

ProviderLINK

How to Manage/Change Your Demographic Information

Providers in the Horizon NJ TotalCare (HMO SNP) network are required to maintain their current demographic information on file with us. We are required to update our provider directory quarterly. To facilitate this process, we are asking providers to contact us if any of the following has changed:

- Your ability to accept new patients, or any other change impacting your availability to care for our members at any or all of your locations.
- Street address (please include suite numbers). Please include your address for all locations.
- Email address.
- Phone number. Please include for all locations.

To look up your information, go to the *Doctor & Hospital Finder* at horizonNJhealth.com. If there are no changes to your information, no action on your part is required. If there are changes, go to horizonNJhealth.com/for-providers/resources/forms and download the *Request for Change of Information* guidelines and/or the forms needed to update your demographic information. New information can be emailed to ProviderFileOps2@HorizonBlue.com or faxed to **1-973-274-4126**. Please include "Provider Demographic Update Project" in the subject line for emails or on the fax cover sheet.

As a reminder, please remember that any new

associates to your practice must be credentialed before they can treat our members. Failure to do this can result in denial of payment. If you need more information or help with this process, please call Provider Services at **1-855-955-5590** for Horizon NJ TotalCare (HMO SNP) or **1-800-682-9091** for Horizon NJ Health.



Issue 3, 2017

A newsletter for the Horizon NJ Health
Provider Community



Horizon NJ Health

horizonNJhealth.com

How to File Corrected Claims

We have received a number of corrected claims which contain errors. This delays payment and creates administrative burdens for all parties. Please consult section 9.1.5 of the Provider Administrative Manual, excerpted below, for more information on how to file corrected claims.

9.1.5. Filing Corrected Claims

For paper claims:

CMS-1500 should be submitted with the appropriate resubmission code (value of 7) in Box 22 of the paper claim with the original claim number of the corrected claim. Horizon NJ Health will reject any claims that are not submitted on red and white forms or that have any handwriting on them.

For UB-04 claims:

UB-04 claims should be submitted with the appropriate resubmission code in the third digit of the bill type (for corrected claims this will be 7), the original claim number in Box 64 of the paper claim.

Send red and white paper corrected claims to:

Horizon NJ Health
Claims Processing Department
PO Box 24078
Newark, NJ 07101-0406

Correcting electronic HCFA 1500 claims:

EDI 837P data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an addition loop in the 2300 loop, segment REF*F8* with the original claim number for which the corrected claim is being submitted.

Correcting electronic UB-04 claims:

EDI 837I data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an addition loop in the 2300 loop, segment REF *F8* with the original claim number for which the corrected claim is being submitted.

Corrected claims must be submitted within 365 calendar days from the initial date of service. Please provide the original claim number found on your Remittance Advice. Finally, please do not write or stamp anything on the claim form (this includes the words "Corrected Claim"). This will result in the claim being rejected. Please call Provider Services at **1-800-682-9091** to answer any questions.

Billing Prohibitions May Apply To Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program

Certain billing prohibitions apply to dual eligible individuals whom you serve. Federal law (Sections 1902(n)(3)(B) and 1866(a)(1)(A) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997) prohibits all Medicare providers from billing QMB individuals for Medicare deductibles, coinsurance or copayments. All Medicare and Medicaid payments you receive for furnishing services to a QMB individual are considered payment in full. You are subject to sanctions if you bill a QMB individual for amounts above the sum total of all Medicare and Medicaid payments (even when Medicaid pays nothing). For more information on prohibited billing of QMB individuals please visit [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf).

Member Rights and Responsibilities

Horizon NJ Health encourages our physicians and health care professionals to freely communicate with our members regarding available treatment options, including medical treatment, which may or may not be a covered benefit under Horizon NJ Health.

To view the full list of rights and responsibilities, please refer to the Horizon NJ Health Provider Administrative Manual, section 12.1.

Patient Reason-for-Visit Codes

We have noticed that some providers are not populating the "patient reason for visit" field on their UB-04 claim forms. A code is required for outpatient claims and is located in loop 2300 segment HI fields H100 - H103-2 for EDI, or field 70 a-c on paper claims. We would like to remind you that leaving this field blank or entering an incorrect code may adversely affect your claims, remittance advice and reimbursements.

