Agenda for Enrollment & Credentialing Training

Enrollment (60 mins)

Topic	Mins
BH Integration and enrollment overview *Lynda, DMAHS*	10
Enrollment process and step-by-step demo *Helen, Gainwell*	30
Enrollment resources and next steps *Shanique, DMAHS*	5
Q&A *Helen, Gainwell + Lynda, Geralyn, Shanique, DMAHS*	15
	60

Credentialing – Process, MCO round-robin and joint Q&A (60 mins)

Topic	Presenter	Mins
Overview of credentialing standards DMAHS to recap overview of key requirements / new standards and high-level process flow for credentialing common across MCOs	*Geralyn, DMAHS*	25
MCO "round robin" Each MCO to introduce their credentialing team, share training info, and give an overview of any MCO specific processes. All MCOs required to submit 4 slides covering this content	*MCO reps*	20 (4 min each)
Full group Q&A Collective Q&A on credentialing for questions that apply across MCOs. • All questions to be submitted via chat with DMAHS moderator to field questions appropriate representatives • MCOs required to provide one representative to answer MCO specific questions • DMAHS to wrap up session with training dates of MCOs	*DMAHS reps*	15
		60

> • MCOs required to host their own credentialing training (separately or as part of end-end provider training)
> • Required to host multiple sessions – e.g., morning and afternoon session to accommodate provider schedules
> • Material for sessions must be shared with DMAHS for approval
> • DMAHS representatives will attend MCO training sessions

NEW JERSEY HUMAN SERVICES

Enrollment and Credentialing

NJ FamilyCare Behavioral Health Integration

SEPTEMBER 25, 2024

Housekeeping
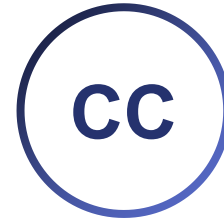
All attendees will enter the meeting on **mute**

Use the **"raise hand"** function if you wish to speak

This meeting will be recorded to act as an ongoing resource

Submit your **questions using the "Q&A" function** and we will compile them

CC

You can **enable closed captions** at the bottom of the screen

Materials and recording will be published and available on DMAHS website

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1 Medicaid Enrollment
09:00 - 10:00

BH Integration & enrollment overview
Lynda Grajeda, Chief of Managed Care Operations, DMAHS
09:00 - 09:10

Enrollment process & step-by-step demo
Helen Ross, Gainwell
09:10 - 09:40

Enrollment resources & next steps
Shanique McGowan, BH Program Manager, DMAHS
09:40 - 09:45

Q&A
DMAHS
09:45 - 10:00

2 MCO Credentialing
10:00 - 11:00

Overview of credentialing standards
Geralyn Molinari, Provider Relations Director, DMAHS
10:00 - 10:25

MCO Round Robin
Aetna, Fidelis, Horizon, UHC, WellPoint
10:25 – 10:45

Full group Q&A
DMAHS
10:45 – 11:00

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NJ FamilyCare/NJ Medicaid has two delivery models

NJ FamilyCare is the name of the Medicaid Program in New Jersey, and includes core Medicaid, the Children's Health Insurance Program (CHIP), and Medicaid expansion populations. Medicaid services are provided through **two delivery models**:

Fee For Service (FFS)

- **Providers bill state** Medicaid directly for services

- Currently, **many behavioral health (BH) services** are billed under FFS for the **general population**, but are shifting to managed care

- In addition to certain services, used for **members not enrolled in a managed care organization (MCO)** and members with **presumptive eligibility**

~5% of NJFamilyCare members covered under FFS only

Managed care

- Services managed by one of **5 MCOs:** Aetna, Fidelis, Horizon, United, WellPoint

- **Providers bill MCOs** for services; MCOs receive funding from state to **coordinate member care** and **offer special services** in addition to regular NJ FamilyCare benefits

- **MCOs responsible** for provider network management, care coordination and care management, utilization management, quality assurance, etc.

~95% of NJFamilyCare members enrolled in an MCO

Overview of NJ Behavioral Health Integration

Context

While, physical health is managed by MCOs, many behavioral health (BH) services are still managed through FFS

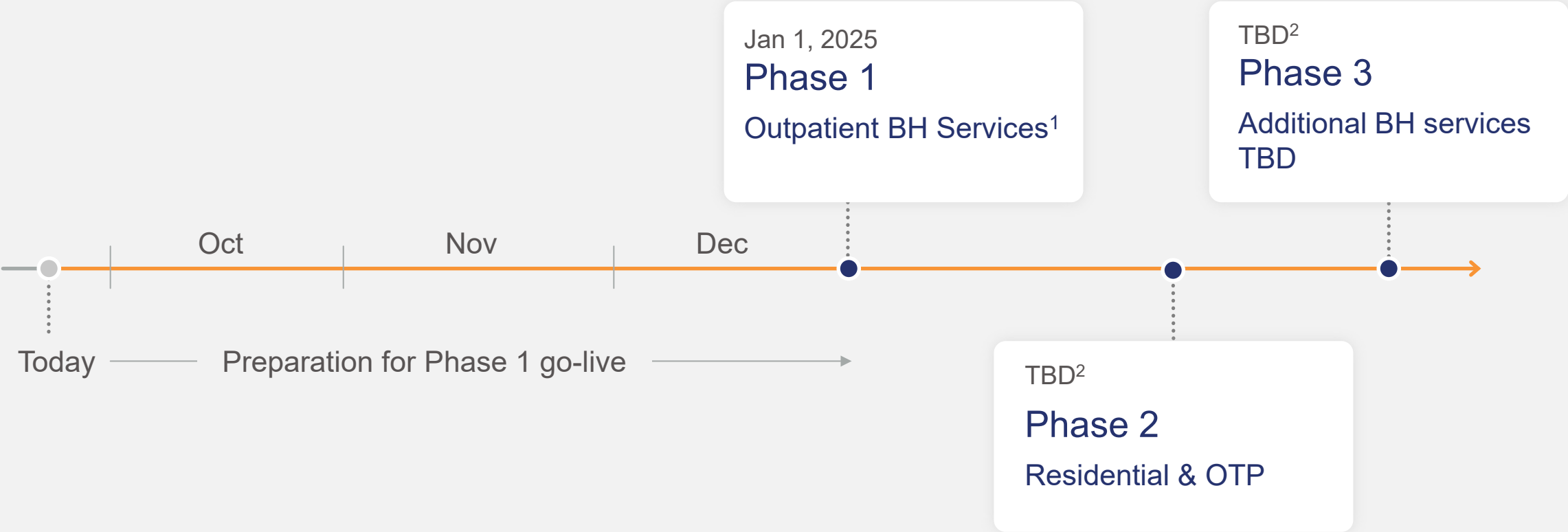BH includes mental health (MH) services and substance use disorder (SUD) services

To prioritize whole-person care where all healthcare services across the care continuum are managed under the same entity, NJ is embarking on BH integration by shifting BH services from FFS to managed care

Goals of BH Integration

- ⭐ **Increase access** to services with a focus on member-centered care

- ⭐ Integrate behavioral and physical health for **whole person care**, with potential to improve healthcare outcomes.

- ⭐ Provide appropriate services for members in the **right setting, at the right time**

Timeline: Less than 4 months to Phase 1 go-live

NJ is taking a phased approach to shifting BH services from FFS to be managed by MCOs, with Phase 1 go-live planned for Jan 1, 2025

Jan 1, 2025
Phase 1
Outpatient BH Services[1]

TBD[2]
Phase 3
Additional BH services TBD

Oct   Nov   Dec

Today — Preparation for Phase 1 go-live →

TBD[2]
Phase 2
Residential & OTP

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Planned services for each phase of BH integration

Phase 1– Outpatient BH[1] Services

- MH outpatient counseling
- MH partial hospitalization
- MH partial care in outpatient clinic
- MH outpatient hospital or clinic services
- SUD outpatient counseling
- SUD intensive outpatient
- SUD outpatient clinic (includes ambulatory withdrawal management)
- SUD partial care

Phase 2 – Residential & OTP

- Adult mental health rehabilitation
- SUD short-term residential
- SUD — medically monitored inpatient withdrawal management
- SUD long-term residential
- Opioid treatment programs (OTP)

Phase 3 – Additional BH Services[2]

Scope of services included in phase 3 is **still being confirmed** but services being considered include:

- Opioid Overdose Recovery Programs (OORPs)
- Psychiatric Emergency Rehabilitation Services (PERS)
- Psychiatric Emergency Screening Services (PESS)
- Behavioral Health Homes
- Community Support Services (CSS)
- Certified Community Behavioral Health Clinics (CCBHCs)
- Children's System of Care (CSOC)

1. Outpatient BH services are currently covered by managed care for members enrolled in MLTSS / DDD / FIDE-SNP programs and will be integrated for general managed care population during Phase 1; 2. Scope and timing of Phase 2 and 3 to be determined after Phase 1 go-live

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Is this session right for you?

