

# NJ FamilyCare Behavioral Health Integration

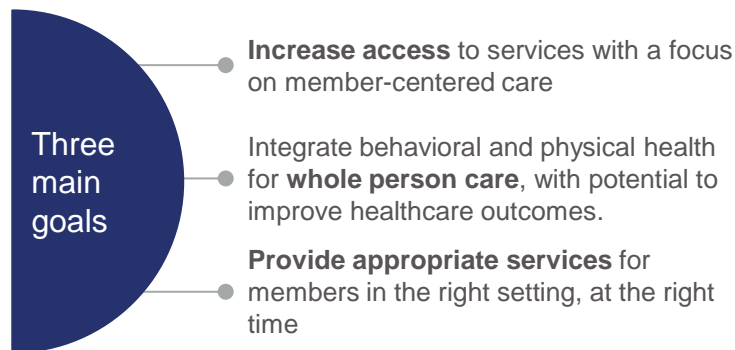
An overview for BH providers

## Context

Behavioral health (BH) care encompasses mental health (MH) and substance use disorder (SUD) services.

In NJ's Medicaid program (NJ FamilyCare) today, members' physical health care is managed by five healthcare plans or managed care organizations (MCOs), while certain BH services are separately billed through fee-for-service (FFS).

To prioritize whole-person care where all healthcare services – both physical and behavioral health services – across the care continuum are managed under the same entity, NJ is embarking on a BH integration effort.



## Who will this impact?

All providers who provide BH services to Medicaid members (both adults and youth) through fee-for-service today or who plan to provide BH services to Medicaid members in the future.

## Timeline for integration of services

BH services are being integrated into managed care over three phases, with Phase 1 going live on January 1, 2025.

### Phase 1 – Outpatient BH Services<sup>1</sup> (January 1, 2025)

- MH outpatient counseling
- MH partial hospitalization
- MH partial care in outpatient clinics
- MH outpatient hospital and clinic services
- SUD outpatient counseling
- SUD intensive outpatient
- SUD outpatient clinics (incl. ambulatory withdrawal mgmt.)
- SUD partial care

### Phase 2 – Residential & OTP\* (TBD)

- Adult MH rehabilitation services
- SUD short term residential
- SUD medically monitored inpatient withdrawal management
- SUD long term residential
- Opioid treatment programs (OTP)

### Phase 3 – Other additional BH services (TBD\*)

Specific Phase 3 services are TBD based on additional analysis and stakeholder input, but may include:

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

\*Timings of phase 2 and 3 of integration will be determined after Phase 1 implementation

## What does this mean for providers?

Starting January 1, 2025, for members enrolled in a MCO, BH services in Phase 1 must be billed through MCOs, not FFS. Providers should prepare to follow managed care procedures, including joining MCO networks, credentialing, claims submission, and working with MCO BH care managers. Additional guidance for providers is forthcoming.

## What should providers do now to prepare?

- Register for upcoming BH Integration trainings
- Enroll with NJ FamilyCare, if not done already
- Credential and contract with MCOs to ensure continuity of care for your members
- Review guidance from DMAHS and MCOs

## Where can I find more information?

For general information, please visit the DMAHS Behavioral Integration website or email us:

 [BH Integration Stakeholder Information<sup>2</sup>](#)

 [Dmahs.behavioralhealth@dhs.nj.gov](mailto:Dmahs.behavioralhealth@dhs.nj.gov)

## Managed Care Organizations



Aetna



Fidelis



Horizon



United



Wellpoint

Important contact information for all 5 MCOs can be found in our **MCO Behavioral Health Resource Guide<sup>2</sup>** on the BH Integration Stakeholder Information Website

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

# NJ FamilyCare Behavioral Health Integration

## Provider Frequently Asked Questions (FAQ) I/II

### Covered Services

What youth services are included in the integration?

- Services identified in Phase 1 are billable for any Medicaid member regardless of age
- Services specific to Children's Systems of Care (CSOC) for youth who meet qualifying requirements will be included in Phase 3
  - This includes Intensive In-Community (IIC) services

### Enrollment and Credentialing

Do I need to re-enroll if I am already enrolled in NJ Medicaid?

- No. Providers who are already enrolled with Medicaid do not need to re-enroll with NJ FamilyCare / NJ Medicaid

How can I check my enrollment status?

- Enrollment in Division of Mental Health and Addiction Services (DMHAS) FFS Programs is a separate process
- Providers can check their FFS Medicaid enrollment status by searching the NJMMIS Directory
- If provider status is NOT ACTIVE or you are unsure of your Medicaid ID, you can reach out to Gainwell Technologies on 1-800-776-6334 or [njmmisproviderenrollment@gainwelltechnologies.com](mailto:njmmisproviderenrollment@gainwelltechnologies.com)
- If you have enrolled using 21<sup>st</sup> Century Cures, you can also check your status by reaching out to Gainwell

What comes first – enrollment or credentialing?

- Enrollment is first step in your NJ Medicaid journey. Providers must enroll before credentialing with MCOs
- To enroll, visit <https://www.njmmis.com/providerEnrollment.aspx>

Can individuals licensed under supervision (e.g., LSW, LACs, CADCs) enroll to provide outpatient counselling services?

- Individuals must be fully licensed (e.g., LCSWs, LPCs, LMFTs and LCADCs) to enroll in NJFamilyCare
- Individuals who do not hold a full license cannot enroll in NJFamilyCare as an individual practitioner
- Individuals licensed under supervision (e.g., LSW) can only provide services within the scope of their license

Can non-licensed individuals (e.g., interns, Master's in Counselling) provide or bill outpatient counselling services?

