

HORIZON *pulse*

A Newsletter for the Horizon NJ Health Provider Community

| Issue 3, 2018

HEDIS Is Coming!

Horizon NJ Health captures Healthcare Effectiveness Data and Information Set (HEDIS) compliance mostly through the claims you submit. Accurate coding and timely submission of claims are essential to monitoring the plan's performance for quality of care provided to our members.

Some HEDIS measures allow for compliance to be recorded through medical record documentation. In order to do this, Horizon NJ Health collects medical records from you for the members you serve at your practice or facility. In early 2019, you may receive a request from Horizon NJ Health for your

patients' medical records. We collect these records in accordance with your Horizon NJ Health contract. Your immediate attention and response to our request is needed. If you have questions regarding what required documentation will be needed from your patients' medical records, contact us at **HEDIS_ChartChase@HorizonBlue.com**. Please work with us to accurately record the quality care we are providing to the residents of New Jersey.

Thank you for your continued cooperation and for the high level of care you give our members.

Automatic Authorizations for Initial PT/OT Services using NaviNet/CareAffiliate

For providers who enter authorization requests through the CareAffiliate system, you will now be provided an automatic authorization for the initial request for outpatient physical therapy (PT) or occupational therapy (OT) services up to a maximum of 12 visits. No letters will be sent for automatic authorizations. You will be given an approval message on the screen that may be printed for your records.

If you are currently faxing or phoning in requests for authorizations, you can use CareAffiliate to receive automated authorizations online. To begin, please visit **horizonNJhealth.com**, select *Help for Providers*, mouse over *Resources*, select *Educational Materials for Providers* and click the link for *CareAffiliate Training*. Another useful tool under *Educational Materials for Providers* is the *PT/OT Prior Authorization Program Presentation*. If you need to set up an account with NaviNet, you may register through **horizonNJhealth.com** or reach out to NaviNet directly at **1-888-482-8057**.



Claim Appeals vs. Utilization Management Appeals

Claim Appeals

A claim appeal is dissatisfaction with a claim payment, including prompt payment or no payment made by Horizon NJ Health. All claim appeals must be initiated on the applicable appeal application form created by the Department of Banking and Insurance. An appeal application form must be submitted within 90 calendar days following the claim determination or the date on the explanation of benefits.

Claim appeals may be faxed to **1-973-522-4678** or mailed to: Horizon NJ Health
PO Box 63000
Newark, NJ 07101-8064*

The status of your appeal(s) can be accessed via **NaviNet.net** in the administrative reports menu. For assistance with accessing claim appeal status, contact NaviNet Support at **1-888-482-8057**.

* DO NOT submit utilization management (UM) appeals, FIDE-SNP appeals or Health Insurance Portability and Accountability Act (HIPAA) requests to this address.

HIPPA Requests

All HIPPA requests can be mailed to:
Horizon NJ Health
Attention: HIPAA Team
250 Century Parkway
Mt. Laurel, NJ 08054
Fax: 1-609-538-1574

UM Appeals

A UM appeal is the result of a medical necessity denial. All UM appeals must be initiated within 60 days of the date of the notification of action. In your appeal, include the UM Appeals Form. The UM Appeals Form is included in your denial notice and auto populated with the member information.

- Health Claims Authorization, Processing and Payment (HCAPP) Forms should not be included in an UM appeal.
- UM Appeals should be mailed to the following PO Box, depending on type of plan:

Medicaid UM Appeals

PO Box 10194
Newark, NJ 07101

Medicare UM Appeals

PO Box 10195
Newark, NJ 07101

Horizon NJ TotalCare (HMO SNP) UM Appeals

PO Box 10196
Newark, NJ 07101



Horizon NJ TotalCare (HMO SNP)

