



Blue Review

A Newsletter for Participating Physicians and Other Health Care Professionals, Acute Care Facilities and Ancillary Staff

March 2017



Horizon Hospital Network Expands

Horizon Blue Cross Blue Shield of New Jersey continues to expand its hospital network and is pleased to announce two recent additions – St. Luke's University Health Network and HackensackUMC Palisades.

p 2

HEDIS® Measures at Your Fingertips



Review our 2017 HEDIS resource guide.

p 3

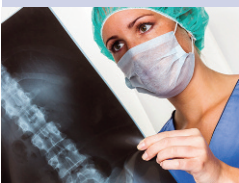
Change in EpiPen® Coverage



On **January 10, 2017**, EpiPen moved to non-Preferred status on Horizon BCBSNJ's commercial formularies.

p 9

Review Process for Spinal Surgery Services



Prior Authorization and/or Medical Necessity Determination (PA/MND) review of certain spine surgery services is now required.

p 14

naviHealth and Post-Acute Care Authorization



Horizon BCBSNJ has partnered with naviHealth, LLC to manage the post-acute Skilled Nursing Facility and Inpatient Acute Rehab Facility benefits for certain Horizon BCBSNJ members.

p 19

Table of Contents

Access to Safe and Effective Care

- 3 Communicating on Behalf of Your Patients
- 3 HEDIS® Measures at Your Fingertips
- 4 Verify Your Demographic Information
- 5 Navigating Formulary Utilization Management
- 6 Search by Doctor Affiliation on our *Online Doctor & Hospital Finder*
- 7 Pharmacy Corner: Formulary Changes Announced

Addressing Health Care Costs

- 9 Change in EpiPen Coverage
- 9 FEP® Provider Vouchers Now on NaviNet®
- 10 Emergency Room Copayment Changes for Certain State Health Benefits Program Plans

Ease of Navigating the Health Care System

- 11 Accreditation Grace Period to End for Certain Ultrasound Procedures
- 11 Opting Out of Medicare?
- 12 Aspire Health To Provide Palliative Care To Medicare Advantage Members
- 13 Reminder About Credentialing/Recredentialing Requirements Change for Skilled Nursing Facilities
- 14 Review Process for Spinal Surgery Services
- 15 Review Our Utilization Management Policy
- 16 Submit Medical Record Documentation to be Compliant

Healthier Members ... Healthier Communities

- 17 Addressing the Opioid Epidemic
- 19 naviHealth and Post-Acute Care Authorization
- 19 NJWELL Update – New Physicians Results Form
- 20 Online Authorization Request Submissions
- 21 Care Management Programs and Your Patients

Service Excellence

- 23 At Your Service

AF

Ancillary Facilities

F

Acute Care Facilities

AP

Ancillary Professionals

P

Physicians and Other Health Care Professionals

Icons throughout the newsletter will alert you to articles relevant to your area.

Access Our FAQs

When you have questions, access our FAQs on NaviNet®. There you can quickly find information regarding these topics and more:

- Claims and payments
- Eligibility and benefits
- Office and provider management
- Provider resources
- Referrals and authorizations

To get started, log on to NaviNet, select *Help* and then select *Horizon BCBSNJ*.

News Brief

Horizon Hospital Network Expands

Horizon Blue Cross Blue Shield of New Jersey continues to expand its hospital network and is pleased to announce two recent additions. These agreements allow Horizon BCBSNJ members to access care at an in-network level of benefits, maximizing their benefits and minimizing their out-of-pocket expenses.

St. Luke's University Health Network

As of January 1, 2017, four additional hospitals in **St. Luke's University Health Network (St. Luke's)** joined the Horizon Hospital Network.

In addition to the previously participating St. Luke's Warren location in Phillipsburg, New Jersey, St. Luke's hospital campuses in Anderson, Bethlehem, Monroe and Quakertown, Pennsylvania were added.

HackensackUMC Palisades

As of January 1, 2017, **HackensackUMC Palisades** located in North Bergen, New Jersey, joined the Horizon Hospital Network.

Members have a choice of network hospitals throughout New Jersey, and nearby in Pennsylvania and Delaware. As always, we encourage our members to use network hospitals to lower their out-of-pocket costs.

We appreciate the help of participating physicians and other health care professionals in referring Horizon BCBSNJ patients to participating facilities, unless the member has and wishes to use his or her out-of-network benefits and understands that a greater financial responsibility may result.

Information about all hospitals participating in the Horizon Hospital Network can be found within our *Online Doctor & Hospital Finder*. Visit HorizonBlue.com/doctorfinder and:

- Select *Hospitals* within the *What are you looking for?* dropdown menu.
- Select a plan from the *Choose a Plan to Start* dropdown menu.
- Click *Search*.

Communicating on Behalf of Your Patients

When submitting any correspondence, claims or appeals to Horizon BCBSNJ on behalf of your patient, it is important to remember to include your patients' Horizon BCBSNJ member ID number. All correspondence, claims and appeals must have your patient's member ID clearly noted on each item you are submitting. Including this information assists us with accurate and timely processing of all information submitted. Please be sure to include the entire ID number, including prefixes or suffixes that surround the ID number.



HEDIS[®] Measures at Your Fingertips

One of the most widely used tools for improving quality and measuring health care plan performance in the United States is the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS was developed and is maintained on an annual basis by the National Committee for Quality Assurance (NCQA).

To assist you with identifying the eligible populations, administrative codes and medical record documentation, Horizon BCBSNJ has developed a HEDIS resource guide. Please use the codes, as you determine appropriate, to help ensure that patients' charts include accurate, legible and complete medical record documentation.

The HEDIS resource guide can be accessed at HorizonBlue.com/HEDIS.

