Wellpoint

Provider Quick Reference Guide

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

Provider website — Medicaid and Medicare FIDE SNP: **https://provider.wellpoint.com/nj**
Medicaid Provider Services: **833-731-2149**
FIDE SNP Provider Services: **866-805-4589 (TTY 711)** except dental and vision.
Availity Essentials: **https://Availity.com**

https://provider.wellpoint.com/nj

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Ongoing care provider communications:

Ongoing care 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, care provider newsletters, and news and announcements posted on **https://provider.wellpoint.com/nj**.

Easy access to critical information

This guide is a summary and may not contain all the necessary information. For the most up to date information about care provider requirements and member benefits and services, visit **https://provider.wellpoint.com/nj**, access Availity Essentials (**https://Availity.com**), or 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 for improving 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 **https://provider.wellpoint.com/nj** > Resources > Referrals.

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

Clinical Practices Guidelines, Medical Policies, Clinical UM Guidelines, reimbursement policies, prior authorization requirements, forms, and general information are available at **https://provider.wellpoint.com/nj**.

Cannot access the internet?
Call Provider Services and give your National Provider Identifier (NPI) 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 Essentials

Availity Essentials | https://Availity.com | 800-AVAILITY (800-282-4548) (TTY 711)

Availity Essentials offers a variety of online tools to help care providers streamline administrative tasks by reducing paperwork and phone calls. The online platform provides access to multiple payer information with a single, secure login.

- Availity Essentials 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 **https://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.
  - Learn about Availity: **https://www.provider.wellpoint.com/new-jersey-provider/resources/learn-about-availity**

Interpreter and communication services

Over the telephone interpreter services are available 24 hours a day, seven days a week, through Provider Services. To request an in office interpreter or sign language services, contact Provider Services.

Written materials in the member's language or large print, audio, and accessible electronic formats are available for members upon request.

Eligibility and benefits

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

To verify member eligibility, log in to Availity at **https://Availity.com**. From the Availity Essentials 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 support, 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 **https://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 seven days a week, 365 days a year) | 833-731-2147 (TTY 711)

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

Care Management services | Medicaid: 800-452-7101 or 833-420-2195; 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 care 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 support service providers in treatment planning.
  - Provide continuous self management education, including primary prevention, coaching related to healthy behavior modification, and compliance/monitoring.
  - Provide case/care management services for high-risk members.
  - Provide ongoing communication with providers regarding patient status.

Health education

- Wellpoint Tips 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 onsite 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's Medical Policies and Clinical UM Guidelines are available on our website at **https://provider.wellpoint.com/nj** under Resources and are used for appropriate physical health services.

For FIDE SNP prior authorization and notification guidelines, consult the Medicare provider manual and the Prior Authorization Lookup Tool Online (PLUTO) on our provider website at **https://provider.wellpoint.com/nj** or contact FIDE SNP Provider Services.

Prior authorization requests and notifications can be submitted online, by fax, or by phone for medical services, home and community based services, behavioral/mental health, substance use disorder services, and durable medical equipment (DME).

- Online: Log in to **https://Availity.com** and 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 **https://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)**

Behavioral health

Authorization request fax numbers:

- Inpatient/Urgent Services/PHP/IOP — Medicaid: **844-451-2794**
- Inpatient/Urgent Services/PHP/IOP FIDE SNP/Medicare: **844-430-1702**
- Traditional Outpatient Care — Medicaid: **844-442-8007**
- Traditional Outpatient Care — FIDE SNP/Medicare: **844-430-1703**

Link to Behavioral Health Quick Reference Guide

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

Dental care

Liberty Dental Plan

Phone: **833-276-0854 (TTY 711)** includes FIDE SNP

Online: **libertydentalplan.com**

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

Carelon Medical Benefits Management

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

Online: **providerportal.com**

Therapy services: physical, occupational, and speech therapies

The Therapy Network of New Jersey (TNNJ)

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

Online: **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 7 days, contact the Health Care Management Services Prior Authorization team at **800-452-7101**. To check the status of your authorization, log in to **https://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), use the Prior Authorization Lookup Tool Online (PLUTO) under Resources on our provider website at https://provider.wellpoint.com/nj.

