

ProviderLink

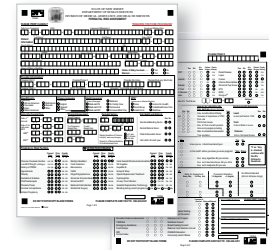


OB Ultrasound Changes

Horizon NJ Health has made important changes to the **Getting Early Maternity Services (GEMS) Authorization and Obstetric (OB) Ultrasound** policies and procedures as of December 1, 2015.

As a result of these changes, **Three (3) OB Ultrasounds** will be included in the initial authorization for each pregnancy. This change will apply to all freestanding, office, hospital and hospital based radiology practices. Any additional outpatient OB Ultrasounds will require a separate authorization. Failure to certify that an authorization is on file prior to rendering services will result in a denied claim.

Please note – preceding initiation of any prenatal care services, providers must complete the **New Jersey Perinatal Risk Assessment (PRA) form**. Horizon NJ Health cannot authorize services unless a PRA form is on file. If you are in need of training to complete the PRA form, contact Family Health Initiatives at (856) 665-6000 or visit www.praspect.org.



All OB Ultrasound authorization requests should be submitted by the referring provider using **CareAffiliate**, accessed through **NaviNet**, under the *Utilization Management Requests* Menu. You can also check the status of any authorization request by using CareAffiliate.

If you are unable to submit an online request, prior authorization forms can be found on the horizonNJhealth.com/for-providers/forms website and the request for authorization submitted via fax to (609) 583-3014. Please note that authorization requests are not accepted by telephone.

If you are interested in CareAffiliate training information, please contact the CareAffiliate Hotline at 1-800-682-9094 ext. 81361.



Flu Vaccine Reminder



Horizon NJ Health is encouraging high-risk populations to get vaccines in an effort to reduce morbidity, hospitalization and mortality from flu- and pneumonia-related complications.

- High-risk populations include but are not limited to the very young, elderly, those with infectious disease, asthma, diabetes, heart and kidney disease, oncology patients and pregnant women.
- High-risk patients should take extra precautions and be the first group to receive early vaccinations.
- Flu season is between December and April, and while the best time to get vaccinated is October and November, December is not too late.
- Members with premature and high-risk infants should take extra precaution with visitors who may have been exposed to influenza.
- Members aged 65 years and older should get a pneumococcal shot.

As a reminder, **all** Horizon NJ Health members are eligible for the flu vaccine.

For children under the age of 19 who are members of Plan A, the flu vaccine is provided by the **Vaccines for Children (VFC)** program; providers are reimbursed for the vaccine administration code by Horizon NJ Health. As a reminder, both the vaccine and vaccine administration should be submitted on the claim. For all members over age 19 and those under 19 who are B, C or D members, Horizon NJ Health will reimburse the provider for the vaccine and the vaccine administration code in accordance with the established fee schedule.

Horizon NJ Health has continued the **Flu Immunization Vaccinations** program for the 2015-2016 flu season. Flu Immunization Vaccinations will be covered at select retail Pharmacy locations for eligible members 19 years of age and older.



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Cultural Competency

In New Jersey, we are fortunate to live and work in one of the most diverse environments in the nation.

But sometimes this diversity can bring challenges in providing health care brought on by cultural and language differences.

These differences may cause misunderstanding, lack of compliance, or other factors that negatively influence clinical situations.

Though it is a good idea for providers to always be aware of diversity when caring for patients from a variety of backgrounds, cultural competency, which includes the ability to effectively work with others from different

cultures and backgrounds, encompasses more than simply acknowledging diversity.

It is a fact that improved cultural competency helps produce better health outcomes among patients.

A framework of standards known as the **National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)** has been established for insurers and providers alike to follow as a means of reaching the highest level of cultural competency.

Horizon NJ Health has taken a proactive approach to being a culturally competent company with a culturally sensitive physician network that has the tools to provide care to our diverse population.

Below are the CLAS Standards:

- Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
- Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

CareAffiliateSM / ICD-10 Information

As the transition to ICD-10 has been in effect since October 1, 2015, Horizon NJ Health encourages all providers to continue to use **CareAffiliate** as a tool for submitting and monitoring authorization requests.

CareAffiliate You view the status of your authorization requests as well as opening authorization requests for home care, DME purchase/rental, surgical procedure, inpatient admissions and other select procedures.

