



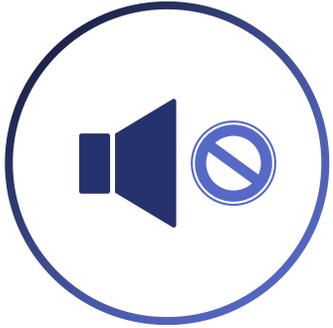
Behavioral Health Integration Advisory Hub Meeting

September 27, 2024

10-11:30 AM EST

Please update your display name
on Zoom to include your name and
organization. Thank you!

Housekeeping



All attendees will enter the meeting on mute



To use the “Chat” function, click the speech bubble icon at the bottom of the screen



Use the “raise hand” function if you wish to speak



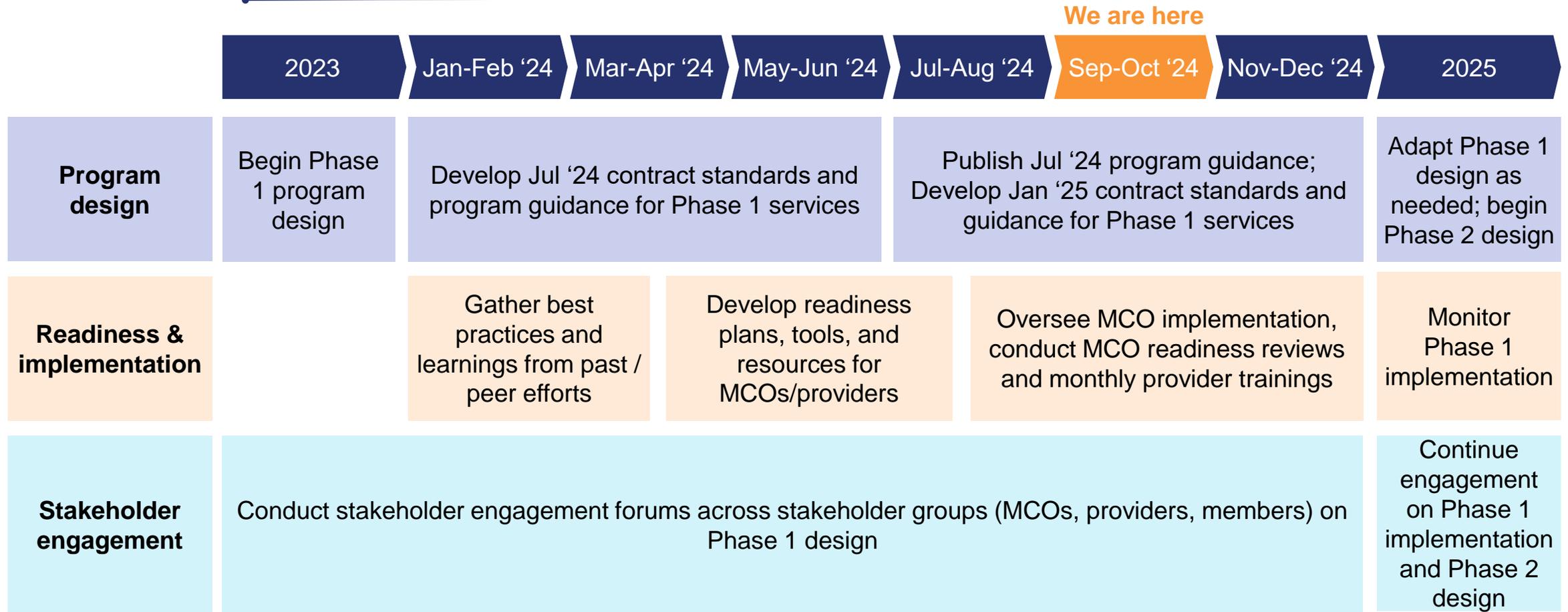
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Where we are & what we learned from you

Recall | Timeline for Phase 1 of BH Integration

Phase 1 planning throughout 2023-2024

Phase 1 go-live
Jan 1, 2025



What we heard from you in July



Areas of alignment

- Quality monitoring
- Inclusion of mental health partial care transportation; positive impact for members
- Need to improve upon time & distance standards – *work ongoing*
- Importance of ensuring cultural sensitivity – *new standard*



Topics for further discussion

TODAY

- Transitional policies
- Prior Authorization (PA) and use of NJSAMS for Substance Use Disorder (SUD) PA requests
- Provider readiness
- Claims

