

HORIZON *pulse*

A Newsletter for the Horizon NJ Health Provider Community

| Issue 1, 2019

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 contribute to the Star Rating are derived from the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. It is important to encourage your patients to participate in the survey. The survey is sent to a random set of members between February and May each year.

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

It is important for all of our providers to deliver a positive experience for our members. Throughout the year, please pay attention to the following issues and member concerns reported from the CAHPS survey:

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

CAHPS questions impacted by provider's performance:

CAHPS Measure Adult or Child	Question Number/ Question
Adult	Adult Q23 - Rating Of Personal Doctor
Child	Child Q26 - Rating Of Personal Doctor

For more information about the CAHPS survey, visit ma-pdpcahps.org/en/survey-instruments.



*Star Ratings are for Medicare Advantage plans. Medicaid plans do not receive Star Ratings. However, members of both plans receive CAHPS surveys.

BabyGEMS: a pregnancy app exclusively for Horizon NJ Health members



BabyGEMS is a personalized pregnancy and parenthood app for Horizon NJ Health members. The app gives members information about pregnancy milestones, symptoms, common questions and answers, birth plans and more. BabyGEMS also connects members directly to Horizon NJ Health resources, including Member Services, Moms GEMS, Horizon *Healthy Journey* and horizonNJhealth.com.

Members can continue to use BabyGEMS after their baby is born to track their baby's growth and developmental milestones and get information about postpartum care. Members can text **BabyGEMS** to **1-855-553-0461** to download the app for free.

Lead testing for your patients

Horizon NJ Health is committed to providing you with important information to ensure that our members receive proper screenings and a high quality of care. You can help us by encouraging your patients to complete a blood lead level (BLL) test in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines.

According to the EPSDT screening guidelines for lead screening, a BLL test is required for children between 6 to 72 months (6 years) of age. Results of a verbal risk assessment will determine how often the BLL test is administered. Visit horizonNJhealth.com, click on the *Providers* tab, mouse over *Resources*, then click *Forms* and select *Age – Appropriate EPSDT Forms* to access the verbal risk assessment tool. All children are required to receive a BLL test at 12 and 24 months of age. The Health Care Effectiveness Data and Information Set (HEDIS) standard for lead screening in children recommends children receive one or more lead screening tests completed on or before their second birthday.

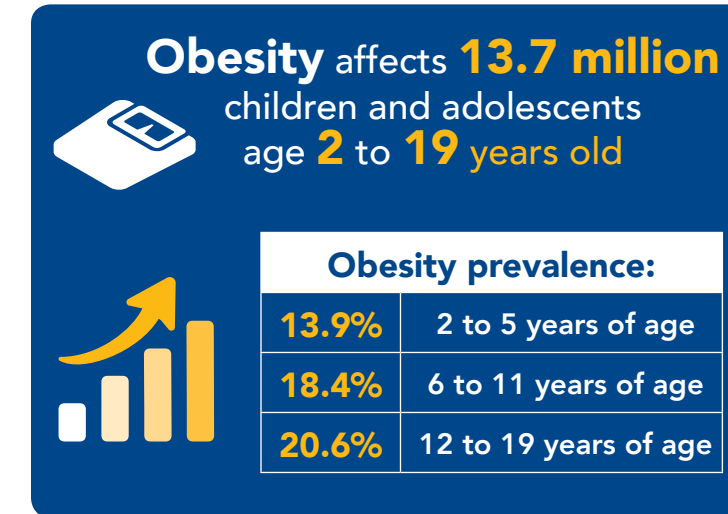
Protecting our members from the growing measles outbreak

We are experiencing the largest outbreak of measles in the United States since 2000. Please ensure your patients are up to date with the appropriate vaccines, including the measles, mumps and rubella (MMR) vaccine. Any suspected measles cases should be reported to the local health department within 24 hours and your office should follow the appropriate protocols.

