Fidelis Care Member Handbook

1-888-453-2534 (TTY: 711)
fideliscarenj.com

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Fidelis Care

Caring For You and Your Family

Welcome to Fidelis Care! We are glad that you joined our family. As you work with everyone at Fidelis Care, you will see that we put you and your family first, so you get better care.

We wish you good health!

You come first, so we work hard to make sure that you get the care you need to stay healthy. We work with many providers, hospitals, labs and other healthcare partners to give you and your family all of the services offered by NJ FamilyCare. Together, we will manage all of your healthcare needs.

This Member Handbook tells you about your benefits and how your Health Plan works. Please read it and keep it in a safe place. We hope that it answers most of your questions. If it does not, please call Member Services at **1-888-453-2534** (TTY: **711**). Our friendly staff will try to help. Learn more, by visiting us at **www.fideliscarenj.com**.

Discrimination Is Against the Law

Fidelis Care complies with all applicable federal civil rights laws. We do not exclude or treat people in a different way based on race, color, national origin, age, disability or sex.

We have free aids and services to help people with disabilities communicate with us. That includes help such as sign language interpreters. We can also give you info in other formats. Those formats include large print, audio, accessible electronic formats and Braille.

If English is not your first language, we can translate for you. We can also provide written info in other languages.

If you need these services, call us at **1-888-453-2534**. TTY users can call **711**. We're here for you Monday–Friday from 8 a.m. to 6 p.m.

Do you feel that we did not give you these services? Or do you feel we discriminated in some way? If so, you can file a grievance by mail, phone, fax, or email. You can reach us at Fidelis Care Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384. You can reach us by phone at **1-888-453-2534**; TTY **711**. Our fax is **1-866-388-1769**. Our email is **OperationalGrievance@fideliscarenj.com**. If you need help filing a grievance, a Fidelis Care Civil Rights Coordinator can help you.

You can also file a civil rights complaint online with the U.S. Dept. of Health and Human Services, Office for Civil Rights. Go to the Complaint Portal at **http://ocrportal.hhs.gov/ocr/portal/lobby.jsf**. File by mail to: U.S. Dept. of Health and Human Services, 200 Independence Ave. SW., Room 509F, HHH Building, Washington, DC 20201. You can call them at **1-800-368-1019**, **1-800-537-7697** (TTY).

You can get complaint forms at **http://www.hhs.gov/ocr/office/file/index.html**.

If English is not your first language, we can translate for you. We can also give you info in other formats. That includes Braille, audio and large print. Just give us a call toll-free. You can reach us at **1-888-453-2534**. For TTY, call **711**.

Si el español es su idioma materno, podemos traducir la información para usted. También podemos proporcionarle información en otros formatos, entre ellos, Braille, audio y letra grande. Solo llámenos, sin costo alguno. Puede comunicarse con nosotros llamando al **1-888-453-2534**. Para TTY, llame al **711**.

若您中文是您的第一語言，我們可以為您翻譯。我們也提供其他格式的資訊，包括點字版、音訊和大字印刷。請致電免費專線 **1-888-453-2534**。TTY 請撥打 **711**。

귀하의 모국어가 한국어인 경우 번역해 드릴 수 있습니다. 점자, 오디오, 대형 활자본 등 다른 형식으로도 정보를 제공해 드릴 수 있습니다. 수신자 부담 전화 **1-888-453-2534**(TTY: **711**)번으로 전화하여 당사에 문의해 주십시오.

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Se português for a sua língua materna, podemos traduzir por si. Também lhe podemos fornecer informações noutros formatos, tais como braille, áudio e em letras grandes. Para tal, basta contactar-nos através do número **1-888-453-2534**. Para TTY, ligue para o **711**. A chamada não tem quaisquer custos.

જો ગુજરાતી તમારી પ્રથમ ભાષા છે, તો અમે તમારા માટે અનુવાદ કરીને આપી શકીએ છીએ. અમે તમને બીજા ફોર્મેટ્સમાં પણ માહિતી આપી શકીએ છીએ. તેમાં બ્રેઇલ, ઑડિયો અને મોટી પ્રિન્ટનો સમાવેશ થાય છે. અમને ફક્ત એક ટોલ-ફ્રી કૉલ કરો. તમે **1-888-453-2534** પર અમારો સંપર્ક કરી શકો છો. TTY માટે, **711** પર કૉલ કરો.

Jeśli język polski jest Twoim pierwszym językiem, możesz skorzystać z tłumaczenia. Możesz również otrzymać informacje w innych formatach, takich jak alfabet Braille'a, plik dźwiękowy lub duży druk. Wystarczy wykonać bezpłatne połączenie na numer **1-888-453-2534**, (TTY: **711**).

Se l'italiano è la sua prima lingua, possiamo provvedere alla traduzione per lei. Possiamo anche fornirle informazioni in altri formati, tra cui Braille, audio e stampa grande. È sufficiente chiamarci al numero verde **1-888-453-2534**. Per TTY, chiamare il numero **711**.

إذا كانت العربية لغتك الأولى، فيمكننا توفير خدمة الترجمة لك. يمكننا أيضًا تزويدك بمعلومات بتنسيقات أخرى ويشمل ذلك طريقة برايل والتسجيل الصوتي والطباعة بأحرف كبيرة. ما عليك سوى الاتصال بنا على الرقم المجاني. يمكنك التواصل معنا عبر الرقم **1-888-453-2534**. للهاتف النصي TTY، اتصل على الرقم **711**.

Kung Tagalog ang una ninyong wika, puwede kaming magsalin para sa inyo. Puwede rin kaming magbigay sa inyo ng impormasyon sa iba pang format. Kabilang dito ang Braille, audio, at malaking print. Tawagan lang kami nang libre. Puwede kayong makipag-ugnayan sa amin sa **1-888-453-2534**. Para sa TTY, tumawag sa **711**.

Если вашим родным языком является русский, мы можем предоставить вам услуги перевода. Мы также можем предоставить вам информацию в других форматах. Сюда относятся такие форматы, как шрифт Брайля, аудиоформат и крупный шрифт. Просто позвоните нам по бесплатному номеру телефона. Вы можете связаться с нами по номеру **1-888-453-2534**. TTY: **711**.

Si Kreyòl Ayisyen se pa premye lang ou, nou ka tradwi pou ou. Epitou nou ka ba w enfòmasyon nan lòt fòma. Sa gen ladan Bray, odyo, ak gwo enpresyon. Sèlman ba nou yon koutfil gratis. Ou ka jwenn nou nan **1-888-453-2534**. Pou TTY, rele **711**.

अगर हिंदी आपकी पहली भाषा है, तो हम आपके लिए अनुवाद कर सकते हैं. हम आपको अन्य फ़ॉर्मेट में भी जानकारी दे सकते हैं. इसमें ब्रेल, ऑडियो और बड़े प्रिंट शामिल हैं. बस हमें टोल-फ़्री कॉल करें. आप हमसे 1-888-453-2534 पर संपर्क कर सकते हैं. TTY **के लिए, 711 पर कॉल करें.**

Nếu ngôn ngữ chính của quý vị là tiếng Việt, chúng tôi có thể phiên dịch cho quý vị. Chúng tôi cũng có thể cung cấp cho quý vị thông tin ở các định dạng khác. Bao gồm chữ nổi, âm thanh và bản in chữ lớn. Chỉ cần gọi cho chúng tôi theo số điện thoại miễn phí. Quý vị có thể liên hệ với chúng tôi theo số **1-888-453-2534**. Đối với TTY, gọi số **711**.

Si le français est votre langue maternelle, nous pouvons vous fournir une traduction. Nous pouvons également vous fournir des informations dans d’autres formats, notamment en braille, au format audio ou encore en gros caractères. Il vous suffit de nous appeler gratuitement au **1-888-453-2534**. Pour le mode TTY, composez le **711**.

اگر اردو آپ کی پہلی زبان ہے تو ہم آپ کے لیے ترجمہ کر سکتے ہیں۔ ہم آپ کو دوسری شکلوں میں بھی معلومات دے سکتے ہیں۔ اس میں بریل، آڈیو اور بڑا پرنٹ شامل ہے۔ بس ہمیں ایک ٹال فری نمبر پر کال کریں۔ آپ ہم سے **1-888-453-2534** پر رابطہ کر سکتے ہیں۔ TTY کے لیے، **711** پر کال کریں۔

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The Fidelis Care Dictionary

As you read this handbook, you will see some words that may be unfamiliar to you. Here is a list of those words and what they mean.

Words/Phrases

Advance Directive: A legal document (paper), like a living will or durable power of attorney. This paper tells your providers and family how you wish to be cared for, if you can't make your wishes known yourself.

Benefits/Services: Healthcare covered by our Plan.

Division of Developmental Disabilities (DDD)/Managed Long-Term Services and Supports (MLTSS) Referral: Medicaid members or potential Medicaid members may be able to qualify for MLTSS programs if they:

- Have an intellectual/developmental disability or related condition; and
- Are screened by the Division of Developmental Disability.

Screening includes a review of programs and options.

Division of Disability Services (DDS): This is part of the New Jersey Department of Human Services. DDS helps people with disabilities and their families get resources and help. DDS:

- Provides information and services that help connect you with items or people that you need; and
- Begins Managed Long-Term Services and Supports (MLTSS) enrollment for children age 20 and younger.

Community Doula Services: A community *doula* is a non-clinical birth individual or birth coach. Trained community doulas provide physical and emotional support plus info to members before, during, and after birth.

Community Health Worker (CHWs): Trained public health workers who work closely within the communities they serve. This lets CHWs connect community members to healthcare systems, services, and programs close to where they live.

Dictionary

Words/Phrases

Cultural & Linguistic Competency: Healthcare services that respect the unique languages and cultural backgrounds of all of our members.

Durable Power of Attorney: A legal document (paper) that allows another person to decide for you if you cannot.

Early and Periodic Screening, Diagnostic and Treatment – (EPSDT): A program that is for preventive healthcare and well-child check-ups for children under age 21.

Early Intervention Services - A set of services for families with infants and toddlers, from birth to age three, who have had delays developing or who are disabled.

Emergency: A very serious medical condition that must be treated right away.

Family Caregiver: Family members, friends, or neighbors who help care for a person with a chronic illness or disability.

Family Planning: This benefit covers services and supplies to prevent or delay pregnancy. It includes:

- Education and counseling;
- A medical visit to change the method of birth control; or
- Sterilization (a treatment that leaves a person unable to reproduce).

It does not cover abortion (and related services). It also does not cover infertility treatments when there is difficulty getting pregnant.

Grievance: This is a complaint or way to express unhappiness. It might involve the health plan, its staff, or any network provider, health office, or their staff. Example: complaints about it being hard to get to a medical visit or treatment.

Words/Phrases

Health Disparity: Preventable social differences that may stop people from being as healthy as they can be. Health disparities may be a result of:

- Poverty;
- The environment in which a person grew up or currently lives;
- A lack of access to healthcare services;
- A lack of access to good education; and
- Other factors.

Source: **https://www.cdc.gov/healthyyouth/disparities/index.html**

Health Equity: The ability for people to be as healthy as they can be regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Health Literacy: Is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Health Plan: A plan, like ours, that works with healthcare providers to coordinate healthcare services to keep you healthy.

Historically Marginalized Populations: Individuals, groups, or communities that have historically and systematically been denied access to services or resources as a result of discrimination and other forms of oppression.

Identification (ID) Card: A card we give you that shows you are a member in our Plan. It is also known as an insurance card.

Immunizations: Shots that can help keep you and your children safe from many serious diseases, like the flu and others.

Inpatient: When you are admitted to a hospital.

Dictionary

Words/Phrases
Medically Necessary Services: Medical and dental services that you need to get well and stay healthy.
Member: You, your child, or spouse, or someone who has joined our Health Plan.
Out-of-Network: A term we use when a healthcare provider is not contracted with our Plan.
Outpatient: When you get treatment at a medical facility but are not admitted as an inpatient.
Post-Stabilization Services: Follow-up care after you leave the hospital to make sure that you get better.
Preferred Drug List (PDL): A list of drugs that has been put together by the health plan's providers and pharmacists.
Prescription: A drug for which your provider writes an order.
Prior Authorization (PA)/Referrals: When we need to approve care or prescriptions before you get them.
Primary Care Dentist (PCD): A licensed dentist who is the healthcare provider. They also arrange and provide initial and primary dental care to patients. They also refer you to specialty care when needed. These dentists also help to make sure that all recommended treatment is completed. A PCD can be assigned by the health plan or selected by the member.
Primary Care Provider (PCP): Your personal provider who manages all of your healthcare needs.
Provider: Those who work with us to give medical care, such as doctors, hospitals, pharmacies, and labs.
Provider Network: All of the providers, like doctors, hospitals, pharmacies, and labs who have a contract with us to give care to our members.

Words/Phrases

Screen for Community Services (SCS): A State-mandated screening that identifies individuals most in need of Managed Long-Term Services and Supports (MLTSS) services. It is required for all people who want MLTSS.

Social Determinants of Health (SDoH) / Health Related Social Needs / Drivers of Health: The non-medical factors that influence health outcomes. Examples may include, but are not limited to:

- Access to safe housing;
- Access to healthy food;
- The environment in which a person grew up or currently lives;
- Access to a good education;
- Access to well-paying jobs; or
- Discrimination based on race, ethnicity, disability, sexual orientation, gender identity, and more.

Specialist: A provider who has been to medical school, trained, and practices in a specific field of medicine. This is someone like a cardiologist, who treats the heart, or a podiatrist, who treats the feet.

Treatment: The care you get from providers and facilities.

TTY: A special number to call if you have trouble hearing or speaking.

Urgent Dental Care: Treatment of an oral or dental condition to reduce pain, to prevent infection, or to prevent permanent damage to a person's mouth or teeth. Most urgent dental conditions need to be treated in an office or clinic within 24 hours.

Important Phone Numbers

Important Phone Numbers

Member Services (Including Vision and Pharmacy inquiries)	**1-888-453-2534 (**TTY: **711)**
NJ Quitline/Quit Centers	**1-866-NJ-STOPS (1-866-657-8677)** (TTY: **711**), available 24 hours a day, seven days a week. (except Thanksgiving and Christmas) or visit: **njquitline.org** **momsquit.com**
NJ Hopeline 24/7 suicide prevention hotline	**1-855-654-6735** **www.njhopeline.com**
NJ Speak Up 24/7 phone line for the mental health needs of mothers and children	**1-800-328-3838** **https://nj.gov/health/fhs/maternalchild/mentalhealth/about-disorders/**
Dental Member Services (Liberty Dental Plan)	**1-888-442-2375 (**TTY: **711)**
PerformCare Single point of access for behavioral healthcare for minors	**1-877-652-7624 (**TTY: **711)** **www.performcarenj.org**
Reach NJ: IME Addictions Access Center 24/7 phone line for screening and referral to substance use disorder treatment	**1-844-276-2777** or **1-844-REACH NJ (732-2465)**
Fidelis Care's 24-hour Nurse Advice Line	**1-800-919-8807 (**TTY: **711)**
Fidelis Care's 24-hour Behavioral Health Crisis Line	**1-800-411-6485**
Community Connections Help Line (CCHL) Connecting to Community Based Social Services	**1-866-775-2192**

Keep these numbers near your phone. You can call 24 hours a day, seven days a week. Our normal business hours are Monday through Friday from 8 a.m. to 6 p.m. Or visit us at **www.fideliscarenj.com**.

Getting Started

With Us

Here are a couple of important things to remember as you get started with Fidelis Care.

Check Your Identification (ID) Card and Keep It in a Safe Place

You will get your Fidelis Care ID card (insurance card) in the mail. If you do not get it within seven days after you become a member, please call Member Services toll-free at **1-888-453-2534** (TTY: **711**) Monday through Friday, 8 a.m. to 6 p.m. We will send you another ID card. You can also order a new ID card at **www.fideliscarenj.com**.

Your ID card proves that you are a Fidelis Care member. Keep your ID card with you at all times and do not let anyone else use it. Your ID card has information about your plan. You must show it every time you need care. This includes: medical appointments, urgent care, vision, dental, behavioral health appointments, emergency visits, and picking up prescriptions from the pharmacy.

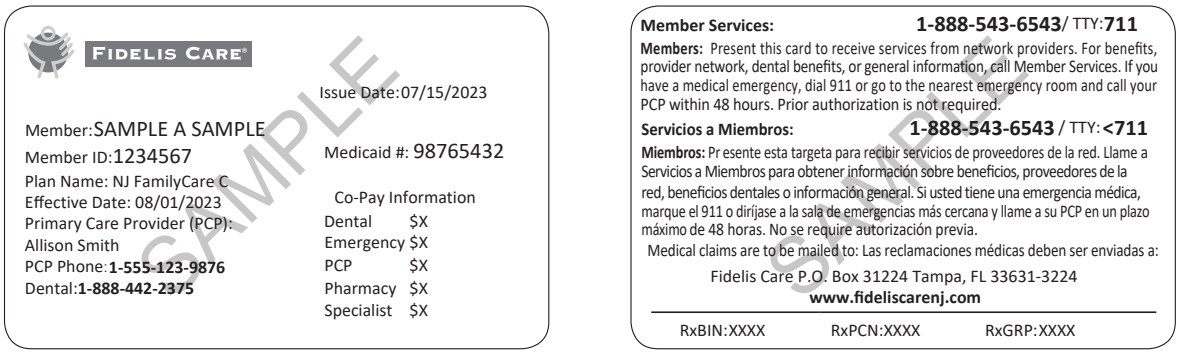
Be sure to also carry your State of New Jersey Health Benefits Identification card (HBID) with you. You must also keep your HBID card with you to access services that are covered directly by Medicaid Fee-for-Service (FFS) and not provided by us.

You also need to look over the details on your ID card. It shows your Primary Care Provider's (PCP) information. It also has your **effective date** (the date you became a Fidelis Care member).

Fidelis Care members can choose a Primary Care Dentist (PCD) at any time. Upon enrollment, Liberty will assign Fidelis Care members to the nearest Primary Care Dentist based on such factors as language, cultural preference, previous history of the member or

another family member, etc. Fidelis Care members can change PCD at any time by either calling Liberty, and requesting a new dentist, visiting the Liberty website, and selecting a new dentist, or contacting an in-network PCD of their choice.

What if the PCP listed is not correct? Please call Member Services and we will send you a new ID card with the correct PCP. Please call toll-free **1-888-453-2534** (TTY: **711**), Monday through Friday from 8 a.m. to 6 p.m.



Any time you receive a new ID card from us, please destroy your old one. If you lose your ID card, or did not receive one, we can replace it for you. To replace your ID card, please visit the secure Member portal to ask for a new one or call Member Services at **1-888-453-2534** (TTY: **711**). We will send you a new ID card within 7 business days.

Get to Know Your Primary Care Provider (PCP)

Your PCP is your partner in health and will be your main healthcare provider. They help set up all of your medical care. They may also hire someone, like a physician's assistant or nurse practitioner, to help them also care for you.

This includes:

- Regular check-ups;
- Sick visits;
- Immunizations; and
- Referrals to other providers, like specialists.

We encourage all of our new members to visit their PCP and Primary Care Dentist (PCD) within the first 90 days (3 months) of joining our Plan. This includes those in NJ's Division of Developmental Disabilities (DDD) program. Meeting with your PCP and PCD gives you both a chance to get to know each other and your health history. They also can create a plan of care for you.

Help your PCP or PCD by getting your medical records from any providers that you have seen in the past. You have unlimited visits to your PCP. There is no cost to you. Make appointments with them when you feel sick. You should also have a wellness check-up every year.

Do you need help with this? Call Member Services at 1-888-453-2534 (TTY: 711). You can reach us Monday through Friday from 8 a.m. to 6 p.m.

Please let us know when you become pregnant. We can give you information about having and caring for your baby.

There are things you can do to help have a safe pregnancy. Talk to your provider about medical problems you have, such as diabetes and high blood pressure. Do not use tobacco, alcohol, or drugs now or while you are pregnant. You should see your provider before you are pregnant if you have had the following problems:

- Three or more miscarriages;
- Premature birth (born before 38 weeks of pregnancy); or
- Stillbirth.

The PCPs in our network are trained in different specialties, including:

- Family and internal medicine;
- General practice;
- Geriatrics;
- Pediatric; and
- Obstetrics/Gynecology (OB/GYN).

If you get regular care from a specialist, you can ask us to let your specialist act as your Primary Care Provider (PCP). If approved, your specialist can set up all of your routine healthcare needs, as well as the medical services they offer.

Call Member Services for more details.
Call **1-888-453-2534** (TTY: **711**)
Monday through Friday from 8 a.m. to 6 p.m.

If you did not choose a PCP or PCD before you joined our Plan, we chose one for you based on:

- Where you may have received services before;
- Where you live;
- Your language preference;
- Whether the provider is accepting new patients; and
- Gender (in the case of an OB/GYN).

If you are not satisfied with your assigned PCP or PCD, you may change them at any time. Our Member Services representatives are here to help you choose a new PCP or PCD. You can reach them toll-free at **1-888-453-2534** (TTY: **711**), Monday through Friday from 8 a.m. to 6 p.m.

When you choose your new PCP or PCD, know that our providers are sensitive to the needs of many cultures.

- We have providers who speak your language and know your traditions and customs;
- We can tell you about a provider's schools and training, so that you will know that they are qualified; and
- You can pick the same PCP for your entire family or a different one for each family member (depending on each of their needs).

We have a few ways for you to find PCPs or a PCDs and other providers in your area. These providers make up our "provider network" or "network":

- *Find a Provider/Pharmacy tool*:
  - This tool is at **findaprovider.fideliscarenj.com**;
  - You can search for a provider within a certain distance of your home, by name or by practice type; and
  - We are always adding new providers to our network! Checking our online tool is the best way to get our most current provider network info.

Members in NJ's Division of Developmental Disabilities (DDD) program may choose network PCPs outside of their home county.

- ***Call us:***
  - We can help you find a provider. Call us at **1-888-453-2534** (TTY: **711**), Monday through Friday from 8 a.m. to 6 p.m.
- ***Our printed Provider Directory:***
  - Call Member Services to ask us to mail you a printed Provider Directory;
  - Electronic versions of our provider directories are on our website at **https://www.fideliscarenj.com/members/medicaid/nj-familycare.html**
  - Providers are listed by county and specialty;
  - In the Provider Directory you will find:
    - ◊ PCPs;
    - ◊ Hospitals;
    - ◊ Pharmacies;
    - ◊ Specialists;
    - ◊ Behavioral health providers; and
    - ◊ General dentists and dental specialists including children's dentists.

You or your authorized representative should contact your PCP or PCD for an appointment as soon as possible after you have enrolled. Otherwise, Fidelis Care will try to contact you or your representative to schedule a physical. Here are the time frames you can expect to hear from us or your PCP and PCD:

- **For children (younger than 21):** within 90 days of enrollment;
- **For adults:** within 180 days of enrollment; and
- **For adult Division of Developmental Disabilities (DDD) members:** within 90 days of enrollment.
- ***Find a Dentist:***
  - The NJ FamilyCare Directory of Dentists Treating Children Under the Age of 6 is also on our website. You can find it here **https://www.fideliscarenj.com/members/medicaid/nj-familycare.html**
  - The NJ FamilyCare Directory of Dentists Treating Children under the Age of 6 is also on the Liberty Dental Plan website. You can find it here: **https://client.libertydentalplan.com/Content/documents/wellcarenj/WellCare-NJ-NJFC-Age-0-6-Provider-Directory.pdf**

- You may also locate listings of dentists who treat children or adults with intellectual and developmental disabilities (IDD) here:
  - ◊ Child **https://www.fideliscarenj.com/content/dam/centene/wellcare/nj/pdfs/NJ_Caid_IDD_Child_Dental_Directory_Multi_07_2022_R.pdf**
  - ◊ Adult **https://www.fideliscarenj.com/content/dam/centene/wellcare/nj/pdfs/NJ_Caid_IDD_Adult_Dental_Directory_Multi_07_2022_R.pdf**

Would you like to change your PCP? Our Member Services reps can help you choose a new PCP. They will also send you a new member ID card with your new PCP listed on it.

You can change your PCD at any time by calling Liberty Dental Plan's Member Services at **1-888-442-2375** (TTY: **711**). Once you make your choice, call them to set up an appointment. You must have your ID card at your visit.

Call them toll-free at **1-888-453-2534** (TTY: **711**), Monday through Friday from 8 a.m. to 6 p.m. You also can ask for the change on our website.

PCP changes made between the first day and the 10th day of the month go into effect right away. Changes made after the 10th day of the month take effect at the beginning of the next month.

Fidelis Care may deny a request for a PCP change. Below are situations where we may deny a request:

- If a PCP asks that a member not be included on the PCP's list of patients; or
- If a PCP has too many patients to take any more.

A PCP or PCD may choose not to see you if they feel that they cannot get along with you or cannot meet your healthcare needs.

If this happens, you may choose a new PCP or we will choose a new PCP for you. Call Member Services at **1-888-453-2534** (TTY: **711**) to ask us to help.

