FIDELIS CARE®

Fidelis Care Medicaid Quick Reference Guide

September 2026

fideliscarenj.com/providers/medicaid.html

IMPORTANT CONTACT INFORMATION

NURSE ADVICE LINE: 1-800-919-8807
Members may call this number to speak to a nurse **24** hours a day, **7** days a week.

MAILING ADDRESS: P.O. Box 31370, Tampa, FL 33631

BEHAVIORAL HEALTH CRISIS LINE: 1-800-411-6485
Members may call this number **24** hours a day for a Behavioral Health Crisis. For non-crisis related concerns, please call Member Services, **1-888-453-2534** (**TTY 711**).

CONVENIENT SELF-SERVICE

Fidelis Care offers robust technology options to save you time. The fastest ways to get what you need are shown below.

FIDELIS CARE SECURE PROVIDER PORTAL

	Portal	Chat	(IVR) Interactive Voice Response
Authorization Requirements*	**Fastest Result**	**Available**	Available
Authorization Status*	**Fastest Result**	**Available**	Available
Authorizations Request*	**Fastest Result**	**Available**	N/A
Benefit Information	**Fastest Result**	**Available**	Available
Claims Status	**Fastest Result**	**Available**	Available
Co-payment	**Fastest Result**	**Available**	Available
Eligibility Verification	**Fastest Result**	**Available**	Available
Submit Appeals	**Fastest Result**	**Available**	N/A
Submit Claim Disputes	**Fastest Result**	**Available**	N/A
Submit Claims	**Fastest Result**	**Available**	N/A
Submit Corrected Claims	**Fastest Result**	**Available**	N/A

Fidelis Care understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks. The Provider Portal will help with those routine tasks.

Provider Portal Registration – click here

Provider Portal Training – click here

ⓘ*Note: Includes Pharmacy Medical Requests supplied by Physician.
For Pharmacy Benefit-related questions, please see the below Pharmacy page.

Provider Services: Interactive Voice Response System Phone: 1-888-453-2534 (TTY: 711)

This guide is not intended to be an all-inclusive list of covered services under the Health Plan. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in the applicable Plan coverage guidelines.

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FIDELIS CARE PHONE NUMBERS

CARE MANAGEMENT REFERRALS (NON-MLTSS MEMBERS)

Phone: **1-844-901-3781** TTY: **711**
Fax: **1-866-287-3286** Hours: M-F, 8-7 p.m. Eastern

COMMUNITY CONNECTIONS HELP LINE	**1-866-775-2192**
MCO CARE COORDINATION (SPECIAL NEEDS MEMBERS)	**1-844-901-3781**
DSNP PROVIDER SERVICES	**1-877-706-9509**
RISK MANAGEMENT Fraud, Waste & Abuse Hotline	**1-866-685-8664**

PROVIDER RESOURCE GUIDE

PRIOR AUTHORIZATION CONTACTS*

To check the status of a prior authorization (medical, behavioral, pharmacy, dental) or changes to a prior authorization, please call:

Provider Services at **1-888-453-2534** or visit **provider.fideliscarenj.com**.

For information regarding the status of a prior authorization for LTC (PCA, Medical Day Care, PDN, or HCBS) Please call **1-855 -642-6185**.

*Fidelis Care's process for prior authorization acknowledgement includes a response to the request and/or a request for additional information. There is no formal acknowledgement policy in place. However, providers may call Provider Services at **1-888-453-2534** to inquire on prior authorization requests not received within **15 days**.

CARE MANAGEMENT PROGRAMS: 1-855-642-6185

MLTSS CARE MANAGEMENT:

Nursing Facility Contacts

- For requesting authorization: EIleen Urban, Manager, Care Coordination, **Eileen.Urban@fideliscarenj.com**.
- For claims, eligibility, enrollment and hospice issues: Providers can call **1-888-453-2534** or visit **fideliscarenj.com/contact-us.html**.
- For nursing facility providers to address questions regarding 835 files: **#ITEDISystemAnalyst@wellcare.com**.
- For a resident that is auto-assigned or self-selected the MCO and needs a NJ Choice Assessment performed: Shannon Yalovitser, Supervisor, Care Management **Shannon.Yalovitser@fideliscarenj.com**.
- For assistance with issues in a nursing facility in which a resident that elects hospice: Tracia Thompson, Senior Manager, Care Management (RN), **Tracia.Thompson@fideliscarenj.com**.

ASSISTED LIVING CONTACT

For claims, eligibility and enrollment issues: Providers can call **1-888-453-2534** or visit **fideliscarenj.com/contact-us.html**.

HOSPICE SERVICES INCLUDING FIDE SNP

For claims, eligibility and enrollment issues: Providers can call **1-888-453-2534** or visit **fideliscarenj.com/contact-us.html**.

DUAL INTEGRATION SPECIAL NEEDS PLAN INFORMATION, WELLCARE FIDELIS DUAL ALIGN (HMO D-SNP) | WELLCARE

- General Provider Services: **1-877-706-9509** (TTY: **711**).
- Care Coordination contact for mailing address and fax number to send Provider Correspondence on behalf of Member – to contact Fidelis Care separate from Utilization appeal information: **1-844-901-3781**.
- FIDE SNP MLTSS contact: **1-855-642-6185**.

PARTICIPANT DIRECTION AND PERSONAL PREFERENCE PROGRAM (PPP): 1-855-642-6185

HOME AND COMMUNITY BASED SERVICES CONTACTS INCLUDING FIDE SNP

- Call **1-855-642-6185** to be connected to your MLTSS Care Manager.
- For enrollment, eligibility, claims and other services, contact Provider Services at **1-888-453-2534**.
- Non-medical based issues: Anny Chevalier, Provider Network Specialist, **1-973-985-5283** or **anny.chevalier@fideliscarenj.com**.

