NEW JERSEY HUMAN SERVICES

# Virtual Office Hours

## NJ FamilyCare BH Integration

**APRIL 23, 2025**

# Virtual Office Hours

NJ FamilyCare BH Integration

## Agenda

| | | |
|---|---|---|
| 1 | **Welcome and logistics**<br>*Main Room* | 2:00 – 2:10 |
| 2 | **State Q&A**<br>*Main Room* | 2:10 – 3:30 |
| 3 | **MCO Q&A**<br>*Breakout rooms* | 3:30 – 5:00 |



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# Logistics for State Room Q&A

- In the State Room, we will start with reviewing provider FAQs, and then conduct an open Q&A
- General questions about state processes and policies should be asked in the State Room Q&A
  - *Please reserve MCO-specific inquiries and concerns for the MCO Q&A in the breakout rooms*
- Feel free to ask a question or listen in to questions that might be relevant to you
- If you would like to ask a question, please raise your hand (using the reactions feature) and wait to be called upon

# Phase 1 of BH Integration went live January 1, 2025 and is taking a phased approach to carve-in BH services

Jan 1, 2025

## Phase 1

Outpatient BH Services
(for both adults and children)

- 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

TBD but no sooner Jan '26[1]

## Phase 2

Residential & Opioid
Treatment Programs

- 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)

TBD[1]

## Phase 3

Additional BH services
TBD

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

# 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

# During the transition period, providers should submit prior authorizations to ensure readiness after June 30, 2025

## Context

- Many **providers are not submitting PAs** during the transition period given automatic approval of requests
- **Auto-approval does not waive PA requirements**; it is intended to give providers flexibility to learn MCO processes during the transition
- Lack of provider submissions has raised **concerns around provider readiness** to correctly complete PAs post-transition
- An influx of incomplete PA submissions in July will **lead to increased denials** and potentially **disrupt member care**

## The State and MCOs **strongly advise providers to submit PAs during the transition period** to learn MCO-specific processes

- **Help us help you** learn the systems and processes for submitting PAs through the MCOs while there is the safety net of the auto-approval
- **Stagger PA submissions** to avoid your PAs expiring simultaneously, which could affect your ability to submit the next round of PAs in a timely manner
- **Receive approval during the transition period** to maintain validity of PAs with durations ending past July 1 and delay the requirement for medical necessity
- You may face **claims denials, payment delays, and additional admin burden** if you fail to properly submit PAs starting July 1

# Enrollment | Frequently asked questions

*Do I need to re-enroll if I am already enrolled in NJ FamilyCare as a FFS provider?*

- **No,** providers who are already enrolled with NJ FamilyCare do not need to re-enroll

*Can individuals licensed under supervision (e.g., LSW, LACs, CADCs) independently enroll to provide services?*

- **Individuals must be licensed clinicians** to enroll in NJ FamilyCare
- Individuals who do not hold a clinical license cannot enroll in NJ FamilyCare as an individual practitioner but can be part of an enrolled group practice, agency, clinic, or facility

# Credentialing | Frequently asked questions

*Do I have to join all five MCOs' networks?*

- Providers should seek to join **all MCOs that their patients are enrolled with**
- **Providers are encouraged to join all five MCOs** to ensure continuity of care, as members often change health plans

*Do all individual practitioners need to credential?*

- For **independent practitioners and group practices:**
  - All MCOs require each practitioner in a private or group practice to **individually credential** using their Type 1 NPI
  - Some MCOs may require each licensed practitioner in a group practice to be listed on a **group roster** to associate the individual with the practice for billing
- For **licensed facilities and agencies**:
  - **Some MCOs** allow for licensed facilities or agencies to **credential as an entity** using the Type 2 NPI, while others **require each practitioner to credential individually** under their entity
  - Some MCOs may require each practitioner to be listed on a **facility / agency roster**
- **Please refer questions to MCOs to confirm specific requirements**



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# Contracting | Frequently asked questions

*Where can providers find information on what services (and service codes) are a part of BH Integration Phase 1 and the rates MCOs should pay?*