It is advantageous for providers to use CareAffiliate for the ability to easily change dates of service and to upload attachments in Excel, Word or PDF. For urgent requests, providers can still contact Provider Services at **1-800-682-9094**.

Since the change, ancillary providers as well have found using the CareAffiliate portal to be easy and efficient.

Providers can access CareAffiliate through **NaviNet**. Simply select Horizon NJ Health from the *Plan Central* page; mouse over *Referrals and Authorization* on the left-hand navigation; then select *Utilization Management Requests*.

Below are brief testimonials about the transition from depending largely on telephone and fax contact to managing authorizations online via CareAffiliate from two of our ancillary providers:



"I think the tool is great! I love that the request is right there immediately and we can track it through the process and it eliminates 80% of the calls we were once putting into the intake department.

Overall I am really happy with the Care Affiliate Tool. I am sure we will be moving toward the direction of using the tool for all submission very soon!"



"We are exclusively using Care Affiliate for authorization requests unless asked for a paper fax, which is very rare. It takes a little while to get familiar with Care Affiliate, but the results come SO much faster and there is very little error. Thank you! Processing authorizations has gotten much better."

CAHPS (Consumer Assessment of Healthcare Providers and Systems)



Horizon NJ Health participates in the annual **CAHPS Member Survey**. CAHPS studies are conducted to assess satisfaction with the experiences members have with their health care. Results of the survey are used to guide the plan's quality improvement activities.

The 2015 survey showed areas of accomplishment:

- Getting Care Quickly
- Customer Service
- Rating of Health Care
- Rating of Health Plan

While there were improvements in each of these areas, Horizon NJ Health always strives to **excel in all measures**. Some areas identified as **opportunities for improvement** were *Rating of Personal Doctor* and *Rating of Specialist*.

We are thankful for your continued effort to provide excellent service to our members, your patients.

If you would like more details about the 2015 Horizon NJ Health Member Satisfaction Survey, please call the Physician and Health Care Hotline at **1-800-682-9091**.

ICD-10/EPSTD Coding Changes

Here is a reminder of ICD-10 coding changes required for claims processing of **Early and Periodic Screening, Diagnostic and Treatment (EPSTD)** and **Lead Screening** procedures:

Billing Criteria	EPSTD	EPSTD	Dental	Lead Screening	Lead Screening																				
	DOS Before 10/1/15	DOS As of 10/1/15		DOS Prior to 10/1/15	DOS as of 10/1/15																				
Claim Type	4	4	11	4	4																				
Age Category	<20 Years of Age	<20 Years of Age	<20 Years of Age	1 – 5 Years of Age	1 – 5 Years of Age																				
Procedure Code	99381 to 99385 99391 to 99395 99460, 99461, 99463	99381 to 99385 99391 to 99395 99460, 99461, 99463	D0100 – D9999 D1000 – D1999 D2000 – D9999	36416 EP	83655																				
Procedure Code/Diagnosis Code Combination (Required)	99202 to 99205 99213 to 99215 V20 – V202 V203 V2031 V2032 V700 V703 – V709 V30	99202 to 99205 99213 to 99215/ Z00.00-Z00.01 Z00.110 Z00.111 Z00.121 Z00.129 Z00.5 Z00.6 Z00.70 Z00.71 Z00.8 Z02.0 Z02.1 Z02.2 Z02.3 Z02.4 Z02.5 Z02.6 Z02.81 Z02.82 Z02.83 Z02.89 Z76.2 Z38.00 Z38.01 Z38.10	NA	36416 EP and Diagnosis Code IS NOT 984.0 – 984.9; E861.5; OR E866.0	83655 and Diagnosis Code IS NOT : T56.0X1A T56.0X2A T56.0X3A T56.0X4A M1A.10X0-1 M1A.1110-11 M1A.1120-21 M1A.1190-91 M1A.1210-11 M1A.1610-11 M1A.1621 M1A.1690-91 M1A.1710-11 M1A.1720-21 M1A.1790-91 M1A.18X0-X1 M1A.19X0-X1																				
Claim Type	3	3																							
Age Category	<20 Years of Age	<20 Years of Age																							
Revenue Code/Diagnosis Code Combination (Required)	OP510, OP515/ V20 – V202 V700 V203 V2031 V2032 V703 – V709 !"#	OP510, OP515/ Z00.00-Z00.01 Z00.110 Z00.111 Z00.121 Z00.129 Z00.5 Z00.6 Z00.70 Z00.71 Z00.8 Z02.0 Z02.1 Z02.2 Z02.3 Z02.4 Z02.5 Z02.6 Z02.81 Z02.82 Z02.83 Z02.89 Z76.2 Z38.00 Z38.01 Z38.10		<table border="1"> <thead> <tr> <th>Age Groupings</th> </tr> </thead> <tbody> <tr><td><1 Year</td></tr> <tr><td>1 – 2 Years</td></tr> <tr><td>3 – 5 Years</td></tr> <tr><td>6 – 9 Years</td></tr> <tr><td>10 – 14 Years</td></tr> <tr><td>15 – 18 Years</td></tr> <tr><td>19 – 20 Years</td></tr> </tbody> </table> <table border="1"> <thead> <tr> <th>NJ Periodicity Schedule</th> </tr> </thead> <tbody> <tr><td>Birth</td></tr> <tr><td>Under 6 Weeks</td></tr> <tr><td>2 Months</td></tr> <tr><td>4 Months</td></tr> <tr><td>6 Months</td></tr> <tr><td>9 Months</td></tr> <tr><td>12 Months</td></tr> <tr><td>15 Months</td></tr> <tr><td>18 Months</td></tr> <tr><td>24 Months</td></tr> <tr><td>Annually Through 20 Years of Age</td></tr> </tbody> </table>	Age Groupings	<1 Year	1 – 2 Years	3 – 5 Years	6 – 9 Years	10 – 14 Years	15 – 18 Years	19 – 20 Years	NJ Periodicity Schedule	Birth	Under 6 Weeks	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	24 Months	Annually Through 20 Years of Age	
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The news of the day is often stressful, and everyone's busy schedule means we are all pressed for time.