What if your PCP or other provider decides to **leave our network**? Your PCP's office may move, close or leave our network. If this happens, we will send you a letter. The letter gives you details about the change and how we handle it. We can help you pick a new PCP in our network.

Just visit **findaprovider.fideliscarenj.com** to use the *Find a Provider/Pharmacy* tool. Or call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

If you have a treatment plan with your current PCP, you may be able to stay with that PCP for up to 120 days after they leave the network. Call Member Services to learn more.

Know that you have access to PCP and specialist coverage 24 hours a day, seven days a week.

Complete your Health Risk Assessment

It is vital to fill out your Health Risk Assessment form. When you complete this form, we can make sure that you get the care you need.

The Health Risk Assessment form is in your welcome packet. We included a postage-paid envelope so that you can return the form to us.

Need a form? Call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Services Beyond Health Care: Community Connections Help Line

Through *Community Connections*, you can connect to many services that help you and your family or loved ones live a better, healthier life.

Call to connect to Community Based services that can help:

1-866-775-2192

It can be hard to focus on your health if you have problems with your housing, or if you worry about having enough food to feed your family. If money is also a struggle, you may need support with finding a job, childcare, or paying bills. Fidelis Care can connect you to resources in your community. These resources can help you manage these needs, beyond your medical care, that may affect the health of you or your loved ones.

Fidelis Care's Community Connections is here for you.

Call our Community Connections Help Line at 1-866-775-2192 for services that can help if you:

- Have trouble getting enough food to feed you or your family;
- Worry about your housing or living conditions;
- Find it hard to get to appointments, work, or school because of transportation issues;

- Feel unsafe or are dealing with domestic violence (if you are in immediate danger, call **911**); or
- Have other types of need such as:
  - Financial needs (utilities, rent);
  - Affordable childcare needs;
  - Job/education needs;
  - Caregiver and support needs; or
  - Family supplies needs (such as diapers, formula, cribs, and more).

MyFidelis Care Mobile App

Our MyFidelis Care Mobile app puts your health information at your fingertips. The app is a free download at both Apple and Android app stores.

The MyFidelis Care app on your smartphone or tablet lets you:

- Search for providers, quick-care clinics and hospitals;
- Change your PCP;
- View wellness services here for you; and
- View appointment reminders.

Not registered? It is easy!

Download the MyFidelis Care app on your smartphone. To register, click "Not Registered" when you see a login screen. You will be redirected to a web page where you can register.

That is it! You are ready to get health information anywhere, any time!

Be sure to tell Member Services if you want to get **text messages** from us with reminders and information. Call toll-free at **1-888-453-2534** (TTY: **711**), Monday through Friday from 8 a.m. to 6 p.m.

Remember to Use the 24-Hour Nurse Advice Line

Our 24-hour Nurse Advice Line is open every day of the week. Please have your ID card with you when you call. Please call the toll-free number if you are not sure what kind of care you need. We will help you over the phone.

24-Hour Nurse Advice Line toll-free number: 1-800-919-8807 (TTY: **711)**

When you call, a nurse will ask you questions. Give as many details as you can. Example: Say where it hurts, what it looks like and what it feels like. The nurse can help you decide if you:

- Need to go to your PCP for a normal or urgent visit;
- Need to go to an urgent care center;
- Need to go to the emergency room (ER); or
- Can care for yourself at home, with guidance.

You can get help with problems such as:

- Back pain;
- A cut or burn;
- A cough, cold, or the flu;
- Dizziness; or
- Feeling sick.

Think you have a real medical emergency? This might be broken bones, heavy bleeding, or swelling. Please call **911** or go to the nearest emergency room.

In an Emergency ...

Please call **911** or go to the nearest emergency room.

We talk more about emergencies on Page 77 of this handbook.

Call Us

Please call us with any questions. Our Member Services team is ready to help you. Call us Monday through Friday from 8 a.m. to 6 p.m. The toll-free number is **1-888-453-2534** (TTY: **711**).

It is important to tell us if there is a major change in your life. For example, if you:

- Get married or divorced;
- Have a baby or adopt a child;
- Experience the death of your spouse or child;
- Start a new job; and/or
- Get health insurance from another company.

Call us any time you need help. We can help you:

- Get a new ID card;
- Change your PCP;
- Find and choose a provider;
- Make an appointment with a provider;
- Update your contact info, such as your mailing address and phone number; and/or
- Get a schedule of workshops and educational event details.

We want you to feel good about working with us and your providers. Do you speak a different language? Do you need something in Braille, large print, or audio? We have translation and other format services at no cost to you. Please call us if you need this.

Please leave a message if you call us after business hours with a non-urgent request. We will call you back within one business day. Our Nurse Advice Line is here 24 hours a day, seven days a week. You can also write to our Member Services team:

Fidelis Care
Attn: Member Services
P.O. Box 31370
Tampa, FL 33631-3370

Our Website

You may be able to find answers on our website. Go to www.fideliscarenj.com and click on *Medicaid* to access:

- Our Member Handbook;
- Our *Find a Provider* search tool;
- Member newsletters; and
- Your member rights and responsibilities.

Our website:
www.fideliscarenj.com

In our Member Portal, you can:

- Change your PCP;
- Update your address and phone number; and
- Order your Member ID card, Member Handbook, and Provider Directory.

Members who need substance use disorder treatment services can call the Interim Management Entity (IME) at **1-844-276-2777**. You can also call Reach NJ at **1-844-REACH NJ (732-2465)**.

Know Your Rights and Responsibilities

You have rights and responsibilities as a member of our Plan. You can read about these later in this handbook.

New Ways to Manage Your Digital Health Records

The Interoperability and Patient Access Rule (CMS 9115 F) makes it easier for Members to get their health records when they need them most.

You now have full access to your health records on your mobile device, such as your smartphone. This lets you manage your health better, and know what help is here for you.

Imagine...

- Going to a new provider because you don't feel well, and that provider being able to pull up your health history from the past five years;
- Using an up-to-date provider directory to find a provider or specialist;

- Having access to your health history so a provider or specialist can quickly tell you what's wrong, and make sure that you get the best care;
- Seeing if your claim has been paid, denied, or is still being processed right from your computer; and
- Being able to take your health history with you if and when you switch health plans.*

** In 2023, Members can start asking that their health records go with them if they switch health plans..*

In addition, the new rule makes it easier to find information on:**

- Claims (paid and denied);
- Specific parts of your clinical information;
- Pharmacy drug coverage; and
- Healthcare providers.

***You can get information for dates of service on or after January 1, 2016.*

For more information, visit your online Member account.

If You Have Other Health Insurance

Do you or anyone else in your family have health insurance with another company? If so, we need to know. For example:

- If you work and have health insurance through your employer;
- If your children have health insurance through their other parent; and
- If you have lost health insurance you had previously told us about.

It is important to give us this information. It can cause problems with your care and possible bills if you do not.

To learn more, please read the Third Party Liability (TPL) guide in your Welcome Packet.

Hold on to This Handbook

This handbook has valuable information, like:

- Your benefits and services and how to get them;
- Advance directives (please see the Advance Directives section in this handbook on Page 136);

- How to use our appeals and grievances process when you are not happy with a decision we made; and
- How we protect your privacy.

What if you lose your handbook? Please call Member Services at **1-888-453-2534** (TTY: **711**) if you lose your handbook. We will send you a new one. You can also find the Member Handbook at **www.fideliscarenj.com/members/medicaid/nj-familycare.html**.

Our Provider Directory

To find a provider, visit the *Find a Provider* tool at **findaprovider.fideliscarenj.com**. Would you like a copy of our printed Provider Directory? We will be happy to send you one. There is no cost to you. Please call Member Services toll-free at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m. You can also find the Provider Directory at **www.fideliscarenj.com/members/medicaid/nj-familycare.html**.

Care Basics

You will get your care from your PCP, specialists, hospitals and others in our provider network. We, or a network provider, must approve, or "authorize" your care. Your PCP or specialist must send in all medical records before providing the requested services.

Medically Necessary

The care we approve must be "medically necessary." This means the care, services or supplies you request are needed for your treatment. They must:

- Be necessary to treat or diagnose your condition, keep you healthy, prevent illness, or prevent your current medical condition from getting worse;
- Follow accepted medical practices;
- Not be for convenience only;
- Be in the right amount and offered at the right place and at the right time; and
- Be safe for you.

Making and Getting to Your Medical Appointments

Our guidelines make sure you get to your medical appointments on time. This is also called *access to care*. Our network providers must give you the same office hours as patients with other insurance.

This table shows how long it should take to get to an appointment.

Type of Provider	Drive Time/Distance if You Live in an Urban Area	Drive Time/Distance if You Live in a Rural Area
PCPs and Specialists	30 minutes to get to your appointment	20 miles
Hospitals	15 miles	15 miles

How long should you wait for an appointment? That depends on the kind of care you need. Keep these times in mind as you set appointments.

Type of Appointment	Type of Care	Appointment Time
Medical	Emergency	Right away (both in and out of our service area), 24 hours a day, seven days a week (prior authorization is not required for emergency services)
	Urgent	Within 24 hours (one day) of your request
	PCP pediatric sickness	Within 24 hours (one day) of your request
	PCP adult sickness	Within 72 hours (three days) of your request
	Routine/wellness PCP visits	Within 28 days of your request
	Specialist visit	4 weeks (one month) of your request
	Non-emergency hospital visits	4 weeks (one month) of your request
	Follow-up care after a hospital stay	As needed

Type of Appointment	Type of Care	Appointment Time
Dental	Emergency	Right away (both in and out of our service area), 24 hours a day, seven days a week (prior authorization is not required for emergency services)
	Urgent	Within 48 hours (two days) of your request
	Routine visits	Within 28 days of your request
Behavioral Health and Substance Use Disorder Treatment	Emergency	Right away (both in and out of our service area), 24 hours a day, seven days a week (prior authorization is not required for emergency services)
	Urgent	Within 24 hours (one day) of your request
	Routine visits	Within 10 days of your request

Do you need help setting up a time to visit a PCP or specialist?

If you are having a hard time setting up a visit time with your PCP or with a specialist, we can help.

You can find an up-to-date list of our in-network providers in the Provider Directory on our website at **findaprovider.fideliscarenj.com**. There, you can search for providers and places near you that can give you the type of care that you need.

If you are having trouble finding a provider nearby that can give you the type of care you need, or if you are having trouble getting a time to visit, call us toll-free at **1-888-453-2534** (TTY: **711**) Monday through Friday from 8 a.m. to 6 p.m. Our Member Services staff can help you set up an appointment.

You can also get help through the ***Appointment Assistance Request Form*** on our website at **www.fideliscarenj.com**. A copy of this form is also on the following page of this handbook. You can fax it to **1-877-297-3112** or email to **NJApptAssistance@fideliscarenj.com**.

Appointment Assistance Request Form

First Name: _____

Last Name: _____

Member ID #: _____

Best phone number to reach you: _____

Your email address: _____

What type of provider or specialist do you need? If you want an appointment with a specific provider, please give their first and last name.

_____

Please provide your location (the address where you are currently living):

_____

Do you need help setting up a ride for healthcare visits? ☐ **Yes** ☐ **No**

Have you already contacted us to ask for help making an appointment? ☐ **Yes** ☐ **No**

If yes, please give the date you contacted Member Services.

Date: DD/MM/YYYY _____

You can make a formal complaint. This is also called "filing a grievance." If you want to file a grievance, check the box to the right. ☐ **I want to file a grievance**.

Cost Sharing

If you are a member of a NJ FamilyCare Plan C or D, you must pay a co-pay for some services. These co-pay amounts are in the chart of covered services that begins on Page 38.

A **co-pay** is what you pay to a provider for care at the time it is given.

Here are important facts about co-pays:

- You must make co-pays directly to the provider at the time of service; and
- You can find your co-pay amounts on your Fidelis Care member ID card. (We also list them in the *Services Covered by Fidelis Care* section of this handbook that begins on Page 38).

Your co-pays cannot be more than five percent (5%) of your annual income. Keep track of this. Let the NJ FamilyCare Health Benefits Coordinator know if you do go over the five percent (5%) mark in a calendar year. You can call the NJ FamilyCare Health Benefits Coordinator toll-free at **1-800-701-0710**.

If you are over 55 years old, benefits received are reimbursable to the State of New Jersey from your estate.

This is to remind you that the Division of Medical Assistance and Health Services (DMAHS) has the authority to file a claim and lien against the estate of a deceased Medicaid client or former client to recover all Medicaid payments for services received ***by that client on or after age 55. Your estate may be required to pay back DMAHS for those benefits.***

The amount that DMAHS may recover includes, but is not limited to, all capitation payments to any managed care organization or transportation broker, regardless of whether any services were received from an individual or entity that was reimbursed by the managed care organization or transportation broker. DMAHS may recover these amounts when there is no surviving spouse, no surviving children under the age of 21, no surviving children of any age who are blind and no surviving children of any age who are permanently and totally disabled as determined by the Social Security Administration. This information was provided to you when you applied for NJ FamilyCare.

To learn more, visit **https://www.state.nj.us/humanservices/dmahs/clients/The_NJ_Medicaid_Program_and_Estate_Recovery_What_You_Should_Know.pdf**.

If You Get a Bill from a Provider

Do not pay it. Please call Member Services right away at **1-888-453-2534** (TTY: **711**) if you get a bill from a provider (either an in-network or out-of-network provider). We will help to resolve the issue.

Patient Payment Liability

What is the Patient Payment Liability (PPL)? It is the portion a custodial member may pay for room and board if you live in a nursing facility or assisted living facility. The amount is based on your available income. It is determined by your local County Welfare Agency. PPL does not apply to medical services. PPL must be paid by the member or other source (such as the member's family) directly to the facility. A care manager will discuss whether PPL applies to you

Your
Health Plan

Services Covered By Fidelis Care

Here is a list of covered services.

Some services are paid for directly by the State of New Jersey's Medicaid Fee-for-Service (FFS) Program instead of by Fidelis Care. They are listed here as "covered by FFS." To get these services, you can talk with:

- Your PCP or PCD; or
- Our Member Services team, at **1-888-453-2534** (TTY: **711**).

For substance use disorder treatment services, you can call the Interim Management Entity (IME) at **1-844-276-2777**.

For information on the four **Medical Assistance Customer Centers**, visit **https://www.state.nj.us/humanservices/dmahs/info/resources/macc/MACC_Directory.pdf**.

You can get help on how to see a provider that you choose. You should get all covered non-emergency healthcare services through our network providers.

If you get services from providers who are not in our network or if you get services that are not covered benefits, you may be responsible for payment of these services.

If you get services from providers who are not in our network but you have an authorization, the out-of-network services will be covered.

We will tell you if your benefits change. You can find updated benefit information in our member newsletters and at **www.fideliscarenj.com**. Do you have questions? Please call Member Services toll-free at **1-888-453-2534** (TTY: **711**) Monday through Friday from 8 a.m. to 6 p.m.

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Abortions	Covered by FFS. Abortions and related services, including (but not limited to) surgical procedure; anesthesia; history and physical exam; and lab tests.			
Acupuncture	Covered by Fidelis Care.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Autism Services	Covered by Fidelis Care and FFS. Only covered for members under 21 years of age with Autism Spectrum Disorder. Covered services include Applied Behavioral Analysis (ABA) treatment, augmentative and alternative communication services and devices, Sensory Integration (SI) services, allied health services (physical therapy, occupational therapy and speech therapy), and Developmental Relationship based services including but not limited to DIR, DIR Floortime and the Greenspan approach therapy.			
Blood and Blood Products	Covered by Fidelis Care. Whole blood and derivatives, as well as necessary processing and administration costs, are covered. Coverage is unlimited (no limit on volume or number of blood products). Coverage begins with the first pint of blood.			
Bone Mass Measurement	Covered by Fidelis Care. Covers one measurement every 24 months (more often if medically necessary), as well as physician's interpretation of results.			
Cardiovascular Screenings	Covered by Fidelis Care. For all persons 20 years of age and older, annual cardiovascular screenings are covered. More frequent testing is covered when determined to be medically necessary.			
Chiropractic Services	Covered by Fidelis Care. Covers manipulation of the spine.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Colorectal Screening	Covered by Fidelis Care. Covers any expenses incurred in conducting colorectal cancer screening at regular intervals for beneficiaries 45 years of age or older, and for those of any age deemed to be at high risk of colorectal cancer.			
Colorectal Screening: *Barium Enema*	Covered by Fidelis Care. When used instead of a flexible sigmoidoscopy or colonoscopy, covered once every 48 months.			
Colorectal Screening: *Colonoscopy*	Covered by Fidelis Care. Covered once every 120 months, or 48 months after a screening flexible sigmoidoscopy.			
Colorectal Screening: *Fecal Occult Blood Test*	Covered by Fidelis Care. Covered once every 12 months.			
Colorectal Screening: *Flexible Sigmoidoscopy*	Covered by Fidelis Care. Covered once every 48 months.			

Service	Benefit
	NJ FamilyCare Plan A/ABP & NJ FamilyCare Plan B
Dental Services	Covered by Fidelis Care. Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services. Some procedures may require prior authorization with documentation of medical necessity. Orthodontic services are allowed for children and are age restricted and only approved with adequate documentation of a handicapping malocclusion or medical necessity. Examples of covered services include (but are not limited to): oral evaluations (examinations); X-rays and other diagnostic imaging; dental cleaning (prophylaxis); topical fluoride treatments; fillings; crowns; root canal therapy; scaling and root planing; complete and partial dentures; oral surgical procedures (to include extractions); intravenous anesthesia/sedation (where medically necessary for oral surgical procedures). Dental examinations, cleanings, fluoride treatment and any necessary X-rays are covered twice per rolling year. Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special healthcare needs. Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity. Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through the age of five (5) years old.

Service	Benefit
	NJ FamilyCare Plan C & NJ FamilyCare Plan D
Dental Services (continued)	Covered by Fidelis Care. Covers diagnostic, preventive, restorative, endodontic, periodontal, prosthetic, oral and maxillofacial surgical services, as well as other adjunctive general services. Some procedures may require prior authorization with documentation of medical necessity. Orthodontic services are allowed for children and are age restricted and only approved with adequate documentation of a handicapping malocclusion or medical necessity. Examples of covered services include (but are not limited to): oral evaluations (examinations); X-rays and other diagnostic imaging; dental cleaning (prophylaxis); topical fluoride treatments; fillings; crowns; root canal therapy; scaling and root planing; complete and partial dentures; oral surgical procedures (to include extractions); intravenous anesthesia/sedation (where medically necessary for oral surgical procedures). Dental examinations, cleanings, fluoride treatment and any necessary X-rays are covered twice per rolling year. Additional diagnostic, preventive and designated periodontal procedures can be considered for members with special healthcare needs. Dental treatment in an operating room or ambulatory surgical center is covered with prior authorization and documentation of medical necessity. Children should have their first dental exam when they are a year old, or when they get their first tooth, whichever comes first. The NJ Smiles program allows non-dental providers to perform oral screenings, caries risk assessments, anticipatory guidance and fluoride varnish applications for children through the age of five (5) years old. **NJ FamilyCare C and D members have a $5 copay per dental visit (except for diagnostic and preventive services).**

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Diabetes Screenings	Covered by Fidelis Care. Screening is covered (including fasting glucose tests) if you have any of the following risk factors: high blood pressure (hypertension), history of abnormal cholesterol and triglyceride levels (dyslipidemia), obesity, or a history of high blood sugar (glucose). Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes. Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months.			
Diabetes Supplies	Covered by Fidelis Care. Covers blood glucose monitors, test strips, insulin, injection aids, syringes, insulin pumps, insulin infusion devices, and oral agents for blood sugar control. Covers therapeutic shoes or inserts for those with diabetic foot disease. The shoes or inserts must be prescribed by a podiatrist (or other qualified provider) and provided by a podiatrist, orthotist, prosthetist, or pedorthist.			
Diabetes Testing and Monitoring	Covered by Fidelis Care. Covers yearly eye exams for diabetic retinopathy, as well as foot exams every six months for members with diabetic peripheral neuropathy and loss of protective sensations.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Diagnostic and Therapeutic Radiology and Laboratory Services *- You should receive your results within 24 hours in emergency and urgent care cases* *- You should receive your results within 10 business days in non-emergency and non-urgent care cases.*	Covered by Fidelis Care. Covered, including (but not limited to) CT scans, MRIs, EKGs, and X-rays.			
Durable Medical Equipment (DME)	Covered by Fidelis Care.			
Emergency Care	Covered by Fidelis Care. Covers emergency department and physician services.		Covered by Fidelis Care. Covers emergency department and physician services. **NJ FamilyCare C members have a $10 co-payment.**	Covered by Fidelis Care. Covers emergency department and physician services. **NJ FamilyCare D members have a $35 co-payment.**

Service	Benefit
EPSDT (Early and Periodic Screening Diagnostic and Treatment)	**NJ FamilyCare Plan A/ABP**
	Covered by Fidelis Care. Coverage includes (but is not limited to) well child care, preventive screenings, medical examinations, dental, vision and hearing screenings and services (as well as any treatment identified as necessary as a result of examinations or screenings), immunizations (including the full childhood immunization schedule), lead screening, and private duty nursing services. Private duty nursing is covered for eligible EPSDT beneficiaries under 21 years of age who live in the community and whose medical condition and treatment plan justify the need.
	NJ FamilyCare Plan B, NJ FamilyCare Plan C & NJ FamilyCare Plan D
	Covered by Fidelis Care. For NJ FamilyCare B, C, and D members, coverage includes early and periodic screening and diagnostic medical examinations, dental, vision, hearing, and lead screening services.

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Family Planning Services and Supplies	Covered by Fidelis Care. Fidelis Care reimburses family planning services provided by non-participating network providers based on the Medicaid fee schedule. The family planning benefit provides coverage for services and supplies to prevent or delay pregnancy and may include: education and counseling in the method of contraception desired or currently in use by the individual, or a medical visit to change the method of contraception. Also includes, but is not limited to: sterilizations, defined as any medical procedures, treatments, or operations for the purpose of rendering an individual permanently incapable of reproducing. Covered services include medical history and physical examination (including pelvis and breast), diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices (including pregnancy test kits, condoms, diaphragms, Depo-Provera injections, and other contraceptive supplies and devices), counseling, continuing medical supervision, continuity of care and genetic counseling. ***Exceptions: Services primarily related to the diagnosis and treatment of infertility are not covered (whether furnished by in-network or out-of-network providers).***			
Federally Qualified Health Centers (FQHC)	Covered by Fidelis Care. Includes outpatient and primary care services from community-based organizations.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Hearing Services/ Audiology	Covered by Fidelis Care. Covers routine hearing exams, diagnostic hearing exams and balance exams, otologic and hearing aid examinations prior to prescribing hearing aids, exams for the purpose of fitting hearing aids, follow-up exams and adjustments, and repairs after warranty expiration. Hearing aids, as well as associated accessories and supplies, are covered.			
Home Health Agency Services	Covered by Fidelis Care. Covers nursing services and therapy services by a registered nurse, licensed practical nurse or home health aide.			
Hospice Care Services	Covered by Fidelis Care. Covers drugs for pain relief and symptoms management; medical, nursing, and social services; and certain durable medical equipment and other services, including spiritual and grief counseling. Covered in the community as well as in institutional settings. Room and board included only when services are delivered in institutional (non-residence) settings. Hospice care for members younger than 21 years shall cover both palliative and curative care. **NOTE:** **Any care unrelated to the member's terminal condition is covered in the same manner as it would be under other circumstances.**			
Immunizations	Covered by Fidelis Care. Influenza, Hepatitis B, pneumococcal vaccinations, and other vaccinations recommended for adults are covered. The full childhood immunization schedule is covered as a component of EPSDT.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Inpatient Hospital Care	Covered by Fidelis Care. Covers stays in critical access hospitals; inpatient rehabilitation facilities; inpatient mental healthcare; semi-private room accommodations; physicians' and surgeons' services; anesthesia; lab, X-ray, and other diagnostic services; drugs and medication; therapeutic services; general nursing; and other services and supplies that are usually provided by the hospital.			
Inpatient Hospital Care *Acute Care*	Covered by Fidelis Care. Includes room and board; nursing and other related services; use of hospital/Critical Access Hospital facilities; drugs and biologicals; supplies, appliances, and equipment; certain diagnostic and therapeutic services, medical or surgical services provided by certain interns or residents-in-training; and transportation services (including transportation by ambulance).			
Inpatient Hospital Care *Psychiatric*	**For coverage details, please refer to the Behavioral Health chart on Page 61.**			
Mammograms	Covered by Fidelis Care. Covers a baseline mammogram for women ages 35-39, and a mammogram every year for those 40 and older, and for those with a family history of breast cancer or other risk factors. Additional screenings are available if medically necessary.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Maternal and Child Health Services	Covered by Fidelis Care. Covers medical services for perinatal care, and related newborn care and hearing screenings, including midwifery care, CenteringPregnancy, immediate postpartum LARC (Long-Acting Reversible Contraception), and all dental services (to include but not limited to additional dental preventive care and medically necessary dental treatment services). **Covers Community Doula Services:** A community doula is a non-clinical birth individual, birth coach and/or post-birth supporter who has received training to provide physical, emotional and informational support to members before, during, and after birth. Also covers childbirth education, doula care, lactation support. Breastfeeding equipment, including breast pumps and accessories, are covered as a DME benefit.			

