DMHAS Quarterly Provider Meeting

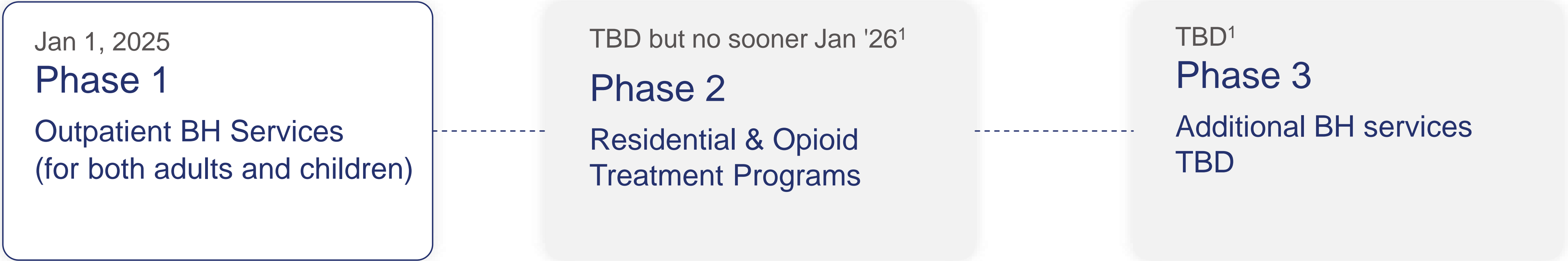
NJ FamilyCare Behavioral Health Integration

Presented by Shanique McGowan Power and
Geralyn Molinari

MARCH 13, 2025

Phase 1 of BH Integration went live January 1, 2025

NJ is taking a phased approach to shifting BH services from FFS to be managed by MCOs



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

Backup: 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

Services listed are included in Phase 1, regardless of treatment setting

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; 3. Was incorrect in Medicaid Newsletter Vol. 34, correction has been made

Goals of Integration

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

Extension reminder for Phase 1 Transition period

DMAHS and DMHAS are mandating that **all MCOs extend the following transition-period policies through June 30, 2025:**

- Auto-approval of all prior authorizations for all Phase 1 BH services
- Payment of valid claims at the FFS floor to all out-of-network providers

In addition to extending these policies, we will be continuing to work with MCOs to improve processes so that together we can better support you and ultimately better serve members

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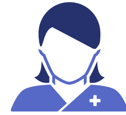
In addition to transition period polices, several policy changes were made to improve credentialing, prior authorization, and billing under managed care

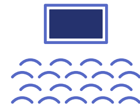
Not exhaustive

		Change	Details
Credentialing		Reduced credentialing timeline	• MCOs are contractually required to credential applications **within 60 days** of receipt of submission, reduced from 90 days
Prior Auth (PA)		Reduced PA turnaround times	• Reduced turnaround times for BH services, including **24 hours for all urgent services** and **7 days for non-urgent services**
		Established minimum PA durations	• Set **minimum authorization durations for certain BH services** to ensure adequate time for providers to develop treatment plans and deliver care
		Allow 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
Claims		Shortened BH claims processing times	• Processing timelines must be aligned with the **following standards (similar to MLTSS)** - 15 days for 90% of electronically submitted clean claims - 30 days for 90% of manually submitted clean claims - 45 days for 99.5% of all claims
		Reduced minimum weekly payment cadence from 2 weeks to 1 week	• Payments for clean claims must be paid out weekly, reduced from bi-weekly
		Introduced FFS rate floor	• All MCOs must pay providers **at or above** FFS rates for BH services • If FFS rates change during existing contract period, contract rates below FFS floor must be adjusted by effective date indicated by DMAHS

Key wins from first two months of Phase 1 Implementation



Many **former FFS providers have successfully joined MCO networks**, supporting member access and continuity of care



Trainings and office hours have been well-attended (~300 providers per session), offering opportunities for providers to ask questions and receive direct support

Educational materials on State and MCO-specific managed care processes **have been shared with providers** to help prevent issues and ease navigating the behavioral health integration

Member advocates have convened biweekly to share member perspectives on Phase 1 implementation, and raise important questions, concerns, and suggestions for improvement – with limited member issues experienced to date