There is less time for members to carve out of their daily routines for appointments with their physicians, and physicians, being busier than ever, have less time for treating patients and managing their practices.

Remember, though, that the members, your patients, are very important to us.

Always Treat Patients With Courtesy and Respect

These are challenging times for providers and patients alike.

Sometimes members have chronic conditions that are hard to keep ahead of and they often lead stressful lives that adversely affect their mood. Also remember that communicating and interacting with your patients in a respectful manner will ultimately be beneficial to their health. Making sure patients maintain their dignity and feel safe and trusting of their health care provider improves prescription medication compliance and, ultimately, quality health outcomes. Patient compliance with treatment recommendations always improves when physicians take the time to sit face-to-face with their patients and speak with them about their conditions. Positive encounters such as these encourage your patients to take a more active role in managing their own health.

When we treat our patients with consideration and respect, their health outcomes improve immeasurably.

Horizon NJ Health Quality Improvement Program

The Quality Improvement Program is designed to:

- Expand access and enhance the quality of health care
- Enhance customer satisfaction
- Maximize the safety and quality of health care delivered to members
- Improve efficiency and effectiveness
- Fulfill quality-related reporting requirements of accrediting bodies and other local, state and federal regulatory and external review organizations

The annual **Continuous Quality Improvement (CQI) Work Plan** describes specific activities that Horizon NJ Health will perform to meet the established goals.

The annual **Quality Improvement Program Evaluation** reports how well Horizon NJ Health has performed.

Some of the activities include:

- **Improve HEDIS Scores.**
- **Improve Member/ Practitioner Satisfaction.**
 - CAHPS, or Consumer Assessment of Healthcare Providers and Systems, is a standardized survey that allows members to evaluate their experiences with health care. Three populations were chosen for the survey: Adults, Children General Population and Children with Chronic Conditions.
 - The Satisfaction Survey is a means of receiving feedback from practitioners and office staff regarding Horizon NJ Health operations and areas of improvement.
- **Quality Improvement Projects (QIPs).** These projects are initiatives that improve the safety of our members in all settings.
- **Maintain NCQA (Nation Committee for Quality Assurance) accreditation.**

For further information about Horizon NJ Health's Quality Improvement Program goals, processes and outcomes concerning care and service and/or to obtain a copy of QI Program information, please contact the Physician and Health Care Hotline at **1-800-682-9091**.

