NEW JERSEY HUMAN SERVICES

Provider Prior Authorization Training

NJ FamilyCare Behavioral Health Integration

NOVEMBER 21, 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

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

Materials and recording will be published and available on DMAHS website

NEW JERSEY HUMAN SERVICES

Agenda

Welcome Megan Lisch, Center for Healthcare Strategies	9:00–9:05
Overview of BH Integration Shanique McGowan, BH Program Manager, DMAHS	9:05–9:10
Overview of PA and key standards Shanique McGowan, BH Program Manager, DMAHS	9:10–9:35
MH PA deep-dive Aetna, Fidelis Care, Horizon, UHC, Wellpoint	9:35–10:05
Additional resources and contacts Shanique McGowan, BH Program Manager, DMAHS	10:00–10:05
SUD PA deep-dive Vicki Fresolone, Manager of Integrated Services, DMHAS Nitin Garg, Director of IT, DMHAS Chandra Akenapalli, DMHAS	10:05–10:30

Reminder | BH Integration Overview

- NJ FamilyCare has two payment models: Fee For Service (FFS) and Managed care
- While physical health (PH) is billed to managed care organizations (MCOs), behavioral health (BH) services for the general population are currently billed FFS
- NJ is moving select BH services from FFS to managed care, meaning PH and BH services will be managed by a single entity
- Goals: (1) increase **access**, (2) focus on **whole person care**, and (3) provide the **right services**, in the **right setting**, at the **right time**
- 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 but no sooner than Jan '26[2]
Phase 2
Residential & Opioid Treatment Programs

TBD[2]
Phase 3
Additional BH services TBD

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 based on additional analysis and stakeholder input

NEW JERSEY HUMAN SERVICES

Planned services for each phase of BH integration

Phase 1– Outpatient BH[1] Services

- 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

Phase 2 – Residential & OTP

- Adult mental health rehab (AMHR) / MH supervised residential
- SUD short-term residential
- SUD — medically monitored inpatient withdrawal management
- SUD long-term residential
- Opioid treatment programs (OTPs)

Phase 3 – Additional BH Services[2]

Not exhaustive

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

- 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. 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 based on additional analysis and stakeholder input

Five learning goals for today

By the end of today's training, you will:

- Be aware of recent **policy changes** improving the prior authorization (PA) process under managed care
- Understand the **high-level process** for submitting PA requests under managed care
- Know how to submit PA requests for **mental health** services
- Know how to use **NJSAMS** to submit PA requests for **substance use disorder (SUD)** services
- Identify **key contacts** and **resources** for ongoing support and information

Prior Authorization

Like FFS, providers are required to obtain approval from MCOs before delivering and being reimbursed for **certain services**

Goals

- **Medical necessity:** PA helps verify that the proposed treatment or medication is medically necessary and appropriate for the member's condition
- **Member safety:** PA ensures that prescribed treatments and medications are safe and effective for the member
- **Cost effectiveness:** PA helps guide the use of treatments that are both evidence-based and cost-effective, maximizing access to quality care for all member

Three key types of PA requests

Initial authorization

A PA requested **before** the start of a service or treatment

Concurrent / Extension authorization

A PA requested for the **continuation or extension** of a service already underway

Retroactive authorization

A PA that is submitted **post service** delivery and backdated to the first day of service

Intended for specific, exceptional circumstances[1]

1. It is the responsibility of the provider to ensure authorization is obtained prior to service delivery

NEW JERSEY HUMAN SERVICES

Recent policy changes improve PA process under managed care (I/II)

Transitional

Transfer all active PAs to MCOs	• All active authorizations with end dates after January 1, 2025, will be automatically transferred to MCOs
Auto-approval during transition	• MCOs required to auto-approve all services for the first 90 days of transition (until March 31, 2025)
Exempt services	• No prior authorization permitted for **mental health (MH)** and **substance use disorder (SUD) outpatient counseling and psychotherapy**
Urgency designation	• Designated certain services as urgent (e.g., SUD IOP)
Reduced turnaround times	• Reduced turnaround times for behavioral health services, including 24 hours for all urgent services – *more detail to come*

Recent policy changes improve PA process under managed care (II/II)

Retroactive authorization	• MCOs must allow submissions of authorizations within 5 days of service initiation; retroactive authorizations can only be denied for lack of medical necessity or eligibility
Minimum durations	• Set minimum durations to ensure adequate time for providers to complete assessments – *more detail to come*
Standardized required fields	• Standardized required fields for MH and SUD PA across MCOs – *more detail to come*
NJSAMS for SUD PA	• Require MCOs to accept NJSAMS for all SUD PA requests to remove duplication in provider data entry – *more detail to come*
ASAM trainings	• Instituting annual training requirements on ASAM for MCO staff reviewing SUD PA requests, as well as inter-rater reliability testing to ensure consistent application of criteria across MCO UM staff

Four key steps in managed care PA

1. **Determine when PA is required**
   - For which services is PA required vs. not required?
2. **Submit PA request**
   - Where do I submit my PA request?
   - What are the required fields / information I must submit?
3. **MCO processes PA request**
   - How long will it take to process my PA request? (i.e., turnaround time)
   - How long will my PA last, if approved? (i.e., authorization duration)
4. **Dispute and/or appeal PA decision**
   - My PA got denied. What can I do?
   - Who can I contact to help me?

Similar across MCOs | MCO variation | As needed

Phase 1 service PA requirements

PA not required

MH

- Outpatient counselling and psychotherapy

SUD

- Outpatient counselling and psychotherapy

PA required

MH

- Partial Care (PC)
- Partial Hospital (PH)

SUD

- Partial Care (PC)
- Intensive Outpatient (IOP)
- Ambulatory Withdrawal Management (AWM)[1]

1. Not required for Horizon

Auto-approved Phase 1 services

Purpose of submitting "administrative" (auto-approved) PA request is for MCO visibility and documentation

Until March 31, 2025

All MH and SUD services for the first 90 days of integration

Ongoing – for participating providers

All court ordered MH and SUD services

For ambulatory withdrawal management, auto-approval of 5 days for alcohol, opioids, and benzodiazepines use disorders

Summary of where to submit MH PA requests

	Provider Portal *Preferred method*	Call or Fax *Available if needed*
Aetna	Availity Portal	**Phone:** 1-855-232-3586 (follow prompts to BH) **Fax:** 1-844-404-3972 (include PA form)
Fidelis Care	Fidelis Care Provider Portal	**Phone:** 1-888-453-2534 **Fax:** 1-888-339-2677 for Outpatient and 1-855-703-8082 for Inpatient
Horizon	Availity Portal	**Phone:** 1-800-682-9094 **Fax:** 1-732-938-1375 or 1-855-241-8895 for Outpatient
United	Provider Express	**Phone:** 1-888-362-3368 (Enter TIN#, select option 3, enter member ID, select option for MH)
Wellpoint	Availity Portal	**Phone:** 1-833-731-2149 (Provider Services) **Fax:** 1-844-451-2794 for Inpatient Medicaid and Urgent Services; 1-844-442-8007 for OP Medicaid[1]

For members with presumptive eligibility, MH PA gets submitted to the county Medical Assistance Customer Centers (MACC) offices.

1. Medicare lines also available: Outpatient Medicare – 844-430-1703 and Inpatient Medicare and Urgent Services – 844-430-1702

SUD PA requests

In general, SUD PA requests for Phase 1 services are to be submitted in NJSAMS

(more detail to come)

Required fields for complete MH PA request

Note: Required fields for complete SUD PA will be shared later in presentation

Category	Required fields
General information	• Non-urgent vs. urgent (& clinical reason for urgency) • Type of request (initial vs. extension, renewal, or amendment)
Patient information	• Name, phone #/address, DOB, member ID and Medicaid #
Provider information	• For both requesting provider/facility and servicing provider or facility: - Name, NPI, Specialty, Contact info (phone, address, email), TIN - PAR vs. OON
Services requested	• Plan of care • CPT or HCPCS code(s) and units • MH treatment requested with frequency / length, start / end date • Diagnosis description (ICD) & code • Checkmark for level of care required
Clinical documentation	• Brief clinical history • Present clinical status (incl. presenting symptoms, medications used/medication plan) • Risk of harm to self or others • Criteria / level of care utilized in past 12 months • Discharge plan (incl. planned discharge level of care, barriers to discharge, expected discharge date)

The State of New Jersey has established a policy requiring MCOs to standardize these fields as the minimum necessary for a complete PA request

MCOs may request additional information or fields but a PA request will be deemed complete as long as these required fields are accurately submitted

Turnaround time starts at PA receipt and ends when MCO issues decision

Turnaround time =
Time between MCOs receiving PA request and decision

Clock starts

at **MCO receipt of PA request** (whether complete or incomplete)

Clocks stops

when **MCO issues decision** or if MCO requests additional information

Clock **resets** when provider responds / re-submits[1]

Urgent PA Example:

- Provider submits incomplete PA for MH acute partial hospital on Tues at 12pm – 0 hrs
- MCO requests additional information at 5pm *(clock stops)* – 5 hrs
- Provider submits amendment on Thurs at 9am *(clock resets)* – 0 hrs
  - MCO has until 9am Fri to make decision (24 hour turnaround)
- Makes decision on Fri at 6pm (clock stops) – 9hrs

Total turnaround time = **9hrs**

(Yellow = elapsed turnaround time)

1For urgent requests, the clock resets upon MCO receipt of additional information according to prescribed timelines, but with a new turnaround time cap of 48 hours from time of additional information receipt

Maximum turnaround time of a PA request depends on urgency designation

Urgent

For outpatient services:

- **24 hours** on business days and
- **1 business day on weekends / holidays[1] but not to exceed 72 hours[2] from submission** (to account for provider-MCO weekend communication)

For inpatient / residential services:

- **24 hours**

Non-urgent

Turnaround time is **7 calendar days**

Turnaround time for modified denials, auto approvals, extension requests, and retroactive authorizations should follow turnaround time for **initial authorizations**

1. Holidays defined as those officially observed by New Jersey State; 2. Reduced to 48 hours if submission is a modified PA with additional info requested by MCO

Some services are always urgent, and others depend on admission method or provider / MCO discretion

	Always urgent	Can be urgent *If referred from inpatient, residential or ER screening*
MH	• Acute partial hospital (APH) • Inpatient psychiatric hospital care	• Partial hospital (PH) • Partial care (PC) • Adult Mental Health Rehabilitation (AMHR)
SUD	• Ambulatory withdrawal management (AWM) • Residential detoxification / withdrawal management (ASAM 3.7 WM) • Intensive outpatient (IOP) • Short term residential (STR) • Inpatient medical detoxification	• Partial care • Long term residential

Already carved in | **Phase 1 service** | **Phase 2 service**

Any service can additionally be classified as urgent by provider / MCO discretion

Minimum duration

DMAHS has worked with MCOs to set minimum initial authorization durations for certain BH services to ensure that members receive care for an appropriate amount of time and to give providers sufficient time to develop and implement a treatment plan

Service	**Minimum** Authorization Duration[1]
MH Acute Partial Hospital and Partial Hospital	14 days
MH Partial Care	14 days
SUD Partial Care and IOP	30 days
Short Term Residential (Phase 2 service)	14 days
Long Term Residential (Phase 2 service)	60 days

1. *These are required minimums. MCOs can grant longer durations based on member needs at MCO's discretion*

Right to appeal and request continuation of benefits

Step 0: Receive PA decision letter

If an initial or extension authorization is denied, members and providers will receive a letter from MCO

For extensions, MCOs must send notice 10 days before end of service authorization

The letter outlines:

- **MCO decision** to deny or reduce request
- **Steps to appeal** and continue services
- **Representation options**

Step 1: Request Appeal (starting with first level)

Members have **60 days** from the denial date on decision letter to appeal (verbally or in writing).

Members can request appeals on their behalf through providers or authorized representatives

Step 2: Request continuation of benefits

Members or representatives must request continued benefits:

- On or before the last day of current authorization; or
- Within 10 days of receiving the denial letter.

Example: If the letter arrives 5 days before authorization ends, request continuation within 5 days after receiving it

Three levels of appeal

1. **Internal Appeal:** Formal internal review by MCO
2. **External/IURO Appeal:** External appeal conducted by an Independent Utilization Review Organization (IURO)
3. **Medicaid Fair Hearing:** This can take place in parallel with external/IURO appeal or afterwards if decision is not in member's favor

MCO Round Robin

5 mins x 5 MCOs

- Introduce PA team
- How to submit MH claims using portal
- Share training information / additional resources

NEW JERSEY HUMAN SERVICES

Aetna Better Health of NJ (ABHNJ)

Presenter

Alyxandra Llorens

LCPC, Manager, Clinical Health Services

Aetna | Meet our Prior Authorization team

Vincenza Stone, LMHC
Clinical Team Lead

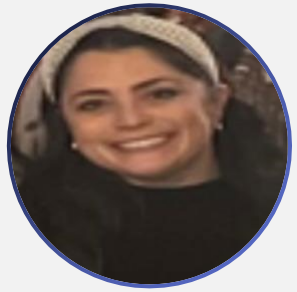
- Oversite of IP and PA authorizations
- SME for BH UM

