies.com](#)

Q&A

Appendix

Wellpoint Portal: www.Availity.com for Provider Enrollment and Claims Submission



Sign In

User ID

Password

[Forgot your user ID?](#) [Forgot your password?](#)

Note: Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.



Wellpoint – Provider Enrollment

[Patient Registration](#) [Claims & Payments](#) [Clinical](#) [My Providers](#) [Reporting](#) [Payer Spaces](#) [More](#)

**My Dashboard**
7 Total Applications

Provider Enrollment -

Click on begin a new application or click on an option below to check your application status.

Recent Applications

Incomplete Applications

Submitted Applications

Contract Changes +

Click on begin new contract changes or click on an option below to check your request status

My Fee Schedule +

Request and download your contracted rates.

My Roster +

Request and download a copy of your current roster.

My Communication +

View communication related to your contract

If you are a therapy provider (Physical Therapy/Occupational Therapy/Speech Therapy), an audiologist, a registered dietician, or an acupuncturist, please click on "Begin New Application" and select the Specialty Care Provider from the 'Provider Type' drop-down menu to start your enrollment application.

If you are a hearing aid provider, please click on "Begin New Application" and select the 'Non-Credentialed Provider' from the 'Provider Type' drop-down menu to start your enrollment application.

[Begin New Application](#) +



