



NJ 1115 Waiver Implementation

BH Integration – Provider Presentation

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Medical Assistance and Health Services (DMAHS)

SEPTEMBER 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



DMAHS has extended some transition period flexibilities until at least October 31, 2025

In response to provider concerns and to minimize any risk of disruption of access to care, DMAHS is **temporarily extending some transition period flexibilities**.

As of July 1, 2025:

- Providers must submit prior authorization (PA) requests
 - However, **PAs must be automatically approved and are not being denied for medical necessity**
 - Claims for PA-required services are being denied if no PA is on file with the MCO
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- MCOs have chosen to continue to pay out-of-network providers using Medicaid FFS rates until October 31st
 - These claims must:
 - Be submitted with **no errors**
 - Have a **PA on file for a PA-required service** (*out-of-network PA requirements vary by MCO*)

DMAHS will continue to **assess each MCO's readiness** to determine an **end date for their transition period policies**

Prior authorization requirements for Phase 1 services

✓ - 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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD intensive outpatient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD ambulatory withdrawal management	✓	✓	✓	✓		✓	✓	✓	✓	✓
MH / SUD outpatient counselling 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

Claims and Billing | Common provider errors leading to denials

Error	How to avoid
Incorrect diagnosis or procedure codes	<ul style="list-style-type: none"> Refer to Volume 34, No. 13 of the DMAHS newsletter for the Phase 1 service codes Double-check coding before submission Use software or cross-referencing tools that align diagnosis with procedure codes
☆ Invalid provider tax ID or NPI number	<ul style="list-style-type: none"> Keep a centralized and regularly updated record of provider IDs Use validation checks in the billing system to alert staff if an invalid ID is entered Check MCO-specific NPI requirements for CMS 1500 and CMS 1450 forms
☆ Incorrect insurance coverage or no primary EOB	<ul style="list-style-type: none"> Ensure the primary insurer (e.g., commercial private insurance, Medicare) is billed first prior to billing for Medicaid
Ancillary code submitted without base service code	<ul style="list-style-type: none"> Ensure that all ancillary codes (e.g., mileage) are billed with the base code (e.g., transportation)
Missing taxonomy codes	<ul style="list-style-type: none"> Ensure that all taxonomy codes are correct and included on the claim Work with clearinghouses to confirm that the taxonomy is added when the claim is submitted
Member eligibility	<ul style="list-style-type: none"> Ensure member is enrolled in MCO and eligible for service at service initiation
☆ Duplicate billing	<ul style="list-style-type: none"> Implement billing software that flags duplicate claims before submission Establish a review process to ensure each service is only billed once Regularly check status of submitted claims to avoid resubmission of claims in process
Incomplete claim submission	<ul style="list-style-type: none"> Use a checklist to ensure all required fields are completed Implement Electronic Health Record (EHR) system that flags incomplete sections
Missing prior authorization	<ul style="list-style-type: none"> Submit authorization # on claim when applicable Ensure all services that require prior authorization are pre-approved Utilize automated tracking systems to manage and confirm authorizations