When filing claims using the UB-04, please remember to populate the diagnosis code in the correct field. Please report only one diagnosis code describing the member's primary reason for seeking care, as noted in the

primary diagnosis code field. The diagnosis that fills this "patient reason for visit" field must be a valid ICD-10-CM code. To be valid, ICD-10-CM codes must be entered at the most specific level to which they are classified in the ICD-10-CM Tabular List of Diseases and Injuries.

Failure to enter all required digits in the diagnosis codes will cause the claim to be rejected. For a list of codes in the ICD-10-CM Tabular List, please go to [cms.gov/medicare/coding/icd10/downloads/6_i10tab2010.pdf](https://www.cms.gov/medicare/coding/icd10/downloads/6_i10tab2010.pdf).

If you have any questions, please call Provider Services at **1-800-682-9091**.

Copy of DSNP EOP

The Remittance Advice/Explanation of Payment document for Horizon NJ TotalCare (HMO SNP) shows the fields and explanations of benefits and payments that are specific to DSNP claims.

The image shows two copies of a Remittance Advice/Explanation of Payment document for Horizon NJ TotalCare (HMO SNP). The left copy is a 'VOID' document, and the right copy is a 'VOID' document. Both documents show patient and service information, a table of charges, and a statement of totals.

Forwarding Service Requested: SINGLE PTECE
For Questions, Call Provider Services at 1-800-682-9091

Provider Remittance Advice:

Patient and Service Information:

Line Number	Date of Service	Procedure Code	Charge	Allowed Amount	COB Amount	Co-Pay	Co-Ins	Deductible	PPV	Plan Payment	Remark Codes	LOB
101	10/15/10	93.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	MS	MS
102	10/15/10	93.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00	MS	MS
Claim Total												
Charged Amount: 2.00												
Allowed Amount: 2.00												
COB Amount: 0.00												
Co-Pay: 0.00												
Co-Ins: 0.00												
Deductible: 0.00												
PPV: 0.00												
Plan Payment: 2.00												
Interest: 0.00												
Prior Payment: 0.00												
Plan Payment: 2.00												

Statement Totals:

Charged Amount	Allowed Amount	COB Amount	Co-Pay	Co-Ins	Deductible	PPV	Interest	Prior Payment	Plan Payment
2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00

Formulary Changes

Horizon NJ Health would like to inform you of recent changes to its 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	Ciprofloxacin 0.2% solution	
Formulary	Vitekta (elvitegravir)	
Formulary	Genvoya (elvitegravir, cobicistat, emtricitabine, tenofovir alafenamide)	
Formulary	Odefsey (emtricitabine, rilpivirine, tenofovir alafenamide)	
Formulary	Zarxio (filgrastim-sndz)	
Formulary	Basaglar (insulin glargine)	
Formulary	AirDuo (fluticasone/salmeterol) – authorized generic	
Non-Formulary	Retin-A (tretinoin)	Differin OTC
Non-Formulary	Brand Prilosec OTC (omeprazole-magnesium)	OTC omeprazole-magnesium, Omeprazole, Pantoprazole, Zegerid OTC, Prevacid 24HR, Lansoprazole Capsules, Nexium 24 HR (OTC/Over-the-counter), generic Aciphex 20mg tablet
Non-Formulary	Humulin pen (insulin)	Humulin vial
Non-Formulary	OxyIR (oxycodone) capsules	generic Roxicodone (oxycodone) tablets

Continued on page 5

Continued from page 4

Formulary Change Description	Brand (Generic) Drug Name	Alternatives (if applicable)
Non-Formulary	Granix (tbo-filgrastim)	Zarxio
Non-Formulary	Lantus (insulin glargine)	Basaglar
Non-Formulary	Levemir (insulin detemir)	Basaglar
Non-Formulary	Advair Diskus, HFA (fluticasone/salmeterol)	fluticasone/salmeterol (authorized generic AirDuo)
Non-Formulary	Dulera (mometasone/formoterol)	fluticasone/salmeterol (authorized generic AirDuo)

Please note that Horizon NJ Health maximum days' 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**.



