



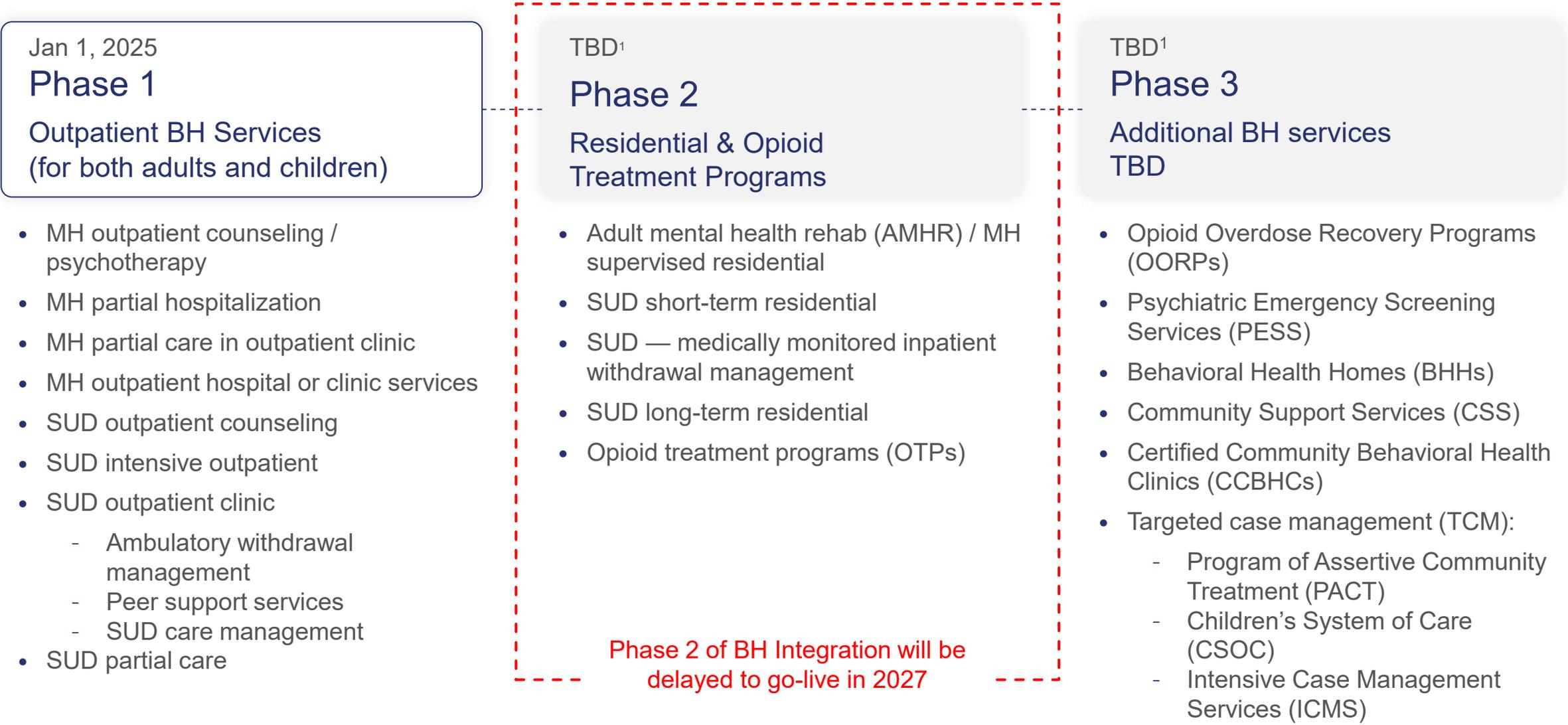
NJ FamilyCare Behavioral Health Integration Updates

DMHAS Quarterly Provider Meeting

Presented by: Shanique McGowan Power

MARCH 12, 2026

Phase 1 of BH Integration went live January 1, 2025 and is taking a phased approach to integrating BH services into managed care



Phase 2 of BH Integration will be delayed to go-live in 2027

1. Scope and timing of Phase 2 and 3 to be determined after Phase 1 go-live based on additional analysis and stakeholder input

NJ FamilyCare is integrating BH services under managed care

Goals for NJ FamilyCare BH Integration are...