Today's Agenda

- 1 Review transitional and new policies for January 1st go-live
- 2 Share progress on use of NJSAMS for SUD PA
- 3 Discuss provider readiness plans
- 4 Review MCO readiness plans

Review transitional and new policies for January 1st go-live

Confirmed transition period policies for Phase 1

Non-exhaustive

Category	Transition policies	Transition period	Additional resources
 <p>Network adequacy, access, and continuity of care</p>	<ul style="list-style-type: none"> Allow out of network and “single case” contracting of Medicaid-enrolled providers as necessary while full contracting and credentialing is completed Require contracting with “any willing qualified provider” for first 24 months and until contracted network meets requirements statewide Require MCOs to credential & contract with, or otherwise set up out of network (OON) agreement with, all active fee-for-service BH providers and report on progress to State 	<ul style="list-style-type: none"> July 1, 2024, until State satisfied with network adequacy Jan 1, 2025 – Dec 31, 2026 July 1, 2024, until State satisfied with network adequacy 	<ul style="list-style-type: none"> DMAHS/MCO Enrollment and Credentialing training Sep 25 Covered in provider readiness packet (to be released Oct 2024)
 <p>Prior authorization</p>	<ul style="list-style-type: none"> For initial transition period (first 90 days), existing prior authorization requests must be submitted to MCO for tracking purposes and will be automatically approved 	<ul style="list-style-type: none"> Jan 1, 2025 – Mar 31, 2025 	<ul style="list-style-type: none"> Covered in provider readiness packet (to be released Oct 2024)

Confirmed policies for Jan '25

Non-exhaustive

Category	Policy changes
 <p>Network adequacy, access, and continuity of care</p>	<ul style="list-style-type: none"> ☆ Establish time & distance standards by BH service category ☆ Require MCOs to submit annual plan to address cultural competency needs of providers through training and resources
 <p>Prior authorization (PA)</p>	<ul style="list-style-type: none"> • Reduce non-urgent turnaround times for prior authorization from 14 to 7 days • Standardized MH and SUD PA request fields across MCOs ☆ Require MCOs to use NJSAMS reports for SUD prior authorization - <i>detail follows</i>
 <p>Payment</p>	<ul style="list-style-type: none"> ☆ FFS rates will serve as “floor” (e.g., MCO rates cannot fall below FFS rates)
 <p>Care management (CM)</p>	<ul style="list-style-type: none"> • Adapt CM screening/assessment tools to enroll members with a broader range of BH needs, including adding questions to initial health screening (IHS) and comprehensive needs assessment (CNA) • CM member stratification into 3 tiers based on acuity of need • CM caseloads and minimum outreach requirements to improve accessibility to CM services
 <p>Quality monitoring</p>	<ul style="list-style-type: none"> • Standardized satisfaction surveys for member (CAHPS ECHO) & providers • Require MCOs to report on standard set of ~30 quality/outcomes measures

☆ Addresses previous feedback

Share progress on use of NJSAMS for SUD Prior Authorization (PA)

NJSAMS | NJSAMS integration to minimize provider burden for SUD PA



Context

- **Recall:** NJSAMS is the **online state system that all licensed SUD providers are required to use** to submit member data
- SUD providers currently submit **duplicative information** for MCO SUD PA requests, vs. for FFS, NJSAMS information routes to relevant systems without additional provider action
- We heard your feedback on how important it is to streamline this process, to **reduce administrative burden for providers**



