



# Provider Newsletter

## ALL TNNJ Providers Must Request Access to the TNNJ Provider Web Portal Immediately

All TNNJ providers must request access to the TNNJ Provider Web Portal immediately. We are attempting to have our entire network set up with access to our web portal so that we can improve our turn around times for authorization

approval. To request an account, visit our website [www.mytnnj.com](http://www.mytnnj.com). and select the Request PWP Account option in the top right corner. Populate all the required fields with the necessary information. Once submitted the form, you will then

receive an email with your username and temporary password, once you log-in you will be prompted to change your password. At this point please begin to explore the web portal and jot down any questions. Lastly, contact Christopher Desmond or Maria Alborzard to schedule a conference call with TeamViewer session where you will be walked through the functionalities of the web portal.

## 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 Alborzard.



**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.

## 21st Century Cures Act / NJ Family Care

Effective January 1, 2018, the 21st Century Cures Act 114 P.L. 255 requires all Medicaid managed care network providers to enroll with the state Medicaid program or risk being removed from the managed care provider network. Enrollment as a NJ Family Care provider does NOT require you to service all NJ Family Care Fee-for-Service Beneficiaries.

The 21st Century Cures Act mandates that all NJ providers enroll with NJ Family Care. This will, essentially, provide a Medicaid ID number to all NJ providers treating Medicaid patients. This is now a state and federal requirement. The State of NJ has not yet begun to enforce this new initiative, but when they do, claims submitted for services rendered on Medicaid patients will be denied and subsequently not paid.

The 21st Century Cures Act Enrollment Application should be submitted to the Molina Medicaid Solutions Immediately. Providers should continue to provide services to NJ Family Care managed care members as the enrollment application is processed. Your contract with Therapy Network of New Jersey will not be terminated at this time. However, continued noncompliance with this mandated enrollment process may lead to future termination of you TNNJ contract as determined by the Division of Medical Assistance and Health Services.

The 21st Century Cures Act application for enrollment can be accessed directly by using the following link: [www.njmmis.com](http://www.njmmis.com)

The application can be downloaded and forwarded to the New Jersey Medicaid Provider Enrollment office for processing. Should you have any questions during the enrollment process, please contact the NJ Medicaid Management Information System Provider Enrollment unit at 609-588-6036.

The application has also been included with the distribution of this Newsletter. Submit the application and credentials by mail to the following address:

**Molina Medicaid Solutions Provider Enrollment**  
**P.O. Box 4804**  
**Trenton, NJ 08650**

The completed application and credentials can also be faxed to 609-584-1192. If you receive this letter from multiple managed care plans, you only need to submit a single NJ Medicaid enrollment application. You may be asked to provide evidence of your submission. Should you have any questions, please contact Christopher Desmond or Maria Alborzfard.

## 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 no currently contracted with TNNJ, please refer them to us and we will begin our contracting efforts. Please contact Christopher Desmond, Network Manager, or Maria Alborzfard, Provider Relations Representative and we will contact both you and the provider immediately.

Counties	PT	OT	ST
Bergen			X
Camden			X
Essex		X	X
Gloucester		X	X
Hudson		X	X
Hunterdon		X	
Mercer			X
Middlesex		X	X
Morris		X	X
Monmouth			X
Passaic	X	X	X
Salem			X
Somerset		X	
Sussex	X	X	X
Union		X	X



## Modifiers GN-GO-GP Required on Therapy Claims

In 2013 The Centers for Medicare and Medicaid Services (CMS) implemented a new claims-based data collection requirement for outpatient therapy services. CMS requires reporting with 42 new non payable functional G-codes and 7 new modifiers on claims for Physical Therapy (PT), Occupational Therapy (OT) and Speech Language Pathology (SLP) services. As part of the change, CMS is again requiring the GP, GO & GN modifiers be billed for informational purposes. To align with CMS's change, we will implement this requirement to allow for consistency in claims processing. Providers and Practitioners Affected are hospitals, critical access hospitals (CAHs), skilled nursing facilities (SNFs), comprehensive outpatient rehabilitation facilities (CORFs), rehabilitation agencies, and home health agencies (when the beneficiary is not under a home health plan of care). It also applies to the following practitioners: therapists in private practice (TPPs), physicians, and non-physician practitioner's (NPPs).