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

Credentialing and provider data services

Enrollment

Providers (excluding dental, therapy, and vision) who are interested in enrolling a new practice in the Wellpoint network or are already contracted with Wellpoint and wish to enroll a new practitioner may submit an application request by selecting **Join our Network** on our provider website, **https://provider.wellpoint.com/nj**. Professional providers (primary care, specialty care, and behavioral health) will be redirected to the digital provider enrollment process at **https://Availity.com** > Payer Spaces > Wellpoint. Expected turnaround time for credentialing is 60 to 90 days, see below.

To join our Behavioral Health network, go to **https://www.carelonbehavioralhealth.com/providers/join-our-network**.

Use the digital provider enrollment portal or contact Provider Services at **833-731-2149** or your provider relationship management representative to check the status of an application or if further assistance is needed. BH providers are credentialed within 60 days of receiving a completed application.

FQHC providers are given priority and credentialed within 30 days of receiving a completed application.

For dental, therapy, and vision care providers, refer to the *Our service partners* section.

Council for Affordable Quality Healthcare (CAQH) participating providers: We participate in the CAQH to eliminate the need to submit multiple credentialing applications.

If you are registered with CAQH, please add Carelon Behavioral Health, Inc. as one of the organizations authorized to access your information and ensure your attestation is current. If you're not registered with CAQH, visit **CAQH.org** to set up an account and complete an application.

Credentialing and provider data services (cont.)

For answers to your questions regarding the CAQH application or website, call the CAQH Support Desk at **888-599-1771**, Monday to Friday, 8 a.m. to 8 p.m. Eastern time.

Non-CAQH participating care providers: If you're not a CAQH-participating provider, we encourage you to contact our National Provider Services Line at **800-397-1630** for further instruction.

https://www.carelonbehavioralhealth.com/providers/join-our-network

https://www.provider.wellpoint.com/new-jersey-provider/resources/forms

Contact the Behavioral Health Provider Relations at Wellpoint by emailing provider.relations.NJ@carelon.com or by calling the National Provider Services Line at **800-397-1630**, Monday to Friday, 8 a.m. to 8 p.m. Eastern time.

Housing Support

Provider Relations Department:
Phone: **833-731-2149**
E-mail: NJHousing@wellpoint.com

Contracting:
E-mail: NJHousing@wellpoint.com

Credentialing:
National Provider Services Line
Telephone: **800-397-1630**

For the following: Log in to **Availity**
- **Billing/claims submissions, status, and disputes**
- **Service authorization**
- **Grievances or appeals**

Housing Supports Director:
Telephone: **732-590-3526**
Email: vivian.binestock@wellpoint.com

Nutrition Support Services

MLTSS Managers:

Healey, Michelle
Michelle.Healey@wellpoint.com (Burlington, Camden, Gloucester, Atlantic, Cumberland, Cape May, and Salem)

Huarachi, Anthony
anthony.huarachi@wellpoint.com (Nursing Facility Clinical Manager, all counties)

Hudson, Latiayah
Latiayah.Hudson@wellpoint.com (Passaic)

Jones, Ebony
Ebony.Jones@wellpoint.com (Middlesex/Monmouth/Mercer/Somerset/Ocean)

Muhammad, Sadea
Sadea.Muhammad@wellpoint.com (Bergen/Passaic)

Pierson, Karen
karen.pierson@wellpoint.com (Essex/Morris)

Prado, Luis
Luis.Prado@wellpoint.com (Hudson/Union)

MLTSS Director:

Iskandar, Jennifer
jennifer.iskandar@wellpoint.com

Community-Based Palliative Care (CBPC)

