



# *NJ FamilyCare Expansion and Provider Enrollment FAQs*

**Roxanne Kennedy MSW, LCSW**

Project Officer, Managed Behavioral Health

Division of Medical Assistance and Health Service

March 13, 2014

# Expansion under the Federal Health Care Law

The NJ FamilyCare Expansion under the new Federal Health Care law requires that parents, single adults and childless couples, ages 19 to 64, with incomes under 133% FPL receive an Alternate Benefit Plan (ABP).

- Single adults, childless couples and parents will receive the Alternative Benefit Plan (NJ FamilyCare Plan ABP) package effective 1/1/2014.
  - Recipients currently in General Assistance Medicaid will move from Program Status Code (PSC) 761 to PSC 762 effective 1/1/14 and will be in Managed Care.
  - NJ FamilyCare childless adults will move from PSC 763 to PSC 762 effective 1/1/14.
  - Parents in PSC 380 will move from Plan D to Plan ABP effective 1/1/14.



# Expansion under the Federal Health Care Law

- Open enrollment for this new NJ FamilyCare expansion began October 1, 2013, with an effective date of 1/1/14. Applications are accepted on a rolling basis.
- Those childless adults and parents found eligible for the Plan ABP beginning 1/1/14 will be sent an enrollment letter. The letter will explain the benefit package as well as an opportunity for a disability review based on special health care needs.



# NJ FamilyCare Summary

## Newly Eligible Populations

- Parents and Caretaker Relatives
- Single Adults and Childless Couples

## Increased Income Limits

- 133% of the Federal Poverty Level for most NJ Residents (\$15,282 for an ind.; \$25,975 for a family of 3)
- Increased Limits for Children and Pregnant Women

## Federal Share of Benefits

- January 2014: 100%
- January 2017: 95%
- January 2018: 94%
- January 2019: 93%
- January 2020: 90%

## Timetable

- Oct. 2013 – Applications begin
- Jan. 2014 – New benefits begin for an estimated 300,000 new Medicaid beneficiaries

# The Expansion of NJ FamilyCare Impact on Behavioral Health Care

# Mental Health Parity and Addictions Equity Act (MHPAEA) in ACA

- On October 3rd, 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 was signed into law. This Federal law requires group health insurance plans (those with more than 50 insured employees) that offer coverage for mental illness and substance use disorders to provide those benefits in no more restrictive way than all other medical and surgical procedures covered by the plan.
- Within the ACA, States who are implementing Medicaid Expansion need to provide the 10 Essential Health Benefits (EHBs) in the ABP that includes mental health and substance abuse services

# 10 Essential Health Benefits

Ambulatory Patient Services

Rehabilitative & Habilitative Services and Devices

Emergency Services

Prescription Drugs

Hospitalization

Laboratory Services

Maternity and Newborn Care

Preventive & Wellness Services and Chronic Disease Management

Mental Health and Substance Abuse Disorder Services

Pediatric Services  
(inc. Oral & Vision Care)

# Benefit Plan

- The Alternative Benefit Plan (ABP) needs to meet MHPAEA requirements
- Plan D or General Assistance as parents or childless adults will be part of the ABP plan and receive a richer benefit than they have today.



# BH Services in the ABP

## BH services currently in the State Medicaid Plan

- Targeted Case Management (ICMS)
- Community Support Services (1/14)
- Behavioral Health Home (1/14)
- MH Outpatient
- SUD Outpatient (limited)
- Adult Mental Health Rehabilitation (group homes)
- Inpatient psychiatric services
- Opioid Treatment Services
- Psychiatrist, Psychologist or APN
- Partial Care/Hospitalization
- Medical Detox
- PACT



## Additional BH services proposed in the ABP

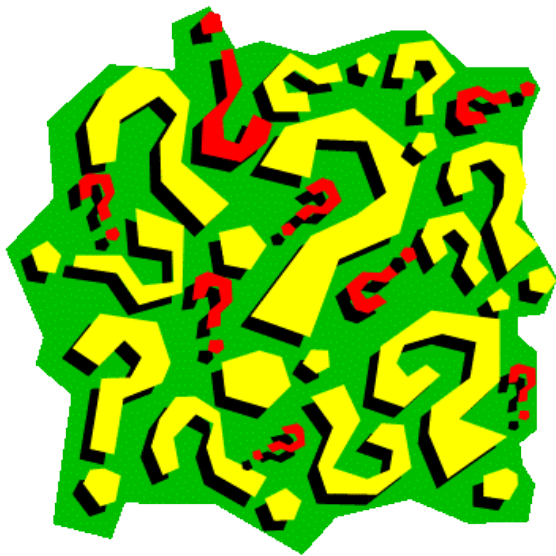
- \*Non-medical detox
- SUD partial care
- SUD IOP
- \*SUD Halfway House
- SUD Outpatient
- \*SUD short term residential
- Psychiatric Emergency Services/Affiliated Emergency Services



