



NJ Division of Medical Assistance and Health Services
BH Integration Provider Prior Authorization Training 11/21
Frequently Asked Questions (FAQs)

Last updated: November 26, 2024

Which services will require PA?

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

What will happen to my active FFS authorization come 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

Can we submit PA requests before January 1, 2025?

- If providers need to submit PAs from now through to December 31, 2024, please submit as FFS and the authorization will be auto-transferred

Who do I submit PA requests to after January 1, 2025?

- Providers must submit requests to MCO for continued coverage prior to the end date of the original PA
- Please note that for SUD PA requests, NJSAMS will be offline from 12pm to 8pm January 2, 2025, to transition authorizations from the IME to MCOs and providers will be unable to submit authorizations during this period.
 - SUD providers looking to submit PA requests after January 1, 2025, must do so before January 2, 2025, or after 8pm on January 2, 2025

Will MCOs utilize ASAM-3 or ASAM-4?

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

Do MCOs provide retroactive authorizations?

- Yes, 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
- Approval of retroactive authorizations beyond 5 days will be determined on a case-by-case basis by your MCO



- If you have any specific questions, please reach out to the MCO

Are we allowed to provide more than one service of care on the same day?

- Each provider is allowed to provide one behavioral health service per member per day, unless otherwise specified

Can there be standardized definitions for and applications of medical necessity? For example, while all MCOs use ASAM, they may interpret/apply standards differently

- DMAHS is 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

What happens when members choose to switch MCO mid treatment/mid authorization? Will providers be required to call the new MCO to get a new authorization?

- When a member changes MCOs mid treatment or mid authorization, the provider must first call the new MCO and submit a new authorization request. To prioritize member care, the MCO contract allows providers to continue providing the service until a new plan of care is identified by the new MCO. Providers must check EMEVS monthly to confirm enrollment and MCO status.

What happens when members choose to switch providers mid treatment/mid authorization? Will providers be required to call the new MCO to get a new authorization?

- When a member changes providers mid treatment or mid authorization, the initial / original provider must inform the MCO that there has been a change in provider authorization / service end date. The new provider must then contact the MCO to request a new authorization

How will we get a PA when an individual is released from incarceration, but their Medicaid still has a Special Program Code of 98/99 listed? Health plans will not authorize when they are still showing incarcerated. Getting this code lifted can be a timely process.

- This code should be lifted once an individual re-enters the community post incarceration. However, DMAHS has had to address this issue occasionally. If you are working with a member whose Special Program Code of 98/99 is listed in EMEVS, then please email DMAHS.managedcare@dhs.nj.gov to manually lift this code

Will MCOs or Medicaid still cover for Partial Care Transportation services?

- Yes, transportation services provided by MH Partial Care providers for members in their Partial Care program, will be covered by the MCO

What do I do if I have an issue with NJSAMS?

- Please refer to the table below for important contact information

Exhibit 1 – Key contact information for issues related to PA and NJSAMS

| When to contact IME | When to contact MCO | When to submit NJSAMS ticket |
|--|--|--|
| <p>Process related issues, e.g.:</p> <ul style="list-style-type: none"> • Providers are unsure if PA should be submitted to MCO or IME • Providers have questions about how to properly complete an NJSAMS admission file <p>IME can be contacted at 844-276-2444 or imeum@ubhc.rutgers.edu</p> | <p>MCO communication regarding PA decision, e.g.:</p> <ul style="list-style-type: none"> • 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 | <p>Technical issues, e.g.,</p> <ul style="list-style-type: none"> • Providers have encountered an error message on their NJSAMS screen • Providers cannot start a client record due to a data correction issue <p>To access NJSAMS ticket system, log in and in the Help Menu, select option for Ticket Management. Note the response time is 72 hours</p> |