- No, individuals who are not licensed to provide services cannot provide or bill for services.

Do I have to join all five managed care organizations?

- Providers should join all MCOs their members belong to
- We encourage you to contract and credential with all five MCOs to ensure continuity of care for your members – as members often change health plans

Do all individual practitioners need to credential?

- Credentialing depends on your license / if you will be billing, whether part of group / facility, and MCO's specific processes. Check with each MCO to confirm

Why should I enroll Full FFS over 21<sup>st</sup> Century Cures?

- Enrolling Full FFS gives providers the flexibility to provide services integrated into managed care, plus any services requiring FFS billing
- 21<sup>st</sup> Century Application limits you to provide only those services that are covered by the MCO

If we are already credentialed with MCO to serve specialty populations (e.g., MLTSS, DDD, FIDE-SNP), do we need to re-credential?

- No. If you are credentialed with an MCO you do not need to re-credential.
- However, we recommend reviewing the terms of your provider contract to ensure all services are included.

How do I add a provider to an existing group?

- If the existing group is enrolled FFS, you can add individual providers by:
  - If provider has a Medicaid ID, add them to group using One Page Provider Linking Form (FD-23A)
  - If provider is without a Medicaid ID, complete a full group application and add them in Q20

Can I use CAQH to streamline the credentialing process?

- All 5 MCOs are required to accept CAQH for credentialing individual practitioners
- Individual providers can create a CAQH profile, storing information about provider education, work history, training, licenses, insurances, etc.
- Individual providers only need to enter this information once into CAQH and can grant access for it to flow to all five MCOs

What can I do if I cannot join an MCO by January 1, 2025?

- MCOs are required to attempt to contract and credential with all active FFS providers providing Phase 1 services ahead of go-live on January 1, 2025.
- If you are unable to contract and credential for whatever reason, you can set up an out-of-network (OON) or single-case agreement with the MCO.

# NJ FamilyCare Behavioral Health Integration

## Provider Frequently Asked Questions (FAQ) II/II

### Prior Authorization (PA)

Which services will require PA?

- Behavioral Health Phase 1 services that may require PA include:
  - Mental Health (MH) Partial Care
  - MH Partial Hospital
  - MH Partial Hospital
  - Substance Use Disorder (SUD) Partial Care
  - SUD Intensive Outpatient
  - Ambulatory Withdrawal Management
- PA is prohibited for Outpatient MH/SUD Counseling

Can we submit PA requests before January 1, 2025?

- All active FFS authorizations as of December 31, 2024 will be automatically transferred to MCOs and remain active for the remaining duration of the original authorization period
  - If providers need to submit PAs from now through to December 31, 2024, please submit as FFS and the authorization will be auto-transferred
- Providers must submit requests to MCO for continued coverage prior to the end date of the original PA

How do I access the NJSAMS portal?

- NJSAMS portal can be accessed at <https://njsams.rutgers.edu/njsams/>

Will MCOs utilize ASAM-3?

- Yes, SUD level of care determinations will be made using ASAM-3 standards to align with NJ Substance Abuse Monitoring System (NJSAMS)

### Payment Rates

What will I be paid by MCOs?

- As of January 1, 2025, MCOs are required to pay providers at or above the amount outlined in the fee-for-service (FFS) payment schedule

Will rates be the same for all MCOs?

- Each MCO is legally permitted to negotiate their own rates with individual providers so long as those rate comply with State policy – i.e., above FFS floor

Will MCOs be required to raise contract rates to match floor if Medicaid FFS rates are adjusted in middle of contract period?

- Yes, contract rates, at all times, must be at or exceed the FFS floor effective on the date indicated by DMAHS.

### Claims

Can I submit claims online and offline?

- Yes. Most MCOs allow submission through their portal or using a paper form.

How long will it take to process my claim?

- MCOs must comply with following BH claims processing timelines:
  - 15 days for 90% of electronic clean claims
  - 30 days for 90% of manual clean claims
  - 45 days for 99.5% of all claims

### Key Contacts

Who are the key network contacts for each MCO?

- Aetna
  - Network Relations
  - (855) 232-3596 + press star (\*)
  - [AetnaBetterHealth-NJ-ProviderServices@Aetna.com](mailto:AetnaBetterHealth-NJ-ProviderServices@Aetna.com)
- Fidelis
  - Contract Negotiator
  - (908) 415-3101
  - [wc\\_njpr@fideliscarenj.com](mailto:wc_njpr@fideliscarenj.com)
- Horizon
  - BH Network Manager
  - (800) 682-9091
  - [BHMedicaid@horizonblue.com](mailto:BHMedicaid@horizonblue.com)
- UnitedHealth
  - NJ Network Manager
  - (877) 614-0484
  - [Njnetworkmanagement@optum.com](mailto:Njnetworkmanagement@optum.com)
- Wellpoint
  - Carelon Provider Relations Line
  - (800) 397-1630
  - [provider.relations.NJ@carelon.com](mailto:provider.relations.NJ@carelon.com)

Who can I contact from the State if I have general questions?

- DMAHS and DMHAS are working collaboratively to prepare you for transition
- If you have general questions, please use our dedicated BH Integration Stakeholder Inbox which is managed by staff at DMAHS and DMHAS:
  - [dmahs.behavioralhealth@dhs.nj.gov](mailto:dmahs.behavioralhealth@dhs.nj.gov)