

Role of Current Waiver Providers for MLTSS Implementation

June 2014

With the transition of the GO, ACAPP, TBI, and CRPD into MLTSS beginning July 1, 2014, what will be the role of current service providers?

- Effective July 1, 2014 the managed care organizations (MCOs) are responsible for coordinating their members' plans of care and payments for waiver services.
- All current providers must continue to provide the authorized services and hours identified in the participant's current plan of care beyond June 30th until the MCO care manager notifies the provider that a new plan of care has been established for the participant. At that time, the MCO will either authorize the provider to continue providing services under MLTSS or will terminate the services rendered by the provider.

After the transition to MLTSS, what is the correct billing procedure for providers?

- The fiscal intermediary will continue to process payments for invoices with service dates prior to July 1, 2014, but they must be received by PPL/CAU before December 31, 2014. Any invoices with service dates prior to July 1, 2014 received by PPL/CAU after December 31, 2014 shall not be considered for payment.
- Claims for MLTSS-covered services submitted to Molina Medicaid Solutions with service dates on or after July 1, 2014 shall be denied payment if a member is enrolled in a managed care plan.
- All payment invoices for MLTSS services rendered on or after July 1, 2014 for members in a MCO need to be submitted to the members' MCO for payment instead of Molina Medicaid Solutions or the fiscal intermediary.

How will providers receive notification that the MCO has updated the member's plan of care?

- The individual MCO's will work directly with the providers regarding member's plan of care. The provider's primary point of contact regarding member's services will be the MCO care manager.
- If a providers are not currently in the MCO network they must contact the individual plans regarding steps to join the individual provider networks.
- Provider's may be paid through a single-case agreement with the health plan as part of a continuity of care plan for individual members but must be in the network to continue to provide services.

NJ FamilyCare Website

The following link will connect you to the individual NJ FamilyCare MCO websites. Also included are phone numbers for the member and provider relations units at the MCOs.

It is <http://www.state.nj.us/humanservices/dmahs/info/resources/hmo>