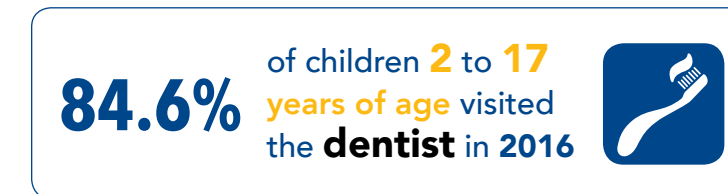
For additional information, please visit the NJ Department of Health at nj.gov/health and the Centers for Disease Control and Prevention (CDC) at CDC.gov.

Adolescent health

Childhood and adolescence are vital stages for developing movement skills, learning healthy habits and establishing a firm foundation for lifelong health and well-being. Please continue to educate members on the importance of healthy eating, exercise, asthma medication adherence/triggers and proper hygiene.



- About **6 million** children in the United States **0 to 17** years of age have **asthma**
- Every year, **1 in 6 children** with asthma visit the **Emergency Room**
- About **1 in 20** children are hospitalized for **asthma**



Fewer than **1 in 10** children eat the recommended daily amount of **vegetables**

Only **4 in 10** children eat enough **fruit**

Sources: **CDC.gov**
 Dietary Guidelines for Americans, 2015-2020, Eighth Edition
 Physical Activity Guidelines, 2nd edition, U.S. Dept of Health & Human Services



Treating members with cognitive impairment

A cognitive impairment is when a person has certain limitations in mental functioning and in skills such as communication, self-help and social skills.

Below are benefits of screening your patients early.

- **If screening is negative:** Patient/family concerns may be alleviated.
- **If screening is positive and further evaluation is warranted:** The patient/family and provider can take the next step of identifying the cause of impairment (e.g., medication side effects, metabolic and/or endocrine imbalance, delirium, depression and Alzheimer's disease).

Early detection 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

Source: CDC, Cognitive Impairment: A call for Action, Now!, February 2011



Mental health and substance use disorder Well-Being Screening Tool

PCPs are required to assess the behavioral health needs of enrolled members. To help facilitate your assessment, please use the Well-Being Screening Tool to assess the behavioral health needs of each Horizon NJ Health member prior to treatment. A copy of the completed questionnaire should be placed in the member's medical record. If a behavioral health need is identified, please refer the member for behavioral health services as follows:

Horizon NJ Health members and clients of the Division of Developmental Disabilities (DDD):

- Providers may call Horizon NJ Health's Care Management Department at **1-800-682-9094 x89634**.

Our Care Management Department will coordinate the behavioral health services for DDD members with medical providers.

- Providers and/or members may call Horizon Behavioral Health toll free at **1-800-682-9094**, prompt **6**. A representative is available 24 hours a day, seven days a week to coordinate behavioral health services for DDD members.

Horizon NJ Health members who are not DDD:

- Please call or refer the Horizon NJ Health member to a participating behavioral health professional through Medicaid Fee-for-Service.

For more information, review Section 3.17 of the *Provider Administrative Manual*.

Disease Management Programs to help your patients

Horizon NJ Health Disease Management Programs coach and educate low- to moderate-risk members in the treatment and management of their disease. The available programs cover:

- Diabetes
- Congestive Heart Failure
- Hypertension
- Asthma
- Chronic Obstructive Pulmonary Disease

Members are referred through:

- PCPs/specialists
- ER/in-patient reports
- Encounter claims
- Case management/utilization review
- Pharmacy claims
- Complex Needs Assessment

Disease Management Programs aim to:

- Educate members and providers in health management according to nationally recognized standards of care
- Create an optimal, realistic level of an individual's wellness and functionality
- Promote behavior modification and facilitate member and provider communication
- Enable the member/family to make independent, informed health care decisions
- Provide a disease prevention and wellness education program that will improve the quality of health for our members
- Promote the cost-effective utilization of financial and human resources
- Improve overall member and provider satisfaction with Horizon NJ Health

For more information on these programs, or to refer a member to a program, call the Disease Management Department at **1-800-682-9094 x89634**.

In-home monitoring program for heart failure

Horizon NJ Health has expanded its partnership with VRI to provide a unique in-home vitals monitoring program for members with heart failure. The program has been effective in improving patient's health and reducing heart failure-related admissions and readmissions. The program is available to all clinically-appropriate members enrolled in Horizon NJ Health and Horizon NJ TotalCare (HMO SNP).