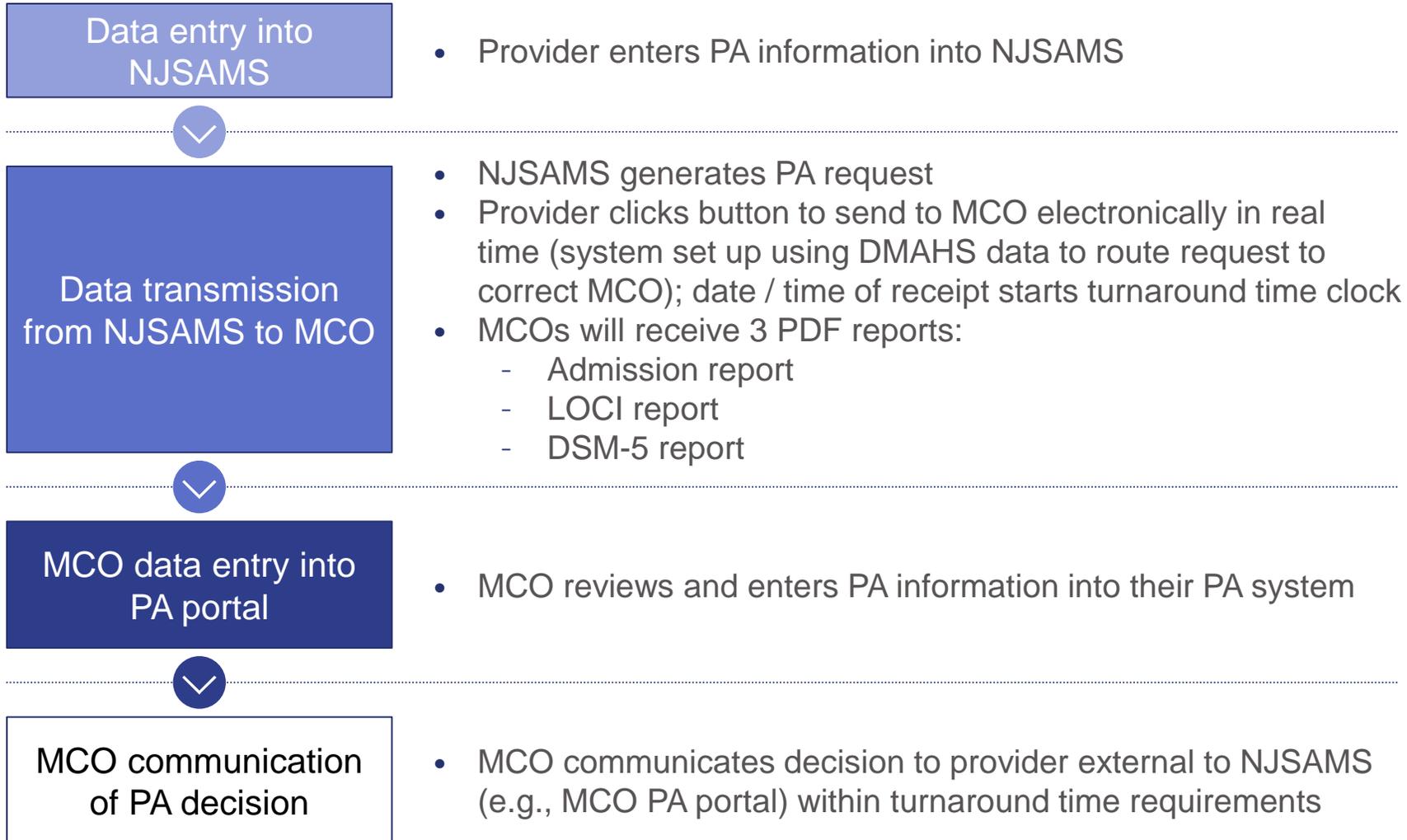
Plan for NJSAMS SUD PA Request

- **Plan for Phase 1:** Providers click button in NJSAMS to route electronic report to MCOs, which constitutes complete SUD PA request
- **Long term plan¹ :** Two-way system integration between NJSAMS and MCO PA portal
- **Progress:** DMAHS, DMHAS and MCOs are working to implement plan for Phase 1

Required extensive collaboration with MCOs and across DMAHS/DMHAS to make possible

1. Timing of implementation for long-term plan will be post go live and is to determined after successful implementation of Phase 1

NJSAMS | Streamlined SUD PA process for Phase 1



NJSAMS Scope

Only SUD PA, Mental Health (MH) PA unchanged

Types of PA requests

- Initial authorization
- Modified level of care
- Extension request

Services

- All BH SUD integration phase 1 services for all populations

Continued communication through MCO systems

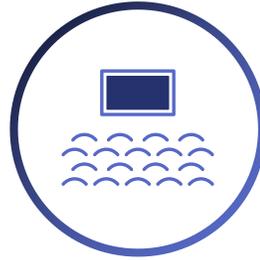
- MCO PA decision
- MCO notice re: provider PA errors
- Provider communication about member discharge
- PA request for phase 2 services for specialty populations

NJSAMS | More information on using NJSAMS



Prior Authorization (PA) Monthly Topic Training

- *November 21* – [register here](#) (online)
- Will cover how to use NJSAMS for SUD prior authorization



MCO provider trainings and manuals

- PA one of the topics mandated by DMAHS in MCO provider trainings
- Refer to each MCO's website or see our [MCO Resource Guide](#) for contact details



DMAHS Provider Readiness Packet

- Step-by-step guidance on using NJ SAMS included as part of PA guidance
- Released in October – *details to follow*