New for 2019: FIDE-SNP network expanded
to all 21 counties

Formulary Changes

We 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	Tagrisso (osimertinib)	_____
Covered	Biktarvy (bictegravir sodium, emtricitabine, tenofovir alafenamide)	_____
Covered	Enbrel Mini (etanercept)	_____
Covered	Symdeko (tezacaftor/ivacaftor, ivacaftor)	_____
Covered	Bydureon Bcise (exenatide)	_____
Covered	Admelog vial (insulin lispro)	_____
Covered	Admelog Solostar (insulin lispro)	_____
Covered	Copaxone 40 mg (glatiramer)	_____
Covered	Actemra SC (tocilizumab)	_____
Covered	Kevzara (sarilumab)	_____
Covered	Otezla (apremilast)	_____
Covered	Loprox suspension (ciclopirox)	_____
Not Covered	Humalog vial (insulin lispro)	Admelog vial
Not Covered	Lidoderm (lidocaine)	Aspercreme Lidocaine 4% patch/pad/cream/liquid
Not Covered	Denavir (penciclovir)	Abreva

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](tel:1-800-682-9094).



Provider Services Ancillary Contracting & Servicing Representatives

CONTACT	SPECIALTIES
<p>Alana McDonald 1-609-537-2438 Alana_McDonald@HorizonBlue.com</p>	<p>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)*</p>
<p>Lori Bembry 1-609-537-2427 Lori_Bembry@HorizonBlue.com</p>	<p>Home Health Home-Based Supportive Care* Personal Care Assistant (PCA) Respite (In-Home)* Private Duty Nursing</p>
<p>Denice Berrios 1-609-537-2446 Denice_Berrios@HorizonBlue.com</p>	<p>Assisted Living Program* Assisted Living Residence* Comprehensive Personal Care Home* Skilled Nursing Facility*</p>
<p>Lynda Jackson-Sealy 1-609-537-2648 Lynda_Jackson-Sealy@HorizonBlue.com</p>	<p>Ambulance (Transportation) Ambulatory Surgical Center (ASC) Lithotripsy Comprehensive Outpatient Rehab Facility (CORF) Home Infusion Hospice Lab PT/OT/ST (In-Home/Outpatient) Radiology Sleep Studies</p>
<p>Stephen Fitch 1-609-537-2614 Stephen_Fitch@HorizonBlue.com</p>	<p>Behavioral Health (MLTSS/DDD)* Special Projects Electronic Visit Verification (EVV)</p>
<p>Walgena Daniels 1-609-537-2335 Walgena_Daniels@HorizonBlue.com</p>	<p>Dialysis Hearing (Audiology) Orthotic & Prosthetic (O&P) Durable Medical Equipment (DME)</p>
<p>Lori Bembry 1-609-537-2427 Lori_Bembry@HorizonBlue.com</p>	<p>Ancillary Contracting Manager</p>

