



Provider Newsletter

TNNJ Medical Advisory Committee (MAC)



TNNJ recognizes the essential role of local specialty-specific input in order to provide quality

clinical, service, and operational issues that can affect both the local network providers and the health plan members.

It is for that reason, TNNJ Medical Advisory Committee (MAC) continues to meet, every quarter, to discuss important topics related to the Therapy practice. In these meetings TNNJ review with the Committee Members topics like: policies, protocols, clinical guidelines, quality related issues and integrated care delivery activities, as well as continued provider education initiatives. Our MAC members also provide clinical feedback on a number of different items ranging from utilization, to referrals, to general diagnosis trends in their respective areas and in the development of clinical outcome standards and guidelines that TNNJ providers will be expected to follow when treating TNNJ members.

The next MAC meeting is scheduled for 6PM, Thursday March, 16, 2017. If you had a clinical topic that you want to be considered for discussion, please send an email to Chris at: desmondc@mytnnj.com

Electronic Claims Submission



Therapy Network strongly encourages all providers to submit their claims for payment consideration, electronically. This can be done using a clearinghouse or by use of our web portal. When reviewing providers who are selecting to submit their claims via paper we have found that the majority of all initial claims being

submitted in paper format are able to be submitted via an EDI method. If you are unsure if you should be submitting your claims via paper or EDI please contact your provider relations representative to discuss your concerns.

CMS also strongly encourages all providers to bill their claims in an electronic manner. The Administrative Simplification Compliance Act (ASCA) was instituted by CMS in October of 2003 to mandate the use of electronic billing. Section 3 of the ASCA, Pub.L. 107-105, and the implementing regulation at 42 CFR 424.32 require that all initial claims for reimbursement under Medicare, except from small providers, be submitted electronically with limited exceptions. Initial claims are those claims submitted for the first time. Initial claims do not include adjustments or claim corrections submitted on previously submitted claims or appeal requests. Medicare is prohibited from payment of claims submitted in a non-electronic manner that do not meet the limited exception criteria.

If you believe your practice qualifies for a waiver to this Medicare requirement please ensure you have submitted your waiver request to the Medicare Administrative Contractor.

<https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/ASCAWaiver.html>

For those providers that meet the requirements to submit their claims via paper CMS also has specific guidelines for how an initial paper claim is to be submitted. Initial claims for professional services must be submitted on the CMS-1500. The only acceptable claim forms are those printed in Flint OCR Red. Although copies of a CMS-1500 form are able to be downloaded they may not be used for the submission of an initial claim. Claims submitted not in accordance to this will be returned.

TNNJ Provider Web Portal (PWP)

The TNNJ Provider Web Portal (PWP) is a great tool for Providers that wants to speed their processes and work in a paperless environment. It's also a tool that TNNJ promote, since it streamlines TNNJ's operational processes. The PWP allows your Practice to:

- Request authorization for therapy services (filling an electronic version of the Intake Form),
- Review authorization request status,
- Review claim status, and
- Check and verify member eligibility

Utilizing the TNNJ PWP for authorization requests will allow your Practice to receive approved authorizations much quicker, since the PWP requests are processed with a higher priority over faxed authorization requests.

Also, is important that TNNJ Provider start to use the PWP, since we are considering to include the usage of the PWP as one of our measurement of Quality and Efficiency.



Medicare IDs & Medicare Enrollment

In order to treat any of Amerigroup's Medicare patients, TNNJ providers must be actively enrolled with Medicare and have an effective and valid Medicare ID.

For those providers who are not actively enrolled with Medicare, TNNJ will need to terminate that provider from the Medicare line of business, and will thus only be able to treat Amerigroup's Medicaid patients. We would advise all providers to enroll with Medicare in order to treat all Amerigroup patients.



DME & Transportation

Amerigroup has a network of DME providers that must be used when requesting DME services for an Amerigroup member. The provider should call Amerigroup for prior authorization, if needed.

Amerigroup only covers emergency transportation. The State handles non-emergent transportation and utilizes Logisticare. The member should call Logisticare for a reservation.