- **Access for members:** Increase access to services with a focus on member-centered care
- **Whole-person care:** Integrate behavioral and physical health for whole person care, with potential to improve healthcare outcomes
- **Care coordination:** Provide appropriate services for members in the right setting, at the right time

The State implemented a Phase 1 transition period to ease the shift

Key priorities for the transition period include...

- Promote continuity of care for members served by providers not yet contracted with the MCOs
- Provide additional time for MCOs to expand and stabilize provider networks
- Give providers time to learn and practice how to submit prior authorization requests in line with MCO and State guidelines and ensure timely processing of these requests
- Minimize barriers to timely and accurate claims submission and MCO payment to providers

DMAHS previously extended the transition period

DMAHS **extended some transition period flexibilities** until at least October 31, 2025, during which:

- Providers **must submit PA requests** for all Phase 1 services, which MCOs are required to **automatically approve**
- MCOs will **pay out-of-network providers Medicaid FFS rates** for all claims that are:
 - Submitted with **no errors**
 - Have a **PA on file for PA-required services**

Beginning Nov 1, DMAHS began a process to end the transition period

DMAHS began a **process to end Phase 1 transition period for all MCOs** on November 1, 2025

Transition policies will be **lifted on an MCO-by-MCO basis over the coming months**, as each MCO demonstrates readiness to end the transition period

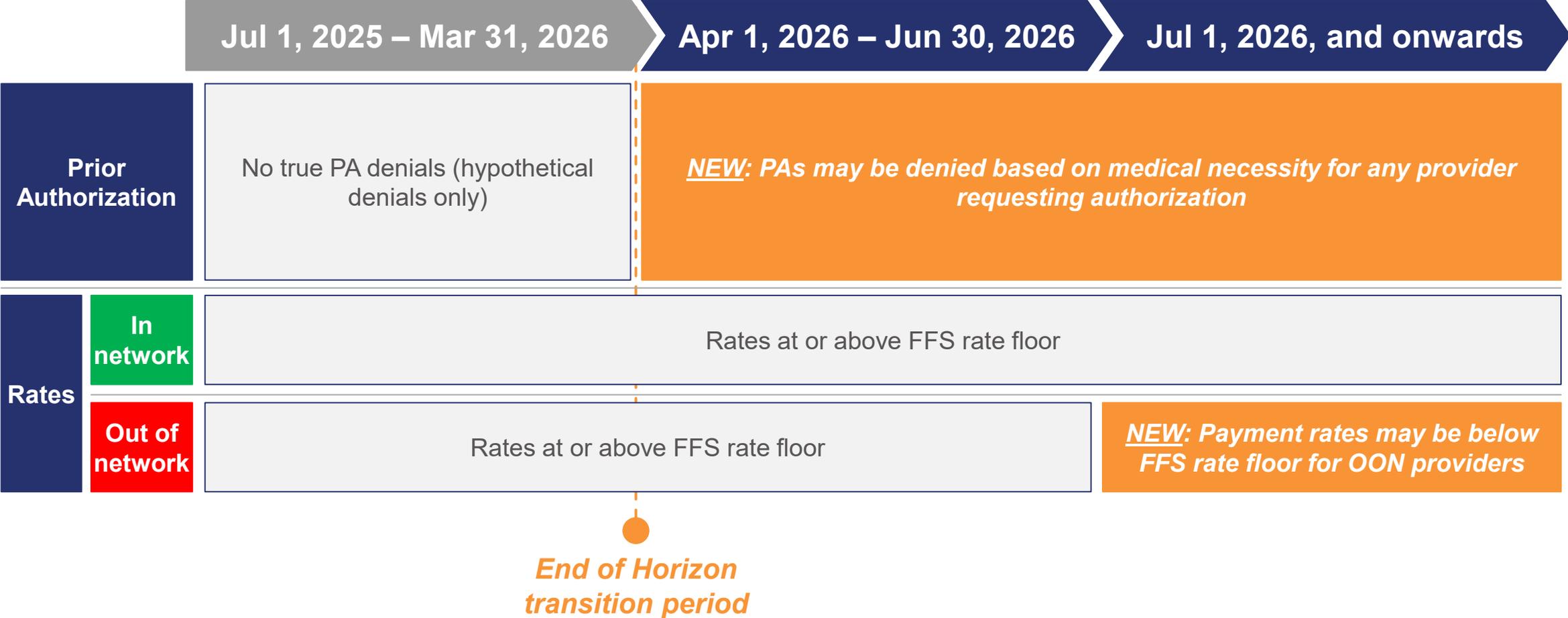
Aetna ended their Phase 1 transition period policies on November 1, while **all other MCOs continued** their policies

