NJATOD

NJ Association for the Treatment of Opioid Dependence

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3/25/2026

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Subject: Readiness Concerns, Required Solutions, and Pre-Transition Must-Haves for the SUD Laboratory Carve-In

Dear Mr. Helfand, Ms. Mielke, and NJ FamilyCare Behavioral Health Integration Leadership:

On behalf of NJATOD membership, we write to respectfully highlight significant operational risks associated with the planned transition of substance use disorder laboratory services into managed care. We appreciate the State's efforts to support continuity of care, provider onboarding, and timely payment during behavioral health integration. At the same time, our review indicates that laboratory services in the opioid treatment program setting are deeply embedded in clinical workflow, patient safety, documentation integrity, and regulatory compliance. For that reason, this change should not be treated as a routine payer conversion.

NJATOD recently gathered provider feedback from opioid treatment programs regarding current laboratory arrangements. The survey included 16 responses from member agencies, several of which operate multiple locations, representing roughly 60 percent of the membership

sample. The findings suggest that most OTPs have workable relationships with their current specialty laboratories, but that stability is often supported by highly tailored workflows that may not be easily replicated under a broad managed care laboratory model. Nine respondents reported a direct interface with the OTP EHR or EMR, while seven still rely on a separate portal. Only three reported that staff can place orders directly in the EHR or EMR; ten reported that orders must be entered separately, and the remaining responses reflected other manual or lab-assisted processes.

The survey also confirms that OTPs depend on more than a basic testing vendor. Providers reported relying heavily on daily specimen pickup, on-site collection support, integrated bloodwork and urine drug screening, customized reporting, troubleshooting support, and access to toxicology consultation. These are not convenience features; they are operational requirements in the OTP environment. Providers further reported that turnaround time is clinically important, with most describing approximately twenty-four hours for screening results and twenty-four to forty-eight hours for definitive testing.

Additional provider input reinforces the same theme. OTPs typically engage specialty SUD laboratories because those laboratories understand OTP workflow, can often interface with the OTP's EHR, support compliant documentation, troubleshoot reporting issues, and tailor reports to clinical use. Daily specimen pickup, flexible scheduling, collector support, integrated services through one vendor, and access to toxicology expertise are especially valuable. By contrast, large general laboratory arrangements that require patients to travel elsewhere for collection, do not provide collectors, offer slower turnaround, or require staff to manually place orders and retrieve results from separate systems are generally much less workable in OTP operations.

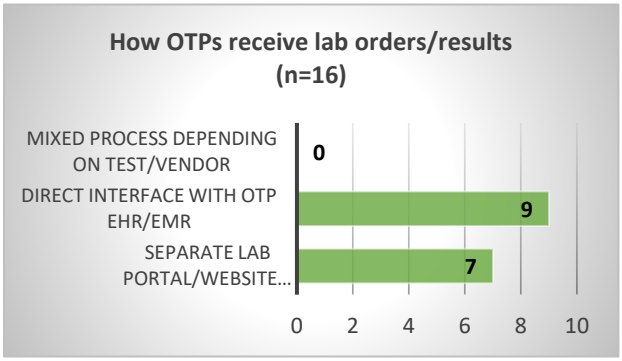
Recent updates shared by DMAHS during February 2026 Behavioral Health Integration Consumer Advocate Forum further reinforce the need for a careful and operationally grounded transition approach. DMAHS reported that Phase 1 remains active, Phase 2 is now targeted for 2027, and Phase 3 remains to be determined. The State also advised that transition planning continues to prioritize continuity of care, provider onboarding, and timely payment, while Phase 1 flexibilities are ending on an MCO-by-MCO basis. Prior authorization remains in place, Aetna has already initiated medical necessity reviews, and out-of-network providers continue to be supported during transition with a gradual expectation of movement toward in-network care.

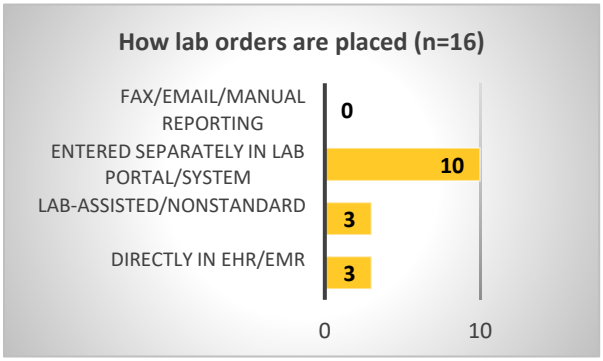
Stakeholder feedback summarized by DMAHS also identified broader system concerns directly relevant to laboratory carve-in planning. Participants highlighted persistent navigation challenges, lagging enrollment and awareness related to behavioral health care management, and the continuing importance of social supports such as housing, food, transportation, outreach, and strong community partnerships. These findings underscore that implementation success cannot be measured by contracting status alone. The transition must be structured in a way that is

