NJ FamilyCare Housing Supports Program:
Office Hours

September 17, 2025

Camden Coalition

Housekeeping

- Please drop your name, organization and role into the chat
- Use the Raise Hand function and we will invite you to come off mute during Q&A

Regional Health Hubs (RHHs) play an important role supporting DMAHS in key initiatives such as the NJ FamilyCare Housing Supports Program.

Camden Coalition will:

- Deliver and curate a training series to support program roll-out
- Serve as a "help line" for providers to field/answer questions and troubleshoot issues through the process
- Liaise between the state, MCOs, and providers to support implementation

All RHHs will:

- Promote the program to recruit a robust network of providers within their regions
- Conduct member/community engagement to inform successful roll-out

Camden Coalition

GNHCC
Greater Newark Health Care Coalition

HCPC Health Coalition of Passaic County

TrentonHealthTeam

Disclaimer

The views, opinions and content expressed herein do not necessarily reflect the official position of the state of NJ's Department of Community Affairs (DCA) or Division of Medical Assistance and Healthcare Services (DMAHS)

Camden Coalition

Objectives

- Updates and announcements
- Billing/Auth best practices & reminders
- Open Q&A

Updates & Announcements

The Housing Supports Program is gaining momentum!

- We have seen approximately **600** total authorizations submitted
- More than **70 providers** are enrolled with Gainwell
- More than **40 providers** are in network with at least one MCO
- Multiple claims have been successfully submitted and **approved**!

October 1: All-MCO Office Hours

- Our next Office Hours (Oct 1 from 1-2:30pm) will include break-out rooms with all 5 MCOs
- The goal is for providers to get their MCO-specific questions answered
- Providers can move from room to room
- Questions can be related to: contracting, authorizations and billing as MCOs will have representatives from each area in their break-out rooms
  - You can ask case-specific questions as long as no PHI is shared
- Facilitators from Camden/DMAHS will be present to support break-out room conversations
- We plan to hold a 6th room for more general Q&A (not MCO-specific)

Billing/Authorization Best Practices & Reminders

Wellpoint Update – CMS 1500

- In our 9/3 billing training, we stated that Wellpoint required a signature in Field 31 on the CMS 1500.
- Updated guidance is that **Wellpoint requires you to leave fields 24I, 24J and 31 blank**
- This guidance is reflected in:
  - 9/3 Billing training slides
  - Billing Cheat Sheet
  - CMS 1500 Guidance document from DMAHS

