Provider Pulse

HEDIS medical records required for reporting

Requests for medical records to support Healthcare Effectiveness Data and Information Set (HEDIS®) reporting were sent in February.

We are required by the National Committee for Quality Assurance (NCQA) to report on various measures such as immunizations, colorectal cancer screenings, diabetes screenings and transitions of care.

If your office needs to provide medical records, you should have received a follow-up call from the Horizon NJ Health HEDIS team. Please send the appropriate information as soon as possible so that we can accurately report the quality care our members receive.

If we don't receive the information in a timely manner, the care and services you provide your patients will not be reflected in the reporting.

For more information about HEDIS, email Mary Ann Hariton, Manager, Quality Management at **Maryann_Hariton@HorizonBlue.com**.

Coordination of Benefits Agreement (COBA) - Easier claims process

Effective **March 30, 2020**, Horizon NJ Health will implement a new claims system process with the Centers for Medicare and Medicaid Services (CMS). You are no longer required to manually submit Medicare claims to Horizon NJ Health for secondary consideration. After **March 30, 2020**, when you submit claims to Traditional Medicare, there will be a systematic crossover and the claim will automatically be routed to Horizon NJ Health for secondary processing. After CMS has made a determination on the claim, Horizon NJ Health will process the claim, considering any member cost share amounts as well as any amounts not covered by Medicare.

If you have any questions about this claims crossover, please contact Provider Services at **1-800-682-9091**. For more information about the COBA, please visit **CMS.gov**.

See our responses to COVID-19 by visiting **horizonNJhealth.com/providernews**.

horizonNJhealth.com

Important information for behavioral health providers

Effective **January 1, 2020**, Horizon Blue Cross Blue Shield of New Jersey and Horizon NJ Health began to manage the administration and clinical management of behavioral health services for Horizon NJ Health, Horizon NJ TotalCare (HMO D-SNP) and Horizon Medicare Advantage plans and programs.

On or about **March 30, 2020**, all other Horizon BCBSNJ plans will be managed internally.

We encourage behavioral health professionals to visit the **Horizon Behavioral Health** webpage to review important information regarding key administration processes, such as:

- Key contact information
- Claims addresses
- Behavioral health services that require prior authorization
- Training and other resources

Submit authorizations via the Utilization Management Request Tool

Participating behavioral health practitioners, group practices, hospitals and facilities are required to submit prior authorizations via our online Utilization Management Request Tool for certain **behavioral health (including mental health and Substance Use Disorder) services** to patients enrolled in all Horizon BCBSNJ plans. The tool can be accessed on NaviNet.

To submit prior authorization requests online:

Sign in to **NaviNet.net**, and from the *My Health Plans* menu:

- Select *Horizon NJ Health*
- Mouse over *Referrals and Authorization*
- Click *Utilization Management Request Tool*

To access educational information on how to use the *Utilization Management Request Tool,* sign in to **NaviNet.net**, and from the *My Health Plans* menu:

- Select *Horizon NJ Health*
- Mouse over *References and Resources* and click *Provider Reference Materials*
- Mouse over *Policies & Procedures* and click *Utilization Management*
- Click *Utilization Management Request Tool*

Not registered for NaviNet?

Access to NaviNet is free. To register, visit **NaviNet.net** and click *Sign Up* or call **1-888-482-8057**.

Need additional NaviNet training support?

Contact your assigned **Provider Representative**.

NaviNet helpful hints

Horizon NJ Health offers multiple online services via NaviNet that can greatly benefit providers. This free, secure website offers a single sign-on where providers can access transactions and services for multiple health plans. With its efficient electronic transactions and multi-payer database, NaviNet helps providers reduce their administrative costs and greatly reduces administrative time. When providers have a claim inquiry, they should consult NaviNet first.

By joining NaviNet, Horizon NJ Health providers can access:

- Administrative reports
- Care gap reports
- Claim appeals status
- Claim status inquiries
- Online referral submission
- Referral inquiries
- Searchable eligibility and benefit information
- Utilization Management Request Tool

The online administrative reports include:

- Authorization status summary
- Claim appeal status
- Claim status summary
- Panel rosters

NaviNet® is a registered mark of NaviNet, Inc.

What's the difference between HEDIS and EPSDT Lead Guidelines?

