

HORIZON *pulse*

A Newsletter for the Horizon NJ Health Provider Community

| Issue 2, 2018

CAHPS and Member Satisfaction

Member satisfaction is one of the most important components of any health plan's Star rating. Many of the measures that are calculated to yield the Star rating are directly derived from the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. CAHPS survey responses now represent 16 percent of a Medicare Advantage plan's overall Star rating, and an additional 33 percent is comprised of member-reported health outcomes and administrative measurements of member access and experience.

These measures include:

- Getting a Flu Vaccine
- Getting Needed Care without Delays
- Getting Appointments and Care Quickly
- Customer Service
- Rating Health Care Quality
- Rating the Health Plan
- Care Coordination
- Rating of Drug Plan
- Getting Needed Prescriptions

Because at least half of our overall Star rating is influenced or generated by member experience, it is important for all of our providers to provide a positive experience for our members.

The CAHPS survey is sent to a random sample of Horizon Blue Cross Blue Shield of New Jersey members between February and May every year. It contains more than 70 questions, asking respondents to, among other questions, rate their Primary Care Provider (PCP), discuss their ease in filling prescriptions, remark on their doctor's cultural competency, and rate their own overall health.

Throughout the year, please pay attention to the following pressing issues and member concerns as revealed by CAHPS data:

- Providing timely appointments
- Seeing patients within 15 minutes of appointment time
- Discussing urgent care situations such as when to see a PCP vs Emergency Room vs urgent care
- Medication review and discussions
- Ensuring the medications you prescribe are in the formulary

More information about the CAHPS survey can be found at ma-pdpcahps.org/en/survey-instruments.

How to handle Claims Inquiries and Payment Disputes

Horizon NJ Health providers have many options available for assistance regarding claims inquiries, status and appeals. For claim inquiries, please call Provider Services at **1-800-682-9091**. To view the status of a claim you can go to **Navinet.net**.

Claim Appeals

- When a physician, facility or health care professional is dissatisfied with a claim payment, including determinations, prompt payment or no payment made by Horizon NJ Health, he/she may file a claim appeal.
- Each claim appeal must be initiated on the applicable appeal application form created by the Department of Banking and Insurance.
- The appeal must be received by Horizon NJ Health within 90 calendar days following receipt by the physician, facility or health care professional of the payer's claim determination.
- To file a claim appeal, a physician or health care professional must send the appeal application form, which is available at horizonnjhealth.com/securecms-documents/127/Health-Care-Provider-Application-to-Appeal-a-Claims-Determination.pdf and any supporting

documentation to Horizon NJ Health using one of the following methods:

Fax: **1-973-522-4678**

Mail: Horizon NJ Health, Claim Appeal
PO Box 63000, Newark, NJ 07101-8064

- Important – Please do not send medical records with administrative claim appeals. Supporting documentation, such as proof of timely filing, may be submitted. Please follow all appropriate procedures as defined in Provider Administrative Manual before submitting an appeal.
- Note: Corrected claims should be sent to Horizon NJ Health, Claims Processing Department, PO Box 24078, Newark, NJ 07101-0406. These claims should not be submitted through the appeals process, unless the original submission is considered to be correct.
- Claims Appeals Status can be viewed on **Navinet.net**

FOR FIDE SNP PROVIDERS

Balance Billing Prohibited

It is prohibited by federal law to balance bill members 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 members for Medicare cost sharing, regardless of whether the state reimburses providers for the full Medicare cost sharing amounts.

This includes members enrolled in the Horizon NJ TotalCare (HMO SNP) program, our fully integrated dual eligible special needs plan (FIDE SNP). Providers cannot balance bill SNP members for any services.

Further, all Original Medicare and Medicare Advantage providers, not only those that accept Medicaid, must refrain from charging Horizon NJ TotalCare (HMO SNP) members for Medicare cost sharing. Providers who inappropriately balance bill these members are subject to sanctions.

For more information on the federal law regarding balance billing QMB beneficiaries, see Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997. This section of the Act is available at ssa.gov/OP_Home/ssact/title19/1902.htm.

If you have any questions, please 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:

Covered Change Description	Brand (Generic) Drug Name	Alternatives (if applicable)
Covered	Nexium (esomeprazole)	_____
Covered	Chantix (varenicline)	_____
Covered	Nicotrol (nicotine) inhaler	_____
Covered	Nicotrol (nicotine) nasal spray	_____
Covered	Fasenra (benralizumab)	_____
Covered	Tricor 145mg (fenofibrate) tablet	_____
Covered	Invega Trinza (paliperidone)	_____
Not Covered	Lorzone (chlorzoxazone)	generic Flexeril (cyclobenzaprine), baclofen, generic Zanaflex (tizanidine) tablets, methocarbamol, generic Norflex (orphenadrine), generic Soma (carisoprodol) 350 mg tabs
Not Covered	Norvir (ritonavir) capsule	ritonavir tablet

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**.



