

## Frequently Asked Questions

### October 1, 2018 - Changes to Horizon NJ Health's Managed Medicaid Behavioral Health Services

Updated: August 1, 2018

- Q1. What changes are happening for behavioral health services under New Jersey Medicaid?**
- A1. Effective **October 1, 2018**, all New Jersey Medicaid managed care organizations (MCO), including Horizon NJ Health, will become responsible for administering certain mental health and substance use disorder services (collectively, “behavioral health” services) that historically have been administered by the State. Further details regarding this change can be found in the *July 2018 Newsletter of the New Jersey Department of Human Services, Division of Medical Assistance and Health Services, Vol. 28, No. 08*.
- Q2. Was there a delay in the July 1, 2018 behavioral health expansion?**
- A2. Yes. The behavioral health expansion has been delayed by the Division of Medical Assistance and Health Services (DMAHS) to **October 1, 2018**. Any signed contract or updated amendment for the **July 1, 2018** implementation date will still apply for the new date of implementation.
- Q3. Do you anticipate another delay from the expected October 1, 2018 effective date?**
- A3. DMAHS has not indicated further delay of the implementation of the expanded behavioral health services. If that does occur, we will communicate that decision to you.
- Q4. Will the New Jersey Medicaid fee schedule for behavioral health still apply?**
- A4. Horizon NJ Health will apply the new Medicaid standard fee schedule on **October 1, 2018**.
- Q5. I received an amendment and signed a contract for the behavioral health expansion effective July 1, 2018. What will happen to those contracts/amendments?**
- A5. The contracts and amendments will become effective on **October 1, 2018**.
- Q6. I received an amendment to my existing network agreement with Horizon NJ Health. What is the purpose of this amendment?**
- A6. The amendment expands the scope of services under your existing network agreement so that you may provide the expanded behavioral health services to our members consistent with your business and licensure status. Although the amendment you received may identify a **July 1, 2018** effective date, as a result of DMAHS’ above-mentioned delay in implementing the expanded services, your amendment will take effect on **October 1, 2018**. The amendment also updates your contracted Medicaid rates for behavioral health services to 100 percent of the Horizon NJ Health standard fee schedule. Effective **October 1, 2018**, Horizon NJ Health is aligning its standard fee schedule with the New Jersey Medicaid fee schedule for behavioral health services.

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**Q7. Do I need to sign the amendment?**

A7. No. Pursuant to the terms of your agreement, the regulatory amendment will automatically become effective on **July 1, 2018 for services currently managed by Horizon NJ Health**. The regulatory amendment will automatically become effective for the expanded services on **October 1, 2018** (or such later date as the State may further delay implementation of the expanded behavioral health services). You do not need to sign the amendment nor take any further action at this time for it to become effective.

**Q8. Are there credentialing requirements for these expanded behavioral health services?**

A8. If you are contracted as an ancillary facility, you must complete and submit a credentialing application for any of the expanded behavioral health services you intend to provide to Horizon NJ Health's members. Even if your credentialing for the expanded behavioral health services is not complete by **October 1, 2018**, you can begin to perform the expanded behavioral health services for Horizon NJ Health's members effective **October 1, 2018**. You do not need to wait for the credentialing process to be complete before performing such services. If you are not an ancillary facility, no additional credentialing is required.

**Q9. What are the reimbursement rates for the expanded behavioral health services?**

A9. The amendment updates your contracted Medicaid rates for behavioral health services to 100 percent of the Horizon NJ Health standard fee schedule. Effective **October 1, 2018**, Horizon NJ Health is aligning its standard fee schedule with the New Jersey Medicaid fee schedule for behavioral health services.

If you participate in Horizon NJ Health's dual-eligible special needs plan, Horizon NJ TotalCare (HMO SNP), you will continue to be reimbursed at your existing FIDE-SNP rate for any Medicare-covered services.

**Q10. Where can I find a list of services and codes to bill?**

A10. Below is a high-level description of the expanded behavioral health benefits. More information will be provided in the State's Medicaid contract. Additionally, Horizon NJ Health will provide updates to this FAQ and/or share additional information as we get closer to **October 1, 2018**.

**Q11. I am a participating behavioral health provider with Horizon NJ Health and I would like to expand my participation to include Horizon NJ Health's Division of Developmentally Disabled (DDD), Managed Long Term Services & Supports (MLTSS), and/or Horizon NJ TotalCare (HMO SNP) lines of business. How do I expand my participation?**

A11. If you would like to expand your participation in the Horizon NJ Health network, please call Beacon's Provider Services at **1-800-397-1630**, Monday through Friday from 8 a.m. to 8 p.m.

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- Q12. I currently do not participate as a behavioral health provider with Horizon NJ Health, but I would like to join Horizon NJ Health's network for DDD, MLTSS, and/or FIDE SNP. How do I join the network?**
- A12. If you would like to join the Horizon NJ Health network, please call Beacon's Provider Services Line at **1-800-397-1630**, Monday through Friday from 8 a.m. to 8 p.m.

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## Managed Behavioral Health Benefits

Mental Health Services	Description of Benefit	Managed Benefit	New to at Least One Program
	Mental Health Inpatient Psychiatric Hospitalization Short Term Acute Care Facility	Yes	No
	Psychiatric Inpatient Free Standing Hospital	Yes	No
	Partial Hospitalization (MH)	Yes	Yes
	Partial Care (MH) (Day Treatment)	Yes	Yes
	Outpatient Mental Health Clinic	Yes	Yes
	Outpatient Psychotherapy	Yes	No
	Psychiatric Evals/Medication Management	Yes	No
	Psychological/ Neuropsychological Testing	Yes	No
	ECT, Transcranial Magnetic Stimulation	Yes	No
	Adult Mental Health Rehabilitation (Group Homes)	Yes	Yes

Substance Use Services (ASAM Criteria in Parenthesis)	Description of Benefit	Managed Benefit	New to at Least One Program
	Substance Use Acute Care Facility Inpatient (4.0)	Yes (Managed by Horizon)	No (Managed by Horizon)
	Withdrawal Management: Medically Monitored Intensive Inpatient (3.7)	Yes	Yes
	Substance Use Partial Hospitalization Services (PHP- 2.5)	Yes	Yes
	Substance Use Intensive Outpatient services (IOP 2.1)	Yes	Yes
	Ambulatory Withdrawal Management	Yes	Yes
	Medication Assisted Treatment	Yes	Yes
	Substance Use Outpatient 1.0	Yes	Yes

**Behavioral Health Benefits Not Managed by the MCO**

	Description of Benefit	Managed Benefit
<b>FFS Medicaid/Other</b>	Intermediate Inpatient psych Hospitalization	No
	Long Term Inpatient Psychiatric Hospitalization	No
	Clinically Managed High Intensity Residential (Residential Re-hab- 3.5)	No
	Clinically Managed Population Specific High-Intensity Residential (3.3)	No
	Clinically Managed Low Intensity Residential (3.1)	No
	Supportive Housing	No
	Peer Support/Self Help	No
	Case Management (ICMS/PACT)	No
	Behavioral Health Homes	No
	Intensive Family Support Services	No
	Applied Behavioral Analysis (ABA)	No
<b>Childrens System of Care (CSOC) DCF</b>	Description of Benefit	Managed Benefit
	Intensive in home services for mbrs under 18 yrs old	No