Horizon NJ Health records lead screenings for all children up 6-years-old according to two measurement guidelines. These two guidelines are Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and Healthcare Effectiveness Data and Information Set (HEDIS). The Quality Management Department created the **EPSDT and HEDIS tables**, 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.

For more information about lead screening or HEDIS measures, please call the Horizon *Healthy Journey* line at **1-844-754-2451**.

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?	The 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. • A verbal risk assessment must be performed for lead toxicity at every periodic visit between the ages of 6 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 tests 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)		✓

24-hour access to care

Primary Care Provider (PCPs) are responsible for supervising, coordinating and managing patient care by providing or authorizing the services needed to ensure positive health outcomes for each member on his or her panel. This includes arranging for practice coverage 24 hours a day, seven days a week.

How to submit corrected claims

We understand that claims sometimes may not be filed correctly. The following instructions explain how to bill and submit a corrected claim. Both paper and electronic claims must be submitted within 365 calendar days from the initial date of service.

For paper claims:

- CMS-1500 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. Include a copy of the original Explanation of Payment (EOP) with the original claim number for which the corrected claim is being submitted. **Horizon NJ Health will reject any claims that are not submitted on red and white forms or have any handwriting on them.**

UB-04 claims:

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

Send red and white paper corrected claims to:
Horizon NJ Health
Claims Processing Department
PO Box 24078
Newark, NJ 07101-0406

Correcting electronic HCFA 1500 claims:

- EDI 837P data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an additional loop in the 2300 loop, segment REF *F8* with the original claim number for which the corrected claim is being submitted.

Correcting electronic UB-04 claims:

- EDI 837I data should be sent in the 2300 Loop, segment CLM05 (with value of 7) along with an additional loop in the 2300 loop, segment REF *F8* with the original claim number for which the corrected claim is being submitted.

Required format needed for claim submissions

Horizon NJ Health is required by state and federal regulations to capture and report specific data for services rendered to its members. All services rendered, including capitated encounters and fee-for-service claims, must be submitted on the CMS 1500 (HCFA1500) version 02/12 or UB-04 claims form, or via electronic submission in a HIPAA-compliant 837 or NCPDP format.

Horizon NJ Health does not accept handwritten or stamped claims. These claims forms and electronic submissions must be consistent with the instructions and requirements provided by CMS. You can find these requirements in the *CMS Claims Manual* by visiting **CMS.gov/Manuals/IOM/list/asp**.

While Horizon NJ Health strongly encourages submitting claims via Electronic Data Interchange (EDI), if a paper claim is necessary, please submit red and white paper claims only for all medical services to Horizon NJ Health at the following address:

Horizon NJ Health
Claims Processing Department
PO Box 24078
Newark, NJ 07101-0406

For more information on claim submissions, review section 9 of the *Provider Administrative Manual*.

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)*
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	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 Bembry **1-609-537-2427** Lori_Bembry@HorizonBlue.com	Ancillary Contracting Manager Home Health Home-Based Supportive Care* Personal Care Assistant (PCA) Respite (In-Home)* Private Duty Nursing

*MLTSS Services

Provider Relations Representatives

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

ANGELICA MIRANDA
(Bergen, Cape May,* Hudson,
Mercer, Morris)
1-609-537-2336

WILLIAM MITCHELL
(Gloucester,* Middlesex,
Monmouth, Salem,* Union)
1-609-537-2596

