

ProviderLink

ICD-10 Testing Tool

Horizon NJ Health is continuing to work with our providers to ensure that we will be **fully compliant** with all mandated requirements for ICD-10 on **October 1, 2015**.

We are proud to announce our partnership with HighPoint Solutions to offer a **scenario-based testing tool to physicians**. This tool presents pre-defined, clinically-based narratives that are grouped into specialty-specific medical scenarios.



Participants receive a total of three medical scenarios. Each scenario presents three clinical narratives that document a specific health care encounter and give enough information to determine an ICD-10 diagnosis code. Participants review the narratives and enter the ICD-10 code they deem appropriate. Using anonymous testing IDs, peer reports allow you to view and compare your selections with those of other participants within your specialty.

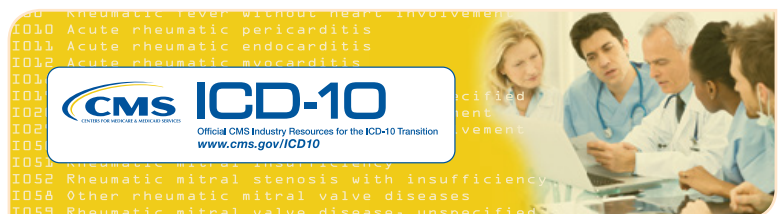
**We are committed to supporting our providers in their readiness for ICD-10.
We believe this tool can help to:**

- Identify commonly used or specialty-specific diagnosis codes used in your practice
- Improve patient documentation by ensuring it includes the necessary information for coding accuracy
- Encourage coders and clinicians to start thinking about ICD-10 in their day-to-day activities

To access HighPoint, go to <http://hzreg.providercodingimpact.com/Registration.aspx> and register for testing. The HighPoint testing tool will be available to physicians' offices until Aug. 10, 2015.

If you are interested in Scenario-based Testing with Horizon, please send an email to ICD10ProviderReadiness@HorizonBlue.com. We recommend that participants in this testing have access to ICD-10 coding manuals or other tools used in coding activities.

If you have further questions about ICD-10, please contact your Network Specialist or email provider_relations@horizonNJhealth.com.



Credentialing/ Recruiting Professionals



We would like to remind you that Horizon NJ Health credentials and contracts with **Physician Assistants and Nurse Practitioners.**

We are also seeking Nutritionists and Dietitians to join our network. If you know of any providers you would like us to contact for recruitment, please go to horizonnjhealth.com/for-providers/provider-recruitment.

CareAffiliateSM Reminder

Here is a quick reminder that **CareAffiliate** is available for Horizon NJ Health providers.

CareAffiliate With CareAffiliate, easily accessed through NaviNet, providers can to submit authorization requests securely over the Internet using a single-page data entry form that captures pertinent client-defined data. You can communicate directly with Horizon NJ Health, checking the status of requests in real time and receiving notifications when requests are completed. CareAffiliate allows for early identification of case and disease management candidates, resulting in better health outcomes and lower costs.

How to access CareAffiliate:

1. Access Horizon NJ Health Plan Central from www.NaviNet.net
2. Select *Utilization Management Requests*

If you're not registered for NaviNet, please visit www.NaviNet.net and click on "sign up."

Real-time Authorization Status

Providers can check status of authorizations regardless of submission method and print on demand.

To learn how to use CareAffiliate, you can review the CareAffiliate training manual at horizonnjhealth.com/for-providers/education-opportunities.

If you have questions, please call the CareAffiliate Hotline at **1-800-682-9094 ext. 81361**.

Table of Contents

ICD-10 Testing Tool
Page 1

Credentialing/Recruiting Professionals / CareAffiliate Reminder
Pages 2

Updating Provider File Information / Reducing Hospital Readmission Rates
Page 3

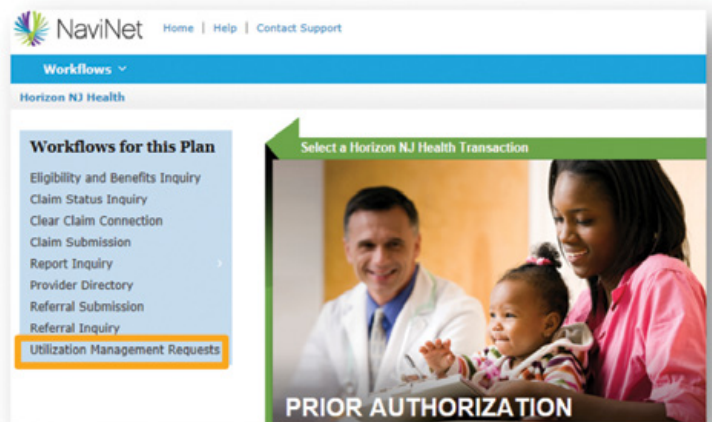
Provider Claims Information Updates:
Claims Appeals Process Changes / Information on Corrected Claims / Correcting Paper Claims / Submitting Claims Manually via Emdeon – An Alternative to Paper Claims / Electronic Billing of Secondary Claims
Page 4