✓ **I am brand new to NJ Medicaid**

- Enrollment is first step in NJ Medicaid provider journey

- Must enroll before credentialing with MCOs

❌ **I am enrolled in NJ Medicaid and providing Phase 1 services**

- Do not need to re-enroll with NJ Family Care / NJ Medicaid

- Must credential with the MCOs your members are enrolled in to **ensure continuity of care**[1]

- If you are already credentialed with all 5 MCOs[2], you may not need to re-credential, but you may need to review the terms of your provider contract to ensure all services are included

❌ **I am enrolled in NJ Medicaid and providing only Phase 2 services**

- Do not need to re-enroll with NJ Family Care / NJ Medicaid

- Not yet required to credential with MCOs at this time but we encourage you to do so to

- *Note:* If you are not providing a Phase 1 or Phase 2 service, you are presently unable to enroll or credential

> By end of session, you will be prepared to enroll in Medicaid

> Come back **at 10am** for Part 2 focused on MCO credentialing

1. Providers encouraged to credential with all 5 MCOs; 2. for MLTSS, DDD, or FIDE SNPs
Note: Providers can check their enrollment status by searching the NJMMIS Directory. If provider status is NOT ACTIVE, please call us to clarify your enrollment
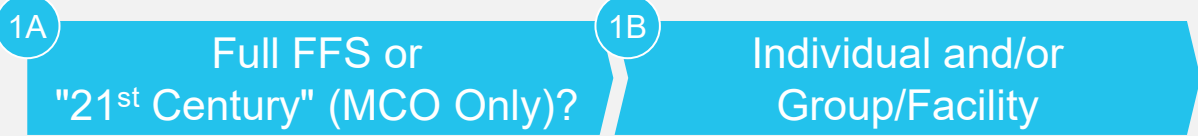
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Enrollment

Process by which healthcare providers **apply and become approved** to deliver services to Medicaid beneficiaries

Goals

⭐ **Access to care:** Establish a network of quality healthcare providers qualified to deliver care to Medicaid members

⭐ **Program integrity:** Prevent fraud, waste, and abuse within the Medicaid program by thoroughly screening providers

⭐ **Promote efficient healthcare delivery:** Enable timely and accurate reimbursement, improve coordination of care and overall efficiency of service provision within the Medicaid network

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Enrollment process: Three steps to enroll in Medicaid

1 Determine your application type

2 Compile documents

3 Submit application

1A Full FFS or "21st Century" (MCO Only)?

1B Individual and/or Group/Facility

- Choose between Full FFS or "21st Century" (MCO Only) application

- Depends on the services you provide

- You may be required to enroll as an individual, group/facility, or both

- Depends on whether you are a "billing provider" and/or a "rendering provider"

- Required to submit information about your practice and background to the state for validation and record-keeping

- Can email, fax, or mail a copy of your enrollment to Gainwell

What do I need to do to enroll? Questions we will answer today

? Do I submit a Full FFS or 21st century application?

? Do I submit an individual and/or a group/facility application?

? What documents will be required to accompany my application?

? How/where do I submit my application?

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Full FFS application gives providers flexibility to bill for more services

Full Fee For Service (FFS)
Full-length application, by provider type

For providers needing the ability to bill **any services FFS, in addition to any MCO billing**

Phase 1 – Outpatient Services

+

Phase 2 – Residential & OTP

+

Phase 3 – Additional BH Services

"21st Century Cures" (MCO Only)
If you are not eligible for Full FFS application

For providers **only** billing for services covered by **managed care** during Phase 1

Phase 1 – Outpatient Services

Cannot bill for any FFS BH services

This includes Phase 2 and Phase 3 services during Phase 1

Note: Refer to slide 8 for list of BH services included in each phase

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Separate applications for enrolling as an individual or as a group / facility

	Full Fee For Service	"21st Century Cures" (MCO Only)
	Application varies by provider type	Application independent of provider type
Individual *For licensed practitioners to enroll and be approved to bill Medicaid individually*	Application **by provider type**, including[1]: • Advanced Practice Nurse – Individual • Physician – Individual • Psychologist – Individual	**One application[2]** 21st Century – Individual
Group / Facility *For administrators to enroll an entity to be approved to bill Medicaid*	Application **by provider type**, including[1]: • Adult Mental Health Rehab • Advanced Practice Nurse – Group • Community Support Service • Independent Clinic • Prevention Agency • Psychiatric Hospital • Psychologist – Group • Residential Treatment Centre	**One application[2]** 21st Century – Group

1. List not exhaustive; 2. Note that filing a 21st Century application limits the provider to bill for services covered by managed care during phase 1

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Individual practitioners may need to enroll as an individual, with a group / facility, or both, depending on billing and rendering status

Billing provider

The provider who **directly bills** Medicaid entity (FFS or MCO) for reimbursement of services

Listed as "billing provider" on claim

Rendering provider

The provider who **delivers or oversees the service** to the member.[2]

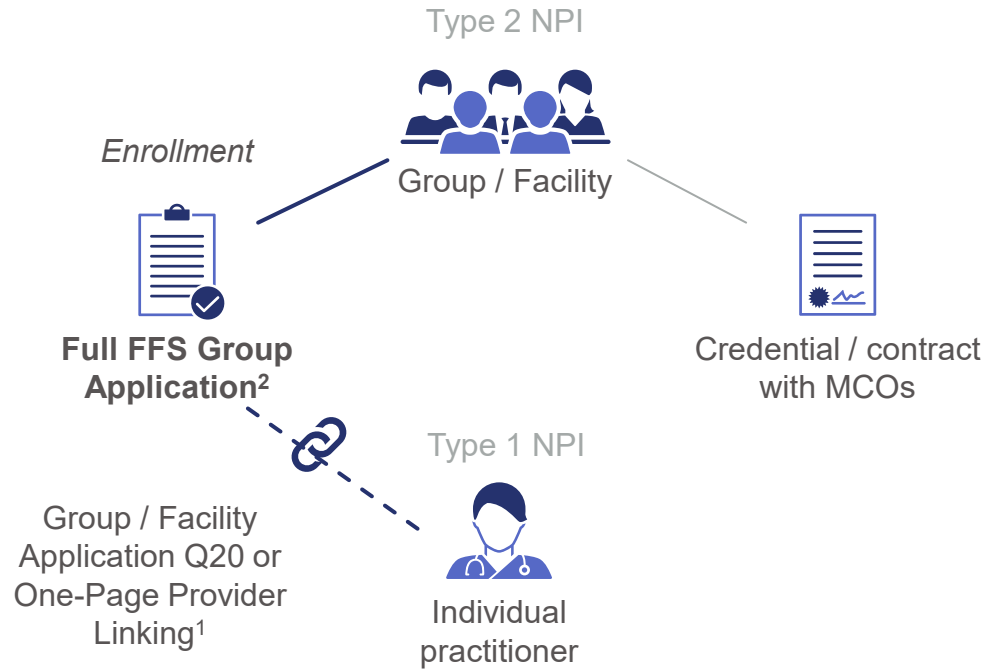Will be listed as the "rendering / attending provider" on claim

Scenario		Requirements	Example
A	Always billing and rendering provider	**Enroll as individual**[1] with your SSN and Type 1 NPI	Independent providers who provide services in private practice, billing under Type 1 NPI / SSN
B	Always rendering provider only i.e., billing under a separate entity	Must be linked to an **enrolled group / facility** *– detail follows*	Providers who provide services within an agency, hospital, clinic, or group practice, billing under entity's Type II NPI / EIN
C	Sometimes billing provider, sometimes rendering only	Enroll as individual **AND** be linked to an enrolled group / facility	Providers who provide services within an agency but also in private practice

1. Must be fully licensed to enroll individually. For BH, eligible provider types to enroll individually include Psychiatrists, Psychologists, Neuropsychologists, Advanced Practice Nurses (APNs), Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs);
2. If billing with UB04, the attending provider is deemed to deliver the service to the member. For the purposes of determining enrollment see requirements for "rendering provider"
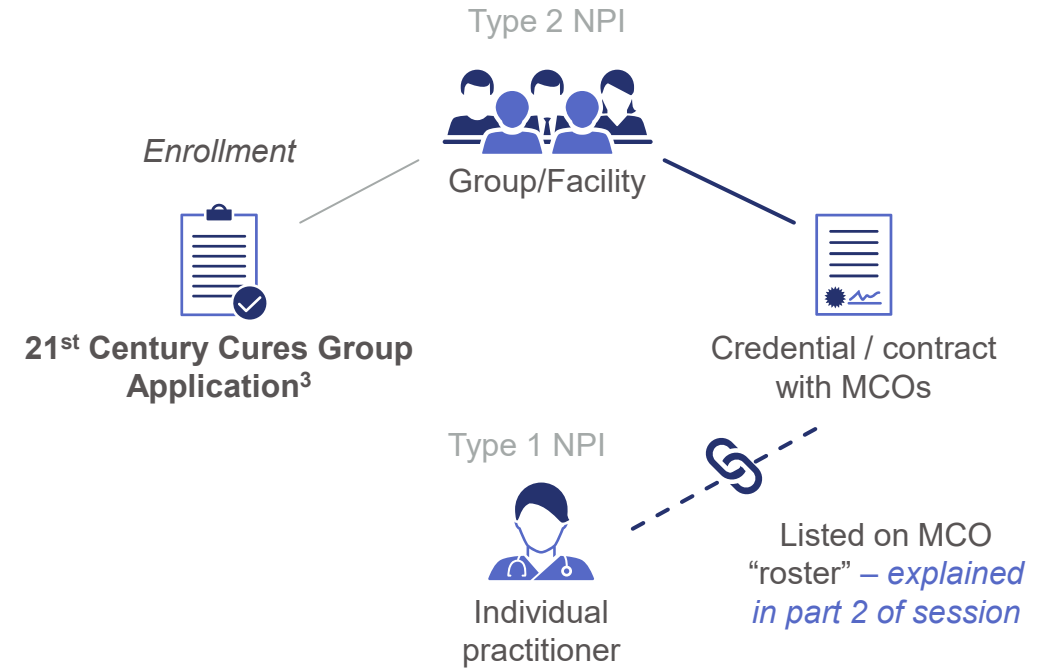
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Individual practitioners: Linking different for Full FFS and 21st century

