



Provider Quick Reference Guide

Important phone numbers | Provider Services
Benefits and prior authorization/notification requirements

Provider website — Medicaid and Medicare FIDE SNP: provider.wellpoint.com/nj/
Medicaid Provider Services: **833-731-2149**
FIDE SNP Provider Services: **866-805-4589**
Availity: <https://www.availity.com>

New Jersey
833-731-2149
provider.wellpoint.com/nj/

Ongoing provider communications

To keep you up-to-date with the information required to work effectively with Wellpoint and our members, we send you messages through a variety of channels: broadcast faxes, provider newsletters, and news and announcements posted on our provider website (provider.wellpoint.com/nj/).



Easy access to important information



This guide is a summary and may not contain all of the information you need. For the most up-to-date information about provider requirements and member benefits and services, visit our provider website (provider.wellpoint.com/nj/), access **Availity.com**, contact Medicaid Provider Services at **833-731-2149**, FIDE SNP Provider Services at **866-805-4589** or your Provider Relationship Management representative.

If you have questions about this *Provider Quick Reference Guide (QRG)* or recommendations about how to improve it, contact your Provider Relationship Management representative. We want to hear from you!

Health Care Networks

Medicaid Provider Services: 833-731-2149
FIDE SNP Provider Services: 866-805-4589

Our Provider Services team offers prior authorization/notification services, care and disease management, automated member eligibility, claims status, health education materials, outreach services, and more.

Provider Referral Directory

To view the Wellpoint network of participating physicians, hospitals and other healthcare professionals, go to provider.wellpoint.com/nj/, select **Resources** and select **Referrals**.

Provider websites are available 24 hours a day, 7 days a week and 365 days a year

Clinical Practice Guidelines, Medical Policies and Clinical UM Guidelines, reimbursement policies, prior authorization requirements, forms, and general information are available on the provider website (provider.wellpoint.com/nj/).

Can't access the internet?

Call Provider Services and provide your national provider ID when prompted by the recorded voice. The recording guides you through our menu of options — Just select the information or materials you need when you hear it.





Availity.com | 800-AVAILITY (800-282-4548)

Availity offers a variety of online functions to help providers reduce administrative resources by eliminating paperwork and phone calls. The online multipayer portal provides access to multiple payer information with a single, secure login.

Availity offers the following for Wellpoint providers:

- Eligibility and benefits inquiries.
- Claim status inquiries and submissions for medical, home- and community-based services, behavioral/mental health and substance use disorder, and durable medical equipment services. For dental and vision claims, see the *Our service partners* section.
- Access the Provider Learning Hub at **Availity.com** to view self-paced courses and no cost instructor-led training sessions.

If you have questions about Availity or need assistance with registration, contact Availity Client Services at **800-AVAILITY (800-282-4548)** or email support@availity.com.

Interpreter and communication services

- Over-the-telephone interpreter services are available 24/7 through Provider Services.
- To request an in-office interpreter or sign language services, contact Provider Services.
- Written materials in the member's language or in large print, audio and accessible electronic formats are available for members upon request.

Eligibility and benefits

Inquiries can be performed using Availity Essentials (<https://www.availity.com>) or by contacting Provider Services. Providers can also access the New Jersey Medicaid Management Information System (NJMMIS) Eligibility Verification System at <https://www.njmmis.com>.

To verify member eligibility, log on to **Availity.com**. From Availity's homepage, select Patient Registration > Eligibility & Benefits.

Managed Long Term Services and Supports (MLTSS) refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare managed care program. MLTSS is designed to expand home and community-based services, promote community inclusion and ensure quality and efficiency. MLTSS provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential services, or in a nursing home.

For more information about Wellpoint member benefits under NJ FamilyCare and MLTSS, visit the member website at provider.wellpoint.com/nj/ or contact Provider Services.

Help identify members who may qualify for MLTSS coverage by contacting the MLTSS department at **855-661-1996 (TTY 711)** or a State of New Jersey health benefits coordinator at **800-701-0710 (TTY 711)**.

Health services

24-hour Nurse HelpLine (available 7 days a week and 365 days a year) | 800-600-4441 (TTY 711)

Members may call our 24-hour Nurse HelpLine for medical advice and assistance.