- Providers can find the **BH Integration Phase 1 service codes and rate schedule** on the NJMMIS website. This document displays the service codes of services carved in Phase 1 and the floor rates that MCOs are required to pay providers at a minimum
- To access this document:
  - Go to the NJMMIS website
  - Click on “Rate and Code Information” using the left-hand navigation
  - Find the “Procedure Code Listings” section, and then click “CY 2025” for “Procedure Master Listing - MCO Behavioral Health Integration”
- Providers should **check this document periodically** as Medicaid rates update over time

# Prior Auth | Frequently asked questions (I/III)

*What is the grace period for submitting prior authorization (PA) requests?*

- MCOs are required to give providers **at least 5 days after service initiation** to submit an initial PA request

*What is the required turnaround time for MCOs to process PAs?*

- The turnaround time period **begins when the MCO receives a PA request**
- For BH services classified as **urgent**, the MCO turnaround time is **24 hours**
  - If a PA request is incomplete, the MCO must **request additional information within 24 hours**. Once the MCO receives the updated PA, a decision must be made within 24 hours. The total turnaround time from the receipt of the original PA **must not exceed 72 hours**
  - It is important for providers to efficiently respond to MCO requests for further information to ensure timely processing of PAs
- For BH services classified as **non-urgent**, the MCO turnaround time is **7 calendar days**

# Prior Auth | Frequently asked questions (II/III)

*How can providers access the MH PA form for members without an active MCO or with presumptive eligibility?*

- Providers must **first request a MH PA using the "NJMMIS Form Request" form**
- To access a printable version of this form:
  - Go to the NJMMIS website
  - Click on "Forms & Documents" using the left-hand navigation
  - Click "Submit Request" for all forms
  - Select "Medicaid Forms Order"
- On the form, providers should write the number of MH PA forms needed on the line next to "**FD-07**" (also labelled as "**Request for Authorization for Mental Health Services**")
- Providers should **mail the completed form to Gainwell** using the address on the form
- Once processed, providers will receive the MH PA or FD-07 forms by mail
- Providers should then **send completed FD-07 forms to their county Medical Assistance Customer Centers (MACC) office**

*For each MCO, what service codes should providers request on MH PAs for acute partial hospital (APH), partial hospital program (PHP), and partial care?*

- **Aetna:**
  - **APH:** REV code **913** with **1 hour** for units of service
  - **PHP:** REV code **912** with **1 hour** for units of service
- **Fidelis Care and Wellpoint:**
  - **APH:** REV code **913** with Procedure code **H0035**
  - **PHP:** REV code **912** with Procedure code **H0035**
- **Horizon**
  - **APH:** REV code **913** (can be submitted with Procedure code **H0035**)
  - **PHP:** REV code **912** (can be submitted with Procedure code **H0035**
- **UnitedHealthcare**
  - **APH:** REV code **913**
  - **PHP:** REV code **912** for adults (18+), REV code **913** for youth (under 18)
- For **all MCOs**, providers should request HCPC code **H0035** for **partial care**

# Prior Auth | Frequently asked questions (III/III)

*What NPI should providers enter when submitting a substance use disorder (SUD) PA?*

- Providers should enter the **Type 2 NPI** of the agency that credentialed with the MCO

*Where can providers find the PA decision after submitting a SUD PA request in NJSAMS?*

- PA decisions for SUD PA requests will be communicated external to the NJSAMS system
- **Aetna, Fidelis Care, and Wellpoint:** Communicate SUD PA decisions via fax or phone call
- **Horizon:** Communicate SUD PA decisions via their provider portal, fax, or phone call
- **UnitedHealthcare:** Communicate SUD PA decisions via their provider portal or phone call

*Who should providers contact if they are running into issues with NJSAMS?*

- Contact the **IME** for PA process related issues (e.g., how to complete an NJSAMS file)
- Contact a **member's MCO** for issues regarding MCO communication
- Submit an **NJSAMS ticket** when experiencing technical issues