\*Subject to IMD exclusion

SUD - Substance Use Disorder

# FAQs for SUD Providers



# How do agencies enroll to become a NJ FamilyCare provider?

There are three (3) options to obtain an enrollment packet:

1. Download a packet from the New Jersey NJ Medicaid Management Information System (NJMMIS) web site, [www.http://www.njmmis.com/](http://www.njmmis.com/), click on the Provider Enrollment Application link on the home page.
2. Submit a request to have an enrollment application mailed to you using the same link.
3. Contact the Molina Provider Enrollment Unit at 609-588-6036 and request to have an enrollment packet mailed to you. Applications are mailed within two business days of the request.

**Note: The following is a list of medical practitioners who are not eligible to enroll as independent providers:**

Physical Therapist \*

Occupational Therapist \*

Speech Therapist \*

Social Workers or Masters of Social Work\*\*

Independent Physiological Laboratories

Physician Assistants

Out-of-state LTC facilities

Out-of-state independent clinics



\* These services are NJ FamilyCare approved services; however, NJ FamilyCare relies upon therapy provided by independent clinics, outpatient clinics, and Home Health/VNA. Physical, speech and occupational therapists are employed by these organizations to provide these services.

\*\*Services delivered by social workers, professional counselors, and other licensed healthcare professionals within their scope of practice are covered by NJ FamilyCare when delivered by qualified practitioners employed by NJ FamilyCare participating independent clinics and hospitals.

***We currently have a NPI number that is used to bill SAI; will we need an additional NPI number for NJ FamilyCare reimbursement?***

All Providers enrolled with the NJ FamilyCare Program need to have their National Provider Identifier (NPI), you would not be required to apply for an additional NPI #. It is essential that you have your NPI registered with NJ FamilyCare so that claims can be continued to be accepted electronically. An agency who has an SAI number to bill Molina will also need to have a NJ FamilyCare (Medicaid) provider number to bill for services.

***Do agencies need NJ FamilyCare numbers for each level of care or by facility license?***

Each physical **location** needs to submit an enrollment packet to establish its own NJ FamilyCare provider number.



***We have received correspondence that we should enroll as a non-billing provider. Does this refer to the agency or the individual staff members? In listing the providers on our staff, does this include LCADCs, CADCs, Counselor interns, etc.?***

The non-billing provider application would not be used when enrolling the agency as a provider. The names, dates of birth, NPI #s, license type and #, and SS # of the individual staff members (LCADCs, CADCs and Counselors) are required when completing the provider application.



***Are the services provided by a CADC or LCADC credentialed clinician reimbursable under the NJ FamilyCare expansion?***

No, not as an independent provider. An agency licensed as an independent clinic can bill for services provided by a CADC, LCADC, or other qualified staff as per the independent clinic and substance abuse facility regulations.



**Should our agency enroll as a non-billing provider while we are at the same time applying to become a billing provider agency?**



No.

**We are applying to become a billing provider agency. Our medical staff is funded under consulting agreements. Should we list them on the provider enrollment application for our agency? Even if they have their own outside practice? If yes, do we list the provider number they use in their outside practice?**

Yes, their license type and #, name, birthdate, SS# and NPI are required as part of the agency application.



***Can clients under the supervision of Criminal Justice/Courts receive NJ FamilyCare benefits? While in treatment only? While in treatment but receiving services at another community-based provider via referral?***

While an individual is considered an inmate or incarcerated, they are not eligible for NJ FamilyCare benefits. When they are released from prison and no longer considered an inmate, they can apply for the NJ FamilyCare benefit.

***Our agency is preparing a provider enrollment application as an Independent Clinic - Narcotic and Drug Abuse. Should we complete 2 separate applications - one for Long Term and one for Halfway House - or do we submit just one application for both levels of care?***

One application is sufficient if all services are located in the same facility. Long term residential care is not a covered service in the NJ FamilyCare State Plan. If you have any questions call the Molina Provider Enrollment Unit at 609-588-6036.

## *Do we have to bill separately (with separate NPI#s) for SAI vs. other NJ Family Care programs?*

An agency will not need a separate NPI number. However, the agency will need separate SAI and NJ FamilyCare provider numbers to bill Molina for services for the appropriate payer source.

## *Where can providers get a current SAI schedule of rates?*

To obtain the list of SAI rates, please contact NCADD-NJ, the SAI vendor, or the Division of Family Development.





## Where can providers get a current NJ Family Care schedule of rates?

The NJ FamilyCare rates for the new ABP services will be available on the <http://www.njmmis.com/> website in January, 2014 in newsletter format. This newsletter will outline procedures for billing the appropriate NJ FamilyCare codes for new services in the Alternative Benefit Plan.