Encounter Data Submission Requirements / Prior Authorization Procedures / Formulary Changes
Page 5

Advance Directives / Self-Service Advanced Imaging Requests
Page 6

Coordination of Care Essential to Successful Patient Outcomes
Page 7

Horizon NJ Health Professional Relations Representatives Are Available to Assist You / Important Numbers You Should Know
Page 8



Updating Provider File Information

It is important that the information in our provider files is accurate, current and complete. Inaccurate or incomplete information may cause problems and/or delays in the processing of claims, referrals and reimbursement.

The information in our provider files is also used to populate our online Provider Directory.

Inaccurate or outdated information in our provider files will result in our misrepresentation of your practice to patients and other referring physicians searching through our online Provider Directory.

To help us ensure that the information in our provider files is accurate, Horizon NJ Health has engaged the services of Atlas Systems.

Representatives from Atlas, working on our behalf, will be contacting a randomly selected sample of participating practices by telephone to validate the accuracy of the information we have within our provider files.

As a participating office in our physician networks, your office may be contacted.

- This telephone outreach will be conducted during regular business hours and should take no more than a few minutes to complete.
- If the Atlas representative calls at an inconvenient time, please feel free to identify a more suitable time for that representative to call back.
- Following the telephonic contact, Atlas will fax/e-mail a confirmation of any updates to be made to your provider file as a result of your interaction with an Atlas Systems representative.

If you have questions, please contact Provider Services at 1-800-682-9091.



Thank you in advance for your cooperation with Atlas representatives as they help us to carry out this important effort.

Reducing Hospital Readmission Rates

Horizon NJ Health would like to remind providers that when members are admitted for treatment at the hospital, it is important to prevent a recurring visit.

Your patient should receive the follow-up attention they require at your office, under your care. Please try to assure that members receive these visits within 7 days of discharge. The visit should **include the following**:

- Medication review and education
- Review of signs and symptoms of their condition and when to contact you – their PCP
- How to contact you or your office

We enjoy working with you to assure that our members receive the highest level of care.



Provider Claims Information Updates

Claims Appeals Process Changes

Horizon NJ Health has made several enhancements to the claim appeals process. A fillable PDF form is now available for ease of use as well as a new mailing address for claim appeals.

Please use the writable *Health Care Provider Application to Appeal a Claims Determination* form to submit a claim appeal. You may access this updated form on horizonNJhealth.com/for-providers.

Claim appeals may be submitted to the following address. Note that this address is for claim appeals only; it should not be used for authorization appeals, claims, or any other communication with Horizon NJ Health.

Horizon NJ Health
Claim Appeals
P.O. Box 63000
Newark, NJ 07101-8064

If you have any questions about these claim appeals enhancements, please contact your Provider Services Representative.

Information on Corrected Claims

The following are some guidelines concerning corrected claims:

Correcting electronic HCFA 1500 claims

If you don't know where the 2300 loop or 2300 NTE ADD fields are in the form you use, contact your software vendor. If your software vendor has additional questions, direct them to call the EDI Helpline.

1. Enter Claim Frequency Type code (billing code) **7** for a replacement/correction, or **8** to void a prior claim, in the 2300 loop in the CLM*05 03.
2. To ensure we process the claim accurately, add a note explaining the reason for the resubmission in loop 2300 NTE (segment) ADD (Qualifier). For example: NTE*ADD* (changed CPT)
3. Enter the original claim number in the 2300 loop in the REF*F8*.

Correcting Paper Claims

CMS-1500 forms 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 and a copy of the original Explanation of Payment (EOP).

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.

