



FIDELIS CARE™

**TIP SHEET: Behavioral Health Services
Health and Recovery Plan (HARP) / HealthierLife & Medicaid Managed Care**

Effective October 1, 2015, Fidelis Care began managing a new Health and Recovery Plan (HARP) for eligible members, as well as certain Behavioral Health (BH) services that were carved into the Medicaid Managed Care service model for eligible members 21 and over.

The Fidelis Care HARP plan is called “HealthierLife” and provides members who qualify with all of the standard Medicaid benefits, along with comprehensive care management, access to Health Homes, and certain enhanced BH services commonly referred to as Home and Community Based Services (HCBS). HCBS services were subsequently added to the HealthierLife benefit package on January 1st, 2016. The focus of the HealthierLife plan is to provide additional assistance and resources to individuals with serious mental illness (SMI) and/or substance use disorders (SUDs) diagnosis, with an emphasis on recovery and coordinated care. The program began on October 1, 2015 in the five boroughs of New York City and will begin on July 1, 2016 for the rest of New York State. Fidelis Care has approximately 23,000 eligible members for this program Statewide.

Contact Information	
Provider Call Center	1-888-FIDELIS (1-888-343-3547) - option 2, then option 4
Member Services	1-888-FIDELIS (1-888-343-3547) - option 1
Language Line	1-800-874-9426
DentaQuest	1-800-341-8478
Davis Vision	1-800-773-2847
Caremark Pharmacy	1-800-345-5413
Case Management (Physical Health)	1-888-FIDELIS (1-888-343-3547) - option 2 then option 5
Care / Case Management (Behavioral Health)	1-888-FIDELIS (1-888-343-3547) - option 2, then option 3

COVERED SERVICES

HealthierLife HCBS Benefits	Medicaid and Healthier Life BH Carve-in Benefits
Comprehensive Behavioral Health and Medical Benefits Psychosocial Rehabilitation Community Psychiatric Support and Treatment (CPST) Habilitation/Residential Support Services Family Support and Training Mobile Crisis Intervention Education Support Services Empowerment Services – Peer Supports Non-Medical Transportation Pre-vocational Services Transitional Employment Intensive Supported Employment Ongoing Supported Employment	Medically supervised outpatient withdrawal services Outpatient clinic and opioid treatment program Outpatient clinic services Comprehensive psychiatric emergency program (CPEP) Continuing day treatment program (CDTP) Partial hospitalization program (PHP) Personalized recovery oriented services (PROS) Assertive Community Treatment (ACT) Intensive Case Management/Supportive Case Management Health Home Care Coordination and Management Inpatient hospital detoxification service Inpatient medically supervised inpatient detoxification Inpatient treatment services (OASAS) Rehabilitation services for residential SUD treatment supports (OASAS) Inpatient psychiatric services (OMH) Rehabilitation services for residents of community residences

HEALTHIERLIFE MEMBER ELIGIBILITY CRITERIA

- Adult Medicaid beneficiaries 21 and over who are eligible for mainstream MCOs, meet target criteria and risk factors as defined in Section 24 of the Fidelis Care Provider Manual (Page3) and present with serious functional deficits as determined by a case review or HealthierLife eligibility screen.

- Check the member's ID card and logon to our provider portal, Provider Access Online, to verify current eligibility and coverage details: <https://providers.fideliscare.org> or contact the Fidelis Care Provider Call Center and use the automated eligibility tool at 1-888-FIDELIS (1-888-343-3547), option 2, then option 1.

AUTHORIZATIONS AND CARE MANAGEMENT

- Each member is assigned a Care Manager who is responsible for establishing and leading the member's Interdisciplinary Care Team (IDT). The IDT can also include the member's assigned Health Home Care Manager, PCP, BH provider, AOT Case Monitors (if applicable), the Member's Designee and other health care professionals needed to address the member's needs.
- The Care Manager, in conjunction with the IDT, are responsible for developing the Person Centered Service Plan (PCSP), which is a written description in the care management record which specifies the member's specific health care goals to be achieved and the amount, duration, and scope of the covered services.
- The PCSP will provide the basis upon which all services are authorized.
- Medically necessary services that are not listed in the PCSP may require authorization. To determine which services require authorization, please refer to the **Authorization Grids** which can be found at <http://www.fideliscare.org/en-us/providers/authorizationgrid.aspx>.
- BH authorizations can be requested by phone at 1-888-FIDELIS (1-888-343-3547) or by fax at 1-347-868-6427.
- When referring for covered services, please ensure that the provider is participating in the Fidelis Care network or is subcontracted with a participating Health Home. Participation can be verified by visiting <http://www.fideliscare.org/apps/providersearch/>.
- Pre-authorization requests are processed by the Fidelis Care Quality Health Care Management (QHCM) Department. We recommend that requests be sent at least five (5) calendar days before the anticipated date of service. Standard requests are responded to within three (3) business days, as long as additional information is not necessary.

CLAIMS AND PAYMENT

Electronic Claims	Paper Claims - HealthierLife	Paper Claims – BH Services
Fidelis Care Payer ID - 11315 For more information visit fideliscare.org	Fidelis Care HealthierLife P.O. Box 1205 Amherst NY 14226	Fidelis Care Corporate Claims Dept P.O. Box 806 Amherst, NY 14226-0806

- All claims must be submitted within ninety (90) days from the date of service.
- Claim are processed within thirty (30) days after receipt of a clean claim submitted electronically and forty-five (45) days after receipt of a clean paper claim (Note: A "**Clean Claim**" is a claim for health care services that contains all required data elements).
- Participating providers may not, under any circumstance, bill a Fidelis Care member for any covered services.
- To obtain the status of a claim or a copy of a claim remittance advice, please visit Provider Access Online at <https://providers.fideliscare.org>.
- For detailed billing instructions, including field by field guidance on completing a UB04 claim form, please visit <http://mctac.org/files/misc/79/integrated-billing-presentation-august-2015.pdf> to access a PowerPoint presentation or <https://t.e2ma.net/click/ivzpk/axnb4vb/eovqvc> to view a prerecorded training.

APPEALS AND REQUESTS FOR ADMINISTRATIVE REVIEWS

Medical Necessity Standard Appeals

Appeals must be received within sixty (60) business days of the adverse determination and should be mailed to: **Attn: Appeals Department, Fidelis Care, 95-25 Queens Blvd., 7th Floor, Rego Park, NY 11374, Phone: 718-896-6500, Fax: 718-896-6819**

Requests for Administrative Review of Previously Processed Claim

Requests for claims reconsiderations must be submitted within sixty (60) calendar days of the date of the remittance advice. Requests for administrative review must be sent to the following address: **Attn: Claims Reconsideration, Fidelis Care, 480 CrossPoint Parkway, Getzville, NY 14068.**

Please visit Fidelis Care's website, fideliscare.org, for a complete Fidelis Care Provider Manual, Authorization Grids, educational resources, announcements, participating provider search engine, and other helpful tools.

Albany Regional Office

31 British American Blvd
Latham, NY 12110
(518) 427-0481

New York City Regional Office

95-25 Queens Blvd
Rego Park, NY 11374
(718) 896-6500

Syracuse Regional Office

5010 Campuswood Dr
E. Syracuse, NY 13057
(315) 437-1835

Buffalo Regional Office

480 CrossPoint Pkwy
Getzville, NY 14068
(716) 564-3630