You help play an important role in HEDIS by being familiar with and rendering the care that is assessed by the HEDIS quality measures. These include measures to monitor:

- Preventive care and screenings
- Chronic care
- Accessibility and availability of care
- Satisfaction with the rendering of care
- Cost of care
- Use of services

We hope you find this resource guide useful.

Verify Your Demographic Information

Although it's always important that participating practices, physicians and other health care professionals maintain their demographic information on file with us, based on recent Centers for Medicare & Medicaid Services (CMS) requirements, NCQA standards and New Jersey regulations, it's critical that the information we provide about participating health care organizations and practitioners is accurate, current and complete.

If our files are not up-to-date, our *Online Doctor & Hospital Finder* may not display all the information members need to locate you and access the care and services they need, nor will other participating doctors have the information they need to locate you when referring patients. Accurate demographic information also reduces the potential for delayed/denied payments resulting from inconsistent or incomplete information.

Use CAQH

The easiest way to ensure that demographic information is current, accurate and complete is to use CAQH. If you have an existing CAQH ProView™ profile:

1. Review your current information in the *Provider Directory Snapshot*.
2. Make updates to your information and affiliations for all active practice locations, as appropriate, paying specific attention to:
 - Name and professional designation (MD, DO, RN, NP, etc.)
 - Street address including suite number, floor, etc.
 - City, state, ZIP code
 - Phone number
 - Fax number
 - Gender

- Specialty
- Hospital affiliations
- Group affiliations
- Board certification
- Accepting new patients
- Practice limitations
- Languages other than English spoken at the office

3. Re-attest that this information is current, accurate and complete, and may be included in files and published in directories for the health plans you designate.

If you have questions, call your Network Specialist.

About CAQH ProView

Creating and maintaining a CAQH ProView profile eliminates the need for you to share the same professional and practice information with all the health insurance plans with which you work.

You simply need to create and maintain a single CAQH ProView profile – at no cost to you – and then grant organizations you select with access to that information for purposes of claims administration, credentialing and directory services.

If you're not already registered in CAQH ProView, visit ProView.caqh.org/pr to self-register.

Navigating Formulary Utilization Management

When you need to prescribe a medication, it's important to know if it has any limitations or if it requires authorizations. Use these tips to help you find the information you may need when referring Horizon BCBSNJ members with pharmacy benefits through Prime Therapeutics. Other resources can be found at [HorizonBlue.com/formulary](https://www.horizonblue.com/formulary) or [HorizonBlue.com/medicare/formulary](https://www.horizonblue.com/medicare/formulary).

Determine if medications have a quantity limit

- Go to myprime.com and click *Continue without sign in*. Select Horizon BCBSNJ as the health plan.
- Select *Yes* or *No* if for a Medicare Part D member. If *Yes* for Medicare Part D member, select the health plan type and select *Continue*.
- Select *Medicines* and select *Find medicines*.
 - For commercial plans, select a formulary and click the PDF download link to view your chosen formulary.
 - For Medicare Part D members, scroll to *Helpful documents* and download the *Comprehensive Formulary* PDF.¹

Determine which medications have a prior authorization

- Go to myprime.com and click *Continue without sign in*. Select Horizon BCBSNJ as the health plan.
- Select either *Yes* or *No* for Medicare Part D member. If *Yes* for Medicare Part D member, select the health plan type and select *Continue*.
- For Commercial members:
 - Select *Forms* and then click *Plan documents*.
 - Click *View forms & instructions* for *Prior Authorization/Medical Necessity Determination*.

You can then view each drug/drug category that has prior authorization along with a custom fax form.

- For Medicare Part D members:
 - Click *Medicines* and select *Find medicine*.
 - Select the *Prior Authorization Criteria* to view all the medications on your formulary that require a prior authorization.

Submit a case for prior authorization (PA), tier exception (TE), or quantity limit (QL) review

- Go to myprime.com and click *Continue without sign in*. Select Horizon BCBSNJ as the health plan.
- Select either *Yes* or *No* for Medicare Part D member. If *Yes* for Medicare Part D member, select the health plan type and select *Continue*.
- For Commercial members:
 - Click *Forms* and select *Plan documents*.
 - Select the formulary and click *View forms & instructions* for one of the following topics: *Prior Authorization/Medical Necessity Determination*; *Quantity Limits*; or *Tiering Exception*.
 - Select *Click Here to Complete Your Prior Authorization Electronically*.
- For Medicare Part D members:
 - Click *Forms* and select *Coverage Determination*.
 - Select *View forms & instructions* for one of the following topics: *Formulary and Tier Exceptions*; *Prior Authorization*; or *Quantity Limits*.

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Navigating Formulary Utilization Management

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You may also mail, fax or call for PA, TE and QL review:

Commercial

Horizon Blue Cross Blue Shield of New Jersey
c/o Prime Therapeutics LLC, Clinical Review Department
1305 Corporate Center Drive
Eagan, MN 55121
Phone: **1-888-214-1784**
Fax: **1- 877-897-8808**

Medicare Part D

Prime Therapeutics LLC
Attn: Medicare Appeals Department
1305 Corporate Center Drive, Bldg. N10
Eagan, MN 55121
Phone: **1-800-693-6651**
Fax: **1-800-693-6703**

¹ You may notice that certain of the medications state “PA” for prior authorization and/or “QL” for quantity limit in the “Requirements/Limits” column. This means that the member may only fill a certain amount of his or her medication in a certain number of days.

Search by Doctor Affiliation on our *Online Doctor & Hospital Finder*

We are committed to providing you with the tools and resources to help you locate physicians, hospitals, specialists and other health care professionals that participate in our networks.