Full Fee For Service application

Type 2 NPI

Enrollment

Group / Facility

Full FFS Group Application[2]

Credential / contract with MCOs

Group / Facility Application Q20 or One-Page Provider Linking[1]

Type 1 NPI

Individual practitioner

Link with group / facility made via **Q20 of Group Application** or **One-page group provider linking[1]**

"21st Century" (MCO Only) application

Type 2 NPI

Enrollment

Group/Facility

21st Century Cures Group Application[3]

Credential / contract with MCOs

Type 1 NPI

Individual practitioner

Listed on MCO "roster" – *explained in part 2 of session*

Link with group / facility **not done through enrollment** process

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Individual practitioners: Which enrollment application(s) do I need to submit?

May need to enroll as an individual **and/or** be linked to a group / facility depending on your billing / rendering status and services you provide

		Full FFS Ability to bill any BH services FFS + MCO services	**"21st Century" (MCO Only)** Ability to bill Phase 1 MCO services only
Billing / rendering status	**A** Always billing provider	Full FFS – Individual	21st Century – Individual
	B Sometimes billing provider	Full FFS – Individual **+** Linked to Group / Facility[1]	21st Century – Individual
	C Never billing provider, rendering provider only	Linked to Group / Facility[1]	*N/A –* *No linking through enrollment[2]* *Linking through credentialing* *If not known to Medicaid, may need to enroll individually in order to credential*

Non-rendering providers (*e.g., an unlicensed provider who practices under supervision*) are not required to enroll

1. Rendering providers who are individually enrolled in Medicaid can be added to an existing group using the "One-Page Group Provider Linking Application" to link their individual Medicaid ID with the group ID. If the rendering provider does not have a Medicaid ID (i.e. not individually enrolled) then a full group application must be submitted for an existing group with the individual provider listed on question 20; 2. There is no way to link individual rendering providers to 21st Century Groups

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Group/Facility: Which enrollment application (s) do I need to submit?

A group / facility is required to submit a Full FFS Group or 21st Century Group application. Groups **can have just one or more** rendering providers, and may be **required to link them** during enrollment[1]

	Full FFS Able to bill any BH services FFS + MCO services	**"21st Century" (MCO Only)** Able to bill Phase 1 MCO services only
Application	Full FFS – Group/Facility[1]	21st Century – Group[1]
Requirements to link individuals with group	New group List individual providers on **Q20 of Group Application**: • All rendering providers • If "Group of 1," list yourself using Type 1 NPI Existing group Link additional rendering providers: • With Medicaid ID: **One Page Group Provider Linking** form[2] • Without Medicaid ID: **Q20 Group Application**[3] Not required to list non-rendering providers (e.g., an unlicensed provider who practices under supervision)	**Not linking through enrolment** No way to link individual rendering providers to 21st Century Groups via enrollment process. Instead, linking occurs through the credentialing / contracting process – *discussed in part 2 of training*

1. Note if the group administrator is also the sole provider they will have file an individual application also; 2. The One-page group provider linking form (FD-23A) can only be used by groups when adding a provider who is already enrolled with Medicaid (i.e. has a Medicaid #), otherwise a full group application must be filed again for an existing group – can select existing group on form - with the individual provider listed on question 20; 3. Submit as existing group

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Compile the relevant documents

A high-level, non-exhaustive summary of key documentation requirements is below, but providers are encouraged to review the application specific to your provider type

All applications

Not exhaustive

Information to compile:
- [ ] NPI – if you do not have an NPI, can create one via NPPES
- [ ] TIN (SSN or EIN)[2]
- [ ] License number
- [ ] Address

Forms:
- [ ] Disclosure of ownership and control interest statement[1]
- [ ] Signature authorization form
- [ ] Provider agreement

➕

Individual

- [ ] Copy of medical license, board certification and registrations, DEA drug permits
- [ ] Copy of VOID CHECK (for billing provider)

Group / Facility

- [ ] Copy of 147C or IRS CP-575
- [ ] Copy of license and certification (where applicable)
- [ ] Copy of VOID CHECK or Blank Letter (for billing provider)

Note: All providers enrolling in Medicaid must undergo a criminal history background check;
Some providers/business owners must also undergo fingerprinting; you will be notified by the state if so

1. Not required for 21st Century Individual application; 2. Clinics do not require SSN

Medicaid enrollment demo

https://www.njmmis.com/providerEnrollment.aspx

Submit application to Gainwell to complete process

Compile your enrollment application

Email, fax, or mail to Gainwell – *only one*

njmmisproviderenrollment@
gainwelltechnologies.com

609-584-1192

Gainwell Technologies Provider
Enrollment P.O. Box 4804
Trenton, NJ 08650

Application + **Required documents**

Estimated processing time = 15 business days

Register for upcoming sessions

Oct 24

[Claims](#)

Overview of standards + rate policy of FFS rate floor

Dec 5

[Office Hours](#)

Opportunity for providers to drop-in and ask MCOs / DMAHS questions

Sep — Oct — Nov — Dec — Jan

Today

Oct 16

[Achieving Success with Managed Care](#)

Provide BH providers with info and advice to successfully work with managed care

Nov 21

[Prior Authorization & NJSAMS](#)

Overview of standards + Transitional PA policies and which services require PA

Phase 1 Go-Live

Click on [link to register for training](#)

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Next steps and key contact information

Next steps

① Review DMAHS Enrollment Guidance as part of forthcoming provider readiness packet

② Reach out to DMAHS or Gainwell if you have any enrollment questions

③ Enroll in NJ Medicaid / NJFamilyCare

Contact information

DMAHS for general enrollment questions

Dmahs.behavioralhealth@dhs.nj.gov

[Behavioral Health Integration Stakeholder Information](#)

Gainwell for questions related to NJMMIS

609-588-6036

[njmmisproviderenrollment@gainwelltechnologies.com](#)

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Questions

We are taking a short break and will be back at 10am ET

1   Medicaid Enrollment

09:00 - 10:00

BH Integration & enrollment overview

Lynda Grajeda, Chief of Managed Care Operations, DMAHS

09:00 - 09:10

Enrollment process & step-by-step demo

Helen Ross, Gainwell

09:10 - 09:40

Enrollment resources & next steps

Shanique McGowan, BH Program Manager, DMAHS

09:40 - 09:45

Q&A

DMAHS

09:45 - 10:00

2   MCO Credentialing

10:00 - 11:00

Overview of credentialing standards

Geralyn Molinari, Provider Relations Director, DMAHS

10:00 - 10:25

MCO Round Robin

Aetna, Fidelis, Horizon, UHC, WellPoint

10:25 – 10:45

Full group Q&A

DMAHS

10:45 – 11:00

Credentialing

The process by which MCOs verify and assess the **qualifications**, **experience**, and **professional background** of healthcare providers who wish to join their network

Goals

⭐ **Patient safety:** Ensure providers have the appropriate qualifications to deliver safe and effective care

⭐ **Network adequacy:** Build and maintain a provider network to ensure members have adequate access to care

⭐ **Monitoring:** Give MCOs and State visibility into the composition of the provider network

Contracting is different than credentialing

Credentialing

The process by which MCOs **verify and assess** the qualifications, experience, and professional background of healthcare providers who wish to join their network

Contracting

The process of establishing a **formal agreement** between the healthcare provider and the MCO, defining the **terms and conditions** under which the provider will **deliver** healthcare **services** to the MCO's members

Providers must contract with MCOs in addition to credentialing

☆ Horizon requires contracting before credentialing

☆ Other MCOs conduct processes simultaneously (Aetna, Fidelis, United[1], and WellPoint)

☆ Providers should work with contracting teams at each MCO to confirm and initiate contracting process

