NEW JERSEY HUMAN SERVICES

Achieving Success with Managed Care

NJ FamilyCare Behavioral Health Integration

OCTOBER 16, 2024

Housekeeping

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

Use the **“raise hand”** function if you wish to speak

This meeting will be recorded to act as an ongoing resource

Submit your **questions using the "Q&A" function** and we will compile them

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

Materials and recording will be published and available on DMAHS website

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Welcome

Valerie Mielke

Deputy Commissioner
for Health Services

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Agenda for today

1	**BH Integration overview** Lynda Grajeda Chief of Managed Care Operations, DMAHS	09:35 – 09:45
2	**Value of managed care** Renee Burawski Assistant Commissioner, DMHAS	09:45 – 09:55
3	**Best practices for providers** Debra Wentz President & CEO, NJAMHAA	09:55 – 10:10
4	**Experienced provider panel** Vicki Fresolone with Eman Gibson (Integrity), Lisa Centeno (CarePlus), Vera Sansone (CPC)	10:10 – 10:55
5	**Resources and next steps** Shanique McGowan BH Program Manager, DMAHS	10:55 – 11:00

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NJ FamilyCare/NJ Medicaid has two delivery models

NJ FamilyCare is the name of the Medicaid Program in New Jersey, and includes core Medicaid, the Children's Health Insurance Program (CHIP), and Medicaid expansion populations. Medicaid services are provided through **two delivery models**:

Fee For Service (FFS)

- **Providers bill state** Medicaid directly for services
- Currently, **many behavioral health (BH) services** are billed under FFS for the **general population**, but are shifting to managed care
- In addition to certain services, used for **members not enrolled in a managed care organization (MCO)** and members with **presumptive eligibility**

~5% of NJFamilyCare members covered under FFS only

Managed care

- Services managed by one of **5 MCOs:** Aetna, Fidelis, Horizon, United, WellPoint
- **Providers bill MCOs** for services; MCOs receive funding from state to **coordinate member care** and **offer special services** in addition to regular NJ FamilyCare benefits
- **MCOs responsible** for provider network management, care coordination and care management, utilization management, quality assurance, etc.

~95% of NJFamilyCare members enrolled in an MCO

Note: Throughout this presentation, the words Medicaid and NJ FamilyCare may be used interchangeably

Overview of NJ Behavioral Health Integration

Context

While physical health is managed by MCOs, many behavioral health (BH) services are still managed through FFS

BH includes mental health (MH) services and substance use disorder (SUD) services

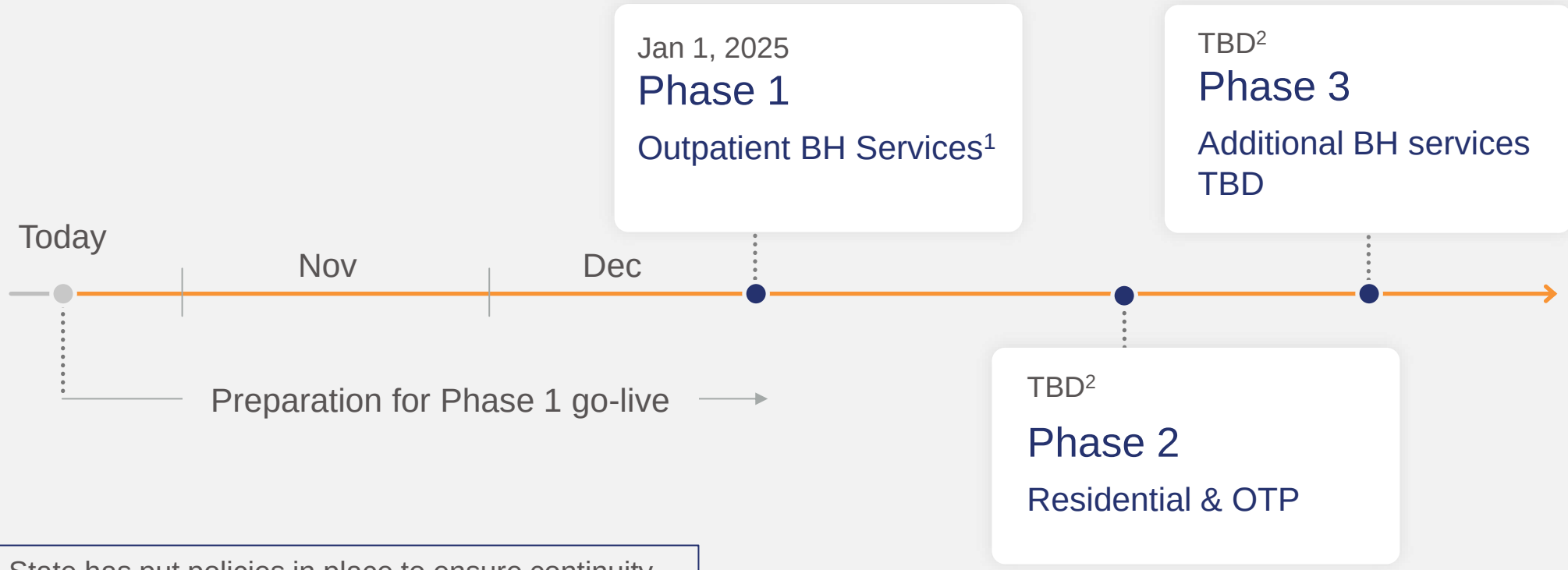
To prioritize whole-person care where all healthcare services across the care continuum are managed under the same entity, NJ is embarking on BH integration by shifting BH services from FFS to managed care