Discuss provider readiness plans and ongoing support for stakeholders

We are equipping providers with trainings & resources for smooth transition



1 Monthly topic-specific trainings

Monthly trainings in collaboration with MCOs on key topics to help providers better understand contract standards and processes



2 Provider readiness forum

A forum to equip providers with essential information and advice for a smooth transition to managed care



3 Provider readiness guidance packet

Step-by-step guidance for each major topic, a readiness checklist, and links to other resources to prepare providers for go-live and serve as an ongoing reference

Training schedule and registration links shared with 700+ providers and advocacy groups in August

Plan to publish on website in October 2024

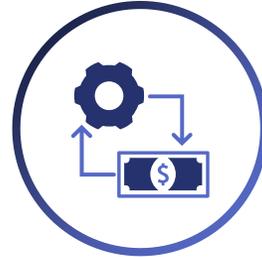
Monthly Trainings | Planned topics and sub-topics for Sep-Dec



Enrollment & Credentialing

September 25

- NJ's Medicaid enrollment process, including a live demo
- Credentialing standards and high-level process common across MCOs
- MCO to introduce their credentialing teams, process, and trainings



Claims

October 24

- Processes and policies to submit claims and be reimbursed by MCOs
- More information on sub-topics such as billing codes, submission process, definition of clean claims, common errors, and appeals



Prior Authorization

November 21

- Requirements and processes for PA of BH services through MCOs
- Clarification of services requiring PA, required fields, and submission and approval processes
- How to use NJSAMS for SUD prior authorization



Office Hours

December 5

- Opportunity to drop-in and ask DMAHS and MCOs any remaining questions on any topic before Phase 1 go-live

Feedback on 9/25?

Suggestions for future trainings?

Readiness Forum

Achieving Success with Managed Care

Goal: Provide BH providers with information and advice they need to successfully operate in managed care

Logistics

- **Date:** October 16
- **Time:** 9:30-11am
- **Delivery:** Virtual ([register](#))
- **Partners:** TBD – experienced managed care provider
- **Target audience:** BH FFS providers transitioning to managed care or providers who are new to Medicaid

Agenda

- Welcome
- BH Integration Overview
- Value of Managed Care for Patients
- Best Practices for Providers
- Experienced Provider Panel
- Resources and Next steps

Readiness Packet I Comprehensive DMAHS guidance on BH integration for providers

Planned contents

- Provider readiness checklist
- BH integration overview
- Enrollment and credentialing
- Prior authorization
- Claims
- Care management
- Additional resources
- Contact information

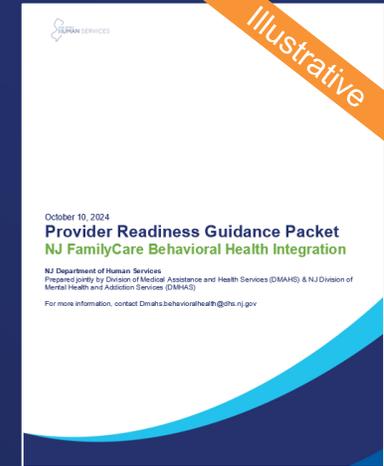


Provider readiness checklist

- Self-assessment for providers including essential action items and knowledge providers should have prior to go-live

Category	Checklist
Onboarding	<ul style="list-style-type: none"> <input type="checkbox"/> Identified contact for each MCO for specific questions <input type="checkbox"/> Reviewed each relevant MCO's provider manual? <input type="checkbox"/> Attended each relevant MCO-led training / onboarding sessions? <input type="checkbox"/> Attended / plan to attend DMAHS-led training sessions?
Enrollment	<ul style="list-style-type: none"> <input type="checkbox"/> Reviewed DMAHS enrollment guidance? <input type="checkbox"/> Enrolled in Medicaid per guidance instructions? <input type="checkbox"/> Registered for DMAHS / MCO-led October credentialing / enrollment training?
Credentialing	<ul style="list-style-type: none"> <input type="checkbox"/> Reviewed DMAHS credentialing guidance? <input type="checkbox"/> Credentialed or listed on roster with MCO(s) per guidance instructions? <input type="checkbox"/> Registered for DMAHS / MCO-led October credentialing / enrollment training?
Prior authorization	<ul style="list-style-type: none"> <input type="checkbox"/> Reviewed DMAHS prior authorization guidance? <input type="checkbox"/> Trained in submission process, required fields, and turnaround times? <input type="checkbox"/> Registered for DMAHS / MCO-led November PA training?
Claims	<ul style="list-style-type: none"> <input type="checkbox"/> Reviewed DMAHS claims guidance? <input type="checkbox"/> Registered for DMAHS / MCO-led October Claims training? <input type="checkbox"/> Trained in billing codes, submission process, and appeals process?
Network	<ul style="list-style-type: none"> <input type="checkbox"/> Reviewed DMAHS provider network guidance? <input type="checkbox"/> Aware of provider availability and member wait-time requirements?
Care management	<ul style="list-style-type: none"> <input type="checkbox"/> Reviewed DMAHS care management guidance? <input type="checkbox"/> Aware of MCO-led care management and how to refer members? <input type="checkbox"/> Aware of how to coordinate with MCO care managers for members enrolled in care management?
Member Resources	<ul style="list-style-type: none"> <input type="checkbox"/> Aware of non-emergency transportation services for members? <input type="checkbox"/> Aware of language line services for members? <input type="checkbox"/> Aware of MCO's cultural competency policies?
Quality	<ul style="list-style-type: none"> <input type="checkbox"/> Aware of MCO provider surveying throughout the year (e.g., annual provider satisfaction, provider directory)?