How it works

A wireless scale is installed in the home and automatically records and transmits information daily to VRI's Clinical Care team. If there is a weight change that exceeds normal range, VRI will immediately contact the patient and follow a triage protocol to ascertain if he or she is symptomatic or suffering from any other health issue requiring physician

intervention. VRI educates the patient on next steps and communicates with the caregivers and the physician's office to assist with the treatment plan. Additionally, VRI conducts reminder calls to patients and/or caregivers when a daily weight is missed.

The program does not require physicians to do anything other than respond when they receive notification from VRI's Care Center that a patient needs clinical intervention. Our Care Management team identifies appropriate program candidates from claims data and members discharged with a heart failure diagnosis. Identified candidates are sent to VRI for outreach and enrollment. Physicians are notified when one of their patient's is enrolled.

For more information about the program or to make a referral, please call **1-800-682-9094 x89634**.



FOR FIDE SNP PROVIDERS

Navigating formulary utilization management

When you need to prescribe a medication, it's important to know if it has any limitations or if it requires authorizations. Use these tips to help you find the information you may need when referring Horizon NJ TotalCare (HMO SNP) members with pharmacy benefits through Prime Therapeutics. Other resources can be found at [HorizonBlue.com/medicare/formulary](https://www.horizonblue.com/medicare/formulary).

Determining if medications have a quantity limit

- Go to **MyPrime.com**. Select *Medicines* and select *Find medicines*.
- Click *Continue without sign in*. Select *Horizon BCBSNJ* as the health plan. Select *Yes* for Medicare Part D member, then select *Horizon NJ TotalCare (HMO SNP)* and select *Continue*.
- Scroll down to *Helpful documents* and download the *2019 Comprehensive Formulary*.¹

Determining which medications have a prior authorization

- Go to **MyPrime.com**. Select *Medicines* and then select *Find medicines*.
- Click *Continue without sign in*. Select *Horizon BCBSNJ* as the health plan. Select *Yes* for Medicare Part D member, then select *Horizon NJ TotalCare (HMO SNP)* and select *Continue*.
- Scroll down to *Helpful documents* and select the *Prior Authorization Criteria* to view all the medications on the formulary that require a prior authorization.

Submitting a case for prior authorization (PA), tier exception (TE) or quantity limit (QL) review

- Go to **MyPrime.com** and select *Forms*.
- Click *Continue without sign in*. Select *Horizon BCBSNJ* as the health plan. Select *Yes* for Medicare Part D member, then select *Horizon NJ TotalCare (HMO SNP)* and select *Continue*.
- Scroll down and click *View forms & instructions* under *Coverage Determination/Redetermination*.
 - Select *View forms & instructions* for one of the following topics: *Formulary and Tier Exceptions*, *Prior Authorization* or *Quantity Limits*.

You may also mail, fax or call for PA, TE and QL review:

Horizon NJ TotalCare (HMO SNP)
Attn: Medicare D Clinical Review
2900 Ames Crossing Road
Eagan, MN 55121

Phone: 1-800-391-1906
Fax: 1-800-693-6703

¹ You may notice that certain medications state "PA" for prior authorization and/or "QL" for quantity limit in the "Requirements/Limits" column. This means that the member may only fill a certain amount of his or her medication in a certain number of days.

Appointment scheduling standards

Horizon NJ Health has adopted the following appointment scheduling standards to ensure timely access to quality medical care. Compliance with these standards will be audited by periodic onsite review of physician offices and phone calls.

Medical appointments

- **Emergency services:** immediately
- **Urgent care:** within 24 hours
- **Symptomatic acute care:** within 72 hours
- **Routine care:** within 28 days
- **Specialist referrals:** within four weeks or sooner, as medically indicated
- **Urgent specialty care:** within 24 hours of referral
- **Baseline physicals for new adult enrollees:** within 180 calendar days of initial enrollment
- **Baseline physicals for new child enrollees and adult clients of DDD:** within 90 days of initial enrollment or in accordance with EPSDT guidelines
- **Prenatal care:** within three weeks of a positive pregnancy test (home or laboratory), within three days of identification of a high risk pregnancy, within seven days during first and second trimester and within three days in third trimester
- **Routine physicals:** within four weeks for routine physicals for school, camp, work or similar