Care Management services | Medicaid: 800-452-7101 or 732-452-6000 ext. 106-134-2111; FIDE SNP: 866-805-4589

- We offer care management services for members with chronic or at-risk conditions or who are likely to have extensive healthcare needs.
- Our nurse care managers work with providers to develop individualized care plans and provide help with finding specialists, scheduling appointments, securing assistance with transportation, and arranging for medical equipment.
- We work with members to provide health education, monitor compliance with treatment plans, identify community resources and ensure members have access to supportive services.

Condition Care (CNDC) services | 888-830-4300

- We offer 12 core programs to help manage members with chronic diseases to improve health and quality of life through education and self-care efforts. Programs include: asthma, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, HIV/AIDS, major depressive disorder — adult and child/adolescent, diabetes, schizophrenia, hypertension, substance use disorder, and bipolar disorder.
- Our registered nurse case managers use evidence-based, national practice guidelines to provide collaborative practice models that coordinate care with PCPs and supportive service providers in treatment planning; continuous self-management education including primary prevention, coaching related to healthy behaviors modification and compliance/monitoring; case/care management services for high-risk members; and ongoing communication with providers regarding patient status.

Health education

- [Ameritips] provides easy-to-follow suggestions that help members manage their health. Specific topics may be requested for placement in your practice.
- Health educators are available upon request to provide free on-site health workshops at your practice.



Prior authorization/notification requirements

Inpatient services always require prior authorization.

Wellpoint uses MCG Care Guidelines for medical necessity reviews, medical acute inpatient concurrent reviews, acute inpatient site of service appropriateness and behavioral health. McKesson InterQual® is used for post-acute inpatient services. Wellpoint guidelines are used for home care services. MCG Criteria are used for all behavioral health reviews related to mental health, and American Society of Addiction Medicine (ASAM) criteria are used for all levels of care related to substance use disorder. Wellpoint *Behavioral Health Medical Necessity Criteria* is used for autism services such as Applied Behavioral Analysis (ABA) and Developmental, Relationship-Based Services (including DIR-Floortime and the Greenspan approach therapy). Wellpoint *Medical Policies* and *Clinical UM Guidelines* available on our website at provider.wellpoint.com/nj/ under *Resources* are used for appropriateness of physical health services.

For FIDE SNP prior authorization and notification guidelines, consult the Medicare provider manual and the Precertification Lookup Tool Online on our provider website (provider.wellpoint.com/nj/) or contact FIDE SNP Provider Services.

Medical services, home- and community-based services, behavioral/mental health and substance use disorder services, and durable medical equipment (DME)

Prior authorization requests and notifications can be submitted online, by fax or by phone).

- Online: Log onto **Availity.com**, select the **Patient Registration** tab to access *Authorizations & Referrals*.
- By phone: Medicaid: **833-731-2149** ; FIDE SNP: **866-805-4589 (TTY 711)**
- By fax: Forms are available on our website (provider.wellpoint.com/nj/). Fax numbers:
 - Inpatient admissions, surgeries and other general requests: **877-244-1723 (TTY 711)**
 - MLTSS: **888-826-9762 (TTY 711)**
 - Pharmacy (retail drugs): **844-509-9863 (TTY 711)**
 - Pharmacy (medical injectables): **844-509-9865 (TTY 711)**

Dental, diagnostic, and therapy services are authorized through our service partners

Dental care

Liberty Dental Plan

Phone: **833-276-0854 (TTY 711)**

Online: www.libertydentalplan.com

Diagnostic testing, cardiology services, genetic testing, radiation oncology, and sleep studies

Carelon Medical Benefits Management, Inc.*

Phone: **833-419-1491 (TTY 711)**

Online: www.providerportal.com

Therapy services: physical, occupational, and speech therapy

The Therapy Network of New Jersey (TNNJ)

Phone: **855-825-7818 (TTY 711)**

Online: <http://mytnnj.com>

If a request for nonemergency services (home care, home infusion, DME or out-of-network outpatient) was submitted and a response has not been received within 14 days, contact the Health Care Management Services Prior Authorization team at **732-452-7101** or **732-452-6000, ext. 106-103-5260**. To check the status of your authorization, log onto **Availity.com**, select the **Patient Registration** tab to access *Authorizations & Referrals* and use the *Authorization/Referral Inquiry* application.