Illustrative - to be refined



Available October

Readiness Packet will be published on BH Integration website and circulated to attendees of Readiness Forum

Seven actions providers can take to prepare for go-live

- 1 Stay up to date on **BH Integration news** and read DMAHS step-by-step topic **guidance** when readiness packet is released in October ([website](#)):
- 2 Register to attend scheduled **DMAHS topic specific trainings** – especially "Achieving Success with Managed Care" which is October 16 ([register](#)).
- 3 **Enroll** in Medicaid / NJ FamilyCare as soon as possible.
- 4 Create and build your **CAQH¹ profile** to establish a source of truth for credentialing applications
- 5 **Credential** with all MCOs used by your members to avoid delays in access or payment. We encourage you to enroll with all 5 MCOs as members often change plans.
- 6 Attend **MCO specific sponsored trainings**
- 7 **Prepare systems** for updated prior authorization and claims processes

1. Council for Affordable Quality Healthcare

Review MCO readiness plans

We are working closely with MCOs to ensure success

Goals of MCO readiness

- **Validate** that MCOs have effectively implemented required standards and processes
- **Ensure continuity of care** and a smooth integration rollout experience for members
- Reinforce **strong state oversight** of MCOs



Prepare all stakeholder for program launch

What MCOs are already doing to get ready

- **Engaging with DMAHS** 1:1 (monthly) and together (quarterly) for over a year on program design and implementation planning
- **Working to implement** new contract changes / guidance, including building networks of providers, hiring new BH staff, changing prior authorization / claims processes, updating provider trainings, sending out communications to members and providers
- **Participating in DMAHS readiness review process** ([detail on next page](#))

5 components of MCO readiness to prepare for go-live



Implementation workplan

Tactical workplan and reporting tool detailing MCO actions required to implement program building blocks by target deadlines



DMAHS response to MCO delays

Multi-step process to address MCO delays / issues leading up to site visit and after, as needed



Desk review

September DMAHS review of MCO packet of policies, protocols, and process flows prior to site visit



MCO site visits and feedback

October/November live DMAHS review of MCO's progress with implementation workplan and testing readiness for go-live



Program guidance

Detailed guidance documents developed by DMAHS for MCO implementation of contract standards / requirements for BH integration

Next steps

Plan for upcoming stakeholder meetings and November Advisory Hub



Providers

Oct 16: "Achieving Success with Managed Care" provider forum

Oct 24: Claims training

Nov 21: Prior authorization & NJSAMS training

Dec 5: Office hours



Members

Oct - Dec: Meeting with and outreach to partner organizations to identify questions about transition

Dec 10: Member-centered virtual meeting



Cross-stakeholder

Nov 22: Advisory Hub

Please respond in the chat or email
DMAHS.BehavioralHealth@dhs.nj.gov

Important contact information

DMAHS

For further information on NJ FamilyCare's BH Integration, see:



Dmahs.behavioralhealth@dhs.nj.gov



[Behavioral Health Integration Stakeholder Information Website¹](https://www.nj.gov/humanservices/dmhas/information/stakeholder/index.html)

MCOs

Important contact information for all 5 MCOs can be found in our **MCO Behavioral Health Resource Guide** on the BH Integration Stakeholder Information Website¹



Aetna



Horizon



Wellpoint



Fidelis



United

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

Thank you!