Let's Stay Updated

Keeping your credentials up to date is an NCQA and health plan requirement that we all must comply with. What this means for you as the provider, is that any time your license, DEA or malpractice insurance expires in between your credentialing cycles, you will be contacted to submit the current documents. These documents are audited throughout the year and your assistance in keeping your file compliant is imperative. If you have any questions, please contact Amy Long, Credentialing Director at longa@healthsystemone.com or (305) 614-0361.

Clinical Guidelines



Care Guidelines®

Therapy Network of New Jersey is transitioning to Milliman Clinical Guidelines for Medical Necessity determinations, where the Apollo guidelines are currently used to make Medical Necessity determinations. The Apollo guidelines will still be utilized to make Medical Necessity determinations in markets that have not yet transitioned to the Milliman guidelines. These guidelines are based on appropriateness and medical necessity standards; each guideline is current and has references from the peer-reviewed medical literature, and other authoritative resources such as CMS Medicare. For any medical necessity Recommendation of Denial, the Medical Director shall make an attempt to contact the requesting provider for peer to peer consultation.

The Milliman and Apollo Practice Guidelines are updated, reviewed, and approved annually, and are available in both electronic and hard copy format. If a provider would like a copy of a guideline they may contact their assigned Provider Relations Representative and a copy will be provided.

TNNJ Provider Satisfaction

Survey 2016 Results

Every year TNNJ sends Provider Satisfaction Surveys to measure the status of the Network and identify opportunities in order to maintain a healthy network. The following are the results of the 2016 Provider Satisfaction Survey. Thanks for your comments and responses.

Claims Department



Utilization Management Department



Provider Relations Department





We're Just A Phone Call Or Click Away

If you have any changes to your practice, including demographic changes, provider additions/terminations, etc. please notify your TNNJ Provider Relations Representative at desmondc@mytnnj.com or call us at: 1 (855) 825-7818 with any questions, comments or suggestions.

Referrals/Authorizations

1 (855) 825-7818
Fax: 1 (855) 825-7820

Claims

1 (877) 372-1273

Network Manager

Christopher Desmond
Cell: 1 (201) 575-6094
Tel: 1 (855) 825-7818 Ext 4522
Fax: 1 (305) 614-5009
Email: desmondc@mytnnj.com

To report suspected Fraud, Waste, and Abuse, or any Compliance issue:

1 (866) 321-5550

2017 ICD-10

The 2017 ICD-10-CM and ICD-10-PCS code updates, including a complete list of code titles, are available on the 2017 ICD-10-CM and GEMs and 2017 ICD-10-PCS and GEMs webpages. The posted files contain the complete versions of both ICD-10-CM (diagnoses) and ICD-10-PCS (procedures)

Position Available for a Provider Relations Rep

TNNJ is currently looking to hire a Provider Relations Representative with 2-3 years of health care related experience. This position consists of 60% travel involving:

- Scheduled in-services with newly contracted and existing TNNJ providers,
- Service visits with Health Plan's referring providers to promote the Network, and
- Contracting and network development responsibilities.

If any of our contracted providers are aware of any prospective candidate for this position please contact Leah Guerrier, at 305-614-0100 x4606.

Contracting Efforts/Marketing Materials

TNNJ is fully in Compliance with the Medicare and Medicaid Geographical Accessibility Guidelines of CMS and the State of New Jersey. Nevertheless, TNNJ is always looking for opportunities to improve the access to the population that we served. The following table showed that Counties that are open to contract with their corresponding discipline. If you are interested in add additional discipline to your practice, or want to open another location or know a practice that recommend to joined TNNJ, please contact Christopher Desmond, Network Manager (305-614-0100 x4522), and/or Jeannette Garzon, Contracting Manager (305-614-0100 x4213).

County	PT	OT	ST
Atlantic		X	X
Bergen		X	X
Camden		X	X
Essex		X	X
Hudson	X	X	X
Passaic	X	X	X
Monmouth		X	X
Ocean		X	X
Union	X	X	X

TNNJ is also sending marketing/educational materials to all Amerigroup's PCPs/Referring providers to promote our Network.