Fully Integrated Duals Advantage (FIDA) is a demonstration project between health plans approved by the Centers for Medicare & Medicaid Services, the New York State Department of Health, and FIDA that integrates financing, care management, and administration of benefits for Medicare and Medicaid programs under one managed care plan.

### Fidelis Care Contact Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Call Center</td>
<td>1-888-FIDELIS (1-888-343-3547) - option 2, then option 4</td>
</tr>
<tr>
<td>Participant Services</td>
<td>1-800-247-1447 - Press 1 for English, option 2</td>
</tr>
<tr>
<td>Authorizations / Clinical Issues</td>
<td>1-800-247-1447 - Press 1 for English, option 2, then option 1</td>
</tr>
<tr>
<td>DentaQuest</td>
<td>1-800-341-8478</td>
</tr>
<tr>
<td>Davis Vision</td>
<td>1-800-773-2847</td>
</tr>
<tr>
<td>Caremark</td>
<td>1-800-345-5418</td>
</tr>
</tbody>
</table>

### COVERED SERVICES

Covered services under the FIDA program include, but are not limited to:

- Adult Day Health Care
- Audiology/Hearing Aids
- Behavioral Health
- Care Management
- Dentistry
- Durable Medical Equipment And Oxygen
- Enteral And Parenteral Supplements
- Home Delivered Or Congregate Meals
- Home Health Care
- Medical And Surgical Supplies
- Medical Social Services
- Non-Emergent Transportation (Medical And Non-Medical)
- Nursing
- Nursing Home Care
- Nutrition
- Occupational Therapy
- Optometry/Eyeglasses
- Personal Emergency Response System
- Pharmacy
- Physical Therapy
- Podiatry
- Primary Care And Specialists Services
- Prosthetics And Orthotics
- Respiratory Therapy
- Social And Environmental Supports
- Social Day Care
- Speech Pathology

### PARTICIPANT ELIGIBILITY

- Eligible participants are age 21 years of age or older, require 120 days of long-term care and are entitled to benefits under Medicare Part A, enrolled under Medicare Parts B and D, receiving full Medicaid benefits, and reside in an active service county:
  - **Region I**: Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond, and Nassau
  - **Region II**: Suffolk and Westchester (start dates for this region will be announced at a later time)

  To verify eligibility, check the participant's ID card and log on to Fidelis Care's Provider Access Online through [https://providers.fideliscare.org](https://providers.fideliscare.org), or contact the Fidelis Care Provider Call Center and use the automated eligibility tool at 1-888-FIDELIS (1-888-343-3547), option 2, then option 1.

### AUTHORIZATIONS AND CARE MANAGEMENT

- Each participant is assigned a Care Manager who is responsible for establishing and leading the participant’s Interdisciplinary Care Team (IDT).
- The Care Manager, in conjunction with the IDT, are responsible for developing the Person Centered Service Plan (PCSP), which is a written description in the care management record of participant-specific health care goals to be achieved and the amount, duration, and scope of the covered services.
- The PCSP will provide the basis upon which all services are authorized.
- Medically necessary services that are not listed in the PCSP that require authorization can be submitted by fax to (646) 829-1426, or via email: FIDAOperations@fideliscare.org.
- When referring for covered services, ensure that the provider is subcontracted and participating in the Fidelis Care network. Participation can be verified by visiting [http://www.fideliscare.org/apps/providersearch/](http://www.fideliscare.org/apps/providersearch/).
- Prior authorization is required for certain services. To determine which services require authorization, please refer to the **Authorization Grids** that can be found at [http://www.fideliscare.org/en-us/providers/authorizationgrid.aspx](http://www.fideliscare.org/en-us/providers/authorizationgrid.aspx), as well as within the Fidelis Care Provider Manual (Appendix I).
Fidelis Care works with a team of health care providers to choose drugs that are clinically appropriate and cost-effective. Please visit [http://www.fideliscare.org/en-us/providers/pharmacieservices.aspx](http://www.fideliscare.org/en-us/providers/pharmacieservices.aspx) for the Fidelis Care Formulary, pharmacy authorization forms, and general pharmacy updates. Please note: participants must use participating network pharmacies to obtain their prescription drugs.

