



Horizon Blue Cross Blue Shield of New Jersey

# *Managed Long-Term Services and Supports (MLTSS)*

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# Goals of MLTSS

- Deliver Long Term Services and Supports
- Expand home and community based services
- Promote community inclusion
- Ensure quality and efficiency
- Provide comprehensive services and supports regardless of setting
  - Community
  - Community Alternative Residential Setting
  - Nursing Facility

# MLTSS Care Management

- Horizon NJ Health members eligible for MLTSS are all assigned a dedicated Care Manager
- The Care Manager, Member/Member Representative and the clinical team create an agreed upon Plan of Care that is specific to the members physical, social, behavioral and long term care needs of the member
- Clinical team could include:
  - Primary Care Physician
  - Specialists
  - Therapists
  - Behavioral Health Providers

# MLTSS Care Management Requirements- HBSC Member

- Outreach to member within 5 days of enrollment
- Complete a face to face visit within 45 days of enrollment to develop a Plan of Care
- Ongoing Face to Face visits with member in their residence
  - Annually
  - At least every 90 days
  - Change in Condition
  - Change in Level of Care
  - Post Facility Discharge (within 10 days of d/c)
    - Acute Inpatient
    - Rehabilitation
    - Nursing Facility
      - Services must be in place within 3 days of discharge

# Care Management Requirements- Facility Member

- Outreach to member/facility within 5 days of enrollment into MLTSS
- Complete a face to face visit within 45 days of enrollment to develop a Plan of Care
- Ongoing Face to Face visits with member at the facility
  - Annually
  - At least every 180 days (Pediatric SCNF is every 90 days)
  - Change in Condition
  - Change in Level of Care
- Participate in at least **one** facility Interdisciplinary Team meeting per year



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# *Utilization Management*

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# Inpatient Utilization Management

## Authorization Process for Acute Inpatient Services :

- Notification of Admission is required within 1 business day of admission
- Clinical information can be faxed to the concurrent Review Department at (609)583-3011
- Concurrent Reviews for acute inpatient hospitalization and post acute facilities are conducted on a daily basis or on a schedule that is clinically appropriate and according to the medical exigencies of the member.
- Determinations for continued services will rendered within 24 hours of receipt of the clinical information.

## Transitional Care for New Enrollees

- Any member/covered person enrolled under a Horizon plan may request continuation of coverage for ongoing treatment by a non-network healthcare professional, institutional provider or vendor at the in-network benefit level. To receive consideration for this transitional coverage, the request should be made no later than sixty (60) days following the effective date of enrollment, unless otherwise stipulated by the member's contract. Eligibility for continuation of coverage for a nonparticipating healthcare professional, institutional provider or vendor at the in-network benefit level must meet specific criteria and, if approved, will be granted for a limited time period.

# Outpatient Utilization Management

## Authorization Process for elective or scheduled Inpatient Services :

- Precertification must be obtained prior to elective or scheduled hospitalization a minimum of 5 days prior to the admission. Please note that Horizon NJ Health is allowed 14 calendars to process the authorization request.
- In addition prior authorization is required for some outpatient services that are scheduled as a part of discharge planning.

## What is Clinical Staff's Role?

- Our Utilization Management Clinical Team will review all request for medical necessity and will approve if medical criteria is met.
- If medical criteria is not met, the case is referred to our Medical Directors for review. Only MD can deny a service.
- Criteria tools utilized by hierarchy; HNJV Policies, HBSBSNJ Policies, Milliman Criteria Guidelines.
- All Non-Par requests require Authorizations reviewed by Clinical staff.