Our *Online Doctor & Hospital Finder* now allows users to search by *Doctor Affiliation* to find the participating health care professionals that participate in the group.

You can also enter the name of the hospital in the doctor affiliation field for a list of participating doctors that have admitting privileges at the facility.

Access our *Online Doctor & Hospital Finder* at HorizonBlue.com/doctorfinder.



Pharmacy Corner: Formulary Changes Announced

Changes to our commercial formulary were determined at the Pharmacy and Therapeutics (P&T) Committee meeting in December 2016. The most up-to-date commercial formulary can be found on HorizonBlue.com/formulary, or for FEP members, by visiting www.fepblue.org/en/formulary.

Moved from Non-Preferred to Preferred Status	Brand	Generic	Prior Authorization (Y/N)
	Cabometyx	cabozantinib	Y
	Venclexta	venetoclax	Y
	Epclusa	sofosbuvir/velpatasvir	Y
	Odefsey	emtricitabine/rilpivirine/tenofovir alafenamide	N
	Stiolto Respimat	tiotropium bromide/olodaterol	N
	Otezla	apremilast	Y
	Velphoro	sucroferric oxyhydroxide	N
	Epinephrine auto-injector AG	epinephrine	N
Albenza	albendazole	N	
Moved from Preferred to Non-Preferred Status	Brand	Generic	Prior Authorization (Y/N)
	Daklinza	daclatasvir	Y
	EpiPen	epinephrine	Y
New Drugs Reviewed and Remain in Non-Preferred Status	Brand	Generic	Prior Authorization (Y/N)
	Dyanavel XR	amphetamine	Y
	Adzensys XR	amphetamine	Y
	Zembrace SymTouch	sumatriptan	Y
	Onzetra Xsail	sumatriptan	Y
	Sernivo	betamethasone	Y
	Ultravate	halobetasol propionate	Y
	Briviact	brivaracetam	N
	Ocaliva	obeticholic acid	Y
	Nuplazid	pimavanserin	Y
	Taltz	ixekizumab	Y
	Xtampza ER	oxycodone	N
	Cetylev	acetylcysteine	N
Emverm	mebendazole	N	

Pharmacy Corner

Recent changes to our Medicare formulary are listed in the table below. The most up-to-date Medicare formulary can be found at [HorizonBlue.com/medicare/formulary](https://www.horizonblue.com/medicare/formulary).

Brand	Generic	Formulary Status	Prior Authorization (Y/N)
Descovy	emtricitabine/tenofovir alafenamide	Added	N
Odefsey	emtricitabine/rilpivirine/tenofovir alafenamide	Added	N
Epclusa	sofosbuvir-velpatasvir	Added	Y
Ursodiol	ursodeoxycholic acid	Added	N
Ocaliva	obeticholic acid	Added	Y
Xiidra	lifitegrast	Added	Y
Viekira XR	dasabuvir/ombitasvir/paritaprevir/ritonavir	Added	Y
Jentadueto ER	linagliptin/metformin	Added	N
Utibron Neohaler	indacaterol glycopyrrolate	Not Covered	-
Bevespi Aerosphere	glycopyrrolate formoterol	Not Covered	-
Zinbryta	daclizumab	Not Covered	-
Doryx	doxycycline hyclate	Not Covered	-
Qbrelis	lisinopril	Not Covered	-
Byvalson	nebivolol/valsartan	Not Covered	-
Otovel	ciprofloxacin/fluocinolone	Not Covered	-
Cetylev	acetylcysteine	Not Covered	-

To request a printed copy of the formularies, please call Pharmacy Member Services at **1-800-370-5088**.

Change in EpiPen® Coverage

On **January 10, 2017**, EpiPen moved to non-Preferred status on Horizon BCBSNJ's commercial formularies. This means EpiPen is no longer covered at the Preferred drug cost share and may cost affected members more. This action was taken in response to consumer demand and because a lower-cost generic alternative, epinephrine auto-injector, is now available. The epinephrine auto-injector contains the same active ingredients and is made by the same manufacturer.

Additionally, on **March 1, 2017**, Horizon BCBSNJ began applying our prior authorization process to EpiPen (for pharmacy benefit plans that have a prior authorization program). The criteria for coverage requires members to try the epinephrine auto-injector first before receiving coverage for the EpiPen, unless there are specific medical circumstances that require the member to use the EpiPen.

Prescribers are encouraged to discuss this with their patients who may need to replace their current EpiPen after it is used or expires.



FEP Provider Vouchers Now on NaviNet®

As of **March 3, 2017**, Explanation of Payment (EOP) statements from the Federal Employee Program® (FEP®) will be available online through NaviNet (member ID number beginning with R).

To view online EOPs, log in to [NaviNet.net](https://navinet.net), select *Horizon BCBSNJ* from the *My Health Plans* menu and:

- Click *Claim Management*.
- Click *Payment Status Inquiry*.
- Search for and locate the EFT reimbursement.
- Click *View EOP*.

To view individual claim information details, log in to [NaviNet.net](https://navinet.net), select *Horizon BCBSNJ* from the *My Health Plans* menu and:

- Click *Claim Management*.
- Click *Claim Status Inquiry*.
- Select *Out Of Area - BlueExchange®/FEP*

If you have questions, contact your Network Specialist, Ancillary Reimbursement Analyst or Hospital Network Specialist.

Emergency Room Copayment Changes for Certain State Health Benefits Program Plans

The Emergency Room (ER) copayment for State Health Benefit Program (SHBP) plans NJ DIRECT10, NJ DIRECT15, Horizon HMO10 and Horizon HMO15 increased for certain ER situations for the 2017 year.