SPECIALTY CARE NURSING FACILITY CONTACT

- For claims, eligibility and enrollment issues: Providers can call **1-888-453-2534** or visit **fideliscarenj.com/contact-us.html**.
- For a resident who is auto-assigned or self-selected the MCO and needs a NJ Choice Assessment performed: Shannon Yalovitser, Supervisor, Care Management **Shannon.Yalovitser@fideliscarenj.com**.
- For a SNF that has a resident that elects hospice: EIleen Urban, Manager, Care Coordination, **Eileen.Urban@fideliscarenj.com**.

CARE MANAGEMENT:

- Care Coordination contact for mailing address and fax number to send Provider Correspondence on behalf of Member – to contact Fidelis Care separate from Utilization appeal information: **1-844-901-3781**.

MATERNITY CONTACT

- For prenatal and perinatal services for women, Providers and Members may call: **1-844-901-3781**.
- For in-network NJ FamilyCare perinatal services/ providers (eg, obstetric/midwifery care, centering pregnancy, childbirth education, doula, labor and delivery, breastfeeding, newborn child coverage, dental, SUD, conception): Brittany Doby, Care Manager, **1-844-901-3781** or **Brittany.Doby@wellcare.com**.
- For community doulas enrollment and claims issues, please contact: **wc_njpr@fideliscarenj.com**.
- Members needing access to maternity-related services, including connecting members to a community doula may contact: Claire Roudette, **1-201-563-9378**, **Claire.Roudette@fideliscarenj.com**.
- Please visit **DMAHS Community Doula Benefit** page for more information. A listing of all in-network community doulas can be found in the plan's provider directory.

FULLY INTEGRATED DUAL ELIGIBLE SPECIAL NEEDS PLAN (FIDE SNP) CARE MANAGEMENT

- Care Coordination contact for mailing address and fax number to send Provider Correspondence on behalf of Member – to contact Fidelis Care separate from Utilization appeal information: **1-844-901-3781**.
- FIDE SNP MLTSS contact: **1-855-642-6185**.

BEHAVIORAL HEALTH SERVICES INCLUDING FIDE SNP

- For claims, eligibility and enrollment issues: Providers can call **1-888-453-2534** or visit **fideliscarenj.com/contact-us.html**.
- For participating providers and services as well as authorization process: David Houston, Senior Manager, Care Management, Behavioral Health, **1-973-856-1151** or **David.Houston@fideliscarenj.com**, or visit **fideliscarenj.com/providers/Medicaid/behavioral-health.html**.
- For contracting/credentialing: **wc_njpr@fideliscarenj.com**.
- For network: **wc_njpr@fideliscarenj.com**.
- For Office Based Addiction Treatment (OBAT) Services: Providers can call **1-888-453-2534** or visit **fideliscarenj.com/contact-us.html**.
- MH/SUD services/follow-up contact for all members with Medicaid and Medicare, including Commercial Coverage, call **1-888-453-2534**.
- For Autism Services including prior authorization: April Hames, Sr. Director, Clinical Operations, **AHAMES@centene.com** and Stephanie Ryan, Manager, Clinical BH Utilization Management, **Stephanie.C.Ryan@centene.com**.

HOME AND COMMUNITY BASED SERVICES

- For Chore Services and other non-traditional MLTSS services: Anny Chevlier, Provider Network Specialist, **1-973-985-5283** or **anny.chevalier@fideliscarenj.com**.
- For hospital billing staff to address questions regarding claim denials: Dana Ellis, **danamarie.ellis@fideliscarenj.com**.

NUTRITIONAL SUPPORT SERVICES

- For Nutritional Support Services: Christina Cullen, Senior Manager, Care Coordination, HRSN Line **1-866-8447** or **Christina.Cullen@fideliscarenj.com**.

COMMUNITY-BASED PALLIATIVE CARE

- For credentialing and network: **wc_njpr@fideliscarenj.com**.
- For referral, authorization/utilization management, and care management: **FC_PalliativeCare@fideliscarenj.com**.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS)

- For credentialing and contracting: Bridgette Bonaparte, Supervisor, Contract Support, **bridgette.bonaparte@fideliscarenj.com**.
- For billing and claims: Sandi Moore, Supervisor, Contract Support, **sandra.moore@fideliscarenj.com**.

HOUSING SUPPORTS PROGRAM

The Housing Supports Program consists of four services:

- Pre-tenancy Services
- Tenancy Sustaining Services
- Move-in Supports and Residential Modification
- Remediation Services

For Housing Supports Program, providers and members may contact:

Health Related Social Needs (HRSN) Line: **1-866-309-8447**

Email: **HousingSupports@centene.com**

Website: **Fideliscarenj.com/contact-us.html**

Providers may submit formal request for authorization via fax line: **1-855-573-2346**

- For participating providers and services as well as authorization process:

  Provider Services at **1-888-453-2534** or visit **provider.fideliscarenj.com**.

- For contracting/credentialing:

  To ask whether Fidelis Care is accepting new providers or to check on an existing application to email: **wc_njpr@fideliscarenj.com**.

To submit or receive an application for enrollment in Fidelis Care's provider network:

- Visit **fideliscarenj.com/become-a-provider.html**.
- Or send an email inquiry to **wc_njpr@fideliscarenj.com**.

Sign and return application including all up to date credentialing documents. All credentialing documents must not expire within the following 60 days after submission.

Network Contracting and Servicing Contact:
Provider Engagement Account Manager: Karen Smith-Parris, **Karen.Smith-Parris@fideliscarenj.com**

Housing Supports Program Contact:
Housing Services Director: Christina Cullen, LCSW, **Christina.Cullen@fideliscarenj.com**

JOINING FIDELIS CARE'S PROVIDER NETWORK

To ask whether Fidelis Care is accepting new providers or to check on an existing application:

- Call **1-973-274-2100**, option 2.
- Email **wc_njpr@fideliscarenj.com**.

