



Provider Alert

Re: New Jersey Medicaid FAQs

1. Q: Who can treat managed Medicaid Members for Behavioral Health?

A: 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.

2. Q: What is "Managed Medicaid" for Behavioral Health?

A: 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 NJ State Fee-For-Service plan directly.

3. Q: Who is managed for Behavioral Health by United Healthcare Community Plan (UHCCP)?

A: Members with the following Plans:

MLTSS: Managed Long Term Services and Supports

DDD: Division of Developmentally Disabled

FIDE SNP: Fully Integrated Dual Eligible Specialty Needs Plan (both Medicaid and

4. Q: What about NJ FamilyCare?

A: NJ FamilyCare is one of the NJ Medicaid plan UHCCP members may be enrolled in. Outpatient Behavioral Services are not managed by the MCO for these members. They are paid by NJ State Fee-for-Service. The member must be treated by a provider who is actively enrolled as a NJS Fee-for-Service Medicaid, billable provider (MD, APN, PHD). Social workers and PAs are not considered billable providers by NJS Fee-for-Service Medicaid.

5. Q: How can I determine if a member is managed or under NJ FamilyCare?

A: The insurance benefit card for UHC Community Plan Medicaid and Dual Complete One (FIDE-SNP) members have the United Healthcare 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 and the provider must be actively enrolled with NJS Fee-for-Service Medicaid as a billable provider to treat the member and be reimbursed for outpatient behavioral health services. If a provider that is not enrolled or considered billable with the State, treats the member and submits for reimbursement to UHCCP, the claim will be denied with a reason to submit to correct payer, which is NJS Fee-for-Service. If the provider submits the claim to the state, the claim will still deny as non-par or non-billable. UHCCP/Optum cannot intervene in any way for claim payment remediation or appeals.

6. Q: Should I call and check for benefits and eligibility?

A: 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 NJ Family Care 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 NJ State Fee-for-Service Medicaid provider, your claim will not pay. NJ Family Care members do not have outpatient behavioral health benefits with UHCCP, and you should not be quoted in-network UHCCP benefits for these members.

7. Q: How can I become an active provider with NJS Medicaid?

A: You may visit <https://www.njmmis.com/onlineEnrollment.aspx> to download an enrollment application for participation with NJS Medicaid (for MDs, APNs, PHDs) and for rostering with NJS Medicaid (for LCSW, LPC, LMFTs, LMHCs, PAs). When submitting for rostering, providers should select 21st Century as the license type.

8. Q: What is a “rostered” provider?

A: NJS does not recognize the following license types for enrollment as a billable provider: independent masters level practitioners, excluding APRNs (LCSW, LPC, LMFT, LMHC) and PA. 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 FIDE-SNP members enrolled in an MCO. This rostering does not allow for the NJ State Fee-for-Service claim payment of the NJ Family Care member. That requirement has not changed.