For code-specific requirements for all services (including pharmacy), see the Prior Authorization Lookup Tool Online under *Resources* on our provider website at provider.wellpoint.com/nj/.

Credentialing and provider data services

Enrollment

Providers (excluding dental, therapy, and vision) that are interested in enrolling a new practice in the Wellpoint network may submit an application request by selecting *Join our Network* on our provider website. Professional providers (Primary Care, Specialty Care, and Behavioral Health) will be redirected to the digital provider enrollment process at www.Availity.com > Payer Spaces > Wellpoint. Expected turnaround time for credentialing is 60-90 days.

Use the digital provider enrollment portal or contact Provider Services at **833-731-2149** or your Provider Relationship Account Consultant to check status of an application or if further assistance is needed.

FQHC providers are given priority and credentialed within 30 days of the receipt of a completed application

For dental, therapy, and vision providers, see the section *Our service partners*.

Claims services

It is your responsibility to ensure electronic or paper claims are complete and submitted without rejection to us. AMA- and CMS-approved, *HIPAA*-compliant codes and modifiers must be used appropriately and must accurately identify the member's condition and services rendered.

Confirmation of receipt of claims, claim status, and Explanation of Payment Remittances may be reviewed on **Availity.com**. From the Availity Essentials Home page select Claims & Payments > Claims Status > Enter your information and submit. To review your payment remittance, select your state > Payer Spaces > Wellpoint Tile > Remittance Inquiry. Claim status may also be verified by calling our interactive voice response system (IVR) at **833-731-2149**. You can also use the claims status information for accepted and rejected claims submitted through a clearinghouse.

For claim services for dental, therapy, and vision providers, see the section *Our service partners*.

Timely filing

Timely filing is within 180 calendar days from the last date of service in the course of treatment, or the date of service for outpatient treatment, or the date of discharge for inpatient treatment.

Coordination of benefits (COB) claims must be submitted within 60 days from the date of the primary insurer's *Explanation of Benefits (EOB)* or 180 days from the last date of service in the course of treatment, whichever is later.

Corrected claims

- Timely filing for corrected claims is within 365 days from the date of service.
- Paper corrected claims must be clearly marked as a corrected claim.
- Electronic submissions must have the applicable frequency code "7" with the original claim number as the patient control number
- Corrected claims may also be submitted using Availity Essentials Direct Data Entry claim submission using frequency code "7" with the original claim as the patient control number.



Claims services (cont.)

Electronic data interchange (EDI)

- Availity is our exclusive EDI Gateway.
- Providers, billing services and clearinghouses that are new to the EDI space can register to exchange 27x self-service and 837 claims electronic transactions with Wellpoint at **Availity.com**.
- Providers may use their practice management software to connect directly to the Availity Gateway at no cost for all 837, 835 and 27X transactions. Please visit <https://tinyurl.com/2az4spa5> to learn more.
- If you have any questions, contact Availity Client Services at **800-AVAILITY (800-282-4548)**.

Electronic funds transfer/Electronic Remittance Advice (EFT/ERA)

Electronic Remittance Advice (835)

The 835 eliminates the need for paper remittance reconciliation.

Use Availity to register and manage ERA account changes with these three easy steps:

- Log in to **Availity.com**.
- Select **My Providers**.
- Select **Enrollment Center** and select **Transaction Enrollment**.

Note: If you use a clearinghouse or vendor, please work with them on ERA registration and receiving your ERA's.

Electronic Funds Transfer (EFT)

Electronic claims payment through electronic funds transfer (EFT) is a secure and fastest way to receive payment reducing administrative processes. EFT deposit is assigned a trace number that is matched to the 835 Electronic Remittance Advice (ERA) for simple payment reconciliation. Use EnrollSafe (<https://enrollsafe.payeehub.org/>) to register and manage EFT account changes.

