



End of Phase 1 Transition Period Information for Providers

Quarterly Provider Meeting

NJ FamilyCare Behavioral Health Integration

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DECEMBER 11, 2025

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

TBD¹

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 after January
2026

TBD¹

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

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

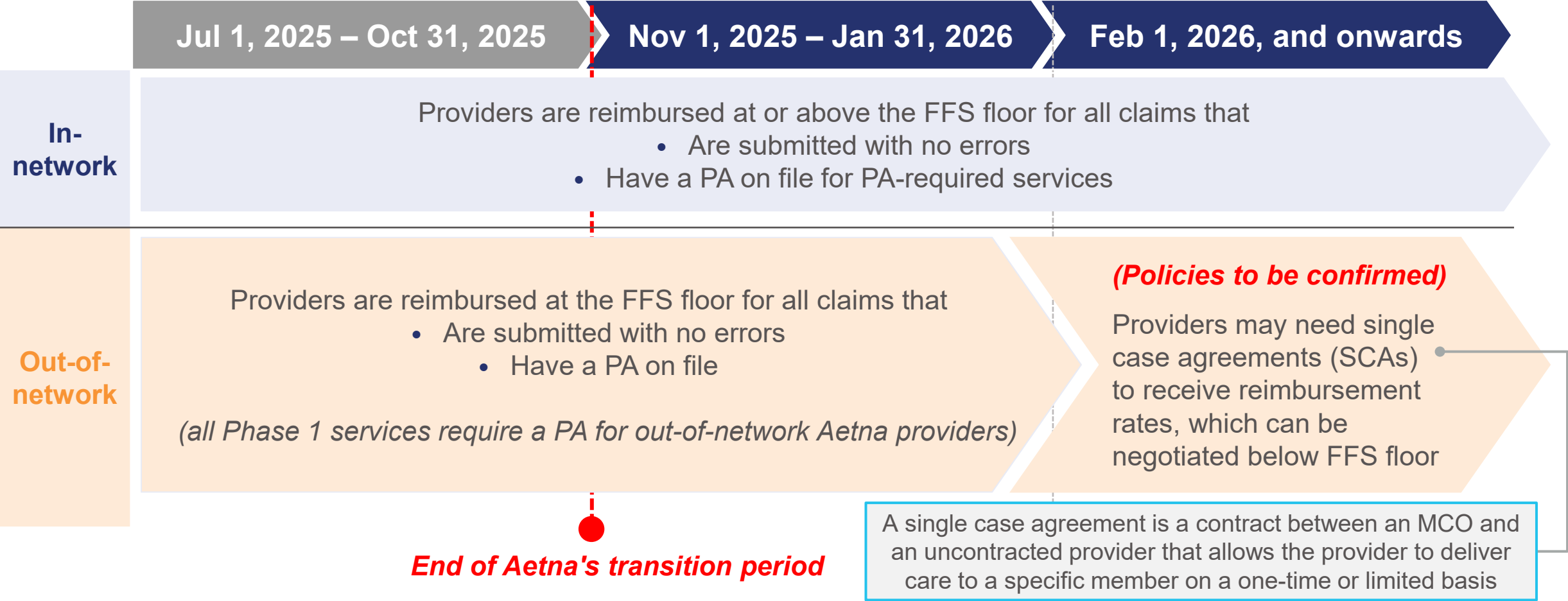
Aetna ended Phase 1 transition period policies on November 1, while **all other MCOs will continue transition period policies until further notice**

Aetna | Beginning November 1, medical necessity review depends on the service start date

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

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

Aetna | Aetna has chosen to pay out-of-network providers at least FFS rates if PA requirements are followed



All other MCOs will extend the transition period until further notice

Fidelis Care, Horizon NJ Health, UnitedHealthcare, and Wellpoint are required to **continue transition period policies until further notice**

This means that all other MCOs will continue to implement the following transition period policies:

- Providers must submit prior authorization (PA) requests
 - However, **PAs must be automatically approved and will not be denied for medical necessity**
 - Claims for **PA-required services will be denied if no PA is on file**
- MCOs will continue to pay out-of-network providers using Medicaid FFS rates; these claims must:
 - Be submitted with **no errors**
 - Have a **PA on file for PA-required services** (*out-of-network PA requirements vary by MCO*)

These MCOs will **end transition period policies at different times** once they successfully complete their **final readiness reviews**

Providers will be given advanced notice from the State and MCO each time an MCO is ending their transition period

