



# Behavioral Health Integration Advisory Hub Meeting

March 27, 2026

2-3:30PM EST

Please update your name on  
Zoom to include your name and  
organization. Thank you!

# Housekeeping



All attendees will enter the meeting on mute



To use the “Chat” function, click the speech bubble icon at the bottom of the screen



Use the “raise hand” function if you wish to speak



You can enable closed captions at the bottom of the screen

# Today's Agenda

- 1 Phase 1 transition period update and MCO readiness
- 2 Provider Satisfaction Survey
- 3 Phase 2 Update
- 4 SUD Lab Service Billing Changes
- 5 NJSAMS Update
- 6 Stakeholder resources and OBBBA website update

# Phase 1 of BH Integration went live January 1, 2025 and is taking a phased approach to integrating BH services into managed care

Jan 1, 2025  
**Phase 1**  
Outpatient BH Services  
(for both 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
  - Ambulatory withdrawal management
  - Peer support services
  - SUD care management
- SUD partial care

TBD<sup>1</sup>  
**Phase 2**  
Residential & Opioid Treatment Programs

- Adult mental health rehab (AMHR) / MH supervised residential
- SUD short-term residential
- SUD — medically monitored inpatient withdrawal management
- SUD long-term residential
- Opioid treatment programs (OTPs)

Phase 2 of BH Integration will be delayed to go-live in 2027

TBD<sup>1</sup>  
**Phase 3**  
Additional BH services  
TBD

- Opioid Overdose Recovery Programs (OORPs)
- Psychiatric Emergency Screening Services (PESS)
- Behavioral Health Homes (BHHs)
- Community Support Services (CSS)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Targeted case management (TCM):
  - Program of Assertive Community Treatment (PACT)
  - Children’s System of Care (CSOC)
  - Intensive Case Management Services (ICMS)

1. Scope and timing of Phase 2 and 3 to be determined after Phase 1 go-live based on additional analysis and stakeholder input

# *Phase 1 transition period update and MCO readiness*

# NJ FamilyCare is integrating BH services under managed care

## Goals for NJ FamilyCare BH Integration are...

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

# The State implemented a Phase 1 transition period to ease the shift

## Key priorities for the transition period include...

- Promote continuity of care for members served by providers not yet contracted with the MCOs
- Provide additional time for MCOs to expand and stabilize provider networks
- Give providers time to learn and practice how to submit prior authorization requests in line with MCO and State guidelines and ensure timely processing of these requests
- Minimize barriers to timely and accurate claims submission and MCO payment to providers

## DMAHS previously extended the transition period

DMAHS **extended some transition period flexibilities** until at least October 31, 2025, during which:

- Providers **must submit PA requests** for all Phase 1 services, which MCOs are required to **automatically approve**
- MCOs will **pay out-of-network providers Medicaid FFS rates** for all claims that are:
  - Submitted with **no errors**
  - Have a **PA on file for PA-required services**

## Beginning Nov 1, DMAHS began a process to end the transition period

DMAHS began a **process to end Phase 1 transition period for all MCOs** on November 1, 2025

Transition policies will be **lifted on an MCO-by-MCO basis over the coming months**, as each MCO demonstrates readiness to end the transition period