Prior authorization contacts

- **Core Medicaid members:**
  - Department phone: **800-452-7101**
  - UM Fax: **877-244-1720**
  - Suzanne Veit, Manager:
    - Email: suzanne.veit@wellpoint.com
    - Direct phone: **732-623-5861**
- **LTSS members:**
  - Department phone: **800-452-7101**
  - UM Fax: **888-240-4716**
  - Keisha Woodson, Manager:
    - Email: keisha.woodson@wellpoint.com
    - Direct phone: **732-882-4606**
- **FIDE members:**
  - Department phone: **866-805-4589**
  - UM Fax: **844-429-9632**
  - Patrick Alston, Manager
    - Email: patrick.alston@wellpoint.com
    - Direct phone: **757-268-6106**

Care Management contacts

- **Core Medicaid members:**
  - Department phone: **833-420-2195**
  - CM Fax: **877-244-1724**
  - Vivian Binenstock, Director HCM:
    - Email: vivian.binenstock@wellpoint.com
    - Direct phone: **732-590-3526**
- **LTSS members:**
  - Department phone: **800-452-7101**
  - CM Fax: **888-240-4716**
  - Jennifer Iskandar, Director LTSS
    - Email: jennifer.iskandar@wellpoint.com
    - Direct phone: **862-441-2508**
- **FIDE members:**
  - Department phone: **833-607-6516**
  - CM Fax: **866-959-1537**
  - Kisha McIntyre, Manager FIDE
    - Email: kisha.mcintyre@wellpoint.com
    - Direct phone: **757-681-5013**

Claims/billing (and disputes/appeals):

- **https://Availity.com**

Palliative care prior authorization processes

Prior authorization is required for the palliative care bundle code S0311. The prior authorization request should be submitted with the completed NJ CBPC Comprehensive Medical Assessment Tool found on our **provider website**. Authorization for the palliative care bundle is valid for an initial six (6) months. At the end of that period, another prior authorization is required for an additional six (6) months of palliative care services using the same bundle code (S0311). The same documentation must be submitted.

To submit your request for prior authorization. Wellpoint offers self service tools within Availity Essentials. Availity Essentials has many user friendly tutorials for providers to use.

- Enrollment inquiries, authorizations, claim disputes, and claims status inquiries are done within **Availity Essentials**.
- Access the direct link for joining the network from our **provider website**, and select **Launch Availity**.
- The CBPC request may also be faxed to the appropriate Utilization Management (UM) team at Wellpoint:
  - Core Medicaid UM team fax: **877-244-1720**
  - LTSS UM team fax: **888-240-4716**
  - FIDE UM team fax: **844-429-9632**

Claims services

You are responsible for ensuring 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 accurately identify the member's condition and services rendered.

Confirmation of receipt of claims, claim status, and Explanation of Payment Remittances may be reviewed in Availity Essentials, **https://Availity.com**. From the Availity Essentials homepage, 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, review the *Our service partners* section.

Timely filing

Timely filing is within 180 calendar days from the last date of service in the course of treatment, 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.

Electronic data interchange (EDI)

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

Electronic remittance advice (ERA)/ electronic funds transfer (EFT)

ERA (835)

The 835 eliminates the need for paper remittance reconciliation.

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

1. Log in to **https://Availity.com.**
2. Select **My Providers**.
3. 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 ERAs.*

EFT

Electronic claims payment through electronic funds transfer (EFT) is a secure and faster way to receive payment, reducing administrative processes. EFT deposit is assigned a trace number that is matched to the 835 ERA for simple payment reconciliation. Use EnrollSafe (**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 care 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

- Claim payment disputes must be filed within 90 days of the adjudication date on your Explanation of Payment.
- Please use the Claims & Payments menu at **https://Availity.com**, or visit **https://www.provider.wellpoint.com/new-jersey-provider/claims/claims-submissions-and-disputes**
- Status of disputes can also be viewed in Availity Essentials.
  - On 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:** Your Availity Essentials user account will need the Claim Status role for appeals. To send attachments from Claim Status, you'll need the Medical Attachments role.
  - For dental, therapy, and vision claims, review the *Our service partners* section.
  - Care providers can also submit claim payment disputes by mail (two address choices):
    - 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 utilization management appeals

Member medical necessity appeals may be initiated by the member or the member's representative, or the care 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

Care providers may contact Wellpoint for appeals of dental procedures.