# Durable Medical Equipment (DME) Process

- Durable Medical Equipment is requested by DME Providers examples are: Wheelchair's, Beds, Oxygen, & Diabetic supplies. The DME department does not accept telephonic requests for authorization, with the exception of requests for hospital discharge.
- All information must be completed in order to expedite the request. If pertinent information is missing, an letter will be generated that includes details on the missing information in order to complete the request. Additional information must be submitted within 72 hours from the date of the letter.
- Horizon NJ Health will complete all routine requests within 14 calendar days from receipt of all information.
- **Exception:** Hospital Discharge DME is processed upon receipt of request by contacting the DME auth request line (800) 682-9094 ext. 81017.
- Medline is Horizon NJ Health single vendor for incontinent supplies (Diapers and liners)
  - Authorization is required when requesting Medline products in quantities of 180 or greater per month.



## **NAVINET:**

By joining NaviNet, Horizon NJ Health providers get access to:

Administrative Reports

- Care Gap Reports
- Claim Appeals Status
- Claim Status Inquiries
- Online Referral Submission
- Referral Inquiries



## **CARE AFFILIATE (CA):**

Providers who use NaviNet can access the CareAffiliate portal. This portal allows providers to communicate directly to Horizon NJ Health by checking status in real time. It is used to send and check the status of authorization requests. It also sends providers notifications when authorization request are completed.

# General Authorization Information

- Authorization Request Forms are located on our website/Provider Resources  
[www.HorizonNJHealth.com](http://www.HorizonNJHealth.com)
- MLTSS members, medical authorizations are processed by Horizon UM but MLTSS Benefits are processed by the MLTSS Case Managers.
- Horizon Governemnt Programs On-Call Program has after hours clinical staff to meet UM needs.

# Delegated Utilization Management

## **Radiology Services:**

National Imaging Associates will authorize CT Scan, MRI/MRA, Nuclear Medicine and PET Scan. Their patient call center is available Monday through Friday, 8 a.m. to 8 p.m.

## **NIA**

• **1-800-642-7299**

Radiation Oncology Management, MUGA Scans, Non OB Ultrasounds, CCTA, Cardiac Catherization, ICD, Pacemaker, Virtual Colonoscopies, Echocardiography, Stress Echocardiography

## **Dental Services:**

For pre-certification of an elective procedure and general benefit questions.

## **Scion Dental Provider Services**

• **1-855-878-5368**

## **Logisticare Transportation:**

• **1-866-527-9945**

## **Vision Services:**

Davis Vision provides routine vision services.

Please refer to benefit matrix to determine specific member coverage.

## **Davis Vision**

• **1-800-933-9371**

## **Mental Health and Substance Abuse:**

### **For children younger than 18 years of age**

Children requiring case management assistance for behavioral problems or mental health issues should be directed to the State of New Jersey's Children's System of Care Program at **1-877-652-7624**. Staff is available 24/7.

For DDD members contact Value Options 24/7 at **1-877-695-5612**.

# Quick Contact Guide

## Provider Services:

- 1-800-682-9091

## Member Enrollment:

- 1-800-637-2997

## Managed Long Term Services and Supports (MLTSS) Member Services:

- 1-844-444-4410 (TTY/TDD 711)

## Member Services:

- 1-800-682-9090  
(TTY/TDD 711)

## Pharmacy Department:

- 1-800-682-9094  
Online Formulary
- horizonNJhealth.com

## Managed Long Term Services and Supports (MLTSS) Provider Services:

- 1-855-777-0123

## Discharge Planning:

- 1-800-682-9094 x 89347
- Fax:
- 609-583-3029

## Authorizations:

### Inpatient

- 1-800-682-9094 x 81024

Fax:

- 609-583-3015

### Authorization Type

- Notification of Admission
- Scheduled Inpatient Requests
- Observations
- Authorizations for MLTSS members are coordinated through Horizon NJ Health's UM Department with the exception of NF Custodial Care and NF Respite Care. If the request is for NF Custodial or NF Respite, Providers need to call 1-844-444-4410 to obtain authorizations

### Outpatient Facility Office Based

- 1-800-682-9094 x 81023

Fax:

- 609-583-3014

### Authorization Type

- Chiropractic
- Dialysis
- Genetic Testing
- Infusion - Facility
- Injectables
- Non par Physician Visits
- Office Visit
- Pain Mgmt
- Procedure
- Same Day Surgery (SPU)
- Standing Referrals
- Therapies:
  - Chemo - Radiation - Pulmonary
  - Cardiac - Nutrition
- Transplant
- Wound Care - Facility
- Sleep Study

## Home Services

- Home Services
- 1-800-682-9094 x 81025

Fax:

- 609-583-3013

### Authorization Type

- Skilled Nursing
- Home Infusion
- Home Hospice
- Home - Lab Corp Draws
- Home - PT/OT/ST

## Medical Day Care

Fax:

- 609-583-3048

### Authorization Type

- Adult
- Pediatric

## Personal Care Assistance

Fax:

- 609-583-3048

## Durable Medical Equipment & Medical Supplies

- 1-800-682-9094 x 81017

Fax:

- 609-583-3023

### Authorization Type

- DME/Medical Supplies
- Orthotics
- Prosthetics

## Facility PT/OT/ST

- 1-800-682-9094 x 81025

Fax:

- 609-583-3042

## Private Duty Nursing (PDN)

\* Members under age 21

Fax:

- 609-583-3032



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# *Hospice Room and Board Billing Guidelines*

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# Hospice Room and Board Billing Guidelines

The New Jersey Department of Human Services, Division of Medical Assistance and Health Services (DMAHS), recently amended its Medicaid contract with Horizon NJ Health to include new terms regarding payment for hospice services. In order to implement these new State mandated requirements, Horizon NJ Health had made certain updates to its billing processes for hospice services. Accordingly, when billing for hospice services, we need you adhere to the following guidelines.

# Hospice Room and Board Billing Guidelines

- When billing for Code T2046 (Hospice Room & Board) using a UB04 claim form, you must include in box 9a-d the name and address of the nursing home where the member was residing at the time of service.
- When billing for Electronic Data Interchange (EDI) claims using 837P/CMS1500 (HCFA1500 EDI), you must include the nursing home's information in the following fields:
  - Loop 2310C – Service Facility Location Name
  - NM1 – Service Facility Location Name
  - NM101 – Entity Identifier Code
  - NM102 – Entity Type Qualifier
  - NM103 – Laboratory or Facility Name
  - NM109 – Laboratory or Facility Primary Identifier (NPI)
  - N3 – Service Facility Location Address
  - N4 – Service Facility Location City, State, Zip



# Hospice Room and Board Billing Guidelines

- When billing for EDI claims using 837I/UB04 (UB04 EDI), you must include the nursing home's information in the following fields:
  - Loop 2310E – Service Facility Location Name
  - NM1 – Service Facility Location Name
  - NM101 – Entity Identifier Code
  - NM102 – Entity Type Qualifier
  - NM103 – Laboratory or Facility Name
  - NM 109 – Laboratory or Facility Primary Identifier (NPI)
  - N3 – Service Facility Location Address
  - N4 – Service Facility Location City, State, Zip

# Hospice Room and Board Billing Guidelines

- **To ensure accurate calculation of any patient pay liability deduction, you must bill all Code T2046 claims on a single line of the bill and use the units field to indicate the number of days being billed. Therefore, you should not split a month into more than one line unless there is an interruption of hospice services (e.g., admission to acute care hospital). For example:**
  - In order to bill for December 1 through 31, you should identify the full date span (12/1/17 – 12/31/17) on a single line of the bill, and in the “units” field enter “31.”
  - In order to bill for November 10 – December 31, you should identify the November dates on the first line of the bill (11/10/17 – 11/30/17), and in the units field enter “21.” Then, you should identify the December dates on the second line of the bill (12/1/17 – 12/31/17), and in the “units” field enter “31.”
  - If you have any questions about this notice, please call  
Provider Services at **1-800-682-9091**.

# QUESTIONS