- The ER copayment printed on the member ID card only applies to ER visits for:
 - Dependent children under the age of 19 years.
 - Members referred to the ER by their doctor.
- An increased ER copayment that will not be printed on the member ID card applies to all other ER situations (*see the table below for details*).



SHBP Plan	ER Copayment on Member ID Card	2017 ER Copayment
NJ DIRECT10	\$50	\$75
NJ DIRECT15	\$75	\$100
Horizon HMO10	\$60	\$85
Horizon HMO15	\$75	\$100

- School Employees' Health Benefits Program members enrolled through group numbers **93500** or **95300 DO NOT** have an increased ER copayment for 2017. These members are responsible for the ER copayment printed on their member ID card in all ER situations.

If you have questions, please visit HorizonBlue.com/shbp2017copay.

You can also call Physician Services at **1-800-624-1110**, Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time.

Accreditation Grace Period to End for Certain Ultrasound Procedures

Horizon BCBSNJ reminds physicians and other health care professionals that the grace period to obtain accreditation by the American Institute of Ultrasound in Medicine (AIUM) for the performance of certain ultrasound procedures as required in our *Diagnostic Imaging Privileging by Participating Provider Practice Specialty* ends on **September 6, 2017**.

Beginning **September 7, 2017** all physicians must have earned appropriate AIUM accreditation to perform the ultrasound services noted in the table below.

Specialty	Procedure Codes	AIUM Accreditation Required
Endocrinologists	76536, 76942	Dedicated Thyroid/Parathyroid
Head and Neck Surgeons (ENTs, Otolaryngologists)	76536, 76942	Head and Neck
Sports Medicine Physical Medicine & Rehabilitation Rheumatologists	76881, 76882, 76942	Musculoskeletal (Ultrasound-Guided Interventional Procedures)
Urologists	76775, 76857, 76870, 76872, 76873, 76942, 76965	Urologic

Visit AIUM.org and select the *Accreditation* tab to learn more and to access their *Application Instructions*.

We will continue to reimburse physicians without the appropriate AIUM accreditation for services provided to eligible Horizon BCBSNJ members through **September 6, 2017**. After this grace period, Horizon BCBSNJ will not reimburse physicians without AIUM accreditation for these services.

If you have any questions, call your Network Specialist.

Information about this and other radiology requirements within the *Diagnostic Imaging Privileging Policy* documents may be reviewed by visiting HorizonBlue.com/radiologyimaging.

Our Standards for Diagnostic Radiology/Imaging policy may be reviewed by visiting HorizonBlue.com/medicalpolicy.

Opting Out of Medicare?

Horizon BCBSNJ's administrative policy, *Credentialing and Recredentialing Policy for Participating Physicians and Health Care Professionals*, states that "Physicians and health care professionals who have opted out of Medicare may not participate in the Horizon Managed Care Network."

On a quarterly basis, our Credentialing Department reviews the CMS Opt-Out List and identifies any participating

physicians or health care professionals who have opted out of Medicare.

- **Horizon Managed Care Network**

Physicians or health care professionals who have opted out of Medicare will be terminated from the Horizon Managed Care Network effective immediately.

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Opting Out of Medicare? (continued)

- **Horizon PPO Network**

Physicians or health care professionals who have opted out of Medicare may continue to participate in our Horizon PPO Network. However, these practitioners are not eligible to receive reimbursement for services rendered to patients enrolled in one of our Medicare Advantage plans that include out-of-network benefits¹ (except for emergency or urgent care services).

If you have questions, call your Network Specialist.

¹ The Horizon BCBSNJ Medicare Advantage plans that offer out-of-network benefits include: Horizon Medicare Blue Access (HMO-POS), Horizon Medicare Access Group (HMO-POS), Horizon Medicare Blue (PPO), Horizon Medicare Blue Group (PPO) and Horizon Medicare Advantage NJ DIRECT (PPO).

Aspire Health To Provide Palliative Care To Medicare Advantage Members

We are partnering with Aspire Health, Inc. (Aspire) to provide palliative care to our Medicare Advantage members. Aspire's team of doctors, nurse practitioners, nurses and social workers is available 24 hours a day, seven days a week to provide support to members.

This program provides an extra layer of support to our members with a team of physicians, nurse practitioners, nurses and social workers who visit members in their homes. Aspire Health is fully covered by insurance and there is no cost to members for the home visits. **Members will continue to keep their physician while receiving these additional services:**

- **Extra Care and Attention.** Aspire's clinical team is available 24 hours a day, seven days a week. This team visits patients in their homes and can prescribe medicine when necessary to manage symptoms such as fatigue, nausea, shortness of breath, difficulty sleeping or pain.

- **Coordinated Care.** The Aspire Health clinical team works closely with existing providers to coordinate care. This team can help members find other resources that may be beneficial to them or their families.
- **Improved Communication.** Aspire Health works with members and their caregivers to identify health care goals. It then aligns care with these goals. Aspire Health's professionals will help keep physicians and anyone else that may be involved in members' care informed of any changes in their condition.
- **Education.** Aspire Health can educate members and their families about their illness, plan of care, medications and much more. This information can help them plan for future care needs.

There is no cost to the member for participating, and participating in Aspire's palliative care program is voluntary. For more information, call Aspire at **1-844-735-3312** or go to aspirehealthcare.com.

Reminder About Credentialing/Recredentialing Requirements Change for Skilled Nursing Facilities

As a reminder, we have revised our administrative policy, *Credentialing/Recredentialing Policy for Ancillary and Managed Long Term Services and Supports (MLTSS) Providers and Horizon Casualty Services, Inc. (HCS)* to incorporate the following changes to credentialing and recredentialing requirements for Skilled Nursing Facilities (SNFs).