1. For United, facilities treated differently, and some require contracting before credentialing

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New DMAHS contracting requirements improve credentialing for providers

MCOs must process **complete credentialing applications within 60 days**, reduced from 90 days

MCOs **must integrate information from the third-party platform CAQH** into the credentialing process, reducing provider burden by streamlining data entry

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Credentialing process: Four steps to credential

1 Select MCOs you want to credential with

2 Check if you need to credential with MCO and/or be listed on roster

3 Compile relevant information & documents

4 Submit credentialing application(s)

Contract with MCO(s)

Step 1 – Select MCOs you want to credential with
- To continue providing Phase 1 BH services to your Medicaid members, you (or your entity) must be credentialed with each MCO your members are in
- Joining an MCO is your choice, but providers are encouraged to credential **with all** MCOs to ensure member access

Step 2 – Check if you need to credential with MCO and/or be listed on roster
- Credentialing is done separately by each MCO
- Approach is different for individuals / groups vs. facilities / agencies
- Depending on the MCO and your license type, you may need to credential as an individual, and/or be listed on a roster

Step 3 – Compile relevant information & documents
- Credentialing requires validating multiple types of data about a provider
- NJ state standards provide minimum requirements, but some MCOs may have additional requirements
- Make your CAQH profile if you haven't yet

Step 4 – Submit credentialing application(s)
- Submit application electronically through individual MCO portals
- Paper applications may be available upon request from certain MCOs – can also submit via fax or mail

Contract with MCO(s)
- ! Credentialing does not replace the need to contract with each MCO

Questions we will answer today

? Who do I need to credential with?

? Do I need to credential individually and/or be listed on a roster?

? What information and documents will I be required to provide?

? How do I submit my application?

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We encourage you to participate with all five MCOs to ensure member access

NJ **requires all MCOs** to attempt to **contract and credential with all active FFS providers providing Phase 1 services** ahead of go-live[1]

Participation with all five is recommended, as members may change MCOs over time

aetna

FIDELIS CARE®

Horizon

United Healthcare

Wellpoint

Following provider types must credential and contract with all 5 MCOs[2] :

- Psychiatrists
- Advanced Practice Nurses (including Psychiatric Nurses)
- Physician Assistants
- Psychologists (including Neuropsychologists)
- Licensed Clinical Social Workers (LCSW)
- Licensed Marriage and Family Therapists (LMFT)
- Licensed Professional Counselors (LPC)
- Licensed Clinical Alcohol and Drug Counselors (LCADC)

1. Each MCOs may have different credentialing requirements depending on provider type; and you may not have to credential; MC Os need to set up single case agreements with any active FFS providers that they are unable to credential/contract for whatever reason; 2. Facilities are credentialed separately to individuals and are not credentialed by specialty

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2

Credentialing is typically different for individuals / groups vs. facilities / agencies

	Individuals / Groups	Licensed Facility / Agency
Who this applies to	• Independent practitioners and/or multiple providers practicing in a group practice	• A licensed healthcare location, such as a hospital, outpatient clinic or home health agency
Credentialing requirements	• Credential individually using Type 1 NPI	• Credential as an entity using Type 2 NPI – at Facility / Agency level
Rostering requirements	• Groups may be required to list licensed individuals and OBAT navigators on group roster	• May be required to list all licensed practitioners and peers on facility / agency roster
Network Directory	• Listed individually on MCO network directory	• Only Facility / Agency listed on MCO network directory. If individuals want or need to be listed, **must credential individually**

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Compile the relevant information and documents

Not exhaustive

A high-level, non-exhaustive summary of information and documentation that must be submitted is below, but providers are encouraged to review the application specific to your provider type and the specific requirements of each MCO

NJ state standards require validation of (at a minimum):

- ❑ **Licensing:** E.g., valid license to practice, data from licensing board
- ❑ **Experience:** E.g., relevant degree, completion of residency/post-grad training as applicable
- ❑ **Liability, sanctions and insurance:** E.g., professional liability claims history, malpractice insurance, past sanctions
- ❑ **Provider health:** E.g., any physical/mental health condition that affects ability to provide care, history of SUD
- ❑ **Attestations:** Completeness and correctness of application

+

Additional MCO requirements for Individual providers

- ❑ TIN/NPI
- ❑ Servicing location(s)
- ❑ Disclosure of ownership
- ❑ Special needs/Aged Blind or Disabled (ABD) form indicating experience with specialty populations
- ❑ Background check when applicable
- ❑ Americans with Disabilities Act (ADA) survey / attestation

Additional MCO requirements for Facility / Agency

- ❑ Americans with Disabilities Act (ADA) survey/attestation
- ❑ Certificate of facility insurance
- ❑ Copies of state license(s) for each service location
- ❑ Accreditations from an approved accrediting body
- ❑ Facility roster[1]
- ❑ Background check when applicable

1. Roster requirements vary by MCO. Not all MCOs require rostering (e.g., Horizon)

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Providers can use CAQH Data Portal to reduce administrative burden

New standards require MCOs to integrate CAQH

- CAQH Provider Portal allows providers to **create a profile**, storing information about provider education, work history, training, licenses, insurances, etc.

- NJ State recently introduced a standard requiring **all MCOs to accept CAQH** and to integrate information from CAQH into their credentialing processes

- Providers only need to enter this information once into CAQH to have it flow to all five MCOs

> **Note:** Providers must grant **each MCO** access to their CAQH profile

Create your CAQH profile **now!**

Visit the CAQH Registration Portal

For more info, review CAQH Provider User Guide

All providers, except physicians, must submit separate applications to each MCO

To apply, visit each MCO provider portal or website

[Aetna link](#) [Fidelis link](#) [Horizon link](#) [UHC link](#) [WellPoint link](#)

Paper applications for each MCO can be requested from the MCO website or MCO credentialing representative

For submission requirements, please refer to each MCO

Exception: Physicians

Physicians have the option to submit a single application that can be used across all five MCOs.

[NJ Universal Physician Credentialing Form Link](#)

Note: Physicians can still choose to submit separate applications through each MCO portal

MCO Round Robin

4 mins x 5 MCOs

- Introduce credentialing team

- Overview of MCO specific processes

- Share training information / additional resources

aetna

Aetna Better Health of NJ (ABHNJ)

Tahnee Garay
Director, Regulatory Affairs

ABHNJ | Meet our Contracting & Credentialing Team

Angelica Miranda

Kim Lees

June Delina-Parkes

Bree Lange
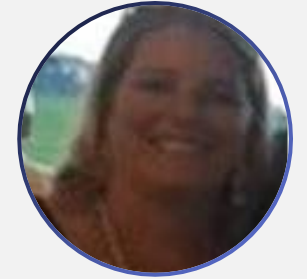
Jessica Barbale

- Contracting
- Recruitment
- Project Management

- Credentialing
- Primary Source Verification
- Document Validation

ABHNJ | Overview of our contracting and credentialing process

How to Join our Network

1. Please email a Letter of Intent and W9 to one of our dedicated ABHNJ Network team at:
   - Angelica Miranda: mirandaa2@aetna.com
   - Kimberly Lees: LeesK1@aetna.com
   - June-Delina Parkes: parkesj@aetna.com

2. ABHNJ Network Team Emails Provider the application and templates:
   - Individual/Group billing on CMS 1500 or Facility billing UB04

3. Providers submits via email the completed credentialing documentation package:

Application	Disclosure Statement	Certificate of Insurance	Employment Attestation
W9 Form	Business License	Special Needs Survey	Provider Roster (if applicable)

Requirements

- All licensed Behavioral Health providers require contracting and credentialing
- Any Behavioral Health Provider that will be billing, listed in the Provider Directory, or rendering services to ABHNJ Members must be listed on the roster
- Background checks are per State requirements

Timing

- ABHNJ conducts the credentialing and contracting process simultaneously
- Upon receipt of a clean package, the full contracting and credentialing process takes approximately 60 days for completion

NEW JERSEY HUMAN SERVICES

ABHNJ | Credentialing and rostering requirements

Individuals / Group

Mary — Fully licensed
- B: Type 2 NPI/EIN
- R: Type 1 NPI

James — Licensed under supervision[1]
- B: Type 2 NPI/EIN
- R: **Type 1 NPI of supervisor** or Type 2 NPI