To submit an application for enrollment in Fidelis Care's provider network:

- Contact Provider Relations:
  1. Call **1-973-274-2100**
  2. Visit **fideliscarenj.com/become-a-provider.html** for all counties and all provider types
  3. Send an email inquiry to **wc_njpr@fideliscarenj.com**
- Schedule a meeting.
- Receive application.
- Sign and return application including all up to date credentialing documents. All credentialing documents must not expire within the following **60 days** after submission.

To submit application for network consideration:

- For **Medical, Behavioral** and **HCBS** – Mail to **485D U.S. 1, Iselin, NJ 08830**.
- For **Dental** – Contact Liberty Dental at **1-888-352-7924** to be added to the Fidelis Care panel.
- For **Vision** – Contact Superior Vision at **1-866-819-4298** to be added to the Fidelis Care panel.
- For **Hearing** – Contact HearUSA at **1-800-333-3389** to be added to the Fidelis Care panel.

*Completing the online form or sending an email is an inquiry for consideration and not an official registration. Fidelis Care will review the request, and a representative will follow up and provide assistance through the formal application process.

Application process can take up to **90 days**.

FIDELIS CARE WEBSITE

Visit **fideliscarenj.com** to:

- Search for providers by county (includes visibility into open/closed panels) by clicking on "Find a Provider"
- Review the **Provider Resource Guide**
- **Access Claims/Encounter Guides and other Job Aids**
- **Access the secure Provider Portal**

SECURE PROVIDER PORTAL

THE SECURE PROVIDER PORTAL OFFERS 24-HOUR ACCESS TO THE FOLLOWING:

- Submit a claim
- Request an authorization
- Check status of a claim
- Check status of a prior authorization
- Check member eligibility and co-payment information
- Access online training
- Run reports e.g., Member Panel
- Catch up on provider news
- Submit and Check Care Gaps (PCPs)

Log onto the web portal at **provider.fideliscarenj.com**

To register to use the secure provider portal, an account will need to be created. The following is needed to create a new account:

- Name of Person to Access Account
- Primary Group or Physician address
- Phone Number for the Group or Physician

Additionally, the following actions need to be taken

- Provider must assign an Administrator whether there is one or many users
- Within **24 hours** of registration, an email with a temporary password will be sent. Use this password (within **30 days**) to log into the portal and create a permanent password to complete the registration process.
- Once access portal, there are training videos and materials on using it.

CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES:

Provider Services: 1-888-453-2534
For inquires related to your electronic submissions to Fidelis Care, please contact our EDI team at **EDIBA@centene.com**

ELECTRONIC FUNDS TRANSFER AND ELECTRONIC REMITTANCE ADVICE:

Register online using the simplified, enhanced provider registration process: **payspanhealth.com** or call **1-877-331-7154**. For more details on PaySpan, please refer to your **Provider Manual**.

CLEARINGHOUSE CONNECTIVITY SETUP & CONNECTION SUPPORT:

Fidelis Care has partnered with Availity as our preferred EDI Clearinghouse. You may connect directly to Availity or continue to use your existing vendor/biller/clearinghouse. If you need assistance in making a connection with Availity or have any questions, please contact Availity client services at **1-800-282-4548**.

FIDELIS CARE PAYER IDs:

Please use the following according to the file type (Fee-For-Service or Encounters):

- Fee For Service (FFS) is defined in the Transaction Type Code BHT06 as CH, which means Chargeable, expecting adjudication.
- Encounters (ENC) is defined in the Transaction Type Code BHT06 as RP, which means Reportable only, NOT expecting adjudication.

Claim Type	Fee For Service (CH – Chargeable) Submissions	Encounter (RF – Reporting only) Submissions
Professional or Institutional	14163	59354

FREE DIRECT DATA ENTRY (DDE) AND SMALL BATCH FILE SOLUTIONS (USE SAME FIDELIS CARE PAYER IDS DEFINED ABOVE):

AdministEP offers a web browser for single submission direct data entry (DDE) or batch upload for professional and institutional submissions, claim status and reporting and inquiry functions **at no cost to you**. To register, submit the request to **availity.com/Essentials-Portal-Registration**.

Fidelis Care follows the Centers for Medicare and Medicaid Services' (CMS) guidelines for paper claim submissions. Since Oct. 28, 2010, Fidelis Care accepts only the original "red claim" form for claim and encounter submissions. Fidelis Care does not accept handwritten, faxed or replicated claim forms.

To download claim forms and guidelines and to check the status of an initial claim submission and/or adjusted and appealed claims, visit **fideliscarenj.com/providers/medicaid/claims.html**

Paper claims (new and corrected) are verified by the provider portal.

MAIL PAPER CLAIM SUBMISSIONS TO:
Fidelis Care
Claims Department
P.O. Box 31224
Tampa, FL 33631-3224

CLAIM PAYMENT DISPUTES

The claim payment dispute process is designed to address claim denials for issues related to untimely filing, unlisted procedure codes and noncovered codes, etc. Claim payment disputes must be submitted in writing to Fidelis Care within **90 days** of the date on the EOP.