Provider Services Representatives

CONTACT	SPECIALTIES
Alana McDonald 1-609-537-2438 Alana_McDonald@HorizonBlue.com	Adult Family Care* 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)*
Julia Boccanfuso 1-609-537-2667 Julia_Boccanfuso@HorizonBlue.com	PT/OT/ST (in-home/outpatient) Hospice Home Infusion Home Health Home-Based Supportive Care* Personal Care Assistant (PCA) Respite (in-home)* Private Duty Nursing
Lori Jackson 1-609-537-2633 Lori_Jackson@HorizonBlue.com	Assisted Living Program* Assisted Living Residence* Comprehensive Personal Care Home* Skilled Nursing Facility*
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*Denotes MLTSS Services

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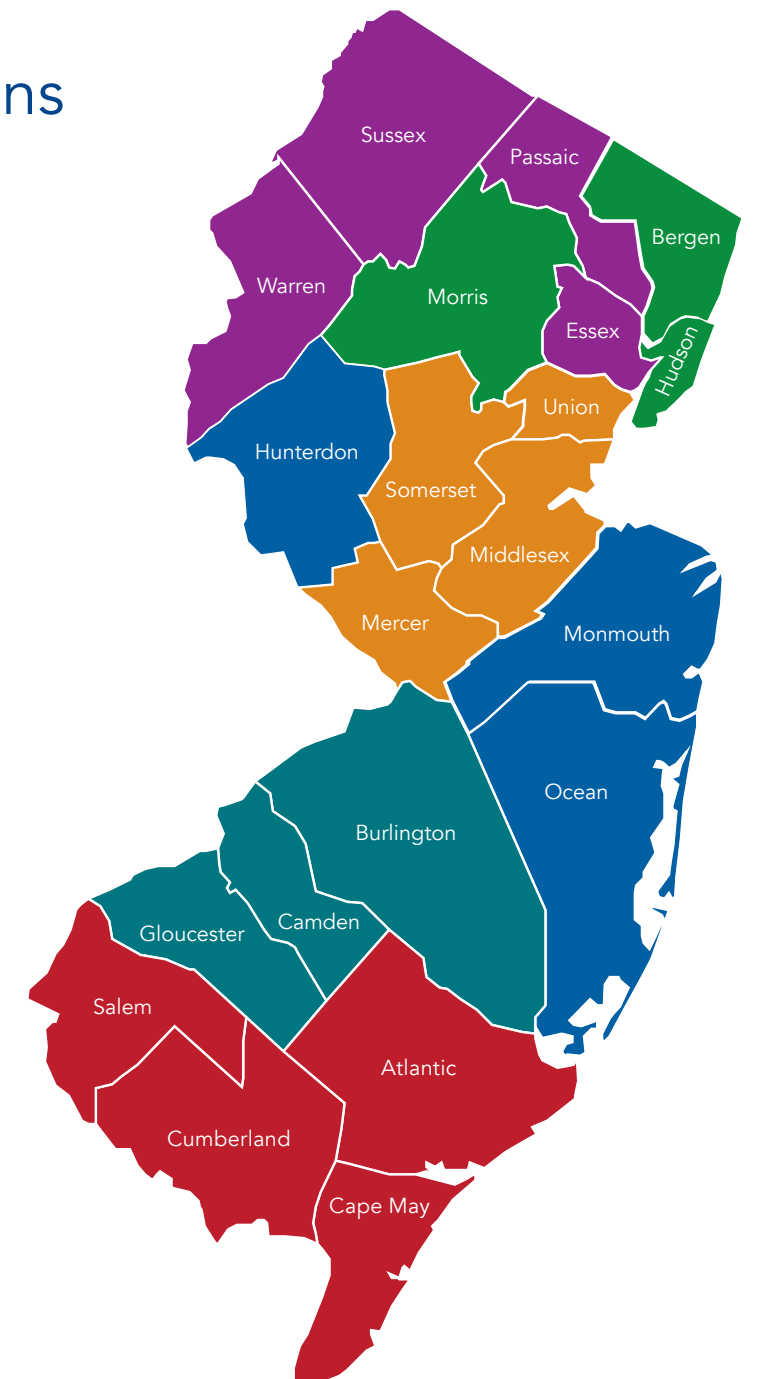
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1-609-537-2646

TERRI POPE
(Atlantic, Cape May, Cumberland, Salem)
1-609-537-2542



Coding and Billing with NDC Codes

To ensure your claims are processed and paid in a timely and accurate manner, it is important that you code and bill National Drug Codes (NDCs) correctly.

Horizon NJ Health will continue to review New Jersey State Encounter rejections and update the system as necessary. We will also be adding any new denial codes in order for these edits to be easily identified.