Claims | If you are running into any claims issues, please contact the MCO

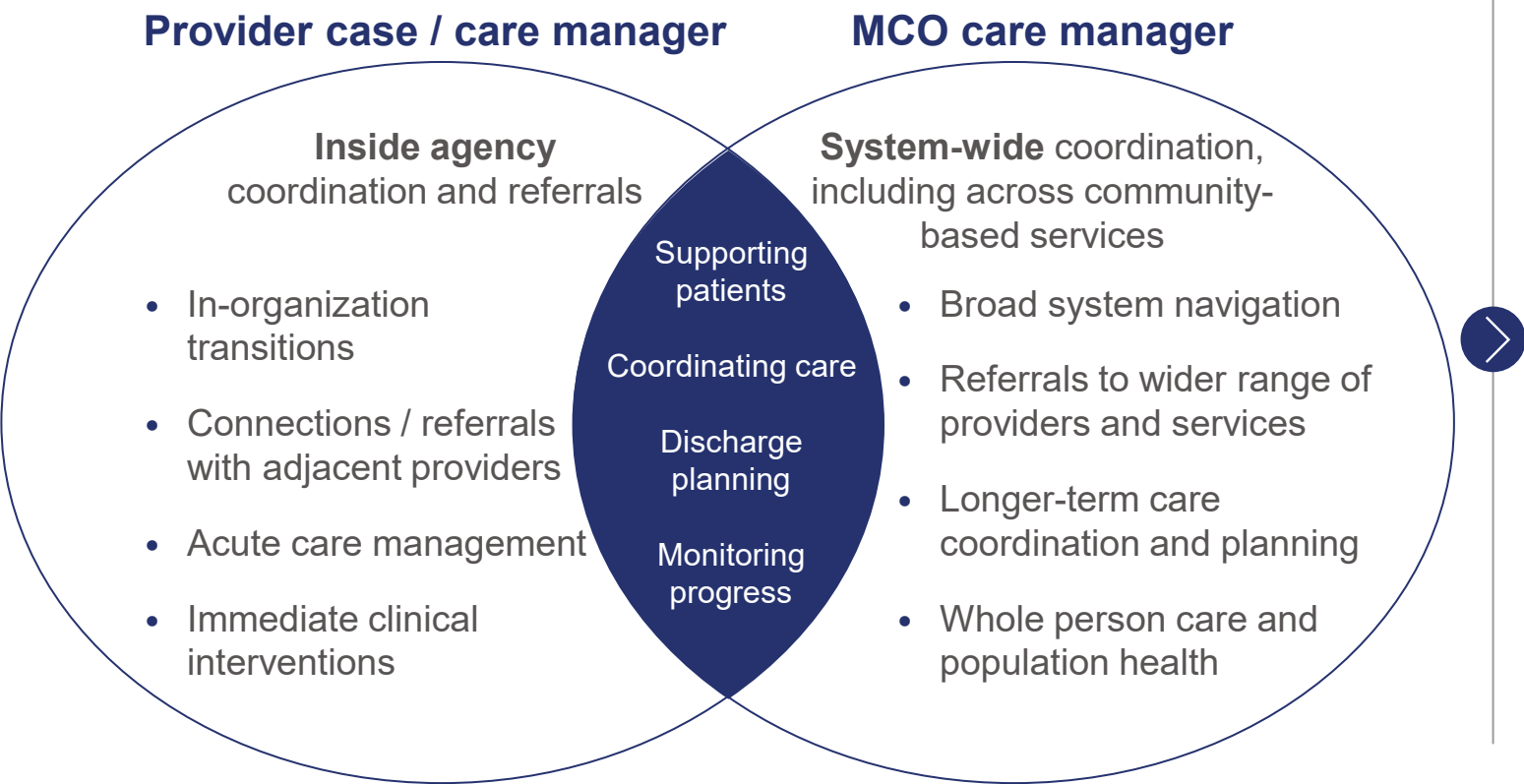
Payer	Claims contact information
Aetna	<ul style="list-style-type: none">• Email: Katelyn.Mignone@Aetna.com• Phone: 1-855-232-3596<ul style="list-style-type: none">- Press * for healthcare provider. Follow prompts for customer service needs.
Fidelis Care	<ul style="list-style-type: none">• Email: FidelisCareNJ_BHClaimInquiry@fideliscarenj.com
Horizon	<ul style="list-style-type: none">• Email: BHMedicaid@horizonblue.com• Phone: 1-800-682-9091
UnitedHealthcare	<ul style="list-style-type: none">• Email: njproviderescalation@optum.com<ul style="list-style-type: none">- After reaching out, providers will be prompted to submit the <i>UHC BH New Jersey Provider Claim Template</i> for claims research to begin
Wellpoint	<ul style="list-style-type: none">• Visit www.Availity.com to submit claims appeals• Phone: 1-800-454-3730 for Provider Services

Network | If you have questions about contracting, credentialing, or single case agreements, 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">- AcamporaD@aetna.com: Atlantic, Monmouth, Ocean- susan.richards3@aetna.com: Bergen, Essex, Hudson- Gregory.Emmanuel@aetna.com: Burlington, Camden, Cape May, Cumberland, Gloucester, Salem- sanchezl7@aetna.com: Hunterdon, Morris, Passaic, Sussex, Warren- Rosanna.Placencia@aetna.com: Mercer, Middlesex, Somerset, Union- Katelyn.Mignone@Aetna.com• 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

Care Management | MCO-led integrated care management improves coordination and monitoring of member care

MCO care managers work with provider case managers to provide system-wide care coordination



Benefits of MCO-led care integration for providers

- + Comprehensive understanding of member's needs
- + Administrative assistance with care coordination
- + Support in managing patients with complex needs
- + Dedicated MCO resource to simplify and support timely referrals
- + Greater ability to focus on clinical care
- + Direct contact to MCOs to help navigate MCO system

Care Management | Key reminders for providers referring members to MCO

Care Management



Members can be **referred** or **qualify** for care management **at any time**



Providers can find MCO referral information in the **provider guidance packet**



MCO contact info can be found on the **back of a member's ID card** to ask about care management

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 [BHI stakeholder website](https://www.nj.gov/humanservices/dmhas/information/stakeholder/) has the following materials for providers and additional resources:

- [Provider guidance packet](#) – updated!
- Prior DMAHS training materials and recordings
- Additional resources with information on program processes



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

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/>