

HORIZON *pulse*

A Newsletter for the Horizon NJ Health Provider Community

| Issue 1, 2018

Horizon NJ Health Quality Management

The purpose of our Quality Management Department is to systematically monitor, assess, track, trend and continuously improve the quality of care, service, health status and safety of its members. Quality Management is divided into three areas of focus:

Clinical Operations:

- Operations - Quality of Care Complaints and Quality Referrals
- Medical Appeals

Administration:

- Quality Oversight for National Committee for Quality Assurance (NCQA) Accreditation and annual assessment
- Quality Assurance
- Quality Improvement

Performance Reporting:

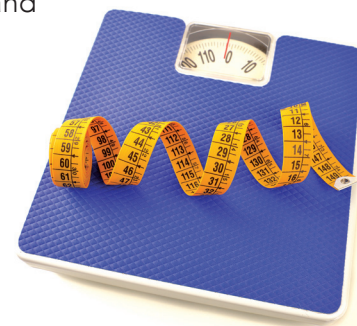
- Healthcare Effectiveness Data and Information Set (HEDIS) and Centers for Medicare and Medicaid Services Star Performance and Reporting
- HEDIS Chart Chase
- Population Health and Interventions
- Provider Engagement for Quality Improvement
- Health Data Analysis

Quality Management works closely with all areas of Horizon NJ Health by sponsoring various committees and workgroups. These groups were formed to help achieve our quality program goals. The interdepartmental Quality Improvement Committee (QIC) meets monthly to review all quality metrics/goals.

DID YOU KNOW?

Body mass index (BMI) seems like an insignificant and routine thing to document in a patients' chart. However, did you know that Horizon NJ Health needs that information for our members? We need this information because BMI codes are components of two important HEDIS measures (Adult BMI Assessment and Counseling for Children). Please include BMI Percentile and BMI codes on your claims so we can capture it.

For more information, call **1-844-754-2451**.





HEDIS Medical Record Collection Reminder

Horizon NJ Health measures HEDIS compliance through the claims providers submit to us. Accurate coding and timely submission of claims are essential to monitoring the plan's performance for quality of care provided to our members.

Some HEDIS measures allow for compliance to be recorded through medical record documentation. In order to do this, Horizon NJ Health collects medical records for the members you serve at your practice or facility. In February, your office may have received a request for your patients' medical records from Horizon NJ Health. If you have already responded

to that request, thank you! If the request is still pending at your office, your immediate attention and response to our request is needed. We collect these records in accordance with your Horizon NJ Health contract. Please work with us to accurately record the quality care we are providing to our members. We appreciate your continued cooperation and for the high level of care you give to our members.

If you have any questions about the medical record request you received, please contact your designated Clinical Quality Improvement Liaison or call [1-844-754-2451](tel:1-844-754-2451) for assistance.

FOR DSNP PROVIDERS

Interdisciplinary Care Team

Providers who are in the Horizon NJ TotalCare (HMO SNP) network are invited and encouraged to participate in their patients' Interdisciplinary Care Team (ICT) meetings. Care Managers will contact providers when their patients' Care Plans are scheduled for review. To learn more about Horizon NJ TotalCare (HMO SNP) ICT meetings and your role as a provider, please contact Provider Services at [1-855-955-5590](tel:1-855-955-5590).

Importance of Office Visits

Are there Horizon NJ Health patients you haven't seen lately? Have you seen your Horizon NJ Health patients who are in need of vaccines or cancer screenings? If not, we'd like to help.

Horizon NJ Health is working diligently to get members into their providers' offices for wellness visits, preventive care and disease management. Together, we can increase and improve preventive care and the overall health of our members. Preventive care is important for identifying disease early, when it is treatable, and managing chronic conditions before they get worse.