Michele Cinkewicz
UM Clinical Consultant

- Inpatient Authorizations
- Rapid Readmission Pilot

Stephanie Haney, RN
UM Clinical Consultant

- Inpatient Authorizations



Cristina Defuria, LMFT
UM Clinical Consultant

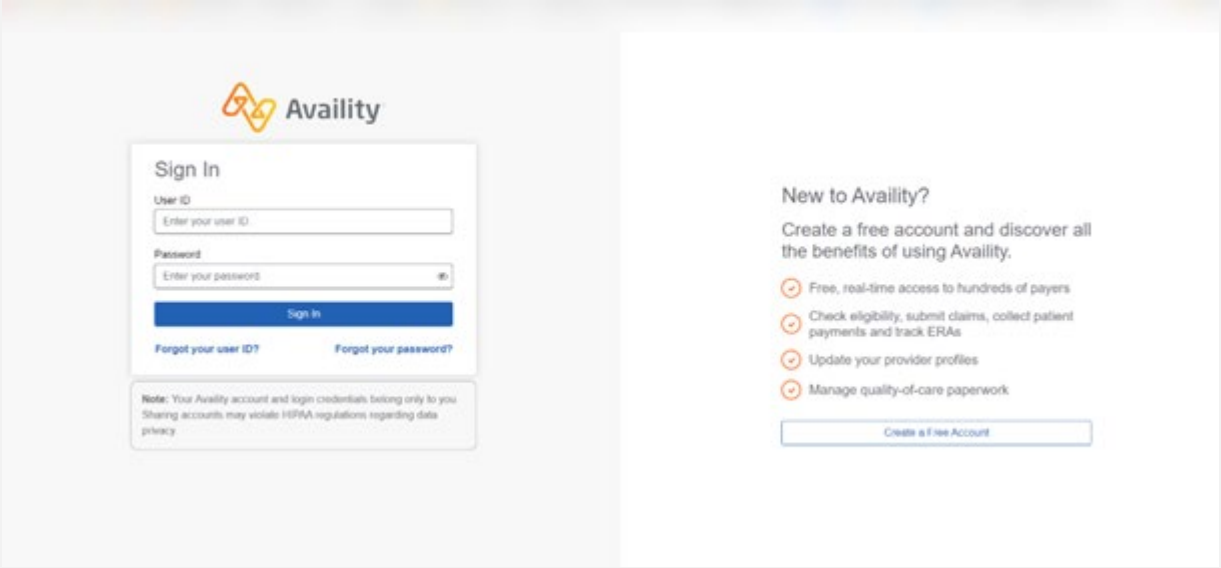
- Prior Authorizations

Maizel Quiva, MA, BCBA, LBA
UM Clinical Consultant

- ABA Authorizations

NEW JERSEY HUMAN SERVICES

Aetna
MH PA requests using our portal

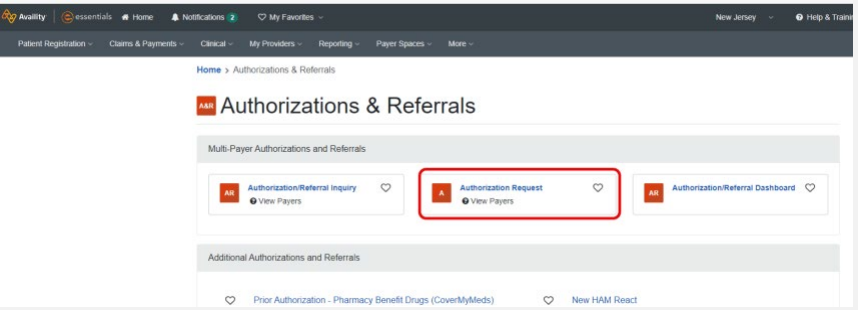


Submit PA using Availity Portal
Access Availity Here

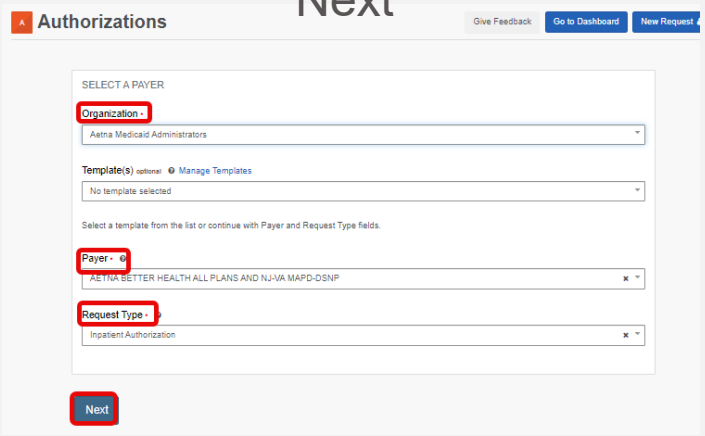
NEW JERSEY HUMAN SERVICES

Submitting Authorizations in Availity

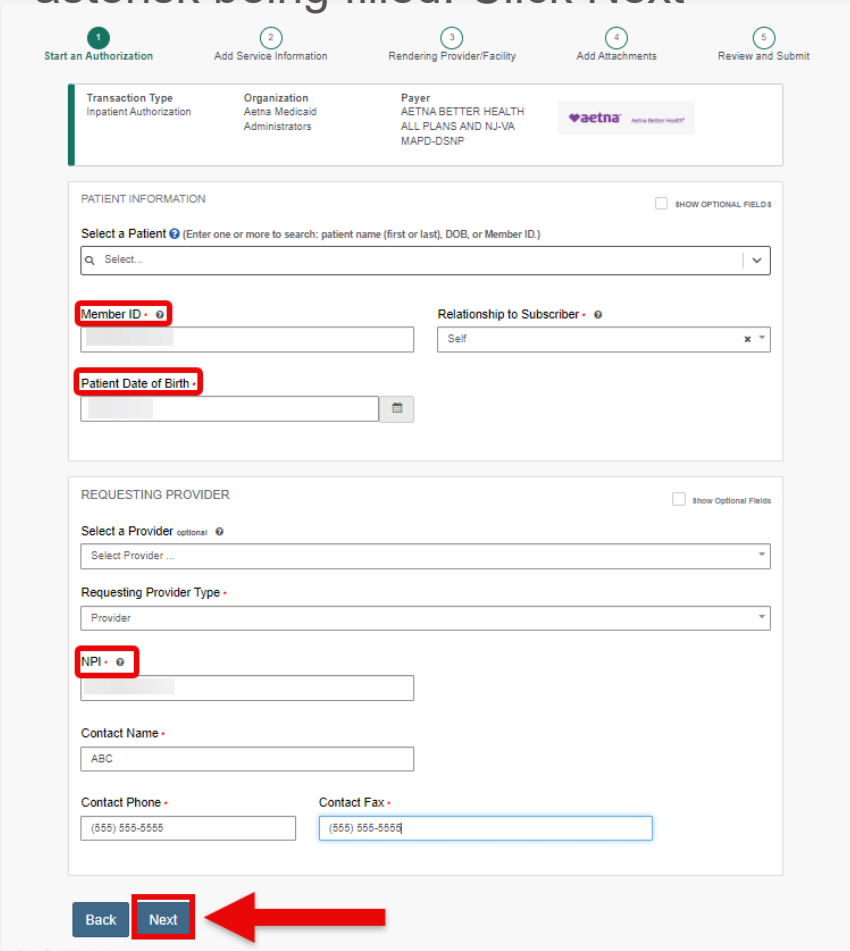
1 Select Authorization Request



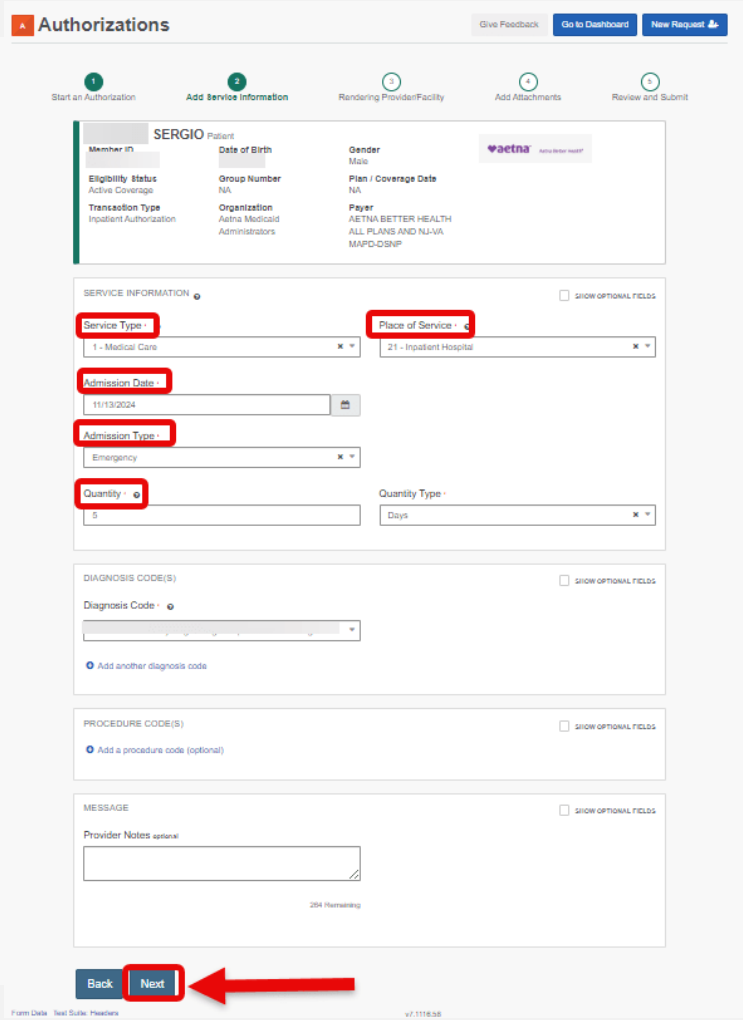
2 Enter applicable info and click Next



3 Enter the information for each asterisk being filled. Click Next

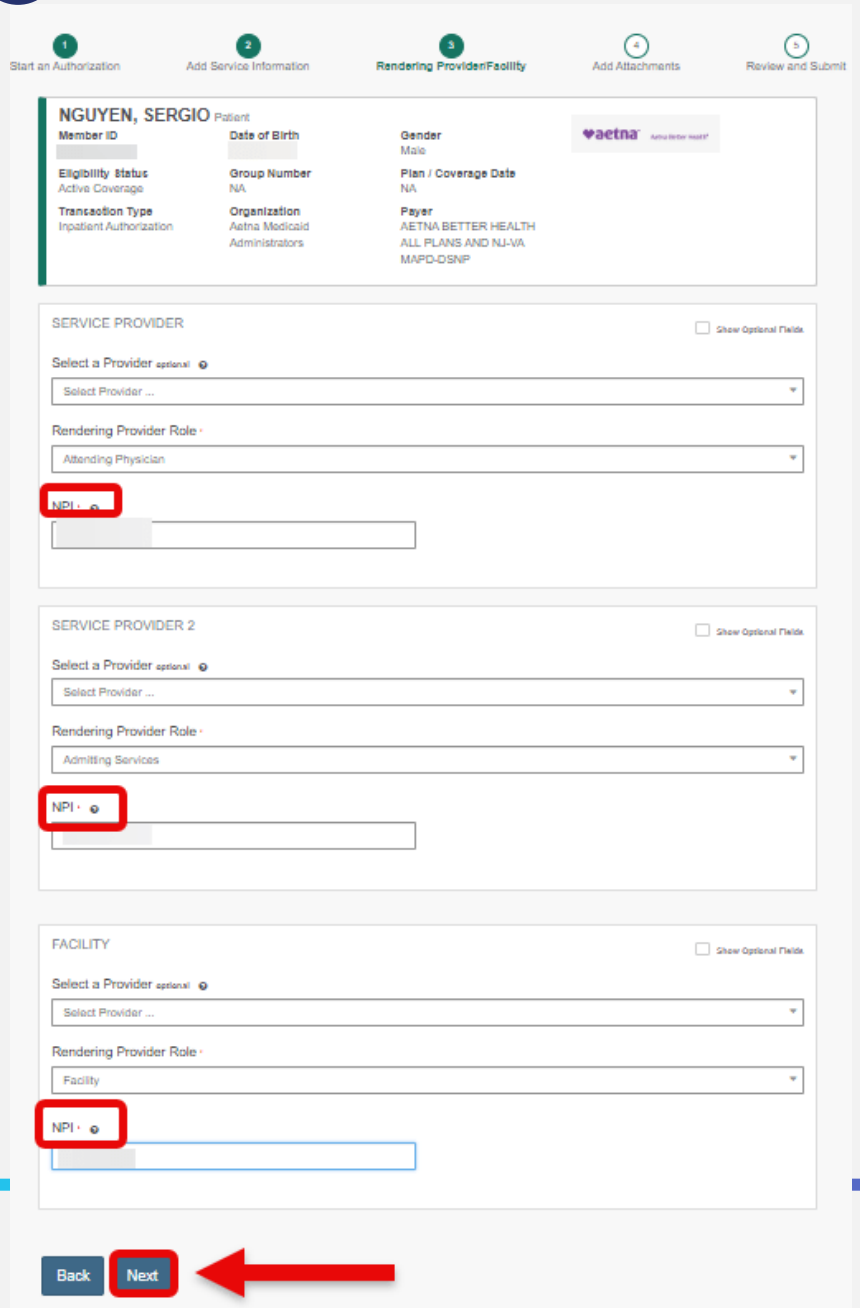


4 Enter the information for the authorization. Click Next

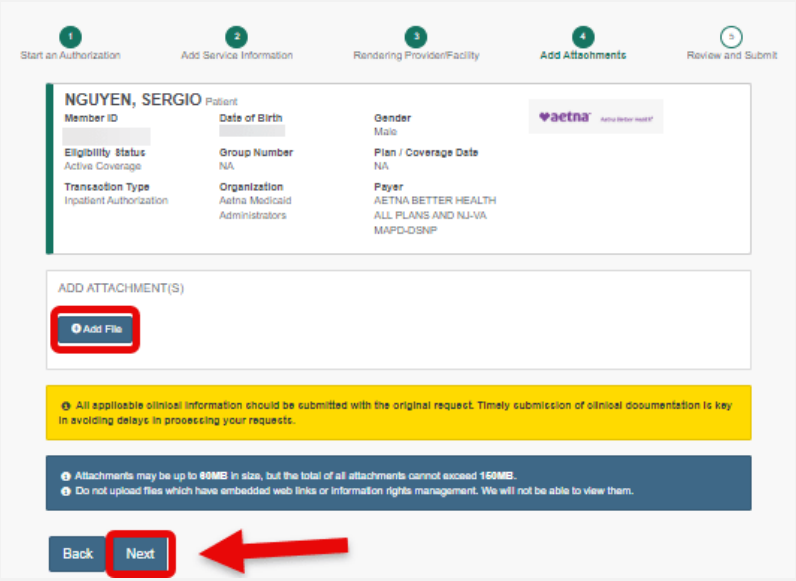


NEW JERSEY HUMAN SERVICES

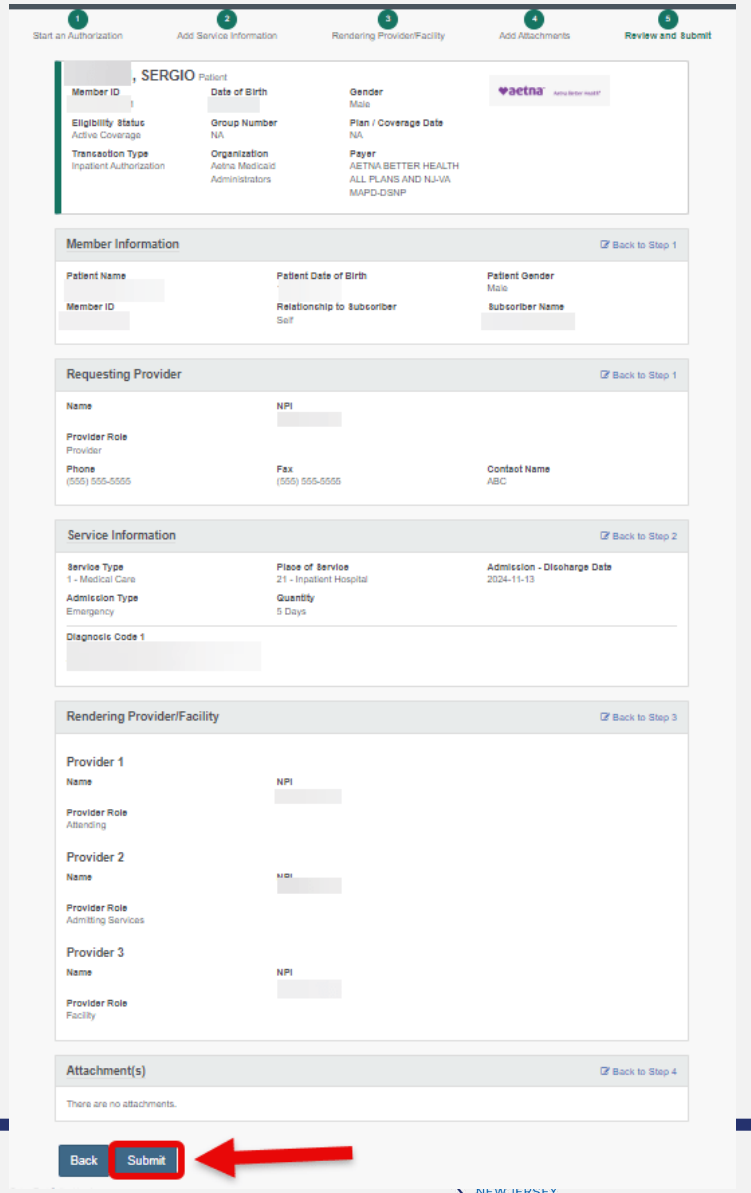
5 Enter the provider info and click Next



6 Add any attachments and click Next



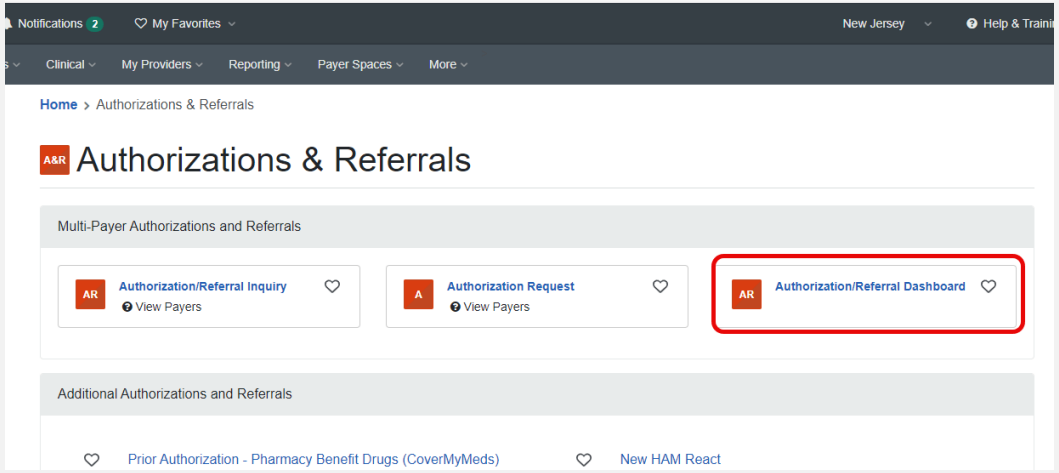
7 Verify all information and hit Submit



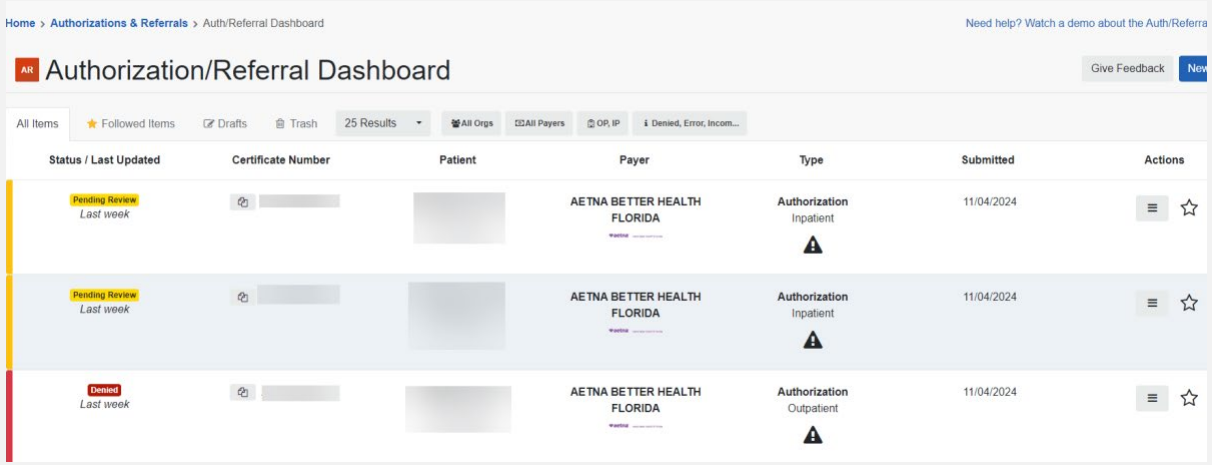
NEW JERSEY HUMAN SERVICES

Checking Status of Authorizations Submitted via Availity

1. Click on Authorization/Referral Dashboard



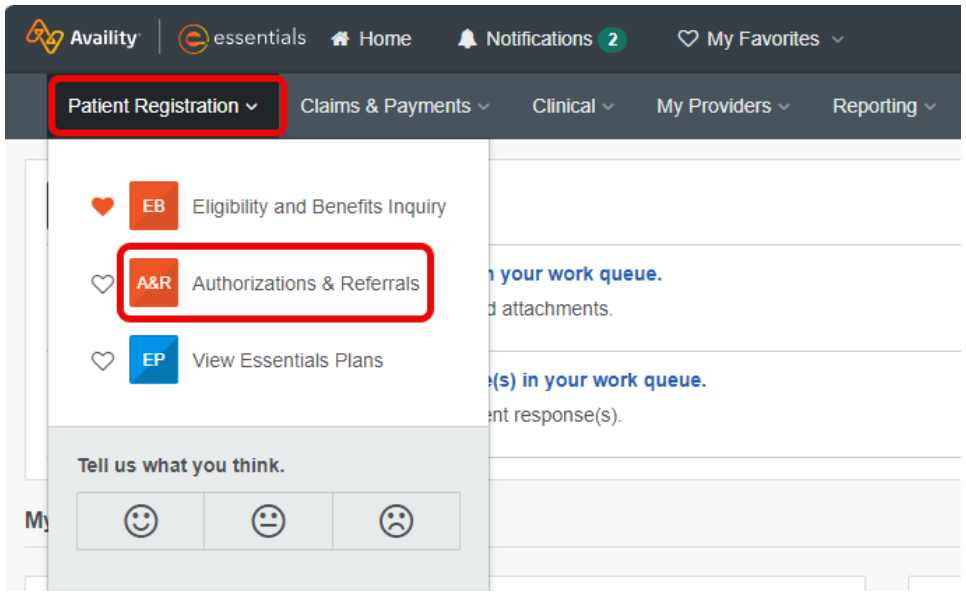
2 This will show status of <u>those submitted in Availity only</u>



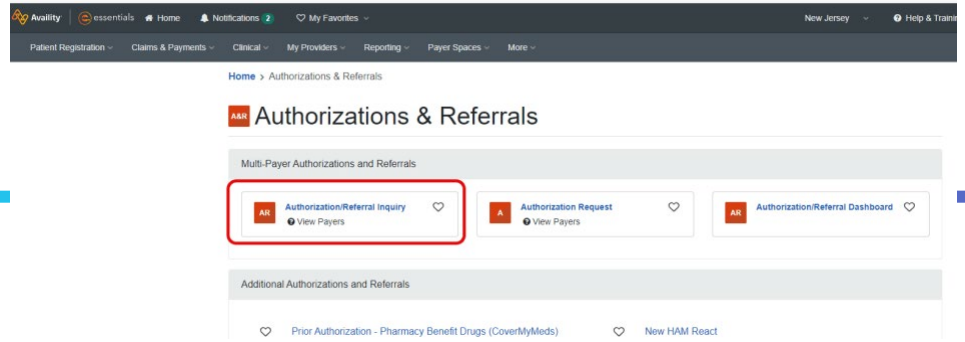
NEW JERSEY HUMAN SERVICES

Authorization Inquiries

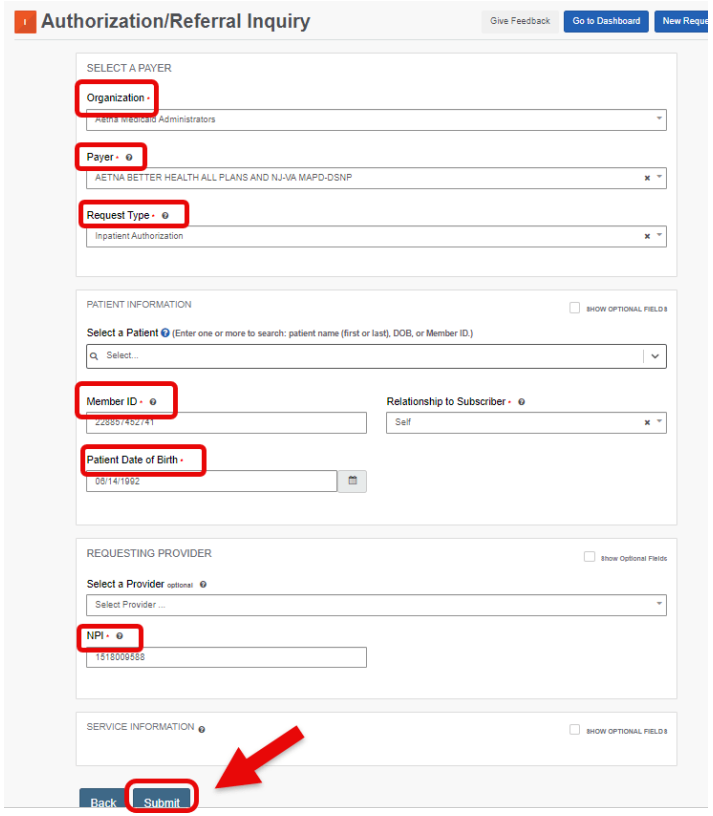
1. Once the provider is logged in, go to patient registration and authorizations & referrals.