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 third party EVV vendor that is integrated with CareBridge.

For technical support and questions, visit **https://support.carebridgehealth.com/hc/en-us/articles/360052857833-New-Jersey** or contact CareBridge at **844-924-1755** or EVVintegration@carebridgehealth.com. Visit their website for training **carebridgehealth.com**.

Contacts

Electronic visit verification (EVV)

- Keisha Woodson — Authorizations
  keisha.woodson@wellpoint.com
- Hetal Desai — Provider Solutions
  Hetal.Desai@elevancehealth.com

Contact information for EVV/information / questions:

- MLTSS prior authorizations:
  Keisha.Woodson@wellpoint.com
- Phone: **855-661-1996**
- Non MLTSS prior authorizations: **800-452-7101**

Contact information for EVV aggregator technical support and questions:

- CareBridge users:
  email: njevv@carebridgehealth.com
  call: **844-924-1755**
- HHAX/third party users:
  email: evvintegrationsupport@carebridgehealth.com
  call: **844-924-1755**

Billing questions for services requiring EVV

Provider Relationship Management team:

- Hetal Desai
  Hetal.Desai@wellpoint.com

Provider resources

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

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 Provider Services: **833-731-2149**
- FIDE SNP Provider Services: **866-805-4589 (TTY 711)**
- Live agents are available weekdays from 8 a.m. to 8 p.m., and the interactive voice response (IVR) system is available 24 hours a day, seven days a week. **https://Availity.com**

Member Services — 24-hour Nurse HelpLine

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

- Medicaid: **800-600-4441 (TTY 711)**
- FIDE SNP: **844-765-5160 (TTY 711)**
- Live agents are available weekdays from 8 a.m. to 8 p.m., and the interactive voice response (IVR) system is available 24 hours a day, seven days a week.

Demographic updates

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

Enrollment

- **https://provider.wellpoint.com/nj**
- Professional providers (Primary Care, Specialty Care, and Behavioral Health) will be redirected to the digital provider enrollment process at **https://Availity.com** > Payer Spaces > Wellpoint.

Electronic data interchange (EDI) help desk

- **800-AVAILITY (800-282-4548)**
- **https://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@wellpoint.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**
  - FIDE SNP: **866-805-4589 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m.
  - NJBehavioralHealth@wellpoint.com
  - **www.carelonbehavioralhealth.com/providers**
- Ann Basil, Director, Behavioral Health Services
  - Ann.Basil@wellpoint.com | **732-713-7636**
  - To obtain information about your network status, contact our National Provider Services Line at **800-397-1630**, Monday through Friday, 8 a.m. to 8 p.m. Eastern time.

Care Management and Care Coordination

Referrals and services for special needs and other members

- Medicaid:
  - **833-420-2195**
  - NJ-carecoordinationcm@wellpoint.com
- FIDE SNP:
  - **800-611-4287**
  - eastregioncmconcierge@wellpoint.com

Electronic visit verification (EVV)

- CareBridge
  - **844-924-1755**
  - njevv@carebridgehealth.com
  - **carebridgehealth.com**
- Wellpoint
  - Keisha J Woodson, Manager Special Programs keisha.woodson@wellpoint.com
  - Hetal Desai, Network Support Consultant Hetal.Desai@elevancehealth.com

Home Health

Wellpoint

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

Hospice

Wellpoint

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

MLTSS and home- and community-based services

- NJ Choice Assessment, eligibility, enrollment, home and community based services, assisted living, self direction, and Personal Preference Program (PPP):
  - **855-661-1996** Monday through Friday, 8 a.m. to 5 p.m.
- Care Management:
  - Jennifer Iskandar, Strategy & Program Dev Director, MLTSS
  - Vivian Binenstock, Director HCM
  - **855-661-1996**

Maternity, prenatal and perinatal services for women

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

Provider Relationship Team

Hospital, facility, ancillary, federally qualified health centers (FQHC), hospice, Wellpoint, and professional providers — provider enrollment, authorizations, credentialing, demographic updates, billing and claims, orientations, and other Wellpoint navigation support.