*Denotes MLTSS Services

List of Provider Representatives

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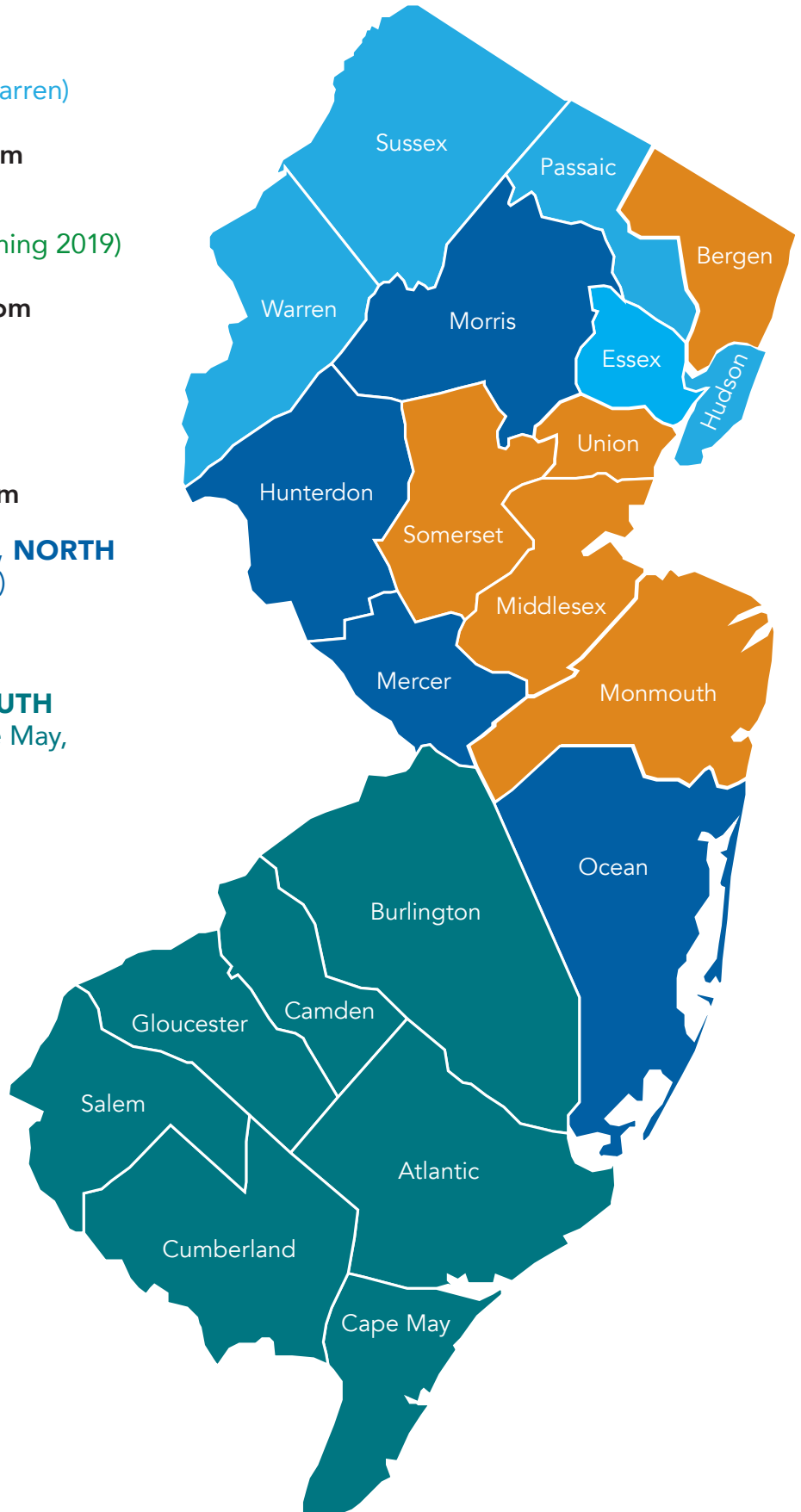
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*Temporary assignment

Electronic Funds Transfer (EFT) Enrollment

We encourage all providers to sign up to receive their payments via Electronic Funds Transfer (EFT).

With EFT, your reimbursement cycle will be accelerated, because 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.

New EFT Enrollment

To set up EFT payments, please visit changehealthcare.com. Select *Customer Resources*, click on *Enrollment Services*, choose *Medical Hospital EFT Enrollment Forms*, then select *EPayment Enrollment Authorization Form*. Complete the form as directed. You will need to provide your TIN/EIN/NPI and payee ID combination on page 1. On page 7 of the form, you will need to provide the legacy ID and trading partner ID. List your payee ID under the "Trading Partner ID" tab.

Check Box	Payer ID	Assigning Authority	Provider ID/ Legacy ID	Trading Partner ID
	22326	Horizon NJ Health	Legacy ID- (R)	

Note: If you have a TIN/EIN/NPI change and need to deactivate old payee IDs and/or enroll new payee IDs, you will need to complete the above form twice: once to deactivate and once to enroll new TIN/EIN/NPI and payee IDs combinations.

Horizon NJ Health's payer ID is **22326**.

Updating Your EFT Enrollment

If you need to add an additional payee ID to the current EFT set up, please visit changehealthcare.com. Select *Customer Resources*, click on *Enrollment Services*, choose *Medical Hospital EFT Enrollment Forms*, then select *EFT Payer Add/Change/Delete Authorization Form*. Complete the form as directed. You will need to include the payee ID in the "Provider ID/National Provider Identifier (NPI)" box.