Service	Benefit
Medical Day Care (Adult Day Health Services)	**NJ FamilyCare Plan A/ABP**
	Covered by Fidelis Care. A program that provides preventive, diagnostic, therapeutic and rehabilitative services under medical and nursing supervision in an ambulatory (outpatient) care setting to meet the needs of individuals with physical and/or cognitive impairments in order to support their community living.
	NJ FamilyCare Plan B, NJ FamilyCare Plan C & NJ FamilyCare Plan D
	***Not covered for NJ FamilyCare B, C, or D members*.**

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Nurse Midwife Services	Covered by Fidelis Care.		Covered by Fidelis Care. **$5 co-payment for each visit (except prenatal care visits)**	
Nursing Facility Services	Covered by Fidelis Care. Members may have patient pay liability.	***Not covered for NJ FamilyCare B, C, or D members.***		
Nursing Facility Services: *Long Term (Custodial Care)*	Covered by Fidelis Care. Covered for those who need Custodial Level of Care (MLTSS). Members may have patient pay liability.	***Not covered for NJ FamilyCare B, C, or D members.***		
Nursing Facility Services: *Nursing Facility (Hospice)*	Covered by Fidelis Care. Hospice care can be covered in a Nursing Facility setting. **See Hospice Care Services.*	***Not covered for NJ FamilyCare B, C, or D members.***		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Nursing Facility Services: *Nursing Facility (Skilled)*	Covered by Fidelis Care. Includes coverage for Rehabilitative Services that take place in a Nursing Facility setting.	***Not covered for NJ FamilyCare B, C, or D members.***		
Nursing Facility Services: *Nursing Facility (Special Care)*	Covered by Fidelis Care. Care in a Special Care Nursing Facility (SCNF) or a separate and distinct SCNF unit within a Medicaid-certified conventional nursing facility is covered for members who have been determined to require intensive nursing facility services beyond the scope of a conventional nursing facility.	***Not covered for NJ FamilyCare B, C, or D members.***		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Organ Transplants	Covered by Fidelis Care. Covers medically necessary organ transplants including (but not limited to): liver, lung, heart, heart-lung, pancreas, kidney, liver, cornea, intestine, and bone marrow transplants (including autologous bone marrow transplants). Includes donor and recipient costs.			
Outpatient Surgery	Covered by Fidelis Care.			
Outpatient Hospital/Clinic Visits	Covered by Fidelis Care.		Covered by Fidelis Care. **$5 co-payment per visit (no co-payment if the visit is for preventive services).**	
Outpatient Rehabilitation *(Occupational Therapy, Physical Therapy, Speech Language Pathology)*	Covered by Fidelis Care. Covers physical therapy, occupational therapy, speech pathology, and cognitive rehabilitation therapy.	Covered by Fidelis Care. Covers physical, occupational, and speech/language therapy.		
Pap Tests and Pelvic Exams	Covered by Fidelis Care. Pap tests and pelvic exams are covered every 12 months for all women, regardless of determined level of risk for cervical or vaginal cancers. Clinical breast exams for all women are covered once every 12 months. All laboratory costs associated with the listed tests are covered. Tests are covered on a more frequent basis in cases where they are deemed necessary for medical diagnostic purposes.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Personal Care Assistance	Covered by Fidelis Care. Covers health-related tasks performed by a qualified individual in a beneficiary's home, under the supervision of a registered professional nurse, as certified by a physician in accordance with a beneficiary's written plan of care.	**Covered for NJ FamilyCare B, C, or D members through EPSDT.**		

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Podiatry	Covered by Fidelis Care. Covers routine exams and medically necessary podiatric services, as well as therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts. ***Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.***		Covered by Fidelis Care. Covers routine exams and medically necessary podiatric services, as well as therapeutic shoes or inserts for those with severe diabetic foot disease, and exams to fit those shoes or inserts. **$5 co-payment per visit for NJ FamilyCare C and D members.** ***Exceptions: Routine hygienic care of the feet, such as the treatment of corns and calluses, trimming of nails, and care such as cleaning or soaking feet, are only covered in the treatment of an associated pathological condition.***	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Prescription Drugs	Covered by Fidelis Care. Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins such as high potency A, D, E, Iron, Zinc and minerals, including potassium, and niacin. All blood-clotting factors are covered.		Covered by Fidelis Care. Includes prescription drugs (legend and non-legend, including physician administered drugs); prescription vitamins and mineral products (except prenatal vitamins and fluoride) including, but not limited to, therapeutic vitamins, such as high potency A, D, E, Iron, Zinc, and minerals, including potassium, and niacin. All blood-clotting factors are covered. **For NJ FamilyCare C and D members, there is a $1 co-payment for generic drugs, and a $5 co-payment for brand name drugs.**	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Physician Services – Primary and Specialty Care	Covered by Fidelis Care. Covers medically necessary services and certain preventive services in outpatient settings.		Covered by Fidelis Care. Covers medically necessary services and certain preventive services in outpatient settings. **$5 co-payment for each visit (except for well-child visits in accordance with the recommended schedule of the American Academy of Pediatrics; lead screening and treatment, age-appropriate immunizations; prenatal care; and pap tests, when appropriate).**	
Private Duty Nursing	Covered by Fidelis Care. Private duty nursing is covered for members who live in the community and whose medical condition and treatment plan justify the need. **Private Duty Nursing is only available to EPSDT members under 21 years of age, and to members with MLTSS (of any age).**			
Prostate Cancer Screening	Covered by Fidelis Care. Covers annual diagnostic examination including digital rectal exam and Prostate-Specific Antigen (PSA) test for men 50 and over who are asymptomatic, and for men 40 and over with a family history of prostate cancer or other prostate cancer risk factors.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Prosthetics and Orthotics	Covered by Fidelis Care. Coverage includes (but is not limited to) arm, leg, back, and neck braces; artificial eyes; artificial limbs and replacements; certain breast prostheses following mastectomy; and prosthetic devices for replacing internal body parts or functions. Also covers certified shoe repair, hearing aids, and dentures.			
Renal Dialysis	Covered by Fidelis Care.			
Routine Annual Physical Exams	Covered by Fidelis Care.		Covered by Fidelis Care. **No co-payments.**	
Smoking/Vaping Cessation	Covered by Fidelis Care. Coverage includes counseling to help you quit smoking or vaping, medications such as Bupropion, Varenicline, nicotine oral inhalers, and nicotine nasal sprays, as well as over-the-counter products including nicotine transdermal patches, nicotine gum, and nicotine lozenges. The following resources are available to support you in quitting smoking/vaping: · **NJ Quitline:** Design a program that fits your needs and get support from counselors. Call toll-free **1-866-NJ-STOPS** (**1-866-657-8677**) (TTY: **711**), Monday through Friday, from 8 a.m. to 9 p.m., (except holidays), Saturday, from 8 a.m. to 7 p.m., and Sunday from 9 a.m. to 5 p.m., Eastern Time. The program supports 26 different languages. Learn more at **njquitline.org**.			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Transportation (Emergency) *(Ambulance, Mobile Intensive Care Unit)*	Covered by Fidelis Care. Coverage for emergency care, including (but not limited to) ambulance and Mobile Intensive Care Unit.			
Transportation (Non-Emergent) *(Non-Emergency Ambulance, Medical Assistance Vehicles/MAV, Livery, Clinic)*	Covered by FFS. Medicaid Fee-for-Service covers all non-emergency transportation, such as Mobile Assistance Vehicles (MAVs), and non-emergency Basic Life Support (BLS) ambulance (stretcher). TPL guidelines must be followed for members with Medicare as Modivcare will not provide all services for dual eligible members. Livery transportation services, such as bus and train fare or passes, car service, and reimbursement for mileage, are also covered. May require medical orders or other coordination by the health plan, PCP or PCD, or providers. For COVID-related services, Livery/car transportation services, ambulatory, ambulatory with assistance, wheelchair, stretcher, mass transit/bus passes, and mileage reimbursement are covered. **Modivcare transportation services are covered for NJ FamilyCare A, ABP, B, C, and D members. All transportation including Livery is available for *all members* including B, C and D.**			

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Urgent Medical Care	Covered by Fidelis Care. Covers care to treat a sudden illness or injury that is not a medical emergency but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse).		Covered by Fidelis Care. Covers care to treat a sudden illness or injury that is not a medical emergency but is potentially harmful to your health (for example, if your doctor determines it's medically necessary for you to receive medical treatment within 24 hours to prevent your condition from getting worse). **NOTE: There may be a $5 co-payment for urgent medical care provided by a physician, optometrist, dentist, or nurse practitioner.**	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Vision Care Services	Covered by Fidelis Care. Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices, and intraocular lenses. Yearly exams for diabetic retinopathy are covered for member with diabetes. A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma. Certain additional diagnostic tests are covered for members with age-related macular degeneration.		Covered by Fidelis Care. Covers medically necessary eye care services for detection and treatment of disease or injury to the eye, including a comprehensive eye exam once per year. Covers optometrist services and optical appliances, including artificial eyes, low vision devices, vision training devices, and intraocular lenses. Yearly exams for diabetic retinopathy are covered for member with diabetes. A glaucoma eye test is covered every five years for those 35 or older, and every 12 months for those at high risk for glaucoma. Certain additional diagnostic tests are covered for members with age-related macular degeneration. **$5 co-payment per visit for Optometrist services.**	

Service/Benefit	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Vision Care Services: *Corrective Lenses*	Covered by Fidelis Care. Covers 1 pair of lenses/frames or contact lenses every 24 months for beneficiaries ages 19 through 59, and once per year for those 18 years of age or younger and those 60 years of age or older. Covers one pair of eyeglasses or contact lenses after each cataract surgery with an intraocular lens.			

Behavioral Health Benefits

Fidelis Care covers a number of Behavioral Health (BH) benefits for you. Behavioral Health includes both Mental Health services and Substance Use Disorder Treatment services. Sometimes talking to a friend or family member can help you work out a problem. When that is not enough, call your provider or Fidelis Care. We can give you support and help you find a provider that is a good match for you. We can talk to your providers and help you find mental health and substance use providers to help you. It is important for you to have someone to talk to so you can work on solving problems.

Some services are covered for you by Fidelis Care, while some are paid for directly by Medicaid Fee-for-Service (FFS). You will find details in the following chart.

When asking for prior authorization or making other arrangements to receive a BH service, you and your provider should call the **Interim Management Entity (IME)** for addiction services covered by FFS at **1-844-276-2777**. You and your provider should also call Member Services for all Fidelis Care plan-covered services toll-free at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

We have a 24-hour crisis line. If you think you or a family member is having a behavioral health crisis, call this number any time (24 hours a day, seven days a week) at **1-800-411-6485**. A trained person will listen to your problem. They will help you decide the best way to handle the crisis.

NJ FamilyCare members who are not clients of the Division of Developmental Disabilities (DDD) or not in the MLTSS program should call their local Medical Assistance Customer Center (MACC) office for referrals to mental health services and for mental health appointments. If you're not sure where your MACC office is, call Member Services at **1-888-453-2534** (TTY: **711**) for help.

Service/Benefit	Members in DDD, and MLTSS	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Mental Health					
Adult Mental Health Rehabilitation *(Supervised Group Homes and Apartments)*	Adult Mental Health Rehabilitation *(Supervised Group Homes and Apartments)* services are covered by Fidelis Care for Members in DDD and MLTSS.	Covered by FFS.	**Not covered for NJ FamilyCare B, C, and D members.**		
Inpatient Psychiatric	Inpatient Psychiatric services are covered by Fidelis Care for members in FIDE SNP, DDD, and MLTSS.	Covered by Fidelis Care Coverage includes services in a **general hospital, psychiatric unit of an acute care hospital, Short Term Care Facility (STCF)**, or critical access hospital.			
Independent Practitioner Network or IPN (Psychiatrist, Psychologist, or APN)	Covered by Fidelis Care	Covered by FFS.			

Service/Benefit	Members in DDD, and MLTSS	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Outpatient Mental Health	Covered by Fidelis Care	Covered by FFS. Coverage includes services received in a **General Hospital Outpatient** setting, **Mental Health Outpatient Clinic/ Hospital** services, and outpatient services received in a **Private Psychiatric Hospital**. Services in these settings are covered for members of all ages.			
Partial Care (Mental Health)	Covered by Fidelis Care **Limited to 25 hours per week (5 hours per day, 5 days per week).** **Prior authorization required.**	Covered by FFS. **Limited to 25 hours per week (5 hours per day, 5 days per week).** **Prior authorization required.**			
Acute Partial Hospitalization Mental Health/ Psychiatric Partial Hospitalization	Covered by Fidelis Care **Admission is only through a psychiatric emergency screening center or post psychiatric inpatient discharge.** **Prior authorization required.**	Covered by FFS. **Admission is only through a psychiatric emergency screening center or post psychiatric inpatient discharge.** **Prior authorization required.**			

Service/Benefit	Members in DDD, and MLTSS	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Psychiatric Emergency Services (PES)/ Affiliated Emergency Services (AES)	Covered by FFS for all members.				
Substance Use Disorder Treatment	The American Society of Addiction Medicine (ASAM) provides guidelines to help determine what kind of substance use disorder (SUD) treatment is appropriate for a person who needs SUD services. Some of the services in this chart show the ASAM level associated with them (which includes "ASAM" followed by a number).				
Ambulatory Withdrawal Management with Extended On-Site Monitoring/ Ambulatory Detoxification *ASAM 2 – WM*	Covered by Fidelis Care.	Covered by FFS.			
Inpatient Medical Detox/ Medically Managed Inpatient Withdrawal Management (Hospital-based) *ASAM 4 – WM*	Covered by Fidelis Care for all members.				

Service/Benefit	Members in DDD, and MLTSS	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Long Term Residential (LTR) *ASAM 3.1*	Covered by Fidelis Care.	Covered by FFS.			
Office-Based Addiction Treatment (OBAT)	Covered by Fidelis Care. Covers coordination of patient services on an as-needed basis to create and maintain a comprehensive and individualized SUD plan of care and to make referrals to community support programs as needed.				
Non-Medical Detoxification/ Non-Hospital Based Withdrawal Management *ASAM 3.7 – WM*	Covered by Fidelis Care.	Covered by FFS.			
Opioid Treatment Services	Covered by Fidelis Care.	Covered by FFS. Includes coverage for **Methadone Medication Assisted Treatment (MAT)** and **Non-Methadone Medication Assisted Treatment**. Coverage for **Non-Methadone Medication Assisted Treatment** includes but is not limited to FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications; substance use disorder counseling; individual and group therapy; and toxicology testing.			

Service/Benefit	Members in DDD, and MLTSS	NJ FamilyCare Plan A/ABP	NJ FamilyCare Plan B	NJ FamilyCare Plan C	NJ FamilyCare Plan D
Substance Use Disorder Intensive Outpatient (IOP) *ASAM 2.1*	Covered by Fidelis Care.	Covered by FFS.			
Substance Use Disorder Outpatient (OP) *ASAM 1*	Covered by Fidelis Care.	Covered by FFS.			
Substance Use Disorder Partial Care (PC) *ASAM 2.5*	Covered by Fidelis Care.	Covered by FFS.			
Substance Use Disorder Short Term Residential (STR) *ASAM 3.7*	Covered by Fidelis Care.	Covered by FFS.			

Behavioral Healthcare – Members in Division of Developmental Disabilities (DDD) or Managed Long-Term Services and Supports (MLTSS)

Fidelis Care covers behavioral health services for those individuals in NJ's Division of Developmental Disabilities (DDD) program, as well as Managed Long-Term Services and Supports (MLTSS) program.

We are here to help any time you think you need behavioral healthcare. This includes substance use disorder (SUD) treatment and mental health services. We have several ways to help you find a behavioral health provider.

- Use the *Find a Provider* tool at **findaprovider.fideliscarenj.com**;
- Look through your *Provider Directory*; or
- Call us at **1-888-453-2534** (TTY: **711**) Monday through Friday from 8 a.m. to 6 p.m.

Behavioral Healthcare – Members not in Division of Developmental Disabilities (DDD) or Managed Long-Term Services and Supports (MLTSS)

If you are not in the DDD or MLTSS programs, most of your behavioral healthcare (mental health and substance use disorder treatment) will be covered by Medicaid Fee-for-Service (FFS). You do not need your PCP to refer you to see a behavioral health provider.

If you are 18 years of age or older and need behavioral healthcare:

- Call your PCP or psychiatrist;
- Call the IME Addictions Access Center 24/7 at **1-844-276-2777** or **1-844-REACH NJ (732-2465)**. The Interim Managing Entity (IME) is a single point of entry for Substance Use Disorder (SUD) services and questions; and/or
- Call your local Medical Assistance Customer Center (MACC) office for information. A list of current MACC offices is available at **https://www.state.nj.us/humanservices/dmahs/info/resources/macc/MACC_Directory.pdf.**

For behavioral healthcare for those 18 years and younger:

- Call the New Jersey Children's System of Care at **1-877-652-7624** (TTY: **711**); and/or
- Call your local MACC office for information. A list of current MACC offices is available at **https://www.state.nj.us/humanservices/dmahs/info/resources/macc/MACC_Directory.pdf**.

If you have a crisis after-hours and need help, reach out to our Behavioral Health Crisis Line at any time (24 hours a day, seven days a week) at **1-800-411-6485**.

We Can Help You Find Behavioral Healthcare Providers

Call us if you experience any of the following. We will assist you in finding providers who can help.

- Always feel very sad, stressed, or worried;
- Feel hopeless and/or helpless;
- Feel guilty or worthless;
- Problems sleeping;
- Loss of appetite;
- Weight loss or gain;
- Loss of interest in the things you like;
- Problems paying attention;
- Thoughts of hurting yourself or others;
- Bothered by strange thoughts, like hearing or seeing things that other people do not;
- Your head, stomach, or back hurts, and your provider has not found a cause;
- Prescription medication, drug and/or alcohol problems; and/or
- Addiction to or misuse of prescription medication.

What to Do in a Behavioral Health Emergency or if You Are Out of the Plan's Service Region

Do you think your health is at risk? Some people feel as though they could hurt themselves or others. If you have feelings like this, please call **911** or go to the nearest hospital. You do not need prior authorization for a behavioral health emergency.

A provider may think that you need more care after your emergency visit to get better. Fidelis Care will cover the costs for provider-recommended post-care for behavioral health. Please follow up with your PCP within 24 to 48 hours after you leave the hospital.

Fidelis Care's Extra Benefits

Fidelis Care's Extra Benefits	
Stay Connected Program (High Risk Pregnancies/Chronic Conditions)	Provides a free cellphone to Members who do not have a telephone and are engaged in a care management program for a high-risk pregnancy or chronic condition.
SafeLink Cell Program	Provides a free smartphone per household. Includes 350 minutes of talk time monthly, unlimited text messaging and 4.5G of data per month.
Over-the-Counter (OTC)	Provides $10 worth of OTC items each month, per head of household. No prescription required.

Services Not Covered by Fidelis Care or Fee-For-Service (FFS)

Non-Covered Services

- All claims arising directly from services given by or in places owned or run by the federal government, such as Veterans Administration hospitals;
- All services that are not medically needed;
- Any services or items furnished for which your provider does not charge you;
- Cosmetic surgery *(Except when medically necessary and approved)*;
- Experimental organ transplants;
- Respite care except for Managed Long-Term Services and Support (MLTSS) members;
- Rest cures, personal comfort and easy, helpful items, services and supplies not directly related to your care, including:
  - Guest meals and places to stay;
  - Phone charges;
  - Travel costs; and
  - Take-home items and other like costs.

  Exception: Costs by an accompanying parent(s) for out-of-state medical care are covered under Early and Periodic Screening Diagnostic and Treatment (EPSDT) services.
- Services billed for which the corresponding healthcare records do not adequately and legibly reflect the requirements of the procedure described or procedure code used by the billing provider;
- Services involving the use of equipment in facilities, the purchase, rental or construction of which have not been approved by laws of the State of New Jersey;
- Services or items furnished for any condition or accidental injury that arise out of and in the course of employment for which any benefits are available under the provisions of any workers' compensation law, temporary disability benefits law, occupational disease law, or similar legislation, whether you claim or receive benefits, and whether any recovery is obtained from a third party for resulting damages;

- Services or items furnished for any sickness or injury that occur while you are on active duty in the military;
- Services or items reimbursed based upon submission of a cost study when there are no acceptable records or other evidence to substantiate either the costs allegedly incurred or beneficiary income available to offset those costs;
- Services in an inpatient psychiatric institution (that is not an acute care hospital) if you are younger than 65 years or older than 21 years;
- Services outside the United States and its territories;
- Services primarily for the diagnosis and treatment of infertility, including:
  - Sterilization reversals and related office visits (medical or clinic);
  - Drugs;
  - Laboratory services; and
  - Radiological and diagnostic services and surgical procedures.
- Services provided to all persons without charge; services and items provided without charge through programs of other public or voluntary agencies;
- Part of any benefit that is covered or payable under any health, accident, or other insurance policy (including any benefits payable under the NJ no-fault automobile insurance laws), any other private or governmental health benefit system, or through any similar third-party liability, which includes the provision of the Unsatisfied Claim and Judgment Fund; and
- Voluntary services or informal support provided by a relative, friend, neighbor or member of your household (except if provided through participant direction).

Services Covered by Fee-For-Service (FFS)

Besides your covered managed care services, you may get some services that the Medicaid Fee-for-Service (FFS) program covers. These services are listed below. To get these services, you can use our *Find a Provider* tool to see providers who accept Medicaid members. You do not need your PCP to refer you to these services. (A referral is when we need to approve your care before you get it.)

Services include:

- Medically necessary abortion services;
- Non-emergency medical transportation (rides);
- Sex abuse examinations and related diagnostic tests;
- Intermediate care facility/intellectual disability services;
- Some Behavioral Health Services, please see page 61 for more information; and
- Family Planning Services and Supplies from an out-of-network provider.

A list of services covered by FFS is in the *Services Covered by Fidelis Care* section that begins on Page 38.

How to Get Covered Services

Call your PCP or PCD for dental when you need regular care. They send you to a specialist for tests, specialty care and other covered services that you need, but they do not provide. We cover this care.

If your PCP or PCD does not offer a covered service that you need, ask how you can get it.

Prior Authorization

Prior authorization means we must approve a service before you can get it.

Sometimes your PCP, PCD, or another provider may need to ask us to approve care before you get a service or prescription. This is called "Prior Authorization (PA)." Your PCP, PCD, or another provider will contact us for this approval. When we receive your prior authorization request, our nurses and providers will review it. If we do not approve the request, we will let you know, including with a written notice. This written notice will give you details about how to file an appeal if you disagree with our decision.

These services need prior authorization:

- All DME rentals and any DME purchase over $500;
- Home health services;
- Elective inpatient procedures;

- Inpatient admissions;
- Long-term acute care hospital admissions;
- Inpatient rehabilitation facility admissions;
- Skilled nursing facility admissions;
- Advanced radiology;
- Genetic and reproductive lab testing;
- Investigation and experimental procedures;
- Outpatient therapy services;
- Select outpatient procedures (please contact Member Services for specific procedures); and
- Select dental and all orthodontic procedures.

Prior Authorization Timelines

We make a prior authorization decision for non-emergency services within 14 calendar days of the request or sooner.

You or your provider can ask us to make a fast decision for a prior authorization instead. (A fast decision is made within 24 hours.) You can ask for this if you or your provider think(s) that waiting for a decision could put your life or health in danger. To ask, please call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Sometimes we may need more time to make a fast decision. If so, we will decide no later than 72 hours after the receipt of the request for service.

You or your PCP or PCD/specialist can ask us to make a fast decision for a PA instead. (A fast decision is made within 24 hours.) You can ask for this if you or your PCP or PCD/specialist think(s) that waiting for a decision could put your life or health in danger.

Guidelines for Dental Treatment

What if you switch to Fidelis Care from Medicaid Fee-for-Service (FFS) coverage or another managed care plan? If you have a prior authorization for dental care from a provider that you

are already seeing who is not in our network, you can keep getting care from that provider. This can continue for a transitional period or until you are seen by your Primary Care Dentist (PCD) and a new plan of care is created. This is true even if the services have not been started, unless the treating dentist changes the treatment plan.

This prior authorization will be good until its expiration date or for six months, whichever is longer. This includes prior authorizations for orthodontic services that were previously approved by FFS or another managed care plan. A prior authorization for orthodontic services will be valid as long as you:

- Are eligible for services through Fidelis Care; and
- Do not surpass the age limit for orthodontic services.