Submit all claims payment disputes with supporting documentation at **provider.fidelisscarenj.com**

MAIL CLAIM PAYMENT DISPUTES WITH SUPPORTING DOCUMENTATION TO:
Fidelis Care
Attn: Claim Payment Disputes
P.O. Box 31370
Tampa, FL 33631-3370

NOTE: Any appeals related to a claim denial for lack of prior authorization, services exceeding the authorization, insufficient supporting documentation, or late notification must be sent to the Appeals (Medical) address listed in the section below. Examples include Explanation of Payment (EOP) Codes DN001, DN004, DN038, DN039, VSTEX, DMNNE, HRM16, and KYREC; however, this is not an all-encompassing list of appeals-related codes. Any dispute involving authorization, medical necessity, or related clinical determinations should be submitted to the Appeals P.O. Box and must include all supporting documentation, such as a summary of the appeal, relevant medical records, and member-specific information. If you are appealing on behalf of a member, your dispute must be submitted within **60 calendar days** of the date on the EOP and must include the member's signed consent authorizing you to act on their behalf.

CLAIM PAYMENT POLICY DISPUTES

The Claims Payment Policy Department has created a new mailbox for provider issues related strictly to payment policy issues. Disputes for payment policy related issues must be submitted to Fidelis Care in writing within **90 days** of the date of denial on the EOP. Please provide all relevant documentation, which may include medical records, in order to facilitate the review. Submit all Claims Payment Policy Disputes related to Explanation of Payment Codes beginning with IH###, CE###, CV### (Medical records required) or PD### at **provider.fidelisscarenj.com**

MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH IH###, CE###, CV### (MEDICAL RECORDS REQUIRED) OR PD### TO:
Fidelis Care
Payment Policy Disputes Department
P.O. Box 31426
Tampa, FL 33631-3426

MAIL ALL MEDICAL RECORDS AND INITIAL REVIEWS AND 1ST LEVEL APPEALS RELATED TO EXPLANATION OF PAYMENT CODES BEGINNING WITH CPI##:

BY MAIL (U.S. POSTAL SERVICE)
Phone: 1-844-458-6739
Fax: 1-267-687-0994
OPTUM
P.O. Box 52846
Philadelphia, PA 19115

BY DELIVERY SERVICES (FEDEX, UPS)
OPTUM
458 Pike Road
Huntingdon Valley,
PA 19006

BY SECURE INTERNET UPLOAD
Refer to Optum's Medical Record Request letter for further instructions

MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES LT###, RVLT# AND CPI## 2ND LEVEL APPEALS:
Fidelis Care
CCR
P.O. Box 31394
Tampa, FL 33631-3394

MAIL ALL DISPUTES RELATED TO EXPLANATION OF PAYMENT CODES RVPI#:
PICRA
P.O. Box 31416
Tampa, FL 33631-3416

RECOVERY/COST CONTAINMENT UNIT (CCU)

REFUND(S) in response to a Fidelis Care overpayment notification should include a copy of the overpayment notification as well as a copy of attachment(s) and sent to:

Fidelis Care – Comprehensive
Health Management
Attn: Recovery/Cost Containment Unit (CCU)
P.O. Box 947945
Atlanta, GA 30394-7945

If you do not agree with this proposed Fidelis Care overpayment notification related to adjustments **RVXX (Except RV059** that should refer to the **Claim Payment Disputes** section above), you may request an Administrative Review by submitting your request in writing within **45 days** of the date of this letter. Your request should detail why you disagree with these findings and must include any supporting evidence/documentation you believe is pertinent to your position.

MAIL OR FAX YOUR ADMINISTRATIVE REVIEW REQUEST TO:
Fax: 1-813-283-3284
Fidelis Care
Attn: CCU Recovery
P.O. Box 31658
Tampa, FL 33631-3658

Additional documentation received after your initial Administrative Review request will not be considered. A Final Determination will be rendered within 30 days of the date of Fidelis Care's receipt of your request. If you do not object or render payment within such time period, we will take action to recover the above listed amount as allowed by law, or applicable, the contract between you and Fidelis Care.

ADMINISTRATIVE REVIEWS RELATED TO EXPLANATION OF PAYMENT CODES AND COMMENTS BEGINNING WITH DN227, DN228 OR RV213 must be submitted in writing and include at a minimum: a summary of the review request, the member's name, member's identification number, date of service(s), reason(s) why the denial should be reversed and copies of related documentation and all applicable medical records related to both stays to support appropriateness of the services rendered.

MAIL OR FAX YOUR DISPUTE TO:
Fax: 1-203-202-6607
Cotiviti Healthcare
Attn: Fidelis Care Clinical Chart Validation
HillCrest III Building
731 Arbor Way, Suite 150
Blue Bell, PA 19422

PROVIDER-IDENTIFIED REFUND(S) without receiving overpayment notification should include the reason for overpayment as well as any details that assist in identifying the member and Fidelis Care Claim ID. Please submit to:

Fidelis Care – Comprehensive
Health Management
Atten: Recovery/Cost Containment Unit (CCU)
P.O. Box 947945
Atlanta, GA 30394-7945

NOTE: For single-claim checks, please use the **Refund Check Informational Sheet** to help Recovery post accurately and timely. For checks in excess of 25 claims, please complete the **Refund Referral Grid** and email all supporting documentation, including the grid, to **OverpaymentRefunds@wellcare.com** to assist with expedited posting. Please note that only check referrals will be accepted by this email box; anything other than check referrals will not be responded to and will be closed.