Alex — OBAT navigator
- B: Type 2 NPI/EIN
- R: **Type 1 NPI of OBAT prescriber**

Sarah — Not licensed
- B: Type 2 NPI/EIN
- R: **Type 1 NPI of supervisor** or Type 2 NPI
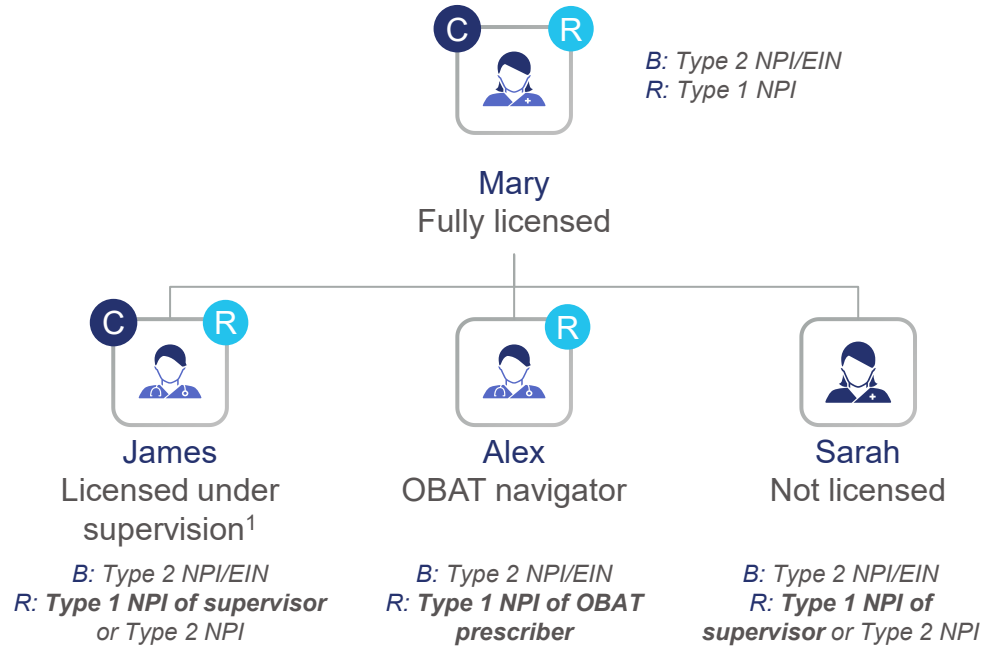
- Require licensed practitioners (including licensed under supervision) to individually credential
- Providers without full license can submit claims with supervisor or group as rendering provider; supervisor is preferred
- Must include fully licensed, licensed under supervision and OBAT navigators on group roster

Licensed Facility / Agency

Mary — Fully licensed
- B: Type 2 NPI/EIN
- R: Type 2 NPI/EIN[2]

James — Licensed under supervision[1]
- B: Type 2 NPI/EIN
- R: Type 2 NPI

Alex — OBAT Navigator
- B: Type 2 NPI/EIN
- R: **Type 1 NPI of OBAT prescriber**

Sarah — Not licensed
- B: Type 2 NPI/EIN
- R: Type 2 NPI
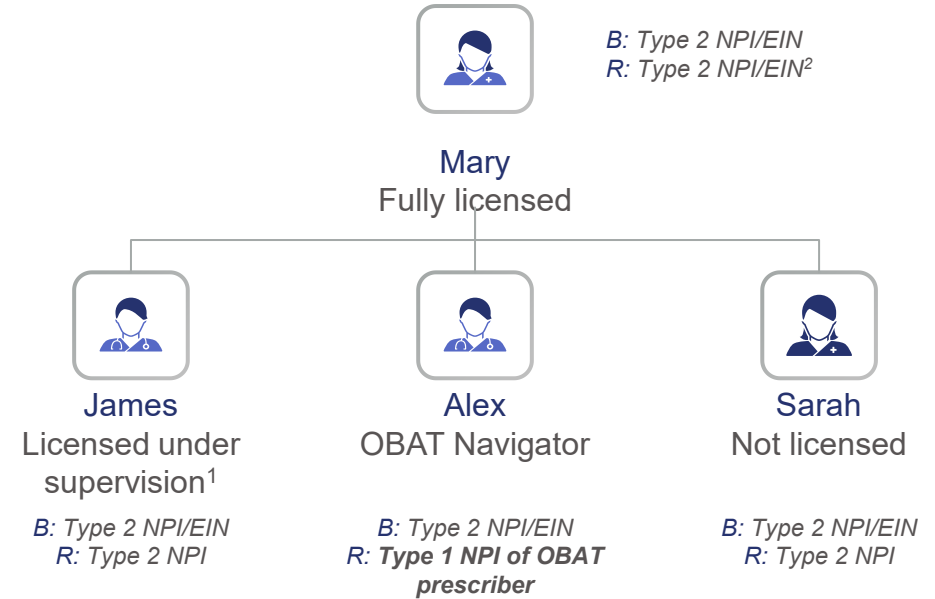
- Credential at the Facility/Agency level; do not credential individually
- If billing with CMS 1500, use Facility Type 2 NPI as rendering; however, UB04 billing is preferred
- No rostering of individuals associated with facility/agency
- Only facility/agency shown in network directory; individuals only shown if they are individually credentialed

1. For BH this includes Licensed Social Workers (LSW), Licensed Associate Counselors (LAC), and Licensed Associate Marriage and Family Therapists (LAMFT); 2. Some facility contract alignments allow for Type 1 NPI providers to bill as rendering on facility claims. Check your specific contract or with contract manager for this information

C Organization credentialed   **C** Individually credentialed   **R** Listed on roster

ABHNJ | Upcoming trainings and resources

Upcoming trainings

Behavioral Health Provider training geared towards the BH Carve-in commences at **12:00 pm EST** as follows:

- Wednesday, October 9, 2024
- Wednesday, October 23, 2024
- Wednesday, November 6, 2024
- Wednesday, November 20, 2024
- Wednesday, December 11, 2024
- Wednesday, January 15, 2025

To register, please submit via this registration link: [BH Training Registration](#)

Additional resources

- [Join Our Provider Network | Aetna Medicaid New Jersey (aetnabetterhealth.com)](#)

- [ABHNJ Provider Quick Reference Guide](#)

- [ABHNJ Provider Manual](#)

- [ABHNJ Provider Training & Orientation](#)

NEW JERSEY HUMAN SERVICES

Kate Mignone
Supervisor, Contract Support

Fidelis Care NJ | Meet our credentialing team

Joel Scott
Sr. Director, Business Ops

- Provider Data Enrollment & Credentialing

Nicole Ferguson
Sr. Manager

- Credentialing & Re-Credentialing
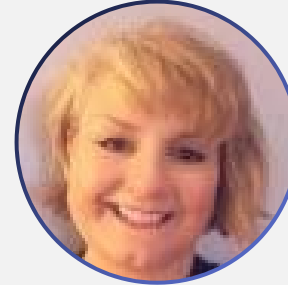
Tina Launhardt
Sr. Manager

- Quality, Compliance, On-going Monitoring & Audit

Christina Hesser
Manager

- Quality, Credentialing Committee, Policies & Procedures, Audit

Fidelis Care NJ | Overview of our credentialing process

How to apply	• To join our network, complete this form: [Become a Provider (fideliscarenj.com)](fideliscarenj.com) • Credentialing takes **15 days & under** for clean files • Providers can **submit all application** & credentialing items to Evelyn.Mora@fideliscarenj.com or Michael.Czajkowski@fideliscarenj.com; or to our corporate email (for re-credentialing): facilitycred@centene.com
Requirements for credentialing and listing providers on roster	• We require **all Licensed Behavioral Health Practitioners** to credential with us, unless they are hospital based or practitioners who practice exclusively in free standing facilities and provide care to our members only because they are directed to that facility. These practitioners are suppressed from our Directory. • We accept **CAQH for individuals** & **Ancillary Application for facilities**. • For a copy of our roster template, please email Evelyn.Mora@fideliscarenj.com or Michael.Czajkowski@fideliscare.com .
Documentation & background checks	• In addition to documentation required by the State, we also require a **completed Disclosure of Ownership Form** • We require **background checks for MLTSS Providers**
Contracting	• Contracting is done prior to credentialing-our practitioners and providers are loaded as non-par and flipped to par as soon as credentialing has been completed and approved. • Once the fully executed contracted is signed via ADOBE by the provider and Fidelis Care CEO, it is sent with the credentialing packet

NEW JERSEY HUMAN SERVICES

Credentialing Overview

Application Access

Where to Apply: Health Plan Provider Website

Application Types:

- **CAQH** (Centralized Application)
- Core Practitioner Application
- **Enrollment Team:** Facility Application
- **Email for Re-Credentialing:** facilitycred@centene.com

Additional Credentialing Requirements

- **Documents:** Disclosure of Ownership Form
- **Background Checks:** Required for MLTSS Providers

Average Turnaround Time:

- 15 days or less (for clean files)

Timing

- Contracting is completed prior to credentialing. Practitioners/providers are initially loaded as non-par and then converted to par upon credentialing approval.

