NEW JERSEY HUMAN SERVICES

Behavioral Health Integration Advisory Hub Meeting

May 30, 2025

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

You can enable closed captions at the bottom of the screen

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

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

TBD but no sooner Jan '26[1]

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)

TBD[1]

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

Today's Agenda

1. Phase 1 monitoring update and transition period reminders
2. Stakeholder feedback on Phase 1 implementation
3. Phase 2 introduction
4. Stakeholder resources and upcoming meetings
5. Future role of Advisory Hub

Phase 1 monitoring update and transition period reminders

Key MCO performance metrics

% of members seen by an in-network provider

- **82%** of members receiving Phase 1 BH services between 5/3 and 5/16 saw an in-network provider

Represents a **7% increase** over the share of members seeing in-network providers in January

% of claims denied on first pass

- Overall claims denial rates on first pass have stabilized between 10-12%
- Performance continues to **vary across MCOs** with the lowest MCO denial rate reported at **7%** of claims and the highest reported to be **30%** over the past month

DMAHS / DMHAS has been working to address key areas of concern

Closed out **multiple provider inquiries** by working directly with the MCOs to rectify identified issues and reprocess affected claims

Directly outreached largest Phase 1 providers to **ensure submission of prior authorizations** and readiness for end of transition period

Co-hosted **~100 providers** for virtual office hours with MCOs to field provider questions/concerns and scheduled in-person office hours for June

Published **updated provider guidance packet** to ensure guidance relays current policies and addresses questions / concerns frequently raised by providers across all BH integration topics

In process of **restructuring stakeholder website** to improve ease of navigation and accessibility to resources for providers and members

Launched **provider survey** to understand experience with submission and processing of Phase 1 SUD PAs and progressed on roadmap to further **integrate NJSAMS and MCO PA systems**

Convened **member advocates** at periodic meeting to understand member perspectives and iterate on member-facing materials

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
- Ensuring the timely processing of prior authorizations submitted directly to the MCOs or via NJSAMS
- Minimizing barriers to timely and accurate claims submission and MCO payment to providers

The 180-day Phase 1 transition period will end June 30th 2025

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, which means:

- 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 agreements[1])** using FFS rates as the floor

More detail to follow

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

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 set up 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** (i.e., can be below FFS rates)

DMAHS and MCOs will **communicate to providers finalized MCO-specific policies** and guidance regarding the end of the transition period on **June 25th, 2025**

New slide

Join MCO networks to prepare for the end of the transition period…

We encourage you to credential and contract with all five MCOs

aetna

Fidelis Care

Horizon

United Healthcare

Wellpoint

Note: If you are an out-of-network (OON) provider, **requirements may vary by MCO**. You are encouraged to **coordinate with each MCO** to understand specific expectations

…and to ensure member access, FFS rates, and simplified PA processes

Ensure your members have adequate access and do not experience disruptions in their care

Guarantee fee-for-service (FFS) reimbursement rate, rather than single case agreement (SCA)-specific rates

Limit prior authorization (PA) submissions to only BH services that require them

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/unable to contract** or credential with all your members' MCOs before July 1, and thus remain **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
    - Work with MCOs for follow their **authorization / SCA process**
- Ensure the appropriate staff **know the prior authorization (PA) process** for each MCO and are well-trained on State/MCO guidance
- **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
- Prior Authorization Refresher Training materials
- Prior Authorization Training materials
- MCO-led Integrated Care Management Training materials
- DMAHS BH Integration Points of Contact Document

All resources can be found on the BH Integration Stakeholder Information website

Members should connect with their behavioral health providers and MCOs before July 1 to ensure continuity of care

What does the end of the transition period mean for members?

- During the transition period, members can see their BH providers even if the provider is not in-network with their health plan

- Starting July 1, BH **providers must either be in a member's health plan network** or **have an agreement** with the member's health plan to continue their care

How can members be ready for the end of the transition period?

- **Confirm that your BH providers** participate with your health plan

- If your BH provider is **out-of-network,** you can:
  - **Reach out to your health plan** to understand options with your current provider or get support connecting to another provider
  - **Access** your health plan's **provider directory** to find an in-network provider
  - Consider switching to the health plan your key providers are in-network with

Members, families, and caregivers can access the DMAHS End Of Transition Period Member Guidance document for more **information on the Phase 1 transition period** and guidance on how to **ensure continuity of care after July 1**

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Stakeholder feedback on Phase 1 implementation

For discussion | Provider feedback

What issues do providers continue to experience?

What questions do providers have ahead of July 1?

What have providers learned during this transition period that can help inform future phases of behavioral health integration?

Please respond in the chat or raise your hand to share!

For discussion | NJ FamilyCare member and member advocate feedback

What experiences have members had with accessing services or MCO integrated care management?

What feedback do you have on how the State and MCOs will support members who have providers that will be out-of-network beginning July 1?

Please respond in the chat or raise your hand to share!

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)

The State is currently considering integrating SUD lab services during Phase 2

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)

DMAHS held focus groups with Phase 2 providers to understand their experience under managed care

Context: DMAHS/DMHAS leadership is looking to gauge provider perspectives to **understand how the State can best support providers** during the Phase 2 readiness and implementation periods.

