



# Provider Newsletter

## Curtailing Fraud, Waste and Abuse

We strongly encourage you to participate in our industry's effort to curtail fraud, waste and abuse by setting up a process for your organization to educate your staff on what to look for and how to handle potential cases of fraud. Both Medicare and Medicaid require the healthcare community to be vigilant and report any

suspected case of fraud.

Providers should consider the following: verifying a patient's identity at the time of appointment, not leaving blank spaces on prescription forms, establish clear guidelines for medical records documentation, training new hires and

routinely discussing fraud, waste and abuse policies/processes with staff, not accepting 'gifts' for referring a patient to another provider, not being afraid of over-reporting. A suspicion does not have to be confirmed before it is reported to a health plan, CMS or AHCA's Medicaid Program Integrity. For more information please contact our Corporate Compliance Department at: **1 (866) 321-5550**

## Pre-Certification Requirement for Evaluation Doesn't Apply To TNNJ Providers

The Pre-Cert Requirement for Evaluation, which applies ONLY to all contracted Amerigroup Facility providers (Kessler and Hospitals) to request pre-certification prior to evaluating the patient, has been delayed. This new initiative will now go-live and become effective 12/15/2017. This does NOT apply to contracted TNNJ providers. An advantage of being a contracted TNNJ provider means that you can continue to evaluate the patient and then request for authorization. TNNJ Providers should continue to treat the

patients as they have in the past while the request is being processed.

The Pre-Cert Requirement, coupled with a rigorous marketing/outreach campaign, should result in an increase in the number of referrals being sent to PAR TNNJ providers. Please feel free to notify us of any Referring providers that seem to be increasing the volume of referrals that they are sending to your practice. We will continue to stay in close communication with these Referring providers so as to ensure they are able to locate nearby Therapy providers to refer patients to and build relationships with.

Should you have any Amerigroup PCPs/physicians in your community that you would like us to contact, please forward their information to Christopher Desmond or Maria Alborzfar.



**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 Q3 2017 TNNJ MAC was held in Iselin, NJ. Items pertaining to Physical, Occupational, and Speech Therapy Diagnosis Reports were discussed, as well as the age distribution of PT, OT, and ST authorization requests by line of business. The Pre-Certification process was also discussed by detailing different scenarios in which Amerigroup members were to be directed to PAR TNNJ providers. The intricacies of Recommendations for Denial for lack of pre-cert were also discussed in great detail. The next TNNJ MAC will be held on December 14th, 2017 at 6pm.

The TNNJ Medical Advisory Committee is used to discuss a number of policies, protocols, clinical guidelines, quality related issues, integrated care delivery activities, as well as continued provider education initiatives.

- A number of the policies, protocols, and clinical guidelines discussed in our MAC meetings address documentation standards, discharge planning/preparation for HEP, interruption in care, PCP/ordering MD communication on discharges, and additional treatment requests needing to be based on objective measurements and progress.

TNNJ's MAC members:

- Provide clinical feedback on a number of different items ranging from utilization, to referrals, to general diagnosis trends in their respective areas.
- Help assist in the development of clinical outcome standards and guidelines that TNNJ providers will be expected to follow when treating TNNJ members.
- Will continue to meet quarterly. The latest MAC meeting was held at 6pm, Thursday December 14, 2017.

## 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. 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.

## 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, or Maria Alborzard, Provider Relations Representative and we will contact both you and the provider immediately.

Counties	PT	OT	ST
Atlantic	×	×	×
Bergen	×	×	×
Burlington	×	×	×
Camden	×	×	×
Essex	×	×	×
Hudson	×	×	×
Passaic	×	×	×
Monmouth	×	×	×
Ocean	×	×	×
Union	×	×	×



## 5 Tips To Correct Errors in EHR

Develop a practice policy to ensure that your facility corrects and reports errors in a consistent and timely manner. Correcting errors in EHRs should follow the same basic principles as correcting paper copies.

When correcting or making a change to an entry:

- The original entry should be viewable, the current date and time should be entered, the person making the change should be identified, and the reason for making the change should be noted.
- If a hard copy has been printed from the EHR, the hard copy must also be corrected.

The process should:

- Permit the author of the error to identify, and time/date-stamp, whether the data in question really are erroneous.
- Offer the ability to suppress viewing of the actual error but ensure that a flag exists to notify other users of the newly corrected error.
- Point to the correction to the location of the error. The correction may be in a different location from the error if narrative data are involved, but a mechanism must exist to reflect the correction.

## 8 Helpful Disclosure of Ownership Form (DOO) Reminders

To comply with Federal law, (42 CFR 455.100-106), health plans with Medicare and Medicaid business must obtain certain information regarding the ownership and control of entities with which health plans contract for services for which payment is made under the Medicare and Medicaid program. Form completion requirements and instructions are listed below in order to assist you.

1. You must answer ALL of the questions on the DOO, even if the answer is N/A.
2. Providers must disclose the information requested on the form prior to participation in the network.
3. Disclosure information must be updated within 35 days of information changes and at least every three years.
4. For a Provider, only the person disclosing the information can sign the form. No signature stamps are acceptable.
5. Disclosure forms must be completed, to include date of birth and social security numbers when indicated. Sections that do not pertain to you or your entity must be marked as "N/A" and cannot be left blank.
6. For a Provider Entity, the signature must be that of an individual with the power to legally bind the entity, such as an owner or officer. Office managers/assistants' signatures are not acceptable.
7. Managing employees are defined as people who exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations or head up the business functions of a Provider Entity.
8. State and federal requirements may prohibit a Medicaid MCO from contracting with a Provider Entity whose Managing Employees are excluded from federal healthcare programs.

## Amerigroup High Volume 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 high-volume Referring Providers/PCPs contracted by Amerigroup. As part of this strategy, TNNJ distributes provider directories. We also

require the support of our TNNJ therapy providers by educating your local PCPs and Referring provider colleagues, as well as recommending other providers to be included in this campaign.

Let's work together to make Therapy services more affordable for all.

## 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 Alborzfard

Cell 201.375.7183