Assessing Cognitive Impairment in Older Adults

Why is it important to assess cognitive impairment in older adults?

Cognitive impairment in older adults has a variety of possible causes, including medication side effects, metabolic and/or endocrine derangements, delirium due to intercurrent illness, depression, and dementia, with Alzheimer's dementia being most common.

Some causes, like medication side effects and depression, can be reversed with treatment. Others, such as Alzheimer's disease, cannot be reversed, but symptoms can be treated for a period of time and families can be prepared for predictable changes.

When is screening indicated?

The U.S. Preventive Services Task Force, in its recent review and recommendation regarding routine screening for cognitive impairment, noted that "although the overall evidence on routine screening is insufficient, clinicians should remain alert to early signs or symptoms of cognitive impairment (for example, problems with memory or language) and evaluate as appropriate."

The **Dementia Screening Indicator** (<http://bit.ly/1pxk5rl>) can help guide clinician decisions about when it may be appropriate to screen for cognitive impairment in the primary care setting.

Benefits of Early Screening

If screening is negative:

Patient/family concerns may be alleviated, at least at that point in time.

If screening is positive and further evaluation is warranted:

The patient/family and physician can take the next step of identifying the cause of impairment (for example, medication side effects, metabolic and/or endocrine imbalance, delirium, depression, Alzheimer's disease).

This may result in:

- Treating the underlying disease or health condition
- Managing comorbid conditions more effectively
- Averting or addressing potential safety issues
- Allowing the patient to create or update advance directives and plan long-term care
- Ensuring the patient has a caregiver or someone to help with medical, legal, and financial concerns
- Ensuring the caregiver receives appropriate information and referrals
- Encouraging participation in clinical research



Physician and Health Care Hotline

Horizon NJ Health has a dedicated Physician & Health Care Hotline number, **1-800-682-9091**, which can quickly assist you with various provider-related inquiries.

The following are examples of topics the Physician & Health Care Hotline can help you with:

- **Affordable Care Act (ACA) Check # Requests and Paid Amounts:** Please allow up to 30 days for the correct information to become available.
- **Payment Disputes NOT Related to Contracting Issues**
- **Check Investigations:** Please allow up to 30 days for update.
- **Claim Status Inquiries:** This information is also available on Emdeon & NaviNet.

For faster, more convenient service, please access our options for the following:

- **Provider Data Change Requests:** Requests must be submitted on letterhead outlining required updates. Additional documentation needed includes a W9, HIPAA, 5010 and Americans with Disabilities Act (ADA) Survey (if applicable). Please allow 30 days for update. Non-participating providers can submit requests via fax to **1-215-863-5779**. Participating providers can submit email inquiries to ProviderFileOps2@horizonblue.com.

For defined requirements of Provider Data Change Requests, please visit www.horizonnjhealth.com/sites/default/files/Request_for_Change_of_Information.pdf

- **Ancillary Contracting Inquiries:** Send your request to the email address below and allow 48 to 72 hours for responses. AncillaryContracting@horizonblue.com
- **Status of Credentialing Applications:** Please allow 48 to 72 hours for processing. Submit email requests to: PCS_Credentialing_Mailbox@horizonblue.com.
- **Requests to Join Provider Network:** Application requests can be submitted via our website at www.horizonnjhealth.com/for-providers/provider-recruitment.

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You can reach our Horizon NJ Health Professional Relations Representatives with a simple phone call:

To arrange a personal visit to your office, contact your Horizon NJ Health Professional Relations Representative at **1-800-682-9094**.

All Professional Relations Representatives service Primary Care Physicians (PCPs) and Specialty Care Providers. For other provider-related inquiries, please call the Physician and Health Care Hotline at **1-800-682-9091**.

Important Numbers You Should Know

Physician & Health Care Hotline 1-800-682-9091	Utilization Management 1-800-682-9094 Inpatient x 81024 Outpatient Facility Office-based x 81023 Home Services x 81025 Medical Day Care x 89500
Member Services 1-877-765-4325	Personal Care Assistance x 89500
EDI Claim Submission 1-877-234-4271	Durable Medical Equipment & Medical Supplies x 81017
Quality Management 1-800-682-9094	Facility PT/OT/ST x 89500
Website horizonNJhealth.com	

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