



# Information Session on Integration & Transition Period

NJ FamilyCare Integration of Substance Use  
Disorder Laboratory Services

JUNE 8, 2026

# Housekeeping



All attendees will enter the meeting on **mute**



This **meeting will be recorded** to act as an ongoing resource



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



Submit your **questions using the "Q&A" function** – direct them to the State

*(Note: we will aim to respond to all questions directly during or after the meeting. Responses to broadly-applicable questions may be shared publicly)*



**Materials and recording** will be published and available on DMAHS website

# Agenda

**Welcome and housekeeping** 5 min  
Shanique McGowan, BH Program Manager, DMAHS

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**Context on SUD Lab Service Integration** 5 min  
Valerie Mielke, Deputy Commissioner for Health Services, DHS

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**Service level standards for lab networks** 10 min  
Greg Woods, Assistant Commissioner & Director, DMAHS

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**Transition period & policies** 15 min  
Greg Woods, Assistant Commissioner & Director, DMAHS

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**Next steps** 5 min  
Shanique McGowan, BH Program Manager, DMAHS

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**State Q&A** 20 min  
DMAHS staff

**DMAHS is  
integrating all  
SUD lab services  
under managed  
care, to take  
effect July 1, 2026**

On July 1, the NJ Division of Medical Assistance and Health Services (DMAHS) will integrate substance use disorder (SUD) laboratory services through NJFamilyCare, also known as drug testing, under management of the Medicaid Managed Care Organizations (MCOs)

**The State's goals for integration are to ensure:**

- 1) High-quality SUD laboratory services continue to be delivered for NJFamilyCare members
- 2) SUD laboratory services are appropriately utilized without fraud, waste, and abuse (FWA)

MCOs are **not** required to contract all willing qualified providers of SUD laboratory services as part of this integration

**The State has established network standards in response to your feedback**

We have received thoughtful engagement from stakeholders on this topic

To make sure we are addressing the needs of members, providers, and other stakeholders, we have developed a range of service level requirements

These are important to us, and will be monitored – data will be gathered and assessed during the transition period

MCO networks will need to meet these standards before transition can end

# Minimum service level requirements for MCO lab networks



## Timeliness

90% of in-network tests must be processed within **24 hours** (presumptive tests) or **48 hours** (definitive tests)



## Specimen pickup

All in-network labs must **provide daily specimen pick-up on-site** at ordering providers (unless less frequently requested)



## System integration

At least one lab per network must support **ordering tests & receiving results directly in ordering providers' EHR system**



## Customer service

Each in-network lab must provide a **direct point of contact** with technical oversight over testing for providers to raise inquiries & receive responses within 24 hours



## Test panels

MCOs must create plan to **connect ordering providers to tests for novel drugs & expand panels** if tests are requested multiple times

**The State will continuously monitor lab network compliance with these service level standards after go-live, several standards will be monitored on an ongoing basis post-transition**

**A transition period will begin at go-live on July 1, 2026**

The transition period is intended to ensure access to care is not adversely affected at go live, and to give DHS the opportunity to verify strong performance on key member access & experience metrics before completing the transition to full integration

During transition,

- All clean claims submitted by both in-network & out-of-network independent laboratories will be reimbursed at least the FFS rate<sup>1</sup>, within current utilization limits
- Prior authorizations are not required for SUD laboratory service claims to be reimbursed

**Laboratories should process test orders during the transition period even if out-of-network with an MCO**

1. The FFS rate floor requirement does not apply to laboratories currently in a capitated rate arrangement with the MCO.

# Throughout transition, the State will engage MCOs, ordering providers, and labs to ensure all parties are prepared for full integration

## The State expects all parties to follow transition period requirements

During transition, MCOs, labs, and SUD ordering providers will:

- Build capacity to meet lab network standards
- Provide information for the State to monitor lab network performance
- Complete deliverables & activities designed to prepare all parties for full integration

**Participation is critical to ensure readiness for integration & high-quality service after go-live**

## This allows sufficient preparation during the transition period for full integration

When transition ends,

- MCOs will not be required to reimburse out-of-network claims
- MCOs will resume standard prior authorization policies & procedures until further notice
- Utilization limits will remain in place

**All parties are expected to be ready for full integration by the end of transition**

DMAHS will provide more details about specific transition period activities in the upcoming weeks

# Transition begins at go-live on July 1, 2026 and will take place for at least 6 months

July 2026

**Integration and transition period begin;** both in-network and out-of-network lab providers bill MCOs

**Key change:** Independent laboratories previously billing FFS now bill to MCOs, with reimbursement at FFS floor

**Transition period is in effect;** MCOs, in-network labs, ordering providers prepare for full integration

**Key change:** SUD ordering providers shift to MCO lab networks before transition ends

Jan 2027  
(at earliest)

State will evaluate data and make **decisions regarding MCOs lifting transition**

**Key change:** At the State's determination of readiness, MCOs are no longer required to pay out-of-network labs at FFS floor

**The State will provide regular updates on progress and planned timelines as transition unfolds**

# Need help? Visit the state's BH Integration Stakeholder website or contact the member's MCO; if you cannot reach a resolution, outreach DMAHS

## BH Integration Stakeholder Information website<sup>1</sup>

The [Provider Resources webpage<sup>2</sup>](#) of the BH stakeholder website has information for providers including:

- Notices of upcoming office hours or updates
- NJSAMS Training materials
- NJSAMS, IME, and MCO contact information
- [Provider guidance packet](#)

## Member's Managed Care Organization

For specific member inquiries and MCO-related questions, please contact the member's MCO:



## 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/resources/providers/stakeholder/> 2. <https://www.nj.gov/humanservices/dmhas/resources/providers/stakeholder/provider-resources.shtml>



# State Q&A

Questions for DMAHS