### CODING

- CMS requires that all claims be compliant with National Correct Coding Initiative (NCCI) standards. Claims that are found to be non-compliant with these guidelines may be returned and/or denied. For more information regarding NCCI edits, please visit [http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html](http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html)
- HCC Risk Adjustment is the mechanism that CMS uses to adjust the premium payments made to Medicare Advantage plans. Risk adjustment classifies patient health using Hierarchical Condition Categories (HCCs), which are groups of related diagnosis codes. When providers submit these codes, additional funds are allocated to cover the projected costs associated with treating their participants with these conditions. In order for Fidelis Care to maintain the current benefit levels needed for providing quality patient care, it is critical that billers code to the highest level of specificity based on the diagnoses of their patients.
- Units must be appropriate for the service/code being performed. Time units must be calculated correctly for proper reimbursement. Failure to code such services correctly may result in claim denials.
- For personal care services, units must be reported as full units only. Partial hours of service must be rounded to the nearest whole hour (Examples: a service that required 3 hours and 30 minutes = 4 units; a service that required 3 hours and 25 minutes = 3 units; a service that required 15 minutes = 1 unit). For detailed information, please refer to the eMedNY website at [https://www.emedny.org/ProviderManuals/PersonalCare/PDFS/PersonalCare_Billing_Guidelines UB04.pdf](https://www.emedny.org/ProviderManuals/PersonalCare/PDFS/PersonalCare_Billing_Guidelines UB04.pdf)
- Split-shift billing for a given date of services should be submitted on one claim form, as one combined line with combined units, in order to prevent duplicate claim denials. For mutual cases involving a live-in or split-shift, the TT modifier will be used for both participants of the mutual case. For mutual cases (non split-shifts and non live-ins), the assessment nurse will calculate Activities of Daily Living (ADL) services for each participant and Instrumental Activities of Daily Living (IADL) services for the household. IADLs for mutual case participants will be shared hours.
- Please use the following clinical depression screening codes when utilizing a standardized tool and a follow-up plan is documented – G8431 for a positive screening and G8510 for a negative screening.

### CLAIMS

<table>
<thead>
<tr>
<th>Electronic Claims</th>
<th>Paper Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fidelis Care Payer ID - 11315</td>
<td>Fidelis Care FIDA Plan</td>
</tr>
<tr>
<td>For more information, visit <a href="http://www.fideliscare.org">fideliscare.org</a></td>
<td>PO Box 1206</td>
</tr>
<tr>
<td></td>
<td>Amherst, NY 14226-1206</td>
</tr>
</tbody>
</table>

- All claims should be billed directly to Fidelis Care, and not a third party payer, within ninety (90) days from the date of service.
- To ensure prompt and appropriate payment, submit the correct Revenue Code for services and bill type when billing on a UB04 claim form.
- FIDA Plan Contracted Providers may not bill any FIDA participants for the balance cost of any covered services for any reason. FIDA participants are not subject to copayments, deductibles, or coinsurance.
- For claim status, please visit Provider Access Online at [https://providers.fideliscare.org](https://providers.fideliscare.org) or call the Provider Call Center at 1-800-688-7422 – option 5 for claims over thirty-five (35) days.
- Remittance Advice can be obtained by visiting Provider Access Online, and is also available through a HIPAA mandated 835 Electronic Remittance Advice.

### APPEALS AND REQUESTS FOR ADMINISTRATIVE REVIEWS

**Standard Appeals:** Appeals for FIDA must be received within sixty (60) calendar days of the adverse determination and should be mailed to **Attn: Member Services, Fidelis Care, 95-25 Queens Blvd., 7th Floor, Rego Park, NY 11374**

**Requests for Administrative Review of Previously Processed Claim:** Requests for claim reconsiderations must be submitted within sixty (60) calendar days of the date of the remittance advice and should be mailed to **Attn: Claims Reconsideration, Fidelis Care, 480 CrossPoint Parkway, Getzville, NY 14068.**

### ADDITIONAL RESOURCES

Please visit [fideliscare.org](http://www.fideliscare.org) for a complete copy of the Fidelis Care Provider Manual, educational resources, announcements, and other helpful tools.