APPEALS (MEDICAL)

Should be: Providers may file an appeal on behalf of the member with the member's written consent. If you are appealing on behalf of a member, your dispute must be submitted within **60 calendar days**. Providers may also seek an appeal through the Appeals department within 90 calendar days on their own behalf. The appeal may be submitted for a claims denial related to lack of prior authorization, services exceeding the authorization, insufficient supporting documentation or late notification. Examples include Explanation of Payment Codes DN001/DN004 lack of prior authorization, DN038/DN039 Services billed not consistent or included with the Authorization on file, VSTEX services exceeding the authorization, DMNNE Denied Medical Necessity Not Established with Info Provided, HRM16 non emergency services, and KYREC insufficient supporting documentation. However, this is not an all-encompassing list of Appeals codes. Anything else related to authorization, or medical necessity that is in question should be sent to the Appeals P.O. Box with all substantiating information like a summary of the appeal, relevant medical records and member specific information. **fideliscarenj.com/members/medicaid/nj-familycare/member-rights-policies/appeals-and-grievances.html**

MAIL OR FAX MEDICAL APPEALS WITH SUPPORTING DOCUMENTATION TO:
Fax: 1-866-201-0657
Fidelis Care
Attn: Appeals Department
P.O. Box 31368
Tampa, FL 33631-3368

Fidelis Care does not send an acknowledgement letter upon receipt of a provider appeal. However, a written resolution letter is sent to the provider.

GRIEVANCES

Member grievances may be filed verbally by contacting Customer Service or submitted via fax or mail. Providers may also file a grievance on behalf of the member with the member's written consent.

MAIL OR FAX ALL MEMBER GRIEVANCES TO:
Fax: 1-866-388-1769
Fidelis Care
Attn: Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

FIDELIS CARE PARTNERS

eviCore

eviCore is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: **Lab Management**. and **Sleep, Diagnostics**.

Contact eviCore for all **authorization-related** submissions for the services listed above rendered in outpatient places of service (including the home setting). Please click on the hyperlinks above for a list of the specific services and related criteria included in the eviCore programs.

Web submissions are faster and if the procedure requested meets clinical criteria, the web provides an immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the **eviCore Provider Web Portal**. A searchable **Authorization Lookup and Eligibility Tool** is also available online and criteria can be accessed through the program links above.

Urgent Authorizations and Provider Services: 1-888-333-8641

NIA aka National Imaging Associates

NIA (National Imaging Associates) is our in-network vendor for the following programs and clinical criteria can be accessed through the corresponding program links: **Advanced Radiology**, **Advanced Cardiology**, **Pain Management**, **Physical**, **Occupational**, and **Speech Therapy**.

Contact NIA for all **authorization-related** submissions for the services listed above rendered in outpatient places of service (including the home setting*). Please click on the hyperlinks above for a listing of the specific services and related criteria included in the NIA program. Web submissions are faster and if the procedure requested meets clinical criteria, the web provides and immediate approval that can be printed for easy reference. Member eligibility and authorization requests may be submitted via the **NIA Provider Web Portal**. A searchable **Authorization Lookup Tool** is also available online and criteria can be accessed through the program links above.

Urgent Authorization and Provider Services: 1-866-249-1585

Evolent

Fidelis Care has partnered with **Evolent** to implement a new oncology prior authorization program, Oncology Pathway Solutions. Evolent will manage prior authorization requests for Medical Oncology and Radiation Oncology treatments provided in an outpatient setting. This includes all oncology-related chemotherapeutic drugs and supportive agents and radiation oncology treatments. This prior authorization requirement applies to both pharmacy dispensed, and office administered medication requests for your Medicaid members of all ages.

Prior authorization can be requested by:

- Visiting Evolent's provider portal at **evolent.com/provider-portal**, or
- Calling **1-571-389-6000**

Contracted Networks

VISION	HEARING	TRANSPORTATION*
Superior Vision **(Includes FIDE SNP)** Provider Services: **1-866-819-4298**	**HearUSA** **(Includes FIDE SNP)** Phone: **1-800-333-3389**	Phone: **1-888-453-2534** *Please confirm benefit coverage and limitations at member's plan level.

Dental Services

LIBERTY DENTAL PLAN

Dental Provider Services (Liberty Dental Plan): **1-888-352-7924** (Both FIDE SNP/Medicaid)

Fax: **1-800-268-0154**

Email **(Provider Relations Inquiry): prinquiries@libertydentalplan.com**

Website Address and Link to Liberty Provider Manual:

libertydentalplan.com/Providers/Provider-Resource-Library.aspx

libertydentalplan.com

ADDRESS:
Liberty Dental Plan
P.O. Box 26110
Santa Ana,
CA 92799-6110

PROVIDER PORTAL (I-TRANSACT)
libertydentalplan.com

FOR CLAIMS SUBMISSION ADDRESS:
Liberty Dental Plan
Attn: Claims Department
P.O. Box 401086
Las Vegas, NV 89140

NJ FAMILYCARE DENTAL SERVICES CLINICAL CRITERIA POLICY/GRID:

The NJFC program has established a clinical criteria policy for dental services. Please see the link below for a full description of the clinical criteria policy/guidelines and grid. **libertydentalplan.com/Providers/Clinical-Criteria-Guidelines-Practice-Parameters-.aspx**

TREATMENT FOR DENTAL EMERGENCIES (TO INCLUDE ORAL-FACIAL TRAUMA)

- Claims received for reimbursement are date stamped on arrival.
- Emergent situations do not require prior authorizations.

SUMMARY OF PROCEDURES REGARDING APPROVAL AND/OR CLAIMS PAYMENT FOR OUT OF STATE AND OUT OF NETWORK PROVIDERS

In order for a claim to be accepted and adjudicated, the claim must be received by Liberty within 180 days after the date of service for contracted and non-contracted providers. For corrected claims, providers should submit within 365 days of service. In order for a claim to be considered a "complete claim," it must contain, at a minimum, all the attachments and supplemental information or documentation needed to provide "reasonably relevant information" and "information necessary to determine payer liability" and the following information:

- Provider name and license number
- Provider facility address
- Member name, date of birth, and social security number
- Date(s) of service
- CDT/ICS-10 codes
- Billed charges for each services
- Provider tax ID number or social security number

The "complete claim" may be submitted electronically, via paper, or other agreed upon method. The attachments or supplemental information/documentation needed varies by provider type and service but must provide the minimum information to properly adjudicate the claim and determine payer liability. Although emergency services or out-of-area urgently needed services do not require authorization in order to be considered a "complete claim," the claim must include documentation, including X-rays, that is immediately identifiable as emergent or out-of-area urgent.