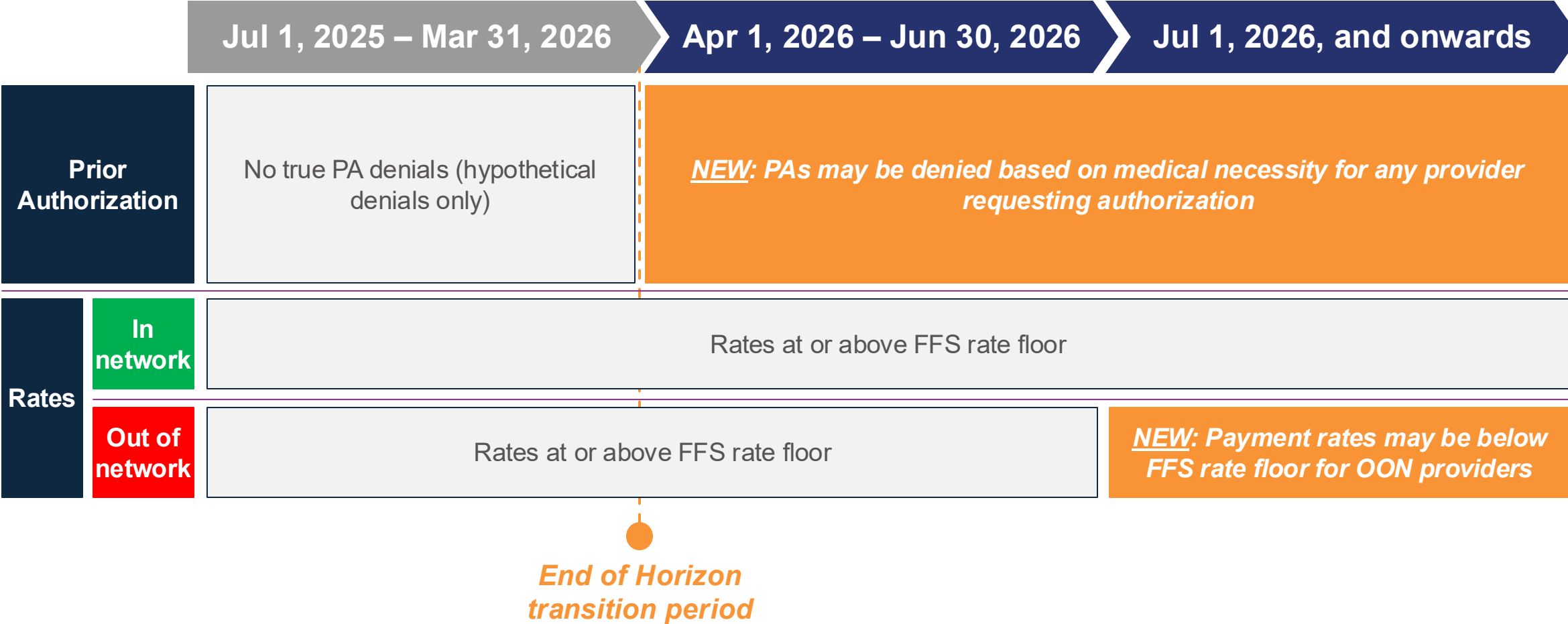
**Aetna ended their Phase 1 transition period policies on November 1**, while **all other MCOs continued their policies**

## Horizon | Transition period planned to end April 1, 2026

After Horizon ends their transition period policies, **the start date of a service** will determine whether **medical necessity review will be applied** to the PA request:

- If the service rendered **begins before April 1**, Horizon will still be required to **auto-approve the PA request**
- If the service to be rendered **begins on or after April 1**, Horizon will **apply medical necessity criteria to review** the PA request

**Horizon | After April 1, Horizon may deny PA requests based on medical necessity; after July 1, OON providers *may* be paid below FFS rate floor**



**Prior authorization |**  
Timely, accurate  
submission of  
requests for  
authorization is  
imperative post-  
transition

- Submit authorization requests **within 5 days of service start**; late requests will be reviewed but **may be denied**
- **Renew before authorization expires** - proactive management prevents authorization gaps that result in untimely submissions
- Ensure claim details (e.g., provider, dates) **match the authorization exactly**



The best way to prevent claim and authorization denials is to submit information accurately and as soon as possible

# *Provider Satisfaction Survey*

# Provider Satisfaction Survey Overview

Survey captures provider feedback on experiences with MCOs and DMAHS to inform program improvements and strengthen provider engagement.

## Survey Timeline:

July 23 – December 31, 2025

## Survey Structure:

- MCO-specific ratings across all domains
- 5-point satisfaction scale (Very Satisfied → Very Dissatisfied)
- “Not Enrolled” and “Not Applicable” response options
- Open-ended comments throughout
- Included provider background questions to contextualize responses
  - Provider type, role in agency, and services offered
  - MCO participation and tenure

## Survey Content:

- Network Management & Enrollment (credentialing, contracting, provider relations)
- Utilization Management (prior authorization, timeliness, peer-to-peer review)
- Appeals Process
- Claims & Payments (timeliness, accuracy, issue resolution)
- Training & Resources (materials, systems, customer service)
- Health Equity & Cultural Competency

**For discussion:** Any areas/topics missing?

# 2025 Provider responses are in; Plan to analyze and share findings with MCOs

## Distribution Approach:

- Survey link distributed by MCOs targeting in network Phase 1 providers
  - Multiple outreach waves (email reminders)

## Participation Snapshot:

- 133 total responses received
- Representation across provider types, services, and MCO participation

## Survey Design:

- Anonymous to encourage candid feedback
- MCO-level comparisons across domains
- Combination of quantitative ratings and qualitative insights

**For discussion:** Was the survey user friendly?

## Early insights: Areas with need for improvement

### MCO's appeals process

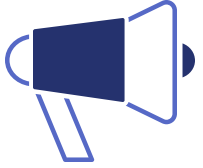
- 61 out of 133 respondents reported concerns/issues with:
  - timeliness of appeal decision **or**
  - reason for adverse determination not clear

## Early insights: Areas with positive feedback

### Training and education, such as:

- Provider resources on MCO Website
- Information included in provider materials (i.e. manual, trainings)

