



**TO:** All providers – **For Action**  
Managed Care Organizations – **For Information Only**

**SUBJECT:** New Community-Based Palliative Care (CBPC) Benefit for NJ FamilyCare Beneficiaries

**EFFECTIVE:** Claims with service dates on or after April 1, 2026

**PURPOSE:** To notify providers of a new Community-Based Palliative Care (CBPC) benefit.

**BACKGROUND:** The NJ Division of Medical Assistance and Health Services (DMAHS) is launching a Community-Based Palliative Care (CBPC) benefit. CBPC is person- and family-centered care that optimizes quality of life by anticipating, preventing, and treating the complex challenges presented by members with serious diseases and reduced quality of life. CBPC offers longitudinal care provided by an Interdisciplinary Team (IDT) to manage symptoms and assist with navigating the healthcare system. Unlike hospice care, this program does not require a terminal prognosis or the forgoing of curative treatment but is rather designed to work in conjunction with such treatments.

Covered CBPC services include, but are not limited to:

- Comprehensive care planning and coordination
- Advance care planning discussions
- Symptom assessment and management
- Medication review, including adjustments, titration, and prescribing
- Home-based or clinic-based visits by licensed IDT practitioners
- Psychosocial counseling and caregiver support
- Spiritual and emotional care
- Referral coordination to Medicaid-covered services
- Access to a 24/7 telephone line

### **Member Eligibility**

Both Managed Care Organization (MCO) and Fee-For-Service (FFS) members can access this benefit. Members may qualify for the benefit if they have a serious disease **and** show evidence of reduced quality of life, including:

- Functional decline (e.g., significant difficulty with one (1) or more activity of daily living); **OR**

- Two (2) or more emergency department visits in the past six (6) months; **OR**
- One (1) acute hospitalization in the past year.

Members may be referred for a CBPC assessment by any healthcare provider or their Managed Care Organization (MCO). To broaden access, DMAHS offers an optional, brief **Program Eligibility Screening Tool** that may accompany referrals. After referral, a clinician or provider entity must complete a reimbursable eligibility assessment using the DMAHS-developed standardized **Comprehensive Medical Assessment Tool**. These tools may be found on [nj.gov/humanservices/dmahs/info/cbpc](http://nj.gov/humanservices/dmahs/info/cbpc). If the member does not meet the tool criteria, the assessor may still recommend eligibility with an accompanying justification documented in the Comprehensive Medical Assessment (e.g., additional evidence of disease severity or diminished physical, psychosocial, or spiritual quality of life). Please see the **Comprehensive Medical Assessment Tool** for further details.

**ACTION: Eligible providers are invited to begin the process of enrolling as CBPC providers on or after February 2, 2026. Once enrolled with NJMMIS, providers are encouraged to complete credentialing and contracting with Managed Care Organizations (MCOs) for CBPC services.**

### **Provider Requirements**

- To qualify as a CBPC provider, a provider entity must be enrolled as a hospice, home health agency, physician group, or independent clinic.
  - Note: FQHC participation is still under development and FQHCs may not enroll as CBPC providers in Year 1 of benefit implementation.
- CBPC providers must ensure that their Interdisciplinary Team (IDT) includes practitioners with the following required credentials:
  - Medical Director (MD or DO)
  - Lead IDT Clinician (MD, DO, NP, or PA)
  - Registered Nurse (RN)
  - Licensed Mental Health Practitioner (LCSW, LPC, or LMFT)
  - Chaplain
  - Child Life Specialist (required **only** if serving pediatric members)
- Providers are strongly encouraged to obtain entity-level certification from one of the three nationally recognized bodies specializing in palliative care (The Joint Commission, Accreditation Commission for Health Care, Community Health Accreditation Partner). Providers that have not yet earned one of these entity certifications upon initial enrollment will need to demonstrate for each required IDT practitioner:
  - Individual certification in hospice & palliative medicine; **or**
  - Completion of 12 Continuing Education Units of palliative care-specific training, among a DMAHS-provided list of approved topics, within the last

12 months before application. The list of approved topics may be found on [nj.gov/humanservices/dmahs/info/cbpc](http://nj.gov/humanservices/dmahs/info/cbpc).

