



Provider Newsletter

TNNJ Providers Must Be Actively Enrolled With Medicare

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. Please monitor your status with CMS, to be proactive and ensure that all Medicare IDs for all providers remain active and effective. Your practice can check the status of each individual provider's Medicare ID by using the following link:

<https://data.cms.gov/Medicare-Claims/Medicare-Individual-Provider-List/u8u9-2upx#revert>

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.

Clinical Guidelines For Medical Necessity Determinations

Therapy Network TNNJ uses Apollo Clinical Guidelines for medical necessity determinations. 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 Apollo Practice Guidelines are updated 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 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 health plan guidelines are used where applicable.**

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.

Amerigroup Referring Provider/PCP Education

TNNJ continues the execution of an aggressive Referring Provider/PCP Education campaign. This education effort is focused on promoting the TNNJ Network among those with high volume Referring Providers/PCPs contracted by

Amerigroup and as a part of this strategy, TNNJ distributes provider directories. TNNJ also requests the support of our therapy providers by educating any local PCPs and Referring providers that you may interact with. Please don't hesitate

to notify Christopher Desmond or Maria Alborzfar of any providers that should be included in this campaign as well. Let's work together to make Therapy services more affordable for all.

NPI's and Claims Submission: 7 Helpful Hints for a Successful Claims Submission

1. A valid NPI is required for all rendering providers. If the NPI is missing, invalid, or submitted in the wrong area your claim will be denied with this reason code: 1219 - Provider NPI not recognized.
2. If the submitted billing provider is a group, and there is no rendering provider, the claim will be denied with this reason code: 1265 - Rendering Provider NPI missing.
3. To correctly submit 837 Professional Health Care Claims, the sender's billing and pay-to provider information must be included in the correct loops. The billing provider's information must be contained in loop 2010AA, the pay-to provider information must be contained in loop 2010AB, the referring provider information must be contained in loop 2310A, and the rendering provider information must be contained in loop 2310B.
4. On the CMS-1500 paper claim form, report the NPI of the individual practitioner in the lower, non-shaded portion of Item 24J.
5. Ensure the claim level provider NPI matches the claim line level provider NPI. If the NPI's on the claim level differ from the line level, the claim will be denied with this reason code: 1244 - Rendering Provider NPI Does not match with Service-Item NPI.
6. Service facility location information and/or Billing provider information ought to be the address in which the provider is contracted to perform services.
7. Submit claims for different specialties and NPI's separately.

VPay Support Contact Information

VPay now has several different means in which to be contacted for assistance via the Customer Support Center. The new email address is a great tool for providers who prefer email over picking up the phone and calling, or days when call volume is higher, causing longer hold times.

Providers may contact the Customer Support Center via phone or email. The Customer Support Center is able to assist providers with any questions/requests in regards to their payments, payment type, payment status, etc.

- Phone Number: The phone number specific for the provider will be populated on the payment documentation you receive.
- Email: support@vpayusa.com

Appointment Availability

Appointment availability is monitored to ensure Services are received from the authorized provider in a timely manner, which facilitates the desired outcome of the treatment. Eye Management will annually review network provider's average appointment wait times to ensure services comply with the established standards. Appointment access is monitored by Referrals received related to access to care and complaints received from health plan partners related to access to care.

Action: A corrective action plan is developed and implemented for any measures that fall below the goal established by health plan partners, regulatory or accrediting bodies.

TNNJ Looking to Expand Network

TNNJ is always looking for opportunities to increase the size of our network. It is for that reason that we are sharing the following table, to show the Counties that have immediate growth opportunities.

If you want to **expand your business** and/or know of fellow therapists that are located in any of these counties, and are not currently contracted with TNNJ, please refer them to us and we will begin our contracting efforts. Please contact Christopher Desmond, Network Manager (305-614-0100 x4522), or Maria Alborzfar, Provider Relations Representative (305-614-0100 x4526) and we will contact both you and the provider immediately.

Growth Opportunities	PT	OT	ST
Atlantic		X	X
Bergen	X	X	X
Burlington		X	X
Camden	X	X	X
Essex		X	X
Hudson	X	X	X
Passaic	X	X	X
Monmouth	X	X	X
Ocean	X	X	X
Union	X	X	X

Fraud Waste & Abuse

It is estimated that billions of dollars are lost annually due to health care fraud and abuse. TNNJ takes its responsibility seriously, that's why all TNNJ providers are required to report concerns about actual, potential or perceived misconduct to the TNNJ Corporate Compliance Department at:

1 (866) 321-5550

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.

Medical Advisory Committee Update

The Q2 2017 TNNJ MAC was held in San Juan, Puerto Rico. We used this as an opportunity for all of our MAC members from all markets (New Jersey, Georgia, Florida, and Puerto Rico) to meet and discuss common practices and trends that they see in their unique state. Several topics were discussed, these include but were not limited to, evaluation test assessments appropriate for PT and OT, appropriate Plans of Care, underutilization, functional reporting, G codes, and tertiary care. The next quarterly MAC meeting is scheduled for 6pm, Thursday September 14, 2017.



Our Provider Web Portal (PWP) New Look and New Functionality

We are pleased to announce the upcoming release a new version of the Provider Web Portal (PWP). Available June 1, 2017, the new version will have a new look and new functionality that will allow you to be more effective, self-sufficient and paperless.

Of the changes included, the key points of interest are:

- **New Login Page** – A new look and the introduction of CAPTCHA¹ as an additional security measure.
- **New Intake Form** – The Intake Form page has been re-designed; facilitating faster data entry, and adding Therapy-specific data elements (such as standardized clinical test scores). As before, the Intake Form is available under the Member Search results page for all Therapy providers.
- **Claim Direct Data Entry** – We have expanded access to our Claim Entry page. You can submit your professional (CMS1500) and institutional (UB04) claims using our online Direct Data Entry page. If you don't have an EDI clearinghouse account, or your practice management software does not support EDI claims submissions, we offer this as a free alternative for submitting your claims electronically. No need to submit claims on paper anymore. Just click the [Claim Entry] button on the left navigation menu.
- **COMING SOON – Document Attachments – (Estimated Availability by September 30, 2017)** – you will be able to upload multiple documents with your Intake Form or Claim Entry. Once this feature is available, there will no longer be any need to send Intake Forms via fax, or mail paper claims due to requirements for supporting documentation.

In addition to the new functionalities, you can also Search Member Eligibility, Search and Print the status of referral requests, Search and Print the status of your latest claims, and Print EOP/RA reports for claims already processed.

If you do NOT have a PWP account yet, creating your account is EASY! Submit your request at: www.mytnnj.com/pwp

Demographic Changes?

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.

TNNJ Useful Numbers

Referrals/Authorizations

1 (855) 825-7818

Fax: 1 (855) 825-7820

Claims

1 (877) 372-1273

Christopher Desmond

Cell 201.375.7182

Maria Pereira Alborzford

Cell 201.375.7183