

Horizon NJ Health's Behavioral Health Program

June 2018



Horizon Blue Cross Blue Shield of New Jersey

Objectives

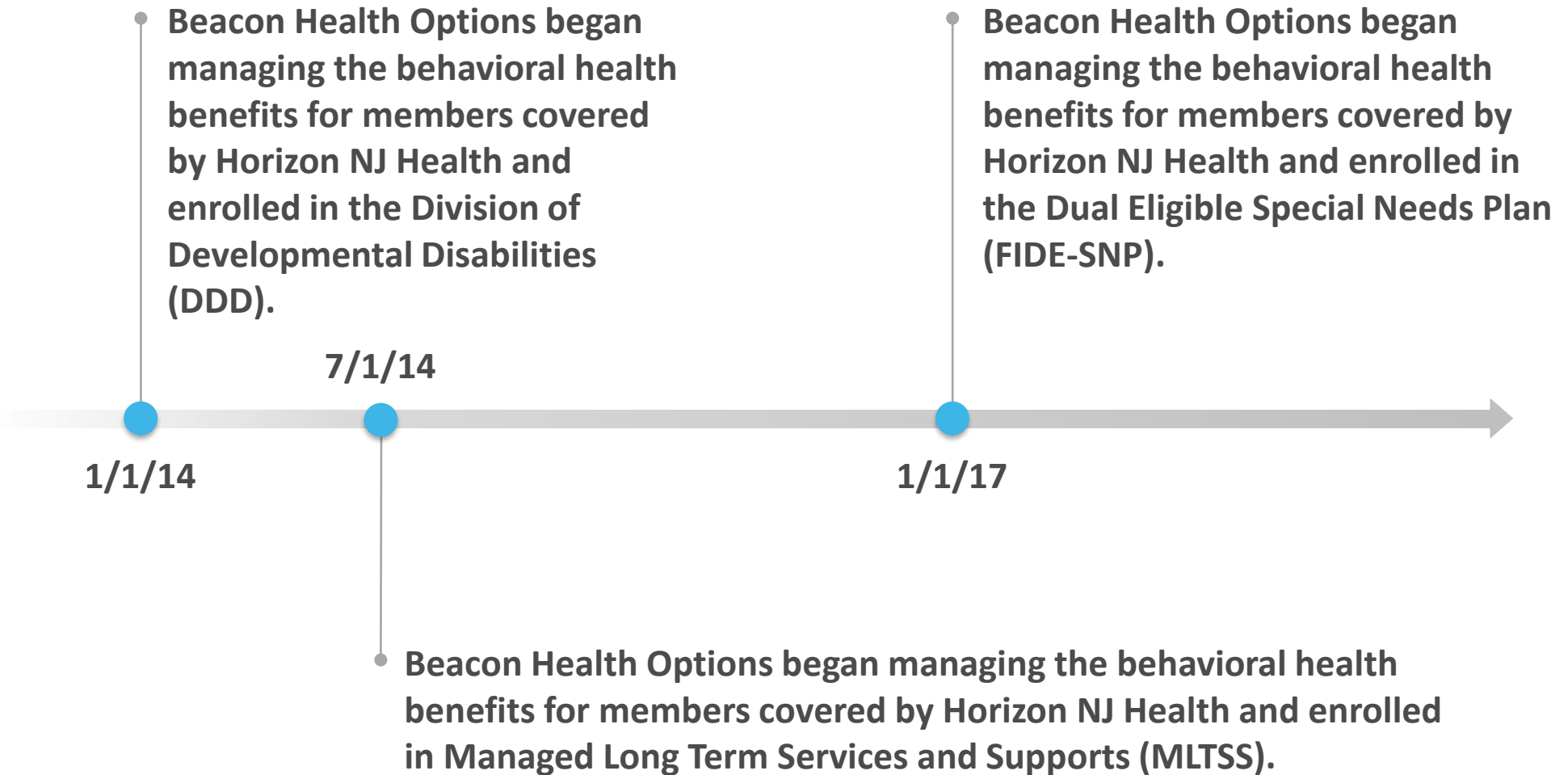
- Overview of Beacon Health Options and Horizon NJ Health's Behavioral Health Network
- Summary of MLTSS, DDD and FIDE-SNP Plans
- Benefit Changes - **New Effective Date October 1, 2018**
- Clinical Care Management and Authorizations
- Contracting and Credentialing
- Claims
- Beacon's On-Line Portal
- Contact Information