Goals of BH Integration

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

Timeline | Less than 2.5 months to Phase 1 go-live

NJ is taking a phased approach to shifting BH services from FFS to be managed by MCOs, with Phase 1 go-live planned for Jan 1, 2025



Note: The State has put policies in place to ensure continuity of care and avoid delays in payment – *more detail to follow*

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

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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
  - Peers support services
  - SUD care management
- SUD partial care

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 (OTP)

Phase 3 – Additional BH Services[2]

Not exhaustive

Scope of services included in phase 3 is **still being confirmed** but some services being considered include:

- Opioid Overdose Recovery Programs (OORPs)
- Psychiatric Emergency Screening Services (PESS)
- Behavioral Health Homes
- 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

Policies and guidance to improve provider experience

Program building blocks	Key new MCO contract standards and guidance (non-exhaustive)
Network	• Require MCOs to accept any willing provider for first 24 months • Require MCOs to contract all active FFS providers • If unable to, must set up single case agreement to ensure care continuity and avoid delays in payment
Enrollment and credentialing	• Reduce credentialing turnaround time from 90 to 60 days • Require MCOs to accept data from CAQH • Developed detailed guidance and training on enrollment and credentialing to assist providers
Prior authorization	• Auto-approve all BH authorizations for the first 90 days of integration • Established minimum durations for initial authorization • Made additional services always urgent to increase turnaround time • Reduced non-urgent turnaround times from 14 to 7 days • Require MCOs to use NJSAMS reports for SUD prior authorization
Care management	• Require MCOs to have BH care managers • Adapted CM screening/assessment to account for more BH needs • Set BH CM member stratification, caseloads and outreach requirements
Claims	• Shortened BH claims processing times • Reduced minimum weekly payment cadence from 2 weeks to 1 week • Require FFS as the rate floor for BH services
Quality monitoring	• Identified annual BH quality and outcome measures, • Introduced new provider satisfaction survey

The value of managed care

For Patients

- Integrated whole-person care - physical, behavioral and social
- Access to a broader range of services & providers
- Right services, in the right place, at the right time

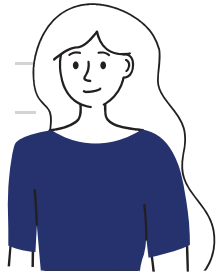
For Providers

- Enables better whole-person care (e.g., referrals, data sharing)
- Dedicated MCOs resources to support administratively
- Opportunity to grow your patient base

For Healthcare System

- Improved care coordination across healthcare ecosystem
- Greater focus and provision on preventative care
- More efficient resource utilization