## What are the NJ FamilyCare reimbursement rates for services identified in the Alternative Benefits Package as of January 1, 2014 and prior to the implementation of the ASO?

The NJ FamilyCare rates for the new ABP services will be available on the [http://www.njmmis.com](http://www.njmmis.com/) website in newsletter format in January , 2014.



## ***How are claims submitted?***

- New Jersey NJ FamilyCare claims must be submitted electronically, either through the submission of a HIPAA-compliant transaction or directly via the NJ FamilyCare website [www.http://www.njmmis.com/](http://www.njmmis.com/).

### **Where to begin:**

- Choose your Software Vendor. We recommend you review at least three software packages. For a list of approved vendors refer to the *New Jersey Medicaid HIPAA Approved (Non-Pharmacy) Vendor List located on the New Jersey NJ FamilyCare website.*
- If you have chosen a Software Vendor from the HIPAA approved vendor list you may begin submitting your claims electronically the day following receipt of your Username and Password from Molina.
- Complete the New Jersey Medicaid HIPAA EDI Agreement (837-Electronic Claims Input) form found in section 2 of the New Jersey Medicaid HIPAA Companion Guide located on the New Jersey FamilyCare website and mail it with a copy of your HIPAA certification to:  
Molina  
Attn: Provider Enrollment  
P.O. Box 4804  
Trenton, NJ 08650 – 4804
- Receive your Username and Password from Molina.
- If you have chosen a vendor who is not from the HIPAA-approved vendor list, you **MUST** complete the HIPAA transaction set testing and receive your HIPAA certification prior to completion of the New Jersey Medicaid HIPAA EDI Agreement (837-Electronic Claims Input) form.

## *Will claims be filed as they are now through Molina?*

**Yes, with the appropriate code and NJ FamilyCare provider number.**

## *What is the average turnaround time for payment of claims?*

- **The timely filing requirements for the New Jersey NJ FamilyCare program are outlined in the Administration Manual 10:49. All claims (other than inpatient hospital) must be received by Molina within one year (365 days) of the date of service. If there is a date span on the claim, it must be received by Molina within one year of the earliest date.**
- **Note: If a claim was initially submitted to Molina within one year from the date of service, you may continue to submit the claim for payment up to two years from the date of service. You must attach documentation (copy of RA page showing claim was submitted within the 1st year) proving timely filing of the original claim to the resubmitted claim. All claims that are beyond the two year time period (even if there is proof of timely filing) must be submitted to the Fair Hearing unit.**



**Molina Medicaid Solutions  
Fair Hearing Unit  
P.O. Box 4801  
Trenton, NJ 08650-4801**

*Are all claims paid electronically (ACH)?*

**Yes.**



*Will Halfway House services be billed to NJ FamilyCare as a “bundled” service – i.e. will there be a unit of payment such as a “bed day”?*

**NJ FamilyCare only pays for clinical services (i.e. counseling) and reimbursement of services is related to the appropriate code and unit of service.**

## *What are the best sources for obtaining literature and training on the claims process?*

Once an agency becomes a NJ FamilyCare provider, Molina will provide ongoing training regarding claims submission and processing.



## *How do agencies verify eligibility/status of a client's NJ Family Care plan?*

When an agency becomes a NJ FamilyCare provider, the provider will have access to NJ FamilyCare eligibility verification systems through REVS (phone), MEVS and EMEVS (online). Members in the Alternative Benefits Plan (ABP) will have a 380 or 762 program status code.



***Will backup information for electronic payments be available with detail (for auditors)?***

**Yes, upon request through Molina.**

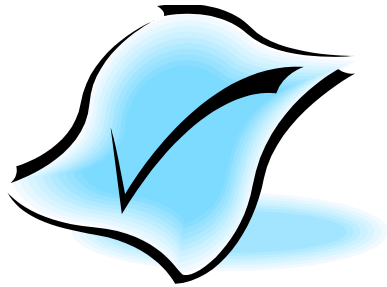


0064071695 www.aocrash.com

***Will agencies be able to bill NJ FamilyCare for case management, UDS, transportation?***

**Case management other than targeted case management rendered to consumers with severe mental illness (SMI) by DMHAS-qualified ICMS providers is not a NJFamilyCare covered service. Laboratory testing for drugs of abuse/dependence is a covered NJ FamilyCare service when performed by a DOH licensed NJ FamilyCare participating laboratory. Clinical service rates are all-inclusive and there is no additional reimbursement for collection of biological samples. Logisticare is the transportation vendor for NJ FamilyCare services.**





***How will prior approvals be obtained?  
Will continuing stay reviews be conducted?***

**NJ FamilyCare SUD services will be reimbursed FFS and medically necessary continuing care services may be rendered to an eligible program beneficiary. DMAHS reserves the authority to implement additional prior approval, concurrent review, retrospective review and recovery practices as appropriate to ensure program quality and accountability.**

# Questions?