Change/Add/Delete Instructions

Payer ID	Payer Name	Change/Add/Delete	Provider ID/ National Provider Identifier (NPI)	Bank Account # or Name of Account (Alias)
(e.g.) 61124	ABC Health Plan	Add	N / A	Dr. John Doe's Account

For information about enrolling in EFT, please visit changehealthcare.com.

You can also contact Change Healthcare at **1-866-506-2830**, and select option **1**, or email efthenrollment@changehealthcare.com.

Horizon NJ Health Partnering to Improve Quality through our R&R Program

For those who participate in the Primary Care Provider (PCP) Quality Awards Program, we want to remind you that the 2018 program is coming to an end. If you are not currently enrolled in Horizon NJ Health's Results and Recognition (R&R) Program, and would like to continue to partner with us to improve quality of care through an incentive program, please fill out the form on [surveymonkey.com/r/RRContact](https://www.surveymonkey.com/r/RRContact). You can also email the Quality Department at Quality_RR@HorizonBlue.com.

The primary goal of the R&R Program is to maintain and improve the quality of care received by our members. Improvements in HEDIS performance reflect the value proposition of the R&R Program and its ability to enhance the member experience and promote better care.

Horizon NJ Health leverages its R&R Program to improve clinical outcomes performance on HEDIS measures. HEDIS reports on health plan performance in improving the health of members. Horizon NJ

Health HEDIS scores have improved since the inception of the R&R Program.

The R&R Program provides a variety of opportunities that lead to better care and improved health outcomes for members. As part of the R&R Program, we are offering Primary Care Practices:

- **Additional payments** for every performance gap closed once you reach and surpass the National Committee on Quality Assurance's (NCQA) prior year's 50th percentile benchmark rating
- **Monthly practice level quality report cards** and patient level detail gap reports (data included for current year we are in)
- **Support and education** for you and your staff on quality improvement and report analysis
- **Two payments a year** and detailed payment reports



Provider Administrative Manual

The updated Provider Manual is available on horizonNJhealth.com/for-providers. You can locate the manual by clicking on the *Resource* tab and then selecting *Provider Manual*.

Lead Screening in Children: What are the differences between HEDIS and EPSDT Guidelines?

Horizon NJ Health records lead screenings for all children up to the age of six, which is reported according to two measurement guidelines. These two guidelines are Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and HEDIS. The Quality Management Department created the EPSDT and HEDIS tables below, which outline both guidelines, billing code requirements and the differences and overlaps between the two measurements. Please share these tables with the staff within your pediatric and family medicine offices.

We also ask you to encourage your patients to have a blood lead level test completed in accordance with these guidelines.

If you would like to receive a copy of the Lead Screening Fact Sheet, which contains the tables below and additional information about lead screening, or for more information about lead screening or HEDIS measures, please call the Horizon *Healthy Journey* line at **1-844-754-2451**. As always, we thank you for your continued collaboration with us to ensure the highest level of care for our members.

Guidelines for Lead Screening in Children		
	Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	Health Care Effectiveness Data and Information Set standards (HEDIS)
What is it?	EPSDT benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.	HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.
When to perform a blood lead level test?	Perform two capillary or venous lead blood tests before child's 2nd birthday. <ul style="list-style-type: none"> • A verbal risk assessment must be performed for lead toxicity at every periodic visit between the ages of 6 months and 72 months to determine the patient's risk. On the verbal risk assessment, if any of the 10 questions are "yes" or "don't know" a child is considered at high risk for high doses of lead exposure and a blood lead level test should be attained. • All children should be tested at both 12 and 24 months of age regardless of risk. • Any child 25 to 72 months (less than 6 years) of age who has never previously been tested must receive the blood lead test. 	Perform one or more capillary or venous lead blood test before child's 2nd birthday.
Documentation	Documentation of lead testing must include laboratory tests ordered, date, results, appropriate referral and follow-up.	Documentation of lead testing must include date the test was performed and the result or finding.
Screening procedure	Either capillary or venous blood may be used as the specimen for the blood lead level test.	Either capillary or venous blood may be used as the specimen for the blood lead level test.
How often do I perform a verbal risk assessment with patients?	A verbal risk assessment should be performed for lead toxicity at every periodic visit between the ages of 6 and 72 months. The lead risk assessment tool is available on Horizon NJ Health's website at horizonNJhealth.com . We ask that you use this tool to assess the risks of your patients and provide the required lead screening services.	HEDIS guidelines do not require a verbal risk assessment to be completed. However, it is always best practice to complete an assessment to better evaluate the child for a blood screening test.