Helping Your Elderly Patients Avoid Falls

According to the Centers for Disease Control and Prevention, falls are the leading cause of both fatal and nonfatal injuries among elderly adults. In 2010, more than 2.3 million Americans were treated in emergency departments for fall-related injuries, leading to nearly \$30 billion in direct medical costs. Some of the contributing factors providers should watch for include:

- Alzheimer's disease and senility
- Arthritis
- Blood pressure fluctuation
- Cancer that affects the bones
- Cardiac arrhythmias (irregular heartbeat)
- Hip weakness and imbalance
- Impaired musculoskeletal function
- Neurological conditions such as stroke, Parkinson's disease and multiple sclerosis
- Osteoporosis
- Side effects of medications
- Urinary and bladder dysfunction
- Vision or hearing loss

The American Academy of Orthopaedic Surgeons (AAOS) has developed guidelines to help seniors prevent falls. Find out about these and other fall-related facts in the Prevention & Safety section of orthoinfo.org.

Also, the Otago exercise protocol has been developed to help seniors of all ages and activity levels increase their strength and improve their balance. You can find out more information on the Otago protocol at cdc.gov/homeandrecreational/safety/falls/compendium.html.



Recordkeeping and Availability Standards

As part of our program for continuous quality improvement, Horizon NJ Health monitors the medical recordkeeping standards of our Primary Care Providers (PCP) and specialty care physicians.

Horizon NJ Health has adopted medical record guidelines based on state, federal and external accrediting organization standards. The guidelines are included in Section 12 of the Provider Administrative Manual. The Medical Record Review audit is conducted to ensure compliance with these established standards by assessing the documentation of care and services rendered to Horizon NJ Health members.

We would also like to emphasize that 24-hour physician availability to Horizon NJ Health members is a critical component of access to care. After-hours availability enhances quality and continuity of care, fosters appropriate utilization of services and increases member satisfaction. Horizon NJ Health has adopted standards to ensure 24-hour access to quality medical care as mandated by the State of New Jersey. All primary care and specialty care physicians must be available to Horizon NJ Health members 24 hours a day, seven days a week, as stated in the contractual agreement. PCPs and specialists should make arrangements via an answering service during off hours. If an answering machine is used, a forwarding phone number to connect with a physician must be given. Instructions for emergency room care in life-threatening situations are acceptable. Instructions for emergency room care in place of contact with a physician when there is no life-threatening emergency (e.g., sore throat, pain in ear, etc.) are unacceptable. The provider should respond to after-hours phone calls, including those from special needs members, regarding medical care within the following time frames:

- 15 minutes for crisis situations,
- 45 minutes for nonemergent, symptomatic issues
- The same day for non-symptomatic concerns

The Emotional Toll of Childhood Obesity

The physical toll of childhood obesity on Americans has been studied extensively over the past few decades. Increases in hypertension, heart disease, type 2 diabetes, and orthopedic problems have been documented exhaustively. But physicians, mental health clinicians and other health care professionals are also examining the psychological effects of this condition.

A study published last year¹ in the journal *Adolescent Health, Medicine and Therapeutics* determined that childhood obesity was negatively associated with psychological comorbidities, such as depression, poorer perceived lower scores on health-related quality of life, emotional and behavioral disorders and self-esteem during childhood. The study showed that children who are overweight are more likely to be teased and bullied by peers; this bullying can have devastating consequences to emotional and physical health throughout the child's life.

¹*Adolesc Health Med Ther.* 2016; 7: 125–146.



Horizon NJ Health

210 Silvia Street
West Trenton, NJ 08628

For a list of Provider Representatives, please go to horizonNJhealth.com/for-providers/professional-contracting-servicing-staff or call the Physician and Healthcare Hotline at **1-800-682-9091**.

Lead Screening Reminder

Please encourage your patients to have a Blood Lead Level (BLL) test completed in accordance with National Committee for Quality Assurance (NCQA) Health Care Effectiveness Data and Information Set (HEDIS) guidelines. According to HEDIS guidelines, children under 2 years of age must have at least one lead capillary or venous blood test done on or before the child's second birthday. Providers should also review the lead verbal risk assessment during every well visit between 6 months and 6 years of age.

The Centers for Disease Control and Prevention (CDC), based on data released by the National Health and Nutrition Examination Survey, has defined an elevated BLL as a single blood lead test (capillary or venous) at or above the reference range value of 5 µg/dL. Any member with two consecutive BLL results of 5 µg/dL or greater will be enrolled into the Horizon NJ Health lead case management program for further outreach.

For more information about lead screening or HEDIS measures, please call the Horizon NJ Health Quality Department at **1-844-754-2451**.



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