Horizon|
Transition period
planned to
end April 1, 2026

After Horizon ends their transition period policies, **the start date of a service** will determine whether **medical necessity review will be applied** to the PA request:

- If the service rendered **begins before April 1**, Horizon will still be required to **auto-approve the PA request**
- If the service to be rendered **begins on or after April 1**, Horizon will **apply medical necessity criteria to review** the PA request

Horizon | After April 1, Horizon may deny PA requests based on medical necessity; after July 1, OON providers may be paid below FFS rate floor



All other MCOs will extend the transition period until further notice

Fidelis Care, UnitedHealthcare, and Wellpoint are required to **continue transition period policies until further notice**

These MCOs will **end transition period policies at different times** once they successfully complete their **final readiness reviews**

Providers will be given advanced notice from the State and MCO each time an MCO is ending their transition period

Prior Auth | Phase 1 PA submission requirements for in-network and out-of-network providers by MCO as of April 1, 2026

✓ - PA required for service

	Aetna		Fidelis Care		Horizon NJ Health		UnitedHealthcare		Wellpoint	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network ¹	In-network	Out-of-network	In-network	Out-of-network
MH / SUD partial care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MH partial hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Acute partial hospital	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD intensive outpatient	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SUD ambulatory withdrawal management	✓	✓	✓	✓			✓	✓	✓	✓
MH / SUD outpatient counseling and psychotherapy		✓		✓						

Claims will be denied for providers who do not follow these requirements

1. For Horizon: Out-of-network providers who use the HF and UC modifiers or are a nurse psychiatry, psychiatry, child psychiatry, or neurology specialty type do not need to submit PAs for evaluation and management (E&M) service codes; all other out-of-network providers (e.g., primary care physicians) must submit a PA for these E&M codes

Join MCO networks to prepare for when all MCOs end transition period polices...

We encourage you to credential and contract with all five MCOs



Note: If you are an out-of-network (OON) provider, **requirements may vary by MCO**. You are encouraged to **coordinate with each MCO** to understand specific expectations

...and to ensure member access, FFS rates, and simplified PA processes



Ensure your members have **adequate access and do not experience disruptions** in their care



Guarantee fee-for-service (FFS) reimbursement rate, rather than single case agreement (SCA)-specific rates



Limit prior authorization (PA) submissions **to only BH services that require them**

**DMAHS is
integrating all SUD
lab services under
managed care,
beginning July 1,
2026**

On July 1, 2026, the NJ Division of Medical Assistance and Health Services (DMAHS) will integrate substance use disorder (SUD) laboratory services, also known as drug testing, under the management of the Medicaid Managed Care Organizations (MCOs)