Initial credentialing

SNFs looking to join Horizon BCBSNJ's networks must provide the following *additional* documentation:

- Date(s) and findings of Health and Safety Inspections
- Documentation/details of any ongoing State Board Monitoring or Investigations (if applicable)

Applications of SNFs with Health Inspection Star Ratings lower than three, or that include information about ongoing State Board Monitoring or Investigations, will be referred for review by a Horizon BCBSNJ Executive Medical Director of Quality and Care Management. He or she will review applications for potential patient safety issues and determine if additional information is necessary prior to a credentialing determination.

Recredentialing

Participating SNFs being recredentialed must provide the following additional documentation prior to recredentialing:

- Date(s) and findings of Health and Safety Inspections
- Documentation/details of any ongoing State Board Monitoring or Investigations (if applicable)

Participating SNFs with Health Inspection Star Ratings lower than three, or that include information about ongoing State Board Monitoring or Investigations, will be placed on a Corrective Action Plan and monitored on an ongoing basis. SNFs that do not demonstrate improvement may be terminated from the Horizon Managed Care Network, the Horizon PPO Network and the Horizon Casualty Services, Inc. Managed Workers' Compensation Network.

The Health Inspections Star Rating requirement noted above is applicable to facilities in regard only to their participation with Horizon Healthcare of New Jersey, Inc. Managed Care Network, the Horizon Healthcare Services, Inc. d/b/a Horizon Blue Cross Blue Shield of New Jersey PPO Network, the Horizon Casualty Services, Inc. Managed Workers' Compensation Network. This requirement does not apply to facilities' participation with Horizon NJ Health's Medicaid Network.

We encourage you to review our *Credentialing/Recredentialing Policy for Ancillary and Managed Long Term Services and Supports (MLTSS) Providers and Horizon Casualty Services, Inc. (HCS)* online.

To access this information, please visit HorizonBlue.com/adminpolicy.

If you have questions, call your Ancillary Contracting Specialist.

Review Process for Spinal Surgery Services

As a reminder, on **November 1, 2016**, Horizon BCBSNJ expanded our collaboration with eviCore healthcare (eviCore) to require Prior Authorization and/or Medical Necessity Determination (PA/MND) review of certain spine surgery services. This collaboration is now known as Horizon BCBSNJ's Musculoskeletal Program. In addition to certain spine surgery services, this program includes those services that are part of our current Pain Management Program managed by eviCore.

PA/MND of these services will provide improved quality of care and outcomes through better coordination of care



among Horizon BCBSNJ, the patients and their physician care teams from diagnosis through treatment and recovery. Spine surgery services will be reviewed by eviCore pre- or post-service to:

- Determine medical necessity;
- Ensure the surgery is performed at the appropriate site of service; and
- Ensure appropriate conservative therapies are attempted prior to invasive procedures.

Please obtain PA/MND for Horizon BCBSNJ patients who may need spine surgery services prior to delivery of the services to ensure that coverage will be provided. At the same time, eviCore will also review and approve coverage for the site of service for surgery (inpatient and outpatient). Services deemed not medically necessary when reviewed on a post-service basis will not be covered or paid for by Horizon BCBSNJ.

Claim processing will be delayed and services may be denied if a PA/MND is not obtained prior to services being rendered. Participating providers, based on their Agreements/Contracts with us, may not seek payment from members for claims/services denied because a PA/MND was not obtained prior to the performance of services.

Please note: When a nonparticipating physician or other health care professional provides services, the patient's out-of-network benefits, if any, would not be paid for professional/facility services that have not received PA/MND. Additionally, if an out-of-network co-surgeon will be participating in the spine surgery, it is the referring/rendering health care professional's responsibility to inform the patient that they may be responsible for the higher out-of-pocket costs associated with using a nonparticipating co-surgeon.

To learn more about this new process, click the *Spine Surgery* tab on [HorizonBlue.com/musculoskeletal](https://www.horizonblue.com/musculoskeletal).

Review Our Utilization Management Policy

Our Utilization Management (UM) policy gives treating or attending physicians or other health care professionals the right to discuss any initial UM denial determination with the Horizon BCBSNJ reviewing physician who issued the decision within 72 hours of the initial determination. Each written UM denial determination includes the reviewing physician's name and instructions with a phone number. The Horizon BCBSNJ UM Department may be reached at **1-800-664-BLUE (2583)**, Monday through Friday, between 8 a.m. and 5 p.m., ET.

For urgent determinations of UM inquiries, including those needed after business hours or on weekends, please call our clinical operations on-call staff at **1-888-223-3072**. The informal peer-to-peer discussions process does not replace the formal appeal rights of the physician/other health care professional or member.

For additional information about our UM processes and our criteria, please visit [HorizonBlue.com/umpolicy](https://www.horizonblue.com/umpolicy).



Submit Medical Record Documentation to be Compliant

If your practice received a request for medical records, you must respond on time as outlined in your agreement(s) with Horizon BCBSNJ to be compliant. This includes requests from Horizon BCBSNJ's agents on its behalf.

Horizon BCBSNJ is required by the U.S. Department of Health & Human Services (HHS) to annually validate the accuracy of risk adjustment data submitted by a health insurance company with risk adjustment covered plans through the validation of medical records. This process is known as the HHS Risk Adjustment Data Validation (HHS-RADV) program.

To meet this requirement, Horizon BCBSNJ has contracted with Deloitte & Touche LLP to conduct reviews of medical records to ensure that all the medical conditions of Horizon BCBSNJ members are documented. This includes ensuring that the diagnoses coded on submitted claims are complete and consistent with the medical record.