Paper claims

Submit claims on original claim forms (*CMS-1500* or *CMS-1450*) printed with dropout red ink or typed (not handwritten) in large, black/dark font. Mail to:
New Jersey Claims
Wellpoint
P.O. Box 61010
Virginia Beach, VA 23466-1010

Coordination of benefits (COB)

Wellpoint follows New Jersey-specific guidelines when COB is necessary. We use covered medical and hospital services whenever available or other public or private sources of payment for services rendered to members.

Providers are prohibited from billing members for the balance of a bill for Wellpoint-covered services or the amount above what Wellpoint paid for covered services. Providers may not bill or take recourse against a member for denied or reduced claims for services that are otherwise covered services.

After review of the *Explanation of Benefits (EOB)*, claims are coordinated by calculating the Wellpoint allowable amount minus the third party liability (TPL) payment. Wellpoint will be responsible for any unpaid balance up to the limit of its responsibility or the member's responsibility, whichever is less. This includes copays, deductibles or coinsurance amounts. If the third-party liability did not pay for a service because the member or provider did not follow the third-party payer's guidelines, Wellpoint will not pay for the service. When a medically necessary service not covered by the third-party payer is covered by Wellpoint (for example, dental services, hearing aids, personal care assistant services, medical day care, incontinence supplies, family planning services), Medicaid is the only payer, and the member cannot be billed.

Payment disputes

- Claims payment disputes must be filed within 90 days of the adjudication date on your *Explanation of Payment*.
- Claim payment disputes can be submitted online. Log in to the secure provider portal from the provider website at provider.wellpoint.com/nj/ or through <https://www.availity.com>.
- Status of disputes can also be viewed on Availity.
 - From the Availity Essentials homepage, locate the claim you want to dispute using *Claim Status* from the *Claims & Payments* menu. Select **Dispute claim** to initiate and from the *Claims & Payment* menu, select **Appeals** to locate the initiated dispute, add documents, and submit.
 - **Important note:** For appeals, your Availity Essentials user account will need the *Claim Status* role. To send attachments from claim status, you'll need the *Medical Attachments* role.
- For dental, therapy, and vision claims, see the *Our service partners*.
- Providers can also submit claim payment disputes by mail.
 - Medicaid Payment Dispute Unit
Wellpoint
P.O. Box 61599
Virginia Beach, VA 23466-1599
 - Medicare Advantage Payment Dispute Unit
Wellpoint
P.O. Box 110
Fond Du Lac, WI 54935

Member appeals

Member medical necessity appeals or grievances (grievances are complaints not related to adverse medical management action or interpretation of medically necessary benefits to deny, reduce, terminate, delay or suspend a covered service) may be initiated by the member or the member's representative, or the provider acting on behalf of the member with the member's written consent. Submit in writing within 60 days to:

- Medicaid Complaints, Appeals & Grievances
Wellpoint
P.O. Box 62429
Virginia Beach, VA 23466
- Medicare Complaints, Appeals & Grievances (MCAG)
Attention: Medical Necessity Provider Appeals
Mailstop: OH0205-A537
4361 Irwin Simpson Road
Mason, OH 45040

For appeals of dental procedures, providers may either contact Wellpoint or Liberty Dental directly via one of the following methods:

- Phone: **833-276-0854 (TTY 711)**
- Email: prinquiries@libertydentalplan.com
- Mail:
Liberty Dental Plan
Attn: Professional
P.O. Box 26110
Santa Ana, CA 92799-6110

Electronic visit verification (EVV)

If you support Wellpoint members and provide Skilled Nursing, Private Duty Nursing, Home Health or Therapies, you must use CareBridge, Wellpoint's EVV Aggregator; HHAX, the State's EVV Aggregator; or a 3rd party EVV vendor that is integrated with CareBridge.

For technical support and questions, contact CareBridge at **844-924-1755** or njev@carebridgehealth.com. Visit their website for training www.carebridgehealth.com.

Contacts

Electronic Visit Verification (EVV) contacts

Lynelle Steele: EVV Lead | Fannie.steele@wellpoint.com

Keisha Woodson: Authorizations | keisha.woodson@wellpoint.com

Eyreny Mekhaiel: Operations | eyreny.mekhaiel@wellpoint.com



EVV (cont.)