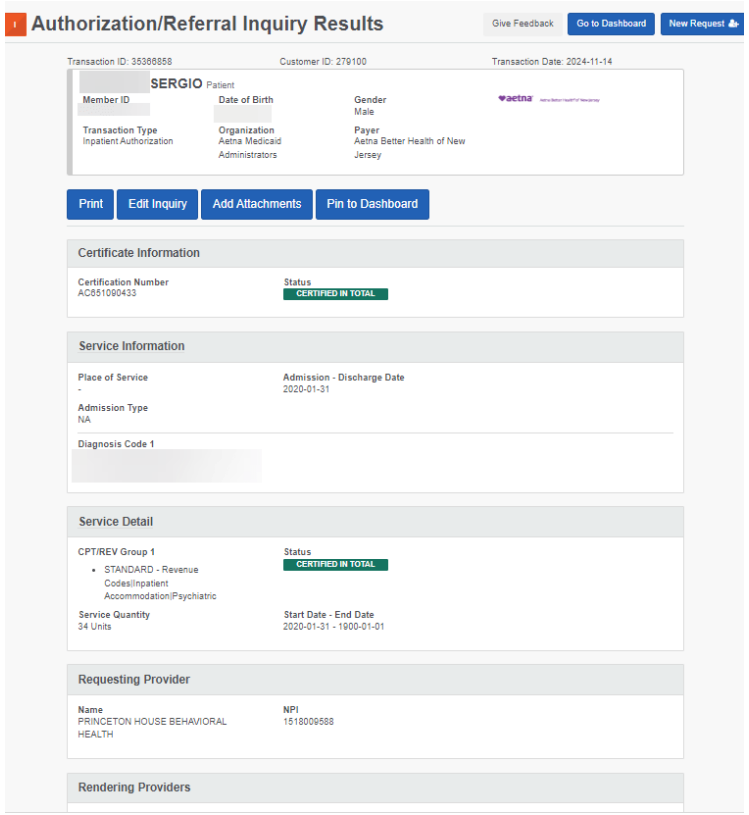
2. For inquiries, select Authorization/Referral Inquiry



3. Enter all applicable data that has an asterisk *. Then click submit



4. Once you click submit, the auth information will populate.

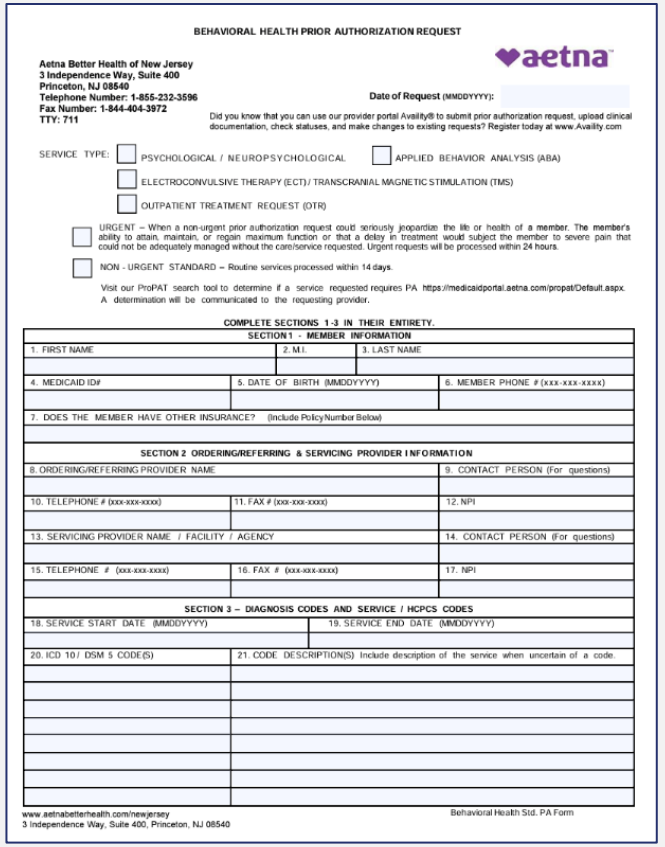


Aetna | Other ways to request PA

You may submit prior authorization requests to us 24-hours-a-day, 7-days-a-week through one of the options below

- **Fax:** 1-844-404-3972 (please include Prior Auth Form)
- **Phone:** 1-855-232-3596 – Follow prompts to BH
- **Availity** Portal
- **NJSAMS** (only for SUD authorization requests)

PA request form
https://www.aetnabetterhealth.com/newjersey/providers/materials-forms.html



BEHAVIORAL HEALTH PRIOR AUTHORIZATION REQUEST

aetna

Aetna Better Health of New Jersey
3 Independence Way, Suite 400
Princeton, NJ 08540
Telephone Number: 1-855-232-3596
Fax Number: 1-844-404-3972
TTY: 711

Date of Request (MMDDYYYY):

Did you know that you can use our provider portal Availity® to submit prior authorization request, upload clinical documentation, check statuses, and make changes to existing requests? Register today at www.Availity.com

SERVICE TYPE: ☐ PSYCHOLOGICAL / NEUROPSYCHOLOGICAL ☐ APPLIED BEHAVIOR ANALYSIS (ABA)
☐ ELECTROCONVULSIVE THERAPY (ECT) / TRANSCRANIAL MAGNETIC STIMULATION (TMS)
☐ OUTPATIENT TREATMENT REQUEST (OTR)

☐ URGENT – When a non-urgent prior authorization request could seriously jeopardize the life or health of a member. The member's ability to attain, maintain, or regain maximum function or that a delay in treatment would subject the member to severe pain that could not be adequately managed without the care/service requested. Urgent requests will be processed within 24 hours.

☐ NON - URGENT STANDARD – Routine services processed within 14 days.

Visit our ProPAT search tool to determine if a service requested requires PA https://medicaidportal.aetna.com/propat/Default.aspx. A determination will be communicated to the requesting provider.

COMPLETE SECTIONS 1-3 IN THEIR ENTIRETY.

SECTION 1 - MEMBER INFORMATION		
1. FIRST NAME	2. M.I.	3. LAST NAME
4. MEDICAID ID#	5. DATE OF BIRTH (MMDDYYYY)	6. MEMBER PHONE # (xxx-xxx-xxxx)
7. DOES THE MEMBER HAVE OTHER INSURANCE? (Include Policy Number Below)		

SECTION 2 ORDERING/REFERRING & SERVICING PROVIDER INFORMATION		
8. ORDERING/REFERRING PROVIDER NAME		9. CONTACT PERSON (For questions)
10. TELEPHONE # (xxx-xxx-xxxx)	11. FAX # (xxx-xxx-xxxx)	12. NPI
13. SERVICING PROVIDER NAME / FACILITY / AGENCY		14. CONTACT PERSON (For questions)
15. TELEPHONE # (xxx-xxx-xxxx)	16. FAX # (xxx-xxx-xxxx)	17. NPI

SECTION 3 – DIAGNOSIS CODES AND SERVICE / HCPCS CODES	
18. SERVICE START DATE (MMDDYYYY)	19. SERVICE END DATE (MMDDYYYY)
20. ICD 10 / DSM 5 CODE(S)	21. CODE DESCRIPTION(S) Include description of the service when uncertain of a code.

www.aetnabetterhealth.com/newjersey
3 Independence Way, Suite 400, Princeton, NJ 08540

Behavioral Health Std. PA Form

NEW JERSEY HUMAN SERVICES

Aetna | Upcoming trainings and resources

Upcoming trainings

When	Training Topic	Target audience	Link
Dec 04 12p- 1p	BH Integration Provider Training Integration Overview for BH providers new to ABHNJ	FFS BH providers joining managed care	Register
Dec 11 12p- 1p	BH Integration Provider Training Integration Overview for BH providers new to ABHNJ	FFS BH providers joining managed care	Register
Jan 15 12p- 1p	BH/ABA Provider Training Traditional Overview for BH providers new to ABHNJ	BH/ABA Providers New to ABHNJ	Register

Additional resources

For further information on submitting claims with us, please contact:

Liarra Sanchez, Manager, Network Relations
609-455-8997
SanchezL7@Aetna.com

Links:

- Access Availity Claims Portal Here
- ABHNJ Provider Manual
- MCO Quick Reference Guide
- New Provider Orientation
- ABHNJ Provider Website

FIDELIS CARE®

Presenter

Enola Joefield-Haney

Manager, Behavioral Health
Utilization Management

NEW JERSEY HUMAN SERVICES

Fidelis Care | Meet our Behavioral Health team

Enola Joefield-Haney

Manager, Behavioral Health
Utilization Management

- Oversees multiple business units and leads stakeholder discussions.
- Maintains expertise in contracts, policies, and performance standards; communicates updates
- Analyzes authorization data to identify trends, improvements, and future needs
- Collaborates with clinical teams and leadership to enhance processes and quality

Corinne Mor

Lead Utilization Review
Clinician - Behavioral Health

- Manages prior authorization processes of required authorizations to ensure compliance and proper handling.
- Ensures team adherence to contracts, policies, and performance standards.
- Reviews medical necessity to confirm care aligns with regulatory guidelines.

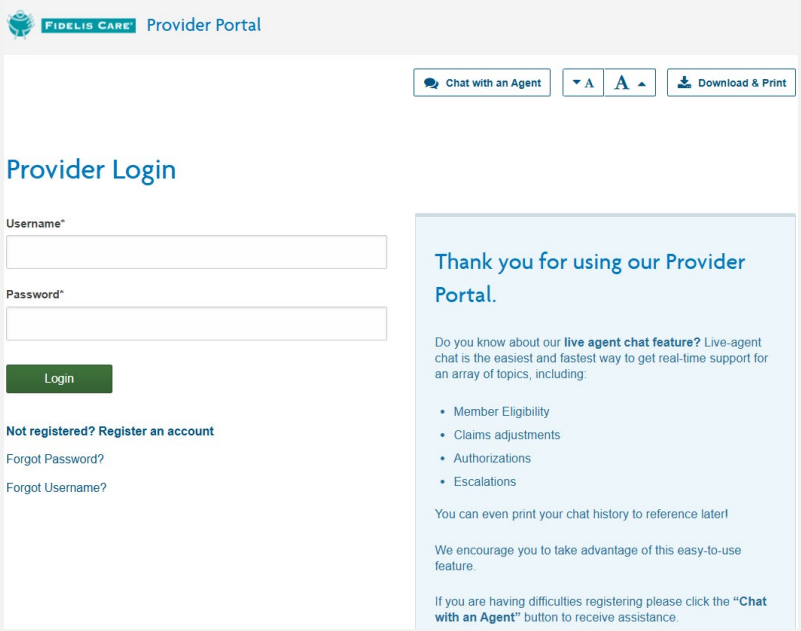
Bianca Mungaray

Utilization Review Clinician -
Behavioral Health

- Reviews authorization requests to assess medical necessity and care appropriateness.
- Collaborates with providers and teams to ensure timely service approvals.
- Supports discharge planning to facilitate smooth care transition

NEW JERSEY HUMAN SERVICES

Fidelis Care
MH PA requests using our portal

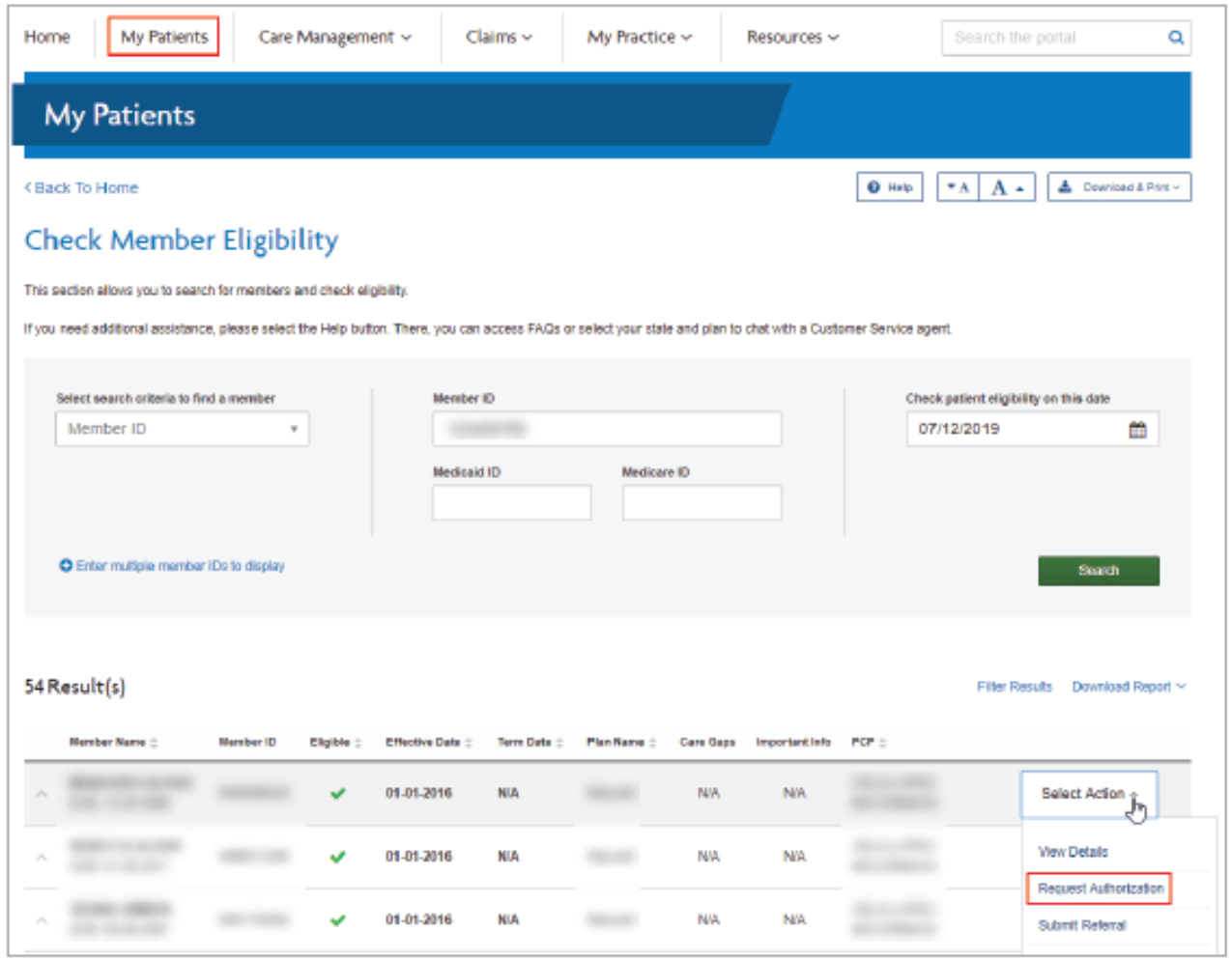


Submit PA using Fidelis Care Portal [secure online provider portal](#).

NEW JERSEY HUMAN SERVICES

Option 1:

Navigate to the "**My Patients**" and search for the desired member. Then open the "**select action**" drop down. Here you will find the "**Request Authorization**" option:

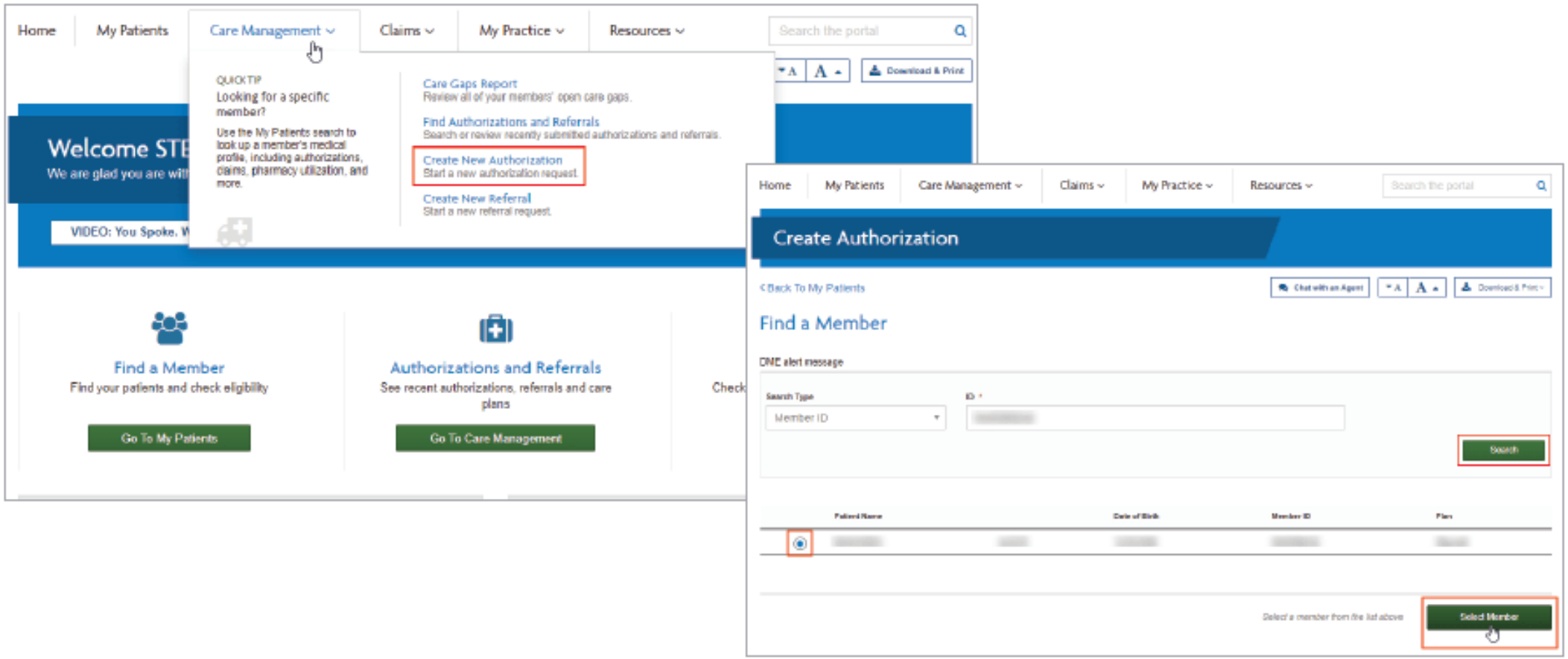


Select "**Request Authorization**" to access the authorization request form.

HUMAN SERVICES

Option 2:

From the "**Care Management**" tab, select "**Create New Authorization.**" You will then be prompted to enter the associated Member ID.



Create Authorization

Chat with an Agent | Help | -A A+

Download & Print

Member Information

COLLAPSE

The following Member is attached to this Authorization

Member Name	Member ID	Date of Birth	Gender	Address	
					Search a Member

Requesting Provider Information

COLLAPSE

The following Provider is attached to this Authorization

Provider ID	Provider Name	Phone Number	Specialty	Address	
					Choose a Provider

County

Requesting Provider Fax *

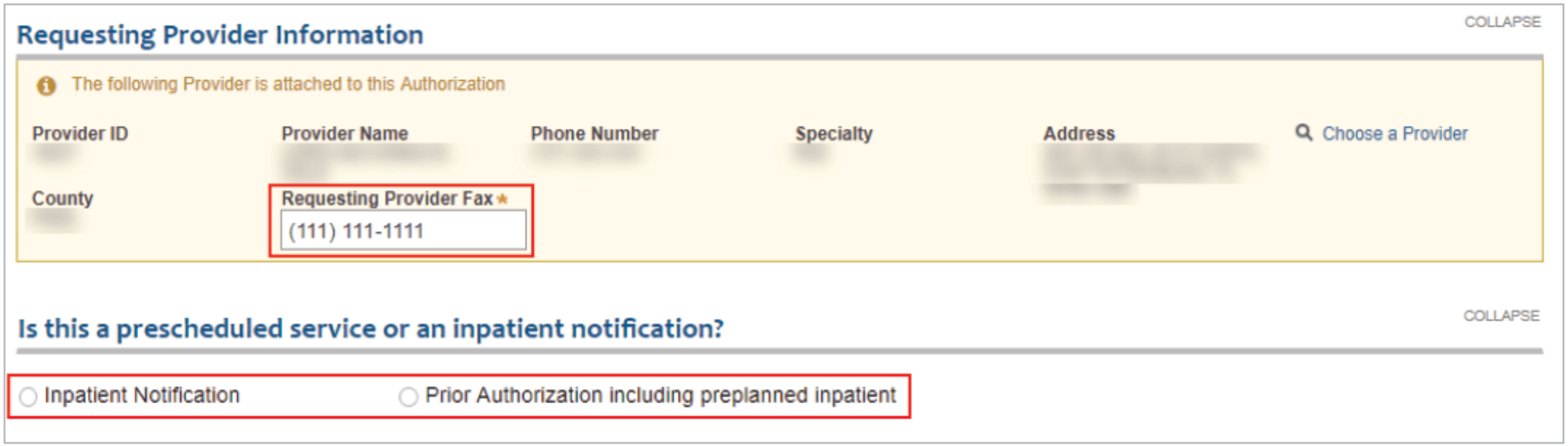
Is this a prescheduled service or an inpatient notification?