Prior Auth | Reference PA resources to prepare for the end of the transition period

In partnership with the MCOs and DMHAS, DMAHS has published comprehensive MH and SUD PA guidance documents for providers

The PA guidance documents **help guide providers through the full managed care PA process**

The following content is covered in the documents:

- Phase 1 **PA service requirements** for in-network and out-of-network providers
- Required **administrative and clinical fields** for MH / SUD Phase 1 PAs, including guidance on how to complete them comprehensively
- Guidance on **how to submit MH PA requests through MCO systems** and **SUD PA requests through NJSAMS**
- MCO **steps to review** a PA request
- MCO **medical necessity criteria** and **sample approval and denial PAs** for each Phase 1 service
- **Turnaround times** and minimum **initial durations** for Phase 1 services
- Guidance on **how to appeal a PA determination** if the request is denied or approved for a reduction in service

The **MH and SUD PA guidance documents** are posted on the [Provider Resources page](#) of the [BH Integration Stakeholder Information website](#)

In September, DMAHS also held **MH and SUD PA trainings** to help providers submit quality PAs that meet MCO expectations

These trainings covered:

- MCO steps to review a submitted PA
- How to complete administrative and clinical PA fields
- MCO medical necessity criteria for each Phase 1 service
- Sample approval and denial PA cases for each Phase 1 service

The **training presentations and recordings** for both trainings can be found on the [Provider Resources page](#) of the [BH Integration website](#)

Prior Auth | Phase 1 PA submission requirements for in-network and out-of-network providers by MCO as of November 1, 2025

✓ - PA required for service

	Aetna		Fidelis Care		Horizon NJ Health		UnitedHealthcare		Wellpoint	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network ¹	In-network	Out-of-network	In-network	Out-of-network
MH / SUD partial care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MH partial hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Acute partial hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD intensive outpatient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD ambulatory withdrawal management	✓	✓	✓	✓		✓	✓	✓	✓	✓
MH / SUD outpatient counseling and psychotherapy		✓		✓						

Claims will be denied for providers who do not follow these requirements

1. For Horizon: Out-of-network providers who use the HF and UC modifiers or are a nurse psychiatry, psychiatry, child psychiatry, or neurology specialty type do not need to submit PAs for evaluation and management (E&M) service codes; all other out-of-network providers (e.g., primary care physicians) must submit a PA for these E&M codes

Network | If you have questions about contracting, credentialing, or single case agreements issues, please contact the MCO's network representatives

Payer	Network contact information
Aetna	<ul style="list-style-type: none">• Emails (based on county):<ul style="list-style-type: none">- Katelyn.Mignone@Aetna.com- susan.richards3@aetna.com: Bergen, Essex, Hudson- Gregory.Emmanuel@aetna.com: Burlington, Camden, Cape May, Cumberland, Gloucester, Salem- Rosanna.Placencia@aetna.com: Mercer, Middlesex, Somerset, Union• Phone: 1-855-232-3596<ul style="list-style-type: none">- Press * for healthcare provider. Follow prompts for customer service needs.
Fidelis Care	<ul style="list-style-type: none">• Email: evelyn.mora@fideliscarenj.com or Michael.Czajkowski@fideliscarenj.com• Phone: 1-908-415-3101
Horizon NJ Health	<ul style="list-style-type: none">• Email: BHMedicaid @horizonblue.com
UnitedHealthcare	<ul style="list-style-type: none">• Email: njnetworkmanagement@optum.com
Wellpoint	<ul style="list-style-type: none">• Email: provider.relations.NJ@carelon.com• Phone: 1-800-397-1630

Monthly newsletter beginning January 2026

Starting in 2026, the BH unit will send a monthly newsletter to all BH Integration stakeholders to share information on:

- Updates on end of Phase 1 transition period
- Upcoming meetings and trainings
- Existing and new DHS and MCO resources available for providers, members, caregivers, and advocates
- Updates on Medicaid changes and any impacts on behavioral health services

Proposed stakeholder engagement beginning in 2026

ACTIVITY	PURPOSE	CADENCE	TARGET PARTICIPANTS
Provider office hours	Opportunities to connect with MCO staff to discuss and resolve provider issues related to claims, billing, credentialing, prior authorizations, and care management	At least once per quarter (4x/year), with additional meetings as shared in newsletter	Providers participating in Phase 1 and future phases of services

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 website¹

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:



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

1. <https://www.nj.gov/humanservices/dmhas/information/stakeholder/>