**CHERYL GILBERT
SUPERVISOR**
(Atlantic,* Burlington, Camden,
Cumberland,* Ocean)
1-609-537-2634
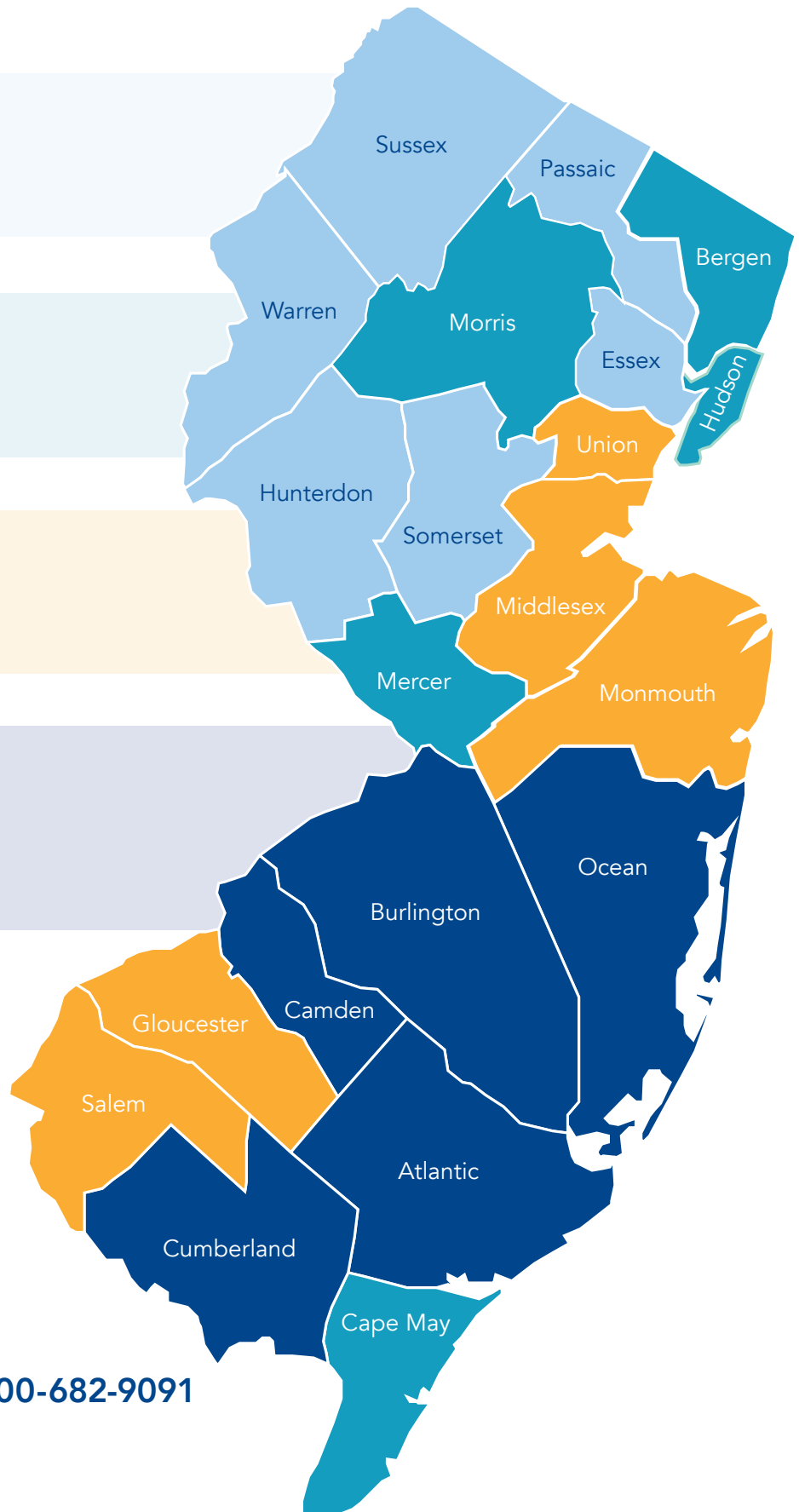
PROVIDER SERVICES: 1-800-682-9091

*Temporary coverage

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Behavioral Health Representatives

LATANYA MCLEAN BARKLEY
(Hunterdon, Mercer, Morris, Somerset, Sussex, Union, Warren)
LaTanya_Barkley@HorizonBlue.com
1-856-638-3228

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DOTTIE LAISI
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Dorothy_Laisi@HorizonBlue.com
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Ancillary Behavioral Health Representatives

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Andrew_Alleman@HorizonBlue.com