DMAHS is requesting **provider feedback** on the **SUD PA experience for Phase 1 services**. If you are able, **please complete the short survey** using the link in the zoom chat



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# CMS 1500 billing form | Providers should follow each of the MCO's NPI billing instructions for the CMS 1500 form to reduce submission errors

## CMS 1500 Form

- Submitted by individual practitioners, group practices, and licensed agencies / clinics offering **professional services**

- NPI numbers must be entered for both a **billing and rendering provider**
  - ***Billing NPI:*** Type 1 NPI if individual practitioner[1]; Type 2 NPI if group practice/agency/clinic
  - ***Rendering NPI:*** Varies based on provider type, credentialing, and MCO

***NPI required in rendering provider field for each MCO, based on provider type and credentialing decision***

| | Licensed agency or clinic | | Group practice | Independent provider |
|---|---|---|---|---|
| | Credentials as an entity | Credentials individual practitioners | Credentials individual practitioners | Credentials individually |
| Aetna | Type 2 NPI, but Type 1 NPI required if rendering provider is OBAT | Type 1 NPI | Type 1 NPI | Type 1 NPI |
| Fidelis Care | Field should be left blank | | | |
| Horizon | Type 2 NPI | | | |
| UHC | | | | |
| Wellpoint | *N/A – Credentialing option not allowed for Wellpoint* | | | |

- Type 1 NPI is for individual providers
- Type 2 NPI is for entities

1. Type 2 NPI can be used if available



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# CMS 1450 billing form | Providers should follow each of the MCO's NPI billing instructions for the CMS 1450 ("UB-04") form to reduce submission errors

## CMS 1450 Form ("UB-04")

- Submitted by institutional providers and outpatient facilities offering **facility-based services** (e.g., hospitals, nursing facilities)[1]

- NPI numbers must be entered for the **facility** and rendering providers (i.e., **attending** and **operating**)
  - ***Facility NPI***: Type 2 NPI
  - ***Attending NPI[2]:*** Most MCOs use Type 1 NPI
  - ***Operating NPI[3]:*** Varies by MCO

***NPI required in operating and attending provider fields for each MCO***

| | **Operating** provider field | **Attending** provider field |
|---|---|---|
| Aetna | Field not required | Type 2 NPI, but Type 1 NPI required if rendering provider is OBAT |
| Fidelis Care | | Type 1 NPI |
| Horizon | Type 2 NPI | |
| UHC | Field not required[4] | |
| Wellpoint | Type 1 NPI | |

- Type 1 NPI is for individual providers
- Type 2 NPI is for entities

1. Horizon NJ Health requires all licensed facilities to bill on CMS 1500 unless their contract specifies otherwise 2. Individual with overall responsibility for member's care. 3. Surgeon or specialist that performed the procedure; may or may not be same individual as the attending provider. 4. If applicable, UnitedHealthcare instructs providers to enter the Type 2 NPI



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# MH PC Transportation | 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<br>• A0090 **UC**<br>• A0120 **UC**<br>• A0425 UC — must be submitted with A0090 UC, A0120 UC, or Z0330 | PC Transportation claims must be **billed on the same date of service** as the H0035 UC claim |
| **Fidelis Care** | • Z0330<br>• A0425 UC — must be submitted with Z0330<br>• *A0120 UC in process of configuration* | |
| **Wellpoint** | • A0120 UC<br>• A0425 UC — must be submitted with A0120 UC | |
| **Horizon** | • A0120 UC — replaced z-code, can be backdated to any date of service since 1/1/25<br>• 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** |
| **UnitedHealthcare** | • Z0330<br>• A0120 UC<br>• 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 |

Providers should **bill for 2 units of MH PC transportation on the same claim** if a member is transported both **to and from** the place of service

*Providers can find this guidance in the **MCO MH Partial Care Transportation Billing 1-pager** on the [BHI Stakeholder Information website]*