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

Submitting Claims Manually via Emdeon – An Alternative to Paper Claims

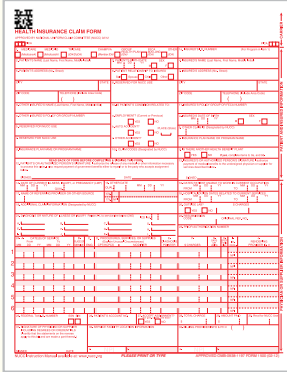
Some small to medium-sized practices have a small volume of claims to submit and/or may not use a practice management system. For these providers, **Direct Claim Entry** through our Emdeon clearinghouse provides a valuable service that will help them reduce cost while improving their overall provider office workflow. With this free, Web-based tool you will be able to manually enter CMS-1500 claims that will then be sent electronically to Horizon NJ Health. You can access Direct Claim Entry through navinet.net. For more information, please contact Provider Services at 1-800-682-9091.

Electronic Billing of Secondary Claims

This is to remind providers that when you provide services to a member who has other coverage, **bill the member's primary insurer directly.** Be sure to follow that insurer's claims submission policies. You must then submit a claim and the primary insurer's explanation of benefits (EOB) to Horizon NJ Health within 60 days of the date of the EOB or within 180 days of the date of service, whichever is later. Alternatively, secondary/coordination of benefits (COB) claims may be submitted electronically, utilizing the following COB loops:

Loop	Description	Reported Data
2320	Other Subscriber Information	Name of Primary Insurance
2330A	Other Subscriber Name	Name of Subscriber
2330B	Other Payer Name	Payment Date from Other Insurance
2340	Line Adjudication Information	Other Insurance Payment

Encounter Data Submission Requirements



PCPs must submit a CMS 1500 (HCFA 1500) form or HIPAA-compliant 837 transaction for electronic submitters to the plan for each member encounter or office service, even if the service is capitated.

Horizon NJ Health is required by the State of

New Jersey to report encounter data for all services rendered to our members, including capitated and fee-for-service activities.

All encounters must be received within 180 days of the date of service. PCP claims that are eligible for reimbursement will be denied for untimely filing if they are received after 180 days of the date of service.

Prior Authorization Procedures

For providers, the prior authorization process is streamlined, with four potential steps if needed.

The intake for all prior authorization is the non-clinical call center ([1-800-682-9094](tel:1-800-682-9094) x81024 [inpatient]; [1-800-682-9094](tel:1-800-682-9094) x81023 [outpatient]), which is the first level of contact that providers need for inpatient and outpatient authorizations. Any subsequent problems that cannot be handled by the non-clinical call center is escalated to a clinical nurse, who evaluates the situation and makes a decision.

If a medical decision on a prior authorization is still needed, the case is reviewed by a medical director.

Information on who to call for your specific prior authorization needs can be found on www.horizonnjhealth.com in the *Resources, Guides*, section.

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/gender limits, and drugs requiring prior authorization on the Horizon NJ Health Web site horizonnjhealth.com and paper copies are available upon request.

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 [800-682-9094](tel:800-682-9094).

Here is a list of recent changes:

Formulary Change Description	Brand (Generic) Drug Name	Alternatives (if applicable)
Non-Formulary	Olysio (simeprevir)	Harvoni (prior approval needed)
Non-Formulary	Androderm (Testosterone)	Androgel (prior approval needed)
Formulary	Hemangeol (propranolol)	
Formulary	Jardiance (empagliflozin)	
Formulary	Ruconest (C1 Esterase Inhibitor [recombinant])	
Formulary	Evzio (Naloxone Hydrochloride)	

Advance Directives

Horizon NJ Health conducts **periodic quality audits** on a sample of individual medical records maintained by participating physicians' and other health care professionals' offices to ensure compliance with our medical records documentation standards.

We remind you to ask your patients if they either have an advance directive or would like to create one.

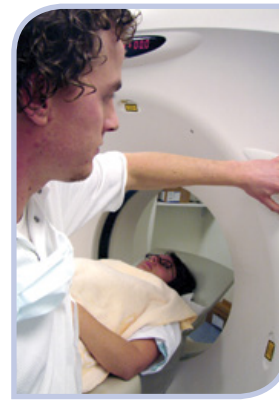
If the patient responds that he or she has an advance directive, that documentation, along with an actual copy of the advance directive document, should be included as a permanent part of the patient's medical record. Please also advise your patients with advance directives already in place that they should make their designated health care proxy and their family members aware of the advance directive.

If the patient responds that he or she has no desire to create an advance directive, documentation of that decision should also be included as a permanent part of the medical record.

Advance directive forms are easily available online at <http://www.horizonnjhealth.com/for-providers/advance-directives>.

However, no specific form is necessary to qualify as an advance directive. For an advance directive to be legally recognized, it must be documented in writing, signed by the patient, and witnessed by either two adults or a notary public. When preparing an advance directive, patients are encouraged to make their desires known to their healthcare proxy, physician and to their family members.