- **Lab and radiology services:** within three weeks for routine care and 48 hours for urgent care
- **Wait time in office:** less than 45 minutes
- **Initial pediatric appointments:** within three months of enrollment

Dental appointments

- **Emergency dental treatment:** no later than 48 hours, as condition warrants
- **Urgent care appointments:** within three days of referral
- **Routine non-symptomatic appointment:** within 30 days of referral

Mental health/substance use disorder appointments (DDD, MLTSS and FIDE-SNP only)

- **Emergency services:** immediate; urgent care within 24 hours
- **Routine care:** within 10 days of request
- **Waiting time in office:** less than 45 minutes

For more information, review Section 12.18 of the *Provider Administrative Manual*.

Reminder: Your patients' laboratory services

Laboratory Corporation of America Holdings® (LabCorp) continues to be the exclusive laboratory services provider for Horizon NJ Health and Horizon NJ TotalCare (HMO SNP) members. As always, we encourage members to use an in-network laboratory when getting laboratory services. You or your patients can visit [horizonNJhealth.com/findadoctor](https://www.horizonNJhealth.com/findadoctor) to find a LabCorp location. Please note, all referrals/requisitions for lab services must include a valid diagnosis.

Provider Services Ancillary Contracting & Servicing 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)*
Lori Bemby 1-609-537-2427 Lori_Bemby@HorizonBlue.com	Home Health Home-Based Supportive Care* Personal Care Assistant (PCA) Respite (In-Home)* Private Duty Nursing
Denice Berrios 1-609-537-2446 Denice_Berrios@HorizonBlue.com	Assisted Living Program* Assisted Living Residence* Comprehensive Personal Care Home* Skilled Nursing Facility*
Lynda Jackson-Sealy 1-609-537-2648 Lynda_Jackson-Sealy@HorizonBlue.com	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
Stephen Fitch 1-609-537-2614 Stephen_Fitch@HorizonBlue.com	Behavioral Health (MLTSS/DDD)* Special Projects Electronic Visit Verification (EVV)
Walgena Daniels 1-609-537-2335 Walgena_Daniels@HorizonBlue.com	Dialysis Hearing (Audiology) Orthotic & Prosthetic (O&P) Durable Medical Equipment (DME)
Lori Bemby 1-609-537-2427 Lori_Bemby@HorizonBlue.com	Ancillary Contracting Manager