What if you started services in a different NJFC health plan or in the FFS program before you joined Fidelis Care? In that case, we will pay for the dental services that were approved and started before you joined our Plan. The services must be completed within 90 days after you joined our Plan.

- These dental services will include (but are not limited to): crowns (cast, porcelain fused to metal and ceramic), cast post and core, endodontic treatment, and fixed and removable prosthetics (dentures and bridges).

What if services are started in a different NJFC health plan or in the FFS, are completed after the 90-day limit, but were done by a Fidelis Care network provider? We will cover the started codes and services.

- The dentist must follow our PA rules for any services planned but not started.

What happens if services are started in a different NJFC health plan or in the FFS, completed within the 90-day limit, but were done by a non-plan provider? Fidelis Care will pay the non-plan provider.

Dental Services That You Can Get Without Authorization

You do not need approval from us or your PCD for these services:

- Office visits with in-network specialists to talk about treatment options;
- Preventive dental services; for example, twice yearly diagnostic and preventive dental visits;
- Treatment of dental emergencies; and
- Dental fillings and simple extractions.

Even though you do not need approval for these services, you will need to pick a dentist or specialist within our network. Please see your *Provider Directory* to choose one. You can also use the Find a Provider tool at **findaprovider.fideliscarenj.com**. You can change your PCD at any time by calling Liberty Dental Plan's Member Services at **1-888-442-2375** (TTY: **711**). Once you make your choice, call them to set up an appointment. You must have your ID card at your visit.

Services from Providers Not in Our Network

Sometimes a service you need is not available through a provider in our network. If this happens, we will cover it out-of-network. (Prior approval may be needed.)

Do you use an out-of-network provider that you think offers the best service to meet your medical or dental needs? Contact Member Services to ask about adding this provider to our network. Also, the provider can contact us about joining our network at **https://www.fideliscarenj.com/providers/non-fidelis-care-providers.html**.

Do you have a chronic condition that requires ongoing care from a specialist? If so, you can request a ***standing referral*** to that specialist. A ***standing referral*** means that you can see your specialist on a regular basis without needing to get a referral from your PCP or PCD. Do you have questions or need help with a ***standing referral***? If you do, please call Member Services toll-free at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Utilization Management

Health plans commonly use Utilization Management (UM). UM makes sure members get the right care and services. It helps manage costs and deliver quality healthcare. Our UM program has four parts. Here's what it means:

- **Prior authorization:** Get our approval before you get a service;
- **Prospective reviews:** Before you get care, we make sure it is right for you;
- **Concurrent reviews:** We review your care as you get it to see if something else might be better for you; and
- **Retrospective reviews:** We find out if the care you got was appropriate.

We sometimes cannot approve coverage for services or care. Our Medical Director makes these decisions. You should know:

- Decisions are based on medical necessity for the best use of care and services;

- The people who make decisions do not get paid to deny care (no one does); and
- We do not promote denial of care in any way.

Do you have questions about our UM program? Please call toll-free at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Second Medical or Dental Opinion and Self-Referrals

Second Opinion

Ask your PCP or PCD when you want a second opinion about your care. Or you can call Member Services for a Self-Referral. Fidelis Care will be financially responsible for a second surgical and/or medical opinion.

Second opinions can be used for:

- Diagnosis and treatment of serious medical conditions;
- Elective surgical procedures;
- When a provider recommends a treatment other than what you believe is necessary;
- When you believe you have a condition that the provider failed to diagnose; or
- Diagnosis and treatment of dental conditions that are treated within a dental specialty.

When you get a second opinion, Fidelis Care will ask you to choose another network provider in your area. If a participating provider is not available, you may choose a non-participating provider located nearby as long as you get prior authorization from Fidelis Care first. Fidelis Care must cover out-of-network services if Fidelis Care's network is not able to provide necessary services to you. However, you must go to a provider in our network for any tests the second provider orders or any treatments recommended.

Call us for help getting a second opinion with an out-of-network provider. Call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m. Your PCP or PCD will review the second opinion. Once you get your second opinion, you and your provider can decide the best way to proceed with your care.

You do not need a prior authorization or referral to any dentist or dental specialist in the Fidelis Care network. The procedure to get a second dental opinion is the same as for second medical opinions.

Self-Referral

Fidelis Care makes it easier for you to get access to quality healthcare. You do not need a referral from your PCP to visit an in-network specialist. This means that you can choose the service you feel most comfortable with and feel will be best able to help you. However, it is important to let your PCP know when you have seen another provider. Your PCP is responsible for coordinating your care.

As a reminder, you must use a specialist in Fidelis Care's network. To find a specialist, visit the *Find a Provider* tool at **findaprovider.fideliscarenj.com**.

It is important to remember if you initiate a self-referral from a non-participating provider without authorization you can be held responsible for the cost of care. You are required to seek care when it is available within the network.

After-Hours Care

If you get sick or hurt when your PCP's or PCD's office is closed, and it is not an emergency, you can call your PCP anyway. Your PCP's number is on your ID card.

Your PCP's or PCD's office will have a provider "on call." This provider is available 24 hours a day, seven days a week. They will call you back and tell you what to do.

If you cannot reach your PCP's or PCD's office, you may go to an urgent care center.

Also, remember you can call the Nurse Advice Line any time at **1-800-919-8807**.

Emergency Care

An Emergency Medical Condition is any medical condition severe enough that a sensible person with an average knowledge of medicine and health could reasonably expect that, without immediate medical attention, a person in that condition might be in danger.

Go to the emergency room for:

- Broken bone(s);
- Gun or knife wound(s);
- Bleeding that will not stop;
- You are pregnant, in labor and/or bleeding;
- Severe chest pain or heart attack;
- Drug overdose;
- You feel you are a danger to yourself or others;
- Poisoning;
- Bad burn(s);
- Shock (you may sweat, feel thirsty or dizzy or have pale skin);
- Convulsions or seizures;

- Broken or dislocated jaw;
- Severe facial swelling, bleeding or infection;
- Facial trauma;
- Broken natural teeth or lost fillings or crowns;
- Trouble breathing; or
- Suddenly unable to see, move or speak.

Do NOT go to the emergency room for:

- Flu, cold, sore throat or ear ache;
- A sprain or strain;
- A cut or scrape that does not need stitches;
- Loose "baby teeth";
- To get more medicine or have a prescription refilled; or
- Diaper rash.

If you are pregnant and having contractions, it is an emergency if:

- There is not enough time to safely get you to another hospital before delivery; or
- Any transportation may be a threat to the safety to the pregnant person or the unborn child.

For dental emergencies, such as pain, limited swelling and/or bleeding in the mouth, or if a tooth was knocked out, call your dentist first. If you cannot reach your dentist, or if you do not have a dentist, call Liberty Dental at **1-888-442-2375** (TTY: **711**). See the "Dental Emergency" section on Page 107.

In an emergency, please call 911 or go to the nearest hospital emergency room right away.

- Show your Fidelis Care ID card at the emergency room;
- Ask the staff to call us (the emergency room provider will decide if it is an emergency); and
- Please let your PCP or PCD and Fidelis Care know when you visit an emergency room. We can help make sure you get the follow-up care you need. Do this as soon as you can!

Not sure if it is an emergency? Call our 24-Hour Nurse Advice Line at **1-800-919-8807** (TTY: **711**) or your PCP or PCD. You do not need prior authorization (pre-approval) for emergency care or urgent healthcare, whether in-network or out-of-network. We will cover this care. These services are available 24 hours a day, seven days a week.

We will pay for all services related to the exam. We will not deny a claim for an emergency medical exam that would have appeared to be an emergency to an average person but was later found not to be an emergency.

Non-Emergency Care in the Emergency Room

You should not go to the emergency room for a medical illness if immediate care is not needed. This is called non-emergency care. The emergency room staff will conduct a screening to decide if your illness is an emergency. If they decide your illness is not an emergency, they must let you know. Before the emergency room staff provides care for a non-emergent issue, they must tell you where you can go to get care.

Out-of-Area Emergency Care

It is vital to get care when you are sick or hurt, even when you travel. Please call Member Services if you get sick or injured while traveling. The toll-free number is 1-888-453-2534 (TTY: 711). These numbers are on the back of your ID card.

- Go to the nearest hospital if you have an emergency while traveling. It does not matter if you are not in our service area;
- Show your ID card;
- Call your provider as soon as you can; and
- Ask the hospital staff to call us. We can tell them how to file your claim.

Urgent Care

Urgent care is treatment of a condition that is not an emergency but needs treatment within 24 hours to prevent it from getting worse. Some examples of these conditions include:

- Cold, cough or sore throat;
- Cramps;
- Ear infection;
- Bruises, minor cuts or burns;
- Rashes or minor swelling;
- Backaches;
- Low-grade fever;
- Sprains; and
- Severe pain.

Are you unsure if you need urgent care? Please call your PCP or PCD or the Nurse Advice line at **1-800-919-8807** (TTY: **711**).

Urgent care services do not need prior approval.
You do not need to see a network provider for urgent care.
You need to show your Fidelis Care ID card to the urgent care provider.

Ask the urgent care provider or their staff to call us. You do not need approval to get urgent care. Be sure to let your PCP or PCD know if you get urgent care, so they can provide follow-up care.

Remember, you can also get urgent care when you travel out of state.

Post Stabilization Care

Post-stabilization Care Services are covered services related to an emergency medical condition that are provided after that condition is brought under control and stabilized. This includes services and treatment provided to keep your condition stable, as well as services provided to improve or completely resolve your condition. Post-stabilization services are covered and subject to prior needed authorization.

Members with Special Needs

For adults, members with Special Needs include:

- Members with chronic and/or complicated medical conditions that need specialized treatment;
- Members with physical, mental, or developmental disabilities (including members eligible for Managed Long-Term Services and Supports (MLTSS);
- Members who need treatment for Substance Use Disorder (SUD); and
- Members who are homebound.

Treatment of Minors

Fidelis Care also manages the care of persons younger than 18 (minors).

Treatment is covered when requested by the minor's parent(s) or the minor's legal guardian. New Jersey law allows minors to make healthcare decisions for themselves in some cases.

Treatment without parental/guardian consent is allowed in these cases:

- When a minor goes to an emergency room for treatment of an emergency medical condition, the minor will be treated without consent from their parent(s) or guardian;
- When minors want family planning services, maternity care or services related to sexually transmitted infections (STIs). These services will be covered without parental/guardian consent when medically necessary; and

- When minors who live on their own and have their own Medicaid ID number as head of their own household need treatment.

Fidelis Care ensures continuity of care and a seamless transition of care for our members who are currently working with a non-participating provider. When a newly enrolled member or existing member presents to the Plan with an existing relationship with a non-participating provider, the member may continue an ongoing course of treatment during a condition-specific transitional period or until the member is evaluated by their PCP and PCD, or specialists and a new plan of care is mutually established.

Members can work with a specialty care manager to guide the member and the non-participating provider throughout the continuity of care path.

Fidelis Care will ensure that members receive necessary services through a network of providers that specialize in treating members with special healthcare needs, including referrals to specialty care facilities, such as a Pediatric Medical Day Care Facility. Our network of providers consists of specialized providers with experience and expertise in treating members with special needs.

Fidelis Care will also allow for standing referrals for members who need long-term specialty care. A member can get a standing referral for up to six months at a time and/or six or more visits.

Children with Special Healthcare Needs

The Care Management team refers services to children with special healthcare needs. Services may include:

- Psychiatric care and Substance Use disorder (SUD) counseling for Division of Developmental Disabilities (DDD) members;
- Crisis intervention; and
- Inpatient hospital services.

The Care Management team also provides education and arranges other types of care. These include:

- Well-child care;
- Health promotion and disease prevention;
- Coordination of healthcare needs with specialists;

- Diagnostic and intervention strategies;
- Coordination of home healthcare therapies;
- Coordination of more ongoing services;
- Coordination of long-term management of ongoing medical complications; and
- Continuation of services with out-of-network providers, when it is in your best medical interest.

Children with special needs also have Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefits to help keep them healthy. We help promote and maintain the health of a child from birth until their 21st birthday. This program helps keep a child's vaccines and well-child visits on track. It reminds parents or guardians to have their child's PCP screen for medical problems early and keep checking for issues. It also gets children in touch with support services. This gives them the best chance for care, as soon possible, so they can live their best life. Children in the EPSDT program with special needs have an added dental benefit of four preventive dental visits per year.

Some children have a condition that needs ongoing care from an in network specialist, or has a life-risk or disabling condition or disease. You can ask the child's PCP for a "standing referral." This lets the child go to the specialist as often as needed to treat the condition.

Children with a special need may be able to have an in-network specialist as their PCP. Referrals to some care facilities for highly specialized care or referrals to continue care with a non-network provider are available upon request, when needed.

Dental Special Needs Care

Fidelis Care's dental vendor, Liberty Dental Plan (LDP), provides oversight of complex care management and coordination of dental services for those requiring dental special needs care. Members with complex dental problems and/or special dental healthcare needs can ask for assistance in coordinating dental services by calling Liberty Dental Plan's Member Services at 1-888-442-2375 (TTY: 711). You may also locate listings of dentists who treat children or adults with intellectual and developmental disabilities (IDD) here:

- Child **https://www.fideliscarenj.com/content/dam/centene/wellcare/nj/pdfs/NJ_Caid_IDD_Child_Dental_Directory_Multi_07_2022_R.pdf**
- Adult **https://www.fideliscarenj.com/content/dam/centene/wellcare/nj/pdfs/NJ_Caid_IDD_Adult_Dental_Directory_Multi_07_2022_R.pdf**

Consultation and information available includes oral hygiene instruction to maintain a member's oral health between dental visits. The Care Manager assigned to oversee the member's oral health will create a "Dental Management Plan" to assist in the coordination of care.

Members with developmental disabilities and special needs may need more frequent diagnostic, preventive, and periodontal visits if medically needed (four visits are allowed annually without prior authorization).

In certain situations, dental services may be provided as follows:

- Mobile Dental Practice: The provider uses portable dental equipment to provide dental services outside of the dental office/clinic in settings such as facilities, schools and residences; or
- Mobile Dental Practice (utilizing van): The provider uses a vehicle specifically equipped with dental equipment to provide services within the van.

Fidelis Care is committed to providing access to you through tele dentistry when possible and appropriate. Effective July 1, 2023, tele dentistry benefits will be available to members in the Division of Developmental Disabilities (DDD) program or Managed Long Term Services and Supports (MLTSS) program. This means that you and the dentist are in different locations, but you still get care.

Tele dentistry visits can include dental visits to help with a toothache or to see how well you are taking care of your teeth and mouth. Our tele dentistry program connects you to Dental Care providers from home or anywhere you can be on your phone or computer. Most dentists will be able to connect to any laptop, computer web browser, smartphone, or tablet securely and safely. Your health information is protected just as if you had a face-to-face visit. If you have any questions about tele dentistry, please call your PCD or the Liberty Dental Member Services at **1-888-442-2375**.

Contact Fidelis Care, Liberty Dental Plan or your care manager for additional information.

Members with Special Healthcare Needs (SHCN) in an Operating Room (OR) or Ambulatory Surgical Center (ASC)

Members with Special Healthcare Needs ("SHCN") may require treatment to be performed in a hospital setting/operating room ("OR") or ambulatory surgical center ("ASC") facility setting as an outpatient service.

Liberty Dental Plan offers care management for dental services for SHCN members upon request. To ask for this, call Liberty Dental Plan's Member Services at **1-888-442-2375** (TTY: **711**). Care managers help members and providers set up services. They also help with coordinating authorizations for dentally required hospitalizations. They also help with dental services in the operating room by talking with the Plan's dental and medical experts. They also include the member/parent/guardian and staff in these talks at the surgical location when needed. All of this is done in an efficient and timely manner.

They will work one-on-one to help coordinate oral healthcare needs.

To do this, they:

- May ask questions to get more information about your health conditions;
- Work with PCPs and PCDs to set up services needed, and to help you understand your healthcare needs;
- Provide information to help you understand how to care for yourself and how to access services, including those in your area;
- Help with setting up provider visits and rides; and
- Go with you to any medical visits, as needed.

Members Who Are Homebound

All members identified as homebound can get home and/or community-based services offered by Fidelis Care. The goal is to know your needs and then use a holistic approach to treat those needs.

Some services include:

- Care management;
- Home health services (registered nurse, physical therapy, occupational therapy, speech therapy);
- Nutritional (healthy diet) services;
- Telehealth providers (medical and psychiatric needs);
- Immunizations (like flu shots and others);
- Transportation (rides to medical visits); and
- Psychotherapy.

Care Management

The purpose of the Care Management program is to identify, support, and engage persons with high needs. Our Care Management program brings together medical, behavioral, social, and money help to members in a holistic care management approach. This includes help with health and risk assessments, set up of care/benefits, service delivery, community resources, and education to make sure that you live a happier healthier life in the community.

You have access to Care Management at any time. You are able to self-refer to the program using the following methods:

- By calling Member Services at **1-888-453-2534** (TTY: **711**);
- By calling the 24-hour nurse advice hotline or 24-hour crisis hotline provided during the initial Comprehensive Needs Assessment; or
- By calling the Care Management line at **1-844-901-3781**.

If you are referred, contacted, and agree to join in the Care Management program, you get a focused Care Needs Assessment (CNA) within 30 days of identification or referral to the care management team. This service identifies any healthcare needs followed by the creation of a personal care plan that is shared with the persons and providers involved with your care. This care plan can be used as a road map to make that your top healthcare needs are met.

Our trained care managers help you, your family, and your PCP or PCD. They will help set up services you may need to manage your health. This includes referrals to special care facilities.

Our Care Management programs offer you a care manager and other outreach workers. They will work one-on-one with you to help coordinate your healthcare needs. To do this, they:

- May ask you questions to learn more about your condition;
- Work with your PCP or PCD to arrange services you need and help you understand your health;
- Give you information to help you know how to care for yourself and how to get services, like through local resources;
- Help with coordination of provider visits and rides; and
- Come with you to any medical places as needed.

All new members (except Division of Developmental Disabilities [DDD] and Division of Child Protection and Permanency [DCP&P]) members are screened with the *Initial Health Screening Tool*. This is used to see if you have any physical and/or behavioral health needs that must be treated right away. We will also check to see if you need a more detailed screening. This detailed screening is called the *Comprehensive Needs Assessment*. It helps us know your needs for medical or behavioral health specialist that can support you best. All new Division of Developmental Disabilities (DDD) and Division of Child Protection and Permanency (DCP&P) members automatically get a Comprehensive Needs Assessment.

Any special needs you may have will be identified through a Comprehensive Needs Assessment. The assessment will be completed and help us in working with you to design a care plan.

Your care manager will work with you to develop an individualized care plan, meant to address and support your needs.

Family Planning

Family planning is a covered benefit. Covered services include:

- Advice and/or prescriptions for birth control;
- Breast cancer exam;
- Genetic testing and counseling;
- HIV/AIDS/STI testing;
- Sterilization (a treatment that prevents the ability to impregnate or get pregnant);
- Long Acting Reversible Contraception (LARC);
- Pelvic exams; and
- Pregnancy tests.

You can choose where to get these services.

To pick a provider from our network, look through our Provider Directory or call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

You can also get family planning services from any Medicaid Fee-for-Service (FFS) provider, even if they are not in our network. In this case, you must show your New Jersey Health Benefit ID card (HBID card). You do not need a referral.

Your provider does not need to refer you to get family planning services. You may also get these services at a Federally Qualified Health Center (FQHC) or from an out-of-network Medicaid provider.

Questions? Please call Member Services toll-free at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Hysterectomy and Sterilization

If you choose to have surgery such as a hysterectomy or vasectomy to prevent having children, the provider who performs the surgery must fully explain the surgery and its results.

- You must sign a form before you have the surgery;
- The form states that you understand that the surgery is permanent, that your provider has told you about the many non-permanent types of birth control options, and that your provider has answered all of your questions;
- The form also says the decision to be sterilized is all yours; and
- The form must be signed at least 30 days before the surgery.

We can provide you with a translator or an interpreter to help you if English is not your primary language.

Pregnancy and Newborn Care

It is important that you go to all your *prenatal* (before birth) and *postpartum* (after birth) visits to ensure both you and your baby remain healthy. If you are pregnant, you should see your Primary Care Provider (PCP) within three weeks of joining our Plan. (This depends on your risk factors and how long you have been pregnant.)
Your provider must see you within:

- Three weeks of a positive pregnancy test (home or laboratory);
- Three days of identification of high risk pregnancy;
- Seven days of request in first and second trimester; and
- Three days of first request in third trimester.

You can see any OB/GYN or Midwife for pregnancy without being sent by your PCP.

It is important to start prenatal care as soon as you become pregnant.

- See your PCP or OB/GYN or Midwife throughout your pregnancy;

- Make sure you go to all your visits when your PCP or OB/GYN or Midwife tells you to; and
- Make sure you go to your provider after you have your baby for follow-up care (between 21 and 56 days after your baby is born).

The Care Management Team can help set up prenatal visits and support you throughout your pregnancy. Call us at **1-844-901-3781** (TTY: **711**) Monday through Friday from 8 a.m. to 6 p.m.

Here are a few other things to remember:

If you have a baby while you are a Fidelis Care member, your enrollment covers the costs of services for your baby up to the baby's first birthday.

Please call your County Welfare Agency / Board of Social Services to get your baby's Medicaid ID number. It's best to do this within 60 days of your child's birth to avoid delay. Call us at **1-888-453-2534** (TTY: **711**) Monday through Friday from 8 a.m. to 6 p.m. to give us this number when you get it from your County Welfare Agency / Board of Social Services.

You also need to choose a PCP for your baby. The PCP will complete regular baby check-ups and provide immunizations. You must do this before your baby is born. If you do not choose a PCP for your baby, we will choose one for you.

Community Doula Services Program

We know you will have questions about your pregnancy and your baby. That is why Fidelis Care has community doula services for pregnant members. A community doula is a trained professional who gives you emotional and physical support during your pregnancy and childbirth. Community doulas also help you access community resources, lactation/breastfeeding education, and much more.

During pregnancy, community doulas offer support by:

- Answering questions about the childbirth process; and
- Setting up a birth plan.

At delivery:

- Always stays with you to give comfort and support; and
- Helps you talk to medical staff about what you want and don't want.

After delivery:

- Helps in breastfeeding support; and

- Supports and encourages you, after you bring your baby home.

Would you like to learn more?

We will be happy to help you! Please call our Care Management team at: **1-844-901-3781** (TTY: **711**).

Fidelis Care BabySteps Maternity Care Management Program

Fidelis Care BabySteps is a free program for people who are pregnant. The goal: to keep you healthy and provide the best way for you to have a healthy baby. To do this, our BabySteps care coordinators will reach out to you for a Prenatal Risk Assessment (PRA). The PRA helps us learn if care management or care coordination could help you and your unborn baby with any issues that might rise during your pregnancy.

The BabySteps Maternity Care Management Program is designed to extend the gestational period and reduce risk of the following:

- Pregnancy complications;
- Premature delivery;
- Low birth weight; and
- Infant disease.

The program combines care management, care coordination, disease management and health education to improve the health of those pregnant and those with newborns.

If you would like to enroll, please call Care Management at **1-844-901-3781** (TTY: **711**) Monday through Friday from 8 a.m. to 6 p.m.

Women, Infants and Children (WIC)

WIC is a nutrition program. It is for people (pregnant and those who have recently had a baby), infants, and children. The program provides:

- Nutrition food and education;
- Referrals to other health, welfare and social services; and
- Support for parents who breastfeed.

If you are pregnant, or recently gave birth, ask your PCP about WIC. Call your local WIC agency to see if you are eligible and to apply for this program. You must make an appointment to talk with them. You will need proof that you live in New Jersey and your income.

Below is a list of WIC agencies and their contact information as of when this handbook was written. Please find the most current list of local current WIC agencies at **nj.gov/health/fhs/wic/participants/find-wic/**.