BARBARA SLATER-WILSON
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1-973-466-4063
Barbara_Slater-Wilson@HorizonBlue.com
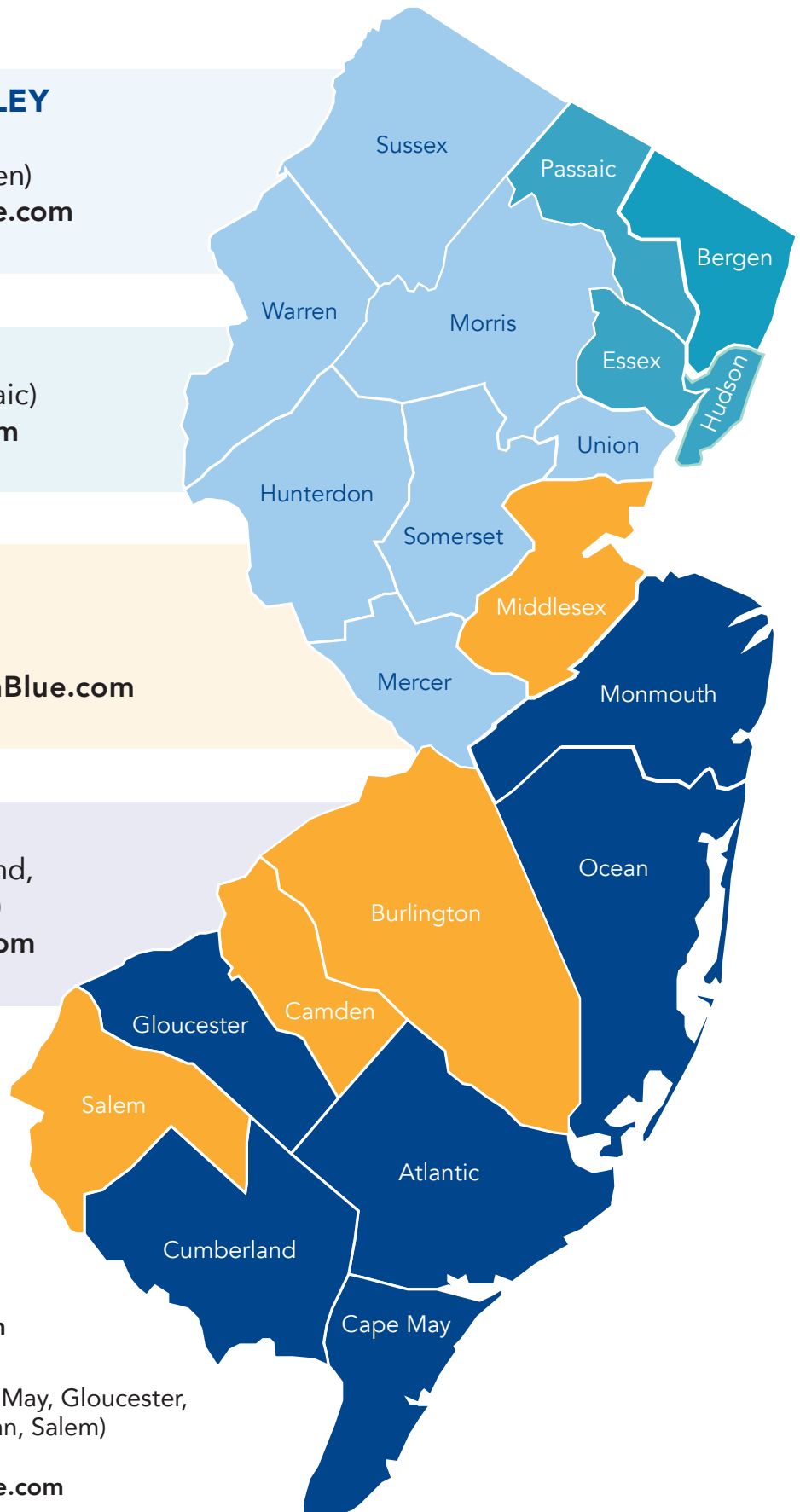
Asthma Action Plans for your patients

The goal of asthma self-management is to achieve better health through controlling and preventing asthma attacks. Every person with asthma needs to have a personalized Asthma Action Plan.

Asthma Action Plans are easy to use. Find one that is best for your patient by visiting **cdc.gov/asthma/actionplan.html**.

Source: Centers for Disease Control and Prevention

Billing update: Opioid Treatment Programs

Effective **January 1, 2020**, Opioid Treatment Programs (OTP) must meet certain legally-mandated criteria for Opioid Use Disorder treatment. For more information on these requirements, please visit **OTP Enrollment**.

Based on this mandate, OTPs must include place of service code 58 when submitting transactions/claims that include HCPCS codes G2067 through G2080 for services provided on or after **January 1, 2020** to patients enrolled in Horizon NJ TotalCare (HMO D-SNP).