# *Phase 2 Update*



**Phase 2  
go-live date is to be  
determined but is  
planned for some time  
in 2027**


Given the Phase 1 transition period extension, the State has **delayed Phase 2 go-live** and will communicate a new timeline soon. DMAHS will ensure members, providers, and MCOs have **ample time to prepare** and remain **actively engaged in planning for Phase 2**

## Phase 2 timeline remains TBD but will not go-live in 2026; State is developing standards for your input


 A transition period is planned for Phase 2 implementation; details to be confirmed later

 **Network:** MCOs contract with all active FFS & any willing qualified Phase 2 provider

 **Rates:** MCOs pay at least the FFS rate floor to all providers during transition

 **Prior authorization:** After launch, providers of Phase 2 services begin submitting PAs for PA-required services; to ensure continuity of care & timely access, MCOs:

- Honor active authorizations
- Auto-approve initial authorizations for minimum durations (detailed in contract)
- Authorize extensions for minimum durations aligned to IME practices

 **Note:** Other policies are under development and will be confirmed before go-live (e.g., requirements for discharge planning, care management, quality monitoring)

- State will **engage providers and members for input** through BHI Advisory Hub, BHI Consumer & Advocate Forum, and provider focus groups

## We've heard concerns around discharge planning for SUD residential services...

- ! Providers may be required to give **frequent updates (sometimes daily)** on discharge plans, creating **administrative burden**
- ! **Peer-to-peer reviews with MCOs** may be difficult to schedule, involving several provider teams
- ! Members **may not achieve planned step-down** if providers have limited capacity for hand-offs or follow-ups

**Do these resonate with your experiences as a provider, caregiver, or member? Any other key challenges?**

## For discussion: What are the key opportunities to improve discharge planning in Phase 2?

- How are members involved?
- What information do providers & MCOs collect?
- How often do MCOs engage providers? What teams are involved?
- How do discharge plans impact UM decisions?
- Are members linked to appropriate services or followed up with post-discharge? How?
- What role should providers, MCOs, and the State play in the future?

# *SUD Labs Integration*

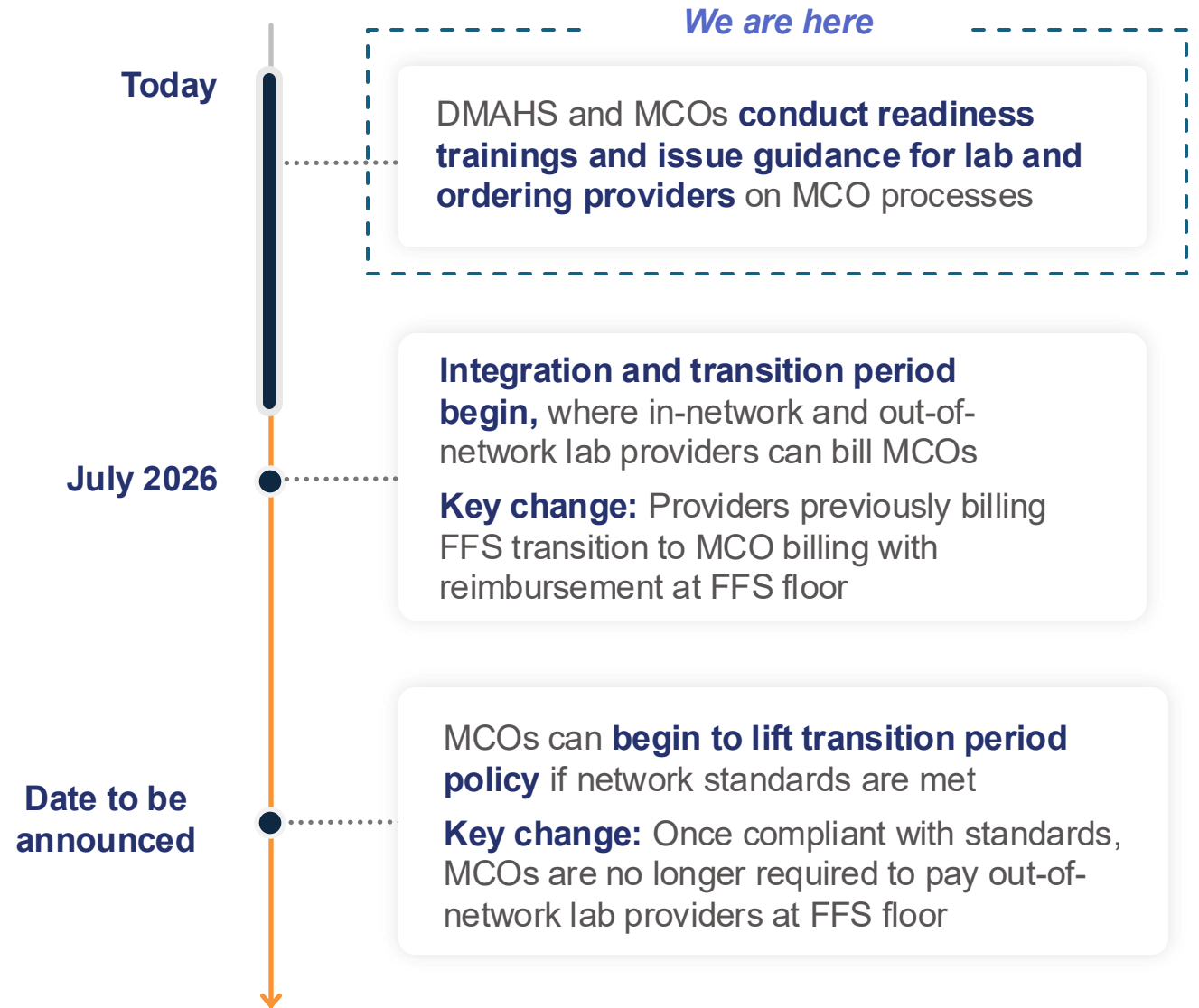
**DMAHS is  
integrating all  
SUD lab services  
under managed  
care, beginning  
July 1, 2026**