Counties	Contact information
Bergen, Essex Hudson, Morris, Passaic, Sussex and Union counties	Deryan Coba Provider Relationship Account Manager Deryan.Coba@wellpoint.com **201-563-8210**
Cape May, Hunterdon, Mercer, Monmouth, Ocean, Somerset and Warren counties	Cynthia Hardy Provider Relationship Account Manager Cynthia.Hardy@wellpoint.com **732-692-9120**
Atlantic, Burlington, Camden, Cumberland, Gloucester, Middlesex and Salem Counties	Maria Peralta Provider Relationship Account Consultant Maria.Peralta@wellpoint.com **732-882-5072**

Our service partners — Medicaid and FIDE SNP

Additional vendors are listed in the provider referral directory.

Dental

- Liberty Dental Plan (to include procedures regarding approvals and claims payment for out of state and out of network providers, and for the treatment of dental emergencies and oral facial trauma) **client.libertydentalplan.com/wellpoint**
- 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 **client.libertydentalplan.com/wellpoint**

Doula Services

Doula Services (enrollment and claims contact)
Rhonnda.Talton, Provider Network Manager Sr.
609-364-0107 | Rhonnda.Talton@wellpoint.com

Diagnostic testing and procedures

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

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

Laboratory services

LabCorp

- **888-LABCORP (888-522-2677)**
- **labcorp.com**

Quest

- **866-697-8378**
- **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.
- **mytnnj.com**

Vision services

Superior Vision (including FIDE SNP)

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

Medicaid services

Early Intervention Services

- 888-653-4463

Medicaid FFS program

New Jersey Medicaid Management Information System (NJMMIS)

- 800-776-6334
- njmmis.com

NJ FamilyCare Hotline

- 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

FIDE SNP contacts

https://provider.wellpoint.com/nj

Provider Services

- 866-805-4589 (except dental and vision)

Liberty Dental Plan

- 833-276-0854 (TTY 711)

Superior Vision

- 866-819-4298 (TTY 800-735-2258)

Maternity Services

OB CM contacts for Wellpoint members

- Vivian Binenstock, Director HCM
  Vivian.Binenstock@wellpoint.com
  732-590-3526
- Katrina Mickey, Manager HCM
  Katrina.Mickey@wellpoint.com
  732-744-6341
- **Primary Contact: Telma Morgado, Medical Mgmt. Specialist
  Telma.Morgado@wellpoint.com
  732-744-6313
- Care Management Line: 833-420-2195

Counties	Contact information
Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Monmouth, Ocean, Mercer	Denise McDonough 732-452-6046 Denise.McDonough@wellpoint.com
Bergen, Union, Middlesex, Somerset	Alyse Fernandez 609-571-2066 Alyse.Fernandez@wellpoint.com
Hudson, Essex, Passaic, Hunterdon, Salem, Morris, Warren, Sussex	Denise McDonough 732-452-6046 Denise.McDonough@wellpoint.com

Learn more about Wellpoint programs

https://provider.wellpoint.com/nj

Wellpoint

Carelon Medical Benefits Management, Inc. is a separate company providing utilization review services on behalf of the health plan.
Carelon Health of New Jersey, Inc. is an independent company providing utilization management services on behalf of the health plan.
CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan.
Coverage provided by Wellpoint New Jersey, Inc. or Wellpoint Insurance Company. Coverage provided by Wellpoint New Jersey, Inc. or Wellpoint Insurance Company.
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