

NJ FAMILYCARE BEHAVIORAL HEALTH INTEGRATION: END OF PHASE 1 TRANSITION PERIOD MEMBER GUIDANCE

The Division of Medical Assistance and Health Services (DMAHS) oversees the NJ Medicaid / NJ FamilyCare program. As of January 1, 2025, all NJ Medicaid health plans now cover outpatient mental health (MH) and substance use disorder (SUD) services, as a result of Behavioral Health (BH) Integration. Previously, these services were covered by providers who were enrolled in the Medicaid fee-for-service (FFS) program. A transition period has been put in place to help members and providers adjust to the new coverage model. **Aetna will end the transition period on November 1, 2025. Other health plans will extend transition period policies until further notice. If your health plan is extending transition period policies, they will reach out to you directly when the transition period is ending.** This document will help you prepare for when your health plan's transition period ends.

Frequently Asked Questions

When my health plan ends the transition period policies, how will this affect my care?

When your health plan ends transition period policies, your behavioral health providers must either be in your health plan's network or have an agreement with your health plan to continue your care. If this is the case, your care will not change. However, if your provider is out-of-network and does not have an agreement with your health plan, you may have to stop seeing this provider.

My behavioral health provider is not in network with my current health plan. What should I do?

You can take the following steps if you are currently seeing an out-of-network provider and your health plan is ending the transition period:

1. **Contact your health plan to let them know that your provider is not in-network.** Your health plan will help you understand what the options are with your current provider or support you in switching to another provider that is right for you.
2. **You can change your provider at any time.** Each health plan has provider directories for members to find in-network providers. Please refer to the links in the "End-of-transition Period Readiness Checklist" section below to access the directory for your health plan.
3. **You may choose to switch your current health plan to a health plan that your provider participates with, if applicable.** Before switching, we encourage members to contact their other providers, such as their primary care physician, dentist, cardiologist, or look at the new health plan's provider directory to confirm that they participate with the new health plan. After confirming, please call NJ FamilyCare at 1-800-701-0710 and request to change your health plan.

Need help?



DMAHS Behavioral Health Integration Stakeholder Information Website:
<https://www.nj.gov/human-services/dmhas/information/stakeholder/>

DMAHS Behavioral Health Unit:
1-609-281-8028
Dmahs.behavioralhealth@dhs.nj.gov

Health Plan Contact Information:
Aetna: 1-855-232- 3596, (TTY: 711)
Fidelis Care: 1-888-343-3547, (TTY: 711)
Horizon: 1-800-682-9090, (TTY: 711)
UnitedHealthcare: 1-800-941-4647, (TTY: 711)
Wellpoint: 1-833-731-2147, (TTY: 711)

End-of-transition Period Readiness Checklist

- ☐ Reach out to my behavioral health providers to see if they participate with my health plan
- ☐ If my behavioral health provider is out-of-network:
 - ☐ Contact my health plan to understand options with current provider or get support connecting to another provider
 - ☐ Access my health plan's provider directory to find a new provider
 - ☐ [Aetna](#)
 - ☐ [Fidelis Care](#)
 - ☐ [Horizon NJ Health](#)
 - ☐ [UnitedHealthcare](#)
 - ☐ [Wellpoint](#)
 - ☐ Contact ReachNJ at 1-844-732-2465 or the IME at 1-844-276-2777 for additional support if any of my substance use disorder (SUD) providers are out-of-network
- ☐ If I want or need to switch to a new health plan to continue to see my behavioral health provider:
 - ☐ Check to see if all my other providers participate with the new health plan
 - ☐ Contact NJFamilyCare at 1-800-701-0710 to request to change my health plan
- ☐ Reach out to my health plan to join BH Care Management
 - ☐ Care Management is a way NJ Medicaid / NJ FamilyCare health plans help support people with mental health, substance use, and / or other health needs. Care managers make sure members get the care they need, when and where they need it, by working with different providers and services
 - ☐ Access [Member MCO Care Management FAQs](#) on [BH Integration Stakeholder Information website](#) to learn more about Care Management
- ☐ Visit [BH Integration Stakeholder Information website](#) and navigate to the [Member Resources page](#) to find helpful resources on BH Integration