

Horizon NJ TotalCare (HMO SNP) Reminder and Webinar Schedule

We would like to remind you that on January 1, 2017, Horizon NJ Health re-entered the marketplace with its dual-eligible special needs plan (DSNP), Horizon NJ TotalCare (HMO SNP). We welcome all providers who would like to participate with us in this initiative. Please remember that no copayments or deductibles may be billed or collected for any dual-eligible members.

Horizon NJ TotalCare (HMO SNP) members have complete Medicare Part A and Part B coverage and prescription drug coverage, as well as full Medicaid benefits.

Additional benefits include:

- A \$125 quarterly credit to purchase over-the-counter health care items like vitamins, aspirin and toothpaste
- Free 24/7 Nurse Line
- A customized Horizon care management plan
- Horizon NJ TotalCare (HMO SNP)'s broad network of participating physicians, specialists and hospitals in New Jersey
- Routine podiatry services – up to eight visits per year

Educational seminars on Horizon NJ TotalCare (HMO SNP) are available on the second and fourth Wednesdays of each month through June 28, 2017. The seminars run from 10-11 a.m. and from 1-2 p.m., Eastern Time.

To register or find additional information, go to horizonNJhealth.com/for-providers/dsnp-educate-webinars.

If you have more questions about Horizon NJ TotalCare (HMO SNP), please call the DSNP Physician and Health Care Hotline at **1-855-955-5590**.



Issue 1, 2017

A newsletter for the Horizon NJ Health
Provider Community

horizonNJhealth.com

Copy of Horizon NJ TotalCare (HMO SNP) EOP

The Remittance Advice/Explanation of Payment document for Horizon NJ TotalCare (HMO SNP) is below. It shows the fields and explanations of benefits and payments that are specific to DSNP claims. Please remember that no copayments or deductibles may be billed or collected for any dual-eligible members.

Horizon NJ Total Care (HMO SNP)
PO Box 24081
Newark, NJ 07101-0406

Horizon
Horizon Blue Cross Blue Shield of New Jersey
For Questions, Call Provider Services at 1-855-955-5590

Forwarding Service Requested: SINGLE PIECE
3 1-8570 SP 0.470
Name: [Redacted]
Address: [Redacted]
City, State Zip: [Redacted]

Provider Remittance Advice

Patient and Service Information

Line Number	Date of Service From - To	Procedure Code	Units	Charged Amount	Allowed Amount	COB Amount	Copay	Co-Ins	Deductible	PPL	Plan Payment	Remark Codes	LOB
001	10/25/16-10/26/16	00000	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PDC	MC
002				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PDC	MC
Claim Total													
												Interest Payment	0.00
												Prior Payment	0.00
												Total Paid to Payee	0.00

Statement Totals

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

VOID

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Provider Remittance Advice

Please note:
* A special reminder. Horizon NJ TotalCare - HMO SNP members are not liable for Medicare Part A and B cost sharing, including deductibles, coinsurance and copayments.
Visit Navinet.com to check eligibility and status of claims, review payments, obtain benefit information, and more!

Payment Reduction and Recovery Summary
Adjustment Detail - Retractions could be applied to the net payment
*Type: M = Overpayments for which manual refund is requested but has not yet been applied/taken.
A = Overpayments that can be auto-recovered on a check.

Claim Number Ref Number	Patient Name	Patient Account Number	Reason Code	Rate of Service	Original Amount Billed	Original Amount Paid	Original Reduction	Previously Recovered	Recovered This Check	Current Balance	Original Check Dates	Type
					0.00	0.00	0.00	0.00	0.00	0.00		M

LOB Key:
MC - Medicare
MK - Medicaid

Remark Explanations/Codes

105
CDB
PDC

When a Medicare Advantage Health Plan denies a payment request from a participating provider, the provider has the right to request a reconsideration of the plan's denial of payment within sixty (60) calendar days from the notification date. A signed waiver of liability statement, which holds the enrollee harmless regardless of the outcome of the appeal, must be included with any request for reconsideration. This form can be found at horizonblue.com/providers/forms-by-type/appeal-dispute. Your written request should include a copy of the original claim, remittance notification showing the denial and any clinical records and other documentation that supports the claim for reimbursement. Requests for reconsideration must be mailed to:
Horizon NJ TotalCare Appeals and Grievances
PO Box 24079
Newark, NJ 07101-0406

Health Care Fraud Notice
Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Horizon NJ TotalCare (HMO SNP), please call us.
All calls are confidential and you may report your suspicion anonymously via our toll-free hotline at 1-800-624-2048 (TTY/TDD 711).

VOID

Vaccines for Children

All network providers who administer vaccines to Medicaid/NJ Family Care A members as well as uninsured and American Indian/Alaskan Native children from birth to 18 years of age are required by the State to obtain the vaccines through the Vaccines for Children (VFC) program. The New Jersey VFC Program is a federally funded, state-operated vaccine supply program that supplies most routinely recommended vaccines at no cost to all public and private health care physicians. Horizon NJ Health will reimburse physicians for the administration fee of covered vaccines.