Through the Horizon *Healthy Journey* program, we reach out to members throughout the year to educate and remind them of services they may be due for, including:

- **PEDIATRIC**

- Well visits from birth through age 21
- Lead screening
- Vaccines
- Chronic condition maintenance, such as ADHD and asthma

- **ADULT**

- Annual Primary Care Provider (PCP) visit
- Cancer screenings, including cervical, breast, colorectal, prostate
- Vaccines
- Chronic condition maintenance, such as asthma, diabetes, hypertension

The Horizon *Healthy Journey* program has dedicated staff for live outreach and member support. We also utilize direct mail, interactive voice recognition (IVR) calls and vendors to engage and educate our members. The Horizon *Healthy Journey* program serves all lines of business.

If you would like more information on gaps in care for your patients, HEDIS measures and expectations, or quality transformation support for your office, please contact [1-844-754-2451](tel:1-844-754-2451).

List of Provider Relations Representatives

Angelica Kholstinin
(Morris, Hudson, Bergen, Sussex)
[1-609-537-2336](tel:1-609-537-2336)

Lynda Jackson-Sealy
(Passaic, Warren, Essex)
[1-609-537-2648](tel:1-609-537-2648)

Stacy Felder
(Middlesex, Somerset, Union)
[1-609-537-2652](tel:1-609-537-2652)

Maia Jackson
(Atlantic, Cumberland, Salem, Cape May)
[1-609-537-2649](tel:1-609-537-2649)

Jenn Chow
(Camden, Burlington)
[1-609-537-2646](tel:1-609-537-2646)

Jocelyn Cabrera
(Gloucester, Mercer, Hunterdon)
[1-609-537-2647](tel:1-609-537-2647)

Cheryl Gilbert
(Monmouth, Ocean)
[1-609-537-2634](tel:1-609-537-2634)

EFT/EDI Reminder

We encourage all providers to sign up to receive their payments using Electronic Funds Transfer (EFT). With EFT, your reimbursement cycle will be accelerated, since you can receive EFT payments quicker than check payments sent through the mail. Payments can be distributed more securely by virtually eliminating check payments lost in the mail, which can help increase cash flow. In most situations, funds are available the same date the payment is credited to your bank account. For information about enrolling in EFT, please visit changehealthcare.com/resources/epayment-eft. You can also contact Change Healthcare at **1-866-506-2830**, option **1** for more information or email eftenrollment@changehealthcare.com.

We would also like to remind you that it is easier than ever to sign up for Electronic Data Interchange (EDI) for electronic claim submission. Horizon NJ Health

encourages all hospitals, physicians and health care professionals to submit claims electronically. For those interested in electronic claim filing, please call TriZetto Trading Partners Solutions at **1-800-556-2231**, Monday through Friday, 8 a.m. to 7 p.m., Eastern Time, or email physiciansales@cognizant.com.

EDI allows faster, more efficient and cost-effective claim submission for hospitals, physicians and health care professionals. EDI, performed in accordance with nationally recognized standards, supports the industry's efforts to reduce administrative costs. There is also a free online way to submit claims instead of mailing paper claims. To sign up for SimpleClaim, visit trizettoprovider.com/horizon/simpleclaim, and for additional information on how to use SimpleClaim, please refer to horizonNJhealth.com/for-providers/resources/simpleclaim-training-resources.

National Drug Code (NDC) Billing and Verification - NJMMIS

Please remember that professional and institutional primary and secondary claims submitted with drug-related (J or Q) codes must include the National Drug Code (NDC) number, quantity and unit of measure.

The state of New Jersey recently made changes to the NDC search function on the New Jersey Medicaid Management Information System (njmmis.com)

provider portal. When looking up an NDC code, go to njmmis.com/ndclookup.aspx, enter the NDC number in question and hit *Submit Request*. If you see "NDC is Federally Rebatable," the code is valid.

If you see "NDC is NOT Federally Rebatable," the code is not valid.

Would You Like to Make Home Visits?

Horizon NJ Health is always interested in increasing its roster of providers who make home visits. We are looking for general practitioners, internists, pediatricians and geriatricians who care for Medicaid or Horizon NJ TotalCare (HMO SNP) members.

Interested? Please go to horizonNJhealth.com/for-providers, click the *Resources* tab, go to the *Forms* page and select the *Provider Home Visits* form, download the form, complete it and fax to **1-609-583-3004**. The form lists the counties, days and times you are available to make home visits.

