

Provider Newsletter

2018 Q2

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. The directions for requesting access are below.

First, visit our website www.mytnnj.com. Please then select the Request PWP Account option in the top right corner. Next, populate all the required fields with the necessary information. 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 Alborzfar to schedule a conference call with TeamViewer session where you will be walked through the functionalities of the web portal.

VPAy

In order to have a provider's fax number corrected with VPay, the provider must contact the VPay call center at 855-388-8374 – this is not something a provider rep is able to do on their behalf.

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. 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.

Did you include the following in your documentation?

- Pertinent medical history, not just the treatment Dx.
- Prior level of function, if applicable.
- Baseline information that is related to the goals.
- Level of overall impairment.
- Specific level of skills for areas of concern.
- Short / Long term goals (Measurable and Functional).
- Updated goals.
- Specific Frequency and Duration.
- Approved abbreviations.
- Is your document legible?
- Did you document why there were missed visits?

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 reference CMS MLN Matters Number MM8005 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8005.pdf>

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.

Pre-Certification Requirement for Evaluation (DOES NOT 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.

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 Alborzfar, Provider Relations Representative and we will contact both you and the provider immediately.

For prospective provider referrals, please contact:
 Christopher Desmond 305-614-0100 x4522
 Maria Alborzfar 305-614-0100 x4526
 Luis Martinez 305-614-0110 x4223

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

Minimizing Peer to Peer Reviews

We see that majority of the Peer to Peer Review that are being conducted are due to one, or several, of the following reasons.

- Missing Documentation (evaluation, POC, signed POC, prescription/referral, standardized testing, baseline information related to goals, etc.)
- Standardized test information not complete
- Paperwork is not legible
- Goals are missing
- Assessment of impairment is missing
- No clarification when there are major discrepancies on tests or decline in patient status in comparison to prior episode

We at TNNJ would love to hear back from our Provider Network about what type of standardized tests you have found that are the most helpful in your setting.

In an effort to reduce the number of Peer to Peer reviews please be sure to do the following

- Include medical history with pertinent diagnosis to assist in determining rehabilitation/habilitation potential and also supports current level of function
- Include detail in your documentation that speaks to the status of functional abilities prior to the condition resulting in the need for rehabilitation/habilitation services
- Include both treatment and medical diagnosis
- Include baseline information. All goals should have a baseline in the body of the objective findings.
- Short and Long Term Goals. STGs should track progress and work towards the Long term goals (LTGs). LTGs should support why the patient is being seen.
- Include exact frequency and duration of plan of care

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.

Report Fraud, Waste, and Abuse (FWA) or any other Compliance Concern To:

1 (866) 321-5550

For FWA reports, you can also email: SIU@healthsystemone.com (NOTE: This method is not an anonymous reporting method)

Medical Advisory Committee

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.

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 will provide clinical feedback on a number of different items ranging from utilization, to referrals, to general diagnosis trends in their respective areas.
- TNNJ MAC members will also help assist in the development of clinical outcome standards and guidelines that TNNJ providers will be expected to follow when treating TNNJ members.
- The TNNJ Medical Advisory Committee will continue to meet quarterly. The next MAC meeting is scheduled for 6pm, Thursday December 14, 2017.

Go Green!

We want your email address! In efforts to communicate with our providers in a more expeditious and Earth friendly manner, please send an email with your Group Name and Tax ID to: TNNJ@healthnetworkone.com

We'd Love to Hear from YOU!

We'd love to hear from you regarding your experience as a participating TNNJ provider. You can email us at TNNJ@healthnetworkone.com with any questions, comments or suggestions

Therapy Network of New Jersey Phone Numbers

Referrals & Authorization Departments

Phone: 1-855-825-7818

Fax: 1-855-825-7820

Provider Relations

Phone: 1-855-825-7818 OR 201-575-6094

Fax: 1-877-403-5544 or 305-614-5009

Provider Relations Representatives

Christopher Desmond – Network Manager

Cell: (201) 575-6094

Office: (305) 614-0100 x4522

Fax: (305) 614-5009

Maria Alborzfard – Provider Relations

Representative – located in New Jersey

Office: 305-614-0100 x4526

Work Cell: 201-375-7183

Luis Martinez – In-House Provider Relations

Representative

(305) 614-0100 x4223

Claims Department

1-877-372-1273