Benefit Changes for 2018

New Effective Date will be October 1, 2018

“After careful consideration, the Department of Human Services, Division of Medical Assistance and Health Services has decided to delay the implementation date of the coverage changes for Behavioral Health and Acute Inpatient admissions to October 1, 2018. We understand and appreciate that a considerable amount of planning and readiness preparation has taken place thus far. We believe the new effective date should provide ample time for MCOs to finalize contracts, load rates, and implement the systems, network and other changes required for a seamless transition so that stakeholders are confident that Medicaid recipients will receive necessary care and providers will be paid timely for care delivered.”

Overview of Beacon Health Options and Horizon NJ Health



Overview of Beacon Health Options and Horizon NJ Health

Among the services Beacon Health Options provides include:

- Manage the Horizon Behavioral Health Networks
- Perform Credentialing and Recredentialing
- Perform Clinical Care Management and Authorizations
- Handle Complaints and Appeals, Provider and Member
- Provide Enhanced Care and Case Management programs
- Provide Provider and Member Customer Services
- Quality Improvement

MLTSS, FIDE-SNP and DDD Plans

Medicaid Managed Long Term Services & Supports (MLTSS)

Managed Long Term Services & Supports (MLTSS) refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare program. MLTSS is designed to expand home and community-based services, promote community inclusion and ensure quality and efficiency.

Horizon NJ Health coordinates all services for MLTSS members. The program provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential services, or in a nursing home. Behavioral Health is managed by Beacon.

Currently Beacon manages the Mental Health and Opioid Treatment Services for Horizon NJ Health.

Horizon NJ TotalCare (HMO SNP)

Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP)

The FIDE-SNP plan is known as Horizon NJ TotalCare (HMO SNP).

FIDE-SNP is a Medicare Advantage plan that integrates all covered Medicare and Medicaid managed care benefits into one health plan, including primary care and preventive services, behavioral health and long-term care. Members receive quality care designed to meet all of their needs.

*Horizon NJ Health will continue to pay both the Medicare and Medicaid components of claims for Horizon NJ TotalCare (HMO SNP) members, eliminating the need to file Medicare claims separately; however, any other coverage available for a Horizon NJ TotalCare (HMO SNP) member should be filed first with that insurance program.

The most important features of the plan are:

- A team of doctors, specialists, and Horizon Care Managers working together for the FIDE-SNP member
- A Model of Care that calls for individual care plans for each member
- No copayments, premiums or deductibles for most covered services.

Currently, Beacon manages the outpatient and inpatient mental health services for Horizon NJ Health.

Division of Developmental Disabilities

The Division of Developmental Disabilities (DDD) provides public funding for services and supports that assist New Jersey adults with intellectual and developmental disabilities age 21 and older to live as independently as possible.

Currently, Beacon manages the outpatient and inpatient mental health services for Horizon NJ Health.

Benefit Changes

New Effective Date

October 1, 2018

Benefit Changes for 2018 Inpatient Admissions

Effective **October 1, 2018**, all admissions to a general acute care or free standing psychiatric hospital, including admissions to a psychiatric unit, shall be the responsibility of Horizon NJ Health for **ALL** Horizon NJ Health enrolled members.

This includes all acute care hospitals and psychiatric units contained within the hospital. These changes are not limited to MLTSS, FIDE-SNP and DDD members.

Benefit Changes for 2018

Substance Use Disorder Coverage

All Substance Use Disorder (SUD) services including, but not limited to,

- Hospital-based services
- Outpatient SUD services
- Intensive Outpatient Services (IOP)
- SUD partial care
- SUD residential services
- Ambulatory Withdrawal Management (AWM) services, and Medication Assisted Treatment (MAT) shall be the responsibility of the managed care organization (MCO) for all beneficiaries enrolled in MLTSS, FIDE-SNP and DDD.