Provider Contracting Representatives

CONTACT	SPECIALTIES
<p>Alana McDonald 1-609-537-2438 Alana_McDonald@HorizonBlue.com</p>	<p>Adult Medical Day Care/Pediatric Medical Day Care Caregiver Participant Training Chore Service (Cleaning/Maintenance) Cognitive Therapy Community Residential Services Community Transition Services Home-Delivered Meals Medication Dispensing Non-Medical Transportation Personal Emergency Response System (PERS) Residential/Vehicle Modification Social Adult Day Traumatic Brain Injury (TBI)</p>
<p>Julia Boccanfuso 1-609-537-2667 Julia_Boccanfuso@HorizonBlue.com</p>	<p>PT/OT/ST (in-home/outpatient) Infusion Home Health Nursing Home-Based Supportive Care Personal Care Assistant (PCA) Respite (in-home) Private Duty Nursing</p>
<p>Lori Jackson 1-609-537-2633 Lori_Jackson@HorizonBlue.com</p>	<p>Assisted Living Program Assisted Living Residence Comprehensive Personal Care Home Skilled Nursing Facility</p>
<p>Nicholas Litos 1-609-537-2519 Nicholas_Litos@HorizonBlue.com</p>	<p>Lab Ambulatory Surgical Center (ASC)/Lithotripsy Radiology Sleep Studies Ambulance (Transportation)</p>
<p>Stephen Fitch 1-609-537-2614 Stephen_Fitch@HorizonBlue.com</p>	<p>Behavioral Health (MLTSS/DD) Special Projects</p>
<p>Walgena Daniels 1-609-537-2335 Walgena_Daniels@HorizonBlue.com</p>	<p>Dialysis Hearing (Audiology) Orthotic & Prosthetic (O&P) Durable Medical Equipment (DME)</p>
<p>Bridget Bocchino Hochstuhl 1-609-537-5670 Bridget_BocchinoHochstuhl@HorizonBlue.com</p>	<p>MLTSS Network Services Manager</p>
<p>Lori Bembry 1-609-537-2427 Lori_Bembry@HorizonBlue.com</p>	<p>Ancillary Contracting Manager</p>



Directory Verification Reminder

Maintaining up-to-date demographic information is very important to Horizon NJ Health and its Provider Contracting & Strategy (PC&S) Department. Demographic updates are important to ensure that providers receive the correct reimbursement and that we have the correct rosters of members for each provider and practice. Updating that information promptly and correctly also ensures compliance with regulations mandated by the CMS as well as our contract with the State of New Jersey. Horizon NJ Health has contracted with CompanyVoice LLC, a vendor, to aid in obtaining and compiling provider demographic information. Your cooperation with their queries is greatly appreciated.

Providers are required to furnish the following information, for every affiliated provider in the practice:

- All providers' names, their individual National Provider Identifiers (NPI), Medicare IDs and hospital affiliations
- Group NPI and Medicare ID numbers
- The addresses, counties and office hours for all locations within the practice

We also need for you to answer the following questions:

- Does each provider see new Medicaid patients?
- Is each provider participating with Horizon NJ Health?
- Does each provider see new patients who are dual-eligible special needs (DSNP)?
- Is each provider participating with Horizon NJ Health for DSNP patients?
- Are you a PCP, cardiologist, oncologist, or ophthalmologist (for DSNP providers)?

Provider information should be updated at least once a year. You should contact us whenever a significant change in demographic information occurs, such as additions or terminations of providers or changes in address. To look up your information, go to the *Doctor & Hospital Finder* at **directory.horizonNJhealth.com**. If you have questions, please consult your Provider Relations Representative.