# Claims and Billing | Common provider errors leading to denials

| Error | How to avoid |
|---|---|
| **Incorrect diagnosis or procedure codes** | • Refer to **Volume 34, No. 13 of the DMAHS newsletter** for the Phase 1 service codes<br>• **Double-check coding** before submission<br>• Use software or cross-referencing tools that align diagnosis with procedure codes |
| **Invalid provider tax ID or NPI number** | • Keep a centralized and regularly updated record of provider IDs<br>• Use **validation checks** in the billing system to alert staff if an invalid ID is entered<br>• **Check MCO-specific NPI requirements** for CMS 1500 and CMS 1450 forms |
| **Incorrect insurance coverage or no primary EOB** | • Ensure the **primary insurer (e.g., commercial private insurance, Medicare) is billed first** prior to billing for Medicaid |
| **Ancillary code submitted without base service code** | • Ensure that all **ancillary codes** (e.g., mileage) are **billed with the base code** (e.g., transportation) |
| **Missing taxonomy codes** | • Ensure that **all taxonomy codes are correct and included** on the claim<br>• **Work with clearinghouses** to confirm that the taxonomy is added when the claim is submitted |
| **Member eligibility** | • Ensure **member is enrolled in MCO and eligible for service** at service initiation |
| **Duplicate billing** | • Implement billing software that flags duplicate claims before submission<br>• Establish a review process to **ensure each service is only billed once**<br>• Regularly **check status** of submitted claims to avoid resubmission of claims in process |
| **Incomplete claim submission** | • **Use a checklist** to ensure all required fields are completed<br>• Implement **Electronic Health Record (EHR) system** that flags incomplete sections |
| **Missing prior authorization (post transition-period only)** | • **Submit authorization** # on claim when applicable<br>• Ensure all services that require prior authorization are pre-approved<br>• Utilize automated tracking systems to manage and confirm authorizations |

# Claims | If you are running into any claims issues, please contact the MCO

| Payer | Claims contact information |
|---|---|
| **Aetna** | • **Email:** Katelyn.Mignone@Aetna.com or SanchezL7@Aetna.com<br>• **Phone:** 1-855-232-3596<br>- Press * for healthcare provider. Follow prompts for customer service needs. |
| **Fidelis Care** | • **Email:** FidelisCareNJ_BHClaimInquiry@fideliscarenj.com |
| **Horizon** | • **Email:** BHMedicaid_@horizonblue.com<br>• **Phone:** 1-800-682-9091 |
| **UnitedHealthcare** | • **Email:** njproviderescalation@optum.com<br>- After reaching out, providers will be prompted to submit the *UHC BH New Jersey Provider Claim Template* for claims research to begin |
| **Wellpoint** | • **Visit** www.Availity.com to submit claims appeals<br>• **Phone:** 1-800-454-3730 for Provider Services |

# For support on any topic, first visit NJ's BHI 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 guidance packet
  - Offers detailed program guidance and additional readiness guidance
- 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**