- All provider entities **must** hold palliative care certification from one of the above-mentioned nationally-recognized bodies at their three-year re-validation.

### **NJMMIS Medicaid Enrollment**

Existing or new hospice providers, home health agencies, physician groups, or independent clinics are required to submit a complete Fee-for-Service (FFS) Provider Enrollment Application package for their respective provider type, including the new CBPC-specific section (Form FD-439 for “Provider Enrollment Add-On: Community-Based Palliative Care (CBPC) Services”) to offer CBPC services. Provider Enrollment Applications may be found at [www.njmmis.com](http://www.njmmis.com).

### **CBPC Billing Procedures**

The CBPC benefit has three payment types:

- An initial assessment payment;
- Ongoing monthly payments via a “Per-Member Per-Month” (PMPM) bundled rate; and
- Periodic reassessment payments

<b>HCPSC Procedure Code</b>	<b>Description</b>
S0280	Initial CBPC assessment
S0281	CBPC Reassessment
S0311	CBPC IDT PMPM Team Session

The **Program Eligibility Screening Tool** is an optional method to refer members for an initial assessment; however, it is non-reimbursable.

### **FFS Claims Processing**

Details on billing requirements (e.g., CMS claim forms, relevant codes) and claims processing are outlined in the *NJ CBPC Program Guidance* document, available on [nj.gov/humanservices/dmahs/info/cbpc](http://nj.gov/humanservices/dmahs/info/cbpc). These requirements are based on program guidance as of February 2, 2026, and are subject to change in the future.

Note that both FFS and MCO members are eligible for CBPC; if a member is enrolled with an MCO, then the service will only be paid to providers who are contracted and credentialed for CBPC with that MCO. See below for more detail on how to become credentialed with MCOs.

The following pertains to FFS claims processing:

- **Initial assessment and reassessment (S0280, S0281):** Any qualified, Medicaid-enrolled MD, DO, PA, APN, or LCSW may complete the assessment and need not be part of a CBPC IDT.
- **“Per-Member Per-Month” (PMPM) IDT Team Session (S0311):**
  - Only the Lead IDT Clinician (MD, DO, NP, or PA) may be listed as the rendering provider on CBPC IDT PMPM claims (S0311). The rendering provider must be linked to the billing provider (the entity enrolling for CBPC) for the billing provider to be paid.
  - FFS prior authorization of the “Per-Member Per-Month” (PMPM) bundled payment code S0311 using the Comprehensive Medical Assessment tool may be exercised by DMAHS. Program guidance on relevant forms and submission process will be posted to [nj.gov/humanservices/dmahs/info/cbpc](http://nj.gov/humanservices/dmahs/info/cbpc).

### **Managed Care Information**

- Providers are encouraged to apply and participate with all NJ FamilyCare MCOs to support full member access. Providers must first enroll with NJ Medicaid FFS as CBPC providers before being able to complete MCO contracting and credentialing. MCOs will use their individual credentialing forms **and** a DMAHS-standardized CBPC credentialing add-on form. Providers may access and review the add-on form by reaching out to the MCO credentialing staff listed below or via [nj.gov/humanservices/dmahs/info/cbpc](http://nj.gov/humanservices/dmahs/info/cbpc).
- Once enrolled as a CBPC provider with NJ Medicaid FFS, in-network providers already participating as one of the four accepted provider types need only complete the CBPC add-on form and provide required palliative care documentation to the MCO. After credentialing, providers must execute contracts (new or addendum) with each MCO outlining payment, authorization, and care coordination.
- MCOs must reimburse providers at or above the FFS reimbursement floor, available at <https://www.njmmis.com/RateInformation.aspx>
- To promote member access, MCO prior authorization cannot be required for the initial assessment. Any qualified, Medicaid-enrolled MD, DO, PA, APN, or LCSW may complete the referral and assessment (they do not need to be part of a CBPC IDT).
- MCOs may, but are not required to, prior authorize the CBPC PMPM bundle. If the MCO requires prior authorization of the bundle, authorization must be based on the state-standardized **Comprehensive Medical Assessment Tool**.

