Aetna Better Health® of New Jersey
3 Independence Way, Suite 104
Princeton, NJ 08540

Attention Providers:
Update on Aetna Better Health® of New Jersey's Behavioral Health Benefits

Behavioral Health Benefits for NJ FamilyCare Plans A/ABP, B, C, and D are changing as of **January 1, 2025**, populations outside of Managed Long Term Services and Supports (MLTSS) or Division of Developmental Disabilities (DDD) programs.

Q1. What is changing?

A1. Starting **January 1, 2025**, most outpatient behavioral health services will be managed by the member's MCO, Aetna Better Health of New Jersey, similar to their physical health treatment services. This means providers that are in our network will bill us for these services. Up until now, Medicaid FFS has been providing and paying for these services.

Q2. What are outpatient behavioral health services?

A2. Behavioral health means the emotions and behaviors that affect a person's overall well-being. Services include those provided to members with mental health and/or substance use needs. Providers may be psychiatrists, counselors, social workers, or other professionals.

Outpatient behavioral health services include those where the member is not in treatment overnight at a facility. It includes intensive level services where the member may go to a behavioral health treatment provider multiple times a week; and traditional outpatient services where the member will see their behavioral health provider once a week or less.

Q3. What do I need to do if I am already providing these services?

A3. If you as the provider/group/ facility are not in network, reach out to our Network team to join Aetna Better Health of New Jersey by **January 1, 2025**. Many providers are joining Aetna Better Health of New Jersey to ensure members don't have any interruptions to their treatment. Aetna Better Health of New Jersey will work with all providers to ensure there is a plan in place and that your treatment is not interrupted.

Q4. What if the member is part of the specialty populations of MLTSS, DDD, or FIDE-SNP?

A4. Nothing is changing regarding their behavioral health benefits.

Q5. What if I don't know which plan the member has?

A5. You can contact Aetna Better Health of New Jersey's Providers Services at **855-232-3596 (TTY 711)** to determine the member's plan.

Q6. Do members need a referral from their Primary Care Provider (PCP) for outpatient behavioral health treatment?

A6. Aetna Better Health of New Jersey does not require our members to get a referral for any specialist, including those for behavioral health.

Q7. Does my group/facility need to get prior authorization for the member to get treatment?

A7. Some services do require prior authorization. You can find out by calling Provider Services at **855-232-3596 (TTY 711)** or visiting the provider website: aetnabetterhealth.com/newjersey/providers/prior-authorization.html

Q8. What is care management at Aetna Better Health of New Jersey?

A8. Care management is a team that helps members get connected to services and meet their health and wellness goals. This is a free service that comes with being a member of Aetna Better Health of New Jersey. Members can get connected to this team by calling Member Services at **855-232-3596 (TTY 711)** and requesting care management.

Q9. Who are the points of contact at Aetna Better Health of New Jersey related to BH?

A9. You can contact:

Behavioral Health Team

Account Manager: **Liarra Sanchez** Sanchezl7@aetna.com	Behavioral Health Administrator **Maressa Nordstrom** Nordstromm1@aetna.com	BH UM Manager **Alexandra Llorens** llorensa@aetna.com

Network Team

Angelica Miranda mirandaa2@aetna.com 609-515-4817	**Kimberly Lees** LeesK1@aetna.com 856-271-7446	**June-Delina Parkes** parkesj@aetna.com 845-427-1261

Q10. Is balance billing allowed?

A10. Any member copayments you must collect are included in the benefit listing on our website. Please note that copayments are not considered balance billing.

Per your contract with us, when a provider receives a Medicaid/NJFC FFS or managed care payment, the provider shall accept this payment as payment in full and shall not bill the beneficiary or anyone on the beneficiary's behalf for any additional charges.

Q11. What are the timely filing requirements for claims?

A11. Our timely filing limitations are as follows:

- Claims must be submitted within 180 calendar days from the date of services. The claim will be denied if not received within the required timeframes.
- Corrected claims must be submitted within 365 days from the date of service.
- Coordination of Benefits (COB) claims must be submitted within 60 days from the date of primary insurer's Explanation of Benefits (EOB) or 180 days from the date of services, whichever is later.

Q12. How do I join the Aetna Better Health of New Jersey network?

A12. If you are interested in joining the Aetna Better Health of New Jersey Network, please email a Letter of Intent and W9 to our Network Team (Contact Information listed above). The Network Manager assigned to your county will email you the appropriate application based on provider type.

- Providers must submit completed applications **by email** to the Network Team.
- Turnaround time for credentialing is 60 days upon receipt of a clean package and an additional 30 days to complete the contract process once credentialing is approved.

Q13. What are the rates for providing these services?

A13. We are honoring the State rate for Behavioral Health codes. Please reference NJMMIS: https://www.njmmis.com/hospitalinfo.aspx

Q14. What are some best practices?

A 14. This integration of benefits is designed to be a holistic approach to whole-person care. Best practice is to develop a relationship and collaborate with PCPs.