COLLAPSE

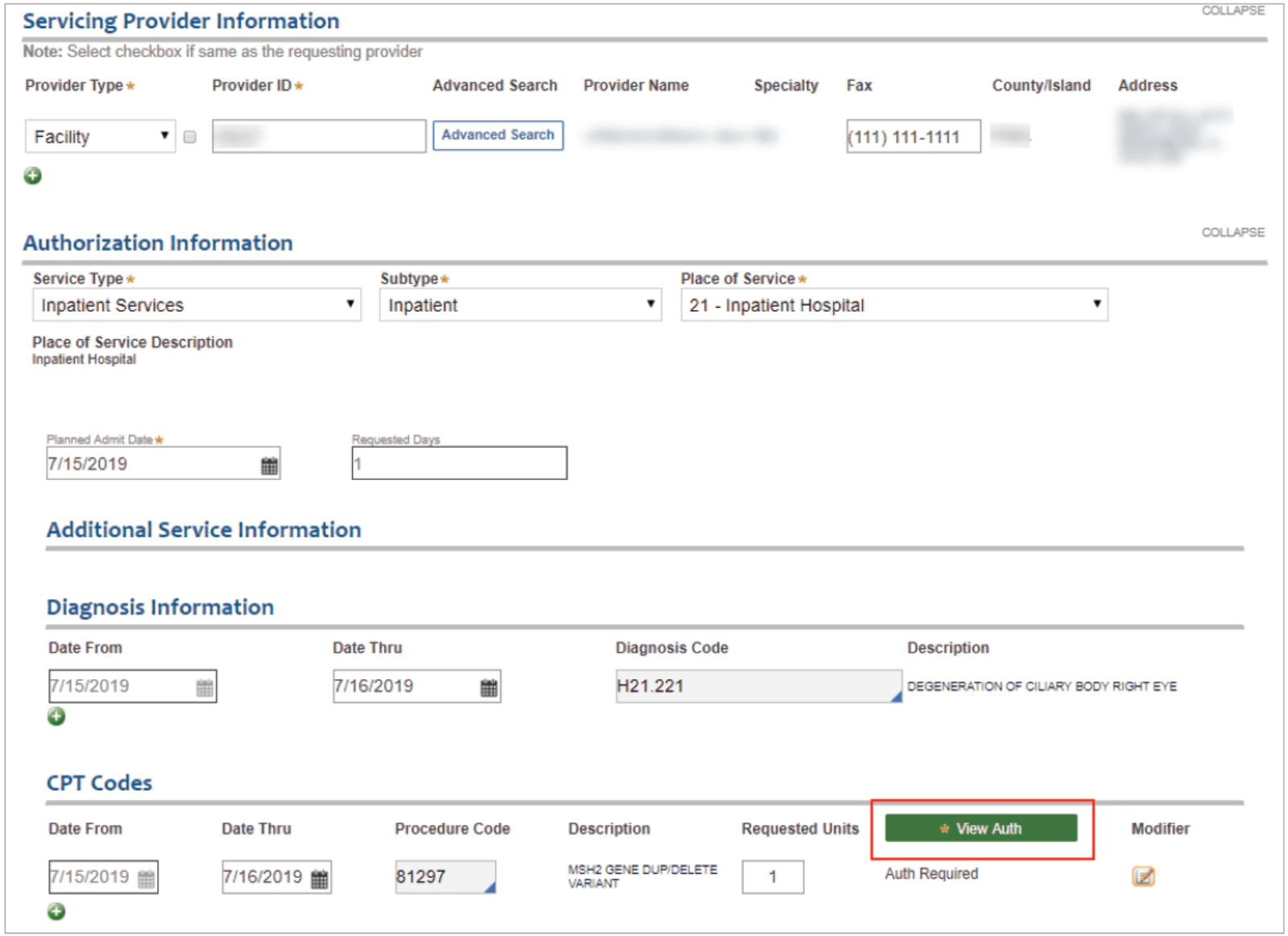
Next, insert a valid fax number using the following format: (111) 111-1111. Then make a selection to determine "**Inpatient**" or "**Outpatient**" for the request. Fields within the form will update, based on whether the authorization is identified as inpatient or outpatient.

Select "**Inpatient Notification**" or "**Prior Authorization including preplanned inpatient**" in the "**Is this a prescheduled service or an inpatient notification?**" field.

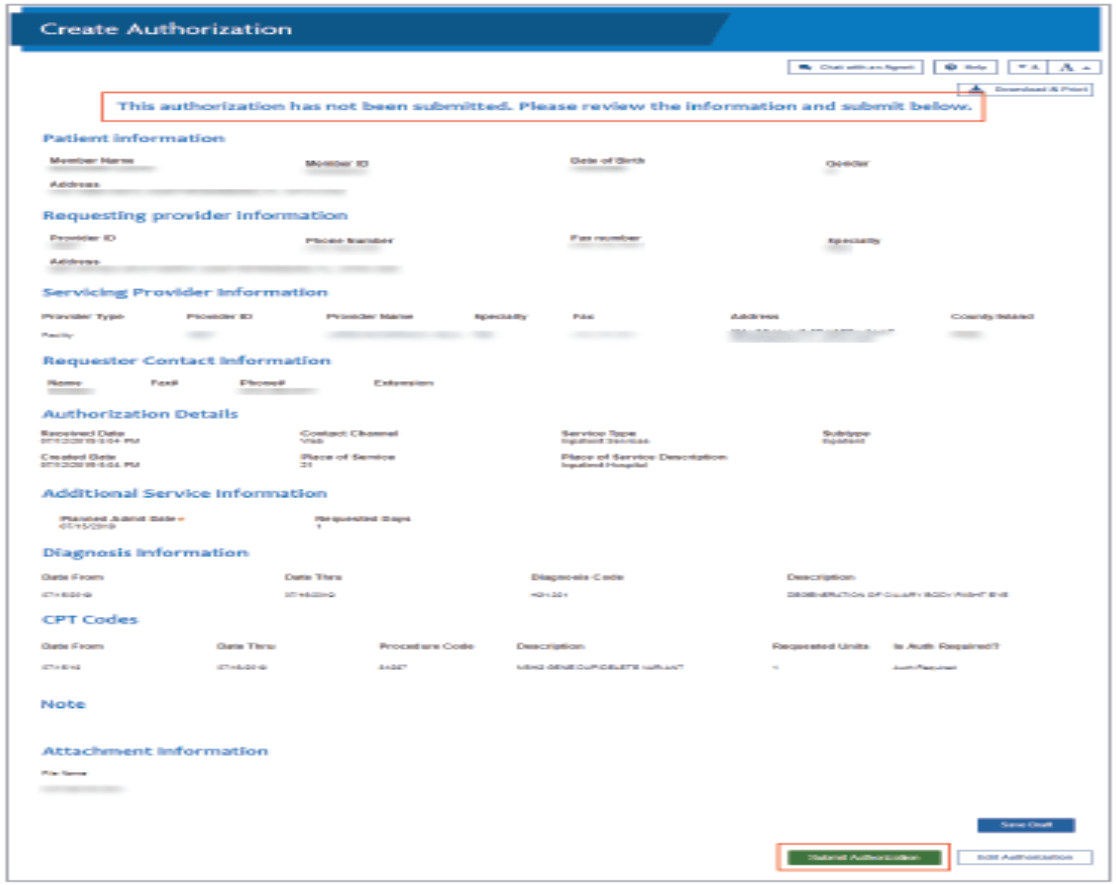
- Inpatient Notification – **Use for an inpatient/observation request**
- Prior Authorization including preplanned inpatient – **Use for an outpatient request or preplanned inpatient request for a future date of service**



Complete the fields in the following sections. For an outpatient authorization, you **must** check the "**View Auth Requirements**" button. (This is not necessary for inpatient authorizations.)



Prior to submission, you will be prompted to review your selections, and given the options to "**Edit**" or "**Submit**":



A reference number will be provided once you submit the request. An authorization number will be sent to you via fax within state-regulated turn around times. You must use the authorization number to search for this authorization in the Provider Portal.

NOTE: An authorization cannot be viewed via the portal until it has moved to an in-progress state and the fax containing the authorization number has been sent.

There are several types of reference numbers:

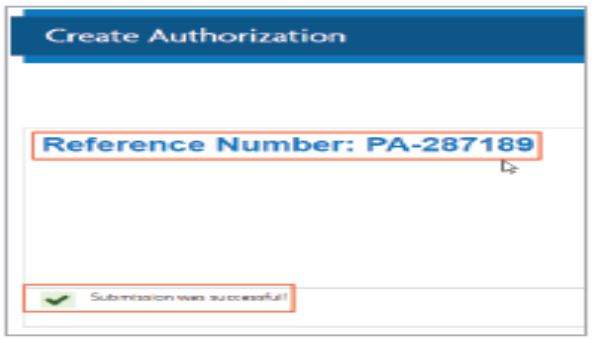
ADMNT: This is a notice of admission

CR: This is a concurrent review. After the notice of admission, this is the clinical review that takes place. There can be multiple concurrent reviews for a single stay. Ex. If a member is admitted to the hospital, there will be an initial review and then one or more additional reviews confirming whether the member is ready for discharge.

PA: Prior authorization. This is an advance notice for outpatient services or for pre-planned inpatient services.

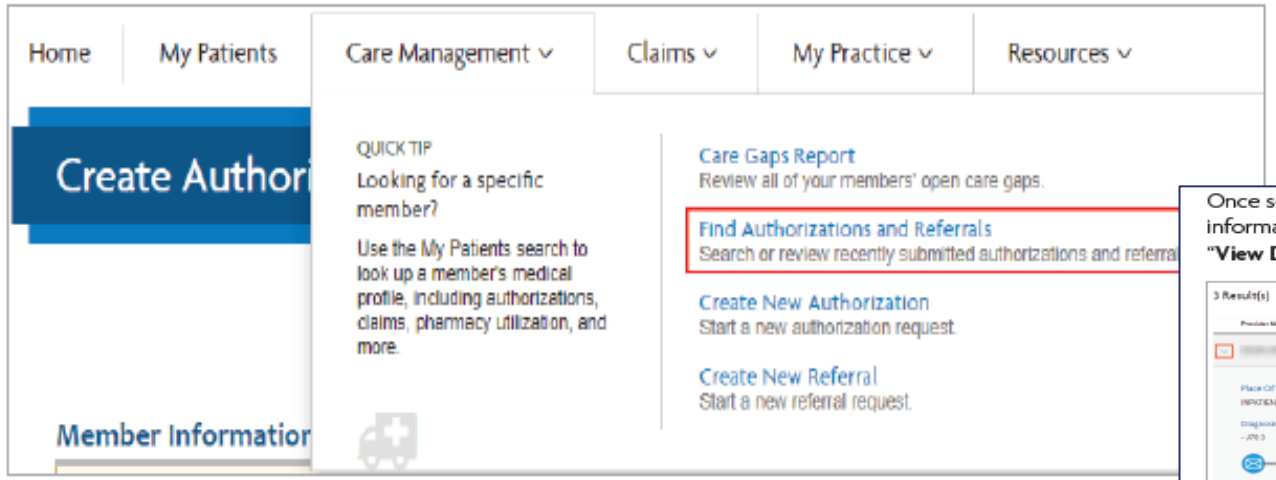
Authorization number: This number is required when submitting your claim(s) for payment.

Example of an ADMNT reference number:

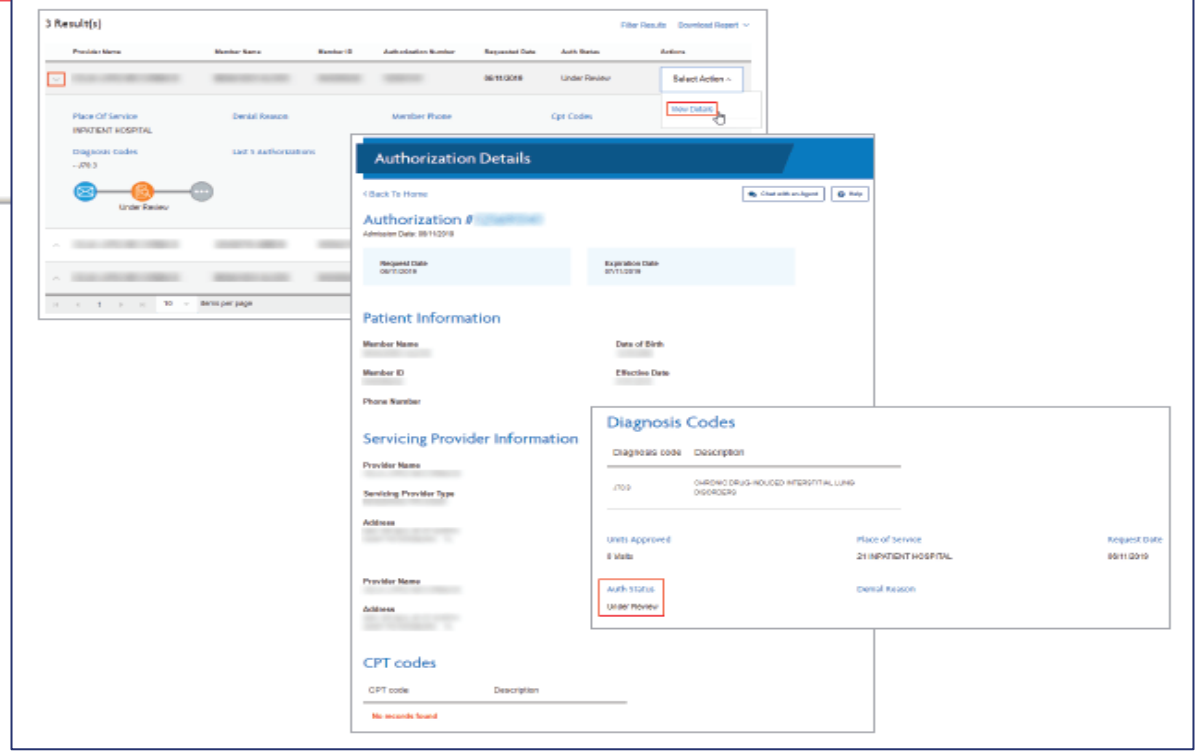


Check Authorization Status

Navigate to the "**Care Management**" tab and select "**Find Authorizations and Referrals**" to view the authorization status.



Once search results are returned, each authorization has an expandable section that provides more detailed information about that authorization. You may also view the full authorization details by selecting the "**View Details**" from the "**Select Action**" drop down.



Fidelis Care | Other ways to request PA

Prior authorization requests can also be submitted via phone or fax.

- Behavioral Health Phone: 888-453-2534
- Outpatient Auth Request Submissions: Fax 888-339-2677
- Inpatient Auth Request Submissions: Fax 855-703-8082

Criteria to determine medical necessity:

- InterQual
- ASAM

Fidelis Care will apply medical necessity criteria starting on **4/1/2025.**

Authorization Forms

To determine if a service requires authorization see our website: https://www.fideliscarenj.com/en/New-Jersey/Providers/Authorization-Lookup

Fidelis Care NJ | Upcoming trainings and resources

Upcoming trainings

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

For more information on requesting PA, please contact:

Enola Joefield-Haney, Manager, Behavioral Health Utilization Management

Phone: 813-206-3367
Email: enola.d.joefieldhaney@centene.com

Links:

- PA / MCO Portal
- MCO Provider Manual
- MCO Quick Reference Guide
- New Provider Orientation

Horizon

Presenter

Edward Elles, LCSW

Director, BH Medicaid Admin &
Clinical Ops

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | Meet our Prior Authorization team

Jessica Stagg Anderson, LCSW
Manager, Behavioral Health Clinical Operations

- Responsible for management of the Prior Authorization team

Perri Cohen, LCSW
Manager, Behavioral Health Clinical Operations

- Responsible for management of the Integration team

Carolyn Gama, RN
Manager of Outpatient Services, Navigational Assistant and ABA therapy for Behavioral Health

- Responsible for management of Outpatient and ABA services

Danielle Bowman, LPC
Supervisor, Behavioral Health Clinical Services

- Responsible for supervision of the Prior Authorization team

Victoria Frazier, LPC
Supervisor, Behavioral Health Clinical Operations

- Responsible for supervision of the Integration team

Stephanie Rose, LCSW
Supervisor Clinical Operations, Outpatient

- Responsible for supervision of the Outpatient Navigational Assistance team

NEW JERSEY HUMAN SERVICES

Horizon NJ Health
MH PA requests using Horizon's portal

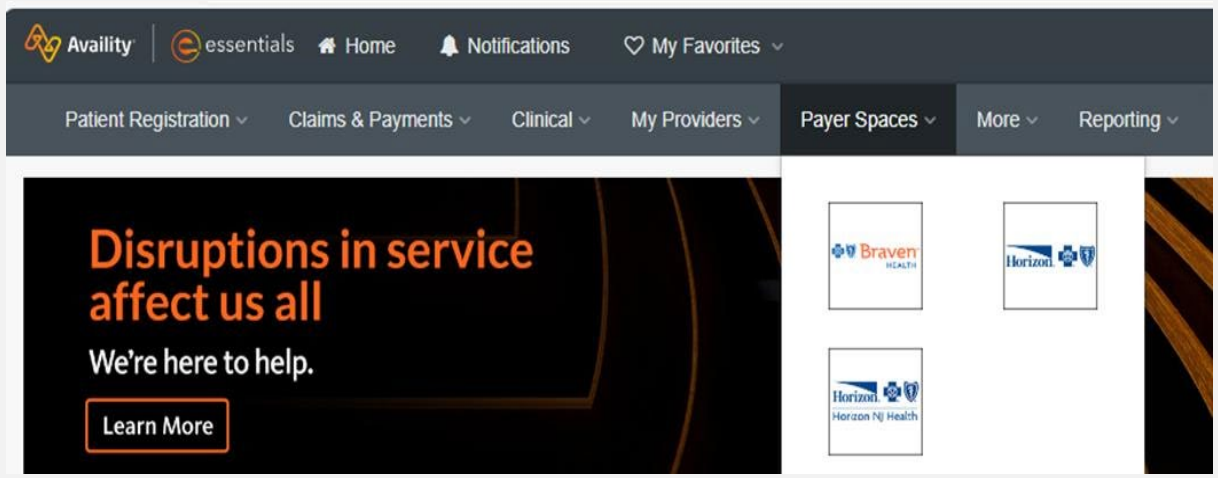
Submit PA using Availity Portal
https://availity.com/

Learn about the Utilization Management Request Tool Enhancements
Self Study Guide

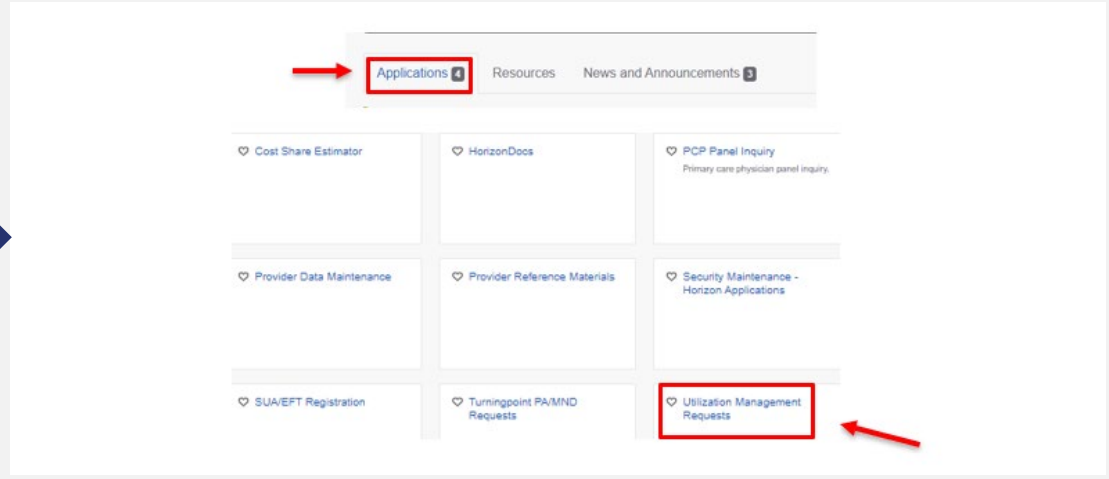
UM Tool Training Module

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal

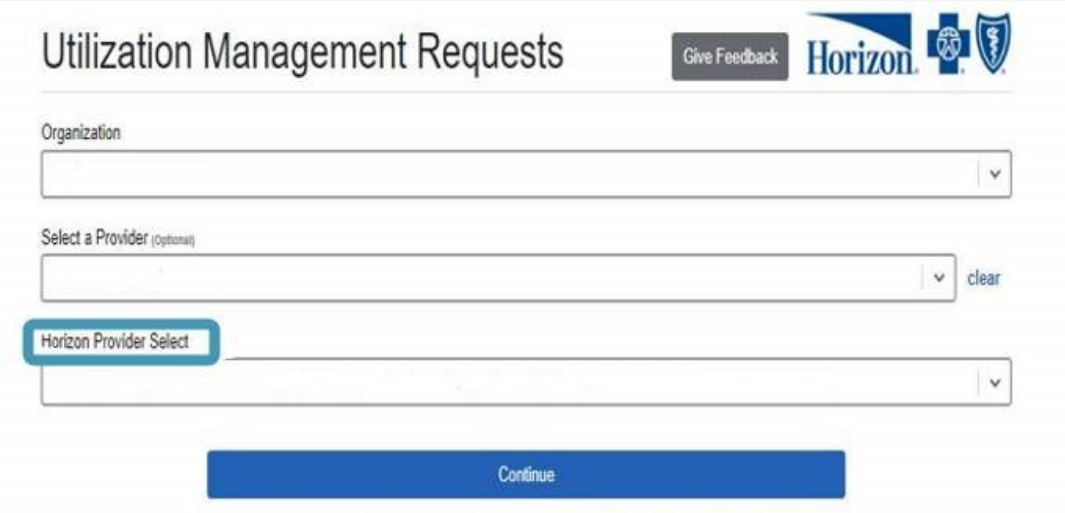


Once logged into Availity, Click Payer Spaces dropdown and select plan type for member you are requesting services for.



