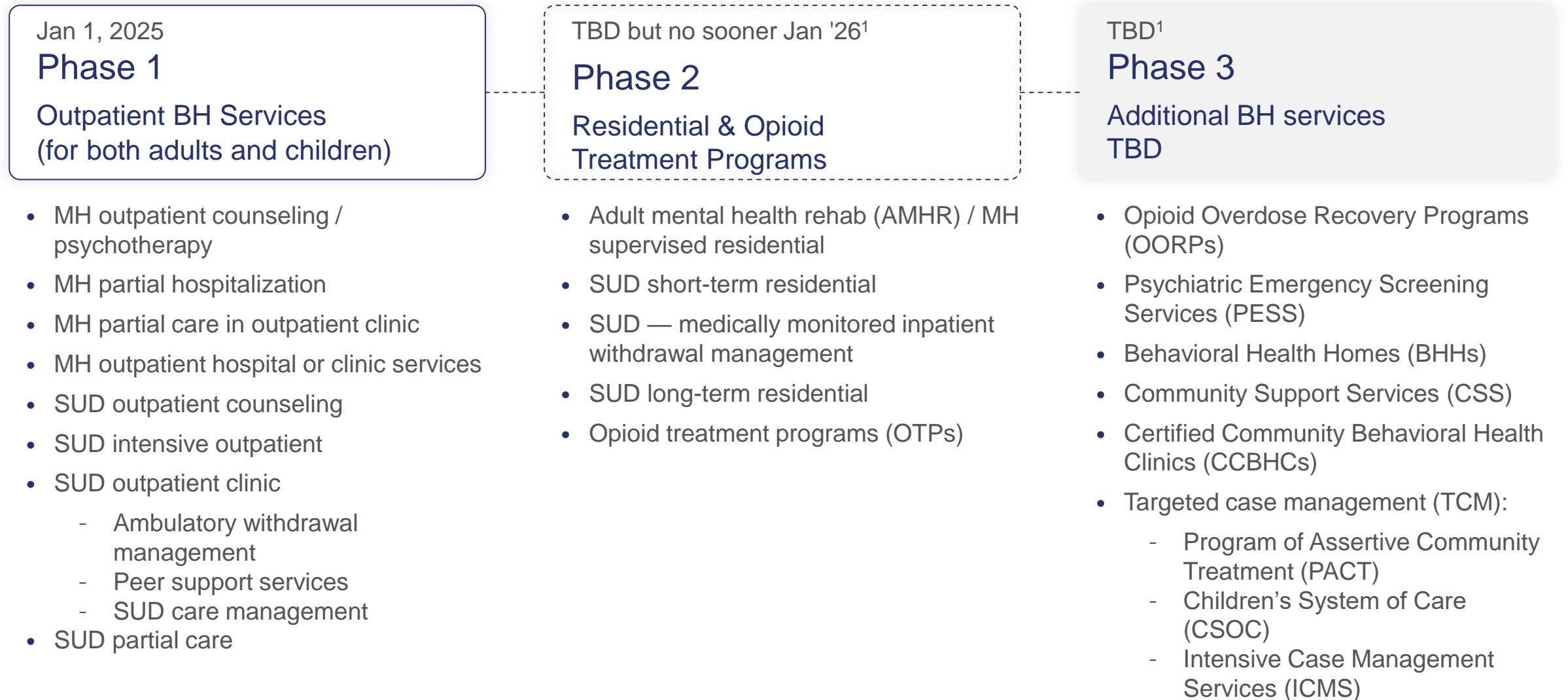




Behavioral Health Integration

Presented by Vicki Fresolone, LCSW, LCADC

The State is taking a phased approach to BH Integration, with Phase 1 live as of Jan 1st, 2025



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

Recall | Phase 1 of the integration has included a 6-month transition period to ease the shift to managed care

Key priorities for the transition period include...

- Promoting continuity of care for members served by providers not yet contracted with the MCOs
- Providing 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
- Minimizing barriers to timely and accurate claims submission and MCO payment to providers

Several goals are guiding MCO readiness for the end of the transition period

 Building Block	 Key Readiness Goals
Network / Continuity of Care	<ul style="list-style-type: none">• Networks cover as many active providers as possible to avoid potential disruptions in care• Members at risk of care disruption have plans in place to transition to an in-network provider• MCO CM teams are ready to assist members with any issues that may arise post-transition period• MCO systems are properly configured to pay claims according to post-transition period policies
Claims / Prior Authorization	<ul style="list-style-type: none">• Providers are submitting PAs appropriately to ensure PA/claims are processed in a timely manner• MCO UM teams have capacity meet PA turnaround times with addition of medical necessity reviews• MCO systems are configured to match submitted PAs to associated claims to prevent erroneous denials
Member & Provider Services	<ul style="list-style-type: none">• MCO staff are equipped to provide members and providers with accurate information surrounding the end of the transition period and post-transition period policies

MCOs may **continue to implement transition period policies** at their discretion or if required by the State

The 180-day Phase 1 transition period will end June 30th



Transition period policies

From January 1 to June 30, the following transition period policies are in place:

- **Auto-approval** of all **prior authorization requests** for all Phase 1 BH services
- **Payment of valid claims** at the FFS floor to all **out-of-network providers**



Policy changes post-transition period

Beginning July 1, the State will lift the transition period policies, leading to these changes:

- MCOs can apply **medical necessity criteria to review** prior authorization requests
- MCOs are **no longer required to pay out-of-network providers without continuity of care agreements (e.g., single case agreements¹)** using FFS rates as the floor

More detail to follow

1. A single case agreement (SCA) is a contract between a provider and an MCO that allows the provider to deliver care to a specific member on a one-time or limited basis