Since go-live, DMAHS has been working to address key concerns

Key concerns from Phase 1 Implementation

- MCOs are reporting a **high volume of members served by out-of-network providers,** putting member continuity of care at risk when transition period ends in July
- Providers have **not been submitting PAs** during the transition period given the automatic approval of requests, **limiting ability to learn and test MCO processes** to avoid disruptions in care when transition period ends
- Providers are experiencing **longer turnaround times for PAs** due to **MCOs struggling to contact providers** and **lack of bidirectional communication in NJSAMS**
- **Varied billing/coding requirements across MCOs** have caused provider confusion, leading to **submission errors, denials, and delayed or inaccurate reimbursements**
- Providers who have experienced incorrect, inconsistent, or delayed payments **lack transparency on correct reimbursement rates and claims processing timelines**, leading to uncertainty and frustration

DMAHS / DMHAS response to provider concerns

Update provider readiness packet to ensure guidance relays current policies and addresses concerns frequently raised by providers across all BH integration topics

Distribute **training materials and updated guidance** outlining prior authorization submission processes and MCO-specific billing and coding instructions

Continue conducting virtual and in-person **provider office hours** with MCOs to field provider questions/concerns

Work with MCOs to **ensure use of accurate FFS rate schedule** and **reprocess claims** denied or paid incorrectly

Direct providers to **MCO and State contact information** for providers to outreach when experiencing issues

Develop implementation plan to **further integrate MCO PA systems with NJSAMS** in partnership with DMHAS IT

Emphasize **MCO responsibility to proactively engage providers experiencing issues** and identify root causes to address key challenges

Detail | Providers should follow each of the MCO's MH partial care transportation billing instructions to reduce potential claim denials

Payer	Accepted codes	Dependencies
Aetna	• Z0330 • A0090 • A0120 • A0425 UC — must be submitted with A0090, A0120, or Z0330	PC Transportation claims must be billed on the same date of service as the H0035 UC claim
Fidelis Care	• Z0330 • A0425 UC — must be submitted with Z0330	PC Transportation claims must be billed on the same date of service as the H0035 UC claim
Horizon	• A0120 UC — replaced z-code, can be backdated to any date of service since 1/1/25 • A0425 UC	PC Transportation claims must be billed on the same date of service as the H0035 UC claim, with preference for all codes submitted on the same claim to reduce potential denials
UnitedHealthcare	• Z0330 • A0120 UC • A0425 UC — must be submitted with Z0330 or A0120 UC	PC Transportation claims must be billed on the same claim as the H0035 (with or without UC) code
Wellpoint	• A0120 UC • A0425 UC — must be submitted with A0120 UC	PC Transportation claims must be billed on the same date of service as the H0035 UC claim

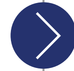
Providers can find additional materials outlining MCO-specific claims and billing practices on the BHI Stakeholder Information website

SUD prior authorization / NJSAMS resources and contact information

Prior NJSAMS training resources

The BHI Stakeholder Information website has the following materials from the Nov 2024 PA / NJSAMS training:

- NJSAMS presentation
- NJSAMS training recording
- NJSAMS tutorial video

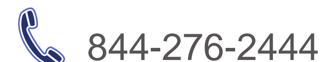


When to contact IME

Process related issues, e.g.:

- Provider is unsure if PA should be submitted to MCO or IME
- Provider has questions about how to properly complete an NJSAMS admission file

IME contact information:



When to contact a member's MCO

MCO communication regarding PA decision, e.g.:

- Provider submitted PA request to MCO and needs clarification on next steps
- Provider has not received response from the MCO in the required time frame

Refer to key MCO points of contact here or also in provider readiness packet

When to submit NJSAMS ticket

Technical issues, e.g.,:

- Provider has encountered an error message on their NJSAMS screen
- Provider cannot start a client record due to a data correction issue

To access NJSAMS ticket system, log in, navigate to the Help Menu, and select option for Ticket Management. Note the response time is 72 hours.

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[1]

The BH stakeholder website has the following materials for providers:

- Provider readiness packet
  - Offers detailed program guidance and additional readiness guidance
- Prior DMAHS training materials and recordings, including Claims Refresher slides which detail MCO-specific billing instructions
- 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

United Wellpoint

Refer to key MCO points of contact here or also in provider readiness packet

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[2]
- 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/information/stakeholder/ 2. Specific detail regarding your claims includes but is not limited to the provider ID / NPI and contact information, MCO, service provided, service date, units, rate paid, specifics of issue and supporting documentation

What questions or feedback do you have regarding BH Integration?

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