Hospice Billing Practice Changes

Horizon NJ Health has made certain updates to its billing processes for hospice services to comply with new requirements instituted by the State of New Jersey. When billing for hospice services, providers must adhere to the following guidelines:

1. When billing for Code T2046 (Hospice Room & Board) using a UB04 claim form, you must include in box 9a-d the name of the member and address of the nursing home where the member was residing at the time of service. If the claim is billed on HCFA 1500 then box 32 should have the nursing home name and address information provided on the claim.
2. When billing for EDI claims using 837P/CMS1500 (HCFA1500 EDI), you must include the nursing home's information in the following fields:
 - Loop 2310C – Service Facility Location Name
 - NM1 – Service Facility Location Name
 - NM101 – Entity Identifier Code
 - NM102 – Entity Type Qualifier
 - NM103 – Laboratory or Facility Name
 - NM109 – Laboratory or Facility Primary Identifier (NPI)
 - N3 – Service Facility Location Address
 - N4 – Service Facility Location City, State, Zip
3. When billing for EDI claims using 837I/UB04 (UB04 EDI), you must include the nursing home's information in the following fields:
 - Loop 2310E – Service Facility Location Name
 - NM1 – Service Facility Location Name
 - NM101 – Entity Identifier Code
 - NM102 – Entity Type Qualifier
 - NM103 – Laboratory or Facility Name
 - NM109 – Laboratory or Facility Primary Identifier (NPI)
 - N3 – Service Facility Location Address
 - N4 – Service Facility Location City, State, Zip
4. To ensure accurate calculation of any patient pay liability deduction, you must bill all Code T2046 claims on a single line of the bill and use the units field to indicate the number of days being billed. Therefore, you should not split a month into more than one line unless there is an interruption of hospice services (e.g., admission to acute care hospital). For example:
 - i. In order to bill for December 1-31, you should identify the full date span (12/1/17 – 12/31/17) on a single line of the bill, and in the "units" field enter "31."
 - ii. In order to bill for November 10 – December 31, you should identify the November dates on the first line of the bill (11/10/17 – 11/30/17), and in the units field enter "21." Then, you should identify the December dates on the second line of the bill (12/1/17 – 12/31/17), and in the "units" field enter "31."

If you have any questions about billing for hospice services, please call Provider Services at **1-800-682-9091**.

Change in Billing for Chiropractic

Effective **April 1, 2018**, only services rendered by chiropractic providers for manual manipulation of subluxation of the spine billed under CPT codes **98940, 98941 and 98942** are eligible for reimbursement. Care billed under code **98943** is not reimbursable by New Jersey Medicaid or Horizon NJ Health. Please remember that all chiropractic services, including the initial visit and initial treatment, require referral from a PCP. All subsequent treatments will require prior authorization. Authorizations can be requested via **NaviNet.net** or by faxing the new Chiropractic Authorization Request Form to **1-609-583-3042**. You can get the form online by going to **horizonNJhealth.com/for-providers**. Click the *Resources* tab, go to the *Forms* page and select the *Chiropractic Authorization Request* form.



Horizon NJ Health

1700 American Blvd.
Pennington, NJ 08534
horizonNJhealth.com

For a list of Provider Relations Representatives, please go to horizonNJhealth.com. Under the *For Providers* tab, select *Contact Us*, then *Professional Contracting and Servicing Staff* or call Provider Services at **1-800-682-9091**.

Formulary Changes

Horizon NJ Health would like to inform you of recent changes to Horizon NJ Health’s pharmacy formulary. You can find the drug formulary guide, which includes an explanation and listing of step therapy, quantity/age limits and drugs requiring prior authorization on horizonNJhealth.com. Paper copies are available upon request.

Here is a list of recent changes:

Formulary Change Description	Brand (Generic) Drug Name	Alternatives (if applicable)
Formulary	Ingrezza (valbenazine)	_____
Formulary	Rydapt (midostaurin)	_____
Formulary	Mavyret (glecaprevir-pibrentasvir)	_____
Non-Formulary	Levorphanol	generic MS Contin, generic Kadian, Oxycontin and generic Ultram ER, generic MSIR (morphine), generic Roxicodone (oxycodone) tablets, generic Opana IR (oxymorphone), generic Ultram (tramadol)
Non-Formulary	Zepatier (elbasvir-grazoprevir)	Mavyret

Please note that Horizon NJ Health’s maximum supply limit is 30 days. If, for medical reasons, members cannot be changed to preferred medications, you may call the Horizon NJ Health Pharmacy Department to request a prior authorization at **1-800-682-9094**.

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