CPT:	LOINC:	Description:	HEDIS	EPSDT
83655	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7	Lead test (diagnosis code required)	✓	
83655 52		Lead test (diagnosis code required)		✓
36405 59		Venipuncture for lead screening for children under 3 years of age, scalp vein		✓
36406 59		Venipuncture for lead screening for children under 3 years of age, other vein		✓
36410 59		Venipuncture for lead screening for children 3 years of age or older		✓
36415 59		Collection of venous blood by venipuncture for lead screening for children 3 years and older		✓
36416 59		Collection of capillary blood specimen for lead screening (finger, heel and ear stick)		✓

Developmental Screening and Early Intervention

Early childhood development refers to the time when a child achieves physical, cognitive/learning, communication, social/behavioral and self-help milestones. Human interactions, experiences and environmental factors all influence how the child adapts. When these outside influences are absent, negative or toxic, developmental disruptions may occur.

According to the American Academy of Pediatrics (AAP), early identification of children with developmental delays can lead to appropriate treatment and Early Intervention (EI), which could lessen negative impacts on the child and family.

The AAP Advocates that:

- Surveillance for developmental delays should be incorporated at every preventive well-child visit
- Screening should be administered regularly at the 9, 18 and 24 to 30 month visits

EI is a system that helps babies and toddlers with developmental delays or disabilities meet developmental milestones through a wide range of services. EI is for children from birth to age three. Children who are older than three years of age with developmental delays may be eligible for special

*Authorization is required.

Sources: Harvard University (2010),
AAP-Pediatrics (2006)

services under the Individuals with Disabilities Education Act (IDEA).

The New Jersey Early Intervention System (NJEIS) provides services for families with infants and toddlers, from birth to age three, with developmental delays or disabilities. All 21 counties in New Jersey have implemented EI programs in accordance with IDEA for infants and toddlers. The NJEIS has four regional collaborative networks to provide local-level leadership in planning and coordinating NJEIS. For more information on the NJEIS Regional Collaborative in your area, visit njreic.org.

Recommended CPT Code for Developmental Screening:

- **96110*** Developmental Screening, with scoring and documentation, per standardized instrument. Some screening instrument examples:
 - o Ages and Stages Questionnaire-Third Edition (ASQ)
 - o Parents' Evaluation of Developmental Status-Developmental Milestones (PEDS/PEDS-DM)
 - o Batelle Developmental Inventory Screening Tool (BDI-ST)



Diabetic Retinal Exams when using the Welch Allyn Machine



If you are using a Welch Allyn Machine in your practice to perform retinal eye exams for your diabetic patients, there is a secondary CPT code available for you to use to close the quality gap.

Secondary CPT Code*	Description
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed

*Secondary CPT codes are non-revenue codes from the NCQA HEDIS® data set submitted in addition to the primary CPT code.

If you have previously submitted the primary CPT code and not the secondary CPT code, you can submit a \$0 claim.

\$0 Claims for Quality Reporting Documentation

Horizon NJ Health recommends that claim adjustments for quality reporting documentation be sent electronically via standard HIPAA 837 transaction sets. We accept electronic claim adjustment requests for professional (**837P**) and institutional (**837I**) claims.

How to Indicate 837 Transactions are Adjustment Requests

To indicate your electronic transaction is an adjustment request, include the following frequency code within your electronic 837 transaction:

- **Frequency code 7:** If you have omitted charges or changed claim information such as modifiers, diagnosis codes, dates of service, units, charges, etc., submit a replacement claim. A replacement claim includes all previous information and any corrected or additional information.