Application Submission Methods

- **Online:** CAQH
- Enrollment Team
- **Facilities Email:** facilitycred@centene.com

Provider Types & Credentialing Requirements

- **Required:** All Licensed Behavioral Health Practitioners

- **Not Required:** Hospital-based practitioners or those in free-standing facilities with limited member interaction (Suppressed from Directory)

NEW JERSEY HUMAN SERVICES

Fidelis Care NJ | Credentialing and rostering requirements
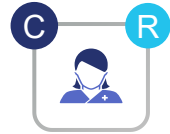
Individuals / Group

Mary
Fully licensed

- **C** / **R**
- B: Type 2 NPI/EIN
- R: Type 1 NPI

James
Licensed under supervision[1]

B: Type 2 NPI/EIN
R: Type 1 NPI of supervisor

Alex
OBAT navigator

- **R**
- B: Type 2 NPI/EIN
- R: Type 1 NPI of OBAT prescriber

Sarah
Not licensed

B: Type 2 NPI/EIN
R: Type 1 NPI of supervisor

- No credentialing at the group level; only contracting as a group
- All fully licensed practitioners required to individually credentialed whether practicing independently or in a group
- Do not require credentialing or rostering of individuals licensed to practice under supervision
- Only group and fully licensed practitioners shown in network directory

Licensed Facility / Agency

C

Mary
Fully licensed

- **R**
- B: Type 2 NPI/EIN
- R: Type 2 NPI

James
Licensed under supervision[1]

B: Type 2 NPI/EIN
R: Type 2 NPI

Alex
Peers

- **R**
- B: Type 2 NPI/EIN
- R: Type 2 NPI

Sarah
Not licensed

B: Type 2 NPI/EIN
R: Type 2 NPI

- Credential at facility/agency level by location using ancillary application
- Facility/agency must hold state license (although some exceptions)
- Fully licensed practitioners and Peers must be included on roster; and may simultaneously be on a group roster
- Only facility/agency shown in network directory; Individuals will be shown only if credentialed separately

1. For BH this includes Licensed Social Workers (LSW), Licensed Associate Counselors (LAC), and Licensed Associate Marriage and Family Therapists (LAMFT), Licensed Alcohol Drug Counselor Assistant (LADC-A)

C Organization credentialed   **C** Individually credentialed   **R** Listed on roster

Fidelis Care NJ | Upcoming trainings and resources

Upcoming trainings

Nov 7 10:00 AM	Behavioral Health Integration Overview	Par & Non Par BH Providers	(Join Meeting)
Nov 26 4:00 PM	Behavioral Health Integration Overview	Par & Non Par BH Providers	(Join Meeting)
Dec 5 9:00 AM	Behavioral Health Integration Overview	Par & Non Par BH Providers	(Join Meeting)
Dec 16 3:00 PM	Behavioral Health Integration Overview	Par & Non Par BH Providers	(Join Meeting)
Jan 7 10:00 AM	Behavioral Health Integration Overview	Par & Non Par BH Providers	(Join Meeting)
Jan 30 3:30 PM	Behavioral Health Integration Overview	Par & Non Par BH Providers	(Join Meeting)

Additional resources

Fidelis Care NJ BH Team:
- Provider Network Specialist: Melanny.Zerna@fideliscarenj.com
- Contract Negotiator II: Evelyn.Mora@fideliscarenj.com
- Contract Negotiator I: Michael.Czajkowski@fideliscarenj.com
- Supervisor, Contract Support: Katelyn.R.Mignone@fideliscarenj.com
- Snr Dir, Population Health & Clinical Ops: Lisa.Dolmatz@fideliscarenj.com
- Manager, Behavioral Health: David.Houston@fideliscarenj.com

For further information on credentialing with us, please contact the corporate team:
- Jessica Torres, Initial Credentialing Manager: jessica.e.torres@centene.com
- Stephen Johnson, Re-Credentialing Manager: stephen.johnson@centene.com
- Recredentialing: recred-corporate@centene.com

Links:
- Fidelis Care Provider Manual
- Fidelis Care Quick Reference Guide
- New Provider Portal Training
- Behavioral Health Virtual Provider Training
- Provider Portal

NEW JERSEY HUMAN SERVICES

Lauren Woods
Manager, BH Network

Horizon NJ Health | Meet our credentialing team

Lucia Buongiorno

Network Executive II

- Team's responsibilities include collection and review of practitioner applications and supporting documents.

Jill Volarich

Network Executive

- Completion of Primary Source Verification of practitioner and ancillary applications

Denise Mizell

Director, BH Network

- Oversight for overall management/adequacy of BH network
- Assure coordination between network management and network operations to support timely credentialing of practitioners and providers.
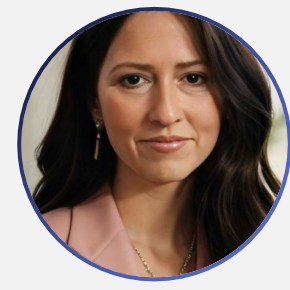
Lauren Woods

Manager, BH Network

- Oversight of Recruitment and Provider Education on Credentialing and Contracting processes

Horizon NJ Health | Overview of our credentialing process

How to apply
- Information on the credentialing process can be located on our website at: https://www.horizonblue.com/providers/why-join/join-our-networks
- Practitioners can submit applications through our online **enrollment tool or via postal mail**. We accept CAQH applications or the NJ Universal Physician Application
- Licensed agencies being credentialed as an ancillary facility submit applications directly to their Ancillary Contracting Specialist
- The credentialing process can take **up to 60 days** from the date we receive a complete application

Requirements for credentialing and listing providers on roster
- If billing through a group or private practice, each practitioner must complete the credentialing process
- All professional providers complete the same credentialing application, regardless of specialty
- All licensed agencies being credentialed as ancillary facilities complete the same application, regardless of licensed services.
- Horizon does not require roster submissions for providers

Documentation & background checks
- No additional documentation is required above the State's requirements
- Background checks are not required

Contracting
- Signed contracts are required to be submitted with credentialing applications for both professional and facility participation.
- The effective date is the 1st of the month following the completion of credentialing
- Practitioners who have a private practice should submit an individual agreement. Groups should submit a group agreement and ancillary (licensed agencies) will be contracted through a facility agreement

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | Credentialing and rostering requirements

Individuals / Group

Mary
Fully licensed

B: Type 2 NPI/EIN or Type 1 NPI/SSN
R: Type 1 NPI

James
Licensed under supervision[1]

Supervised billing not permitted

Alex
OBAT navigator

B: Type 2 NPI/EIN
R: Type 1 NPI of supervisor

Sarah
Not licensed

Supervised billing not permitted

- No credentialing at the group level; only contracting as a group
- All fully licensed practitioners required to individually credentialed whether practicing independently or in a group
- Supervised billing not permitted for groups
- OBAT navigators require attestation during contracting or after
- Only fully licensed practitioners shown in network directory

Licensed Facility / Agency

Mary
Fully licensed

B: Type 2 NPI/EIN
R: Type 2 NPI

James
Licensed under supervision[1]

B: Type 2 NPI/EIN
R: Type 2 NPI

Alex
Peers

B: Type 2 NPI/EIN
R: Type 2 NPI

Sarah
Not licensed

B: Type 2 NPI/EIN
R: Type 2 NPI

- Credential at facility/agency level by location using ancillary application
- Facility/agency requires appropriate license based on level of care (e.g., NJ state license) in order to credential
- No rostering of individuals
- Only facility/agency shown in network directory; Horizon may reach out to facility/agencies in special circumstances to list individuals

1. For BH this includes Licensed Social Workers (LSW), Licensed Associate Counselors (LAC), and Licensed Associate Marriage and Family Therapists (LAMFT), Licensed Alcohol Drug Counselor Assistant (LADC-A)

C Organization credentialed   **C** Individually credentialed   **R** Listed on roster

Horizon NJ Health| Upcoming trainings and resources

Upcoming trainings

BH Medicaid Carve In Credentialing and Contracting Process
Overview of covered benefits, credentialing process, Horizon NJ Health participation

BH Medicaid Carve In Training
Overview of covered benefits, claims submissions and other helpful resources

When	Training Topic	Target Audience	Link
10/9/2024; 3:00pm	BH Medicaid Carve In Credentialing and Contracting Process	Professional	Register
		Ancillary	Register
10/29/2024; 10:00am	BH Medicaid Carve In Credentialing and Contracting Process	Professional	Register
		Ancillary	Register
11/7/2024; 2:00pm	BH Medicaid Carve In Training	Professional	Register
		Ancillary	Register
11/19/2024; 11:00am	BH Medicaid Carve In Training	Professional	Register
		Ancillary	Register
12/11/2024; 11:00am	BH Medicaid Carve In Training	Professional	Register
		Ancillary	Register
12/17/2024; 1:00pm	BH Medicaid Carve In Training	Professional	Register
		Ancillary	Register
1/8/2025; 10:00am	BH Medicaid Carve In Training	Professional	Register
		Ancillary	Register
1/16/2025; 3:00pm	BH Medicaid Carve In Training	Professional	Register
		Ancillary	Register

Additional resources

For further information on credentialing with us, please contact:

BHMedicaid_@horizonblue.com

Links:
- Credentialing Application Link
- HNJH Provider Manual
- HNJH Quick Reference Guide
- New Provider Orientation

NEW JERSEY HUMAN SERVICES

Scheanell Holland
NJ Network Manager

UnitedHealthcare | Meet our credentialing team

Scheanell Holland

NJ Network Manager

Kraig Guarino

Christine Gosdzinski

Contracting
(Facility and Outpatient)