Contact information for EVV information/questions

MLTSS prior authorizations:

Keisha.Woodson@wellpoint.com |

Phone: 1-855-661-1996, option 1

Non-MLTSS prior authorizations: 1-800-452-7101, x106-134-2111 (TTY 711)

Contact information for EVV aggregator technical support and questions

CareBridge users: njev@carebridgehealth.com | 844-924-1755 | carebridgehealth.com

HHAX/ 3rd Party Users:

evvintegrationsupport@carebridgehealth.com | 844-924-1755

Wellpoint:

- Eyreny Mekhaiel, Medicaid State Ops Dir: eyreny.mekhaiel@wellpoint.com
- Lynelle Steele, MLTSS Program Administrator: fannie.steele@wellpoint.com
- Keisha J Woodson, Mgr Special Programs: keisha.woodson@wellpoint.com

Contact information for billing questions for services requiring EVV

Provider Relationship Management team:

Avis Skipper | avis.skipper@wellpoint.com

Maria Peralta | maria.peralta@wellpoint.com

Provider resources

For dental, therapy, and vision providers, see the section *Our service partners*.

Provider Services

(care management services, special needs members, prenatal and perinatal services, authorization assistance, eligibility and benefits, claim inquiries, hearing and hearing impaired services, pharmacy and DME)

- Medicaid: **833-731-2149 (TTY 711)**
- FIDE SNP: **866-805-4589 (TTY 711)**
- Live agents available weekdays from 8 a.m. to 8 p.m. The interactive voice response (IVR) system is available 24/7.

Member Services — 24-hour Nurse HelpLine

- Medicaid: **800-600-4441 (TTY 711)**
- FIDE SNP: **844-765-5160 (TTY 711)**
- Live agents available weekdays from 8 a.m. to 8 p.m. The interactive voice response (IVR) system is available 24/7.

Demographic updates

- NJProviderData@anthem.com
- Use the *Report Invalid Info* tool by selecting your provider profile in *Find a Doctor* in the Referral Directory: provider.wellpoint.com/nj > Resources > Referrals.

Enrollment

- Professional providers (Primary care, specialty care, and behavioral health) will be redirected to the digital provider enrollment process at **Availity.com** > Payer Spaces > Wellpoint.
- provider.wellpoint.com/nj

Electronic data interchange (EDI) help desk

- **800-AVAILITY (800-282-4548)**
- **Availity.com**
- Monday through Friday, 8 a.m. to 8 p.m.

Member recertification assistance

- Medicaid:
 - **877-453-4080**, Monday through Friday, 8 a.m. to 5 p.m.
 - njmemberretention@anthem.com
- FIDE SNP:
 - **866-705-8732**



Behavioral/mental health and substance use disorder

- Member crisis: **877-842-7187**
- Care Management, Autism services, and Office Based Addiction Treatment (OBAT):
 - Medicaid: **833-731-2149 (TTY 711)**
 - FIDE SNP: **866-805-4589 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m.
 - NJBehavioralHealth@wellpoint.com
- Ann Basil, Director, Behavioral Health Services
 - Ann.Basil@wellpoint.com | **732-713-7636**

Care Management and Care Coordination

Referrals and services for special needs and other members

- Medicaid:
 - **732-452-6000, ext. 106-134-2111**
 - Nj-carecoordinationcm@anthem.com
- FIDE SNP:
 - **800-611-4287**
 - eastregioncmconciierge@anthem.com

Home Health

- Keisha Woodson, Manager 1 GBD Programs
- **855-661-1996 or 732-882-4606**
- Keisha.woodson@wellpoint.com

Hospice

- Suzanne Veit, Manager OP UM Clinical Team
- **732-452-6050**
- Suzanne.Veit@wellpoint.com

MLTSS & Home and Community-based services

- NJ Choice Assessment, eligibility, enrollment, home and community-based services, assisted living, participant direction and Personal Preference Program (PPP):
 - **855-661-1996 or 732-452-6000** ext. **106-134-5020**, Monday through Friday, 8 a.m. to 5 p.m.
- Care Management:
 - Yanira Ceara-Almodovar, Program Consultant
 - Yanira.Ceara-Almodovar@wellpoint.com
 - **732-452-6034**

Maternity, prenatal and perinatal services for women

- Medicaid Provider Services: **833-731-2149 (TTY 711)**
- Care management: nj-carecoordinationcm@anthem.com **800-452-7101 x106-134-2111 (TTY 711)**
- DMAHS community doula benefit <https://www.nj.gov/humanservices/dmahs/info/doula.html>

Provider Relationship team

Hospital, Facility, Ancillary, Federally Qualified Health Centers (FQHC), Hospice, MLTSS, and professional providers – provider enrollment, authorizations, credentialing, demographic updates, billing and claims, orientations, and other Wellpoint navigation support.