Focus of today

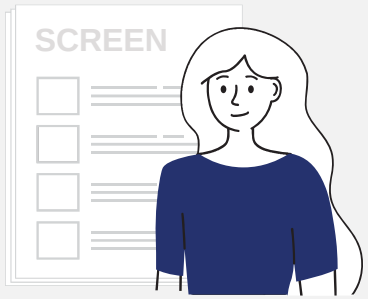


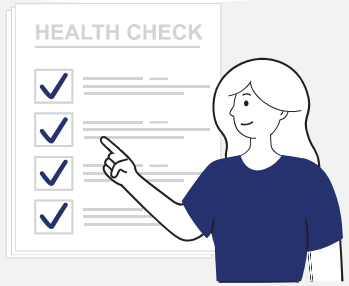
Amira

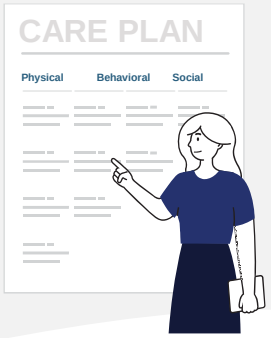
Her story

- 32 year old single mother
- Is a NJFamilyCare member
- Struggles with depression and anxiety
- Recently lost her job
- Overwhelmed by her mental health challenges and stress of caring for children
- Began missing medical appointments
- Occasionally visits emergency room during panic attacks but receives little follow up

Amira's journey: How managed care helped improve her quality of life







Initial MCO CM screening

- Identified as high risk for further hospitalization
- Assigned a care manager (CM), Phil

Comprehensive needs assessment

- Determined her whole-person needs, including financial
- Quarterly check-ins with Phil

Personalized care plan and coordination

- Plan prepared by integrated care team
- Connected to LCSW for regular therapy and local food assistance program

Integrated care across providers

- Phil worked with PCP to address her physical health
- Medications monitored by PCP and therapist

Ongoing health monitoring

- Regularly therapy improving MH
- Care team monitoring progress and medication adherence

Member outcomes

Fewer emergency visits | Improved MH | Overall, improved quality of life

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Three key benefits for providers

Enables whole-person care

- **Improved coordination with other providers** (e.g., link BH providers to PCPs, referrals)
- **Access to preventative programs** (e.g., wellness programs, screenings)
- **Comprehensive data insights** (e.g., service utilization and adherence)

Dedicated MCO resources

- **Care coordination** (e.g., referral staff, MCO CMs)
- **Claims and utilization management** (e.g., MCO claims staff and systems)
- **Continuing provider education and training** (e.g., cultural sensitivity, case management)

Opportunity to grow patients

- **MCO Provider directory** that improves access and visibility of provider to MCO members
- **Referrals from CMs and in-network providers** (e.g., referral from PCPs or other specialty providers)

NJAMHAA
New Jersey Association of Mental Health and Addiction Agencies

Debra Wentz, PhD

President & CEO

- **Mission:** We champion, support and promote the value of our member organizations
- **Vision Statement:** We strive for a world in which adults, children and families are empowered by a well-resourced and effective network of high-quality, integrated healthcare and social services
- **Values:**
  - **Collaboration:** Fostering excellence through networking, education and innovation
  - **Value:** Access to high-quality healthcare and support services
  - **Sustainability:** Healthcare and support services continue to thrive.
  - **Equity:** An environment of inclusion for all

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Four best practices for providers

1. Credential/contract **with all 5 MCOs** to ensure continuity of care for your patients and grow your patient base

2. **Regularly review State-MCO and MCO-provider contracts** and **guidance** to understand eligibility, covered services, and prevent payment delays

3. **Collaborate with MCO Care Managers and use dedicated resources** to promote whole person care – integrated across behavioral, physical, and social services

4. **Strategically select platforms and systems** to streamline processes such as prior authorizations, billing, and tracking quality measures, based on your needs

1 Credential/contract with all 5 MCOs to ensure continuity of care for your patients and grow your patient base

Why it matters

- **Ensure patient access**
- **Expand patient base**
- **Increase referrals**
- **Maximize reimbursement**

Steps to implement

A. Read **DMAHS credentialing guidance**, included in DMAHS Provider Readiness packet

B. Watch **DMAHS Enrollment & Credentialling** topic training

C. Use guidance to **determine your credentialing requirements** and collate your documentation

D. For groups and facility providers: **Establish a credentialing lead / subject matter expert** within your organization

E. **Start credentialing / contracting** with each MCO you want to join

2 Regularly review State-MCO and MCO-provider contracts and guidance to understand eligibility, covered services, and prevent payment delays

Why it matters

- **Maximize patient access to care**
- **Ensure timely payment**
- **Resolve disputes quickly**

Steps to implement

A **Review State-MCO contract, DMAHS program guidance** and **attend state-led topic trainings** to gain strong understanding of NJ State requirements:
  - The State will summarize key standards and processes across program
  - Register for upcoming Claims and Prior Authorization trainings