For NJ FamilyCare A children, providers must enroll in the VFC program and use the free vaccine if it is covered by VFC. The State will not pay Horizon NJ Health for the reimbursements it gives providers for any administration fees. For non-VFC vaccines, Horizon NJ Health will reimburse providers for vaccines and vaccine administrations.

Physicians participating in the VFC program must comply with the following:

- Screen the parent/guardian of the child to determine VFC eligibility
- Maintain records of all children immunized with a VFC vaccine (these records must be made available to public health officials upon request)
- Comply with the recommended immunization schedule, as established by the Advisory Committee on Immunization Practices and New Jersey state law



- Do not charge for VFC-supplied vaccines
- Provide vaccine information materials and maintain records in accordance with the National Vaccine Injury Compensation Act
- Comply with state ordering, accountability or quality assurance requirements through NJIIS

The VFC program no longer provides vaccines for children enrolled in NJ FamilyCare B, C, or D. For these members, providers must obtain all vaccines from traditional market sources and administer them, and Horizon NJ Health will reimburse providers for the vaccines and the vaccine administration. If a provider office is not able to independently obtain the necessary vaccines, it can give a prescription to a member and administer the vaccine after obtaining it – only with prior authorization – through the member's prescription coverage. For authorization, please contact our Pharmacy Department at **1-800-682-9094**.

From MLN Matters Number SE1128:

Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program.

The QMB program is a State Medicaid benefit that covers Medicare deductibles, coinsurance, and copayments, subject to State payment limits. Medicare providers may not balance bill QMB individuals for Medicare cost-sharing, regardless of whether the State reimburses providers for the full Medicare cost-sharing amounts. Further, all original Medicare and Medicare Advantage providers --not only those that accept Medicaid--must refrain from charging QMB individuals for Medicare cost-sharing. Providers who inappropriately balance bill QMB individuals are subject to sanctions.

Balance Billing of QMBs Is Prohibited by Federal Law

Federal law bars Medicare providers from balance billing a QMB beneficiary under any circumstances. See **Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997**. (Please note, this section of the Act is available at http://www.ssa.gov/OP_Home/ssact/title19/1902.htm on the internet).

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

General Informational Webinars

In addition to the Horizon NJ TotalCare (HMO SNP) seminars, we are offering a series of general sessions to inform providers of other recent changes and developments.

The sessions are available at <https://horizon.webex.com>

Date: The third Friday of every month, through Wednesday, December 20, 2017.

Time: 2 p.m., Eastern Time

Registration ID: 908556

Session number: 714 550 537

Session password: NmN5H6Z4

Audio Conference External Bridge Line: 1-973-466-8450

Participant Code: 139842

If you have questions, please contact the Physician & Health Care Hotline at 1-800-682-9091.

Electronic Funds Transfer (EFT)

We encourage all Horizon NJ Health 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 to Friday 8 a.m. to 7 p.m., Eastern Time, or email physiciansales@trizetto.com. For more information on EDI, review Section 9.3, Procedures for Electronic Submission-Electronic Data Interchange in the Physician and Health Care Professional Manual. 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.



Medicaid in New Jersey – from Henry J. Kaiser Family Foundation

With a new administration in Washington, nobody knows what the future may hold for Medicaid or government-administered health care in general (for example, the Affordable Care Act).

However, the Henry J. Kaiser Foundation in January released a report that outlines the scope and impact of Medicaid in New Jersey. Some numbers:

- Medicaid and the Children's Health Insurance Program (CHIP) provide health and long-term care coverage to nearly 1.8 million low-income children, pregnant women, adults, seniors, and people with disabilities in New Jersey

- Almost one in four New Jersey residents – 24 percent – are considered to be low-income (less than 200 percent of Federal poverty level or \$40,320 for a family of three in 2016)
- The uninsured rate has decreased in New Jersey from 12 percent in 2013 to 8 percent in 2015
- In fiscal year 2015, Medicaid spending in New Jersey was \$14.2 billion
- Medicaid funding accounts for 12 percent of state general fund spending in New Jersey
- More than half – 55 percent – of federal money received by New Jersey is for Medicaid

Filing Secondary/Coordination of Benefits (COB) Claims

We encourage all providers to file any secondary or COB claims using electronic data interchange (EDI).

These are the correct 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
2430	Line Adjudication Information	Other Insurance Payment

Taxonomy Reminder

We must emphasize to you that all practitioners are required to use their National Provider Identifier numbers for all claim submissions. (Atypical providers are not required to use or submit taxonomy codes). Please remember that as of April 1, 2017, claims that are filed without taxonomy codes will be rejected. To ensure our systems properly identify you as an individual, group or facility, Horizon NJ Health requires you register the NPI with your taxonomy code and tax identification numbers. Please secure an NPI if you have not registered your practice or group for one.