Deloitte & Touche will reconcile diagnoses documented in the medical records to submitted claims as defined in the HHS Commercial RADV stipulated in the Affordable Care Act (ACA). This RADV audit is required and is being conducted in addition to any other record or audit request practices may have received from Horizon BCBSNJ.

Medical record documentation must:

- Be clear, legible, complete, signed and credentialed with the patient's name, date of the encounter and member ID number appearing on all pages.
- Document all the medical conditions of Horizon BCBSNJ members.
- Clearly support a face-to-face encounter with Horizon BCBSNJ members.
- Be complete, precise and reflect the diagnoses as well as the scope of care and services provided.
- Include the physician or other health care professional's credentials with all handwritten or electronic signatures (sign *John Smith, MD or PHD* as opposed to *Doctor John Smith*).
- Support the code selected and substantiate that the proper coding guidelines (ICD-10) were followed.

Addressing the Opioid Epidemic

The United States is facing an opioid addiction epidemic. The number of opioid overdose deaths has quadrupled since 1999, with 12,989 heroin and 9,580 synthetic opioid deaths reported in 2015. Among new heroin users, approximately three out of four report using prescription opioids prior to heroin use.¹

Safe opioid prescribing

Improving the way opioids are prescribed by adhering to clinical practice guidelines can ensure patients have access to safe and effective chronic pain treatment while reducing the number of people who overdose from opioids. In March 2016, the Centers for Disease Control and Prevention (CDC) released clinical guideline recommendations that focus on treatment of chronic pain outside of active cancer treatment, palliative care and hospice care.

Below is a summary of facts and strategies for prescribers to consider when evaluating patients requesting opioids:

- Use non-opioid and non-pharmacological approaches to manage chronic pain when appropriate. If opiates are necessary, use immediate-release rather than long-acting opioids.²
- Use your state's prescription monitoring programs (e.g. prescription drug monitoring program) regularly to screen for multiple providers and cash prescriptions.²
- Nearly half of patients with non-fatal opioid overdose received opiate doses greater than 100 morphine milligram equivalents (MME) in the preceding 60 days. In the 300 days following overdose, nearly all patients (91 percent) had received one or more new opioid prescriptions.³
- Patients receiving long-acting opioid prescriptions, compared with control patients who did not, had a five times higher risk for death from accidental



overdose and a threefold risk for death from cardiovascular causes.⁴

- Opioid use in chronic non-cancer pain leads to substantial excess mortality from both overdose and other causes.⁵
- Discussing the risks of opioid addiction with your patients can help deter them from saving pills for later use.⁶

The judicious prescribing of opioids is supported by Dental Society Guidelines and similarly in recommendations for prescribing in other specialties, such as Obstetricians/Gynecologists, Sports Medicine, Orthopedics, Podiatry and Pediatrics.⁷

Additional practices to consider

Medication Assisted Treatment (MAT) referrals

Many clinical guidelines recommend that prescribers consider screening patients for a history of opioid addiction or abuse and, when appropriate, are referred to providers that can prescribe MAT (i.e. buprenorphine-naloxone,

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Addressing the Opioid Epidemic (continued)

methadone). Patients who have a history of opioid abuse or nonfatal opioid overdoses who receive MAT are significantly less likely to die from a subsequent opioid overdose.⁸ A list of providers that can prescribe MAT can be found on samhsa.gov.

Random urine screenings for patients on chronic opioids

Illicit drug abuse in patients on chronic opioid therapy is a common occurrence. Periodic and random urine screenings for patients on chronic opioid therapy is recommended by a number of clinical guidelines to ensure appropriate opioid use.⁹

Horizon BCBSNJ opioid safety programs

Horizon BCBSNJ is committed to providing prescribers and members with programs that help to limit inappropriate opioid prescribing. Below is a list of some of the active programs Horizon BCBSNJ currently has in place.

Controlled Substances Alert

- Identifies members on multiple controlled substances with a claims history suggesting misuse or abuse.

Triple Therapy Alert

- Identifies members receiving a narcotic, benzodiazepine and a muscle relaxant from multiple providers.

Opioids from Multiple Providers Alert

- Identifies members with multiple duplicate fills of opioids with multiple providers.

Pharmacy lock-in program

- High-risk members are reviewed and locked into a single pharmacy.

When Horizon BCBSNJ identifies any of the above situations for our members, physicians are contacted.

Additional information and resources

- CDC Guidelines for Opioid Prescribing: CDC.gov
- Take the Pledge at Turn the Tide Rx: turnthetiderx.org
- Project Medicine Drop: njconsumeraffairs.gov/meddrop

On **February 15, 2017**, New Jersey Governor Chris Christie signed legislation aimed to curb the state's opioid addiction epidemic. Horizon BCBSNJ is in the process of implementing the requirements of the legislation into our current programs and prior authorization requirements.¹⁰

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naviHealth to Manage Post-Acute Care Authorization for Certain Medicare Advantage Members

Horizon BCBSNJ has partnered with naviHealth, LLC to manage the post-acute Skilled Nursing Facility (SNF) and Inpatient Acute Rehab Facility (IRF) benefits for our Medicare Advantage (MA) and Horizon Medicare Advantage NJ DIRECT (PPO) members.

naviHealth offers a comprehensive suite of evidence-based functional assessment and clinical decision-support care solutions. naviHealth care coordinators collaborate with patients, caregivers and facility Care Managers to provide care transition planning and clinical review authorizations of post-acute care services. The primary goal of the program is to support a patient through his/her recovery process in the most appropriate, least restrictive setting.

As of **February 1, 2017**, prior authorization must be obtained from naviHealth for admission to and concurrent stay in a SNF or an IRF for our Medicare Advantage (MA) and Horizon Medicare Advantage NJ DIRECT (PPO) members.