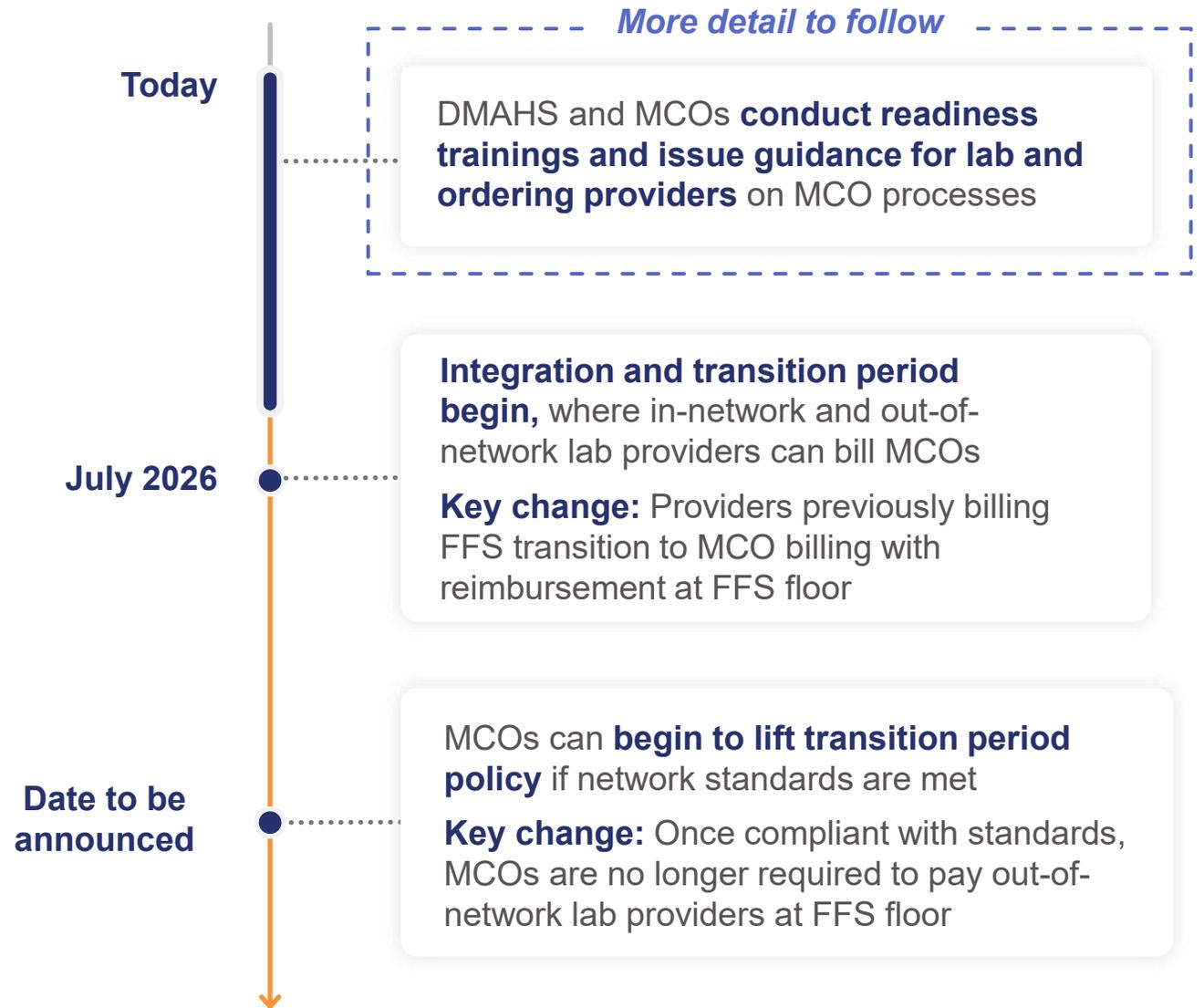
Planned services for integration:

- **80305** – Presumptive drug test through direct optical observation
- **80306** – Presumptive drug test through instrument-assisted observation
- **80307** – Presumptive drug test through chemistry analyzer
- **G0480** – Definitive drug test for 1-7 drug classes
- **G0481** – Definitive drug test for 8-14 drug classes