*Denotes MLTSS Services

List of Provider Representatives

MAUREEN HANSON
(Essex, Passaic, Sussex, Warren)
1-609-537-2152

ANGELICA MIRANDA
(Bergen, Hudson, Hunterdon, Morris)
1-609-537-2336

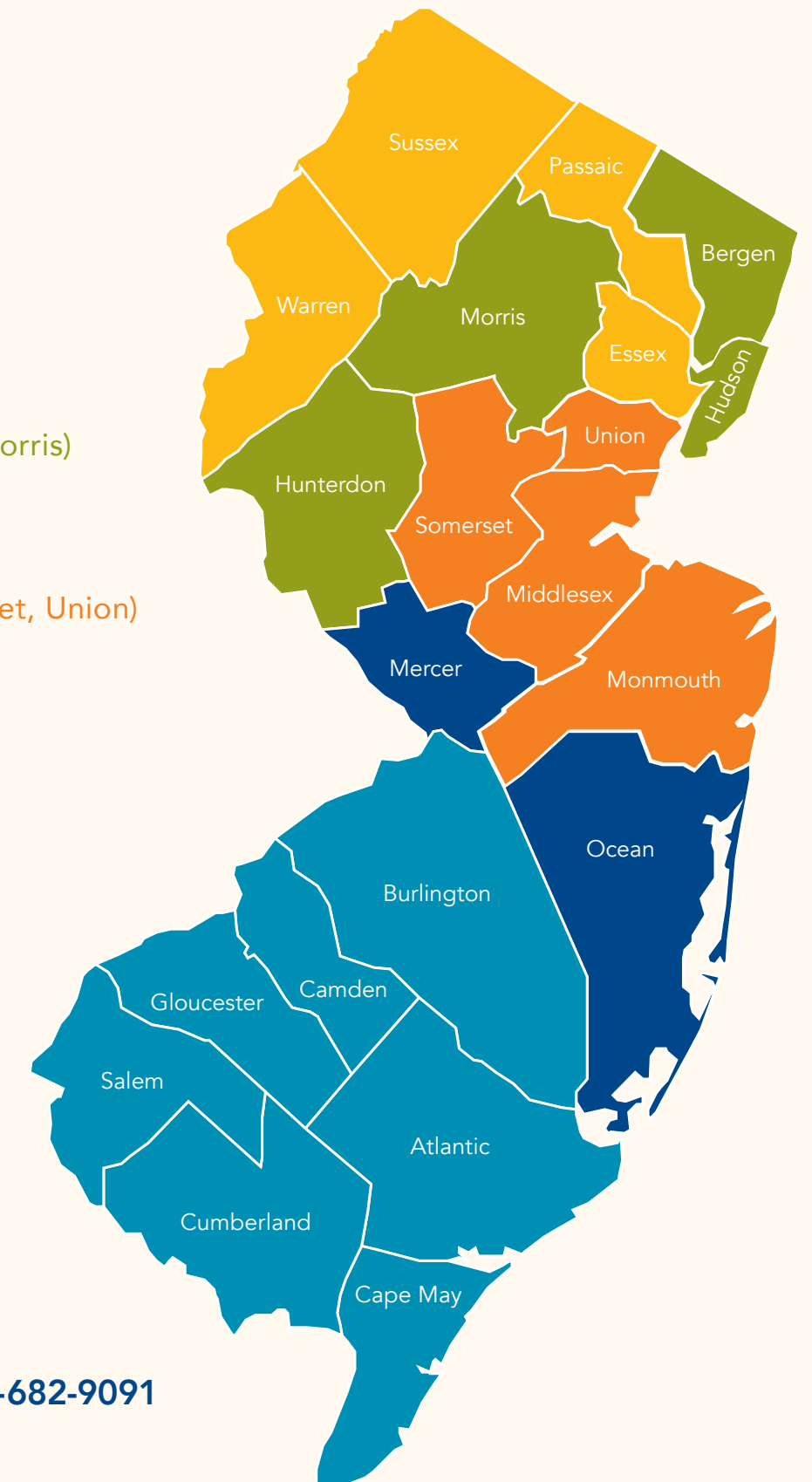
WILLIAM MITCHELL
(Middlesex, Monmouth, Somerset, Union)
1-609-203-7094

CHERYL GILBERT
SUPERVISOR, NORTH
(Mercer, Ocean)
1-609-537-2634

JENN CHOW
SUPERVISOR, SOUTH
(Atlantic,* Burlington, Camden, Cape May,* Cumberland,* Gloucester, Salem*)
1-609-537-2646

PROVIDER SERVICES: 1-800-682-9091

*Temporary coverage



important

Balance billing prohibited

Horizon NJ Health, its subcontracted vendors or the State of New Jersey, are responsible for payment for all services included in the member's benefit package. Services not included in the benefit package are the responsibility of the member only if the hospital, physician or health care professional notifies the member in writing and in advance of providing the service(s) of this obligation. Members should **not** be billed for any service covered under their benefit package. Should Horizon NJ Health require a copayment for any service or population group, an itemization of these items will be included in the benefit listing and will be available on the website. **The practice of balance billing Medicaid/NJ FamilyCare and Fully Integrated Dual Eligible Special Needs Plan beneficiaries, whether eligible for Medicaid Fee-for-Service (FFS) benefits or enrolled in managed care, is prohibited under both federal and state law.**

These prohibitions apply to both Medicaid/NJ FamilyCare only beneficiaries, as well as those eligible for Medicare coverage or other insurance. A provider enrolled in the Medicaid/NJ FamilyCare FFS program or in managed care is required to accept as payment in full the reimbursement rate established by the FFS program or managed care plan.

All costs related to the delivery of health care benefits to a Medicaid/NJ FamilyCare eligible beneficiary, other than authorized cost sharing, are the responsibility of the FFS program, the managed care plan, Medicare (if applicable) and/or a third-party payer (if applicable). If a provider receives a Medicaid FFS or managed care payment, the provider shall accept this payment as payment in full and shall not bill the beneficiary or anyone on the beneficiary's behalf for any additional charges.