North	
Essex County	
City of Newark WIC Program Email: **NewarkWIC@ci.newark.nj.us**	
City of Newark Department of Health and Community Wellness 110 William Street Newark, NJ 07102	**1-973-733-7604**
Newark Beth Israel Medical Center 166 Lyons Avenue Newark, NJ 07112	**1-973-705-3504 or** **1-973-705-3505**
Irvington Site (Briar Hill Building) 50 Union Avenue Suite 702 Irvington, NJ 07111	**1-973-761-2517**
Saint James Health Center 228 Lafayette Street 4th Floor Newark, NJ 07105	**1-862-229-6360**
Rutgers New Jersey Medical School WIC Program Email: **rutgerswic@njms.rutgers.edu**	
Doctors Office Center (DOC) 90 Bergen Street Suite 5400 Newark, NJ 07101	**1-973-972-3416**
Ivy Hill Apartments Senior Citizen Center 230 Mt. Vernon Place Newark, NJ 07106	**1-973-972-3416**
University Hospital OB-GYN Clinic 140 Bergen Street C Level Newark, NJ 07103	**1-973-972-3416**

City of East Orange WIC Program Email: **wic@eastorange-nj.gov**	
City of East Orange 185 Central Avenue, Fifth Floor East Orange, NJ 07018	**1-973-395-8960**
For a list of Essex County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Essex%20County%20Farmers%20Market%20List.pdf**	

Bergen County

Saint Joseph Medical Center Email: **wic@sjhmc.org**	
Hackensack Department of Health 215 State Street Hackensack, NJ 07601	**1-973-754-4575**
St. Mark's Episcopal Church 118 Chadwick Road Teaneck, NJ 07666	**1-973-754-4575**
First Presbyterian Church 457 Division Avenue Carlstadt, NJ 07072	**1-973-754-4575**
St. Paul's Episcopal Church 113 Engle Street Englewood, NJ 07631	**1-973-754-4575**
Cliffside Park Head Start 263 Lafayette Avenue Cliffside Park, NJ 07010	**1-973-754-4575**
Bergenfield Department of Health 198 North Washington Avenue Bergenfield, NJ 07621	**1-973-754-4575**

St. John's Episcopal Church 301 East Main St Ramsey, NJ 07446	**1-973-754-4575**
BCCAP Weatherization Training Center 541 Midland Avenue Garfield, NJ 07026	**1-973-754-4575**
For a list of the Bergen County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Bergen%20County%20Farmers%20Market%20List.pdf**	

Hudson County

Jersey City WIC Program Email: **wichelp@jcnj.org**	
City of Jersey City Department of Health & Human Services City Hall Annex, 1 Jackson Square Jersey City, NJ 07305	**1-201-547-6842**
Bayonne Hospital (Health Start) 29 East 29th Street Bayonne, NJ 07002	**1-201-547-6842**
North Hudson Community Action Corporation (NHCAC) WIC Program Email: **wic2@nhcac.org**	
North Hudson Community Action Corp. 407 39th Street, Union City, NJ 07087	**1-201-866-4700**
Kearny Health Department 645 Kearny Avenue Kearny, NJ 07032	**1-201-866-4700**
Town of Harrison 326 Harrison Avenue (basement level) Harrison, NJ 07029	**1-201-866-4700**
For a list of the Hudson County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Hudson%20County%20Farmers%20Market%20List.pdf**	

Morris County	
Saint Joseph Medical Center WIC Program Email: **wic@sjhmc.org**	
St. Margaret Church 6 Sussex Avenue Morristown, NJ 07960	**1-973-754-4575**
Boonton United Methodist Church 626 Lathrop Avenue Boonton, NJ 07005	**1-973-754-4575**
Zufall Health Center 18 West Blackwell Street Dover, NJ 07801	**1-973-754-4575**
For a list of the Morris County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Morris%20County%20Farmers%20Market%20List.pdf**	
Passaic County	
Saint Joseph Medical Center WIC Program Email: **wic@sjhmc.org**	
Saint Joseph WIC Program 800 Main Street Paterson, NJ 07524	**1-973-754-4575**
Center for Family Resources 12 Morris Rd. Ringwood, NJ 07666	**1-973-754-4575**
Pompton Lakes Health Department 25 Lenox Avenue Pompton Lakes, NJ 07442	**1-973-754-4575**
Wayne Health Department 475 Valley Road Wayne, NJ 07470	**1-973-754-4575**

Greater Bergen Community Action HS 500 East 35th Street Paterson, NJ 07504	**1-973-754-4575**
Boys and Girls Club of Clifton, Inc 181 Colfax Avenue Clifton, NJ 07013	**1-973-754-4575**
City of Passaic WIC Program Email: **passaicwic@cityofpassaicnj.gov**	
City of Passaic 333 Passaic Street Passaic, NJ 07055	**1-973-365-5620**
For a list of the Passaic County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Passaic%20County%20Farmers%20Market%20List.pdf**	
Sussex County	
Northwest Community Action Partnership (NORWESCAP) WIC Program Email: **wic@norwescap.org**	
The First United Methodist Church 111 Ryerson Avenue Newton, NJ 07860	**1-973-579-5155**
For a list of the Sussex County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Sussex%20County%20Farmers%20Market%20List.pdf**	
Warren County	
Northwest Community Action Partnership (NORWESCAP) WIC Program Email: **wic@norwescap.org**	
NORWESCAP WIC Program 350 Marshall Street Phillipsburg, NJ 08865	**1-908-454-1210**

Trinity Methodist Church 213 Main Street Hackettstown, NJ 07840	**1-908-454-1210**
First Presbyterian Church 41 East Church Street Washington, NJ 07882	**1-908-454-1210**
For a list of the Warren County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Warren%20County%20Farmers%20Market%20List.pdf**	

Central

Hunterdon County

Northwest Community Action Partnership (NORWESCAP) WIC Program Email: **wic@norwescap.org**	
Flemington United Methodist Church 116 East Main Street Flemington, NJ 08822	**1-908-454-1210**
For a list of the Hunterdon County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Hunterdon%20County%20Farmers%20Market%20List.pdf**	

Mercer County

Children's Home Society (CHS) Mercer WIC Program Email: **wicnutritionist@chsofnj.org**	
The Children's Home Society of NJ's Mercer WIC Program 1440 Parkside Ave. Ewing, NJ 08638	**1-609-498-7755**
Hamilton Health Department McManimon Building: 320 Scully Avenue Hamilton, NJ 08610	**1-609-498-7755**

Princeton Twp. Municipal Building WIC 400 Witherspoon Street Princeton, NJ 08542	**1-609-498-7755**
CHS South Clinton Office 635 South Clinton Avenue Trenton, 08611	**1-609-498-7755**
First Baptist Church of Hightstown 125 South Main Street Hightstown, NJ 08520	**1-609-498-7755**
For a list of the Mercer County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Mercer%20County%20Farmers%20Market%20List.pdf**	

Middlesex County

Visiting Nurses Association (VNA) of Central Jersey WIC Program Email: **wic@vnahg.org**	
How Lane Health Center 123 How Lane (Rear of Building) New Brunswick, NJ 08901	**1-732-249-3513**
Presbyterian Church of Jamesburg 177 Gatzmer Avenue Jamesburg, NJ 08831	**1-732-249-3513**
Edison Township Health Department 80 Idlewild Road Edison, NJ 08817	**1-732-249-3513**
Perth Amboy WIC Program 313 State Street Second Floor Perth Amboy, NJ 08861	**1-732-376-1188**
Acelero Head Start 301 Augusta Street South Amboy, NJ 08879	**1-732-376-1188**

For a list of the Middlesex County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Middlesex%20County%20Farmers%20Market%20List.pdf**	
Monmouth County	
Visiting Nurses Association (VNA) of Central Jersey WIC Program Email: **wic@vnahg.org**	
VNA of Central NJ WIC Admin Site 790 Rt 35 Middletown, NJ 07748	**1-732-471-9301**
Trinity Church 503 Asbury Avenue, Asbury Park, NJ 07712	**1-732-471-9301**
Freehold Health Center 597 Park Avenue Freehold, NJ 07728	**1-732-471-9301**
Keyport VNA Community Health Center 35 Broad Street Keyport, NJ 07734	**1-732-471-9301**
Monmouth Day Care Center 9 Dr. James Parker Blvd Red Bank, NJ 07701	**1-732-471-9301**
Grace Methodist Church 115 Saint James Avenue Union Beach, NJ 07735	**1-732-471-9301**
First Presbyterian Church 9th Avenue and E Street Belmar, NJ 07719	**1-732-471-9301**
For a list of the Monmouth County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Monmouth%20County%20Farmers%20Market%20List.pdf**	

Somerset County	
Northwest Community Action Partnership (NORWESCAP) WIC Program Email: **wic@norwescap.org**	
People Care Center 120 Finderne Avenue, Room 4 Bridgewater, NJ 08807	**1-908-685-8282**
Watchung Avenue Presbyterian Church 170 Watchung Avenue North Plainfield, NJ 07060	**1-908-454-1210**
For a list of the Somerset County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Somerset%20County%20Farmers%20Market%20List.pdf**	
Union County	
City of Plainfield WIC Program Email: **wic@plainfieldnj.gov**	
Plainfield WIC Program 510 Watchung Avenue Plainfield, NJ 07060	**1-908-753-3397**
Trinitas Medical Center WIC Program Email: **WIC@rwjbh.org**	
Trinitas WIC 240 Williamson Street, Suite 403 Elizabeth, NJ 07201	**1-908-994-5141**
For a list of the Union County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Union%20County%20Farmers%20Market%20List.pdf**	
South	
Atlantic County	
Gateway Community Action Partnership WIC Program Email: **tricounty_wic@gatewaycap.org**	

Egg Harbor City WIC 300 Philadelphia Avenue, Suite B Egg Harbor City, NJ 08215	**1-609-593-3940**
Atlantic City WIC 139 N. Iowa Avenue Atlantic City, NJ 08401	**1-609-246-7767**
Galloway Township 333 Jimmie Leeds Road, Unit 5 Galloway NJ 08205	**1-609-382-5050**
For a list of the Atlantic County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Atlantic%20County%20Farmers%20Market%20List.pdf**	

Burlington County

Burlington County WIC Program Email: **WIC@co.burlington.nj.us**	
Burlington County Health Department Raphael Meadow Health Center 15 Pioneer Blvd. Westampton, NJ 08060	**1-609-267-4304**
Nesbitt Recreation Center Anderson Avenue & Pemberton-Browns Mill Road Pemberton, NJ 08068	**1-609-267-4304**
Central Baptist Church Fifth & Maple Avenues Palmyra, NJ 08065	**1-609-267-4304**
1st United Methodist Church Camden & Pleasant Valley Avenue Moorestown, NJ 08057	**1-609-267-4304**
Tabernale Fire Company #1 76 Hawkins Road & Rt. 206 Tabernacle, NJ 08088	**1-609-267-4304**

Shiloh Baptist Church 104 ½ Elizabeth Street Bordentown, NJ 08505	**1-609-267-4304**
JFK Center 429 JFK Way Willingboro, NJ 08046	**1-609-267-4304**
Burlington Housing Authority 800 Walnut Street Burlington, NJ 08016	**1-609-267-4304**
Riverside VFW 1125 S. Fairview Street Delran, NJ 08075	**1-609-267-4304**
Fort Dix/McGuire AFB-Education and Training Center 5240 New Jersey Avenue (Fort Dix Chapel) Fort Dix, NJ 08641	**1-609-267-4304**
Beverly Housing Authority 100 Magnolia Street Beverly, NJ 08010	**1-609-267-4304**
For a list of the Burlington County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Burlington%20County%20Farmers%20Market%20List.pdf**	
Camden County	
Gateway Community Action Partnership WIC Program Email: **tricounty_wic@gatewaycap.org**	
Blackwood Plaza 1111 South Black Horse Pike Blackwood, NJ 08012	**1-856-302-1405**
Mt Ephraim WIC 2881 Mt. Ephraim Ave., Unit 6-7 Camden, NJ 08104	**1-856-225-5050/5051**

For a list of the Camden County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Camden%20County%20Farmers%20Market%20List.pdf**	
Cape May County	
Gateway Community Action Partnership WIC Program Email: **tricounty_wic@gatewaycap.org**	
Cape May WIC 6 Moore Rd. Cape May, NJ 08210	**1-609-465-1224**
For a list of the Cape May County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Cape%20May%20County%20Farmers%20Market%20List.pdf**	
Cumberland County	
Gateway Community Action Partnership WIC Program Email: **tricounty_wic@gatewaycap.org**	
Bridgeton WIC Office 10 Washington Street Bridgeton, NJ 08302	**1-856-451-5600**
Millville WIC 811 West Main Street, Suite F Millville, NJ 08332	**1-856-300-5352**
Vineland WIC Office 610 East Montrose Street Vineland, NJ 08360	**1-856-691-4191**
For a list of the Cumberland County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Cumberland%20County%20Farmers%20Market%20List.pdf**	
Gloucester County	
Gloucester County WIC Program Email: **gcwic@co.gloucester.nj.us**	

Gloucester County Department of Health & Senior Services 204 East Holly Avenue. Sewell, NJ 08080	**1-856-218-4116**
Williamstown-Monroe Township Municipal Building 125 Virginia Avenue Williamstown, NJ 08094	**1-856-218-4116**
West Deptford WIC Office 115 Budd Boulevard West Deptford, NJ 08096	**1-856-423-7160**
For a list of the Gloucester County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Gloucester%20County%20Farmers%20Market%20List.pdf**	

Ocean County

Ocean County WIC Program Email: **WIC@ochd.org**	
Ocean County WIC Program Ocean County Health Department 175 Sunset Avenue Toms River, NJ 08755	**1-732-370-0122**
Southern Ocean Resource Center 333 Haywood Avenue Manahawkin, NJ 08050	**1-732-370-0122**
Ocean Health Initiatives (OHI) 10 Stockton Drive Toms River, NJ 08753	**1-732-370-0122**
Northern Ocean County Board of Health 1771 Madison Avenue Lakewood, NJ 08701	**1-732-370-0122**
Ocean Health Initiatives Health Center 101 Second Street Lakewood, NJ 08701	**1-732-370-0122**

For a list of the Ocean County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/OceanCounty%20Farmers%20Market%20List.pdf**	
Salem County	
Gateway Community Action Partnership WIC Program Email: **tricounty_wic@gatewaycap.org**	
Salem WIC Office 14 New Market Street Salem, NJ 08079	**1-856-935-8919**
For a list of the Salem County Farmers' Market Locations go here: **https://www.nj.gov/health/fhs/wic/documents/Salem%20County%20Farmers%20Market%20List.pdf**	

For information on the NJ Supplemental Nutrition Assistance Program (SNAP) please go here: **https://www.nj.gov/humanservices/njsnap/about/njsnap/#:~:text=What%20is%20NJ%20SNAP.%20New%20Jersey%E2%80%99s%20Supplemental%20Nutrition,that%20can%20keep%20you%20and%20your%20family%20healthy**

For information on ConnectingNJ please go here: **https://nj.gov/connectingnj/**

For information on Mental Health please go here; **https://www.state.nj.us/humanservices/dmhas/home/**

Interested in Breastfeeding?

Lactation (breastfeeding) services supports people who want to breastfeed. Counseling, classes, breast pumps and supplies are available through Fidelis Care. Educational materials are also available to help reinforce healthy and successful breastfeeding.

Fidelis Care covers:

- Standard electric breast pumps (non-hospital-grade);
- Manual breast pumps; and
- Hospital-grade electric breast pumps (when medically necessary).

Fidelis Care covers breast pumps and supplies. For a list of breast pump suppliers, please call Member Services at **1-888-453-2534** (TTY: **711**) or contact the BabySteps Care Manager.

There are other ways you can get help:

- Ask your OB/GYN or Midwife about breastfeeding and recommended classes;
- Call the Women, Infants, and Children (WIC) program at **1-800-328-3838** (TTY: **711**) to connect to your local WIC office to speak with a lactation specialist. This is also the WIC 24-hour referral line;
- Call the La Leche League of Garden State at **1-877-452-5324** or visit **http://www.lllgardenstate.com/local-support.html**;
- Call the National Breastfeeding Helpline at **1-800-994-9662** (TTY: **711**);
- Call the NJ WIC State office at **1-609-292-9560**; or
- Go to the NJ WIC website at **https://www.state.nj.us/health/fhs/wic/index.shtml**.

Dental Care

Dental care is important to your overall health. Not only does it help to protect your teeth, but can also protect your general health.

- You should see your dentist at least once every six months for exams and cleanings, unless your dentist recommends something else;
- Regular dental care at a dental office or in an established dental home helps protect your teeth and your general health;

- It is important to set up a dental exam with your Primary Care Dentist (PCD) soon after you join our Plan;
- You should complete the follow-up care that your dentist recommends and keep your appointments; and
- You should also perform daily oral hygiene at home. Your child should have a dental check-up before age 12 months or soon after their first tooth appears.

Your dental benefits are covered through Liberty Dental Plan, our dental services provider. With Liberty Dental Plan, a PCD coordinates your dental care. Fidelis Care members can choose a PCD at any time.

Upon initial enrollment, Liberty assigns Fidelis Care members to the nearest PCD based on such factors as language, cultural preference, previous history of the member or another family member, etc.

Fidelis Care members can change their PCD at any time by calling Liberty Dental Plan toll-free at **1-888-442-2375** (TTY: **711**). You may also find a dentist for your child at **https://client.libertydentalplan.com/wellcare/wellcarenj?_ga=2.65965544.738827712.1638886474-836108195.1637003066**.

You can also use our *Provider Directory* to find a pediatric dentist in our network. You can use the *Find a Provider* tool at **findaprovider.fideliscarenj.com**. If you want a printed copy of the *Provider Directory*, call Member Services. We can also help you make an appointment. Call us at **1-888-453-2534** (TTY: **711**). We are here for you Monday through Friday from 8 a.m. to 6 p.m.

The NJ FamilyCare Directory of Dentists Treating Children under age 6 is also on our website. This directory lists dentists in our Fidelis Care network and who treat children 6 years old or younger. You can find it in the *Provider Directories* section of the website at **https://www.fideliscarenj.com/members/medicaid/nj-familycare.html**. Just scroll down on the web page and you will find the directory.

What if you need a service but do not know if it is more medical than dental? You may need dental care that includes treatment of a condition that can be major or life-threatening, such as a jaw fracture or the removal of a tumor. In these cases, services given by a dentist will be considered dental. Services most often taken care of by a medical provider will be considered medical.

Fidelis Care will help you to decide which services should be treated by a provider instead of a dentist. You can also ask your PCP or PCD for more information. (For example, if you need surgery for a fractured jaw.) They can explain the difference and tell you if prior approval is needed for treatment. If you need a referral to a medical or dental specialist, please call Member Services toll-free at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Some dental services need to be authorized *before* your visit. Ask your dentist if your treatment needs prior approval.

Prior authorization is not needed for these services:

- Oral evaluation: one every six months (for all ages);
- Prophylaxis: one every six months (for all ages);
- Fluoride treatments: one every six months (for all ages);
- Sealants: Covered for members younger than 16 years (permanent molars and bicuspids);
- Restorative services: silver or tooth-colored fillings;
- Simple extractions; or
- Additional preventive and diagnostic services are available to members with special needs with documentation of medical necessity.

For information on Prior Authorization Guidelines for Dental Treatment and for Prior Authorization Guidelines for Dental Treatment for members with Special Healthcare Needs (SHCN) in an Operating Room (OR) and Ambulatory Surgical Center (ASC), please see Page 83.

Tips for dental health:

Brush your teeth twice a day;
Floss your teeth at least once a day;
See your dentist for an oral exam every six months (or as directed); and
Complete all needed treatment. Follow-up care is important!

Dental Emergency

You can get emergency care 24 hours a day, seven days a week. If you need emergency dental care, please call your dentist right away. Your provider's after-hours response system lets members reach an on-call dentist 24 hours a day, seven days a week. If you cannot reach your dentist or call service, please call Liberty Dental at **1-888-442-2375** (TTY: **711**).

Most dental emergencies are best treated in a dental office and not a hospital emergency room. A dental emergency that would be best treated in a hospital emergency room would include:

- Broken jaw and/or facial bones;
- Dislocated jaw;
- Severe swelling or oral facial infection; or
- Uncontrolled oral bleeding;

You can go to any dentist for emergency care to relieve pain, treat an infection, or treat knocked-out, loosened, or broken teeth. You do not need a referral for dental emergency services provided by a dentist in a dental office or a provider in the ER. Show your Fidelis Care ID Card to access these services.

If you are out of the service area, call our Nurse Advice Line any time at **1-800-919-8807** (TTY: **711**) for help with emergent dental care. They can help if you do not have a Primary Care Dentist (PCD) or if you are unsure if you have an emergent dental condition.

Emergent dental conditions can include:

- Broken teeth;
- Broken denture;
- Teething difficulties (permanent or baby tooth);
- Lost filling or crown;
- Slight or localized facial swelling; and
- Dental pain.

Non-emergency dental services are only covered when provided by an in-network dentist. Services that need prior approval must meet Plan guidelines. Your dentist can provide more information about prior approval and which services require it.

It is important to follow up with your dentist after any emergency or urgent care you receive.

Gender Identity Nondiscrimination

Fidelis Care does not discriminate based on your gender identity or expression, or whether you are a transgender person.

Fidelis Care's non-discrimination policies prohibit the following:

1. Denying, canceling, limiting, or refusing to issue or renew a contract on the basis of a covered person's or prospective covered person's gender identity or expression, or for the reason that the covered person or prospective covered person is a transgender person;
2. Demanding or requiring a payment that is based in whole or in part on a covered person's or prospective covered person's gender identity or expression, or for the reason that the covered person or prospective covered person is a transgender person;
3. Designating a covered person's or prospective covered person's gender identity or expression, or the fact that a covered person or prospective covered person is a transgender person, as a preexisting condition for which coverage will be denied or limited;
4. Denying or limiting coverage, or denying a claim, for services including but not limited to the following, due to a covered person's gender identity or expression or for the reason that the covered person is a transgender person:
    - Healthcare services related to gender transition if coverage is available for those services under the contract when the services are not related to gender transition, including but not limited to hormone therapy, hysterectomy, mastectomy, and vocal training; or
    - Healthcare services that are ordinarily or exclusively available to individuals of one sex when the denial or limitation is due only to the fact that the covered person is enrolled as belonging to the other sex or has undergone, or is in the process of undergoing, gender transition.
5. The Plan performs reviews to determine whether services are medically necessary.

Utilization Review and Management – Gender Identity Nondiscrimination

In performing utilization review and management, Fidelis Care does not discriminate based on a person's gender identity or expression or whether you are a transgender person. This includes:

1. Determination of medical necessity and prior authorization protocols for transition-related care are based on the most recent, published medical standards set forth by nationally recognized medical experts in the transgender health field, including the World Professional Association of Transgender Health's Standards of Care;
2. Fidelis Care does not categorically exclude coverage for a particular transition-related treatment, if the treatment is the only medically necessary treatment available for the person; and
3. Fidelis Care does not establish broad categorical exclusion of specific services for transition-related care or gender dysphoria treatment, including broad exclusions for only a subset of covered persons, or impose utilization controls that make it so there is no viable treatment covered for a covered person's condition.

Non-Participating Providers and Out-of-Area Coverage

Fidelis Care understands that some medically necessary procedures for transition-related care require specialized providers who may not be available in the network.

1. Fidelis Care provides and will arrange for out-of-area or non-participating provider coverage of services when medically necessary services can only be provided elsewhere, including when a specific service is not offered by any participating providers or when participating providers do not have the appropriate training or expertise to meet the particular health needs of a transgender member, at no additional cost; and
2. Fidelis Care cooperates with non-participating providers accessed at the member's option by establishing cooperative working relationships with such providers for accepting referrals from them for continued medical care and management of complex healthcare needs and exchange of member information, where appropriate, to assure provision of needed care within the scope of this contract. Fidelis Care does not deny coverage of transition-related care for a covered diagnostic, preventive or treatment service solely on the basis that the diagnosis was made by a non-participating provider.

Office Based Addiction Treatment (OBAT) Services

Office Based Addiction Treatment services and office-based Medication Assisted Treatment (MAT) services are here for people with substance use disorder.

These include:

- Opioid;
- Alcohol; or
- Poly-substance abuse.

Fidelis Care has a network of providers for these services. Substance use disorder counselors and other similar providers create a personal care plan based on your needs. This is used as a guide to set up your services. Your providers help you obtain support services, counseling, social services, recovery supports, family education, and/or refer you to the right levels of care.

The service also includes the use of peer supports. Peers are people who provide non-clinical help and support through all stages of recovery. They do this through "lived" experience of substance use disorder and constant recovery. Peers are here through independent clinics and cannot be provided by provider/Advanced Practice Nurse (APN)/Office Based Addiction Treatment (OBAT) offices. Peers provide their shared experience to allow others to benefit from their past experience. This assists to help the member remain sober.

Disease Management Program

Fidelis Care has a Disease Management/Chronic Care Improvement Program (DM/CCIP). The program helps persons (and their caregivers) manage long-term health conditions. People in the program get information and health coaching. This helps you make good choices and manage your condition(s). It can help you improve your health and quality of life.

The program is offered to people with the following conditions:

Focus Area	Topics Covered
Asthma	• Understanding asthma; • Avoiding triggers; • Ways to self-monitor asthma, like using a peak flow meter or inhaler, or following an asthma action plan: • Taking medications as prescribed; • Learning the right way to use controller medications; • Staying active; • Staying healthy by following up regularly with providers and by using resources and tools for controlling asthma; and • Using durable medical equipment as needed.

Focus Area	Topics Covered
Diabetes	• Understanding diabetes, like the need for: – Tests to measure your average blood sugar level; – Cholesterol tests; – Need for annual eye exam; – Manage blood pressure; – Monitor kidney disease; and – Foot care. • Knowing the signs of high and low blood sugar, and what to do; • Learning about the importance of meal planning and setting healthy eating goals; • Staying active; • Taking medications as prescribed; • Maintaining your overall health through preventative diabetic screenings, sick day planning, and other tools; and • Using durable medical equipment as needed, like glucometers (to monitor blood sugar), weight scales, and blood pressure cuffs.