There are two exceptions that exist when functional reporting is required on a claim for therapy services.

1. Therapy services under more than one therapy Plan of Care (POC). Claims may contain more than two non-payable functional G-codes in cases where a beneficiary receives therapy services under multiple POCs (PT, OT, and/or SLP) from the same therapy provider.
2. One-Time Therapy Visit. When a beneficiary is seen and future therapy services are either not medically indicated or are going to be furnished by another provider, the clinician reports on the claim for the DOS of the visit, all three G-codes in the appropriate code set (current status, goal status and discharge status), along with corresponding severity modifiers.

Each reported functional G-code must also contain the functional therapy modifier indicating the discipline of the POC – GP, GO or GN for PT, OT & SLP. Therapy claims billed without the appropriate therapy modifier (GP, GO, GN) will be denied as a billing error.

For more information on this topic, please visit: <http://www.cms.gov>

## Medical Advisory Committee Update

The Q4 2017 TNNJ MAC was held in at Stage Left Restaurant in New Brunswick, NJ for our holiday meeting. 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. We also discussed the 21st Century Cures Act mandating that all NJ providers enroll with NJ Family Care. This will essentially provide a Medicaid ID number to all NJ providers treating Medicaid patients. The next TNNJ MAC will be held on March 15th, 2018 at 6pm.

## 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.

For Molina Medicaid Solutions Internal Use Only

Provider Name: \_\_\_\_\_  
Doc Type: \_\_\_\_\_ Provider Type: \_\_\_\_\_ Provider Specialty: \_\_\_\_\_  
NPI Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
Division of Medical Assistance and Health Services

# 21st Century Cures Act Application for NJ FamilyCare Health Plan Providers

Legal Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_

NPI Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Service: \_\_\_\_\_ SS #: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Taxonomy Code: \_\_\_\_\_ (if available)

**IF APPLICABLE, APPLICANTS MUST REPORT THE FOLLOWING INFORMATION**

Medicaid Provider No.: \_\_\_\_\_ State: \_\_\_\_\_

Medicare Provider No.: \_\_\_\_\_ Lab-CLIA No.: \_\_\_\_\_

Medical Professional License No.: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Federal DEA Registration No.: \_\_\_\_\_

Certification No.: \_\_\_\_\_ Type: \_\_\_\_\_ Certifying Entity: \_\_\_\_\_

State of Certification: \_\_\_\_\_

NJDCA Home Improvement Registration No.: \_\_\_\_\_

# 21st Century Cures Act Application for NJ FamilyCare Health Plan Providers (Continued)

You must attach a copy of all current License(s), Registration(s) and Board Certification(s) and complete the conviction/exclusion information and the provider certification on Page 4

Applicants completing this application are under no obligation to accept NJ FamilyCare (NJFC) fee-for-service (FFS) beneficiaries into their professional practice.

In accordance with Section 1932(d) of the Social Security Act (42 U.S.C. 1396u-2(d)), as amended by subsection (a)(2), beginning not later than January 1, 2018, a State shall require that, in order to participate as a provider in the network of a managed care entity that provides services to, or orders, prescribes, refers or certifies eligibility for services for, individuals who are eligible for medical assistance under the State plan under this title (or under a waiver of the plan) and who are enrolled with the entity, the provider is enrolled consistent with section 1902(kk) with the State agency administering the State plan under this title.

**Applicants approved as 21<sup>st</sup> Century Cures Act providers are not authorized to bill or receive NJFC FFS reimbursement from the State of New Jersey. However, providers may submit a full FFS application to receive such authorization if they so choose.**

21<sup>st</sup> Century Cures Act providers are required to comply with all applicable State and federal laws, rules and regulations in regard to providing a healthcare service(s) to a NJFC beneficiary.