- DMAHS held 1 hour focus groups for each Phase 2 provider type to understand experience with managed care and concerns/needs for integration
- Each focus group included largest providers already contracted with at least one MCO *(either through also delivering Phase 1 services or providing Phase 2 services to specialty populations)*

Consulted providers shared both positive experiences and concerns regarding managed care

Positive experiences with managed care

- MH PA process is **straightforward using MCO PA portals**, and MCOs are processing PAs and communicating **decisions within expected turnaround times**
- MCOs are **appropriately approving PAs** for members that the providers deem as medically requiring AMHR services
- Providers have **direct PA contacts at the MCOs**, who **efficiently** respond to and **resolve provider concerns**
- Some providers have noted that **initial issues with MCO processes have stabilized**, particularly in terms of **claims payments**, which are now delivered to providers in a **timely fashion**
- DMAHS and MCO **resources are helpful** for agency staff to understand program policies and answer provider inquiries

Concerns with managed care for Phase 2 transition

- **Contracting and credentialing process varies** across MCOs, creating provider confusion
- MCOs' **reluctance to negotiate rates above the FFS floor** stalls contracting as providers believe these rates are inadequate given increased administrative burden
- **PA process can be burdensome** due to short PA durations, inconsistent turnaround times, and differences in MCO and provider interpretation of ASAM criteria
- MCO **PA systems are not integrated with NJSAMS**, sometimes requiring providers to **submit additional information** to MCOs externally or resulting in **misrouted PAs**
- Role of **MCO care management** and provider case management is **unclear**, with perceived duplication and burden

The State will continue to support providers through the following policies

Type	BH integration policy
Credentialing / Contracting	• Credentialing turnaround time of 60 days and notification of status to provider within 30 days • Contracting with “any willing provider” for first 24 months and until network meets requirements *(transitional policy only)*
Prior Authorization	• Auto-approval of all prior authorizations requests for Phase 2 services during transition period *(transitional policy only)* • 5-day retroactive authorization period • Set minimum initial durations for Phase 2 services • Set standard PA fields to minimize requests for additional documentation
Rates and Claims	• FFS rates will serve as the floor • Payment of valid claims at the FFS to all out-of-network providers *(transitional policy only)* • Require MCOs to pay 90% of clean claims within 15 days of submission
MCO Care Management	• Require MCO CM reporting on enrollment, caseloads, and activities to ensure compliance

The State will support providers through Phase 2 readiness and implementation with trainings and resources

- Robust trainings for provider readiness on topics such as MCO medical necessity criteria and review process
- Clarify claims denial reasons with MCOs and create denial code dictionary for providers
- Host forums for provider and MCO care management teams to build relationships
- Continue to implement bi-directional communication in NJSAMS (roadmap in process)

For discussion | Phase 2 initial feedback

What are the most important factors the State should consider regarding Phase 2 services (vs. Phase 1 services) to make this integration successful?

What standards or processes would help improve provider and member experience for Phase 2 services?

Please respond in the chat or raise your hand to share!

Stakeholder resources and upcoming meetings

Provider resources

BH Integration Stakeholder Information website[1]

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

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/

Member, caregiver, and family member resources

BH Integration Stakeholder Information website[1]

The BHI stakeholder website has the following materials for members and additional resources:

- December 2024 Member Meeting materials
  - Meeting presentation
  - Recording
- Member Care Management FAQ
- Behavioral Health Integration One-pager
- Behavioral Health Integration FAQ (in English and Spanish)
- End-of-transition period provider guidance document

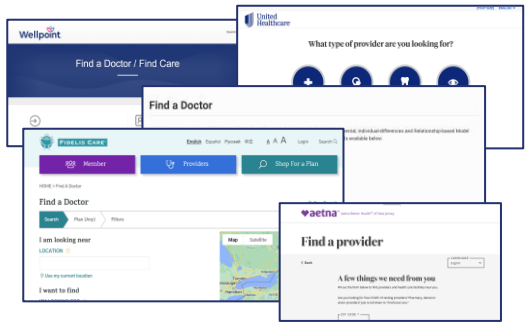
Medicaid Managed Care Member Handbooks

Detailed information regarding MCO Medicaid Plan; MCOs in process of updating

Aetna
Fidelis Care
Horizon
UnitedHealthcare
Wellpoint

Managed Care Organization Provider Directories

Where members and families can find "in-network" behavioral health providers



Aetna
Fidelis Care
Horizon
UnitedHealthcare
Wellpoint

State and MCO contact information for members

- **DMAHS BH Integration Unit**
  - 1-609-281-8028
  - Dmahs.behavioralhealth@dhs.nj.gov
- **Aetna**
  - 1-855-232-3596 (TTY: 711)
  - Member Portal
- **Fidelis Care**
  - 1-888-343-3547 (TTY: 711)
  - Member Portal
- **Horizon**
  - 1-800-682-9090 (TTY: 711)
  - Member Portal
- **UnitedHealthcare**
  - 1-800-941-4647 (TTY: 711)
  - Member Portal
- **Wellpoint**
  - 1-833-731-2147 (TTY: 711)
  - Member Portal

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

Upcoming stakeholder engagement activities

Providers

June 12: DMHAS Quarterly Provider meeting

June 17: End of Transition Period Readiness 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: Advisory Hub meeting

Role of Advisory Hub moving forward

Advisory Hub moving forward

Starting in July 2025, the Advisory Hub will focus on design and implementation of Phase 2 integration.

The goals of the Advisory Hub are:

- Design better policies and processes through stakeholder engagement
- Foster collaboration among participants and deeper understanding of the experiences of different stakeholder groups
- Invite feedback and discuss proposed policies, resources, and communication strategies
- Identify priorities for further discussion in other stakeholder forums
- Address potential issues as they arise during planning, implementation, and monitoring

For discussion | Advisory Hub future role

Do you have any suggestions for how Advisory Hub meeting content or structure could be improved?

Are there additional stakeholders or perspectives that should be included in future Advisory Hub meetings?

Do you have any questions about this transition?

Please respond to this survey with your feedback!

Thank you!