Scroll within Applications tab to Utilization Management Requests and click.

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal

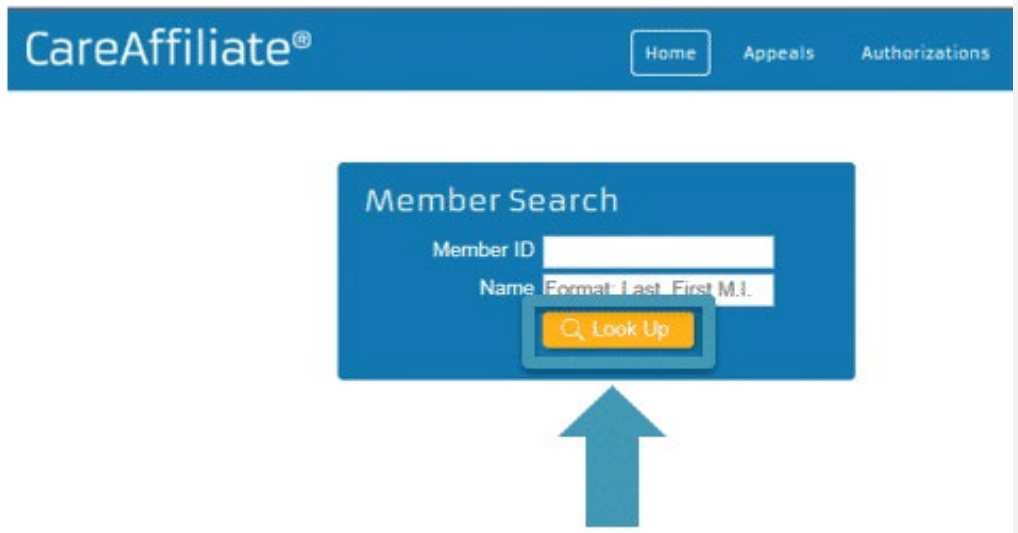


Once you click Utilization Management Requests, you will need to select your organization and complete "Horizon Provider Select" field. Click continue.

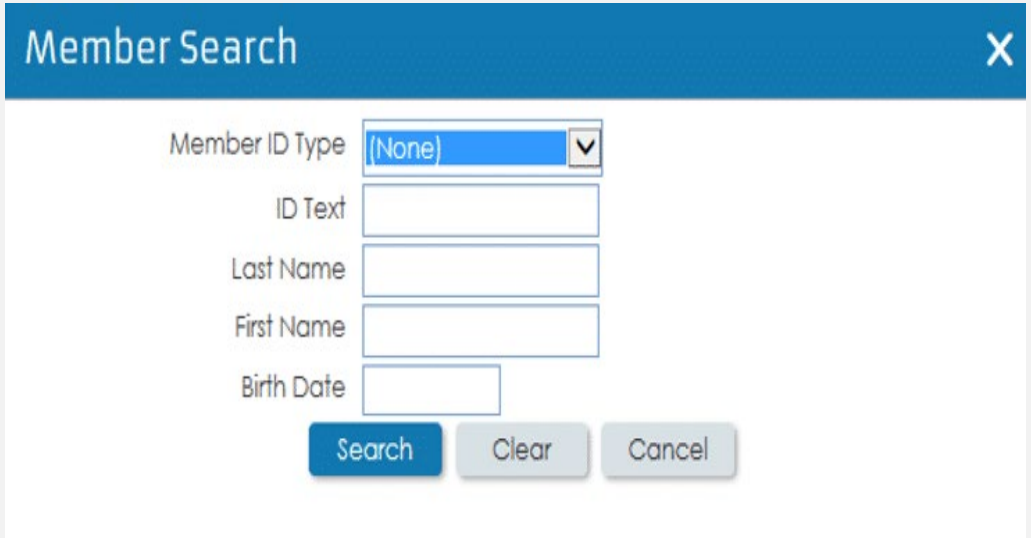
This screen advises that you that you will be re-directed to a platform called CareAffiliate. Click Submit to proceed.

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



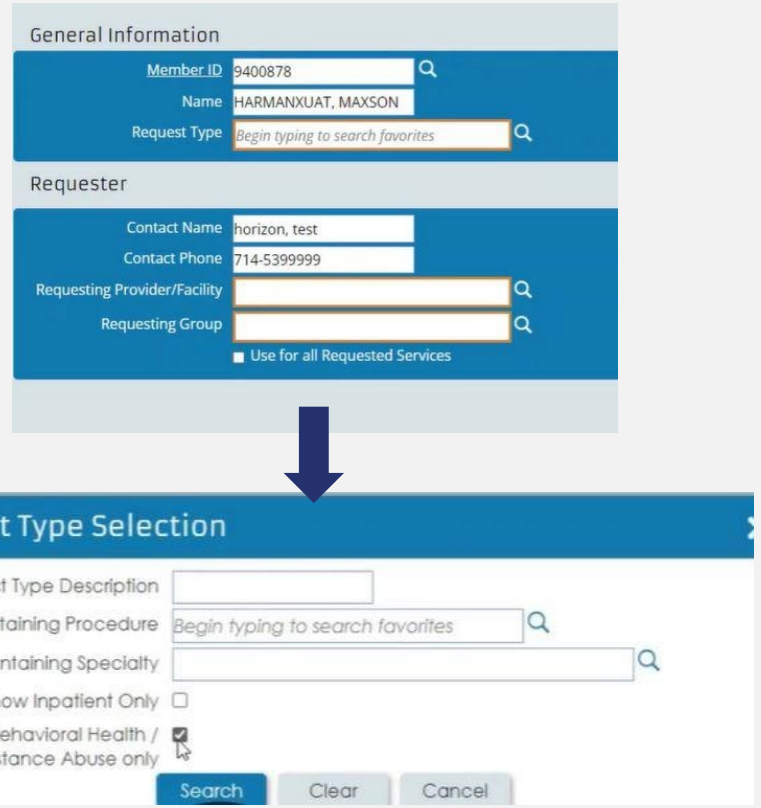
Within CareAffiliate, from the Home tab, click the yellow Look Up button.



You will then see this screen. You can search by Member Name or Member ID.

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal

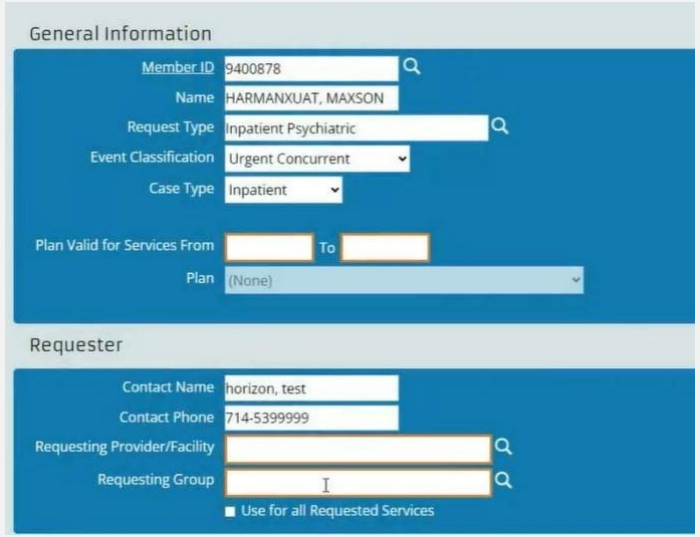
Once member has been found, an authorization can be initiated. Click the New button next to Authorizations option. *Note, if you click the Authorizations link, it will bring up prior submitted requests for selected member.



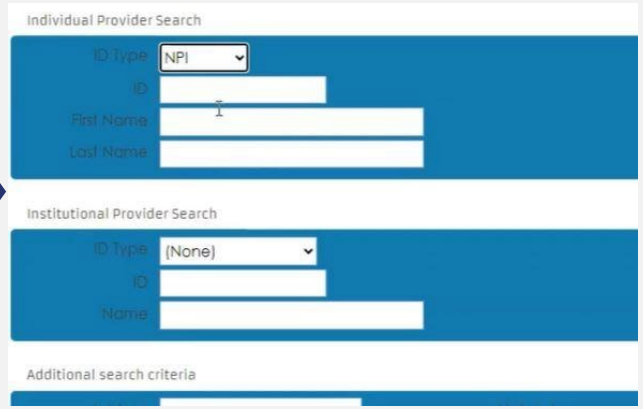
This step allows for entering request type selection. Click magnifying glass next to Request Type. A search box will populate. Click check box next to Show Behavioral Health/Substance Abuse Only, and hit Search. Then scroll through the list of options and select an option.

NEW JERSEY HUMAN SERVICES

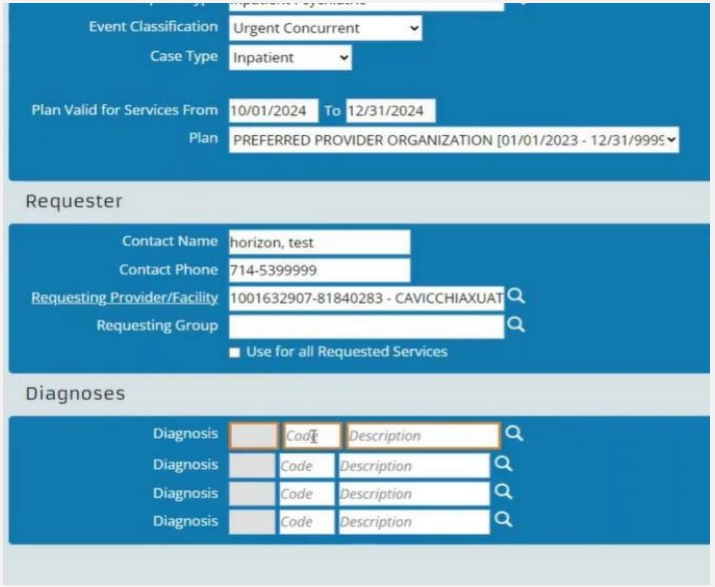
Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Next, enter 90-day date span under Plan Valid for Services From and To, which will prompt a benefit/eligibility check. Then, click on magnifying glass next to Requesting Provider/Facility or Requesting Group.



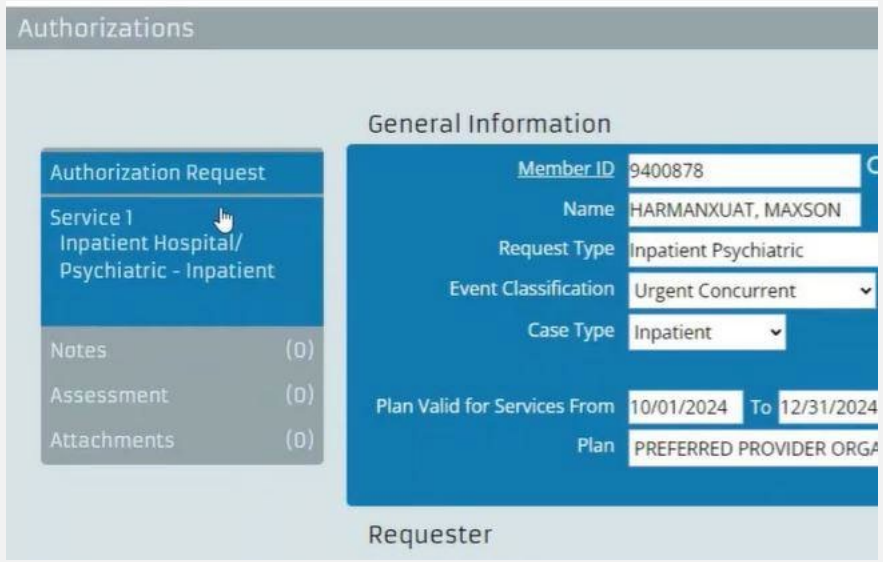
Search box will open. Fill in ID type and ID information,and hit Search. Choose the correct option through the search results.

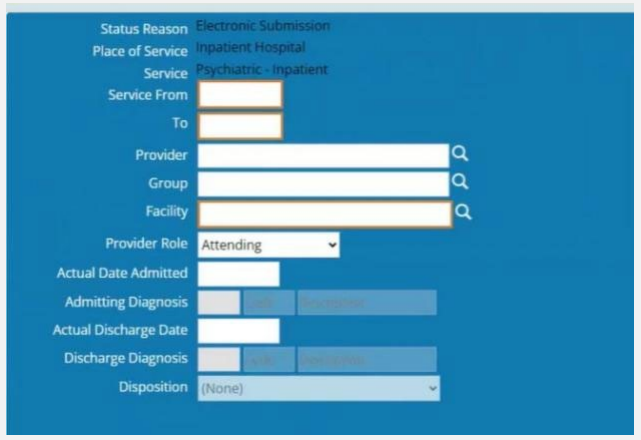


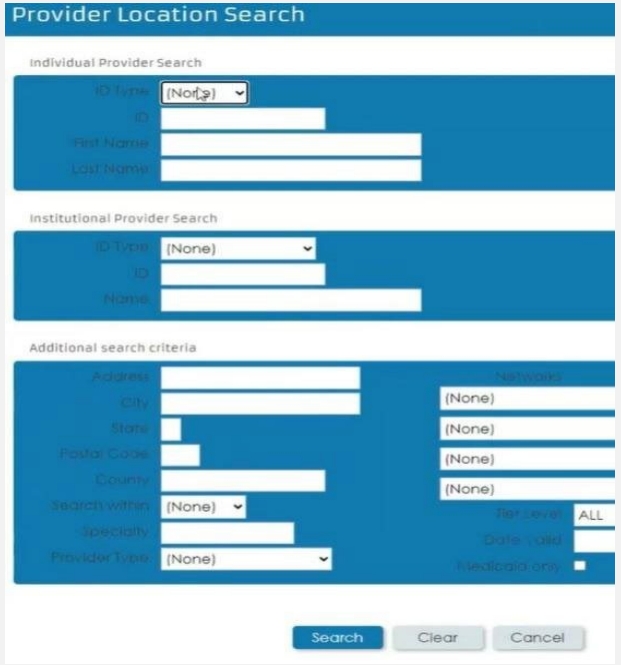
Diagnosis codes can now be added. Click magnifying glass next to description, and search by F code. Up to 4 diagnoses can be entered in this section.

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal





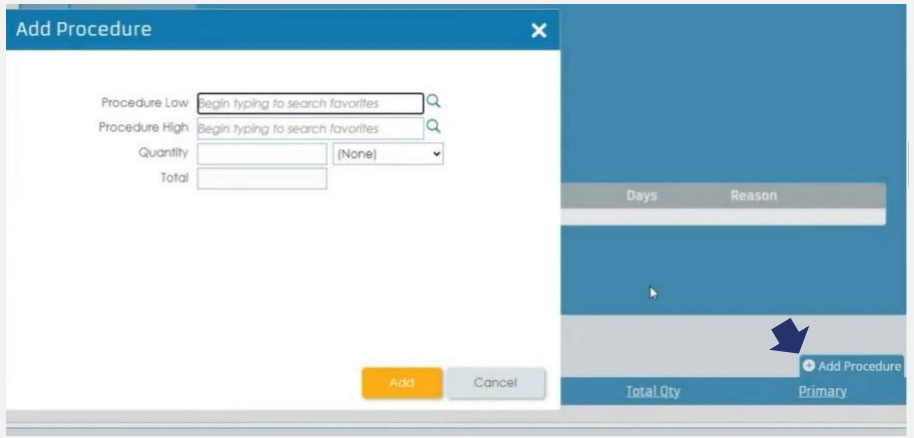


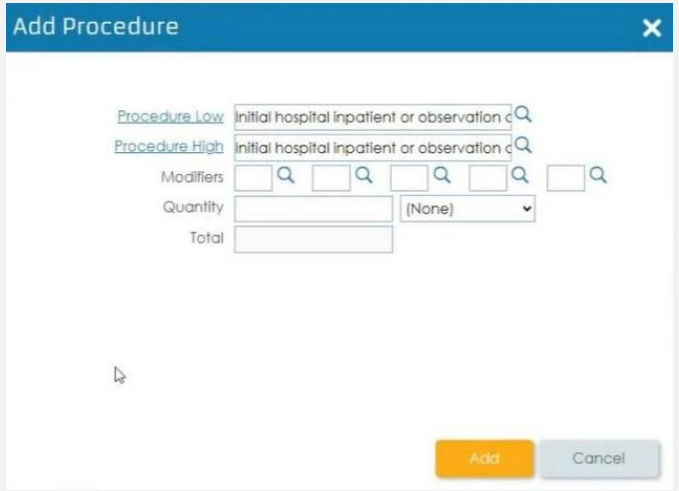
To initiate adding a service, click Service 1 in the Authorization Request box in upper left side of page.

When entering dates of service, they must fall within 90 day date span that was initially entered. Click Magnifying glass for Provider, Group or Facility, and repeat provider search steps previously described by searching individual or institutional provider. This time, you must enter rendering provider's information.

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



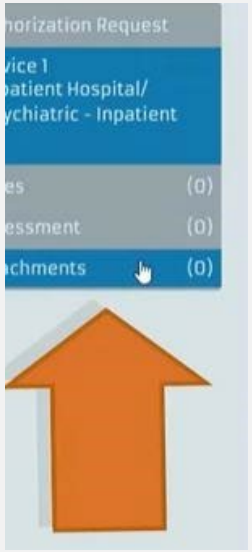


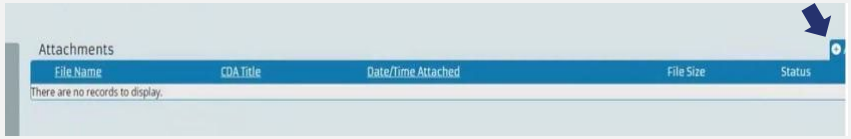
Next, procedure information should be added only for outpatient levels of care. Click add procedure tab toward bottom right of screen. A new window will open. Click magnifying glass next to Procedure Low to open search window.

