



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 27 No. 15

December 2017

TO: Health Maintenance Organizations – **For Action**
All providers – **For Information Only**

SUBJECT: **Revised Change in NJ FamilyCare (NJFC) Health Plan Benefit Coverage**

EFFECTIVE: Service dates on or after July 1, 2018

PURPOSE: To notify NJFC providers of decisions made by the New Jersey Division of Medical Assistance and Health Services (DMAHS) to delay the expansion of covered behavioral health benefits available to certain members enrolled in managed care organizations (MCOs) participating in the NJFC program (see attached) to July 1, 2018. **Emergency air transport shall remain the responsibility of the MCO effective January 1, 2018.**

BACKGROUND: In order to align behavioral health benefit coverage for NJFC beneficiaries enrolled in Medicaid Managed Long Term Services and Supports (MLTSS), Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) and Division of Developmentally Disabled (DDD) MCO members, DMAHS is changing the NJFC managed care health benefit plan for these groups to include all mental health benefits (see listed exceptions). The NJFC managed care health benefit plan will also be expanded to include coverage for **ALL** NJ FamilyCare covered substance use disorder (SUD) services for MLTSS, DSNP and DDD managed care members.

In addition, all admissions to a general acute care hospital, (including admissions to a psychiatric unit) shall be the responsibility of the MCO for **ALL** MCO enrolled individuals. This includes all acute care hospitals and psychiatric units contained within with the hospital. These changes are **not** limited to MLTSS, FIDE SNP and DDD members and shall be effective 7/1/18.

ACTION: **Effective for claims with service dates on or after July 1, 2018,** the following changes to the NJFC managed care health benefit plan shall apply:

Behavioral health benefit coverage for MLTSS, FIDE SNP and DDD beneficiaries enrolled in managed care shall be the same, regardless of a beneficiary's age. MLTSS, FIDE SNP and DDD covered managed care benefits include all mental health services (exceptions are noted below), including inpatient, outpatient and community-based services. Partial care services provided to DDD-enrolled beneficiaries shall now be the responsibility of the managed care plan.

The following shall remain FFS-covered behavioral health services:

- Targeted Case Management (TCM) services provided by or through Justice Involved Services (JIS), Children’s System of Care (CSOC) Care Management Organizations (CMOs), Integrated Case Management (ICMS), Projects for Assistance in Transition from Homelessness (PATH),
 - Programs in Assertive Community Treatment (PACT),
 - Behavioral Health Homes (BHH), and
 - Community Support Services (CSS).
- For individuals enrolled in MLTSS, FIDE SNP and DDD, all Substance Use Disorder (SUD) services shall become MCO-covered health benefit plan services, regardless of age. Services include, but are not limited to, hospital-based services, outpatient SUD services, Intensive Outpatient Services (IOP), SUD partial care, SUD residential services, Ambulatory Withdrawal Management (AWM) services and Medication Assisted Treatment (MAT). Providers may reference the Medicaid Newsletter Volume 26, No. 05 for a complete list of FFS-covered behavioral health services. **Coverage for Methadone Assisted Treatment (MAT) for FIDE SNP clients scheduled to be covered by the MCOs January 1, 2018 shall also be postponed until July 1, 2018.**
- All general acute care hospital admissions, **regardless of diagnosis or age**, shall be the responsibility of the MCO for **all** NJFC beneficiaries enrolled in a managed care health benefit plan. Emergency medical care shall remain covered by the MCO, regardless of diagnosis.

With exceptions for MLTSS, D-SNP and DDD beneficiaries, admissions to facilities that meet the definition of an Institution of Mental Diseases (i.e. stand-alone psychiatric hospitals, psychiatric specialty care hospitals and State and County facilities) shall continue to be covered by the State’s FFS program.

Case Examples:

#1: If a beneficiary is admitted to an acute care hospital with a change in mental status and an extensive workup determines that the change is secondary to a psychiatric disorder, the MCO is responsible for the hospital admission. Once the beneficiary is determined stable and appropriate for discharge, the MCO is responsible for connecting the beneficiary with providers in the community for appropriate mental health follow-up care in the outpatient setting even when an outpatient service(s) is covered by the State’s FFS program.

#2: If a beneficiary is brought to the emergency department and admitted to the psychiatric unit of an acute care hospital for a suicide attempt, the MCO is responsible for the psychiatric admission. Once the beneficiary is determined stable and appropriate for discharge, the MCO is responsible for connecting the beneficiary with providers in the community for appropriate mental health follow-up care in the outpatient setting even when an outpatient service(s) is covered by the State’s FFS program.

While the proposed behavioral health changes have been postponed to July 1, 2018, all emergency transports, including ground and air (rotary wing) transports, as well as their associated loaded mileage are the responsibility of the managed care plan effective January 1, 2018. The HCPCS procedure codes for air transports include A0431 (Air Ambulance – Rotary Wing) and A0436 (Rotary Wing Mileage) shall become the responsibility of the MCO effective 1/1/18.

If you have any questions concerning this Newsletter, please contact Molina Provider Services at 1-800-776-6334.

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