



Provider Newsletter

2020 Q4

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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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.

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.

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

COVID-19 UPDATE

As of March 11, 2020, our Organization declared the COVID-19 situation as an emergency and has since activated the Disaster Recovery Plan related to this infectious disease pandemic. At this time, our operations remain fully operational and functional.

The safety and well-being of our employees is of great concern, and the Organization has made the decision to close our physical offices in both Florida and Puerto Rico to all non-essential personnel. Employees not reporting to the office will continue to work via remote access until further notice and will have full access to computer systems and telephone systems to operate as they do every day.

To be clear, we do not anticipate any impact to our daily operations, but we wanted to be transparent about the steps we are taking to minimize any disruptions in the wake of this pandemic. Please continue to submit your authorizations and claims as normal, and reach out to your Provider Relations Representatives, as needed. Should you need to speak to someone via telephone, you can continue to utilize the same phone numbers to contact us.

We are also encouraging you to follow and to stay up to date on the guidance from the: Centers for Disease Control and Prevention (CDC). Please immediately report any incidents involving a COVID-19 infection, including but not limited to not being able to service a member due to a COVID-19 infection or your office closures due to a possible COVID-19 infection, by contacting us at 855-825-7818.

Thank you for your support and understanding during these unprecedented times and we hope everyone remains safe and healthy.

COVID-19 Survey

TNNJ is committed to making sure that our providers continue with their pledge to their communities amidst this pandemic. In accordance with this focus on supporting our providers, our administration is staying in constant contact with our network and facilitating resources at no cost to our providers.

A provider survey was put in place for our network to inform us on the current status of the practice and the potential need of supplies in order to open the practice. Our first PPE package was delivered on May 10th, 2020, and is ongoing. Below is a table of our distribution efforts as of June 18, 2020. If you are a provider in need of PPE supplies, kindly complete the online provider survey where you can request PPE supplies.



<https://mytnnj.com/covid19survey>



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.

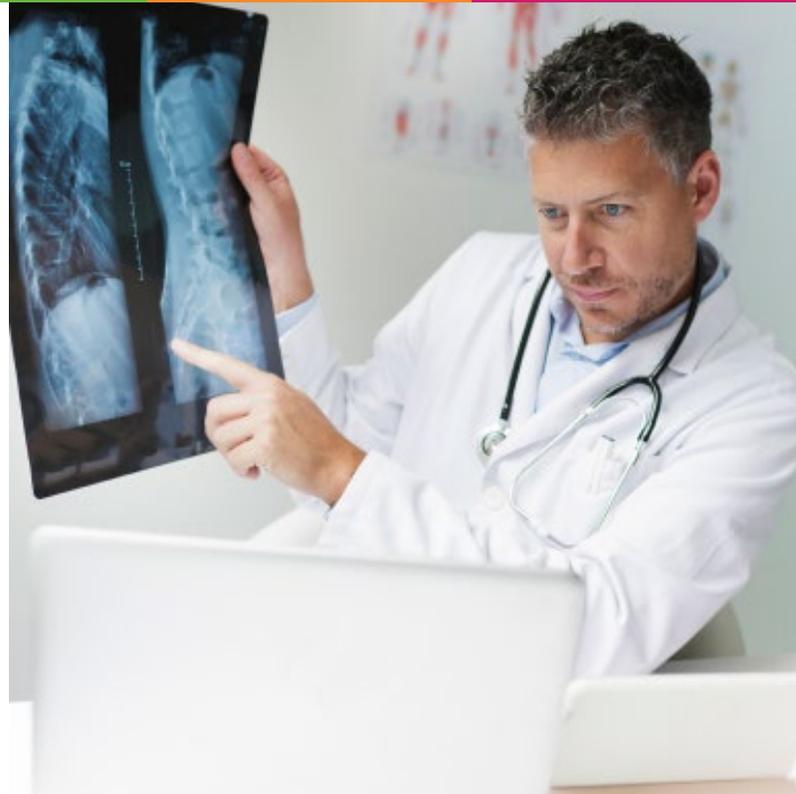
Free Telehealth Solution For YOUR Practice

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.