Counties	Contact information
Bergen and Essex Counties	Shavon Adams Provider Relationship Account Manager Shavon.adams@anthem.com 201-306-7350
Monmouth, Ocean, and Somerset Counties	Cynthia Hardy Provider Relationship Account Manager cynthia.hardy@wellpoint.com 732-692-9120
Hunterdon, Morris, Passaic, Sussex, and Warren Counties	Pauline Palmer Provider Relationship Account Consultant Pauline.Palmer2@anthem.com 201-394-2690
Hudson, Middlesex, and Union Counties	Maria Peralta Provider Relationship Account Consultant maria.peralta@wellpoint.com 732-882-5072
Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, and Salem Counties	Avis Skipper Provider Relationship Account Consultant avis.skipper@wellpoint.com 732-215-6222

Our service partners — Medicaid and FIDE SNP

Additional vendors are listed in the provider referral directory.

Dental: Liberty Dental Plan

(for information regarding prior authorizations and claims submission for both in-network and out-of-network providers, treatment of dental emergencies and oral-facial trauma)

- **833-276-0854**, Monday through Friday, 8 a.m. to 8 p.m.
- [www.libertydentalplan.com/AmerigroupNJ]
- prinquiries@libertydentalplan.com
- Provider manual: <https://tinyurl.com/wty2662r>
- Liberty Dental Plan — Directory of Dentists Treating Children under the Age of 6, Members with Intellectual and Developmental Disabilities - Adults and Children), and dental specialists: [<https://client.libertydentalplan.com/Amerigroup/anthemnj>]

Diagnostic testing and procedures

Carelon Medical Benefits Management, Inc.
(diagnostics, genetic testing, sleep studies)

- **833-419-1491**, Monday through Friday, 8 a.m. to 8 p.m.
- www.providerportal.com

Laboratory services

LabCorp

- **888-LABCORP (888-522-2677)**
- <https://www.labcorp.com>

Quest

- **866-697-8378**
- www.questdiagnostics.com

Pharmacy services

CarelonRx* Specialty Pharmacy

(self-injectable medications and self-administered oral specialty medications)

- 833-262-1726
- 833-255-0646

CVS Caremark

(physician administered injectable medications)

- 800-378-5697

Part D coverage decisions (FIDE SNP only)

- 844-765-5160

Therapy services

The Therapy Network of New Jersey (TNNJ)

(physical, occupational and speech therapy)

- 855-825-7818, Monday through Friday, 8:30 a.m. to 5 p.m.
- <http://mytnnj.com>

Vision services

Superior Vision

- 866-819-4298 (TTY 800-735-2258), Monday through Friday, 8 a.m. to 6 p.m.
- www.superiorvision.com

Medicaid services

Early Intervention Services

- 888-653-4463

Medicaid FFS program

New Jersey Medicaid Management Information System (NJMMIS)

- 800-776-6334
- www.njmmis.com

NJ FamilyCare HelpLine

- 800-356-1561

NJ Medicaid Fraud Division Hotline

- 888-937-2835

Health Benefits Coordinator/NJ FamilyCare Enrollment

- 800-701-0710 (TTY 711)

Transportation (nonemergency medical):

Modivcare (formerly LogistiCare)

- 866-527-9933 (TTY 711)

Vaccines for Children (VFC)

- 609-826-4862
- vfc@doh.nj.gov

Learn more about Wellpoint programs at provider.wellpoint.com/nj/.



* Carelon Medical Benefits Management, Inc. is a separate company providing utilization review services on behalf of the health plan. CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan.

Medicaid services provided by Wellpoint New Jersey, Inc.

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