



Provider Newsletter

2020 Q3

Medicaid claims risk being denied if your not enrolled with 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 DXC Technology Provider Enrollment Unit. 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.

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Required Annual Provider Trainings

All providers with Therapy Network of New Jersey, are required to complete the Provider Trainings, within thirty days of their contract effective date and annually thereafter. The trainings can be located at:



mytnnj.com/trainings

You may complete the trainings on any desk top or mobile device for ease of access and completion. Your attestation will confirm that your office has received all mandatory trainings for the year. Should you want a copy of the trainings for your office, they can be downloaded from the attestation page. NOTE: For providers who function under more than one Tax ID; please be sure to complete an attestation for each Tax ID that is contracted with Therapy Network of New Jersey.

Improve authorization turnaround times - use our PWP

TNNJ is attempting to improve our turnaround times for authorization approval by attempting to have our entire network set up with access to our web portal.

Setting up is easy, simply visit the link below and fill out all the required fields with the necessary information and submit the form. You will receive an email with your username and temporary password; once you log-in, you will be prompted to change your password. After that contact Maria Alborzfar or Ellen Chiamonte to schedule a conference call using TeamViewer to walk you through authorization process and more.



mytnnj.com/pwp

Industry Voices—Relaxing telehealth regulations does not mean relaxing fraud enforcement

The COVID-19 pandemic rapidly expanded telemedicine use. Telehealth currently addresses everything from routine to pandemic-related care. To facilitate this expansion, federal healthcare programs have loosened, at least temporarily, telehealth restrictions. These eased restrictions, however, create increased opportunities for healthcare fraud and abuse, including Anti-Kickback Statute (AKS) and False Claims Act (FCA) violations.

Recent telehealth regulation changes and telehealth scrutiny

The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services adjusted their telehealth requirements to expand telehealth's ability to serve patients during the pandemic:

- Patients no longer need to reside in designated rural areas or have preexisting relationships with their providers.
- Patients can have their telehealth appointments from the convenience and safety of their homes without traveling to medical facilities.
- More services can now be offered via telehealth, including evaluations to determine continued eligibility for hospice care.
- Telehealth providers can waive patient deductibles and copayments without penalties for offering impermissible kickbacks.
- In some circumstances, Medicare and Medicaid no longer require physicians to be licensed in the state in which their patients are located.
- Providers can use a number of everyday communication technologies to provide telehealth services without being fined by HHS' Office for Civil Rights. Providers are, however, required to make good faith efforts to protect patients' privacy, including, among other things, enabling all available encryption and privacy settings and notifying patients of the increased risk of using such technologies.

Despite these changes, some constants remain, such as the scrutiny telehealth providers face from regulators, particularly for AKS and FCA violations.

In the past year, well before the rise of COVID-19, telehealth providers saw two of the biggest Department of Justice (DOJ) takedowns in history for rampant kickback and fraudulent billing schemes. First, in April 2019, the DOJ charged 24 telemedicine and durable medical equipment company executives and physicians for allegedly paying \$1.2 billion in illegal kickbacks and bribes related to prescribing unnecessary back, wrist, shoulder and knee braces.

Second, in September 2019, the DOJ charged 35 individuals in a \$2.1 billion fraudulent Medicare billing scheme involving alleged kickbacks to telehealth providers ordering genetic tests. Regulators made clear that COVID-19 will not reduce their focus on prosecuting wrongdoing.

For example, the DOJ recently arrested a Georgia man for his alleged role in a conspiracy involving unnecessary COVID-19 tests. Pandemic or not, the telehealth industry is firmly in the crosshairs of heightened government scrutiny and oversight.

Changed regulations may increase, rather than decrease, enforcement actions

While easing regulations lead many to assume a decrease in enforcement actions, enforcement actions may increase as regulators respond to new opportunities for fraud. Specifically, telehealth services make it easier for fraudsters to pose as physicians and lure patients into sharing their protected health information or installing malware on their devices. The relaxed telehealth regulations greatly expand the number of patients for whom fraudulent claims can be submitted. Reduced cybersecurity requirements for telehealth communications increase the risk of hackers intercepting or stealing the protected health information necessary to submit fraudulent claims or commit healthcare identity theft.