MCO	Contact information for providers
Aetna	<p><b>Credentialing contact:</b></p> <ul style="list-style-type: none"> <li>Bree Lange, Sr. Manager Credentialing Ops (<a href="mailto:LangeB@aetna.com">LangeB@aetna.com</a> / 860-273-5220)</li> </ul> <p><b>Network contact:</b></p> <ul style="list-style-type: none"> <li>Mailbox - <a href="mailto:NJMedicaidNetworkContracting@AETNA.com">NJMedicaidNetworkContracting@AETNA.com</a></li> <li>Kim Lees, Sr. Network Manager (<a href="mailto:LeesK1@aetna.com">LeesK1@aetna.com</a> / 856-271-7446)</li> <li>June-Delina Parkes, Sr. Network Manager (<a href="mailto:ParkesJ@aetna.com">ParkesJ@aetna.com</a> / 845-427-1261)</li> <li>Angelica Miranda, Sr. Network Manager (<a href="mailto:MirandaA2@aetna.com">MirandaA2@aetna.com</a> / 609-515-4817)</li> </ul>
Fidelis Care	<p><b>Credentialing and network contact:</b></p> <ul style="list-style-type: none"> <li>Jennifer Huang, Acct Manager-Ancillary, Provider Relations (<a href="mailto:Jennifer.Huang1@fideliscarenj.com">Jennifer.Huang1@fideliscarenj.com</a>)</li> <li><a href="mailto:NJPR@fideliscarenj.com">NJPR@fideliscarenj.com</a></li> </ul>
Horizon	<p><b>Credentialing contact:</b></p> <ul style="list-style-type: none"> <li>Jill Volarich (<a href="mailto:jill_volarich@horizonblue.com">jill_volarich@horizonblue.com</a> / 973-466-7065)</li> </ul> <p><b>Network (Contracting) contact:</b></p> <ul style="list-style-type: none"> <li>Cesar Anicama (<a href="mailto:cesar_anicama@horizonblue.com">cesar_anicama@horizonblue.com</a>)</li> <li>Lori Bemby (<a href="mailto:lori_bemby@horizonblue.com">lori_bemby@horizonblue.com</a> / 609-537-2427)</li> </ul>
UnitedHealthcare	<p><b>Credentialing and network contact:</b></p> <ul style="list-style-type: none"> <li>Chat or Provider Services: <a href="https://www.uhcprovider.com/en/resource-library/provider-portal-resources.html">https://www.uhcprovider.com/en/resource-library/provider-portal-resources.html</a></li> </ul>
Wellpoint	<p><b>Credentialing contact:</b></p> <ul style="list-style-type: none"> <li>Jeanine Fuetterer (<a href="mailto:Jeanine.Fuetterer@wellpoint.com">Jeanine.Fuetterer@wellpoint.com</a>)</li> </ul> <p><b>Network contact:</b></p> <ul style="list-style-type: none"> <li>Rhonda Talton (<a href="mailto:Rhonda.Talton@wellpoint.com">Rhonda.Talton@wellpoint.com</a>)</li> </ul>

For questions or concerns regarding the CBPC benefit, providers should contact the CBPC resource account: [MAHS.CBPC@dhs.nj.gov](mailto:MAHS.CBPC@dhs.nj.gov). For questions related to FFS provider enrollment contact the Gainwell Technologies Provider Enrollment Unit at (609) 588-6036 or by email at [njmmisproviderenrollment@gainwelltechnologies.com](mailto:njmmisproviderenrollment@gainwelltechnologies.com).

DMAHS resources such as program guidance, FAQs, and training information are published on [nj.gov/humanservices/dmahs/info/cbpc](http://nj.gov/humanservices/dmahs/info/cbpc).

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