B **Review your MCO-provider contracts**, attend **MCO provider trainings**, review **MCO provider manual** to understand MCO specific requirements and processes, especially covered services and claims

C **Bring it all together:** Summarize key eligibility rules, covered services, reimbursement rates and billing for each MCO where staff can easily access and incorporate into daily workflow

D **Flag any problems with State and MCOs early** to minimize disruptions to care and help other providers who might be facing similar issues

3 Collaborate with MCO Care Managers and use dedicated resources to promote whole-person care

Why it matters

- **Enhance care coordination**
- **Improve patient outcomes**
- **Access specialists**
- **Streamline referrals**
- **Grow patient base**

Steps to implement

A **Collaborate with MCOs CMs:** Work with MCO CMs in developing integrated care plans, coordinating services and adjusting care delivery for members

B **Take advantage of MCO referral network:** Collaborate with MCO referral staff, in-network doctors and specialists to create referral pathways for patients

C **Use shared data systems:** Use shared health records or platforms to keep everyone informed with real-time data

D **Monitor and Adjust Care:** Track patient progress and update MCOs timely and proactively; work with MCO to adjust care

E **Review State guidance on Care Management** and **attend State-led training** on Care Management on January 28

4 Strategically select platforms and systems to streamline processes such as PA, billing, and tracking quality measures, based on your needs

Why it matters

- **Reduce admin burden**
- **Boost revenue cycle management**
- **Improve compliance and tracking**

Steps to implement

A **Assess current systems:** Identify inefficiencies in billing, prior authorizations, and tracking based on your practice's size and needs

B **Choose the right tools:** Select platforms and / or protocols that fit your practice. Smaller practices may improve manual processes, while larger ones might invest in automation

C **Train staff:** Ensure staff are trained on new tools (e.g., MCO Portals) and / or protocols. Designate a "super user" to support training and adoption.

D **Track and optimize:** Monitor performance (e.g., claims denial rate) and refine processes for continuous improvement

Experienced Provider Panel

Moderated discussion with panelists

Followed by audience Q&A

Submit your questions using the Q&A function

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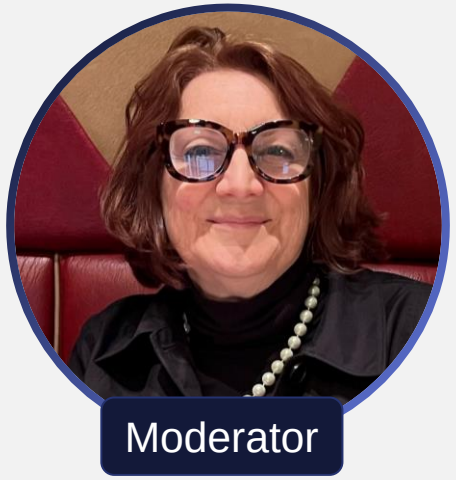
Our panelists



Moderator

Vicki Fresolone

DMHAS

Manager of Integrated Services

Eman Gibson

Integrity

Chief Clinical Officer

Lisa Centeno

CarePlus

SVP of Integration & Access to Care

Vera Sansone

CPC

CEO and President

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Want more information on BH Integration?

1. ## Monthly topic-specific trainings

Monthly trainings in collaboration with MCOs on key topics to help providers better understand contract standards and processes

Recordings available on DMAHS website

2. ## Provider readiness guidance packet

Step-by-step guidance for each major topic, a readiness checklist, and links to other resources to prepare providers for go-live and serve as an ongoing reference

3. ## Reach out to us or any of the 5 MCOs

If you have any questions, please contact the DMAHS BH Integration inbox or any of the 5 MCOs directly – *contact information to follow*

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Monthly topic trainings | Upcoming schedule

Claims

October 24 (register)

- Overview of policies and processes to submit claims and be reimbursed by MCOs
- More detailed information on billing codes, submission process, definition of clean claims, common errors, and appeals

Enrollment and Credentialing recording available on Website

Prior Authorization

November 21 (register)

- Overview of PA standards, requirements and processes for PA of BH services through MCOs
- Clarification of services requiring PA, required fields, and submission and approval processes
- How to use NJSAMS for SUD prior authorization

Office Hours

December 5 (register)

- Opportunity to drop-in and ask DMAHS and MCOs any remaining questions on any topic before Phase 1 go-live

Care Management

January 28 (register)

- Introduction to MCO-led care management
- Overview of standards, eligibility criteria, and processes
- Roles of MCO care managers and BH providers in care coordination