Focus Area	Topics Covered
Coronary Artery Disease (CAD)	• Understanding CAD, including the need for cholesterol screenings; • Learning the symptoms and treatment of CAD; • Learning about the importance of having a low-salt diet and setting healthy eating goals; • Taking medications as prescribed; • Staying active; • Maintaining overall health by following up regularly with providers and using other tools and resources; • Managing risk factors, like: – Smoking; – Cholesterol; – Blood pressure; and – Stress. • Using durable medical equipment as needed, like weight scales and blood pressure cuffs.

Focus Area	Topics Covered
Congestive Heart Failure (CHF)	• Understanding CHF; • Learning about the symptoms and treatment of CHF; • Learning about the importance of having a low-salt diet and setting healthy eating goals; • Taking medications as prescribed; • Getting help on the correct use of Angiotensin Converting Enzyme Inhibitors (ACE inhibitors) and Angiotensin II receptor blockers (ARBs); • Staying active; • Maintaining overall health by following up regularly with providers and using other tools and resources; and • Using durable medical equipment as needed, like weight scales and blood pressure cuffs.
Chronic Obstructive Pulmonary Disease (COPD)	• Understanding COPD; • Avoiding triggers; • Ways of self-monitoring by using an inhaler; • Taking medications as prescribed; • Using controller medications; • Maintaining overall health by following up regularly with providers, quitting tobacco, and using other tools and resources; and • Using durable medical equipment as needed, like oxygen.

Focus Area	Topics Covered
High Blood Pressure (Hypertension)	• Understanding high blood pressure; • Treating high blood pressure; • Nutrition guidance, like setting healthy eating goals; • Taking medications as prescribed; • Staying active; • Maintaining overall health by following up regularly with providers and using other tools and resources; • Managing risk factors, like: – Smoking; and – Stress. • Using durable medical equipment as needed, like weight scales and blood pressure cuffs.
Smoking Cessation	• Learning about your smoking triggers; • Preparing to quit; • Making a quit plan; • Learning about quit methods, including nicotine replacement therapy (NRT); • Finding support through groups or tobacco cessation counseling; • Getting through withdrawal; and • Staying smoke-free.
Weight Management	• Preparing to lose weight; • Setting weight-loss goals; • Making a weight management plan; • Learning about the importance of nutrition and healthy eating; and • Staying active.

You and a Care Manager create a care plan. The care plan maps steps to help you reach your goals. It includes input from your PCP or PCD and specialists. If the person in the program is a minor, we will get input from the member's caregiver. This program is voluntary. A provider may refer you to the program or you can refer yourself. If you are enrolled in the program, you can leave at any time.

Call the Care Management team to learn more about the program at **1-844-901-3781** (TTY: **711**).

Prescriptions

When you need a prescription, your provider will contact your pharmacy or write one for you to take to your pharmacy. The pharmacy can fill it for you, but if the prescription is not listed on the Preferred Drug List (PDL), it may not be covered.

You will need to get your prescriptions from pharmacies in our Plan's network. To find a pharmacy, use the *Find a Provider* tool at **findaprovider.fideliscarenj.com**. You can also call Member Services at **1-888-453-2534** (TTY: **711**) Monday through Friday from 8 a.m. to 6 p.m.

At the pharmacy, you will need to show your ID card to pick up your drugs. Some covered drugs may have a co-pay for NJ FamilyCare Plan C and D members. Please see the *Services Covered by Fidelis Care* section starting on Page 38 to learn more.

Remember to ask your provider and pharmacist about generic drugs. These will work similarly, but usually cost less.

Generic drugs work the same as brand-name drugs. They have the same active ingredients but often cost less. In some cases, we may need you to use the generic version of a drug instead of the brand name. However, if the brand name version of the drug is medically necessary, your prescribing provider can ask us to approve it.

Preferred Drug List

Your pharmacy benefit has a Preferred Drug List (PDL). This is a list of drugs recommended by providers and pharmacists. These medications are the same medicine, therapeutically equivalent but at less cost in the Medicaid program. Our providers use this list when they prescribe a drug. Our PDL is at **www.fideliscarenj.com/members/medicaid/nj-familycare/pharmacy-services.html**.

The PDL includes drugs that may be subject to:

- Prior authorization;
- Quantity limits;
- Step therapy; and
- Age or gender limits.

Fidelis Care will not deny, cancel, or limit any benefit solely on the basis of a member's gender identity or expression.

Sometimes your provider will need to send us a Coverage Determination Request (CDR). This is for drugs that need to be authorized before you use them. It is also used for drugs not on our PDL, but medically needed. We allow a pharmacy to give you a 72-hour supply of any drug that needs a prior authorization, while you wait for a prior authorization decision. This can be gotten whether or not the drug is on our PDL.

We will not cover some drugs, including:

- Those used for weight loss;
- Those used to help you get pregnant;
- Those used for erectile dysfunction;
- Those that are for cosmetic purposes or to help you grow hair;
- DESI (Drug Efficacy Study Implementation) drugs and drugs that are identical, related or similar to such drugs;
- Investigational drugs or experimental use; and
- Those used for any purpose that is not medically accepted.

In most cases, you do not need a prior authorization for prescriptions ordered for Mental Health or Substance Use Disorder (SUD)-related conditions. Except for cases like:

- If the prescribed drug is not related to your behavioral health or SUD-related conditions; or
- If the prescribed drug does not conform to the formulary rules (those on our list).

Can I get any medication I want?

All drugs your providers prescribe for you may be covered if they are on our PDL. You may need pre-approval if your provider prescribes drugs not on our PDL or makes a change in your medication treatment plan.

Some medications might have step therapy requirements. This means you may need to try another drug before we approve the one your provider asked for first. We may not approve the requested drug if you do not try the other drug first unless your provider tells us why it is medically necessary for you to have the other drug. You may appeal our decision if we deny a medication. Your provider can start this process for you.

Over-the-Counter (OTC) Drugs

You can get some OTC drugs at the pharmacy with a prescription. Some of the OTC drugs we cover include:

- Diphenhydramine;
- Meclizine;
- H2 receptor antagonists;
- Ibuprofen;
- Multi-vitamins/multivitamins with iron;
- Insulin syringes;
- Non-sedating antihistamines;
- Iron supplements;
- Dental care products such as toothbrushes, toothpaste, dental floss, mouthwash and other products;
- Topical antifungals;
- Urine test strips;
- Coated aspirin;
- Antacids; and
- Proton pump inhibitors.

Pharmacy Lock-In

You may see different providers for your care. Each provider may prescribe a different drug for you. This can be dangerous. To help with this, we have a Pharmacy Lock-In program.

This program helps coordinate your drug and medical care needs. If we think our pharmacy lock-in program would help you, we will restrict you to a single pharmacy and/or provider for a certain length of time. We will send you a letter if we do this. We will also tell your PCP.

Here is how it works:

- You get all of your prescriptions from one pharmacy and/or one provider. It helps the pharmacist understand your prescription needs;
- A 72-hour emergency supply of medication at pharmacies other than the assigned lock-in pharmacy is permitted to assure the delivery of necessary medication required; and
- In an interim/urgent basis when the assigned pharmacy does not immediately have the medication, you can get a 72-hour emergency supply at another pharmacy.

If you are enrolled in the Lock-In Program, you can change pharmacies and/or PCP for valid reasons such as traveling, moving, or if your medication is out of stock at the assigned pharmacy. The unassigned pharmacy must contact the pharmacy help desk on your behalf to get a temporary override. They can also help you get a new pharmacy.

What if you do not agree with the lock-in decision? In that case, you can file an appeal with us by calling us at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m. or in writing to:

Fidelis Care
Pharmacy Department
P.O. Box 31397
Tampa, FL 33631-3397

You have up to 60 calendar days from the date on the letter we send you about your lock-in status to request an appeal.

NJ FamilyCare Plan A and ABP members can also request a Medicaid Fair Hearing. NJ FamilyCare Plan A and ABP members have up to 20 calendar days from the date on the letter that we send you about your lock-in status to request a Medicaid Fair Hearing. (Please note that this is shorter than the usual 120 days available to request a Fair Hearing during other types of appeal.) If you plan to ask for both an appeal and a Medicaid Fair Hearing, you should ask for them at the same time.

Do you have other questions about our lock-in program? Please call us at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Transition of Care

Making sure you get the care you need is important to us. We will work with you to make sure you get your healthcare services, whether:

- You are leaving another health plan and just starting with us;
- One of your providers leaves our network;
- You transition from Medicaid Fee-for-Service (FFS) to our Plan; or
- You are transitioning to adulthood and need help choosing an adult PCP or PCD.

You may already be getting ongoing care from a provider who is not in our network. In this case, you can keep getting care from that provider. This can continue for a transitional period or until you are seen by your PCP or PCD and a new plan of care is created.

Transportation

To arrange for any non-emergency medical transport, please call Modivcare (NJ FamilyCare's transportation vendor) at **1-866-527-9933**.

Transportation services, including Livery, are covered for all members, including NJ FamilyCare B, C, or D members. For any trip that is farther than the 20 mile limit allowed by Medicaid, a Closer Provider Certification form (CPC) is sent to the designated Medicaid office or MCO to review and address within 10 business days. If the CPC location is approved, it is approved for life. If it is denied, a denial letter is sent to the member with information about the appeal process, in the event that the client wishes to appeal the denial. If an appeal is filed and denied, the member is notified of the denial and advised on the fair hearing process.

If you need help to set up a ride, you can ask your PCP or PCD for help, or call Member Services toll-free at 1-888-453-2534 (TTY: 711). We are here Monday through Friday from 8 a.m. to 6 p.m.

- All rides must be for a medical service, like a provider visit or dialysis;
- For ongoing appointments/visits, you must ask for a ride at least two business days before you need it;
- Please be ready and waiting at least 15 minutes before your ride is scheduled; and

- Please have these items ready when you call for a ride:
  - Your NJ FamilyCare ID number, found on your Health Benefits Identification (HBID) card;
  - Your pick-up address and ZIP code;
  - Name, phone number and address of your medical provider;
  - Appointment time and date; and
  - A list of any special transportation needs you may have.

Planning Your Care

We want to tell you about prevention and planning for your care needs.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services

Anyone younger than 21 years of age, including those receiving Managed Long-Term Services and Supports, are entitled to receive any medically necessary service, including but not limited to:

- Provider and hospital services;
- Home care services (including personal care and private duty nursing);
- Medical equipment and supplies;
- Rehabilitative services;
- Vision care, hearing services, and dental care; and
- Any other type of remedial care recognized under state law or specified by the U.S. Secretary of Health and Human Services.

Our Plan's coverage of these medical services is based upon what you need and is not limited in amount, scope or duration, regardless of the limits that normally apply to members ages 21 or older.

When anyone younger than age 21 requires a medically necessary service that is not listed as part of the standard benefit package, they or their authorized representative should call us at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m., so we can make sure the service can be set up and delivered the right way.

For NJ FamilyCare B, C, and D members, coverage includes all preventive screening and diagnostic services, medical examinations, immunizations, dental, vision, lead screening, and

hearing services. However, coverage for treatment services that are identified as necessary through exams or screenings is limited to services that are included under our Plan's benefit package, or specified services available through the Medicaid Fee-for-Service (FFS) program.

Services covered under EPSDT include:

- A comprehensive health and developmental history, including assessments of both physical and mental health development, as well as any diagnostic and treatment services that are medically necessary to correct or improve a physical or mental condition identified during a screening visit;
- A comprehensive unclothed physical exam including vision and hearing screening, dental inspection, and nutritional review;
- Behavioral health review;
- Growth and development chart;
- Vision, hearing, and language screening;
- Nutritional health and education;
- Lead risk assessment and testing, as needed;
- Age-proper immunizations (vaccines);
- Proper laboratory tests;
- Dental screening by PCP or PCD and referral to a dentist for a dental visit by age 1;
- Referral to specialists and treatment, as needed;
- Any needed services as part of a treatment plan that is approved as medically needed by us; and
- Preventive dental visits as directed by the Primary Care Dentist (PCD), as well as all needed treatment services.

The well-child check-up is an important part of the EPSDT program. The child's PCP will:

- Do a comprehensive head-to-toe physical and behavioral health exam;
- Give any needed immunizations (shots);
- Do any needed blood and urine tests;
- Look into the child's mouth and check their teeth;
- Test the child for tuberculosis (TB);
- Test the child for lead (at 1 and 2 years old and if never tested and < 6 years old);
- Give you health tips and education based on the child's age;

- Talk to you about the child's growth, development and eating habits; and
- Measure the child's height, weight, blood pressure, vision and hearing.

These well-child check-ups are done at certain ages. Please see the *Preventive Health Guidelines for Families* section. It is crucial that the child gets these exams. They can help to find health concerns before they get bigger. Also, the child can get any needed immunization.

Do you need help to set up a visit? Please call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m. Do you need to cancel the appointment? Please reschedule it as soon as you can.

Preventive Health Guidelines for Families

- Make regular use of preventive medical and dental services. Doing so is an important way to stay healthy;
- Family visits to the PCP or PCD should be on a regular basis;
- Be sure to get the screenings and tests that your provider says; and
- Visit your dentist twice a year (or as recommended) for oral exams, any necessary X-rays, dental cleanings, and fluoride treatments.

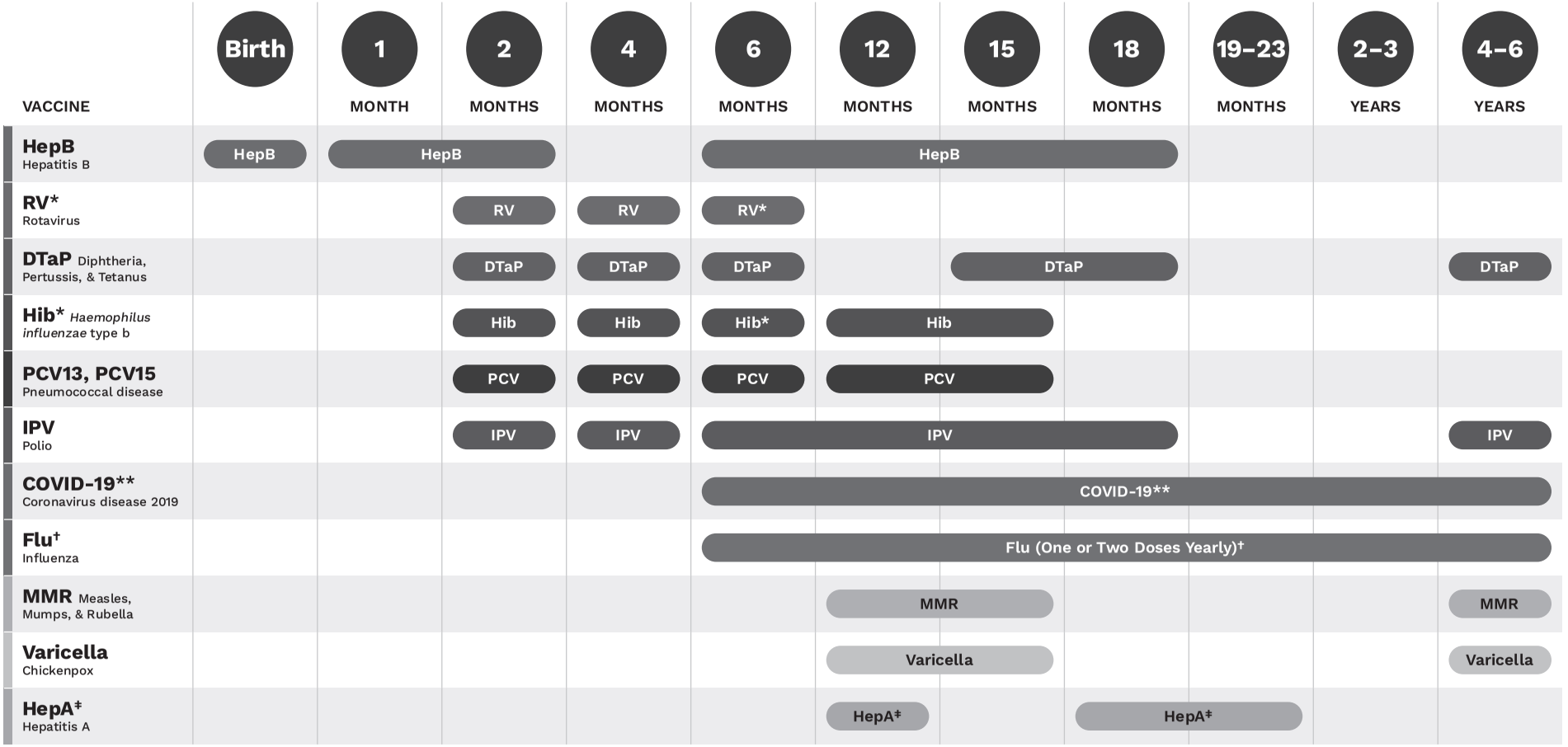
The guidelines in the charts that follow show recommendations for when your family should get certain preventive tests, screenings, or other services. Keep in mind that these are recommendations only. They do not take the place of your PCP's or PCD's judgment. Always talk with your PCP or PCD's about the care that is right for you and your family.

Legal Disclaimer: Always talk with your provider(s) about the care that is right for you. This material does not replace your provider's advice. It is based on third-party sources. We present it for your information only. Also, Fidelis Care does not guarantee any health results.

Adult and Pediatric Immunization Guidelines

The guidelines on the next few pages are from the Centers for Disease Control and Prevention (CDC). You can also find these at www.cdc.gov. If you have questions, talk with your PCP or PCD or the child's PCP or PCD.

2023 Recommended Immunizations for Children from Birth Through 6 Years Old



FOOTNOTES

RV* **Hib***
Administering a third dose at age 6 months depends on the brand of Hib or rotavirus vaccine used for previous dose.

COVID-19**
Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu†
Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HepA‡
Two doses of Hep A vaccine are needed for lasting protection. The 2 doses should be given between age 12 and 23 months. Both doses should be separated by at least 6 months. Children 2 years and older who have not received 2 doses of Hep A should complete the series.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection (e.g., sickle cell, HIV infection, cochlear implants) or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: **1-800-CDC-INFO (1-800-232-4636)**
Or visit: **cdc.gov/vaccines/parents**

AAFP AMERICAN ACADEMY OF FAMILY PHYSICIANS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Diseases and the Vaccines that Prevent Them

BIRTH–6 YEARS OLD

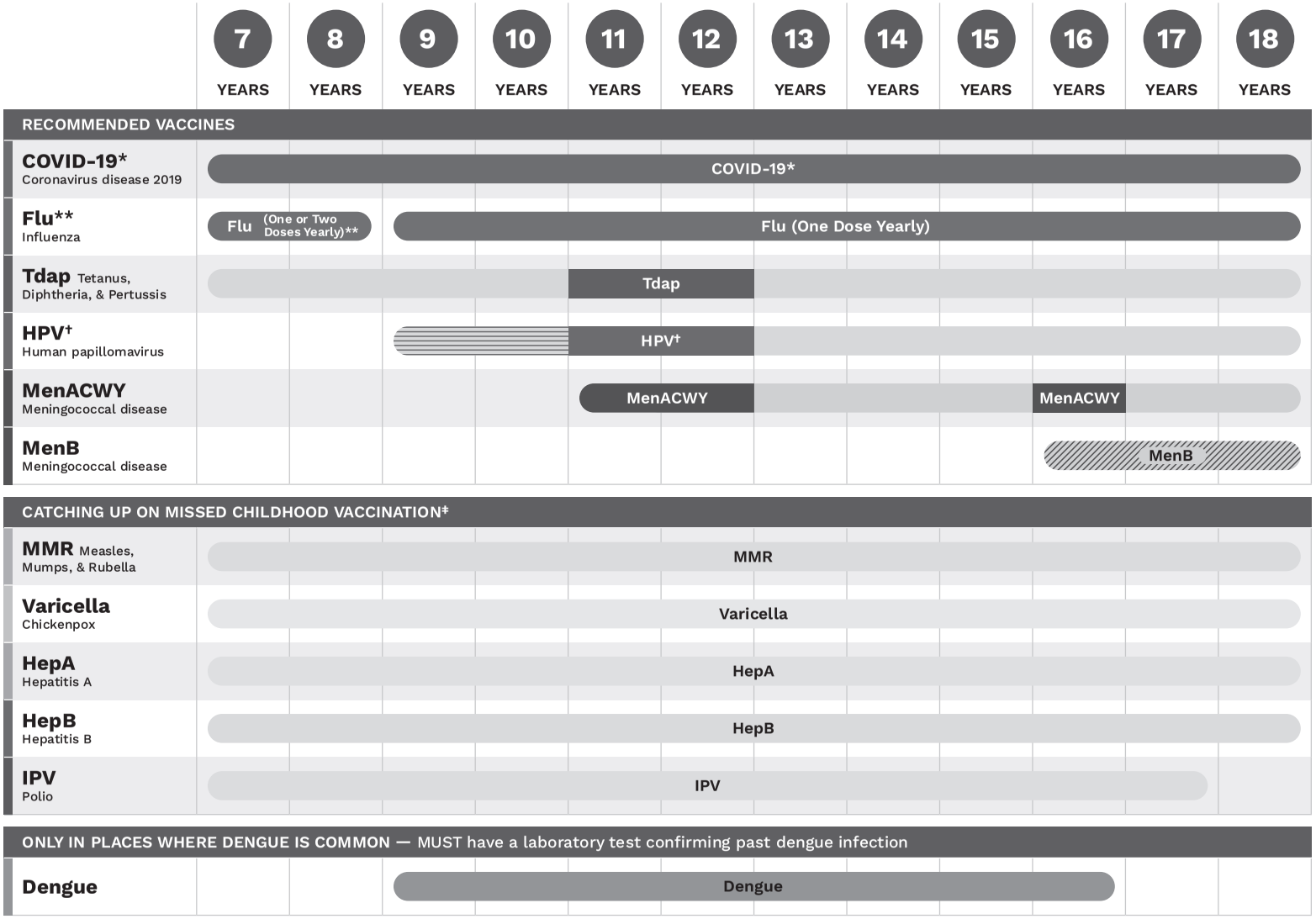
DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
Hepatitis B	**HepB** vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Rotavirus	**RV** vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Diphtheria	**DTaP*** vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (whooping cough)	**DTaP*** vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Tetanus	**DTaP*** vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
***Haemophilus influenzae* type b** (Hib)	**Hib** vaccine protects against *Haemophilus influenzae* type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Pneumococcal disease (PCV13, PCV15)	**PCV** vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	**IPV** vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Coronavirus disease 2019 (COVID-19)	**COVID-19** vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
Influenza (Flu)	**Flu** vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	**MMR**** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	**MMR**** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Rubella	**MMR**** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Chickenpox	**Varicella** vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Hepatitis A	**HepA** vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death

DTaP* DTaP combines protection against diphtheria, tetanus, and pertussis.

MMR** MMR combines protection against measles, mumps, and rubella.

Last updated December 2022 • CS322257-A

2023 Recommended Immunizations for Children 7–18 Years Old



KEY

Indicates when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.

Indicates the vaccine series can begin at this age.

Indicates the vaccine **should** be given if a child is catching up on missed vaccines. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses.

Indicates children not at increased risk **may** get the vaccine if they wish after speaking to a provider.

ADDITIONAL INFORMATION

1. If your child misses a shot recommended for their age, talk to your child's doctor as soon as possible to see when the missed shot can be given.

2. If your child has any medical conditions that put them at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that they may need.

Talk with your child's doctor if you have questions about any shot recommended for your child.

FOOTNOTES

COVID-19* Number of doses recommended depends on your child's age and type of COVID-19 vaccine used.

Flu** Two doses given at least 4 weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

HPV† Ages 11 through 12 years old should get a 2-shot series separated by 6 to 12 months. The series can begin at 9 years old. A 3-shot series is recommended for those with weakened immune systems and those who start the series after their 15th birthday.

‡Originally recommended age ranges for missed childhood vaccinations: 2-dose series of **MMR** at 12–15 months and 4–6 years; 2-dose series of **Varicella** at 12–15 months and 4–6 years; 2-dose series of **HepA** (minimum interval: 6 months) at age 12–23 months; 3-dose series of **HepB** at birth, 1–2 months, and 6–18 months; and 4-dose series of **Polio** at 2 months, 4 months, 6–18 months, and 4–6 years.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: cdc.gov/vaccines/parents

AAFP AMERICAN ACADEMY OF FAMILY PHYSICIANS

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Diseases and the Vaccines that Prevent Them

7–18 YEARS OLD

DISEASE	VACCINE	DISEASE SPREAD BY	DISEASE SYMPTOMS	DISEASE COMPLICATIONS
Coronavirus disease 2019 (COVID 19)	COVID-19 vaccine protects against severe complications from coronavirus disease 2019.	Air, direct contact	May be no symptoms, fever, muscle aches, sore throat, cough, runny nose, diarrhea, vomiting, new loss of taste or smell	Pneumonia (infection in the lungs), respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Tetanus	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
Diphtheria	Tdap* and Td** vaccines protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Pertussis (whooping cough)	Tdap* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Human papillomavirus	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
Meningococcal disease	MenACWY MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
Measles	MMR† vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR† vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Rubella	MMR† vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Dengue	Dengue‡ vaccine protects against dengue.	Bite from infected mosquito	May be no symptoms, fever, headache, pain behind the eyes, rash, joint pain, body ache, nausea, loss of appetite, feeling tired, abdominal pain	Severe bleeding, seizures, shock, damage to the liver, heart, and lungs, death

Tdap* Tdap combines protection against diphtheria, tetanus, and pertussis.