Original Reference Number

All electronic 837 adjustment transactions must include the claim number of the originally adjudicated claim. You must submit the Original Reference Number (ORN) on the electronic adjustment request. The ORN can be found on the 835-remittance advice referenced by Claim Payment Information qualifier **CLP07**, or the original claim number on your Explanation of Payment. The ORN is the only number that should be sent as the original adjudicated claim.

Billing Note

Claim electronic adjustment requests must include the *Adjustment Reason* and *Narrative* explaining why the claim is being adjusted. (Example: Quality Reporting)

Behavioral Health Changes

Effective **October 1, 2018**, all Managed Care Organizations (MCOs) provide behavioral health and substance use disorder services to beneficiaries enrolled in the following:

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

In addition, the MCOs will be responsible for ALL acute care hospital and psychiatric unit admissions for hospitals and rehab centers.

Resources are available to assist providers and help answer any questions about this change. To access important documents, the Quick Reference Guide, frequently asked questions or attend a webinar, visit **BeaconHealthOptions.com**, mouse over *Providers* and click *Beacon Health Options Providers*, then select *Network-Specific Info*, click on *New Jersey – Horizon Network-Specific Sites* and choose *Horizon NJ Health*.

Attend a Webinar

Webinars are available to ensure you have all the information you need in order to provide the best possible care and services to your Horizon NJ Health and Horizon NJ TotalCare (HMO SNP) members.

Webinar topics include:

- Overview of benefit changes
- Clinical care management
- Authorizations
- Contracting and credentialing
- Billing
- Question and answer session
- Contact information

Questions?

Email **HorizonBehavioralHealthProviderRelations@BeaconHealthOptions.com**.

Avoid Caregiver Burnout

Caregivers are responsible for tasks that can be draining, especially those activities of daily living (ADLs), which are often physically hard to do. ADLs include helping a loved one bathe, toilet, get dressed and eat. Giving care becomes more challenging if a loved one has a disease like dementia. The senior may be moody, wander away from home or create dangerous situations such as leaving the stove on or forgetting to turn off the faucet. Every situation has different challenges. Some caregivers find that they cannot leave their loved one alone or they have so many responsibilities to their other family members that they must cut back working hours or stop working altogether. If there is no other household income, this can become financially devastating.

How can you help? Talk to your patients about avoiding caregiver burnout. Groups like the local Area Agency on Aging (AAA) can help caregivers locate many resources, including ways to manage finances, finding an in-home aide and connections with other caregivers who can provide advice and support. Patients can find more information about their local AAA chapter by visiting **n4a.org**.



Horizon NJ Health

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Influenza and Pneumococcal Vaccines for Adults:

Influenza (flu) season is here. Please encourage your patients to get a flu shot. It's especially important for adults 65 years of age and older who are at high risk of developing complications from the flu and pneumonia.

In addition to encouraging your patients to get a flu shot, make sure they are up to date for the pneumococcal vaccine.

There are two pneumococcal vaccines recommended for adults:

- Prevnar 13® (PCV13)
- Pneumovax 23® (PPSV23)

The Centers for Disease Control and Prevention (CDC) recommend the following:

One dose PCV13 is recommended for adults:	One dose of PPSV23 is recommended for adults:
<ul style="list-style-type: none"> • 65 years or older who have not previously received PCV13 • 19 years or older with certain medical conditions and who have not previously received PCV13 	<ul style="list-style-type: none"> • 65 years or older <ul style="list-style-type: none"> - Once a dose of PPSV23 is given at age 65 years or older, no additional doses of PPSV23 should be administered • 19-64 years old with certain medical conditions or who smoke cigarettes <ul style="list-style-type: none"> - A second dose may be required depending on the medical condition

For more information on the pneumococcal vaccine, please visit:
cdc.gov/vaccines/vpd/pneumo/hcp/administering-vaccine.html

Source: Centers for Disease Control and Prevention