Dual-Eligible Special Needs (DSNP) members enrolled in Horizon NJ TotalCare (HMO SNP) will not be serviced by naviHealth on February 1, 2017.

Physicians and other health care professionals will be notified prior to the implementation of naviHealth for DSNP members.

To initiate authorization requests for post-acute care:

- Call naviHealth at **1-844-884-2423**. Representatives are available daily between 8 a.m. and 5 p.m., ET, (excluding nationally recognized holidays).
- Fax naviHealth for the following requests at the below numbers:
 - Prior authorization requests: **1-866-683-5099** (hospitals)
 - Fax concurrent review: **1-866-683-5158** (IRF/SNFs)
 - Fax administrative: **1-866-683-5158**

Faxes will be accepted at any time.

Learn more about naviHealth by visiting naviHealth.us.

If you have questions, call your Ancillary Contracting Specialist or your Network Hospital Specialist.

NJWELL Update – New Physician Results Form

Actively employed State Health Benefits Program (SHBP) and School Employees' Health Benefits Program (SEHBP) members and their covered spouses/partners may ask physicians to complete a new Physician Results Form as part of the NJWELL program, a wellness incentive program.

The form can be completed at the time of the annual physical exam and includes total cholesterol, HDL, TC/HDL ratio, glucose values, blood pressure reading, pulse

reading and body mass index (BMI) measured between **November 1, 2016** and **October 31, 2017**.

All NJWELL Physician Results Forms must be uploaded or faxed and must be received at Quest Diagnostics by **October 31, 2017**.

If you have any questions, call Physician Services at **1-800-624-1110**.

Online Authorization Request Submissions

Prior authorizations (PAs) are required for inpatient admissions, various procedures, prescription medications, and physical and occupational therapies for our members. Authorizations from Horizon BCBSNJ must be submitted online using one of the tools described below.

Utilization Management Request Tool

Use our online *Utilization Management Request Tool* to submit authorization, predetermination and specialty pharmacy requests easily and securely through NaviNet.

To access our online *Utilization Management Request Tool*, simply log in to [NaviNet.net](https://navinet.net), select *Horizon BCBSNJ* plan from the *My Health Plans* menu and:

- Mouse over *Referrals and Authorizations*.
- Select *Utilization Management Requests*.

Physical Therapy and Occupational Therapy (PT/OT) Authorization Tool

Use our online *Physical and Occupational Therapy Authorization Tool*, also available on NaviNet, to submit prior authorization requests for PT/OT services for Horizon BCBSNJ members (except Horizon Medicare Advantage members) that require PA.

Horizon Medicare Advantage members:

Since January 1, 2017, PA requests for PT/OT services to be provided to Horizon Medicare Advantage members must be submitted via our online *Utilization Management Request Tool*. This change applies to all Horizon Medicare Advantage plans, including members enrolled in the Horizon Medicare Advantage NJ DIRECT (PPO) plans.

Horizon BCBSNJ thanks all the physicians and other health care professionals who have transitioned from submitting PA requests by phone and fax to using our fast and easy-to-use online tools.

Not registered for NaviNet?

Access to NaviNet is free. To register, visit [NaviNet.net](https://navinet.net) and click *Sign Up*.

Does this service require a PA?

Use our *Prior Authorization Procedure Search Tool* to determine if a particular service requires a PA when provided in a certain service setting. This online tool provides PA information about services for your fully-insured Horizon BCBSNJ patients.¹

Visit [HorizonBlue.com/priorauthtool](https://horizonblue.com/priorauthtool) or by selecting the *Prior Auth Procedure Search* link within the *Provider Tools* section on NaviNet.

You can also find the tool, as well as PA lists for certain ASO member groups, [HorizonBlue.com/priorauthorizations](https://horizonblue.com/priorauthorizations).

Please refer to the member's ID card to determine his or her coverage.

For more information, or if you have questions, call your Network Specialist.

¹ The information provided by this tool is not intended to replace or modify the terms, conditions, limitations and exclusions contained within health benefit plans issued or administered by Horizon BCBSNJ. In the event of a conflict between the information contained on the tool and member plan documents, member plan documents shall prevail.

This application is intended for informational purposes only. The results provided by this tool are not a guarantee of payment. Claim processing is subject to member eligibility and all member and group benefit limitations, conditions and exclusions.

Care Management Programs and Your Patients

Horizon BCBSNJ Care Management Programs can help you manage your patients – our members – better. There are two types of Care Management Programs: the Chronic Care Program and the Case Management Program.

By collaborating with physicians and other health care professionals, our Care Management Programs support Horizon BCBSNJ's overall goal of improving quality, enhancing the patient experience and lowering costs. In addition, our programs:

- Work with our members to support their physicians' treatment plan.
- Communicate with physicians and other health care professionals to address concerns identified during member assessment, including compliance and barriers to care.
- Assess the medical, financial and social needs of our members, and identify appropriate resources.
- Identify and help patients manage depression and/or other coexisting physical and mental health conditions.

Participation in our Care Management Programs is voluntary and at no additional cost to eligible members.¹

¹ Care Management Programs may not be available for all Horizon BCBSNJ health plans or lines of business.



Case Management Program

Horizon BCBSNJ's **Case Management Program** offers care coordination and guidance to members and their families who are faced with a complex medical condition. Case Management is suggested for members who have certain complex illnesses such as:

- Cancer
- Newborn abnormalities
- Heart surgery
- Organ transplant
- High-risk pregnancy
- Severe injury or paralysis

An assigned Horizon BCBSNJ Care Manager, who is a registered nurse, can help members review their options regarding specialists, hospitals and medical care.