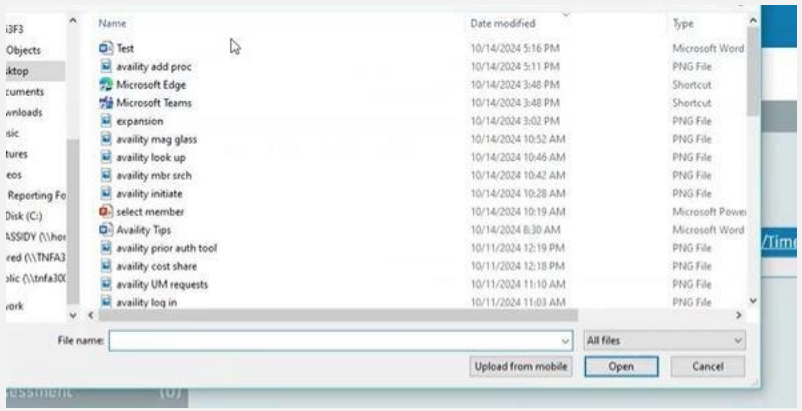
Open drop down menu next to Procedure type. Make your selection and enter code. Click Search. You will be back at Add Procedure page. Procedure Low and High will be populated. Next, enter number of units requesting in Quantity field. Click drop down to right to select units. Then Click Add. *Note, if needing to add additional procedures, scroll up and click orange Copy Service Line.

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How to submit MH PA requests using Horizon's Portal





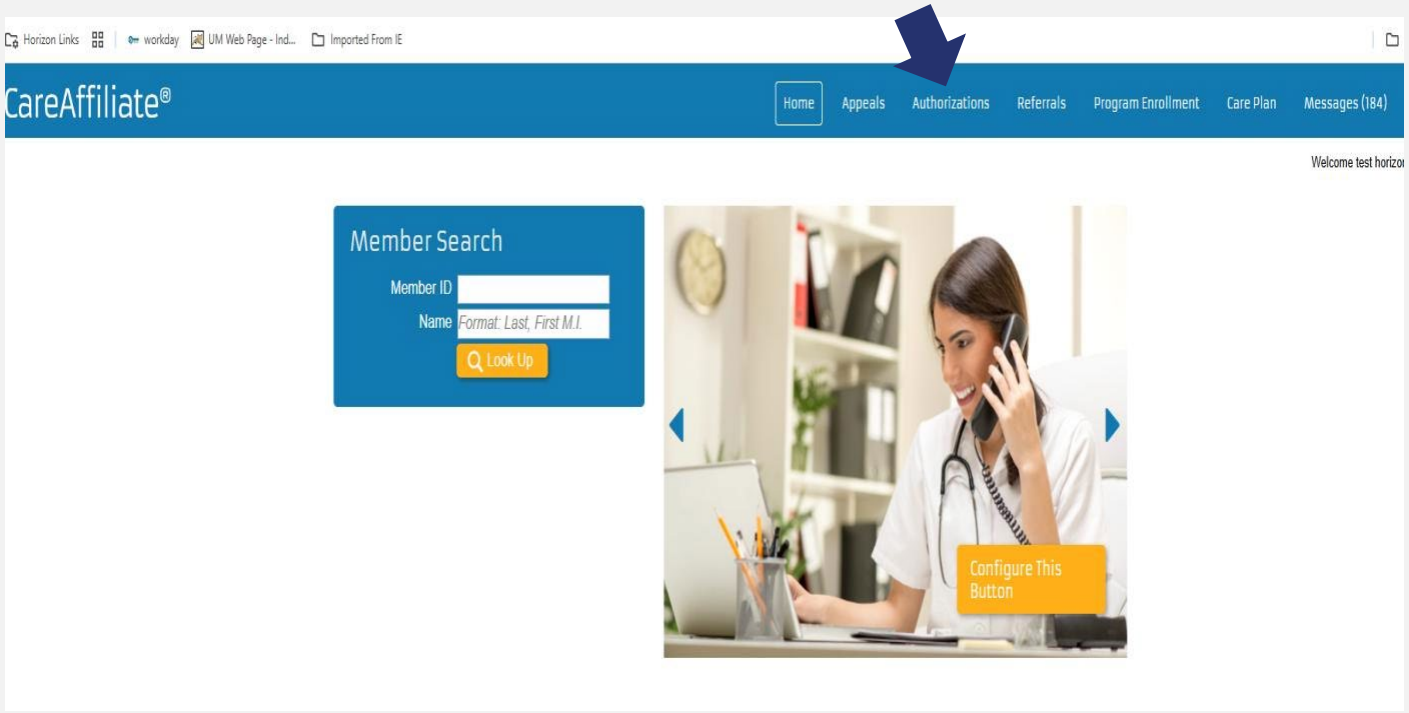


To add clinical information, attachments of clinical records can be added. Click add attachments in top left and then add file in the top right.

Double click on the file to be attached and then click upload file. A status of Attached appears when files are uploaded successfully.

NEW JERSEY HUMAN SERVICES

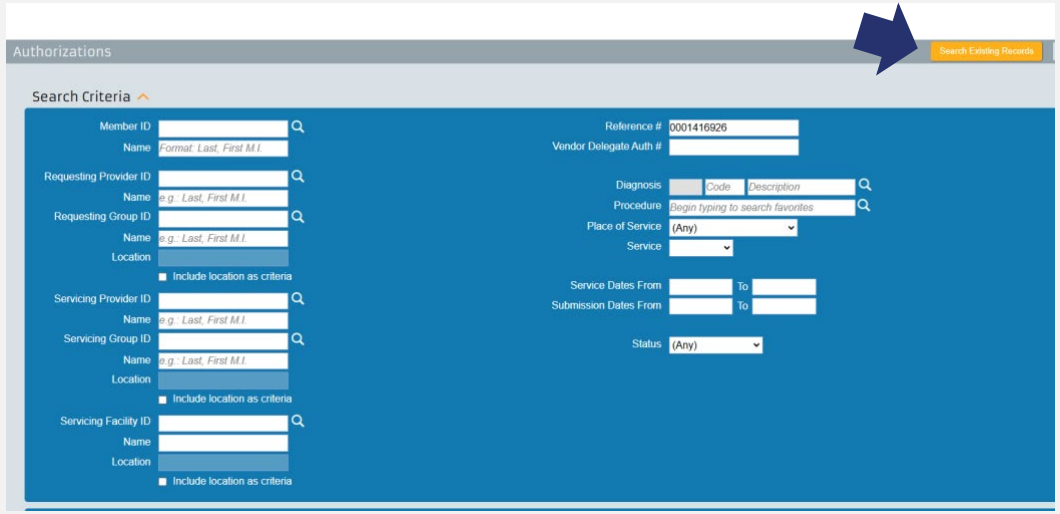
Horizon NJ Health | How to check status of MH and SUD PA requests in Horizon's portal



On the Home Screen, go to Authorizations section for Mental Health and Substance Use Disorders.

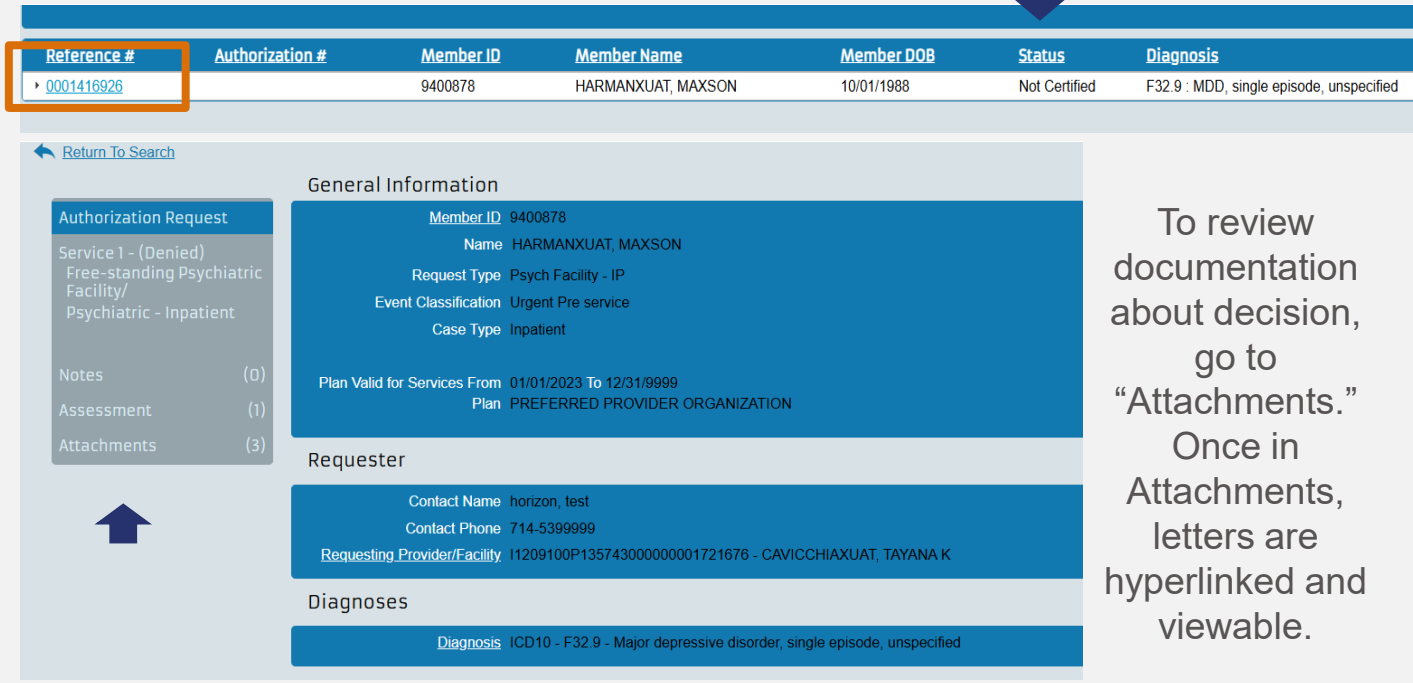
NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How to check status of MH and SUD PA requests in Horizon's portal



Input the Reference number given on initial submission and click on "Search Existing Records."

Immediately you can review the Status. To get additional details, click onto the Reference number.



To review documentation about decision, go to "Attachments." Once in Attachments, letters are hyperlinked and viewable.

*Note: In order to get a print-out of the request and status, you can print screen.

NEW JERSEY HUMAN SERVICES

Horizon NJ Health | How outcomes of PA requests are communicated to providers

Providers have availability to check outcomes of submitted PA requests via Horizon's CareAffiliate which can be accessed through Availity. In addition, a notice of determination letter is sent for each prior authorization request.

Horizon NJ Health | Who can providers contact for assistance?

Contact Provider Services

Phone: (800) 682-9091

Email: HBHProviderService_@horizonblue.com

Horizon NJ Health | Other ways to request PA

Prior authorization requests can also be submitted via phone or fax.

- HNJH PA Phone: 1-800-682-9094
- OP Fax: 855-241-8895
- PA Fax: 732-938-1375

Horizon NJ Health| Upcoming trainings and resources

Upcoming trainings

Behavioral Health Integration Credentialing and Contracting Process
Overview of covered benefits, credentialing process, Horizon NJ Health participation

Behavioral Health Integration Training
Overview of covered benefits, claims submissions and other helpful resources

When	Training Topic	Target Audience	Link
12/11/2024; 11:00am	Behavioral Health Integration Training	Professional	Register
		Ancillary	Register
12/17/2024; 1:00pm	Behavioral Health Integration Training	Professional	Register
		Ancillary	Register
1/8/2025; 10:00am	Behavioral Health Integration Training	Professional	Register
		Ancillary	Register
1/16/2025; 3:00pm	Behavioral Health Integration Training	Professional	Register
		Ancillary	Register

Additional resources

For assistance, please contact Provider Services:

- Phone: **(800) 682-9091**
- Email: HBHProviderService_@horizonblue.com

For further information on PAs, please contact:

BHMedicaid_@horizonblue.com

Links:

- PA/Availity Essentials™
- Credentialing Application Link
- HNJH Provider Manual
- HNJH Quick Reference Guide
- New Provider Orientation

United Healthcare

Scheanell Holland

NJ Network Manager

NEW JERSEY HUMAN SERVICES

UnitedHealthcare| Meet our Prior Authorization team

Julia Codrington PhD, LPC, CPCS

- Associate Director Care Advocacy

Jennifer Lilly, LPC

- Manager Care Advocacy

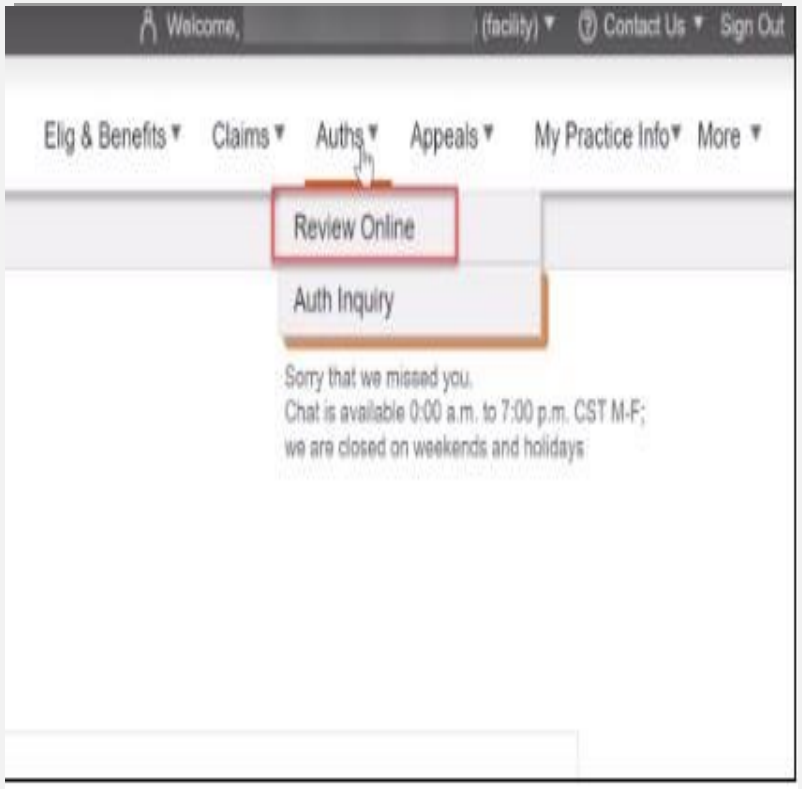
Brian Coover, LPC

- Senior Care Advocate/Team Lead

Damon Wallis, LCSW

- Care Advocate

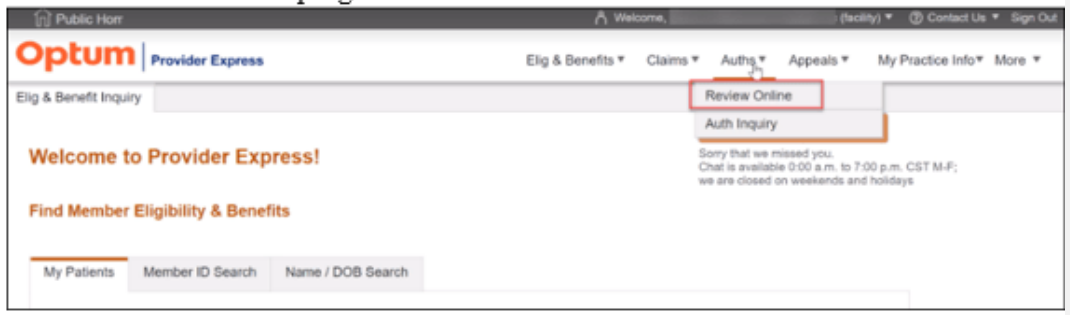
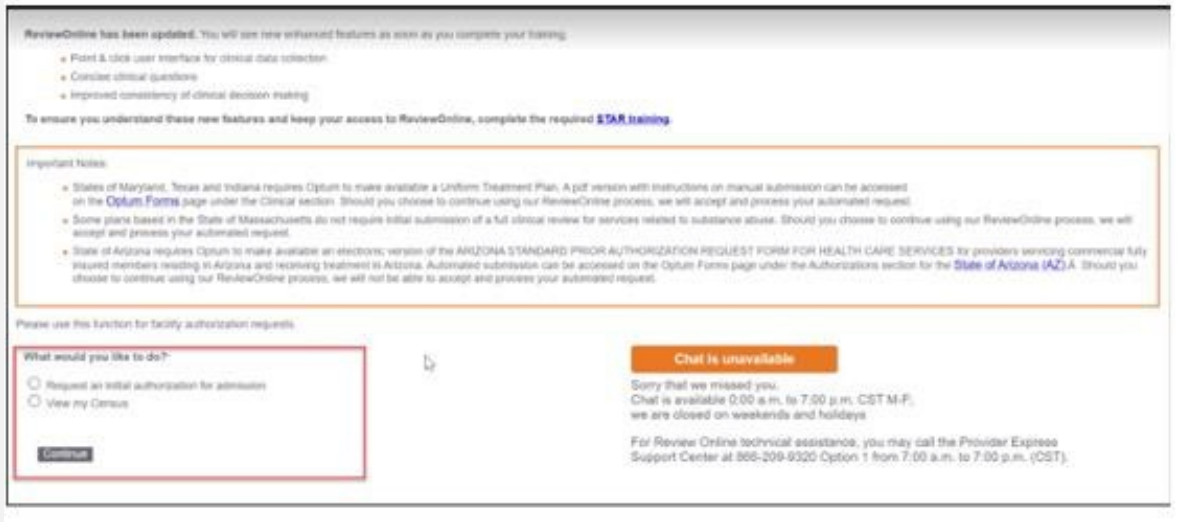
UnitedHealthcare
MH PA requests using our portal



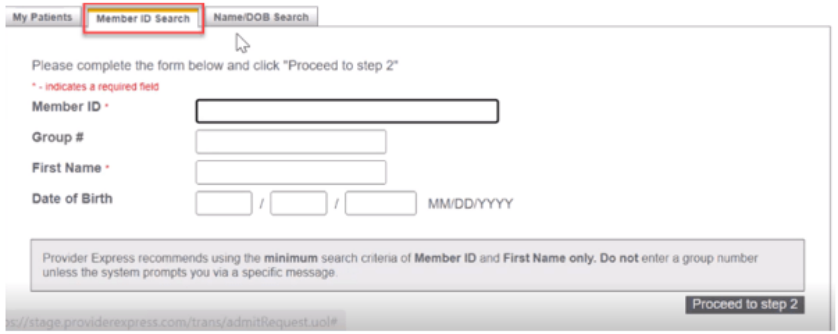
Submit PA using Providerexpress.com
[Optum - Provider Express Home]

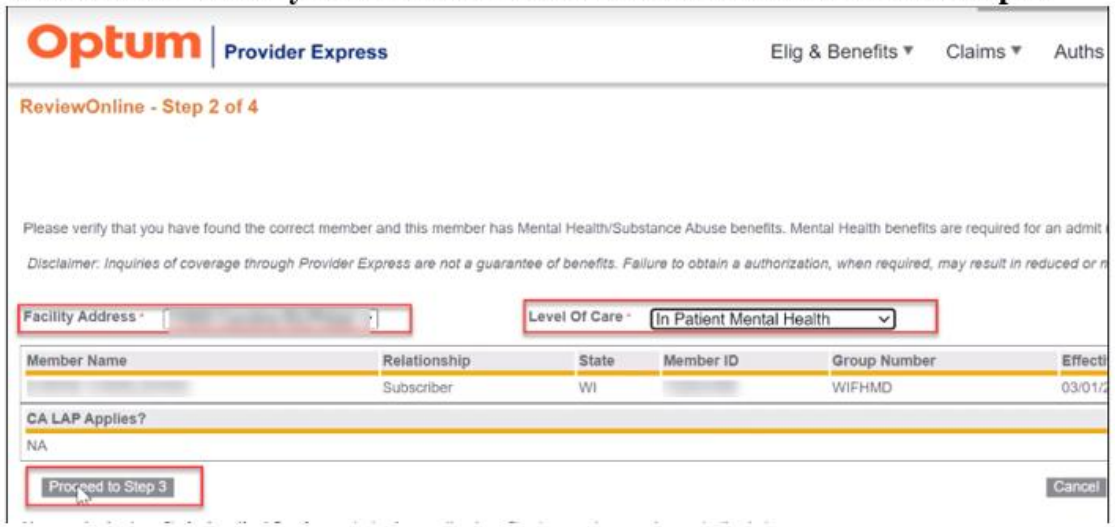
NEW JERSEY HUMAN SERVICES

UnitedHealthcare

Step	Action
1	Providers will sign into Provider Express. https://public.providerexpress.com/content/ope-provexpr/us/en.html
2	Click on **Auths** in the top right-hand corner and select **Review Online**. 
3	Now, there are two options for the provider at this point. Providers can • **Request an initial authorization for admission** • **View their Census** - This takes you to a list of all of the facilities, patients and admit status. The Census page will show if an action is required or just the status of where the authorization is. Providers can also click on the Census option for Concurrent Review. 