G2067	G2068	G2069	G2070	G2071	G2072	G2073
G2074	G2075	G2076	G2077	G2078	G2079	G2080

Provider Administrative Manual

The *Provider Administrative Manual* is available online at **horizonNJhealth.com/providermanual**. In this manual, you can find details on credentialing, claims and claim appeals, members' rights and responsibilities and more.
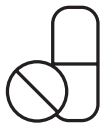
Formulary changes

Changes were recently made 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 the Horizon NJ Health website, **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	Diacomit (stiripental)	
Formulary	Kanjinti (trastuzumab-anns)	
Formulary	Mvasi (bevacizumab-awwb)	
Formulary	Nuvigil (armodafinil)	
Formulary	Ruzurgi (amifampridine)	
Formulary	Symjepi (epinephrine)	
Formulary	Turalio (pexidartinib)	
Formulary	Vyndamax (tafamidis)	
Formulary	Vyndaqel (tafamidis meglumine)	
Formulary	Xpovio (selinexor)	
Non-Formulary	Alinia (nitazoxanide)	metronidazole, tinidazole
Non-Formulary	Alocril (nedocromil)	Cromolyn, Ketotifen, Patanol
Non-Formulary	Avastin (bevacizumab)	Mvasi
Non-Formulary	Axid (nizatadine) solution	Ranitidine syrup
Non-Formulary	Betopic-S (betaxolol)	Betaxolol solution, Timolol solution, Levobunolol, Carteolol
Non-Formulary	Canasa Suppository (mesalamine)	rectal mesalamine
Non-Formulary	Cimduo (lamivudine/tenofovir disoproxil)	generic Epivir + generic Viread
Non-Formulary	Dificid (fidaxomicin)	vancomycin capsules
Non-Formulary	Herceptin (trastuzumab)	Kanjinti
Non-Formulary	Ovide (malathion)	Permetherin or Pyrethrin therapy
Non-Formulary	Promethazine/DM Syrup (promethazine/dextromethorphan)	Delsym with an antihistamine, Robitussin with an antihistamine, dextromethorphan/chlorpheniramine, dextromethorphan/doxylamine
Non-Formulary	sfRowasa (mesalamine)	rectal mesalamine
Non-Formulary	Trexall (methotrexate)	methotrexate tablets

Please note that the Horizon NJ Health maximum day 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**.

New generics

Horizon NJ Health encourages using generic drugs before using brand name drugs when appropriate. Generic drugs are the same as brand name drugs in quality, strength, purity and stability, as required by the U.S. Food and Drug Administration.

The following generic drug is currently on the market or are expected to be on the market within the next three months:

Generic Name	Brand Name
Pregabalin	Lyrica

Preventing hospital readmissions

Hospital readmission is defined as an adult acute inpatient stay that was followed by an unplanned acute readmission for any diagnosis within 30 days after discharge. Readmissions are associated with high health care costs and increased mortality. Although readmissions are not always preventable, it is important to assess a member's risk for readmission and to take measures to prevent readmissions.

**Ways to prevent or reduce hospital readmissions:**

- Follow-up with the patient within seven days of leaving the hospital
- Medication reconciliation
- Transition and coordination of care post-discharge
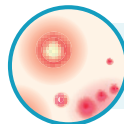
Sources:

ncqa.org/hedis/measures/plan-all-cause-readmissions
ncbi.nlm.nih.gov/pmc/articles/PMC4104507
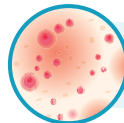
Identifying bedsores early

Bedsores are common among older adults and can be a problem for people in nursing homes. Please remind your patients to contact you right away if they notice:
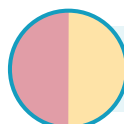
Changes in skin color

Open sores

Swelling of the skin

Skin feeling cooler or warmer to the touch than other areas

Patients and caregivers can prevent bedsores by:

- Keeping skin clean and dry
- Changing position every two hours
- Using pillows and products that relieve pressure

Source: medlineplus.gov/pressuresores.html

New benefit:
Applied Behavior Analysis services

On **July 7, 2014**, the Centers for Medicare & Medicaid Services released guidance indicating all children must receive Early and Periodic Screening, Diagnostic and Treatment (EPSDT). As a result, the Division of Medical Assistance and Health Services (DMAHS), in collaboration with the Department of Children and Families, launched a new program to support families with children diagnosed with autism. This new program will help improve the quality of care and provide a more patient-centered approach for these services.

Covered benefits

Effective **April 1, 2020**, Horizon NJ Health will cover all medically necessary Applied Behavior Analysis (ABA) services.

The following autism spectrum disorder (ASD) services will continue to be covered by Horizon NJ Health:

- Physical Therapy, Speech Therapy and Occupational Therapy
- Sensory Integration (SI) provided by Occupational Therapists
- Augmentative and Alternative Communication (AAC) assessments and devices

Participating providers must request prior authorization from Horizon NJ Health for these services.