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 the Horizon NJ Health website at 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)
Formulary	Albuterol HFA (authorized generic Ventolin HFA, Proair HFA)	_____
Formulary	Lumigan (bimatoprost) 0.03%	_____
Formulary	Aristada Initio (aripiprazole)	_____
Formulary	Aristada (aripiprazole)	_____
Formulary	Fulphila (pegfilgrastim-jmdb)	_____
Formulary	Retacrit (epoetin alfa-epbx)	_____
Formulary	Mulpleta (lusutrombopag)	_____
Formulary	Tibsovo (ivosidenib)	_____
Formulary	Humira (adalimumab) 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml, 80 mg/0.8 ml	_____
Non Formulary	Ventolin HFA (albuterol)	Albuterol HFA
Non Formulary	Zytiga 500 mg (abiraterone)	Generic Zytiga 250 mg
Non Formulary	Xtandi (enzalutamide)	Generic Zytiga 250 mg
Non Formulary	Erleada (apalutamide)	Xtandi
Non Formulary	Innopran XL (propranolol)	Generic Inderal LA (propranolol)
Non Formulary	Inderal XL (propranolol)	Generic Inderal LA (propranolol)
Non Formulary	Zelboraf	Tafinlar/Mekinist
Non Formulary	Cotellic	Tafinlar/Mekinist
Non Formulary	Neulasta (pegfilgrastim)	Fulphila
Non Formulary	Procrit (epoetin)	Retacrit

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 x81016**.

Appeals addresses

Claim appeals should be mailed to:

Horizon NJ Health Claim Appeals
PO Box 63000
Newark, NJ 07101-8064

Utilization Management (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

Health Insurance Portability and Accountability Act (HIPAA) request should be mailed to:
Horizon NJ Health
Attention: HIPAA Team
250 Century Parkway
Mt. Laurel, NJ 08054

Fall prevention

It is important to acknowledge the impact of falls on patients in acute-care and long-term care hospitals, as well as in the home or workplace. Though the very young and very old are more vulnerable to falls, all patients can benefit from making homes, workplaces and hospitals safer.

Encourage your patients to take the following precautions to help prevent falls:

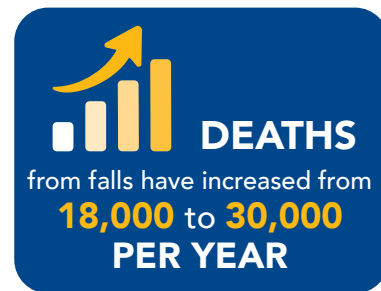
- Keep floors and entryways clear of obstacles.
- Use handrails for stairs.
- Wear sturdy shoes with non-skid soles.
- Tell you if their medication makes them feel dizzy.



29 MILLION
people will fall
EACH YEAR



1 IN 5 FALLS
result in **broken**
bones or
HEAD INJURY



Someone falls
EVERY SECOND
of **EVERY DAY**



24-hour access to care

PCPs are responsible for supervising, coordinating and managing member health care by providing or authorizing the services needed to ensure positive health outcomes for each member on their panel. This includes arranging for practice coverage 24 hours a day, seven days a week. Each year we perform an after hours availability audit for a randomly selected number of providers. For more information on after-hours coverage and expectations, please review Section 12.23 of the *Provider Administrative Manual*.

Horizon NJ TotalCare (HMO SNP)

Are you accepting Horizon NJ TotalCare (HMO SNP) members? Many of our Horizon NJ TotalCare (HMO SNP) members are being turned away by provider offices that are unaware they accept Horizon NJ TotalCare (HMO SNP). Please review your contract or visit horizonNJhealth.com/findadoctor to see if your office accepts Horizon NJ Health and Horizon NJ TotalCare (HMO SNP) members.

Provider Administrative Manual

The *Provider Administrative Manual* is available online at horizonNJhealth.com/providermanual. Please refer to section **12.1** to view the **Member Rights & Responsibilities**.



Horizon NJ Health