

**Behavioral Health Integration Advisory Hub Meeting #3 (February 2024)  
Summary of Stakeholder Feedback**

During the February 22, 2024 meeting of the Behavioral Health Integration Advisory Hub, facilitators shared key updates on behavioral health (BH) integration progress, including a review of the timeline for the phased integration of behavioral health services into managed care. Facilitators, including leaders from the Divisions of Mental Health and Addiction Services (DMHAS) and the Division of Medical Assistance and Health Services (DMAHS) shared updates that the state is finalizing policy changes to incorporate into the upcoming MCO contract, and developing additional program guidance to help MCOs prepare for BH integration.

Next, facilitators shared information and invited feedback on provider credentialing/enrollment and prior authorization policies. On both of these topics, facilitators shared current standards, feedback received during the prior Advisory Hub meeting, and potential policy changes before inviting feedback from Advisory Hub participants on these proposed changes and other priorities and considerations. A summary of the discussion for each of these policy areas is below, and more information can be found in the meeting slides.

1. Provider credentialing and enrollment.

- Currently, each MCO administers its own credentialing system and its own form and portal, and can add MCO-specific requirements. The state requires MCOs to collect minimum requirements through their forms and portals, and allows use of CAQH (a third-party platform that collects and auto-populates standard provider information).
- In the past Advisory Hub meeting, participants shared feedback to streamline credentialing across MCOs and to allow for contracting with “any willing qualified provider.”
- Facilitators shared proposed policy changes including to: (1) contract with "any qualified willing provider" for first 24 months and until network adequacy standards met; and (2) align on a standard set of credentialing requirements, with limited MCO-specific additions while also determining tools and processes to streamline data submission.
- Hub participants shared challenges that they have experienced with credentialing and feedback on the staffing issues related to provider credentialing, including issues related to ensuring credentialing when there is staff turnover. Some participants had questions about the relevance of credentialing requirements for specific provider types, which will be addressed in future FAQs on BH integration. Participants expressed support for MCO timelines to approve credentialing, and for facility-level credentialing.
- Hub participants shared their experiences using CAQH and noted that streamlining requirements from specific MCOs would reduce provider burden.

2. Prior Authorization:

- Facilitators shared current MCO standards for prior authorization and reviewed past feedback from Advisory Group participants, including support for consistency and transparency in prior authorization policies, a focus on timely authorization processes to ensure access to care, and considering the administrative burdens that prior authorization processes can create.
- Facilitators shared proposed policy changes that include: (1) for first 6 months of BH integration, PA request submitted for MCO tracking and will be auto-approved; (2) prohibit PA for outpatient MH therapy / SUD counseling; (3) Reduce "non-urgent" approval time to 7 days, categorize

**Behavioral Health Integration Advisory Hub Meeting #3 (February 2024)  
Summary of Stakeholder Feedback**

stepdown from ER/inpatient as "urgent"; (4) auto-approve 5 days of urgent detox; (5) introduce new PA report for BH; and (6) add minimum durations for PA for key services.

- Participants emphasized the importance of supporting individuals to engage in behavioral health treatment when they express readiness to engage. Participants noted challenges in receiving timely prior authorization decisions specifically for partial care services.
- Participants shared feedback on the optimal times for initial minimum authorization duration for select services.

Next, facilitators shared background on how MCO-led care management works, including mechanisms for enrolling members into care management, delivery of care management, and monitoring of care management. Participants described the confusion that can result when members receive both care management and case management, including when some of these services are delivered by MCOs and some by provider organizations. Participants emphasized that members can be confused when they receive both MCO-led and provider-led care management, and recommended prioritizing member experience and intersectional needs.

The slides from this meeting will be shared with all Advisory Hub participants. Other stakeholder engagement updates include behavioral health provider subgroup meetings that are planned to begin in March 2024 and member focus groups (to be held both virtually and in-person) that are planned for the second quarter of 2024. If stakeholders have any questions, including questions about joining any other subgroups, please contact the DMAHS Behavioral Health Unit at [dmahs.behavioralhealth@dhs.nj.gov](mailto:dmahs.behavioralhealth@dhs.nj.gov). The next meeting of the Advisory Hub will take place on April 25, 2024.