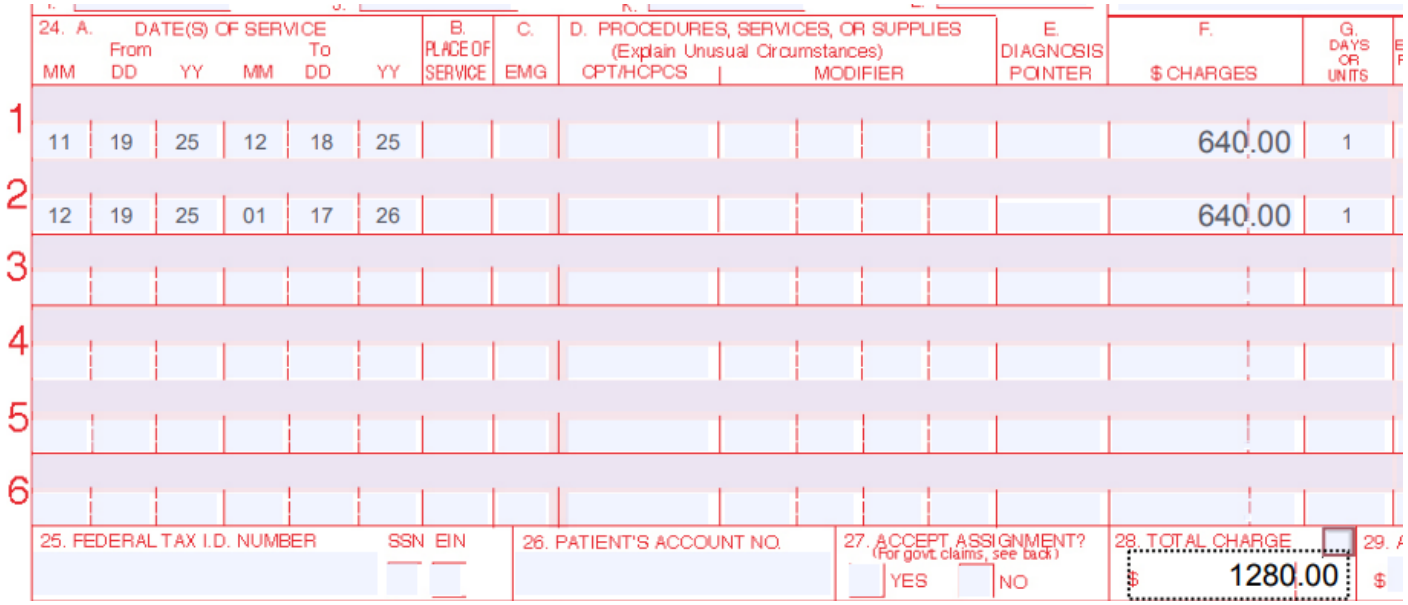
Move-in Supports

- Move-in supports have a lifetime cap of $10,000 and are limited to **one** "moving experience" per lifetime
- You can submit multiple authorizations/claims as part of one "moving experience"
- Providers do not need to front the full $10,000 all at once

- Providers also have the option to work directly with the MCO to provide move-in supports if they prefer not to front the money (in these cases the MCO will make the purchases)

31-180 Day Billing example

- Example date range: **October 19, 2025- April 17, 2026**
  - Initial auth date range: **10/19/25-11/18/25**
  - 31-180 day auth date range: **11/19/25-4/17/26**
- Billing periods:
  - 10/19/25-11/18/25 (initial 30-day period)
  - 11/19/25-12/18/25 (2nd billing period)
  - 12/19/25-1/17/26 (3rd billing period)
  - 1/18/26-2/16/26 (4th billing period)
  - 2/17/26-3/18/26 (5th billing period)
  - 3/19/26-4/17/26 (6th billing period)



	24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS
1	11	19	25	12	18	25						640.00	1
2	12	19	25	01	17	26						640.00	1
3													
4													
5													
6													

25. FEDERAL TAX I.D. NUMBER SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt claims, see back) YES NO | 28. TOTAL CHARGE $ 1280.00 | 29.

The above screenshot just shows an example of how you would document 2 billing periods on one claims form (other fields left blank).

Best practice is to list the full 30-day period even if touchpoints occurred within a smaller range. Some MCOs will only approve 30-day billing periods.

Recommendations to help ensure the MCO will accept (and not deny) your claim

- 1) Ensure you've received authorization to provide services to the member – that you've got an MCO authorization approval letter.

- ***2) Ensure the exact information from the member's authorization approval letter matches what you enter on the CMS 1500.***
  - Enter the diagnosis code and the modifier from the authorization approval letter into the CMS 1500.
  - Ensure the exact dates of service from the authorization approval letter match what you enter into the CMS 1500. And in most cases the dates will be **30-day periods.**

- 3) File your claims in a timely manner.
  - First time claims must be submitted within 180 days of service.
  - Corrected claims must be submitted within 365 days of service.

Recommendations to help ensure the MCO will accept (and not deny) your claim (con't)

- **4) Use the agency address, EIN and NPI# you entered in your credentialing application in the CMS 1500.**

- 5) When you submit a *corrected* CMS 1500 claim, make sure you enter the correct code/number in Field 22.
  - Enter 7 if the MCO said submit a new claim to replace the previous claim (because the previous claim is "pended" or incorrect/unclear).
  - Enter 8 if the MCO canceled or denied a previous claim and now you are resubmitting.

- 6) Double check that you did not previously submit the claim. If you do, the MCO will deny it.

Next steps

- Sign up for our Housing Supports Program newsletter here
- Use our Help Desk Inquiry Form to ask your questions and get timely support here
- Training and office hours will be held every other **Wednesday** from **1-2:30pm**
- Upcoming trainings:
  - Weds 10/1 – All MCO Office Hours

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