For additional resource information on NDC billing, please see the 2018 Provider Administrative Manual on pages 9-12, 9-18, 9-19 and 9-20.

For additional information on the valid NDC codes, unit and units of measure, please refer to the NJ Medicaid website at www.njmmis.com/ndcLookup.aspx.

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



Practice Profile

Mahi Pediatrics Newark, NJ

Open six days a week and only a phone call away, Mahi Pediatrics provides high-quality health care to our most precious population, our children.

The practice is staffed by one board-certified pediatrician, Uma Kanikicharla, MD., and her practice results speak for themselves.

- Every child who visits her practice receives a free book
- Highest HPV vaccination rate for teenagers in Essex County
- Exceeds HEDIS compliance in measuring BMI
- Exceeds HEDIS compliance in providing nutritional information
- Almost 50 percent less emergency room visits per 1,000 patients

In addition to all Dr. Kanikicharla has accomplished in her practice, she is deeply involved in the community, working with NJAAP for dental care, Planned Parenthood, Rutgers University HUB for

behavioral health and holding health fairs that offer health screenings and information on how to enroll in Horizon NJ Health.

Dr. Kanikicharla was recognized by Horizon NJ Health in 2012, 2015 and 2017, for the best management of patients with asthma and reducing obesity in adolescents. She speaks five languages and in her spare time teaches nurse practitioner students in colleges all over the state.

According to Dr. Kanikicharla, she works hard because she wants her patients to grow strong mentally, physically and spiritually in order to build an even stronger community.

She lives by this quote, “Be the reason someone smiles. Be the reason someone feels loved and believe in the goodness of people.”

Practice Information

Mahi Pediatrics
41 Wilson Ave., Suite 2D
Newark, NJ 07105
1-973-589-7337
PediatricKare.com

New Jersey Ranks in the Middle on Commonwealth Fund’s Scorecard

Despite progress in overall health system performance, states lost ground on key measures, according to findings from the Commonwealth Fund’s 2018 scorecard on state health system performance.

Deaths of despair surge. The combined death rate from suicide, alcohol, opioids and other drugs increased by 50 percent from 2005 to 2016. Rates rose across all states and were up at least twofold in Delaware, Ohio, New Hampshire, New York and West Virginia.

Premature deaths are on the rise. The rate of deaths from treatable medical conditions increased nationally and in two-thirds of states in 2014–15. This reversal of a decade-long downward trend has resulted in more than 3,550 additional premature deaths. In six states — Colorado, Maine, Nebraska, Oklahoma, Vermont and Wyoming — the increase was greater than 5 percent.

Gaps in mental health care are pervasive. Across states, 41 percent to 66 percent of adults with symptoms of a mental illness received no treatment between 2013 and 15. Up to one-third of children needing mental health treatment did not receive it, according to parents’ reports in 2016.

Widespread gains in health care access. The scorecard found substantial improvement in people’s overall ability to get and afford health care. Between 2013 and 2016, the adult uninsured rate declined by at least five percentage points in 47 states. And in nearly three-quarters of states, substantially fewer adults skipped needed care because of costs. States that expanded eligibility for Medicaid as allowed by the Affordable Care Act (ACA) saw the biggest declines in their rates of uninsured and cost-related barriers to care.

Where you live matters. There are substantial differences in performance among states. Those ranked highest — Hawaii, Massachusetts, Minnesota, Vermont and Utah — performed about twice as well, on average, than the lowest-ranked — West Virginia, Florida, Louisiana, Oklahoma and Mississippi.

Source: The Commonwealth Fund is a private, nonprofit foundation supporting independent research on health policy reform and a high-performance health system.

New Jersey Ranking Highlights

	2018 Rank	Change
Overall	25	+2
Access and Affordability	14	+8
Prevention and Treatment	26	+7
Avoidable Use & Cost	36	-1
Healthy Lives	19	-2
Disparity	25	+5

The full report is available at commonwealthfund.org/interactives/2018/may/state-scorecard/.



Horizon NJ Health

1700 American Blvd.
Pennington, NJ 08534
horizonNJhealth.com

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



Changes to Behavioral Health Services

Behavioral health services are covered benefits for Horizon NJ Health members and include mental health and substance use disorders.

By the end of this year, the behavioral health benefits will be expanded to include additional services, including inpatient, outpatient and community-based care for members enrolled in:

- the Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)
- the Managed Long Term Services & Supports (MLTSS) program
- the Division of Developmental Disabilities

These updates will be made to the Provider Administrative Manual, which can be accessed at horizonNJhealth.com. To view the manual, select *for Providers, Resources* then *Provider Manual*.

Members will be able to view the updated Horizon NJ Health benefit grid at horizonNJhealth.com by clicking the *Member Support* tab and choosing *Resources*. From there, select *Covered Benefits* from the list then *NJ FamilyCare*.

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

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