Td** Td combines protection against diphtheria and tetanus.

MMR† MMR combines protection against measles, mumps, and rubella.

Dengue‡ Recommended where dengue is common.

Last updated December 2022
CS322257-B

COVID-19 vaccination recommendations have changed. Find the latest recommendations at www.cdc.gov/covidschedule

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES 2023

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	**1vCOV-mRNA**	Comirnaty®/Pfizer-BioNTech COVID-19 Vaccine
		SPIKEVAX®/Moderna COVID-19 Vaccine
	2vCOV-mRNA	Pfizer-BioNTech COVID-19 Vaccine, Bivalent
		Moderna COVID-19 Vaccine, Bivalent
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	**DEN4CYD**	Dengvaxia®
Diphtheria, tetanus, and acellular pertussis vaccine	**DTaP**	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	**DT**	No trade name
Haemophilus influenzae type b vaccine	**Hib (PRP-T)**	ActHIB® Hiberix® PedvaxHIB®
	Hib (PRP-OMP)	
Hepatitis A vaccine	**HepA**	Havrix® Vaqta®
Hepatitis B vaccine	**HepB**	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	**HPV**	Gardasil 9®
Influenza vaccine (inactivated)	**IIV4**	Multiple
Influenza vaccine (live, attenuated)	**LAIV4**	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	**MMR**	M-M-R II® Priorix®
Meningococcal serogroups A, C, W, Y vaccine	**MenACWY-D**	Menactra®
	MenACWY-CRM	Menveo®
	MenACWY-TT	MenQuadfi®
Meningococcal serogroup B vaccine	**MenB-4C**	Bexsero®
	MenB-FHbp	Trumenba®
Pneumococcal conjugate vaccine	**PCV13** **PCV15**	Prevnar 13® Vaxneuvance™
Pneumococcal polysaccharide vaccine	**PPSV23**	Pneumovax 23®
Poliovirus vaccine (inactivated)	**IPV**	IPOL®
Rotavirus vaccine	**RV1** **RV5**	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	**Tdap**	Adacel® Boostrix®
Tetanus and diphtheria vaccine	**Td**	Tenivac® Tdvax™
Varicella vaccine	**VAR**	Varivax®
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	**DTaP-HepB-IPV**	Pediarix®
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	**DTaP-IPV/Hib**	Pentacel®
DTaP and inactivated poliovirus vaccine	**DTaP-IPV**	Kinrix® Quadracel®
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	**DTaP-IPV-Hib-HepB**	Vaxelis®
Measles, mumps, rubella, and varicella vaccine	**MMRV**	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age **(Table 1)**
2. Determine recommended interval for catch-up vaccination **(Table 2)**
3. Assess need for additional recommended vaccines by medical condition or other indication **(Table 3)**
4. Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**
5. Review contraindications and precautions for vaccine types **(Appendix)**

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- ACIP Shared Clinical Decision-Making Recommendations www.cdc.gov/vaccines/acip/acip-scdm-faqs.html

Scan QR code for access to online schedule

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Table 1

COVID-19 vaccination recommendations have changed. Find the latest recommendations at www.cdc.gov/covidschedule

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).

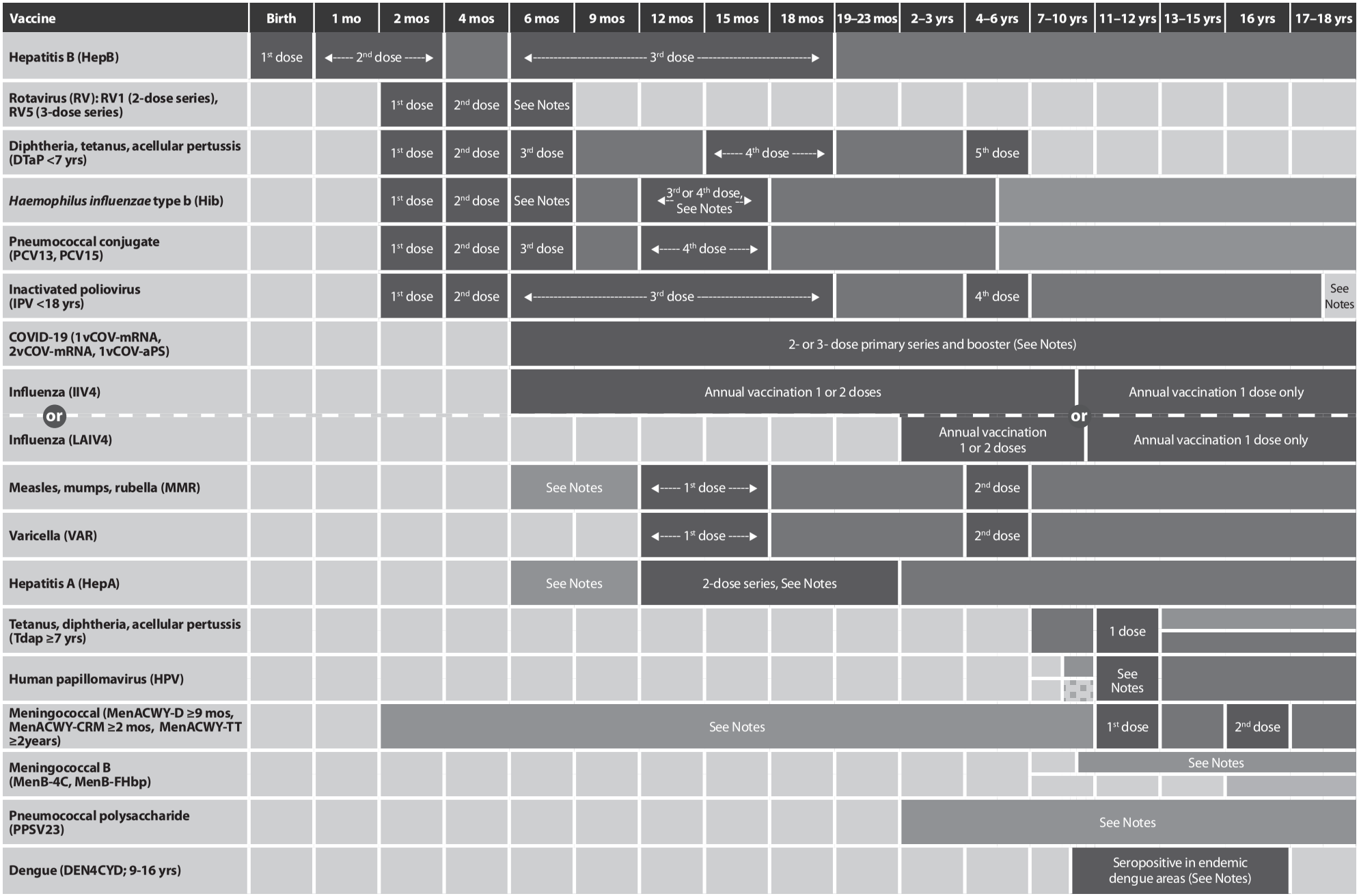

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2023

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Children age 4 months through 6 years					
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; OR if both doses were PedvaxHIB® and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** this dose is only necessary for children aged 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

Table 3

Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2023

Always use this table in conjunction with Table 1 and the Notes that follow.

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count[a]		Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Chronic liver disease	Diabetes
			<15% or total CD4 cell count of <200/mm³	≥15% and total CD4 cell count of ≥200/mm³						
Hepatitis B										
Rotavirus		SCID[b]								
Diphtheria, tetanus, and acellular pertussis (DTaP)										
Haemophilus influenzae type b										
Pneumococcal conjugate										
Inactivated poliovirus										
COVID-19		See Notes	See Notes							
Influenza (IIV4)										
or										
Influenza (LAIV4)						Asthma, wheezing: 2–4yrs[c]				
Measles, mumps, rubella	*									
Varicella	*									
Hepatitis A										
Tetanus, diphtheria, and acellular pertussis (Tdap)										
Human papillomavirus	*									
Meningococcal ACWY										
Meningococcal B										
Pneumococcal polysaccharide										
Dengue										

Vaccination according to the routine schedule recommended

Recommended for persons with an additional risk factor for which the vaccine would be indicated

Vaccination is recommended, and additional doses may be necessary based on medical condition or vaccine. See Notes.

Precaution–vaccine might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended–vaccine should not be administered

*Vaccinate after pregnancy

No recommendation/not applicable

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the *General Best Practice Guidelines for Immunization*, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

b. Severe Combined Immunodeficiency

c. LAIV4 contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months

Notes

COVID-19 vaccination recommendations have changed. Find the latest recommendations at www.cdc.gov/covidschedule

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

For vaccination recommendations for persons ages 19 years or older, see the Recommended Adult Immunization Schedule, 2023.

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age appropriate. **The repeat dose should be spaced after the invalid dose by the recommended minimum interval.** For further details, see Table 3-2, Recommended and minimum ages and intervals between vaccine doses, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccination requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Barnett ED, Lynfield Ruth, Sawyer MH, eds. *Red Book: 2021–2024 Report of the Committee on Infectious Diseases*. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021:72–86).
- For information about vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All vaccines included in the child and adolescent vaccine schedule are covered by VICP except dengue, PPSV23, and COVID-19 vaccines. COVID-19 vaccines that are authorized or approved by the FDA are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see www.hrsa.gov/vaccinecompensation or www.hrsa.gov/cicp.

COVID-19 vaccination
(minimum age: 6 months [Moderna and Pfizer-BioNTech COVID-19 vaccines], 12 years [Novavax COVID-19 Vaccine])

Routine vaccination

- **Primary series:**
  - **Age 6 months–4 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 3-dose series at 0, 3-8, 11-16 weeks (Pfizer-BioNTech)
  - **Age 5–11 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Pfizer-BioNTech)
  - **Age 12–18 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech)
- For **booster dose recommendations** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Special situations

Persons who are moderately or severely immunocompromised

- **Primary series**
  - **Age 6 months–4 years:** 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 11 weeks (Pfizer-BioNTech)
  - **Age 5–11 years:** 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)
  - **Age 12–18 years:** 3-dose series at 0, 4, 8 weeks (Moderna) or 2-dose series at 0, 3 weeks (Novavax) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)
- **Booster dose:** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html
- **Pre-exposure prophylaxis** (monoclonal antibodies) may be considered to complement COVID-19 vaccination. See www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised

For Janssen COVID-19 Vaccine recipients see COVID-19 schedule at www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Note: Administer an age-appropriate vaccine product for each dose. Current COVID-19 schedule and dosage formulation available at www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines.

Dengue vaccination
(minimum age: 9 years)

Routine vaccination

- Age 9–16 years living in areas with endemic dengue **AND** have laboratory confirmation of previous dengue infection
  - 3-dose series administered at 0, 6, and 12 months
- Endemic areas include Puerto Rico, American Samoa, US Virgin Islands, Federated States of Micronesia, Republic of Marshall Islands, and the Republic of Palau. For updated guidance on dengue endemic areas and pre-vaccination laboratory testing see www.cdc.gov/mmwr/volumes/70/rr/rr7006a1.htm?s_cid=rr7006a1_w and www.cdc.gov/dengue/vaccine/hcp/index.html
- Dengue vaccine should not be administered to children traveling to or visiting endemic dengue areas.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix® or Quadracel®])

Routine vaccination

- 5-dose series at age 2, 4, 6, 15–18 months, 4–6 years
  - **Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4th dose that was inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Special situations

- **Wound management** in children less than age 7 years with history of 3 or more doses of tetanus-toxoid-containing vaccine: For all wounds except clean and minor wounds, administer DTaP if more than 5 years since last dose of tetanus-toxoid-containing vaccine. For detailed information, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- **ActHIB®, Hiberix®, Pentacel®, or Vaxelis®:** 4-dose series (3-dose primary series at age 2, 4, and 6 months, followed by a booster dose* at age 12–15 months)
  - *Vaxelis® is not recommended for use as a booster dose. A different Hib-containing vaccine should be used for the booster dose.
- **PedvaxHIB®:** 3-dose series (2-dose primary series at age 2 and 4 months, followed by a booster dose at age 12–15 months)

Catch-up vaccination

- **Dose 1 at age 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at age12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at age 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before age 12 months and dose 2 before age 15 months:** Administer dose 3 (final dose) at least 8 weeks after dose 2.
- **2 doses of PedvaxHIB® before age 12 months:** Administer dose 3 (final dose) at age12–59 months and at least 8 weeks after dose 2.
- **1 dose administered at age 15 months or older:** No further doses needed
- **Unvaccinated at age 15–59 months:** Administer 1 dose.
- **Previously unvaccinated children age 60 months or older who are not considered high risk:** Do not require catch-up vaccination

For other catch-up guidance, see Table 2. Vaxelis® can be used for catch-up vaccination in children less than age 5 years. Follow the catch-up schedule even if Vaxelis® is used for one or more doses. For detailed information on use of Vaxelis® see www.cdc.gov/mmwr/volumes/69/wr/mm6905a5.htm.

Special situations

- **Chemotherapy or radiation treatment:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT):**
  - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
- **Anatomic or functional asplenia (including sickle cell disease):**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated persons age 5 years or older*
  - 1 dose
- **Elective splenectomy:**
  Unvaccinated persons age 15 months or older*
  - 1 dose (preferably at least 14 days before procedure)
- **HIV infection:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated persons age 5–18 years*
  - 1 dose
- **Immunoglobulin deficiency, early component complement deficiency:**
  Age 12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

*_Unvaccinated_ = Less than routine series (through age 14 months) OR no doses (age 15 months or older)

Hepatitis A vaccination (minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (minimum interval: 6 months) at age 12–23 months

Catch-up vaccination

- Unvaccinated persons through age 18 years should complete a 2-dose series (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents age 18 years or older may receive the combined HepA and HepB vaccine, **Twinrix®**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).

International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
  - **Infants age 6–11 months**: 1 dose before departure; revaccinate with 2 doses (separated by at least 6 months) between age 12–23 months.
  - **Unvaccinated age 12 months or older**: Administer dose 1 as soon as travel is considered.

Hepatitis B vaccination (minimum age: birth)

Routine vaccination

- 3-dose series at age 0, 1–2, 6–18 months **(use monovalent HepB vaccine for doses administered before age 6 weeks)**
  - Birth weight ≥2,000 grams: 1 dose within 24 hours of birth if medically stable
  - Birth weight <2,000 grams: 1 dose at chronological age 1 month or hospital discharge (whichever is earlier and even if weight is still <2,000 grams).
- Infants who did not receive a birth dose should begin the series as soon as possible (see Table 2 for minimum intervals).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum intervals (see Table 2):** when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations
- **Final (3rd or 4th) dose:** age 6–18 months **(minimum age 24 weeks)**
- **Mother is HBsAg-positive**
  - **Birth dose (monovalent HepB vaccine only):** administer **HepB vaccine** and **hepatitis B immune globulin (HBIG)** (in separate limbs) within 12 hours of birth, regardless of birth weight.
  - **Birth weight <2000 grams:** administer 3 additional doses of HepB vaccine beginning at age 1 month (total of 4 doses)
  - **Final (3rd or 4th) dose:** administer at age 6 months **(minimum age 24 weeks)**
  - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.

Notes

- **Mother is HBsAg-unknown**

  If other evidence suggestive of maternal hepatitis B infection exists (e.g., presence of HBV DNA, HBeAg-positive, or mother known to have chronic hepatitis B infection), manage infant as if mother is HBsAg-positive

  - **Birth dose (monovalent HepB vaccine only):**
    - Birth weight ≥2,000 grams: administer **HepB vaccine** within 12 hours of birth. Determine mother's HBsAg status as soon as possible. If mother is determined to be HBsAg-positive, administer **HBIG** as soon as possible (in separate limb), but no later than 7 days of age.
    - Birth weight <2,000 grams: administer **HepB vaccine** and **HBIG** (in separate limbs) within 12 hours of birth. Administer 3 additional doses of **HepB vaccine** beginning at age 1 month (total of 4 doses)
  - **Final (3rd or 4th) dose:** administer at age 6 months **(minimum age 24 weeks)**
  - If mother is determined to be HBsAg-positive or if status remains unknown, test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose. Do not test before age 9 months.

Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months. See Table 2 for minimum intervals
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB®** only).
- Adolescents age 18 years or older may receive:
  - **Heplisav-B®:** 2-dose series at least 4 weeks apart
  - **PreHevbrio®:** 3-dose series at 0, 1, and 6 months
  - Combined HepA and HepB vaccine, **Twinrix®:** 3-dose series (0, 1, and 6 months) or 4-dose series (3 doses at 0, 7, and 21–30 days, followed by a booster dose at 12 months).

Special situations

- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- **Post-vaccination serology testing and revaccination** (if anti-HBs < 10mIU/mL) is recommended for certain populations, including:
  - Infants born to HBsAg-positive mothers
  - Persons who are predialysis or on maintenance dialysis
  - Other immunocompromised persons
  - For detailed revaccination recommendations, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html.

Note: Heplisav-B and PreHevbrio are not recommended in pregnancy due to lack of safety data in pregnant persons

Human papillomavirus vaccination
(minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended at **age 11–12 years (can start at age 9 years)** and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
  - **Age 9–14 years at initial vaccination**: 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
  - **Age 15 years or older at initial vaccination**: 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- **Interrupted schedules:** If vaccination schedule is interrupted, the series does not need to be restarted.
- No additional dose recommended when any HPV vaccine series has been completed using the recommended dosing intervals.

Special situations

- **Immunocompromising conditions, including HIV infection:** 3-dose series, even for those who initiate vaccination at age 9 through 14 years.
- **History of sexual abuse or assault:** Start at age 9 years
- **Pregnancy:** Pregnancy testing not needed before vaccination; HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant

Influenza vaccination
(minimum age: 6 months [IIV], 2 years [LAIV4], 18 years [recombinant influenza vaccine, RIV4])

Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually:
  - 2 doses, separated by at least 4 weeks, for **children age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2022, or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2)
  - 1 dose for **children age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2022
  - 1 dose for **all persons age 9 years or older**
- For the 2022-2023 season, see www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm.
- For the 2023–24 season, see the 2023–24 ACIP influenza vaccine recommendations.

Special situations

- **Egg allergy, hives only**: Any influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress) or required epinephrine or another emergency medical intervention: Any influenza vaccine appropriate for age and health status may be administered. If using egg-based IIV4 or LAIV4, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions.
- **Severe allergic reaction (e.g., anaphylaxis) to a vaccine component or a previous dose of any influenza vaccine:** see Appendix listing contraindications and precautions
- **Close contacts (e.g., caregivers, healthcare personnel) of severely immunosuppressed persons who require a protected environment:** these persons should not receive LAIV4. If LAIV4 is given, they should avoid contact with/caring for such immunosuppressed persons for 7 days after vaccination.

Measles, mumps, and rubella vaccination
(minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series at age 12–15 months, age 4–6 years
- MMR or MMRV may be administered

Note: For dose 1 in children age 12–47 months, it is recommended to administer MMR and varicella vaccines separately. MMRV may be used if parents or caregivers express a preference.

Catch-up vaccination

- Unvaccinated children and adolescents: 2-dose series at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.
- Minimum interval between *MMRV* doses: 3 months

Notes

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2023

Special situations

- **International travel**
  - **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2-dose series at age 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
  - **Unvaccinated children age 12 months or older:** 2-dose series at least 4 weeks apart before departure
- In mumps outbreak settings, for information about additional doses of MMR (including 3rd dose of MMR), see www.cdc.gov/mmwr/volumes/67/wr/mm6701a7.htm

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra], 2 years [MenACWY-TT, MenQuadfi])

Routine vaccination

- 2-dose series at age 11–12 years; 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations

Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- **Menveo®***
  - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
  - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
  - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra®**
  - **Persistent complement component deficiency or complement inhibitor use:**
    - Age 9–23 months: 2-dose series at least 12 weeks apart
    - Age 24 months or older: 2-dose series at least 8 weeks apart
  - **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
    - **Age 9–23 months**: Not recommended
    - **Age 24 months or older**: 2-dose series at least 8 weeks apart
    - **Menactra®** must be administered at least 4 weeks after completion of PCV series.
- **MenQuadfi®**
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart

Travel to countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.cdc.gov/travel/)**:**

- Children less than age 24 months:
  - **Menveo®* (age 2–23 months)**
    - Dose 1 at age 2 months: 4-dose series (additional 3 doses at age 4, 6, and 12 months)
    - Dose 1 at age 3–6 months: 3- or 4-dose series (dose 2 [and dose 3 if applicable] at least 8 weeks after previous dose until a dose is received at age 7 months or older, followed by an additional dose at least 12 weeks later and after age 12 months)
    - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
  - **Menactra® (age 9–23 months)**
    - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)
- Children age 2 years or older: 1 dose Menveo®*, Menactra®, or MenQuadfi®

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose **Menveo®*, Menactra®,** or **MenQuadfi®**

Adolescent vaccination of children who received MenACWY prior to age 10 years:

- **Children for whom boosters are recommended** because of an ongoing increased risk of meningococcal disease (e.g., those with complement component deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk.
- **Children for whom boosters are not recommended** (e.g., a healthy child who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

**Menveo has two formulations: lyophilized and liquid. The liquid formulation should not be used before age 10 years.*

Note: Menactra® should be administered either before or at the same time as DTaP. MenACWY may be administered simultaneously with MenB vaccines if indicated, but at a different anatomic site, if feasible.

For MenACWY **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero®; MenB-FHbp, Trumenba®])

Shared clinical decision-making

- **Adolescents not at increased risk** age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:
  - **Bexsero®:** 2-dose series at least 1 month apart
  - **Trumenba®:** 2-dose series at least 6 months apart (if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2)

Special situations

Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:

- **Bexsero®:** 2-dose series at least 1 month apart
- **Trumenba®:** 3-dose series at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed; if dose 3 is administered earlier than 4 months after dose 2, a 4th dose should be administered at least 4 months after dose 3)

Note: Bexsero® and **Trumenba®** are not interchangeable; the same product should be used for all doses in a series.

For MenB **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and additional meningococcal vaccination information, see www.cdc.gov/mmwr/volumes/69/rr/rr6909a1.htm.

Advance Directives

Many people worry about the medical care they would get if they became too sick to make their wishes known. Some people may not want to spend months or years on life support. Others may want every step taken to lengthen their lives.

- It is a good idea to make an advance directive;
- An *advance directive* is a legal document in which you state your wishes about future medical care and treatment decisions ahead of time;
- Your provider can talk with you about these options before you have an emergency; and
- This document can help your family and your providers know how to treat you if you are unable to say what you want or speak for yourself, or if you become too sick to tell them.

Written advance directives in New Jersey fall into two main groups. They are a **"proxy directive"** (a durable power of attorney for healthcare), and an **"instruction directive"** (living will). It is up to you whether you want to have both or just one.

Proxy directive (durable power of attorney for healthcare)

You use this document (paper) to allow a person that you choose to make healthcare decisions for you, if you can't make them yourself. This document goes into effect whether your inability to make healthcare decisions is temporary or permanent. The person that you choose is known as your "healthcare representative." Your healthcare representative is responsible for making the same decisions you would have made under the circumstances. If they are unable to determine what you would want in a specific situation, they are to base their decision on what they think is in your best interest; and/or

Instruction directive (living will)

You use this document (paper) to tell your provider and family about the kinds of scenes where you would want or not want to have life-saving treatment if you are unable to make your own healthcare choices. Treatments could include:

- Feeding tubes;
- Breathing machines;
- Organ transplants; and/or
- Treatments to make you comfortable.

You can also include a statement of your beliefs, values, and general care and treatment choices. The living will guides your provider and family when they have to make healthcare choices for you in situations not specifically covered by your advance directive. It will only be used when you are near the end of life, with no hope to recover.

If you have an advance directive:

- Keep a copy of your advance directive for yourself;
- Give a copy of your advance directive to the person you chose to be your medical power of attorney;
- Give a copy to each one of your providers;
- Take a copy with you if you have to go to the hospital or the emergency room; and
- Keep a copy in your car if you have one.

Call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m.to 6 p.m. Visit **https://www.state.nj.us/health/advancedirective/ad/** to learn more about advance directives.