Providers who currently provide ABA services to children through the ABA waiver can work with Children's System of Care and PerformCare to transition the necessary care. PerformCare will not provide prior authorizations beyond **March 30, 2020**.

Providers are responsible for determining if the child is a Horizon NJ Health member or if they have Medicaid Fee-For-Service and pending managed care enrollment.

- **If the child is pending managed care enrollment:** Providers should continue to bill DXC under the Medicaid Fee-For-Service benefit, but should begin billing with the new HIPAA compliant codes below until the child is enrolled in Horizon NJ Health.
- **If the child is currently enrolled in Horizon NJ Health:** Providers must notify Horizon NJ Health and seek authorization to continue ABA services.

Please use the following HIPAA compliant HCPCS codes when submitting claims.

Code	Description
97151	**Behavior identification assessment:** • Administered by a physician or other qualified health care professional (QHP) • Every 15 minutes of the physician's or other QHP's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and • Non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	**Behavior identification supporting assessment:** • Administered by one technician under the direction of a physician or other QHP • Face-to-face with the patient, every 15 minutes

New benefit:
Applied Behavior Analysis services *(continued)*

Code	Description
97153	**Adaptive behavior treatment by protocol:** • Administered by a technician under the direction of a physician or other QHP • Face-to-face with one patient, every 15 minutes
97154	**Group adaptive behavior treatment by protocol:** • Administered by a technician under the direction of a physician or other QHP with two or more patients, every 15 minutes
97155	**Adaptive behavior treatment with protocol modification:** • Administered by a physician or other QHP, which may include simultaneous direction of a technician • Face-to-face with one patient, every 15 minutes
97156	**Family adaptive behavior treatment guidance:** • Administered by a physician or other QHP (with or without the patient present) • Face-to-face with guardian(s)/caregiver(s), every 15 minutes
97157	**Multiple-family group adaptive behavior treatment guidance:** • Administered by a physician or other QHP (without the patient present) • Face-to-face with multiple sets of guardians/caregivers, every 15 minutes
97158	**Group adaptive behavior treatment with protocol modification:** • Administered by a physician or other QHP • Face-to-face with multiple patients, every 15 minutes
0362T	**Behavior identification supporting assessment, every 15 minutes of technicians' time face-to-face with a patient, requiring the following components:** • Administered by the physician or other QHP who is on-site, with the assistance of two or more technicians • Patient exhibits destructive behavior • Environment is customized to the patient's behavior
0373T	**Adaptive behavior treatment with protocol modification, every 15 minutes of technicians' time face-to-face with a patient, requiring the following components:** • Administered by the physician or other QHP who is on site with the assistance of two or more technicians • Patient exhibits destructive behavior • Environment is customized to the patient's behavior

Cognitive impairment

Forgetfulness: Normal vs. abnormal

Many adults worry about becoming forgetful as they age. They may think it is the first sign of Alzheimer's disease. However, some forgetfulness is a normal part of aging. Please educate your patients on the normal vs. abnormal signs of aging.

Normal Aging	Abnormal (Alzheimer's Disease)
Making a bad decision once in a while	Often makes poor judgments and decisions
Missing a monthly payment	Problems taking care of monthly bills
Forgetting what day it is and remembering later	Losing track of the date or time of year
Forgetting what word should be used	Trouble having conversations
Losing things	Misplacing things often and being unable to find them

Source: **nia.nih.gov/health/infographics/forgetfulness-normal-or-not**

Member rights and responsibilities

Members have rights, responsibilities and choices in the care they receive. To find member rights and responsibilities, please direct members to their Member Handbook or to one of the websites below, depending on the line of business.

- Medicaid/NJ FamilyCare – **horizonNJhealth.com/memberrights**
- FIDE-SNP – **Medicare.HorizonBlue.com/SNPmemberrights**
- Medicare Advantage – **HorizonBlue.com/rights**

Member Rights and Responsibilities are also located in Section 12 of the ***Provider Administrative Manual***.

Clinical guidelines

Clinical guidelines are located in Appendix A of the *Provider Administrative Manual* or online at **horizonNJhealth.com/clinicalguidelines**.

Horizon NJ Health is committed to the health care needs of our members. Please visit our website to learn more about our available programs.