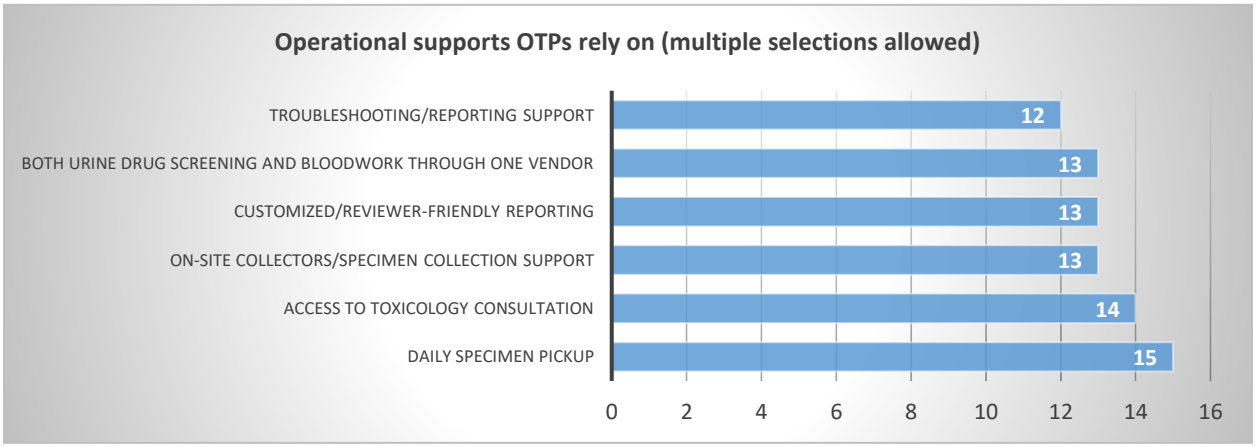
understandable to providers and patients, minimizes administrative friction, and does not create new barriers to timely, clinically necessary testing.

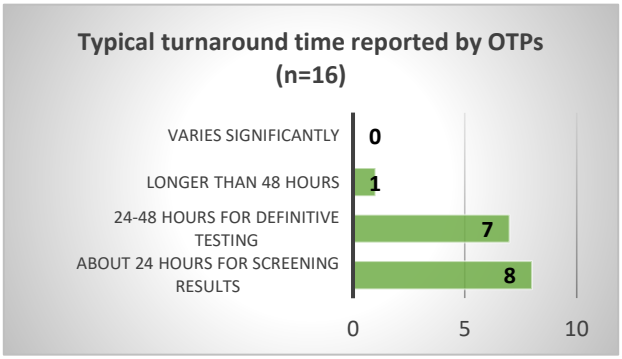
Key finding: The principal risk is not whether laboratory services exist, but whether contracted laboratories can meet OTP workflow, documentation, turnaround, and collection requirements without forcing providers into manual workarounds or disrupting care.

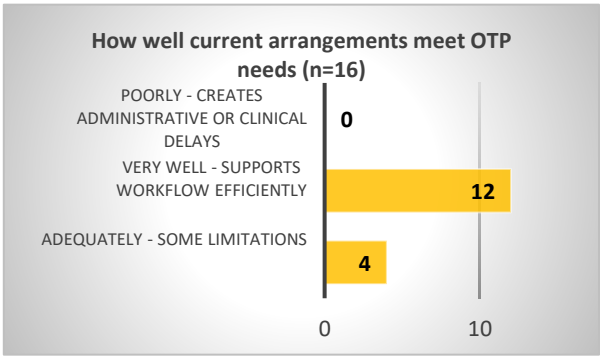
Survey Snapshot











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Requested Actions Before Transition

- Publish DMAHS network standards for SUD laboratory services that explicitly address OTP operational adequacy, including interface capability, order-entry workflow, daily specimen pickup, specimen collection support, turnaround expectations, reporting quality, and technical support.
- Establish a uniform statewide operating framework across all MCOs for covered codes, billing rules, reimbursement expectations, prior authorization requirements, denial correction pathways, and escalation contacts for laboratory services.
- Maintain transition protections until operational readiness is demonstrated in practice, not merely until contracts are signed. Out-of-network reimbursement protections should remain in place until MCO networks can actually support OTP workflow without disruption.
- Define minimum turnaround standards for both screening and definitive testing and require corrective action when contracted laboratories cannot meet them.
- Require advance testing and validation with ordering providers, laboratories, EHR vendors where applicable, and MCOs before any transition protections are lifted.
- Create a dedicated rapid-response escalation structure for laboratory access, billing, claims, and workflow issues during implementation.
- Provide written assurance that medically necessary laboratory services will not be delayed, denied, or operationally interrupted during the transition period.
- Commit to ongoing quarterly stakeholder communication, including regular implementation updates, training notices, and structured opportunities for providers, laboratories, advocates, and membership organizations to raise issues before and after go-live..

We strongly support the State's goal of strengthening behavioral health integration and improving care coordination. However, the SUD laboratory carve-in should proceed only when the operational realities of OTP care have been fully reflected in readiness standards, network expectations, and implementation protections.

Thank you for your consideration and for your continued partnership in supporting access to high-quality SUD treatment services in New Jersey. We welcome continued dialogue with State leadership and NJ FamilyCare staff as this transition planning moves forward.

Sincerely,

Maiysha Ware

NJATOD President

cc: Adam Bucon, Robert Eilers, Vicki Fresolone, Steven Tunney

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Appendix: Survey Snapshot

Measure	Result
Survey response base	16 responses from member agencies, some with multiple locations, representing roughly 60% of the membership sample
Direct lab interface with OTP EHR/EMR	9 of 16 (56%)
Separate portal/website requiring staff login	7 of 16 (44%)
Orders entered separately in portal/system	10 of 16 (63%)
Direct order entry in EHR/EMR	3 of 16 (19%)
Current arrangement works very well	12 of 16 (75%)
Current arrangement adequate with some limitations	4 of 16 (25%)
Most frequently reported supports	Daily specimen pickup (15); toxicology consultation (14); on-site collection support (13); customized reporting (13); both urine drug screening and bloodwork through one vendor (13); troubleshooting/reporting support (12)
Typical turnaround times	About 24 hours for screening results (8); 24–48 hours for definitive testing (7); longer than 48 hours (1)