Important Member Information

Member Grievances and Appeals

If you have a complaint about our Plan, a provider, or your care under our Plan, you can file a grievance (a formal complaint that you're unhappy) by phone or in writing.

Fidelis Care will provide any reasonable help that you request if you need it with a grievance or appeal. This includes, but is not limited to, helping you to complete forms, explaining how the grievance or appeal process works, and providing an interpreter if you need one.

If you file a grievance or an appeal, we will not discriminate against you in any way. We will not disenroll you from our Plan or take any other action against you because you filed a grievance or appeal.

Grievances

A *grievance*, sometimes called a complaint, is when you tell us you are not happy with us, a provider, or a service. Grievances may be about, but are not limited to:

- The quality of the care you got from a Plan provider;
- Wait times during provider visits;
- The way your providers or others act or treated you;
- Difficulty making an appointment with a specialist or other provider;
- Difficulty getting authorization for services;
- Our Plan's policies;
- The way our Plan's staff have treated you;
- Unclean provider offices;
- Failing to respect your member rights;
- You disagree with the decision to extend an appeal time frame;
- Unpaid medical bills;
- Dental services;
- Disagree with a decision we have made to limit, deny, or reduce a healthcare service, you can challenge that decision by filing an appeal; or
- Not getting the information you need.

You can file a grievance at any time by calling us or writing us a letter.

The forms to file a grievance (or appeal) are at **www.fideliscarenj.com/members/medicaid/nj-familycare/member-rights-policies/appeals-and-grievances.html**.

A copy is also included on page 144 in this handbook. You can fax it to **1-866-388-1769** or email to **OperationalGrievance@fideliscarenj.com**.

To file by phone, please call **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

If your primary language is not English, you can file a grievance or appeal in your primary language, and we will communicate with you in that language. If you need help to do this, or if you need an alternative format like large print, call us toll-free at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

To write us, mail to:

Fidelis Care
Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384

Please include your first and last name, Medicaid ID number, address, and telephone number. We also need to know what made you unhappy and what you wanted to happen.

You can file your grievance yourself or someone can file it for you. This includes your PCP or PCD; or another provider. We must have your written consent before someone can file a grievance for you. Parents or guardians of members who are minors do not need to fill out this form.

You can find a copy of an Appointment of Representative Form at **https://www.fideliscarenj.com/members/medicaid/nj-familycare.html**.

Within five business days of receipt, we will mail you a letter to tell you that we received your grievance. We will take action to address your grievance, and we will mail you a Grievance Resolution Letter within 30 calendar days telling you what action we took.

You may request more time. We call this an extension. You have up to 14 days should you need them. Should the Plan need more time in your best interest, we may extend your grievance up but no more than 14 days. We will let you know if more time is needed in writing, within two business days of when we decide to extend.

If you have any questions about this process, you can call us at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Grievance Form

First Name: _____

Last Name: _____

Member ID #: _____

Best phone number to reach you: _____

Your email address: _____

What is the reason for your grievance (formal complaint)?
Check the box for the issue that applies to you.

- ☐ **1.** Difficulty making an appointment
- ☐ **2.** Dissatisfaction with the way a provider or their staff treated me
- ☐ **3.** A provider refused to see me because of claims payment issues with the Plan

If you chose 1, 2, or 3 above, specify provider: _____

- ☐ **4.** Difficulty getting services authorized
- ☐ **5.** I was billed for covered services
- ☐ **6.** Dissatisfaction with the way Health Plan staff treated me

Additional Information (optional): _____

_____

If we have denied your request for a treatment, item, or medication and you disagree with our decision, you can ask us to change it. That request is called an appeal. However, an appeal is different from a grievance. You can call us toll-free at **1-888-453-2534** (TTY: **711**) to file an appeal or if you have questions.

Have you already contacted us to ask for help making an appointment? ☐ **Yes** ☐ **No**

If yes, please give the date you contacted Member Services.
Date: DD/MM/YYYY _____

Appeals

Utilization Management Appeal Process:

Service Denial/Limitation/Reduction/Termination based on Medical Necessity

You and your provider should receive a notification letter within 2 business days of any health plan decision to deny, reduce, or terminate a service or benefit. If you disagree with the plan's decision, you (or your provider, with your written permission) can challenge it by requesting an *appeal*.

If you would like to have your provider ask for an appeal on your behalf, you must first give written permission. This means that you have to tell us in writing that your provider is acting for you. There are a few ways to do this. You can send us a written note or fill out an Appointment of Representation form. You can find a copy of an Appointment of Representative Form at **https://www.fideliscarenj.com/members/medicaid/nj-familycare.html**.

If you need help or want more information on how your provider can ask for an appeal on your behalf, call Member Services at **1-888-453-2534** (TTY: **711**).

Here are the time frames to request an appeal.

Stages	Time Frame for Member/ Provider to Request Appeal	Time Frame for Member/Provider to Request Appeal with Continuation of Benefits for Existing Services	Time Frame for Appeal Determination to be reached	FamilyCare Plan Type
Internal Appeal The **Internal Appeal** is the first level of appeal, administered by the health plan. This level of appeal is a formal internal review by healthcare professionals selected by the plan who have expertise appropriate to the case in question, and who were not involved in the original determination.	60 calendar days from date on initial notification/ denial letter	• On or before the last day of the previously approved authorization; or • Within 10 calendar days of the date on the notification letter, ***whichever is later.***	30 calendar days or less from health plan's receipt of the appeal request	A/ABP B C D
External/IURO Appeal The External/IURO appeal is an external appeal conducted by an **I**ndependent **U**tilization **R**eview **O**rganization (IURO).	60 calendar days from date on Internal Appeal notification letter	• On or before the last day of the previously approved authorization; or • Within 10 calendar days of the date on the Internal Appeal notification letter, ***whichever is later.***	45 calendar days or less from IURO's decision to review the case	A/ABP B C D

Stages	Time Frame for Member/ Provider to Request Appeal	Time Frame for Member/Provider to Request Appeal with Continuation of Benefits for Existing Services	Time Frame for Appeal Determination to be reached	FamilyCare Plan Type
Medicaid Fair Hearing	120 calendar days from date on Internal Appeal notification letter	***Whichever is the latest of the following:*** • On or before the last day of the previously approved authorization; **or** • Within 10 calendar days of the date on the Internal Appeal notification letter; **or** • Within 10 calendar days of the date on the External/IURO appeal decision notification letter.	A final decision will be reached within 90 calendar days of the Fair Hearing request.	A/ABP ***only***

Initial Adverse Determination

If our Plan decides to deny your initial request for a service, or reduce or stop an ongoing service that you have been receiving for a while, this decision is also known as an *adverse determination*. We will tell you and your provider about this decision as soon as we can, often by phone. You will receive a written letter about what we decide within two business days.

If you disagree with the Plan's decision, you, your provider (with your written permission) can challenge the decision by asking for an appeal. You can file an appeal about denied authorizations such as medical, dental, medication/pharmacy denials. You or your provider can request an appeal either by phone or in writing.

To request an appeal by phone, you can call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m. Written appeal requests should be mailed to the following address:

Send Your Written Appeal Requests Here	
Fidelis Care **Attn: Appeals Department** **P.O. Box 31368** **Tampa, FL 33631-3368**	**Fidelis Care** **Attn: Medication Appeals** **P.O. Box 31398** **Tampa, FL 33631-3398** Fax: **1-866-201-0657**

You have **60 calendar days** from the date on the initial adverse determination letter to request an appeal.

You can request copies of any of your records about the denial or adverse decision that you are appealing. Call Member Services to request them. We will provide them to you at no cost. You and your provider can also send us other information, files, or records that you may want us to consider. The time frame to give us other information for a faster appeal may be limited.

Internal Appeal

The first stage of the appeal process is a formal internal appeal to the Plan (called an Internal Appeal). Your case will be reviewed by a provider selected by our Plan who has expertise in the area of medical knowledge appropriate for your case. We will be careful to choose someone who was not involved in making the original decision about your care. We must make a decision about your appeal within 30 calendar days (or sooner, if your medical condition makes it necessary).

If your appeal is denied (not decided in your favor), you will get a written letter from us about our decision. The letter will also include information about your right to an External Independent Utilization Review Organization (IURO) Appeal, and/or your right to a Medicaid State Fair Hearing. The letter will also tell you how to request these other types of further appeal. You will also find more details on those options later in this section of the handbook.

Expedited (fast) Appeals

You may request an expedited (fast) appeal if you feel that your health will suffer, if we take the standard time (up to 30 calendar days) to make a decision about your appeal. Also, if your provider informs us that taking up to 30 calendar days to decide could seriously risk your life or health, or your ability to fully recover from your current condition, we must make a decision about your appeal within 72 hours.

External (IURO) Appeal

If your Internal Appeal is not decided in your favor, you (or your provider acting on your behalf with your written consent) can request an External (IURO) Appeal by completing the **External Appeal Application** form. A copy of the *External Appeal Application* form will be sent to you with the letter that tells you about the result of your Internal Appeal. You or your provider must mail the completed form to the following address within **60 calendar days** of the date on your Internal Appeal outcome letter:

Maximus Federal – NJ IHCAP
3750 Monroe Avenue, Suite 705
Pittsford, New York 14534
Office: 1-888-866-6205

You may also fax the completed form to **1-585-425-5296**, or send it by email to **stateappealseast@maximus.com**. If a copy of the *External Appeal Application* is not included with your Internal Appeal outcome letter, please call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m. to request a copy.

External (IURO) Appeals are not reviewed by the Plan. They are reviewed by an Independent Utilization Review Organization (IURO). It is an impartial third-party review organization that is not directly affiliated with the Plan or the State of New Jersey.

The IURO will assign your case to an independent provider, who will review your case and make a decision.

If the IURO decides to accept your case for review, they will do so within 45 calendar days (or sooner, if your medical condition makes it necessary).

You can also request an expedited, or fast, External (IURO) Appeal, just as you can with Internal Appeals. To request an expedited appeal, you or your provider should fax a completed copy of the *External Appeal Application* form to Maximus Federal at **1-585-425-5296** and ask for an expedited appeal on the form in ***Section V, Summary of Appeal***. In the case of an expedited External (IURO) Appeal, the IURO must decide your appeal *within 48 hours*.

Questions about the External IURO Appeal process, or need help with your application?

Call the New Jersey Department of Banking and Insurance (DOBI) at **1-888-393-1062** or **1-609-777-9470**.

The External (IURO) Appeal is optional. You do not need to request an External (IURO) appeal before you request a Medicaid State Fair Hearing. Once your Internal Appeal is finished, you have the following options for requesting an External (IURO) Appeal *and/or* a Medicaid State Fair Hearing:

- You can request an External (IURO) Appeal, wait for the IURO to to make their decision, and ***then*** request a Medicaid State Fair Hearing, if the IURO did not decide in your favor; or
- You can request an External (IURO) Appeal ***and*** a Medicaid State Fair Hearing ***at the same time***. (Just keep in mind that you make these two requests to two different government agencies.); or
- You can request a Medicaid State Fair Hearing *without* requesting an External (IURO) Appeal.

Also, please note: Medicaid Fair Hearings are only available to NJ FamilyCare Plan A and ABP members.

Medicaid State Fair Hearing

If you are a member in NJ FamilyCare Plan A or ABP, you can request a Medicaid State Fair Hearing after your Internal Appeal is finished (and our Plan has made a decision). Medicaid State Fair Hearings are administered by staff from the New Jersey Office of Administrative Law. You have up to **120 calendar days** from the date on your **Internal Appeal** *outcome letter* to request a Medicaid State Fair Hearing. You can request a Medicaid State Fair Hearing by writing to the following address:

Fair Hearing Section
Division of Medical Assistance and Health Services
P.O. Box 712
Trenton, NJ 08625-0712

If you make an expedited (fast) Medicaid State Fair Hearing request, and you meet all of the requirements for an expedited appeal, a decision will be made within 72 hours of the day the State agency received your Medicaid Fair Hearing request.

Please note: The deadline for requesting a Medicaid State Fair Hearing is always 120 days from the date on the letter explaining the outcome of your *Internal Appeal*. This is true even if you ask for an External (IURO) Appeal in the meantime. The 120-day deadline to ask for a Medicaid State Fair Hearing always starts from the outcome of your *Internal Appeal*, not your External (IURO) Appeal.

Continuation of Benefits

If you are asking for an appeal because the Plan is stopping or reducing a service, or a course of treatment that you are already receiving, you can have your services/benefits continue during the appeal process. The Plan will automatically continue to provide the service(s) while your appeal is pending, as long as all of the following requirements are met:

- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment; **and**
- The services were ordered by an authorized provider; **and**
- You (or your provider, acting on your behalf with your written consent) file(s) the appeal within **10 calendar days** of the date on the initial adverse determination letter, or on or before the final day of the original authorization, **whichever is later**.

Your services will not continue automatically during a Medicaid State Fair Hearing. If you want your services to continue during a Medicaid State Fair Hearing, you must request that *in writing* when you request a Fair Hearing. You must *also* make that request within:

- **10 calendar days** of the date on the Internal Appeal outcome letter; **or**
- **Within 10 calendar days** of the date on the letter informing you of the outcome of your External (IURO) Appeal, if you requested one; **or**
- On or before the final day of the original authorization, **whichever is later**.

Please note: If you ask to have your services continue during a Medicaid State Fair Hearing and the final decision is not in your favor, you may be required to pay for the cost of your continued services.

Do you have any questions about the appeal process? Please call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Your Fidelis Care Membership

When you join our Fidelis Care Plan, it is called enrollment. Leaving our Fidelis Care Plan is called *disenrollment*.

Enrollment

These people may enroll in Fidelis Care:

- Pregnant individuals who meet certain income limits;
- People in the Supplemental Security Income (SSI) program;
- Children from families who meet certain income limits;
- Parents or caretaker relatives who meet certain income limits;
- Adults without dependent children who meet certain income limits; and
- Aged, blind, or disabled individuals.

All enrollment and disenrollment requests are subject to verification and approval by the New Jersey Division of Medical Assistance and Health Services (DMAHS).

Do you need more information on who is eligible? Please visit **www.njfamilycare.org/who_eligbl.aspx**.

There is often a period of 30 to 45 days between when you complete your NJ FamilyCare application and your start date with us. During this time, your benefits will continue to be covered by Medicaid Fee-for-Service (FFS) or your current health plan.

Your Health Plan membership starts the first day of the month after you are approved. If you need care during the application period, you get it through Medicaid Fee-for-Service (FFS) or your current health plan.

When you signed your enrollment application/Plan Selection form, you approved the release of your medical records. The State's Health Benefits Coordinator (HBC) gave us this information to help you move to our Plan.

Disenrollment

1. **You can disenroll from our Plan for any reason in the first 90 days after you enroll or after you receive a notice of enrollment with a new plan (whichever is later); or**

2. You can also disenroll from our Plan for any reason during the Annual Open Enrollment Period, which runs from October 1 to November 15 every year.

At any other time, you cannot disenroll without "good cause." Good cause reasons for disenrollment include, but are not limited to:

- Our Plan failing to provide services;
- Our Plan failing to respond to you within the required period of time if you file a grievance or appeal;
- Poor quality of care; or
- You find that you have much more convenient access to a PCP or PCD that participates with another plan in your area.

Please Note: All disenrollment requests are subject to verification and approval by the New Jersey Division of Medical Assistance and Health Services (DMAHS). If you request a "good cause" disenrollment, DMAHS may decide that there is not good cause. If you disagree with this decision, you may ask for and get a State Fair Hearing.

If you have questions, please call Member Services at the number provided below.

What if you want to change health plans?

You can call the State's Health Benefits Coordinator (HBC) at **1-800-701-0710** (TTY: **711**). Visit **www.njfamilycare.org** for available hours. If you need more help, call Member Services team at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Recertification

Keep Your Benefits — Remember to Renew Every Year!

Thank you for trusting Fidelis Care with your healthcare needs. We value members like you. We want to remind you to renew your NJ FamilyCare coverage every year. If you do not renew, you could lose your healthcare coverage and be disenrolled from our Plan.

Ways to Renew Your Coverage:

By Mail: Complete the renewal form that was sent to you and return it as soon as possible.

- **Need a new form?** Please call NJ FamilyCare at **1-800-701-0710** (TTY: **711**).

By Phone: Call **1-800-701-0710** (TTY: **711**).

In Person: Visit your local County Welfare Agency/Board of Social Services office.

When Should I Renew?

- You must fill out a Renewal Application every year to keep your coverage; or
- You can call NJ FamilyCare at **1-800-701-0710** (TTY: **711**) to learn your renewal date or ask for a renewal form.

A Fidelis Care Community Relations Coordinator may be able to help you with your renewal application. The Community Relations Coordinator can help you fill it out.

Call **1-888-453-2534** (TTY: **711**) to make an appointment. Be sure to report any changes! If your address has changed, please call NJ FamilyCare at **1-800-701-0710** or log in to your Fidelis Care web account to report the change. New ID cards can then be mailed to your new address.

Remember to renew your enrollment every year.

Questions? Please call NJ FamilyCare at **1-800-701-0710**. Fidelis Care cannot process your Medicaid coverage renewal.

Reinstatement

What if you lose your Medicaid eligibility but get it back within 90 days? The State puts you back in our Plan automatically. We send you a letter within 10 days after you become our member again to confirm this. You can choose the same PCP or PCD you had before or pick a new one.

Our Service Area

Our service area is the set of counties where our Plan is available. Those counties are:

- Atlantic County;
- Bergen County;
- Burlington County;
- Camden County;
- Cape May County;
- Cumberland County;
- Essex County;
- Gloucester County;
- Hudson County;
- Mercer County;
- Middlesex County;
- Monmouth County;

- Morris County;
- Ocean County;
- Passaic County;
- Salem County;
- Somerset County;
- Sussex County;
- Union County; and
- Warren County.

The only county that our Plan is not available is Hunterdon County.

Moving Out of Our Service Area

Please call the Health Benefits Coordinator if you move out of our service area.

The toll-free number is **1-800-701-0710** (TTY: **711**). They will help you choose another health plan. Visit **www.njfamilycare.org** for available hours.

Important Information about Fidelis Care

Health Plan Structure, Operations and Provider Incentive Programs

We work with your providers to make sure you get the right care at the right time. This includes preventive care. We will sometimes offer providers an incentive or bonus to encourage them to keep you on track with your wellness visits. Read the *Preventive Health Guidelines* section in this handbook. It has all of the wellness visits you should plan for each year.

To learn more about the structure and operations of our Plan, call Member Services at **1-888-453-2534** (TTY: **711**). We are here Monday through Friday from 8 a.m. to 6 p.m.

Evaluation of New Technology

We study new technology every year. We also look at how we use the technology we already have. We do this to:

- Make sure we know about changes in the industry;
- See how new improvements can be used with the services we give our members; and
- Make sure that our members have fair access to safe and effective care that they need.

We do this review in the following areas:

- Behavioral health procedures;
- Medical devices;
- Medical procedures; and
- Pharmaceuticals.

Fraud, Waste and Abuse

Billions of dollars are lost to healthcare fraud every year. What is healthcare fraud, waste and abuse? It is when false information is given on purpose. This can be done by a member or provider.

Here are some other examples of provider and member fraud, waste and abuse:

- Billing for a more expensive service than what was actually given;
- Forging or altering bills or receipts;
- Billing more than once for the same service;
- Misrepresenting procedures performed to obtain payment for services that are not covered;
- Billing for services not actually performed;
- Overbilling us or a member;
- Falsifying a patient's diagnosis to justify tests, surgeries or other procedures that are not medically necessary;
- Waiving patient co-pays or deductibles;
- Filing claims for services or medications not received; and
- Using someone else's Fidelis Care ID and/or HBID card.

Do you suspect any fraud, waste and abuse? Please call our **24-hour fraud hotline**. The toll-free number is **1-866-685-8664** (TTY: **711**). You can leave a message. *You do not have to leave your name.* We will call you back if you leave a phone number to gather more information, if needed.

You can also report fraud at **https://www.fideliscarenj.com/members/medicaid/nj-familycare/member-rights-policies/fraud-and-abuse.html**. Reporting fraud, waste and abuse through our website is also kept private.

When You Have NJ FamilyCare and Other Insurance

Who pays when you have NJ FamilyCare and other coverage?

If you have NJ FamilyCare and other health insurance coverage, each type of coverage is called a "payer." There are rules to follow when there is more than one payer. These rules decide who pays first. They also decide how much each payer pays for each service. In some cases, a member may have only one payer, NJ FamilyCare. In other cases, a member may have many other payers, including Medicare or other health insurance.

Many members have other health insurance or Medicare as their primary payer (the insurance that pays first). This includes people who belong to a Medicare Advantage (MA) health plan.

When you join a NJ FamilyCare Health Plan, NJ FamilyCare is usually the payer of last resort. This means Medicare and/or your other health insurance pay for covered services first. Your NJ FamilyCare Health Plan will usually pay for covered services last.

Learn more: Please see the *Third-Party Liability (TPL)* guide in your Welcome Packet. You may also visit **https://www.state.nj.us/humanservices/dmahs/home/Medicaid_TPL_Coverage_Guide.pdf** and look for the Medicaid TPL Coverage Guide.

Member Rights

As our member, you have the right to:

- Be treated with respect and dignity;
- To take part in the community and work, live, and learn as you are able;
- Get information about our Plan, services, practitioners, and providers, including how they get paid;
- To be able to communicate and be understood with the assistance of a translator if needed;
- Get information and make recommendations about your rights and responsibilities;
- Have your privacy protected, knowing that your medical records and discussions with your providers will be private and confidential;
- Know the names and titles of the providers caring for you;
- Have services that promote a meaningful quality of life and autonomy, independent living in your home and other community settings, as long as it is medically and socially feasible, and preservation and support of your natural support systems;

- Be able to receive Covered Services in a fair manner;
- Talk openly about the care you need, no matter the cost or benefit coverage, your treatment options and the risks involved (this information must be given in a way you understand);
- Have the benefits, risks and side effects of medications and other treatments explained to you;
- Decide with your provider on the care you get and make decisions regarding your healthcare, including the right to refuse treatment;
- An In Lieu of Services (ILOS). ILOS's are offered to you at the option of your plan, the provision of ILOS's is also dependent on your willingness to receive the ILOS.
- Know about your healthcare needs after you leave your provider's office or get out of the hospital;
- Ask for and get a copy of your medical records from providers; also, ask that the records be changed/corrected if needed (requests must be received in writing from you or the person you choose to represent you; the records will be provided at no cost; they will be sent within 14 days of receipt of the request);
- Receive a second medical opinion (or dental opinion);
- Refuse to take part in any medical research;
- File an appeal or grievance about your Plan or the care we provide; also, know that if you do, it will not change how you are treated; and to know that you cannot be disenrolled from your Plan for filing an appeal;
- Get information about appeals in a language you understand;
- Appeal medical or administrative decisions by using our appeals and grievances process;
- Call **911** in an emergency without prior authorization;
- A medical screening exam in the emergency room (ER);
- Be free from balance billing;
- Be free from hazardous procedures or any form of restraint (either chemical or physical) or seclusion;
- Make your healthcare wishes known through advance directives;
- Be able to choose a representative to help with making care decisions;
- Be able to provide informed consent;
- Have an opportunity to suggest changes to our policies and procedures;

- Exercise these rights no matter your sex, age, race, ethnicity, income, education or religion;
- Have our staff observe your rights;
- Have all of these rights apply to the person legally able to make decisions about your healthcare; and
- Receive quality services, which include:
  - Accessibility;
  - Authorization standards;
  - Availability;
  - Coverage; and
  - Coverage outside of our network.

Member Responsibilities

As our member, you have the responsibility to:

- Read your Member Handbook to understand how our Plan works;
- Carry your member ID card at all times;
- Inform Fidelis Care if your member ID card is lost or stolen;
- Give information that we and your providers need to provide care to you;
- Follow plans and instructions for care that you have agreed on with your provider;
- Understand your health problems;
- Help set treatment goals that you and your provider agree to;
- Show all your ID cards to each provider when you get care;
- Schedule appointments for all non-emergency care through your PCP or PCD;
- Tell Fidelis Care when you go to the emergency room;
- Talk to your provider about preauthorization of services they recommend;
- Get a referral from your PCP or PCD for specialty care, when necessary;
- Ask your providers questions to help you understand treatment. Learn about the possible risks, benefits, and costs of treatment alternatives. Make careful decisions after you have thought about all of these things;
- Cooperate with the people who provide your healthcare and actively be involved in your treatment. Understand your health problems and be a part of making treatment goals with your provider as much as you can;

- Be on time for appointments;
- Tell your provider's office if you need to cancel or change an appointment;
- Pay your co-pays (if any) to providers;
- Respect the rights and property of all providers;
- Respect the rights of other patients;
- Not be disruptive at your provider's office;
- Know the medicines you take, what they are for and how to take them the right way; and
- Let us know within 48 hours, or as soon as possible, if you are admitted to the hospital or get emergency room care.

FIDELIS CARE®

1-888-453-2534 (TTY: 711)
fideliscarenj.com