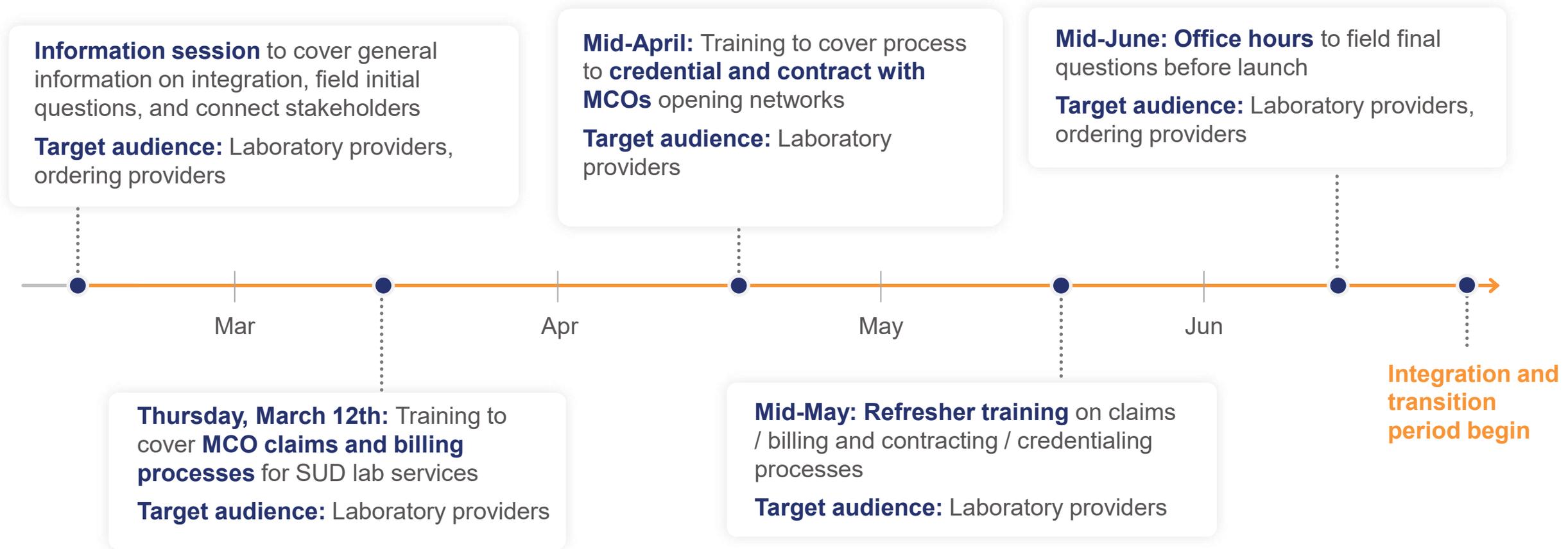
Transition period:

To mitigate disruption, DMAHS is implementing a transition period at the onset of integration requiring MCOs to reimburse out-of-network labs until their networks comply with DMAHS-defined standards (*under development; to be shared before implementation*)

Timeline | Integration of SUD lab services will go live July 1, 2026, with a transition period to mitigate disruption



Provider readiness | DMAHS will host trainings for lab and ordering providers to ensure readiness for the integration



Lab and ordering providers can **sign up for DMAHS Behavioral Health mailing list** or **visit the BH Integration Stakeholder Information website** to receive notifications and information about these forums

Behavioral Health Integration: Stakeholder Communications

Monthly E-mails



Monthly **e-mail communication** to all behavioral health integration stakeholders will include information about:

- **Ending the Phase 1 transition** period
- Upcoming meetings and trainings
- Existing and new DHS and MCO resources available for providers, members, caregivers, and advocates
- Updates on other Medicaid program or policy changes and **any impacts on behavioral health services**

Quarterly Provider Office Hours



At least **once each quarter** (and more frequently if needed) office hours will be held for providers

- Will include:
 - Staff from **DMAHS** and **Division of Mental Health and Addiction Services**
 - Behavioral health teams from **all five MCOs**
- Provides opportunity to resolve issues related to claims, billing, credentialing, prior authorization, and care management
- **New** for 2026

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

The [Provider Resources webpage](#) on the [BHI stakeholder website](#) has the following resources:

- [Provider guidance packet](#)
- End of transition period readiness guidance document
- Prior DMAHS training materials and recordings
- Additional resources with information on program processes

Member's Managed Care Organization

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



Aetna Fidelis Care Horizon NJ Health



UnitedHealthcare Wellpoint

Refer to key MCO points of contact [here](#) or also in [provider guidance packet](#)

DMAHS – Office of Managed Health Care

If your issue is related to **contracting & credentialing, claims & reimbursement, appeals, or prior authorizations**, then contact **OMHC**:

dmahs.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



Thank you!

BH Integration Resource Account

For any inquiries or questions that you have for our BH team, please contact us using the following email address:

DMAHS.BehavioralHealth@dhs.nj.gov