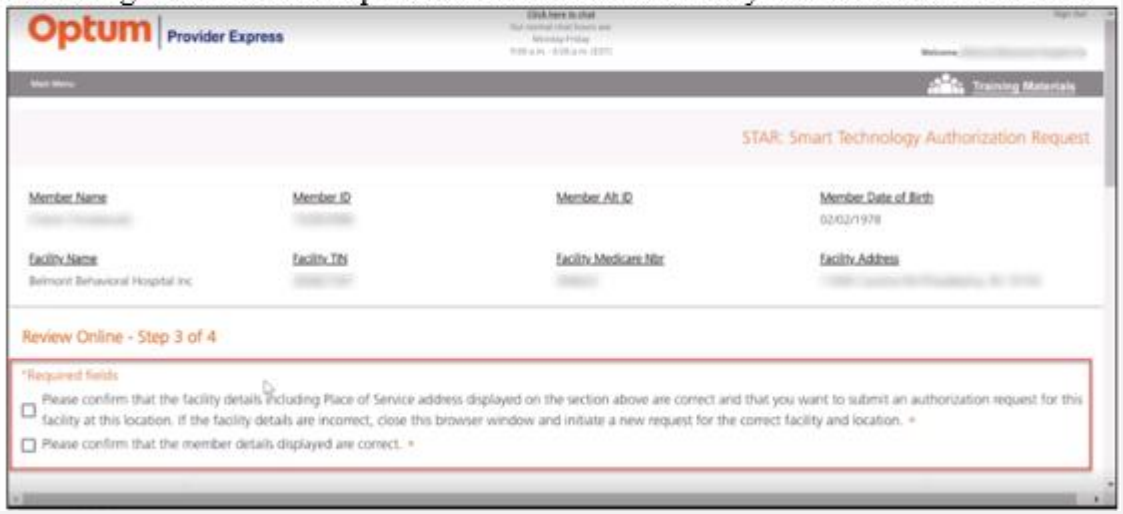
UnitedHealthcare

Step	Action
1	The provider will land on the **ReviewOnline**- On this page providers can locate a member 3 different ways. a. **Member ID Search** – search by Member ID. 
2	Select **Proceed to step 2** at the bottom of the page.

3	This takes the provider to the **ReviewOnline-Step 2 of 4**. On this page the provider will select the **Facility Address** and **Level of Care**. Select **Proceed to Step 3**. 

NEW JERSEY HUMAN SERVICES

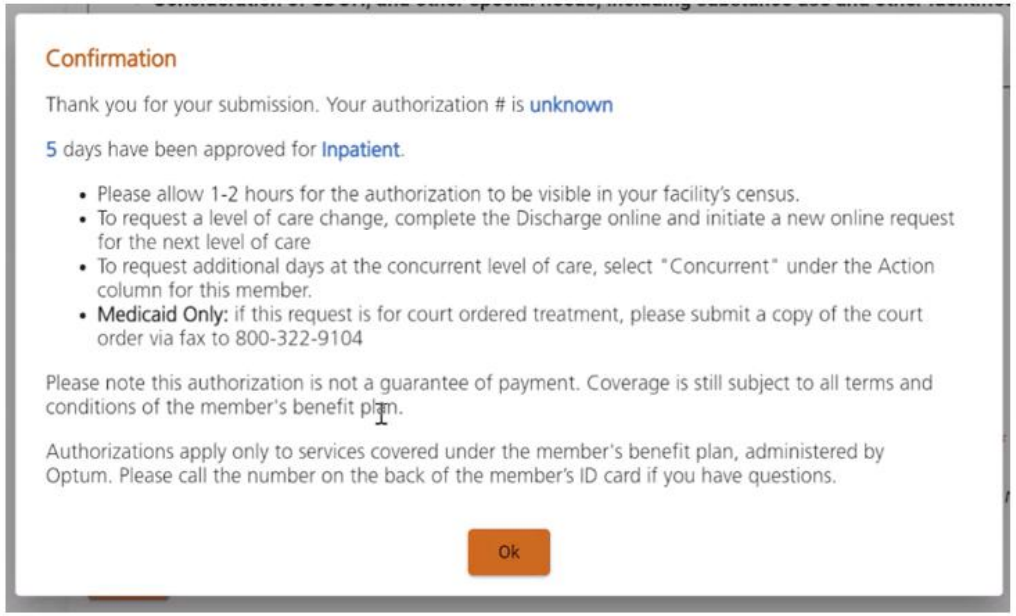
UnitedHealthcare

Step	Action
4	This takes the provider to the **ReviewOnline-Step 3 of 4**. On this page begin answering the initial set of questions to confirm the facility and member information. 

	• Enter the diagnosis
	• Pick the Level of Care
	• Answer the following questions
	  ○ **Involuntary admission?**
	  ○ **Is this request from an ER?**
	  ○ **Member admitted?**
	  ○ **Admit date**
	  ○ **Has the member been discharged from the current episode of care?**
	Select **Next**.

5	On the next page the provider will see a popup reminder letting the provider know that *The Draft is Saved. Incomplete drafts will be removed in 72 hours and no authorization will be created.* Select **OK**.

UnitedHealthcare

Step	Action
6	On the next page the Provider will complete all of the required information in the following sections • **Member Information** • **Admission Information** • **Attending MD** • **Utilization Reviewer** • **Current Symptoms and Severity.** • **Risks** • **Proposed Treatment** • **Discharge Planning** • **Attestation** **Note**: Fields with a red asterisk are required. Click **Next**.
7	On the next page the provider will see the Confirmation pop-up. The pop-up will provide the following • Authorization number • Number of days the level of care has been approved for 

UnitedHealthcare Other ways to request PA

Electronic Submission – MH Partial Care	• Electronic Prior Authorization for partial care mental health can be submitted through Provider Express. To access the request form, go to: Providerexpress.com > Our Network > State-Specific Provider Information > New Jersey > Authorization Template • Complete the online request form. • Use the "Attesting Individual's Email Address" to track where the request is in the authorization process.

Telephonic – Available for all requests	• Call Toll-free Provider Line (on the back of the Member's ID card): **1-888-362-3368**
	• Follow the below system prompts:
	  ○ Enter TIN#
	  ○ Select option 3 (intake)
	  ○ Enter member ID/DOB
	  ○ Select option for "Mental Health"
	• After-hours care advocates available during evenings, weekends and holidays only for initial higher-level authorizations (e.g., IP MH, IP SUD, Residential Detox, IP Detox) 24 hours a day / 7 days a week.

UnitedHealthcare | Upcoming trainings and resources

Upcoming trainings

When	Link	Training Topic	Audience
2024 • Dec 3, 2:00-3:30 pm • Dec 19, 11:00-12:30pm • **2025** • Jan 7, 10:00-11:30am • Jan 15, 2:00- 3:30pm	 Register Register Register Register	**Provider Orientation** Topics include NJ behavioral health benefit design, credentialing, clinical and utilization requirements, case management, billing & claims, appeals, Provider portals	Behavioral health providers

Additional resources

For more information on requesting PA, please contact:

Provider Service line – 1-888-362-3368

Links:

- PA / MCO Portal
- Provider Manual
- Quick Reference Guide
- New Provider Orientation

Wellpoint

Presenter

Ann Basil, LCSW

Director of Behavioral Health Services

NEW JERSEY HUMAN SERVICES

WellPoint | Meet our Prior Authorization team

Keren Robinson, LSW
NJ BH UM Team Lead - Medicaid

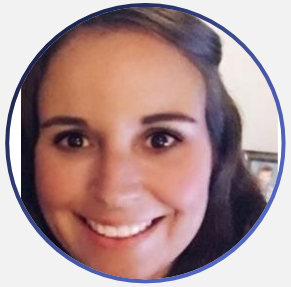
- Team Lead for NJ BH UM Team – responsible for day-to-day operations of the team
- Responsible for inpatient hospital authorizations for Medicaid

Lisa Catanzarite, LSW
NJ BH UM - Medicaid

- Responsible for ABA/DIR Authorizations in addition to outpatient levels of care in Phase One integration

Joanna Brevan, LCADC
NJ BH UM - Medicaid

- Responsible for authorizations for all SUD levels of care, including outpatient levels of care in Phase One integration

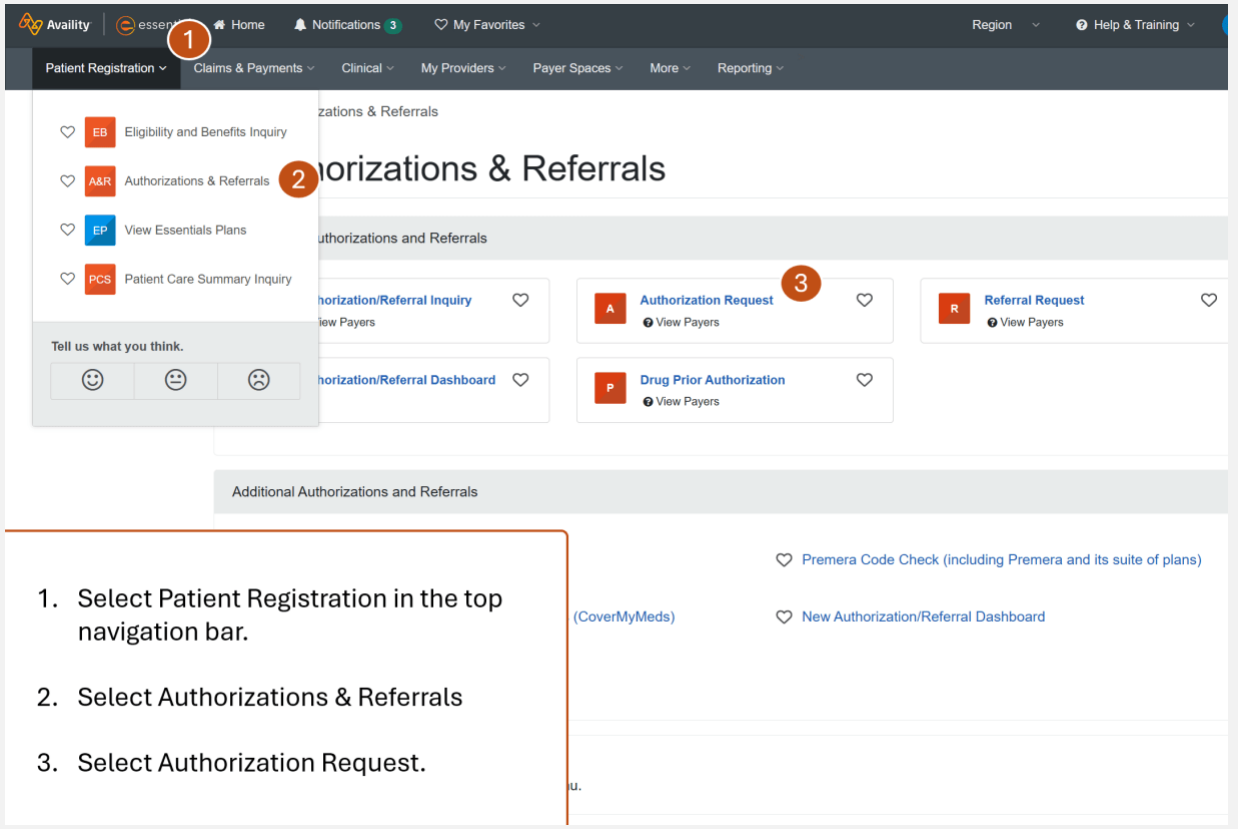


Emily Brigman, LCSW
NJ BH UM – FIDE DSNP

- Responsible for authorizations for all outpatient levels of care for all NJ FIDE DSNP members

NEW JERSEY HUMAN SERVICES

Wellpoint
MH PA requests using our portal



Submit PA using Availity Portal
(access here)

NEW JERSEY HUMAN SERVICES

WellPoint | Other ways to request PA

- Phone – Provider Services – 833-731-2149
- Fax
  - Inpatient Medicaid and Urgent Services – 844-451-2794
  - Inpatient Medicare and Urgent Services – 844-430-1702
  - Outpatient Medicaid – 844-442-8007
  - Outpatient Medicare – 844-430-1703
- NJSAMS for Phase One SUD levels of care

WellPoint | Upcoming trainings and resources

Upcoming trainings

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

Additional resources

For further information on submitting claims with us, please contact:

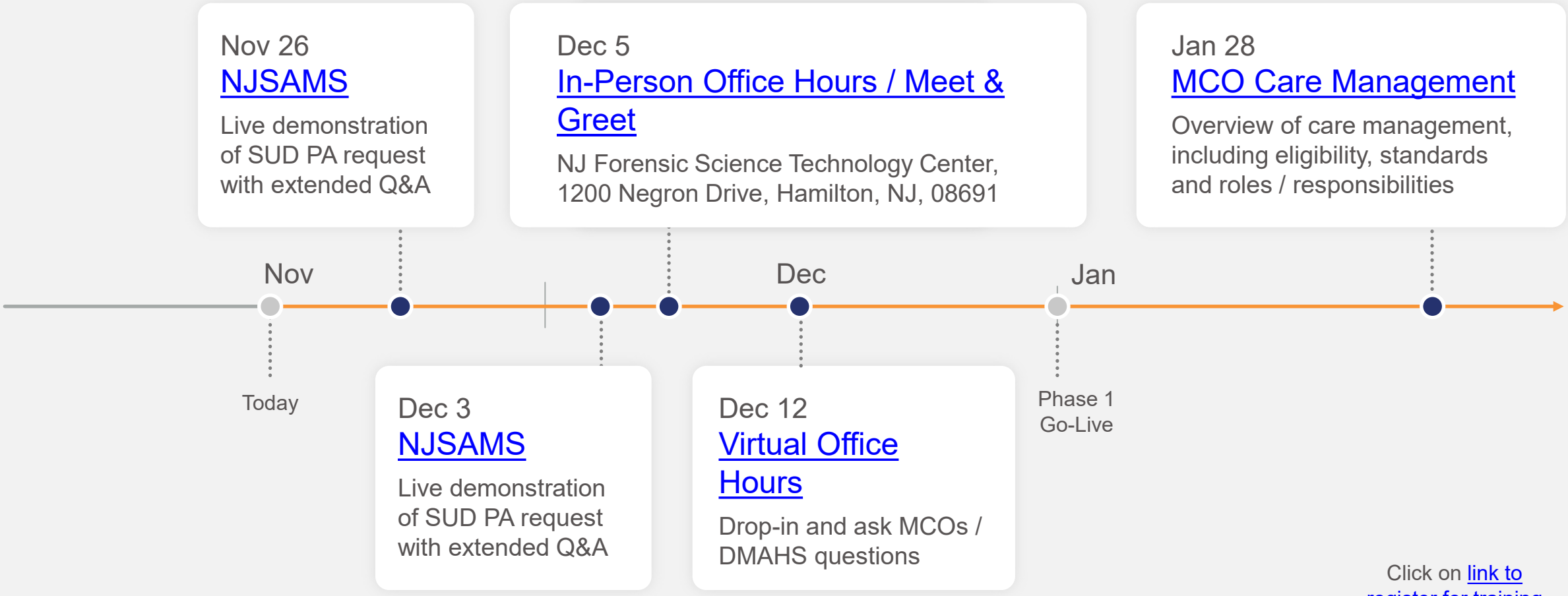
Availity Support
1-800-AVAILITY (1-800-282-4548)
Create a Case / Chat with Support

Links:

MH PA Q&A

NJ FamilyCare Behavioral Health Integration

Register for upcoming DMAHS sessions



Click on link to register for training

NEW JERSEY HUMAN SERVICES

Next steps and key contact information

Next steps

1. Review DMAHS PA guidance included in provider readiness packet
2. Reach out to DMAHS if you have any general PA questions
3. Reach out to MCOs if you have questions which are specific to their requirements and / or processes

Contact information

DMAHS for general PA questions

Dmahs.behavioralhealth@dhs.nj.gov

Behavioral Health Integration Stakeholder Information

MCOs for specific questions

Refer to contact information in each MCOs round robin presentations

SUD PA Process

SUD PA process training agenda

1	NJSAMS introduction and goals Vicki Fresolone	2 Min
2	SUD PA submission process flow Vicki Fresolone	10 Min
3	Required SUD PA fields through NJSAMS Vicki Fresolone	2 Min
4	Video of SUD PA submission process Nitin Garg, Chandra Akenapalli	15 Min
5	NJSAMS contacts and additional resources Vicki Fresolone	1 Min

Additional NJSAMS trainings

11/26 and 12/3: 1-hour NJSAMS trainings hosted by DMHAS, with live demonstration of SUD PA request and Q&A

NJSAMS integration will minimize provider burden for SUD PA

Context

- NJSAMS is online state system all licensed SUD providers required to use to submit member data
  - 20 years of client data in system
  - Determines member level of care
  - Fulfills SAMHSA reporting requirements
  - Enables reporting on performance / capacity
- Today, SUD providers submit duplicative info for MCO SUD prior authorization (PA) requests, vs. for FFS, NJSAMS info routes to relevant systems
- Goal to leverage NJSAMS data for MCO SUD PA requests to reduce provider burden

Plan for NJSAMS SUD PA Request

- Near term plan: NJSAMS routes electronic report to MCOs for complete SUD PA request
  - DMAHS, DMHAS and MCOs on track to implement near term plan with go-live date of January 3, 2025
- Long term plan: Two-way system integration between NJSAMS and MCO PA portal

PA requests for all non-hospital Phase 1 SUD services will route to MCOs via NJSAMS; maintain status quo submission process for Phase 2 services

Services	Population Type	PA processed by MCO or IME? *(as of Jan '25)*	Providers submit via NJSAMS or MCO process?
Phase 1 services • Intensive Outpatient • Partial Care • Ambulatory Withdrawal Management *Note: Includes Recovery Court*	**General population**	**MCO**	**NJSAMS**
	Presumptive eligibility	**IME**	**NJSAMS**
	Specialty (MLTSS, DDD, FIDE-SNP[1]) population	**MCO**	**NJSAMS**
Phase 2 and Phase 3 services • Short term residential • Long term residential • Residential withdrawal management (ASAM 3.7 WM) *Note: Includes Recovery Court*	**General population & presumptive eligibility**	**IME**	**NJSAMS**
	Specialty (MLTSS, DDD, FIDE-SNP) population	**MCO**	**MCO portal**

NJSAMS will go live on **January 3**.
Authorizations required for submission to MCOs on January 1-2 should be held until **January 3** and will be eligible for retroauthorization

1. Work underway to confirm inclusion of MLTSS and DDD in NJSAMS for Phase 1
Note: All Medicaid PE (Presumptive Eligibility) will continue to be processed through the IME as it is today. Work is still being done to confirm if FIDE-SNP prior authorizations can be identified through NJSAMS for MCOs

SUD PA submission through NJSAMS

Provider data entry into NJSAMS

- Provider enters PA information into NJSAMS

Our focus today

Provider data transmission from NJSAMS to MCO

- NJSAMS generates PA request
- Provider clicks button to send to MCO electronically in real time (system set up using DMAHS data to route request to correct MCO); date / time of receipt starts the turnaround time clock
- MCOs will receive 3 PDF reports:
  - Admission report
  - LOCI report
  - DSM-5 report

MCO data entry into PA portal

- MCO reviews and enters PA information into their PA system, analogous to how MCOs input faxed PA requests into their PA system today
- If MCOs need additional information, MCOs will correspond with providers external to NJSAMS (e.g., via MCO PA portal, phone)

MCO communication of PA decision

- MCO communicates decision to provider external to NJSAMS (e.g., via MCO PA portal)

Path forward across components of provider data entry into NJSAMS

Component	Path forward

PA request fields	• MCOs to use NJSAMS fields as full SUD PA request, *details follow*
	• 3 PA reports:
	  - Admission
	  - Level of care
	  - DSM-5