On July 1, 2026, the NJ Division of Medical Assistance and Health Services (DMAHS) will integrate substance use disorder (SUD) laboratory services\*, also known as drug testing, under the management of the Medicaid Managed Care Organizations (MCOs)

To mitigate disruption, DMAHS is implementing a transition period at the onset of integration requiring MCOs to reimburse out-of-network labs until their networks comply with DMAHS-defined standards (*under development; to be shared before implementation*)

\*Includes service codes: 80305, 80306, 80307, G0480, G0481

**Timeline | Integration of SUD lab services will go live July 1, 2026, with a transition period to mitigate disruption**



# *NJSAMS Update*

**NJSAMS | Auth  
determinations will  
be available in  
NJSAMS for Phase 1  
services in Spring  
2026**

- We are working with MCOs to develop **bidirectional communication in NJSAMS**, allowing you to see authorization determinations within NJSAMS for all Phase 1 services
- Anticipating a **launch during Spring 2026**
- Be on the lookout for **NJSAMS provider training sessions** in the coming weeks

# *Stakeholder Resources and OBBBA Website Update*

# Behavioral Health Integration: Stakeholder Communications

## Monthly E-mails



Monthly **e-mail communication** to all behavioral health integration stakeholders will include information about:

- **Ending the Phase 1 transition** period
- Upcoming meetings and trainings
- Existing and new DHS and MCO resources available for providers, members, caregivers, and advocates
- Updates on other Medicaid program or policy changes and **any impacts on behavioral health services**

## Quarterly Provider Office Hours



At least **once each quarter** (and more frequently if needed) office hours will be held for providers

- Will include:
  - Staff from **DMAHS** and **Division of Mental Health and Addiction Services**
  - Behavioral health teams from **all five MCOs**
- Provides opportunity to resolve issues related to claims, billing, credentialing, prior authorization, and care management
- **New** for 2026

# Need help? Visit the State's BH Integration Stakeholder website or contact the member's MCO; if you cannot reach a resolution, outreach DMAHS

## BH Integration Stakeholder Information website

The [Provider Resources webpage](#) on the [BHI stakeholder website](#) has the following resources:

- [Provider guidance packet](#)
- End of transition period readiness guidance document
- Prior DMAHS training materials and recordings
- Additional resources with information on program processes

## Member's Managed Care Organization

For specific member inquiries and MCO-related questions, please contact the member's MCO:



**Aetna Fidelis Care Horizon NJ Health**



**UnitedHealthcare Wellpoint**

Refer to key MCO points of contact [here](#) or also in [provider guidance packet](#)

## DMAHS – Office of Managed Health Care

If your issue is related to **contracting & credentialing, claims & reimbursement, appeals, or prior authorizations**, then contact **OMHC**:

MAHS.Provider-Inquiries@dhs.nj.gov

- Include specific details regarding your claims
- If multiple claims are impacted, the information should be summarized using an Excel file
- All Protected Health Information (PHI) must be sent securely

## DMAHS – Behavioral Health Unit

If your issue is related to **policies & guidelines, access to services, or general questions**, then contact DMAHS BH Unit:

dmahs.behavioralhealth@dhs.nj.gov

1-609-281-8028

# The federal government has changed the rules around who is eligible for NJ FamilyCare starting Fall 2026 as part of the "One Big Beautiful Bill Act"

## These new rules do not apply to everyone

Information on our website explains:

- What rules are changing & when?
- How is NJ FamilyCare/Medicaid helping members?
- Which members may be affected?
- How can you prepare for changes?

**More information:** [Federal Changes to NJ FamilyCare/Medicaid | Division of Medical Assistance and Health Services](#)

**Thank you!**