**United** **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**:

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/information/stakeholder/

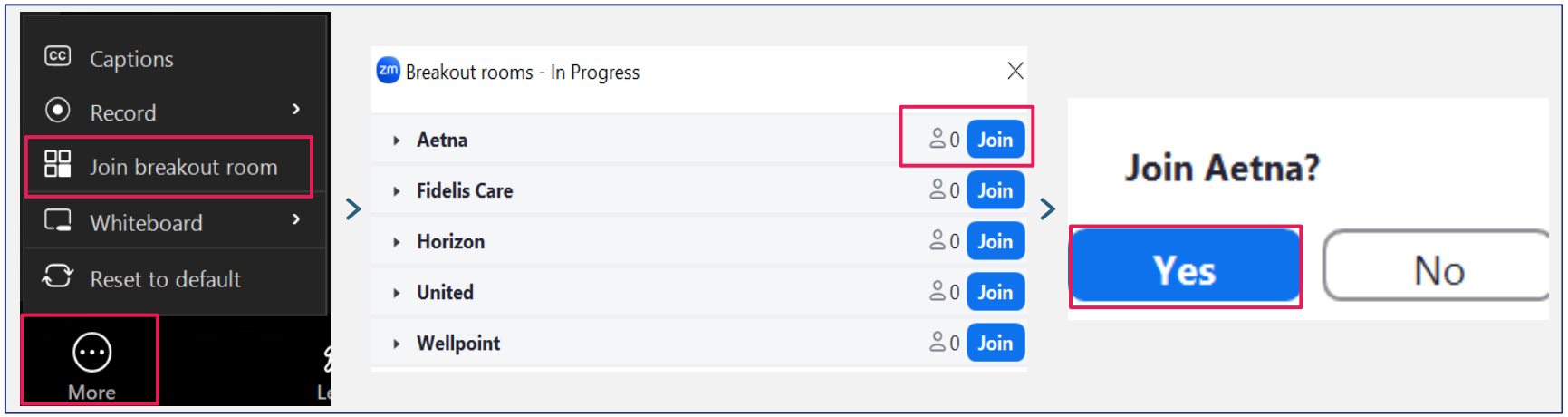
# Logistics for MCO Breakout Room Q&A

- There are 5 breakout rooms for the 5 MCOs
- Providers are welcome to join any of the 5 rooms and can move freely between the rooms
- Each room is open Q&A – ask a question or listen in to questions that might be relevant to you
- If you would like to ask a question, please raise your hand (using the reactions feature) and wait to be called upon
- During this time, there will be no State Q&A in the Main Room. Please only return to the Main Room if you are experiencing technical issues

# Choose your breakout room

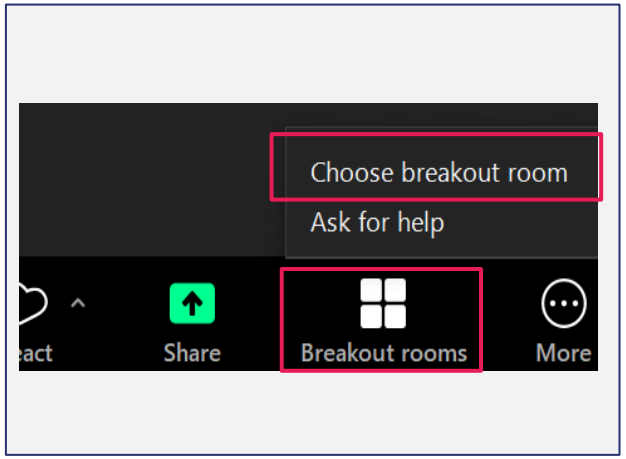
**To join a breakout room:**

1. Click "**Join breakout room**" on toolbar at the bottom of the Zoom. If the button is not visible, click "More" and then "Join breakout room".
2. Click "**Join**" for the MCO room you wish to be in
3. Click "**Yes**" to be moved into the room



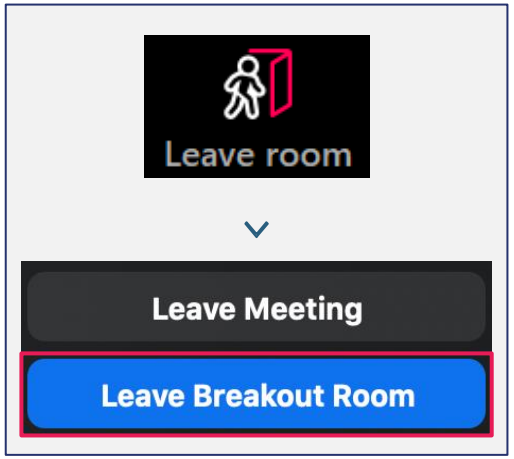

**To switch to another MCO room:**

1. Click the "**Breakout room**" button on the toolbar at the bottom of the zoom
2. Then, click "**Choose breakout room**"
3. Like above, click "**Join**" for the MCO room you wish to be in




**To go back to the Main Room:**

1. Click the "**Leave room**" button on the bottom right of the screen
2. Click "**Leave Breakout Room**"

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