Initial auth vs. extension request	• Providers to select "extension" checkbox if submission is an extension request; by default, submissions will be "initial" • File naming convention identifies extension request • Note: NJSAMS not responsible for validating / addressing errors, thus providers are urged to review checkboxes prior to submitting
Urgent designation	• File naming convention to automatically include level of care – SUD intensive outpatient and ambulatory withdrawal management are "always urgent" • If providers want to designate SUD partial care as urgent, they must notify MCO external to NJSAMS (e.g., fax, phone call)
Modified level of care	• Providers will first discharge the member from current level of care within NJSAMS • Providers will re-submit request to MCOs (applicable information from previous submission will pre-populate into new request) with updated level of care report (ASAM LOCI) and select "modified level of care" checkbox • File naming convention identifies modified level of care request
Discharges	• Providers to discharge member through NJSAMS and inform MCOs through MCO portal

Standard fields for SUD PA request in NJSAMS

Category	Fields required
Patient information	• Name, phone #/address, DOB, member NJSAMS ID and Medicaid #, SSN/citizenship • Admission date and site location
Provider information	• Provider Name • Provider Medicaid #
Clinical information	• **Admission report:** - Facility / agency NPI # - Patient demographic information - Details on living arrangement, household, employment, income, legal status - Details on current substance use - Comment section to include medication history option
	• **LOCI report** to assess appropriate level of care for patients across: - Acute Intoxication/Withdrawal - Biomedical conditions/complications - Emotional, behavioral, or cognitive conditions and complications - Readiness to change - Relapse, continued use, or continued problem potential - Recovery environment • Level of care indicated / recommended, discharge plan, recommendations / clinical justifications, medications planned
	• **DSM-5 report**, specifying how a member meets criteria for 1+ of 12 SUD DSM diagnoses with special notation section to include last date of substance use, includes CIWA and COWS

Field not required by NJSAMS but required by MCOs:

NJSAMS video demonstration

Watch recording here

NJSAMS resources and contact information

When to contact IME	When to contact MCO	When to submit NJSAMS ticket
Process related issues, e.g.: • Providers are unsure if PA should be submitted to MCO or IME • Providers have questions about how to properly complete an NJSAMS admission file IME can be contacted at #844-276-2444 or imeum@ubhc.rutgers.edu	MCO communication regarding PA decision, e.g.: • Providers submitted the PA request to MCO and needs clarification on next steps • Providers have not had a response from the MCO in the required time frame	Technical issues, e.g.,: • Providers have encountered an error message on their NJSAMS screen • Providers cannot start a client record due to a data correction issue To access NJSAMS ticket system, log in and in the Help Menu, select option for Ticket Management. Note the response time is 72 hours

For a live NJSAMS demonstration with extended Q&A, providers are encouraged to attend upcoming one-hour NJSAMS sessions on 11/26 and 12/3

SUD PA Q&A

NJ FamilyCare Behavioral Health Integration


NEW JERSEY
HUMAN SERVICES

Appendix

BH Integration Overview

PA Process

Transitioning Prior Authorizations from IME to the MCOs

Appendix

- BH Integration Overview
- PA Process
- Transitioning Prior Authorizations from IME to the MCOs

NJ FamilyCare 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 (NJMMIS) directly for services
- Currently, **many behavioral health (BH) services,** including mental health (MH) and substance use disorder (SUD)**,** are billed under FFS for the **general population**, but are shifting to managed care
- Offered for **members not enrolled in a managed care organization (MCO)** and members with **presumptive eligibility (PE)**

Managed care

- Services managed by one of **5 MCOs:** Aetna, Fidelis Care, 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.

Note: Throughout this presentation, the words Medicaid and NJ FamilyCare may be used interchangeably

BH Integration Overview

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

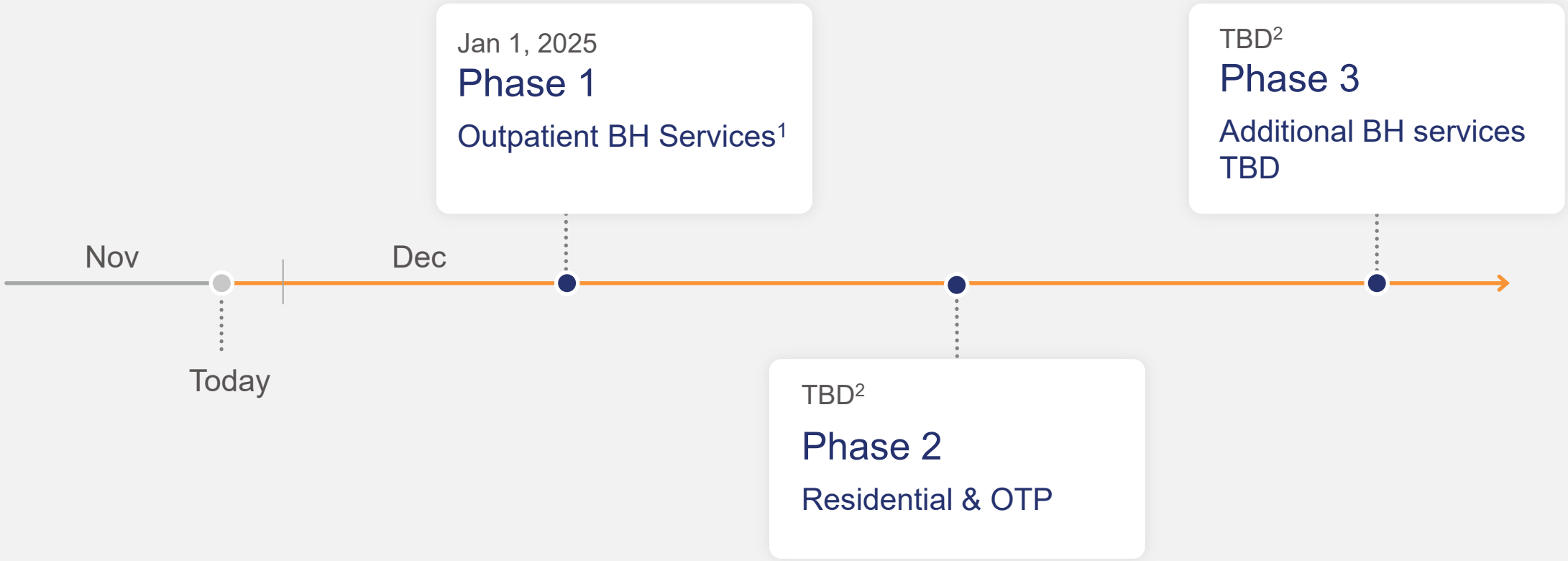
To prioritize whole-person care where all healthcare services across the care continuum are managed under the same entity, NJ is embarking on BH integration by shifting BH services from FFS to managed care

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**

Less than 1.5 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



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 based on additional analysis and stakeholder input

NEW JERSEY HUMAN SERVICES

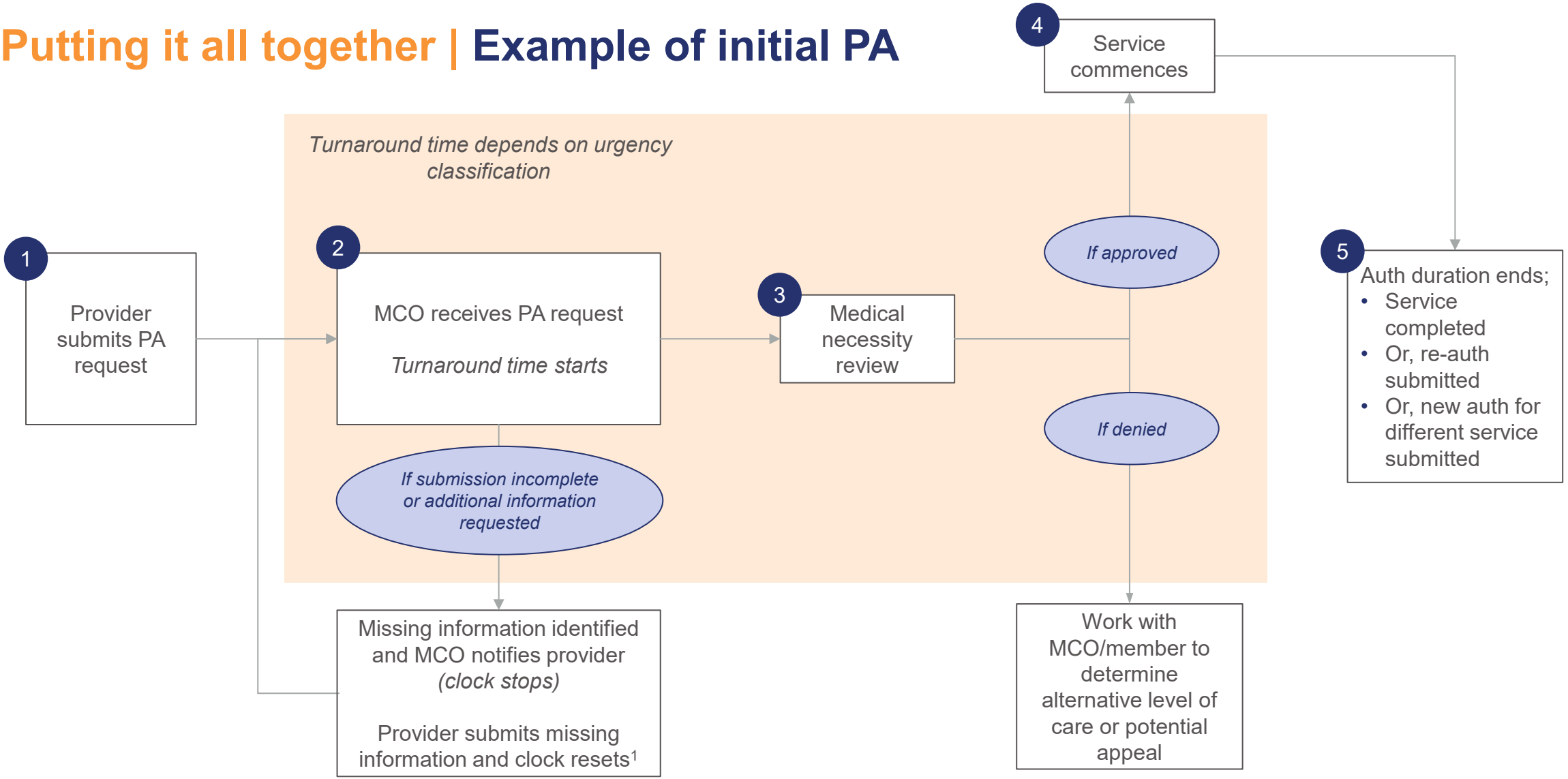
Appendix

BH Integration Overview

PA Process

Transitioning Prior Authorizations from IME to the MCOs

Putting it all together | Example of initial PA



1. Must not exceed CMS 72hr cap for urgent services

NEW JERSEY HUMAN SERVICES

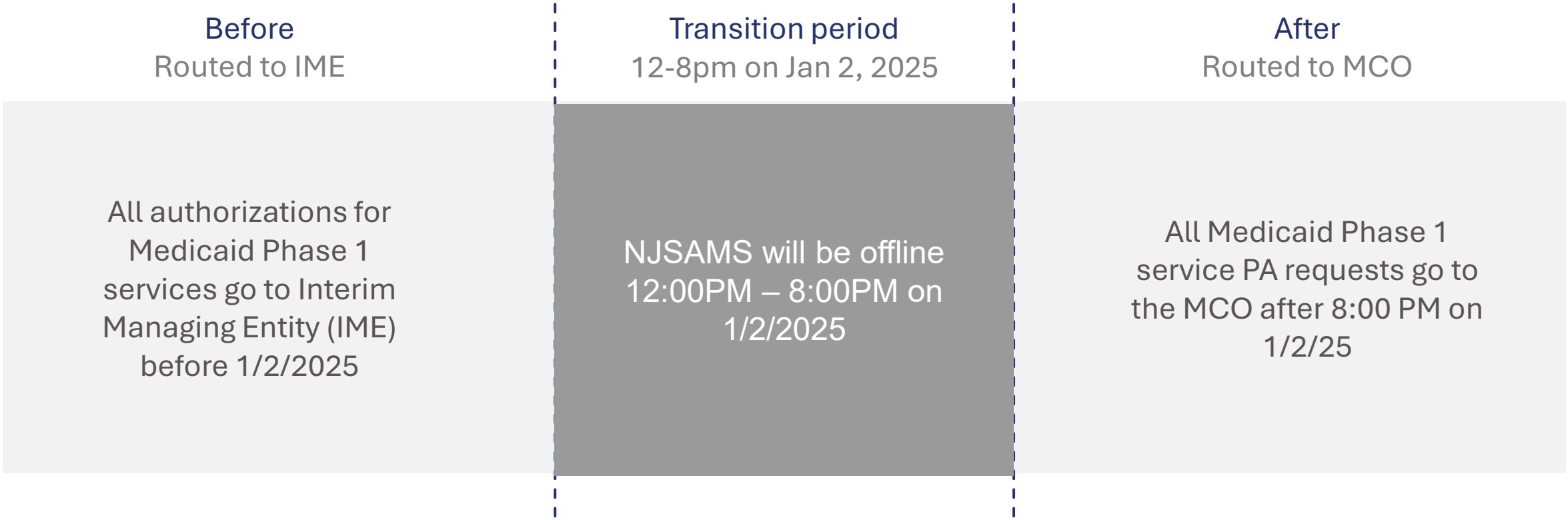
Appendix

BH Integration Overview

PA Process

Transitioning Prior Authorizations from IME to the MCOs

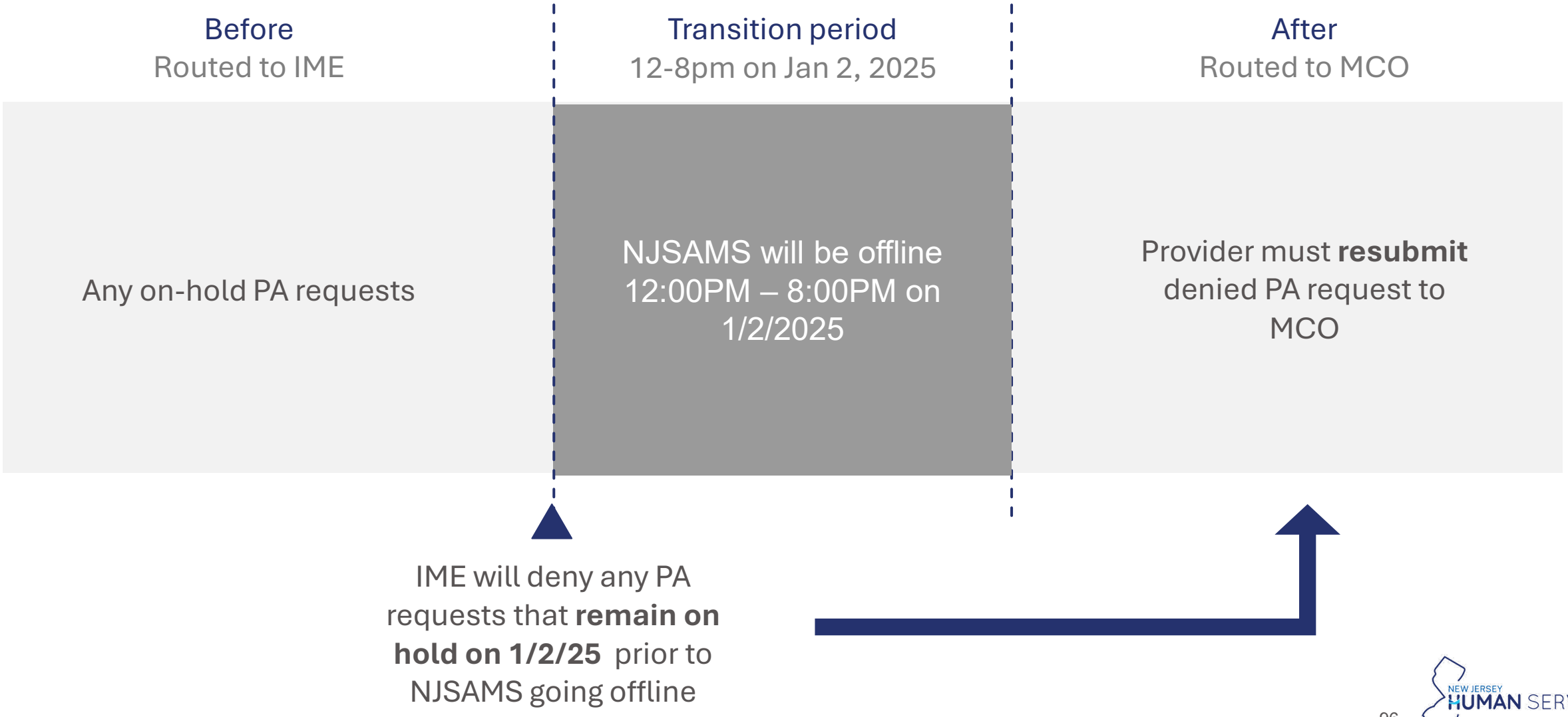
NJSAMS will transition to MCO for Phase 1 services on Jan 2, 2025



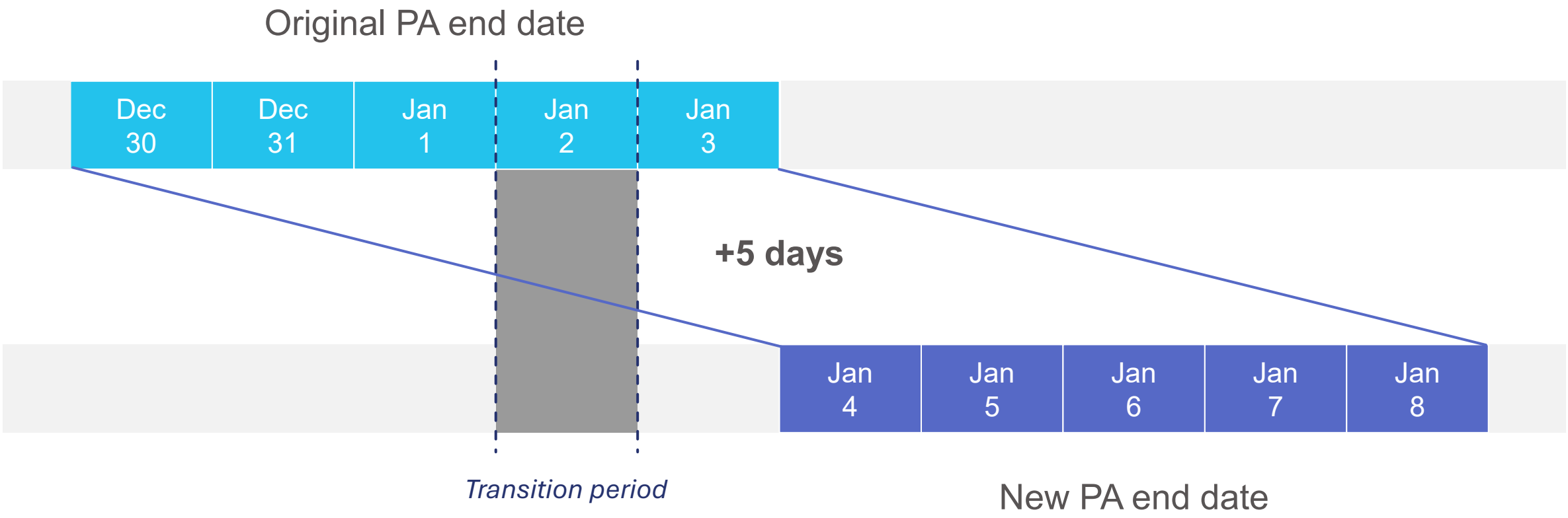
All PA requests (new and Extension Request LOCI) will be **cleared by IME** on 1/2/25 **before 12:00** for all ambulatory Medicaid PA requests

NEW JERSEY HUMAN SERVICES

On-hold PA requests will be denied, and providers must resubmit to MCO



Going forward, PA requests with end date 12/30 - 1/3 will be extended 5 days



- The IME will add the additional units that correspond with the extended end dates
- When these PAs end any further requests for that treatment episode must go to the MCO

In Phase 1, providers will not get extension request notifications in NJSAMS

Prior to integration

Before Jan 1, 2025

Providers **notified** of PA end date and need for extension

Phase 1

After Jan 1, 2025

Providers **will not get a notification** through NJSAMS of need for extension

Phase 2 and beyond

TBD but no sooner than Jan 26

Two-way integration with MCO system to **automate extension notification**

NEW JERSEY HUMAN SERVICES