Optum | United Healthcare Community Plan

Frequently Asked Questions

# New Jersey Medicaid Behavioral Health Benefit Changes

## Effective Jan. 1, 2025

**Who can treat Managed Medicaid members for behavioral health?**

All in-network Optum clinicians with a valid New Jersey state Medicaid ID or rostered status are eligible to treat Managed Medicaid members on a behavioral health outpatient level of care under their Optum agreement, including social workers and physician's assistants.

**What is "Managed Medicaid" for behavioral health?**

Managed Medicaid is member coverage under a Managed Care Organization (MCO). Based on their eligibility, some members are enrolled in a plan where the behavioral health benefits are managed by an MCO. These are Managed Medicaid behavioral health members. Other members are enrolled in a plan where the behavioral health benefits are paid by the New Jersey State Fee-For-Service plan directly.

**Who is managed for Behavioral Health by UnitedHealthcare Community Plan of New Jersey?**

Members with the following plans:

- New Jersey FamilyCare/Core Medicaid: Members not included in the 3 specialty plans below.

**Specialty Plans**

- MLTSS: Managed Long-Term Services and Supports
- DDD: Division of Developmentally Disabled
- HIDE SNP: Highly Integrated Dual Eligible Specialty Needs Plan (both Medicaid and Medicare IDs are required for this population)

**What are the Jan. 1, 2025, New Jersey FamilyCare changes?**

Several outpatient behavioral health services previously covered under New Jersey State Fee-For Service plan will move to the member's MCO-Managed Medicaid benefit as of Jan. 1, 2025. The specific services impacted are:

- Independent Practitioner Network (IPN) (Psychiatrist Psychologist or APN)
- Outpatient Mental Health
- Partial Care (Mental Health)
- Acute Partial Hospitalization / Mental Health Psychiatric Partial Hospitalization
- Ambulatory Withdrawal Management with Extended On-Site Monitoring/Ambulatory Detoxification ASAM 2-WM
- Peer Recovery Support Services (PRSS) provided by Independent Clinics Drug/Alcohol
- Substance Use Disorder Care Management
- Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1
- Substance Use Disorder Outpatient (OP) ASAM 1
- Substance Use Disorder Partial Care (PC) ASAM 2.5

**How can I determine if a member is Medicaid Managed or under New Jersey FamilyCare?**

- The insurance benefit card for UnitedHealthcare Community Plan (Medicaid) and Dual Complete One (HIDE-SNP) members have the UnitedHealthcare Community Plan logo on it.

- To identify a state Fee-for-Service Medicaid member, you must look at the group name/number on the ID card.
    - If the card has group “NJFAMCAR,” this is a state Fee-for-Service Medicaid member. The provider must be actively enrolled with Fee-for-Service Medicaid as a billable provider to treat the member and be reimbursed for outpatient behavioral health services.
    - **Note:** If a provider who is not enrolled or considered billable with the state treats the member and submits for reimbursement to UnitedHealthcare Community Plan, the claim will be denied with a reason to submit to correct payer, which is New Jersey State Fee-for-Service. If the provider submits the claim to the state, the claim will still deny as non-par or non-billable. Optum/UnitedHealthcare Community Plan cannot intervene in any way for claim payment remediation or appeals.

**Should I call and check for benefits and eligibility?**

It is good practice to check the benefits and eligibility of all members (Commercial and Managed Medicaid/Medicare) to ensure the coverage is active and ascertain what to expect for copayment, if any. Please be mindful of the New Jersey FamilyCare membership when receiving a referral.

- You may ask the member to advise on their group name on the telephone.
- If they advise NJFAMCAR and you are not a New Jersey State Fee-for-Service Medicaid provider, your claim will not pay. New Jersey FamilyCare members do not have outpatient behavioral health benefits with UnitedHealthcare Community Plan, and you should not be quoted in-network benefits for these members.

**How can I become an active provider with New Jersey State Medicaid?**

You may visit **njmmis.com/onlineEnrollment.aspx** to download an enrollment application for participation with New Jersey State Medicaid (for MDs, APNs, PHDs) and for rostering with New Jersey State Medicaid (for LCSW, LPC, LMFTs, LMHCs, PAs). When submitting for rostering, providers should select “21st Century Cures Act” as the provider type.