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Care Management Programs and Your Patients

(continued)

If you have a patient who needs support with managing a complex medical condition, email Vendor_Referrals@HorizonBlue.com or call 1-888-621-5894, option 2. Representatives are available for assistance Monday through Friday, from 8 a.m. to 5 p.m., ET.

Members can also be referred to our Case Management Program from other departments at Horizon BCBSNJ, including our Utilization Management department and Chronic Care Program department, the 24/7 Nurse Line, as well as rehabilitation facilities, facility discharge planners, behavioral health providers, practitioners, caregivers and pharmacy vendors.

Members can also contact us directly to enroll.

Chronic Care Program

Horizon BCBSNJ's Chronic Care Program offers care coordination and guidance to members or their covered dependent(s) when they are diagnosed with one of the following conditions:

- Asthma
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Diabetes
- Heart Failure

Use our Chronic Care Program referral form available on [HorizonBlue.com/chronic-care](https://www.horizonblue.com/chronic-care) to refer a member to this program.

For more information on our Chronic Care Program, call 1-888-333-9617, Monday through Friday, 8 a.m. to 7 p.m., ET.

Your patients may benefit from our Care Management Programs. Refer them today.

With our Care Management Programs, your patients can have an improved health care experience. Advantages include:

- A care plan created in collaboration with their physicians and other health care professionals.
- Clinical guidance, including personal assistance and follow up from registered nurses and dietitians.
- A comprehensive health care and lifestyle assessment.
- Diagnosis education.
- Help with understanding plan benefits.
- Day-to-day self-management advice that encourages compliance with treatment plan.

At Your Service

CLAIM SUBMISSION

All claims should be submitted electronically. Use **Payer ID 22099** if you use a vendor or clearinghouse. Primary claims, including claims using a legacy provider ID (TIN + suffix), behavioral health claims and claims requiring a medical record, can be submitted from the *Horizon BCBSNJ* page after logging in to **NaviNet.net**.

PROFESSIONAL CLAIMS

HCAPPA Appeals: Use *Appeal a Claims Determination form* and mail to PO Box 10129, Newark, NJ 07101-3129

General Appeals: Use *579 form* and mail to PO Box 54, Newark, NJ 07101-0054

Inquiries: Use *579 form* and mail to PO Box 199, Newark, NJ 07101-0199

FACILITY CLAIMS

Appeals/Inquiries: Use *579 form* and mail to PO Box 1770, Newark, NJ 07101-1770

FEP®

Claim Inquiries:

PO Box 656, Newark, NJ 07101-0656

Reconsiderations/Appeals: **1-800-624-5078**

PO Box 10181, Newark, NJ 07101

Precertification: **1-800-664-2583**

Care Management and Health and Wellness: **1-866-697-9696**

BLUECARD®

Claim Appeals/Inquiries:

PO Box 1301, Neptune, NJ 07754-1301 **1-888-435-4383**

SHBP/SEHBP

Claim Appeals/Inquiries: PO Box 820, Newark, NJ 07101-0820

Provider Services: **1-800-624-1110**

Institutional Services: **1-888-666-2535**

Utilization Management: **1-800-664-2583**

Advanced Radiology - eviCore healthcare: **1-866-496-6200**

Behavioral Health Precertification: **1-800-991-5579**

IVR and PHONE INQUIRES

Provider Services: **1-800-624-1110**

Institutional Services: **1-888-666-2535**

Find forms at HorizonBlue.com/providers/forms.

ELIGIBILITY AND BENEFITS

Log in to **NaviNet.net** and access the *Horizon BCBSNJ* page. Mouse over *Eligibility & Benefits* and select *Eligibility & Benefits Inquiry*.

PRIOR AUTHORIZATIONS (PA) AND UTILIZATION MANAGEMENT

Most PAs should be requested online using the Horizon BCBSNJ's online *Utilization Management Request Tool*. After logging into **NaviNet.net**, select *Horizon BCBSNJ* within the *My Health Plans* menu, mouse over *Referrals and Authorization*, then select *Utilization Management Requests*.

PT/OT Services

From **NaviNet.net**, access *Horizon BCBSNJ* within the *My Health Plans* menu, mouse over *Referrals and Authorizations* and select *Physical and Occupational Therapy Authorization*.

Outpatient Advanced Imaging and Pain Management

eviCore healthcare: **1-866-496-6200**

Drug Authorizations

From **NaviNet.net**, access *Horizon BCBSNJ* within the *My Health Plans* menu and select *Drug Authorizations*.

Alternate Request Methods

Prior Authorization Unit: **1-800-664-2583**

HORIZON BEHAVIORAL HEALTHSM 1-800-626-2212

Unless otherwise noted on the member ID card, mail claim forms to PO Box 10191, Newark, NJ 07101-3189.

Please refer to the ValueOptions Resource Manual at ValueOptions.com/Horizon for more information.

HORIZON CARE@HOME PROGRAM

Horizon BCBSNJ conducts the review of requests for: Home Health Services (including in-home nursing services, physical therapy, occupational therapy and speech therapy). Prior authorization requests for these services must be submitted using Horizon BCBSNJ's Online Utilization Management Request Tool via NaviNet.

CareCentrix conducts the review of requests for Horizon Care@Home services for: Durable Medical Equipment (including Medical Foods [Enteral], and Diabetic and Other Medical Supplies); Orthotics and Prosthetics and Home Infusion Therapy Services, including hemophilia. Call **1-855-243-3321** to initiate the review of these services.



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200

Blue Review

A Newsletter for Participating Physicians and Other Health Care Professionals,
Acute Care Facilities and Ancillary Staff

Blue Review is written and produced by Enterprise Communications at Horizon Blue Cross Blue Shield of New Jersey. We welcome your comments and suggestions on this publication. Write to:

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