Deep dive | Guidance regarding prior authorization and reimbursement policy changes for the end of the transition period

Medical necessity review of PA requests

- Regarding the end of the transition period, **medical necessity review** of PA requests **depends on the start date** of the service
 - If the service to be rendered will **begin before July 1**, MCOs are required to **auto-approve the PA** request
 - If the service to be rendered will **begin after July 1**, MCOs can **apply medical necessity criteria to review** PA requests

Out-of-network claims payments

- Before July 1, each **MCO must proactively pursue authorizations and/or single case agreements (SCAs)** with any uncontracted **providers who served their MCO members** during the transition period
 - These **authorizations/SCAs must adopt at least FFS rates** and extend **through at least August 31** or until the MCO and / or the provider successfully **transfer the member to an in-network provider**
- Beginning July 1, providers newly serving MCO members must also be offered an SCA triggered by the **submission of a PA to the member's MCO**; however, this SCA can be **negotiated according to business-as-usual policies**

Providers should check in with members and ensure readiness before July 1 to minimize disruptions in care delivery

Key next steps for **providers** for the end of the transition period

- ✓ **Check which MCOs your members are enrolled in** and try to **contract and credential with all MCOs** relevant to your client population
 - If you are **unwilling to contract** or credential with all your members' MCOs before July 1, and therefore, **out-of-network**:
 - **Outreach all members** who are enrolled in MCOs that you are not contracted with and refer them to **MCO BH Care Management** to connect them with a care manager
 - Begin the **authorization / SCA process** with MCOs
- ✓ Ensure the appropriate staff **know the prior authorization (PA) process** for each MCO
- ✓ **Ensure PAs are active and on file** for all members receiving PA-required services

*DMAHS is also holding a virtual **End of Transition Period information session** for providers on **Tuesday, June 17th***

Available resources

- ☆ [End of Phase 1 Transition Period Provider Guidance](#)
 - [Provider Guidance Packet](#)
 - [MCO-led Integrated Care Management Training materials](#)
 - [Prior Authorization Refresher Training materials](#)
 - [Prior Authorization Training materials](#)
 - [DMAHS BH Integration Points of Contact Document](#)

All resources can be found on the [BH Integration Stakeholder Information website](#)

Phase 2 introduction

Discussions and preparation for Phase 2 of BH Integration have started

Services planned for Phase 2

- Adult mental health rehabilitation / mental health supervised residential services
- SUD medically monitored inpatient withdrawal management
- SUD short-term residential
- SUD long-term residential
- Opioid treatment programs (OTPs)

Phase 2 services encompass less providers and members than Phase 1, and many Phase 2 providers have existing experience with managed care

Overview of providers and members affected by Phase 2 transition

- **~38k members** receiving Phase 2 services annually FFS, versus ~150k for Phase 1 services
- **OTP, SUD IP withdrawal management, and short-term residential** are the most utilized services by members
- **~90 unique providers** delivering Phase 2 services FFS, relative to ~1,600 for Phase 1 services
- Significant **overlap in providers offering short-term and long-term** residential services

Most Phase 2 providers already participate with at least one MCO

- **68%** of Phase 2 providers are **already in network** with at least one MCO **for Phase 1 services**
 - **92% of OTPs** were in-network with at least one MCO for Phase 1 services
- **75%** of Phase 2 providers **delivered Phase 2 services for specialty populations** covered by MCOs in 2024
- Majority of **adult mental health rehabilitation and OTP providers** delivered **Phase 2 services via MCO coverage** in 2024

Note: FFS Phase 2 data from 1/1/24-12/31/24. FFS Phase 1 data from CY '23 (pre-integration)

Resources and upcoming meetings

Upcoming stakeholder engagement activities



Providers

June 12: [DMHAS Quarterly Provider meeting](#)

June 17 (10:30am-12pm): Virtual End of Transition Period Provider information session

June 26 (2-4pm): In-person Office Hours

Ongoing: Provider trainings



Members

June: [Bi-weekly Consumer / Advocacy Organization Forums](#), next session on 6/6 (2-2:45pm)

June-July: Regional Health Hub member survey and listening sessions

Ongoing: Stakeholder presentations



Cross-stakeholder

July 17 (10am-12pm): [Medical Assistance Advisory Council](#) meeting

July 25 (10-11:30am): Advisory Hub

Provider resources

BH Integration Stakeholder Information website¹

The [BHI stakeholder website](#) has the following materials for providers and additional resources:

- [Provider guidance packet](#) – updated!
- Prior DMAHS training materials and recordings
- [Behavioral Health Integration Overview and FAQ Pamphlet](#)
- [Provider Phase 1 Implementation FAQs](#)
- End-of-transition period provider guidance document (coming soon)

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 the [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/>

NJSAMS resources and contact information

Prior NJSAMS training resources

The BHI Stakeholder Information website has the following materials from the Nov 2024 PA / NJSAMS training:

- [NJSAMS presentation](#)
- [NJSAMS training recording](#)
- [NJSAMS tutorial video](#)

When to contact IME

Process related issues, e.g.:

- Provider is unsure if PA should be submitted to MCO or IME
- Provider has questions about how to properly complete an NJSAMS admission file

IME contact information:

 imeum@ubhc.rutgers.edu

 844-276-2444

When to contact a member's MCO

MCO communication regarding PA decision, e.g.:

- Provider submitted PA request to MCO and needs clarification on next steps
- Provider has not received response from the MCO in the required time frame

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

When to submit NJSAMS ticket

Technical issues, e.g.,:

- Provider has encountered an error message on their NJSAMS screen
- Provider cannot start a client record due to a data correction issue

To access NJSAMS ticket system, log in, navigate to the Help Menu, and select option for Ticket Management. Note the response time is 72 hours.

Thank you!