DENTAL DIRECTORIES:

The following directories can be found on our website at **fideliscarenj.com/members/medicaid/nj-familycare.html**

- The NJFC Directory of Dentists Treating Children under the Age of 6
- Directory of Dentists Treating Members with Intellectual and Developmental Disabilities - Adults and Children) and listing of all dental providers to include specialists

All providers, including specialists, can be found in our Find a Provider/Pharmacy tool: **findaprovider.fideliscarenj.com/**

All the directories are also on our vendor's website at: **Liberty Dental Plan|Fidelis Care Find a Dentist**

PHARMACY SERVICES

PHARMACY SERVICES: **1-888-453-2534**

DSNP PHARMACY/DME: **1-877-706-9509**

Including after-hours and weekends **(CVS Caremark®)**

Rx BIN	Rx PCN	Rx GRP
004336	MCAIDADV	RX8895

ACARIAHEALTH™

AcariaHealth is a national comprehensive specialty pharmacy focused on improving care and outcomes for patients living with complex and chronic conditions. AcariaHealth is comprised of dedicated healthcare professionals who work closely with physician's offices, including support with referral and prior authorization processes. This collaboration allows our patients to receive the medicine they need as fast as possible.

Representatives are available from Monday–Thursday, 8 a.m. to 7 p.m., and Friday, 8 a.m. to 6 p.m. ET.

AcariaHealth™ Pharmacy #26, Inc.
8715 Henderson Rd., Tampa, FL 33634
Phone: 1-866-458-9246 (TTY 1-855-516-5636)
Fax: 1-866-458-9245
Website: acariahealth.com

*Effective on or about July 2021

Mail Services Pharmacy
CVS/Caremark® Mail Service **1-800-552-8159** (TTY: **711**)
Fax: 1-866-892-8194

MEDICATION APPEALS: **Fax: 1-888-865-6531**

Mail **medication appeals forms** with supporting documentation to:

Fidelis Care
Attn: Pharmacy Appeals Department
P.O. Box 31398
Tampa, FL 33631-3398

Medication appeals may also be initiated verbally by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

PDL INCLUSIONS:
To request consideration for inclusion of a drug to Fidelis Care's PDL, providers may submit medical justification to Fidelis Care in writing to:

Fidelis Care
Director of Formulary Services
Pharmacy & Therapeutics Committee
P.O. Box 31577
Tampa, FL 33631-3577

COVERAGE DETERMINATION REQUESTS
Fax: 1-888-340-9512

Submit a **Coverage Determination Request Form** for:

- Drugs not listed on the Preferred Drug List (PDL)
- Drugs listed on the PDL with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity limits (QL)
- Most self-injectable and infusion drugs (including chemotherapy) administered in a physician's office
- Brand-name drugs when an equivalent generic exists
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate
- Drugs that have an age limit (AL)
- Multi-ingredient compounds exceeding $300 cost (PA)

New Century Health (NCH) manages Medical Oncology. Please see below for New Century Health (NCH) Contact Information.

fideliscarenj.com/providers/medicaid/pharmacy.html

- **Pharmacy Services overview**
- **Fidelis Care Preferred Drug List**
- **Authorization Lookup Tool**

ⓘ *Note: Includes Pharmacy Medical Requests supplied by Physician.

- **Participating Pharmacies**
- **Pharmacy Services forms**

FOR HOME INFUSION/ENTERAL SERVICES

Once Authorization Approval is obtained through Fidelis Care, if required, please contact one of our providers below to initiate Services:

Coram®:
Phone: **1-800-423-1411** or Fax: **1-866-462-6726**

Option Care Health™ aka Option Care and BioScrip Infusion Services®:
Phone: **1-844-624-4584**

Home Care Services, Inc. (KabaFusion):
Phone: **1-609-567-2241** or Fax: **1-609-567-0503**

FIDELIS CARE'S PRIOR AUTHORIZATION (PA) LIST

For full list of Prior Authorizations requirements access fideliscarenj.com/providers/medicaid/authorizations.html

PRIOR AUTHORIZATION (PA) REQUIREMENTS

This Fidelis Care Prior Authorization list supersedes any lists that have been distributed to our providers. Please ensure that older lists are replaced with this updated version. Authorization changes are denoted by a ⚑ symbol for easy identification. Requirements that have been edited for clarification only are denoted with a ⓘ symbol.

Fidelis Care supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered at an office, clinic or free-standing facility. **A written or faxed script to the specialist is required.** The reason for the referral and the name of the specialist must be documented in the medical record. **The specialist must document receipt of the request for a consultation and the reason for the referral in the medical record.** No communication with the plan is necessary. Specialists may not refer members directly to other specialists.

To check the status of a prior authorization (medical, behavioral, pharmacy, dental) or changes to a prior authorization, please call: **Provider Services** at **1-888-453-2534** or visit **provider.fideliscarenj.com**. For behavioral health prior authorization, please visit **wellcare.com/new-jersey/providers/authorization-lookup**.

For information regarding the status of a prior authorization for LTC (PCA, Medical Day Care, PDN, or HCBS), please call **1-855-642-6185**.

