



Member Services
1-888-453-2534
(TTY 711)

November 13, 2024

Dear Provider,

It is Fidelis Care's mission to enhance our members' health and quality of life and partner with providers and government agencies to provide quality, cost-effective health care solutions to the members we are privileged to serve.

Beginning January 1, 2025, members enrolled in a Fidelis Care NJ FamilyCare/Medicaid plan will receive all outpatient behavioral health services as part of their Medicaid Managed care benefit. Behavioral Health outpatient services that were previously billed Fee for Service (FFS) will be billed through the MCOs. The change will prioritize whole-person care where Fidelis Care will manage all healthcare services – both physical and behavioral health services – across the care continuum.

Fidelis Care staff are working with existing Fee for Service Providers (FFS) to maintain continuity of care, patient safety, and member well-being. The communication between behavioral health, substance use disorder providers and medical care providers is critical. Fostering a culture of collaboration and cooperation will help sustain a seamless continuum of care between medical BH/SUD providers and impact member outcomes.

Phase 1 Services Covered for all Medicaid beneficiaries:

- ✓ Mental Health (MH) independent clinicians
- ✓ Substance Use Disorder (SUD) Independent clinicians/ SUD Independent Clinicians
- ✓ MH partial hospitalization
- ✓ MH acute partial hospitalization
- ✓ MH partial care/outpatient clinic
- ✓ MH outpatient hospital or independent services
- ✓ SUD Outpatient Clinic services including Ambulatory Withdrawal Management
- ✓ SUD Intensive Outpatient
- ✓ SUD Partial Care

What does this mean for providers?

Providers will bill the managed care organization (MCO) beginning 1/1/2025 for all Phase 1 BH Integration services.



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Who will the integration impact?

All providers who provide BH services to Medicaid members through fee for service (FFS).

Transition of Care:

- ✓ During the first 90 days of the integration process, prior authorization is not required for members with previously approved services by the State or another managed care plan.
- ✓ Fidelis Care will continue to be responsible for the costs of continuation of such medically necessary covered services, without any form of prior approval and without regard to whether such services are being provided within or outside Fidelis Care's network until such time as Fidelis Care can reasonably transfer the member to a service and/or participating provider without impeding service delivery that might be harmful to the member's health.
- ✓ Notification to Fidelis Care is necessary to properly document these services and determine any necessary follow-up care.
- ✓ After the 90th day (March 30), MCOs can apply medical necessity criteria.

Continuity & Coordination of Care between Medical & Behavioral & SUD Providers:

- ✓ BH & SUD Providers may provide physical healthcare services if, and when, they are licensed to do so within the scope of their practice.
- ✓ If a member's medical or behavioral condition changes, PCPs and BH/SUD providers should communicate those changes to each other, especially if there are changes in medications that need to be discussed & coordinated between providers.
- ✓ To maintain continuity of care, patient safety and member well-being, communication between BH and SUD care Providers and medical care Providers is critical, especially for members with comorbidities receiving pharmacological therapy. Fostering a culture of collaboration and cooperation will help sustain a seamless continuum of care between medical and BH and SUD and impact member outcomes.

Timely Claims Submission:

- ✓ The existing process that is currently used for MLTSS, DDD, and FIDE-SNP will continue to be followed for new Medicaid members outside of the special populations.
- ✓ Providers must **submit claims within 180 calendar days from the date of service (DOS)** or the date of discharge for inpatient services.



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- ✓ Participating providers must **submit corrected claims within 365 calendar days** from the date of service or the date of discharge for inpatient services.

Fidelis Care will pay Clean Claims for Behavioral Health related services within:

- **15** days after receipt when submitted electronically.
- **30** days after receipt when submitted in a manner other than electronically.

Please know that Fidelis Care is doing everything possible to make this change in process seamless for providers and members. If, however, you have any questions or issues regarding the integration or Fidelis Care process for continuing services during the transition period, please contact our Provider Services Department at **1-888-453-2534** with any questions or concerns.

Thank you for the continued partnership.

Sincerely

Nechama Chipantiza-Genao

Nechama Chipantiza-Genao, DHA
Senior Director, Network Management