## **Final Adverse Actions /Convictions**

The section below defines the convictions and final adverse actions that must be reported in this application regardless of whether any records were expunged or any appeals are pending.

### **Convictions:**

1. Within the last 10 years preceding this application for enrollment or revalidation of enrollment, conviction for a Federal or State felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries. Offenses include: Felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicare or NJFC program or its beneficiaries at immediate risk (such as a malpractice suit that results in a conviction of criminal neglect or misconduct); and any felonies that would result in a mandatory exclusion under Section 1128(a) of the Social Security Act.
2. Any misdemeanor conviction, under Federal or State law, related to (a) the delivery of an item or service under Medicare or a State health care program, or (b) the abuse or neglect of a patient in connection with the delivery of a health care item or service.

## 21st Century Cures Act Application for NJ FamilyCare Health Plan Providers (Continued)

3. Any misdemeanor conviction, under Federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a health care item or service.
4. Any felony or misdemeanor conviction under Federal or State law relating to the interference with or obstruction of any investigation of any criminal offense described in 42 C.F.R. Section 1001.101 or 1001.201.
5. Any felony or misdemeanor conviction, under Federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

### **Exclusions, Revocations, or Suspensions:**

1. Any revocation or suspension of a license by any State licensing authority. This includes the surrender of such a license while a formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a Federal or State health care program, or any debarment from participation in any Federal Executive Branch procurement or non-procurement program.
4. Any current Medicare payment suspension under any Medicare Identification Number.
5. Any Medicare revocation of any Medicare Identification Number.

**Have you**, under any current or former name or business identity, ever had any final adverse legal action(s) listed above under **Convictions, Exclusions, Revocations, or Suspensions** in this application, imposed against you? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes**, on a separate sheet of paper report each final adverse legal action, when it occurred, the Federal or State agency or the court/administrative body that imposed the action, and the resolution, if any. Attach a copy of the final adverse legal action documentation and resolution.

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# 21st Century Cures Act Application for NJ FamilyCare Health Plan Providers (Continued)

## Provider's Certification:

**Do you**, under any current or former business identity, have uncollected debt, are or have been subject to payment suspension under a Federal health care program, or have had your billing privileges denied or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If YES, attach a detailed explanation)

**Have you**, under any current or former business identity, have a current or former affiliation (directly or indirectly) with a provider of medical or other items or services or supplies, that has uncollected debt, has been or is subject to payment suspension under a Federal health care program, or has had its billing privileges denied or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If YES, attach a detailed explanation)

I certify that the foregoing information provided in this application is true, accurate and complete and I also acknowledge that I understand that providing any false statement, or false document, or concealing any material facts may subject me to penalties and/or prosecution under applicable federal or state laws.

Also, by signing this application, I consent to a civil and criminal background check by DMAHS and/or by the Medicaid Fraud Division of the Office of the State Comptroller. I understand that if the results of this background check are unsatisfactory, the Division of Medical Assistance and Health Services may refuse an applicant's participation in the NJFC FFS program and the applicant's provider contract with the health plan may be terminated.

_____ <b>Provider's Signature</b> Original Signature Required - No Stamps	_____ <b>Print Name</b>	_____ <b>Date</b>
_____ <b>Signature of Person Completing Form</b>	_____ <b>Print Name</b>	_____ <b>Date</b>

Thank you for taking the time to enroll as a 21<sup>st</sup> Century Cures Act provider in the NJFC program as required by Federal regulations. Please mail the signed application with required documentation to:

**Molina Medicaid Solutions Provider Enrollment**  
**P.O. Box 4804**  
**Trenton, NJ 08650**

**You can also fax the completed application with credentials to: 609-584-1192.**

If you have any questions, Molina Solutions Provider Enrollment can be reached at 609-588-6036.