Urgent Authorization Requests and Admission Notifications – Call 1-888-453-2534 for Medical, Behavioral, SUD, PCS, MLTSS, Pharmacy

- **Web submissions** are faster, and if the procedure requested meets the clinical criteria, the Web provides an approval that can be printed for easy reference.
- Notify the plan of unplanned inpatient hospital admissions within **24 hours** of admission (except normal maternity delivery admissions). Telephone authorizations must be followed by a fax submission of clinical information to **1-855-776-9464** – by the next business day.
- Prior authorization is not required for Outpatient Mental Health Therapy or Substance Use Diagnosis Outpatient Therapy. All other Outpatient authorizations for urgent and time sensitive services may be requested by phone when warranted by the member's condition. Please include CPT and ICD-10 codes with your authorization request. Standard authorization requests may be submitted **online** or via fax using the numbers listed below if you are unable to access the portal with your secure login at **provider.fideliscarenj.com**.
- Obtaining authorization does not guarantee payment, but rather only confirms whether a service meets Fidelis Care's determination criteria at the time of the request. Fidelis Care retains the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

BEHAVIORAL HEALTH SERVICES

FIDELIS CARE SECURE PROVIDER PORTAL

For Urgent and Inpatient Hospitalization Authorizations and Provider Services **Phone: 1-888-453-2534**

Please **log in** to submit your Outpatient Authorization Requests & Inpatient Clinical only (not Authorization) Submissions. To fax a request, please access our forms **here**

Web-based information: **fideliscarenj.com/providers/medicaid/behavioral-health.html**

- Emergency behavioral services do not require prior authorization. **In order to obtain authorization, notification of an Inpatient admission is required on the next business day following admission**.
- Inpatient concurrent review is generally done by telephone, but a fax option is available and the forms and fax numbers can be found **here**. Psychological testing is done telephonically or via fax. All other levels of care requiring authorization including outpatient services can be submitted online.
- For Behavioral Health Crisis call **1-800-411-6485**
- For more information on Authorization Requirements click **here** and select the **"Prior Authorization Grid"** PDF under **Helpful Documents**
- Please submit your request for more sessions at least two weeks prior to the completion of the current authorized session(s). Behavioral Health Services are performed by Fidelis Care network providers.

Procedures and Services	Authorization Required	Comments
Emergency Behavioral Health Services	**No**	
Non-contracted (non-participating) Provider Services	**Yes**	All services from non-participating providers require authorization.
Behavioral Services	**See Comments**	The list of authorizations on the Quick Reference Guide is not the complete list. Please refer to the **Prior Authorization Grid** under Helpful Documents for a complete list of authorization requirements.

EMERGENCY SERVICES

Procedures and Services	Authorization Required	Comments
Emergency Behavioral Health Services	**No**	
Emergency Care Services	**No**	
Emergency Transportation Services	**No**	
Urgent Care Services	**No**	

INPATIENT SERVICES & DISCHARGE PLANNING

FIDELIS CARE SECURE PROVIDER PORTAL

Please **log in** to submit your Outpatient Authorization Requests & Inpatient Hospitalization Clinical only (not Authorization) Submissions.

For non-participating providers please use our form **here**

Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

Procedures and Services	Authorization Required	Comments
Elective Inpatient Procedures	**Yes**	Clinical updates required for continued length of stay.
Inpatient Admissions	**Yes**	Clinical updates required for continued length of stay. *Excludes Normal Newborn Deliveries
Long Term Acute Care Hospital (LTACH) Admissions	**Yes**	Clinical updates required for continued length of stay.
NICU/Sick Baby Admissions	**Yes**	Notification to the plan is required within **24 hours** following admission.
Normal Newborn Deliveries	**No**	
Observations (22)*	**See Comments**	ⓘElective procedures that convert to an Observation stay are subject to Outpatient authorization requirements. **Authorization Lookup Tool** Services performed during an urgent or emergent Observation stay, such as Advanced Radiology or Cardiology, do not require authorization. Clinical updates required for continued length of stay.
Rehabilitation Facility Admissions	**Yes**	Clinical updates required for continued length of stay.
Skilled Nursing Facility Admissions	**Yes**	Clinical updates required for continued length of stay.

OUTPATIENT SERVICES & DISCHARGE PLANNING

FIDELIS CARE SECURE PROVIDER PORTAL

MLTSS members: All Outpatient services Fax: **1-855-573-2346**

Non MLTSS members: Please **log in** to submit your Outpatient Authorization Requests & Inpatient Hospitalization Clinical only (not Authorization) Submissions. For non-participating providers please use our form **here**

Pharmacy Medical Requests Fax: **1-888-481-7703**

Discharge planning requests for Home Health and DME should be submitted separately using one of the methods outlined above.

Procedures and Services	Authorization Required	Comments
Select Outpatient Procedures	**Yes – See Comments**	Please refer to the **Authorization Lookup Tool** for prior authorization requirements.
Advanced Radiology Services: CT, CTA, MRA, MRI, Nuclear Cardiology, Nuclear Medicine, PET & SPECT Scan	**Yes – See Comments**	Contact National Imaging Associates for authorization: National Imaging Associates Provider Web Portal Phone: **1-866-249-1585** **Advanced Radiology Program Criteria** **Radiology Request Forms**
Cardiology Services: Cardiac Imaging, Cardiac Catheterization, Diagnostic Cardiac Procedures and Echo Stress Tests	**Yes – See Comments**	Contact National Imaging Associates for authorization: National Imaging Associates Provider Web Portal Phone: **1-866-249-1585** **Cardiology Program Criteria** **Cardiology Worksheets**
Dialysis and End Stage Renal Disease Services	**No**	
Durable Medical Equipment Purchases and Rentals	**Yes – See Comments**	All DME rentals require authorization. DME purchase items reimbursed at OR below **$500** per line item do NOT require authorization. DME contact: Darlene Yard, Durable Medical Equipment Coordinator, **1-862-235-5705** or **darlene.yard@fideliscarenj.com** ***For Home Infusion/Enteral Services please refer to the Pharmacy Section above for the preferred provider if the authorization is required.**
Home and Community Based Services – Benefit for MLTSS Members Only	**Yes**	
Hospice Care Services	**Yes**	
Investigational & Experimental Procedures and Treatment	**Yes – See Comments**	Refer to **Clinical Coverage Guidelines**