Alicia Muellner

Kim Harberts

Credentialing

UnitedHealthcare | Credentialing – providerexpress.com
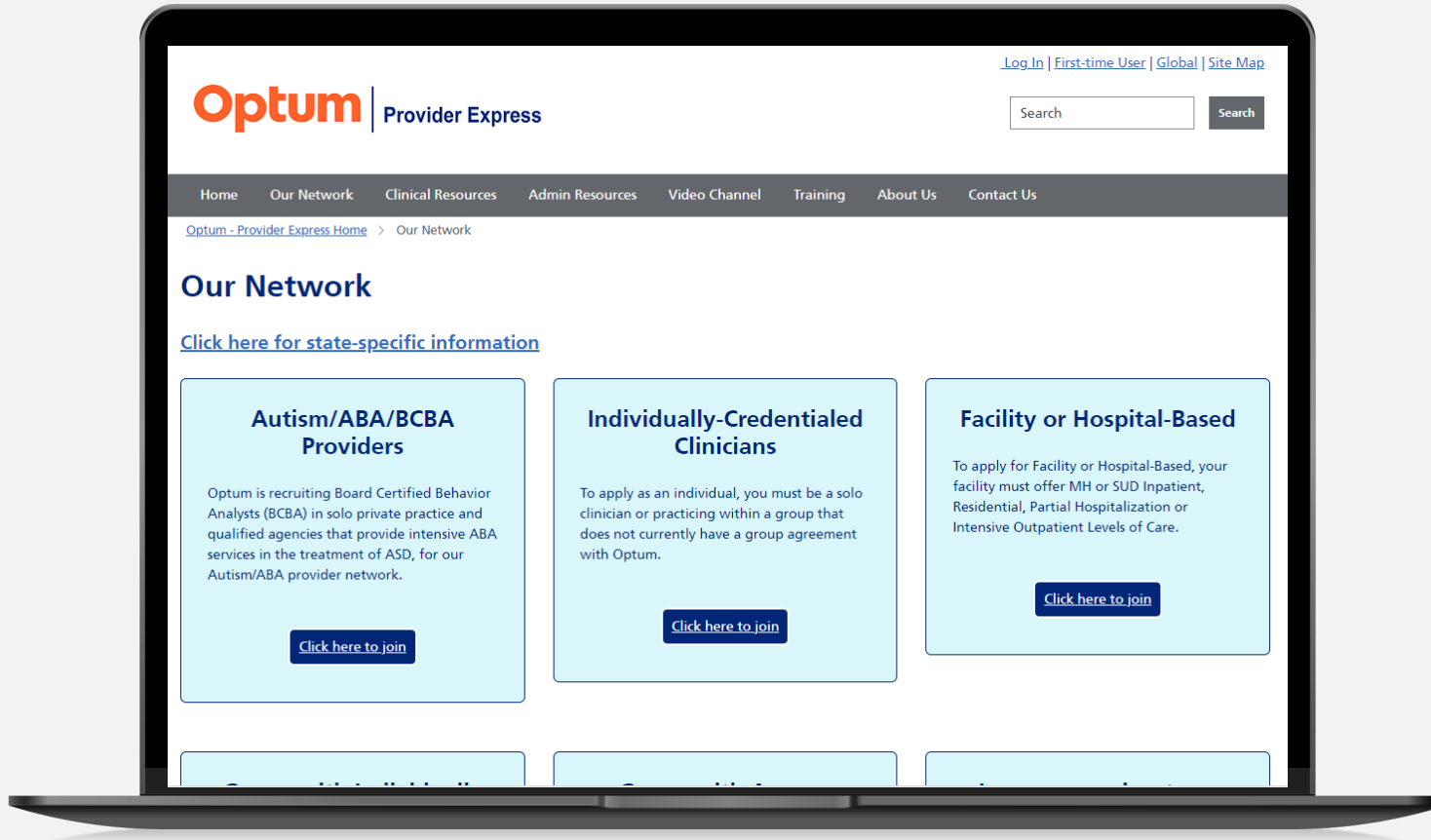
- Online credentialing requests
- Specific application link for each provider type; Facility, Agency, Group, Clinician
- License type determines application, credentialing, and roster requirements
- NJ Contractual TAT of 60 days

- CAQH profile required
- Documentation – Follow state standards & compliant with disclosure of ownership form (DOO)

- Roster template found at: Optum Forms (providerexpress.com)
- Dedicated NJ Advocate support

UnitedHealthcare | Credentialing and rostering requirements

Individuals / Group

C **R**

Mary
Fully licensed

B: Type 2 NPI/EIN
R: Type 1 NPI

James
Licensed under
supervision[1]

B: Type 2 NPI/EIN
*R: Type 1 NPI of
supervisor*

Alex
OBAT navigator

B: Type 2 NPI/EIN
*R: Type 1 NPI of OBAT
prescriber*

Sarah
Not licensed

B: Type 2 NPI/EIN
*R: Type 1 NPI of
supervisor*

- No credentialing at the group level; only contracting as a group
- Separate applications for individual clinicians and groups
- All fully licensed practitioners must individually credential
- Only fully licensed practitioners are listed on roster
- For groups, billing under Type 2 NPI with EIN of group

Licensed Facility / Agency

C

R

Mary
Fully licensed

B: Type 2 NPI/EIN or Type 1/EIN
R: Type 1 NPI

James
Licensed under
supervision[1]

B: Type 2 NPI/EIN
R: Type 2 NPI/EIN

Alex
Peers

R

B: Type 2 NPI/EIN
R: Type 2 NPI/EIN

Sarah
Not licensed

B: Type 2 NPI/EIN
R: Type 2 NPI/EIN

- Different applications for facilities vs. agencies / clinics
- "Facility" must offer MH or SUD inpatient, residential, SUD IOP, SUD partial, or ambulatory withdrawal management
- "Agency / clinic" includes Community Mental Health Centers (CMHCs), Opioid Treatment Program (OTP), and licensed outpatient agencies

1. For BH this includes Licensed Social Workers (LSW), Licensed Associate Counselors (LAC), and Licensed Associate Marriage and Family Therapists (LAMFT), Licensed Alcohol Drug Counselor Assistant (LADC-A)

C Organization credentialed   **C** Individually credentialed   **R** Listed on roster

UnitedHealthcare | Upcoming trainings and resources

Upcoming training

When	Link	Training Topic	Audience
2024		**Provider Orientation** Topics include NJ behavioral health benefit design, credentialing, clinical and utilization requirements, case management, billing & claims, appeals, Provider portals	Behavioral health providers
• Nov 6, 10:00-11:00am	Register		
• Nov 19, 1:00-2:00pm	Register		
• Dec 3, 2:00-3:00 pm	Register		
• Dec 19, 11:00-12:00pm	Register		
• **2025**			
• Jan 7, 10:00-11:00am	Register		
• Jan 15, 2:00- 3:00pm	Register		

Additional resources

For further information on credentialing with us, please contact:

Scheanell Holland, Manager
1-877-614-0484
Njnetworkmanagement@optum.com

Links:
- Credentialing application: Our Network (providerexpress.com)
- Provider Manual: New Jersey Medicaid Provider Network Manual Addendum (providerexpress.com)
- Quick Reference Guide: Behavioral Health Quick Reference Guide (providerexpress.com)
- New Provider Orientation: NJ Medicaid Mental Health and Substance Abuse Provider Training 2024 (providerexpress.com)

NEW JERSEY
HUMAN SERVICES

Erin Blackwood
Credentialing Manager, CPCS

Wellpoint | Meet our Contracting/ Credentialing team

Maribel Rivera-Grant,
Director Network Management

- Network Contracting
- Network Recruitment

Michael Juros
Provider Network Manager Sr.

- Network Contracting
- Network Recruitment

Erin Blackwood
Credentialing Manager, CPCS

- Network Credentialing
- Network Recredentialing

Amy Daversa
Credentialing Director

- Network Credentialing
- Network Recredentialing

NEW JERSEY
HUMAN SERVICES

Wellpoint | Overview of our credentialing process

How to apply

- Providers can access our credentialing applications here:
  - Solo and Group Practitioners
  - Facility agreements submit via email or fax;
- Our processing time is aligned with State guidance.
- Providers can submit their application online (preferred). Fax & e-mail available as needed.