**What is a “rostered” provider?**

New Jersey State Fee-For-Service does not recognize the following license types for enrollment as a billable provider: Independent Master’s Level Practitioners, excluding APRNs (LCSW, LPC, LMFT, LMHC) and PAs.

Due to new legislation, the State is allowing the non-billable providers to become listed on a roster so the provider can treat the MLTSS, DDD and HIDE-SNP members enrolled in an MCO. This rostering does not allow for the New Jersey State Fee-for-Service claim payment of the New Jersey Family Care member. That requirement has not changed.

**What changes can I expect as a provider on Jan. 1, 2025?**

Effective Jan.1, 2025 for the impacted services, the New Jersey FamilyCare member's MCO responsibilities will include provider network management, care coordination and care management, utilization management and quality assurance. Therefore, effective Jan. 1, 2025, providers will be working directly with the Medicaid MCO (and no longer New Jersey State Fee-For-Service) regarding these impacted members and services.

**Do providers need to take any contracting or credentialing action with the MCO's related to the Jan. 1, 2025, changes?**

Providers currently credentialed with UnitedHealthcare for any line of business (Commercial/ Medicare) **do not** need to complete a new application or full credentialing.

Please contact your network manager regarding additional **Medicaid-specific information** that may be required (New Jersey Medicaid ID, etc.). Providers who do not have any current behavioral health contract with UnitedHealthcare can obtain additional information and request to join **Our Network**.

- **For network contact information,** please reference the New Jersey **Behavioral Health Quick Reference Guide**.

**How do the Jan. 1, 2025, changes affect provider claim submissions?**
Effective Jan. 1, 2025, claims for the designated services should be submitted to the member's Medicaid MCO and no longer New Jersey State Fee-For-Service. Review these **Claim Tips**.

**How do the Jan. 1, 2025, changes affect prior authorization requests?**
The member's Medicaid MCO will be handling requests for prior authorization for the Jan.1, 2025, designated services.

1. Requests for the following services are made directly to the MCO:
   - Partial Care (Mental Health)
   - Acute Partial Hospitalization / Mental Health Psychiatric Partial Hospitalization
   - Ambulatory Withdrawal Management with Extended On-Site Monitoring/ Ambulatory Detoxification ASAM 2-WM (members under 18)
   - Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1(members under 18)
   - Substance Use Disorder Partial Care (PC) ASAM 2.5 (members under 18)

2. For members ages 18 and older, requests for the following services are made through the New Jersey Substance Abuse Monitoring System (NJSAMS) submission process:
   - Ambulatory Withdrawal Management with Extended On-Site Monitoring/ Ambulatory Detoxification ASAM 2-WM
   - Substance Use Disorder Intensive Outpatient (IOP) ASAM 2.1
   - Substance Use Disorder Partial Care (PC) ASAM 2.5

   **NOTE:** For services requested through NJSAMS, NJSAMS will send the authorization request to the member's MCO. The MCO will handle the prior authorization request and contact the provider, as indicated, to process the authorization.

**How does a provider refer a member for MCO Care Management/Care Coordination services?**
The most direct way for providers/staff to reach the Care Management/Care Coordination team is the New Jersey Behavioral Health Care Management email: NECSBHCCA **NOTE: This email should be used by providers only.** It should not be given to members, as there would then be risk of member crisis issues waiting in an email inbox.

For staff sitting with a member or who need member referral/care coordination, use the **Special Needs Hotline** – **1-877-704-8871**. **The hotline is available to all members and providers.** All calls are routed to the Care Management/Care Coordination team.

**Additional Resources**

Provider Express has general information and other useful resources:

- Download standard forms: **Optum Forms**
- Provider Network Manual: **New Jersey Provider Network Manual Addendum**
- Clinical guidelines: **Clinical Criteria and Guidelines**
- Training/webinar offerings: **Welcome New Jersey state page**