OUTPATIENT SERVICES & DISCHARGE PLANNING CONTINUED

Procedures and Services	Authorization Required	Comments
Laboratory Management (Certain Molecular and Genetic Tests)	**Yes – See Comments**	**Contact eviCore for authorization:** **eviCore Provider Web Portal** Phone Number: **1-888-333-8641** **Fidelis Care Lab Management Criteria** **Molecular and Genetic Testing Quick Reference Guide**
Medical Oncology Services	**Yes – See Comments**	**Contact New Century Health (NCH) for authorization: my.newcenturyhealth.com** Phone: **1-888-999-7713, Option 1** **Medical Oncology Program Services**
Non-contracted (nonparticipating) Provider Services	**Yes**	All services from nonparticipating providers require authorization.
Orthotics and Prosthetics	**Yes – See Comments**	Purchase items reimbursed at OR below **$500** per line item do NOT require authorization.
Pain Management Treatment	**Yes – See Comments**	**Contact National Imaging Associates for authorization: National Imaging Associates Provider Web Portal** **Phone: 1-866-249-1585** **Pain Management Program Criteria** **Musculoskeletal Management Request Forms**
Physical and Occupational Therapy (including home-based therapy)	**Yes – See Comments**	**Contact National Imaging Associates for authorization: National Imaging Associates Provider Web Portal** Phone: **1-866-249-1585** **Physical and Occupational Therapy Criteria** **PT/OT Worksheets**
Radiation Therapy Management	**Yes – See Comments**	**Contact New Century Health (NCH) for authorization: my.newcenturyhealth.com** Phone: **1-888-999-7713, Option 1** **Radiation Therapy Management Program Resources**
Sleep Diagnostics (11, 12, 22 & 49)*	**Yes – See Comments**	**Contact eviCore for authorization:** **eviCore Provider Web Portal** Phone Number: **1-888-333-8641** **Sleep Diagnostics Program Criteria** **Sleep Management Worksheets**
Speech Therapy	**Yes**	**Contact National Imaging Associates for authorization: National Imaging Associates Provider Web Portal** Phone: **1-866-249-1585**
Transportation (Nonmedical) – Benefit for MLTSS Members Only	**Yes**	

HOME HEALTH SERVICES

FIDELIS CARE SECURE PROVIDER PORTAL

Home Health Service Requests Fax **1-855-573-2346**

For Electronic Visit Verification (EVV)-related questions (including Prior Auth information and billing questions), please email **njevv@centene.com**

For EVV Aggregator Technical Support, contact HHAeXchange at **NJsupport@hhaexchange.com**

Procedures and Services	Authorization Required	Comments
Home Health Assistants	**Yes**	
Medical Day Care	**Yes**	

TRANSPLANT SERVICES

FIDELIS CARE SECURE PROVIDER PORTAL

Please **log in** to submit your Outpatient Authorization Requests & Inpatient Hospitalization Clinical only (not Authorization) Submissions. For non-participating providers please use our form **here**

Transplant Listing and Evaluations Fax: **1- 866-753-5659**

Procedures and Services	Authorization Required	Comments
Transplant Services	**Yes**	Please submit clinical records for prior authorization for all transplant phases

COORDINATION OF BENEFITS (COB) FREQUENTLY ASKED QUESTIONS

1. **Q:** What is the contact number and /or email address for questions related to COB?

   A: Providers can call **1-888-453-2534** or visit **fideliscarenj.com/contact-us.html**

2. **Q:** If a member is dually eligible or has a TPL policy how often does the provider have to submit a denial from Medicare and/or the TPL insurer?

   A: The Provider will have to submit a denial from Medicare and/or the TPL, annually as long as the Member is covered under the plan or until the coverage is termed.

3. **Q:** Does the Provider submit the denial from the Medicare and/or Commercial Insurance provider electronically or hard copy?

   A: The submission can be submitted both paper and electronic.

4. **Q:** If the EOB denial can be submitted in hard copy what is the address for submission?

   A: Fidelis Care
   Attn: Claim Payment Department
   P.O. Box 31224
   Tampa, FL 33631-3224

5. **Q:** How do providers track progress of paper copies of the EOB for individual members?

   A: Provider will have to register to **payspanhealth.com**. PaySpan Health offers providers a complete solution for claims payment management. Providers can manage multiple payers, choose from among common and proprietary formats for ERAs, easily reconcile payments with claims, and take advantage of claim and remittance retrieval and reporting. Providers can contact PaySpan Health by calling **1-877-331-7154** or **providersupport@payspanhealth.com**.

6. **Q:** What is required for Providers to submit to Fidelis Care if Member has Medicare and/or Commercial Insurance and the Provider does not participate in the Medicare and/or Commercial Network?

   A: The Provider will have to submit to the Primary Insurance Carrier first even if the Provider does not participate in the Medicare and/or Commercial Network. If the Member has a primary insurance carrier, Fidelis Care requires a copy of the explanation of payment from the other carrier before paying as primary.

7. **Q:** Who do providers contact for technical assistance regarding claims submission and coordination of benefits for dually eligible members and members with Commercial Insurance?

   A: Providers can contact Provider Services at **1-888-453-2534** for questions related to claim submissions. For inquires related to your electronic submissions to Fidelis Care, please contact our EDI team at **EDIBA@centene.com**. Claim forms and guidelines are found online at **fideliscarenj.com/providers/medicaid/claims.html**.