Such practices will not go unchecked, and telehealth providers should establish protocols to keep from being unwittingly pulled into the crosshairs. Below are 10 considerations to reduce the risk:

- Establish mechanisms to verify patient identity.
- Establish or maintain protocols for informed consent and beneficiary initiation.
- Identify states that have waived in-state licensure requirements for telehealth, and establish protocols for disengaging telehealth with patients where the provider is not licensed in the patient state after the pandemic.
- Establish practice standards for patient examinations and remote prescribing.
- Document and maintain patient encounter records, including all regularly mandated documentation.
- Properly code telehealth services to ensure coverage.
- Review vendor agreements and patient incentives to ensure compliance with the AKS, FCA and Civil Monetary Penalties Law.
- Ensure compliance with state credentialing and scope of practice requirements.
- Establish privacy and security protocols for telehealth offerings and related systems.



Medical Advisory Committee

The Q2 2020 TNNJ MAC was held via WebEx on 9/17/2020. Items pertaining to gaps in our GEO access in the different counties were discussed, as well as new contract additions and the use of the web portal. We also discussed the distribution of different bulletins and important information regarding COVID-19, as well as PPE to the network at no cost to our providers. The next TNNJ MAC will be held on December, 2020.

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

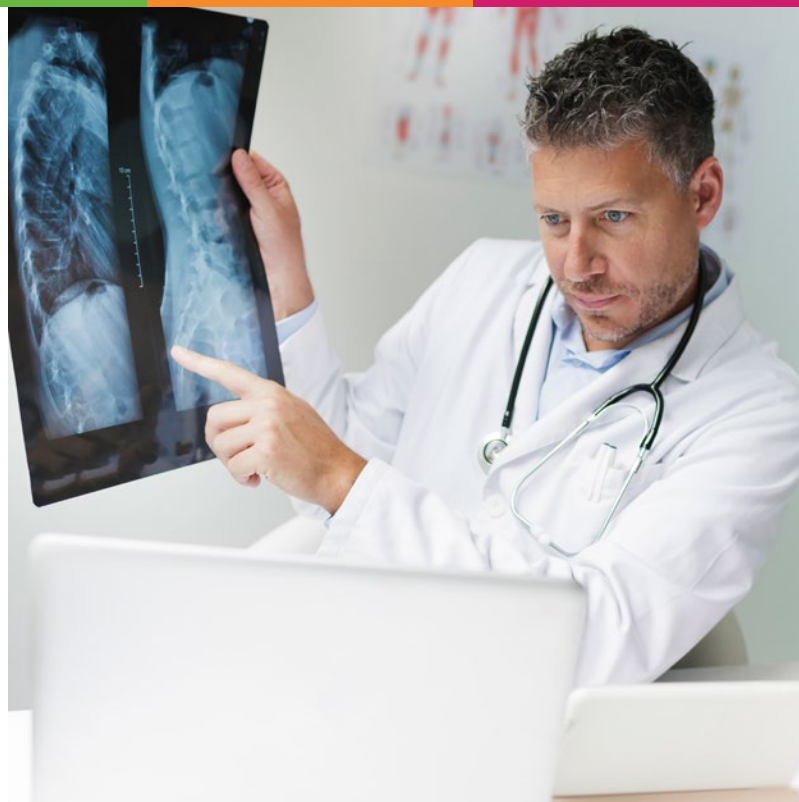
Free Telehealth Solution For YOUR Practice

TNNJ has partnered with AllHealth CHOICE to offer you access to a telehealth solution that is secure, simple, and effective. This telehealth platform will be free of charge to be used on all your patients (not just ours) until **May 31, 2021**.

The telehealth platform is HIPAA-Compliant, HiTrust Certified, User-Friendly and Free-of-charge to be used on all your patients until **May 31, 2021**.

The Future of Healthcare

Easily deliver care while keeping yourself, your staff, and your patients safe. In today's COVID-19 environment, it's the new normal and it's the future of healthcare. MyMDCare is the perfect platform to help you stay connected to your patients.



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The 21st Century Cures Act application for enrollment can be accessed directly by using the following link: www.njmms.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:

**DXC Technology Provider Enrollment Unit
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 Maria Alborzfar or Ellen Chiamonte.