Requirements for credentialing and listing providers on roster

- Credentialing is required for solo and group-based providers who are licensed to practice independently, BCBA's as well as licensed freestanding Behavioral Health Facilities.
- Facility based providers are required to be listed on facility roster
- Providers practicing under individual, or group contracts require credentialing. However, if they also practice as a facility-based provider, in a different setting, they will need to be credentialed and rostered.
- We have different requirements for individuals/groups vs. facilities. Groups are contracted but not credentialed. The individuals practicing within the group are credentialed.
- Roster templates can be found on our website under forms and guides

Documentation & background checks

- Our credentialing documentation requirements align with state and NCQA standards
- No additional Wellpoint or Carelon required background checks are required

Contracting

- Contracting is executed in parallel with the credentialing process.
- Wellpoint contracts at the TIN level. This includes credentialed and non-credentialed providers.
- Our contracting process takes 45 days on average

NEW JERSEY
HUMAN SERVICES

Wellpoint | Credentialing and rostering requirements

Individuals / Group

Mary
Fully licensed

B: Type 2 NPI/EIN
R: Type 1 NPI

James
Licensed under supervision[1]

B: Type 1 NPI/EIN
R: Type 1 NPI of supervisor

Alex
OBAT navigator

B: Type 1 NPI/EIN
R: Type 1 NPI of OBAT prescriber

Sarah
Not licensed

- No credentialing at the group level; only contracting as a group
- All fully licensed practitioners must individually credential
- No rostering required for groups; rostering only required for facilities
- Only fully licensed practitioners shown in network directory

Licensed Facility / Agency

Mary
Fully licensed

B: Type 2 NPI/EIN or Type 1/EIN
R: Type 1 NPI

James
Licensed under supervision[1]

B: Type 2 NPI/EIN
R: Type 2 NPI/EIN

Alex
Peers

B: Type 2 NPI/EIN
R: Type 2 NPI/EIN

Sarah
Not licensed

B: Type 2 NPI/EIN
R: Type 2 NPI/EIN

- Providers without license are not listed on roster
- Only facility/agency shown in network directory; Individuals who are listed on roster will show up in Network Directory with their NPI

1. For BH this includes Licensed Social Workers (LSW), Licensed Associate Counselors (LAC), and Licensed Associate Marriage and Family Therapists (LAMFT), Licensed Alcohol Drug Counselor Assistant (LADC-A)

C Organization credentialed   **C** Individually credentialed   **R** Listed on roster

Wellpoint | Upcoming trainings and resources

Upcoming trainings

Date	Time	Topic	Link
November 20	11 AM		
December 12	3 PM		
December 16	3 PM	NJ Medicaid Carve-in Provider Orientation	Registration Link
December 18	11 AM		
January 14	11 AM		
January 23	2 PM		

Additional resources
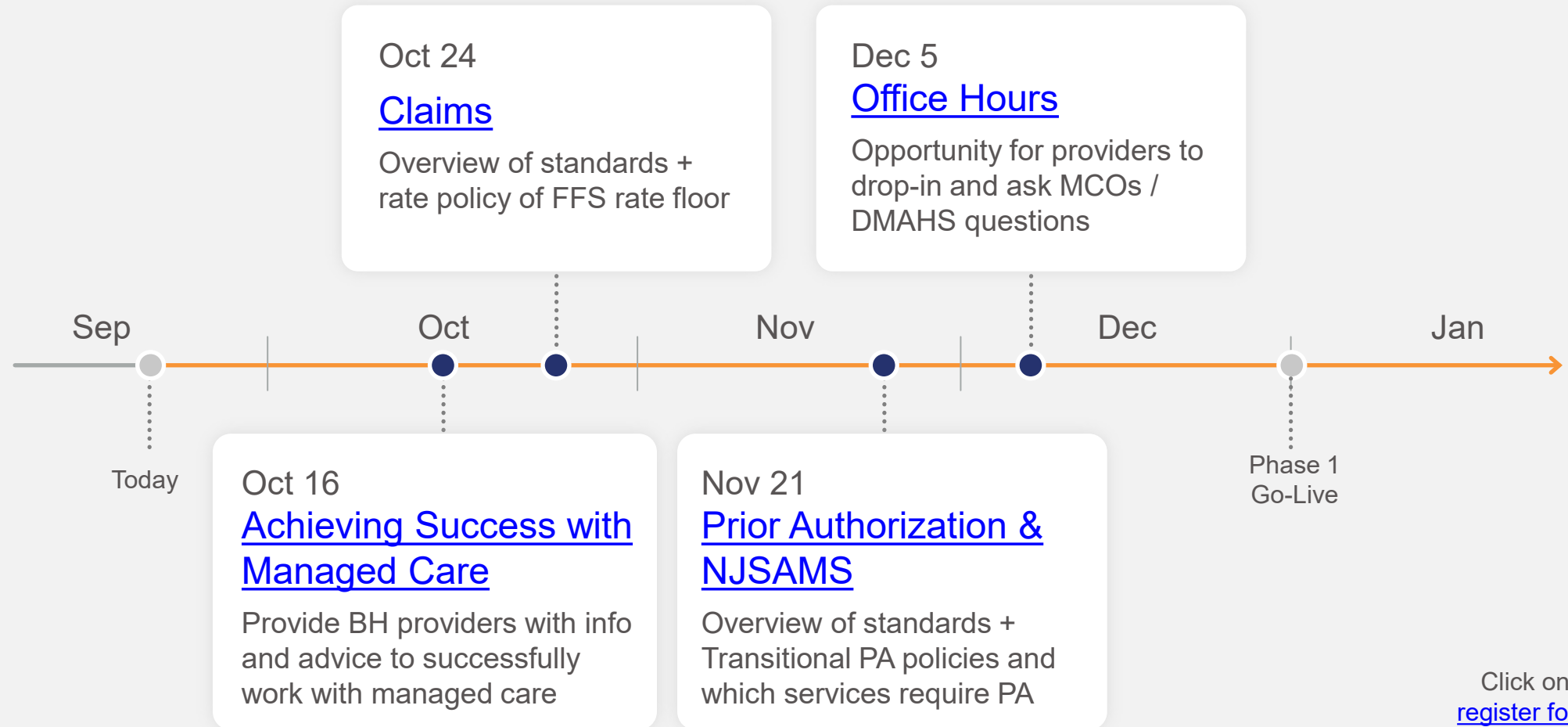
For further information on credentialing and contracting with us, please contact:

Carelon BH Provider Relations
NPSL National Provider Service Line
1-800-397-1630
provider.relations.NJ@carelon.com

Links:
- Credentialing application
- MCO Provider Manual
- MCO Quick Reference Guide
- Provider Forms and Guides
- WellPoint NJ Medicaid

NEW JERSEY
HUMAN SERVICES

A reminder of upcoming trainings

Oct 24

Claims

Overview of standards + rate policy of FFS rate floor

Dec 5

Office Hours

Opportunity for providers to drop-in and ask MCOs / DMAHS questions

Sep   Oct   Nov   Dec   Jan

Today

Oct 16

Achieving Success with Managed Care

Provide BH providers with info and advice to successfully work with managed care

Nov 21

Prior Authorization & NJSAMS

Overview of standards + Transitional PA policies and which services require PA

Phase 1 Go-Live

Click on link to register for training

NEW JERSEY HUMAN SERVICES

Next steps and key contact information

Next steps

1. Review DMAHS Credentialing Guidance as part of forthcoming provider readiness packet

2. Reach out if you have any questions

3. Enroll in NJ Medicaid / NJFamilyCare *- if you haven't done so*

4. Credential with MCOs to ensure continuity of care for your members

DMAHS contacts

Dmahs.behavioralhealth@dhs.nj.gov

[Department of Human Services | Behavioral Health Integration Stakeholder Information](#)

NEW JERSEY
HUMAN SERVICES

Q&A

DMAHS or general credentialing
questions

Reference information

Appendix

NEW JERSEY
HUMAN SERVICES

Behavioral Health Integration provider training schedule

Date	Training Topic	Target audience	Link
Sep 25 9-11AM ✅	**Enrollment & Credentialing** Two-part training that provides 1) an overview and live demo of NJ FamilyCare's Medicaid enrollment process, and 2) an overview of Managed Care Organizations (MCOs) credentialing standards and high-level process across MCOs; MCOs will introduce their teams, process, resources, and upcoming trainings	Behavioral health providers new to Medicaid and/or who have not credentialed with all 5 MCOs	(Recording)
Oct 16 9:30-11AM	**Achieving Success with Managed Care** This forum offers providers insight and advice about what it takes to be successful working with managed care and an opportunity to ask experienced providers "what they wish they knew" about managed care	Behavioral health providers looking to learn more about managed care	(Register)
Oct 24 9-10:30AM	**Claims** This session will focus on processes and policies to submit claims and be reimbursed by MCOs. The training will cover topics such as billing codes, submission process, clean claims and common errors, and appeals	Behavioral health providers looking to better understand claims & billing for BH services	(Register)
Nov 21 9-10:30AM	**Prior Authorization & NJSAMS[1]** This session will focus on the requirements and processes for prior authorization of BH services through MCOs, including which services require prior authorization, required fields, and submission and approval processes. The training will also include a walkthrough of NJSAMS, the system used for SUD prior authorization	Behavioral health providers seeking to better understand prior authorization and NJSAMS for BH services	(Register)
Dec 5 2-4PM	**Office Hours** An opportunity for providers to drop-in and ask DMAHS and MCOs any remaining questions on any topic before Phase 1 go-live	All behavioral health providers	(Register)

✅ Completed

NEW JERSEY
HUMAN SERVICES