Formulary Changes

Horizon NJ Health would like to inform you of recent changes to our 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	Nuplazid (pimavanserin)	N/A
Formulary	Alogliptin	N/A
Formulary	Alogliptin/metformin	N/A
Formulary	Alogliptin/pioglitazone	N/A
Formulary	Zomacton (somatropin)	N/A
Formulary	Xuriden (uridine triacetate)	N/A
Non-formulary	Fanapt (iloperidone)	Risperidone, Quetiapine, Aripiprazole, Clozapine, Olanzapine, Ziprasidone, Paliperidone
Non-formulary	Saphris (asenapine)	Risperidone, Quetiapine, Aripiprazole, Clozapine, Olanzapine, Ziprasidone, Paliperidone
Non-formulary	Januvia (sitagliptin)	Alogliptin
Non-formulary	Janumet, Janumet XR (sitagliptin/metformin)	Alogliptin/metformin
Non-formulary	Omnitrope (somatropin)	Zomacton, Humatrope
Non-formulary	Cleocin T (clindamycin) gel, lotion	Clindamycin solution
Non-formulary	Accu-Chek products	One Touch products

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**.

Claims XTen reminder

In January 2017, Horizon NJ Health began using ClaimsXten (CXT), a claims editing software solution that extends claims payment capabilities beyond traditional code auditing and resolves limitations in claims processing systems. It is a flexible full-service solution that helps us manage the complexities of benefit plans, provider contracts, payment policies and issues of inconsistency across multiple claims processing systems. The change was made to improve

the way we process claims for services provided to Horizon NJ Health and Horizon NJ TotalCare (HMO SNP) members. We implemented CXT to closely align how we process Medicaid and DSNP claims with the nationally recognized coding and code editing guidelines established by the Centers for Medicare and Medicaid Services (CMS). We also want to ensure that we are following industry standards.

Horizon Post-Acute Transitions Program

After a successful pilot, Horizon NJ Health is pleased to announce an extension of our clinical services capabilities by supporting members transitioning from hospital to home. Through a contractual agreement with Matrix Medical Network, Horizon Blue Cross Blue Shield of New Jersey is now offering Post-Acute Transition (PAT) support services for Medicare HMO and, soon, targeted higher acute-care Horizon NJ Health members discharged in all 21 New Jersey counties.

The PAT services, provided by a Matrix nurse practitioner, registered nurse or social worker, are focused on engaging voluntarily enrolled, discharged members in a patient-centered care plan. Matrix supports post-discharge stabilization and self-management activities through in-home visits and/or telephonic touch points. Their support strategy includes:

- Communicating with members' PCP as needed, providing post-program documentation and ensuring continuity of care
- Ensuring services and supports are in place to stabilize post-discharge health:
 - Connecting to community support if indicated
 - Coordinating with home health or other in-home services providers
 - Facilitating follow-up provider appointments
 - Informing the member of early warning signs of changes in condition

- Initiating critical self-monitoring activities
- Providing an individualized care plan and after-hours triage/support
- Facilitating identified members' ongoing care and prior authorization issues/needs to the Horizon clinical services team for resolution
- Facilitating pre- and post-discharge medication reconciliation
- Providing discharge planning support for complicated discharges

Members are enrolled in the PAT program for 30 days post-discharge and will remain in the program for an additional 30 days if readmitted.

Horizon and Matrix will work with you to coordinate the PAT program with any internal programs you may already have in place to support our members.

For contracted hospitals that have a higher percentage of discharge volumes for Horizon NJ Health members, a nurse Care Manager may make rounds with members who are still inpatient to promote the program and engage the member prior to discharge.

If you have questions, would like additional information or a more comprehensive educational overview of the Matrix PAT program, please contact market manager Stephen Richardson at Matrix Medical Network at **1-210-760-0207** or Horizon NJ Health Physician and Healthcare Hotline at **1-800-682-9091**.

Fall Prevention - The STEADI program

In an effort to reduce falls among elderly patients, the Centers for Disease Control (CDC) and Prevention recently unveiled the Stopping Elderly Accidents, Deaths and Injuries (STEADI) initiative. The agency provides a STEADI Tool Kit that contains materials that can be used to assess, treat, and refer older adult patients based on their fall risk. There are also educational materials available for elderly patients who are vulnerable to falls both inside and outside the home setting. Providers also have free access to a video-based training course. To register, go to www.cdc.gov/steady.





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**.

Behavioral Health Coverage

Horizon NJ Health's behavioral health coverage for members is limited to clients of the Division of Developmental Disabilities (DDD) and our Managed Long Term Services and Supports (MLTSS) members.

The State Division of Medical Assistance and Health Services (DMAHS) retains a separate behavioral health system for Horizon NJ Health members who are not DDD clients or MLTSS members. Primary Care Providers can refer these members to a New Jersey Medicaid fee-for-service behavioral health professional.



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