Readiness Packet I Comprehensive DMAHS guidance on BH integration for providers

Planned contents

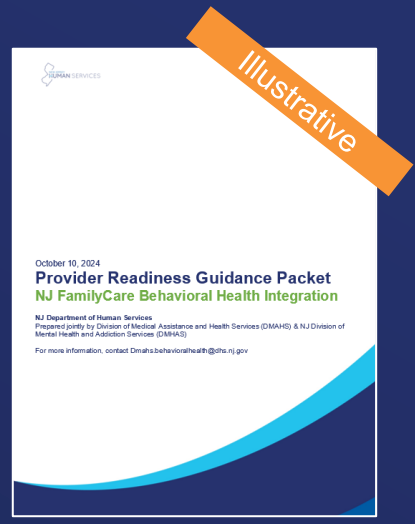
- Provider readiness checklist
- BH integration overview
- Enrollment and credentialing
- Prior authorization
- Claims
- Care management
- Additional resources
- Contact information

Provider readiness checklist

- Self-assessment for providers including essential action items and knowledge providers should have prior to go-live

Category	Checklist
Onboarding	❑ Identified contact for each MCO for specific questions ❑ Reviewed each relevant MCO's provider manual? ❑ Attended each relevant MCO-led training / onboarding sessions? ❑ Attended / plan to attend DMAHS-led training sessions?
Enrollment	❑ Reviewed DMAHS enrollment guidance? ❑ Enrolled in Medicaid per guidance instructions? ❑ Registered for DMAHS / MCO-led October credentialing / enrollment training?
Credentialing	❑ Reviewed DMAHS credentialing guidance? ❑ Credentialed or listed on roster with MCO(s) per guidance instructions? ❑ Registered for DMAHS / MCO-led October credentialing / enrollment training?
Prior authorization	❑ Reviewed DMAHS prior authorization guidance? ❑ Trained in submission process, required fields, and turnaround times? ❑ Registered for DMAHS / MCO-led November PA training?
Claims	❑ Reviewed DMAHS claims guidance? ❑ Registered for DMAHS / MCO-led October Claims training? ❑ Trained in billing codes, submission process, and appeals process?
Network	❑ Reviewed DMAHS provider network guidance? ❑ Aware of provider availability and member wait-time requirements?
Care management	❑ Reviewed DMAHS care management guidance? ❑ Aware of MCO-led care management and how to refer members? ❑ Aware of how to coordinate with MCO care managers for members enrolled in care management?
Member Resources	❑ Aware of non-emergency transportation services for members? ❑ Aware of language line services for members? ❑ Aware of MCO's cultural competency policies?
Quality	❑ Aware of MCO provider surveying throughout the year (e.g., annual provider satisfaction, provider directory)?

Illustrative - to be refined



Available Soon

Readiness Packet will be published on BH Integration website and circulated to attendees

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Key contacts for DMAHS and MCO BH networks

State | **Managed Care Organizations**

DMAHS

Dedicated BH Integration All Stakeholder Inbox

Dmahs.behavioralhealth@dhs.nj.gov

Aetna

Liarra Sanchez, Network Relations

(609) 455-8997

sanchezL7@aetna.com

Fidelis Care

Evelyn Mora, Contract Negotiator

(908) 415-3101

Evelyn.Mora@fideliscarenj.com

Horizon

Lauren Woods, BH Network Manager

BHMedicaid_@horizonblue.com

UHC

Scheanell Holland NJ Network Manager

(877) 614-0484

Njnetworkmanagement@optum.com

Wellpoint

Carelon Provider Relations Line

(800) 397-1630

provider.relations.NJ@carelon.com

For full list of MCO contacts, refer to our MCO Resource Guide on our Stakeholder Information Website

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Next steps you can take to prepare for go-live

1. Stay up to date on DMAHS **BH Integration news** and topic **guidance** (website), and familiarize yourself with **MCO resources and key contacts**
2. Register to attend scheduled **DMAHS topic specific trainings** – next session on Claims October 24 (register) – and attend **MCO specific sponsored trainings**
3. **Enroll** in Medicaid / NJ FamilyCare as soon as possible.
4. **Credential** with all MCOs used by your members to avoid delays in access or payment. We encourage you to enroll with all 5 MCOs as members often change plans, and complete your **CAQH profile** to streamline the process.
5. Prepare **systems** for updated prior authorization and claims processes


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