

# Provider Newsletter

2018 Q4

## Annual Quality Improvement Documents

Annually the Quality Improvement (QI) Department develops Quality documents, which includes a QI & UM Evaluation, Program Description, and Work Plan. The development of the Quality documents satisfies Health Plan and NCQA Accrediting body requirements. The QI & UM Evaluation analyze the QI department's previous year quality indicators, key accomplishments, identify any areas needing improvement, and develop action plans to improve results. The Program Description and Work Plan establish objectives, goals, QI activities, and the QI Program Structure for the current year.

Copies of the annual QI documents are available by contacting the QI department at the address below.

2001 South Andrews Avenue  
Fort Lauderdale, FL 33316  
Phone: 800-422-3672 EXT. 4701  
Fax: 305-614-0364

## 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>

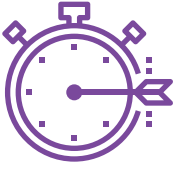
For those providers who are not actively enrolled with Medicare, TNNJ will need to terminate that provider from the Medicare line of business, and will thus only be able to treat Amerigroup's Medicaid patients. We would advise all providers to enroll with Medicare in order to treat all Amerigroup patients.

The following is a discipline specific checklist with guidelines to assist in the determination of a profound level of impairment. The items listed in the checklist are part of what results in a profound level of impairment authorization. Submitting these elements may result in a profound, level 5. The entire clinical record is reviewed, and may include a peer to peer and the entire review determines the level authorized.

## CPG Guidelines

Therapy Network of New Jersey uses Apollo, Milliman Care, or our Health Plan partner (Amerigroup NJ/Anthem) Clinical Guidelines (depending on the LOB) 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, Milliman Care, or our Health Plan partner Clinical Guidelines (Amerigroup NJ/Anthem) are reviewed and approved by HS1 Medical Advisory committee 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.





## Retro Authorizations

As per Amerigroup's directive we do not process any retroactive authorization request. The request for authorization must come within 30 days of the member being evaluated. If the request is submitted after the 30 day window has expired, the authorization request will be denied.

## 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.

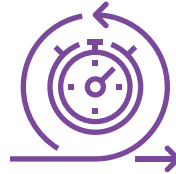
- Missing Documentation (evaluation, POC, signed POC, prescription/referral, standardized testing, baseline information related to goals, etc.)
- Standardized test information not complete
- Paperwork is not legible
- Goals are missing
- Assessment of impairment is missing
- No clarification when there 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

## Want quick authorizations? Use our Provider Web Portal



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](http://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 Alborzfard 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 Does NOT apply to TNNJ



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 Alborzfard.

## Enroll with 21<sup>st</sup> Century Cures Act / NJ Family Care or risk being removed from the managed care provider network

Effective January 1, 2018, the 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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 your TNNJ contract as determined by the Division of Medical Assistance and Health Services. The 21<sup>st</sup> 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**

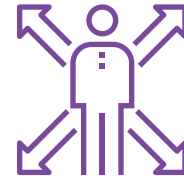
The completed application and credentials can also be faxed to 609-584-1192. If you receive this letter from multiple managed care plans, you only need to submit a single NJ Medicaid enrollment application. You may be asked to provide evidence of your submission. Should you have any questions, please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



## Fraud, Waste & Abuse

Report Fraud, Waste, and Abuse (FWA) or any other Compliance Concern To: **1 (866) 321-5550** or you can also email: **SIU@healthsystemone.com** (NOTE: This method is not an anonymous reporting method)

## TNNJ is looking for opportunities to increase the size of our 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 Alborzfard, 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 Alborzfard 305-614-0100 X4526  
 Luis Martinez 305-614-0110 X4223

Counties	PT	OT	ST
Atlantic	X	X	X
Bergen	X	X	X
Burlington	X	X	X
Camden	X	X	X
Essex	X	X	X
Hudson	X	X	X
Passaic	X	X	X
Union	X	X	X

## 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.

## TNNJ 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

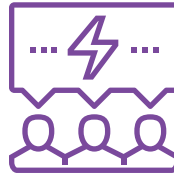
Representative

(305) 614-0100 X4223

### Claims Department

1-877-372-1273

## Medical Advisory Committee



The Q4 2018 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 21<sup>st</sup> 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, 2019 at 6pm.

## 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.