For more information about advance directives or about our medical records documentation standards, please contact your Provider Representative.



Self-Service Advanced Imaging Requests

Horizon's radiology management vendor, **National Imaging Associates (NIA)**, provides precertification services for outpatient advanced imaging.

RadMD® is a user-friendly, real-time tool offered by NIA that provides instant access to advanced imaging authorization and support information.

Immediate approval is received for many studies, and if additional clinical information is needed, you can quickly upload the necessary information.

To expedite requests, you can upload clinical information directly onto RadMD. The information is automatically attached to the case and forwarded to NIA's clinicians for review.

To get started, go to www.RadMD.com, click the **New User** button, and set up a unique user name/account ID and password for each user in your office.



Coordination of Care Essential to Successful Patient Outcomes

For patients coping with behavioral health concerns, making it through each day can be full of challenges.

Pain, uncertainty, fear, depression, anxiety, fatigue, substance use, and the pressures of balancing work and family can be among the many hurdles these individuals must stride. We believe gaining quick access to quality care goes a long way in removing barriers to appropriate treatment for these members. That is why we seek to reduce the burden on the patient by offering timely integrated services in support of the “whole” member.

As part of this effort, we strongly emphasize the importance of the coordination of patient treatment between primary care physicians, medical specialists, and behavioral health practitioners — with the patient’s consent — as well as documentation of such communication in the patient’s treatment record.

In fact, care coordination is considered a critical component of all services and care provided to Horizon NJ Health members.

Likewise, PCPs have informed us that they value and need information regarding a member’s behavioral health treatment to best coordinate the member’s care.

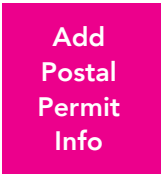
Recommended steps to implement communication requirements include:

- 1) At the intake session, have the new member complete, sign and date an *Authorization to Disclose PHI* form, allowing you to contact other providers involved in member care. Make sure the provider’s name and address is filled out. Keep a copy of the signed authorization form in the member’s record.
***NOTE: This must be requested of every member – even if another provider did not refer the member, the member is not on medication, and the member does not have any current medical/behavioral problems.**
- 2) When discussing coordination of care with the member, explain the rationale and emphasize the potential effect on overall care. Communication with other treating providers should occur after an initial evaluation, or after a substantial change in a diagnosis/status of the member’s treatment plan.
- 3) If the member initially declines to give authorization to communicate with other treating providers, ask if he or she would be willing to sign an authorization that is limited to sharing only the Diagnosis and Medication information. If the member still declines to give authorization to communicate, this MUST be documented in the member’s

record, and it is highly recommended that you have the member sign or initial the documentation of the decline.

- 4) For behavioral health providers: After the initial evaluation (within 30 days of initial appointment), complete and mail or fax a *Clinician Communication* form to the member’s PCP (if member signed the authorization form). Keep a copy of this communication form in the member’s record. Again, this applies to every member (**see *NOTE above**). If you call the PCP instead of sending the form, write a note in the member’s record that the communication took place.
- 5) Document additional communication at other significant points in treatment, such as: significant changes in clinical status; after medications are initiated, discontinued, or significantly altered; after significant changes in diagnosis or treatment plan; at treatment termination; at hospitalization; if there are safety issues.
- 6) Whenever you communicate with providers, keep a copy of the communication form or document the contact in the member’s record.

We urge you to carefully consider how treatment coordination can be a valuable aspect of total patient care.



Horizon NJ Health is part of the Horizon Blue Cross Blue Shield of New Jersey enterprise, an independent licensee of the Blue Cross and Blue Shield Association.
© 2015 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, NJ 07105



horizonNJhealth.com

Horizon NJ Health Professional Relations Representatives Are Available To Assist You

For assistance or 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.

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

ELIZABETH DONGES
(Atlantic, Cape May, Cumberland, Gloucester, Monmouth, Salem)
1-800-682-9094 x 89340

MAIA JACKSON
(Burlington, Camden, Hudson, Hunterdon)
1-800-682-9094 x 89914

LYNDA JACKSON-SEALY
(Bergen, Essex, Passaic, Union)
1-800-682-9094 x 89857

AVIS SKIPPER
(Mercer, Middlesex, Morris, Ocean, Somerset, Sussex, Warren)
1-800-682-9094 x 89408

SANDRA MUSCHETT
Senior Manager,
Network Relations
& Contracting
(All Counties)
1-800-682-9094 x 89489