Benefit Changes for 2018

Mental Health Coverage

Effective **October 1, 2018**, in order to align behavioral health benefit coverage, all managed care plans will be providing the mental health services **currently covered under MLTSS to the beneficiaries enrolled in MLTSS, FIDE-SNP and DDD.**

These services include the following mental health services:

- Outpatient
- Partial Care
- Adult Mental Health Rehabilitation (Group Home)
- Inpatient

Benefit Changes for 2018

Mental Health Coverage

The following services **are not included** in the mental health coverage benefits for 2018, and will remain Fee-for-Service:

- Targeted Case Management (TCM) including:
- Justice Involved Services (JIS)
- Children's System of Care (CSOC) Care Management Organizations (CMOs)
- Integrated Case Management (ICMS)
- Projects for Assistance in Transition from Homelessness (PATH)
- Behavioral Health Homes (BHH)
- Programs in Assertive Community Treatment (PACT)
- Community Support Services (CSS)

Clinical Care Management and Authorizations

Sample NJ FamilyCare Member ID Card



Horizon NJ Health

NAME

MEMBER ID NO: YHZ

PCP

PHONE

ISSUE DATE

EFFECTIVE

BC/BS Plan Codes 280/780

www.horizonNJhealth.com

NJ FamilyCare

Plan

Dental Benefit

Emergency \$

PCP Copay \$

Dental Copay \$

Specialist Copay \$

Rx Generic \$

Rx Brand \$

Pharmacies Group: HORIZON, BIN 610606,
ProCtrl: HMC



Horizon NJ Health

Independent licensees of the Blue Cross and Blue Shield Association,*
Horizon NJ Health, a product of Horizon HMO*

- Always carry this ID card. You must use your selected Primary Care Provider (PCP) for medical care. Members with Medicare Advantage or other insurance must use that plan's PCP. If you need to see a Specialty doctor, you must get a referral from your PCP. You do not need a referral to see a Horizon NJ Health Eye Doctor, Dentist, OB/GYN provider, get ER care or a mammogram. Refer to the member handbook for specific copay information.
- EMERGENCIES – If you are having an emergency, call "911." You do not need approval to go to the ER. If you get emergency care, you should follow up with your PCP within 24 hours or as soon as possible.

www.horizonNJhealth.com

Member Services
(including dental and vision): **1-800-682-9090**
TTY/TDD: **711**

Provider Services: **1-800-682-9091**

Dental Provider Services: **1-855-878-5368**

Hospital or Pharmacy Prior Auth: **1-800-682-9094**

- Hospitals must call to verify eligibility and obtain precertification for inpatient and outpatient hospital services.
- Standard Claims: Horizon NJ Health Claims Processing Department
PO Box 24078 Newark, NJ 07101-0406
- Dental Claims: Horizon NJ Health,
P.O. Box 299, Milwaukee, WI 53201
- Outside of NJ, the member only has coverage for urgent and emergent care. Out of state, non-Horizon NJ Health providers: submit claims to local BCBS plan.

ID card will have the prefix YHZ in front of the ID number.

Confirm eligibility on a monthly basis as with any other member at **NaviNet.net** or call Provider Services at **1-800-682-9091**.

Sample MLTSS Member ID Card



Horizon NJ Health

NAME

MEMBER ID NO: YHZ

PCP

PHONE

ISSUE DATE

EFFECTIVE

BC/BS Plan Codes 280/780

www.horizonNJhealth.com

Managed Long Term Services and Supports (MLTSS)

Dental Benefit

No Copayments

Pharmacies Group: HORIZON, BIN 610606,
ProCtrl: HMC



Horizon NJ Health

Independent licensees of the Blue Cross and Blue Shield Association,*
Horizon NJ Health, a product of Horizon HMO*

- Always carry this ID card. You must use your selected Primary Care Provider (PCP) for medical care. Members with Medicare Advantage or other insurance must use that plan's PCP. If you need to see a Specialty doctor, you must get a referral from your PCP. You do not need a referral to see a Horizon NJ Health Eye Doctor, Dentist, OB/GYN provider, get ER care or a mammogram. Refer to the member handbook for specific copay information.
- EMERGENCIES – If you are having an emergency, call "911." You do not need approval to go to the ER. If you get emergency care, you should follow up with your PCP within 24 hours or as soon as possible.

www.horizonNJhealth.com

MLTSS Member Services
(including dental and vision): **1-844-444-4410**

TTY/TDD: **711**

MLTSS Provider Services: **1-855-777-0123**

Dental Provider Services: **1-855-878-5368**

Prior Authorization: **1-800-682-9094**

- Hospitals must call to verify eligibility and obtain precertification for inpatient and outpatient hospital services.
- Standard Claims: Horizon NJ Health Claims Processing Department
PO Box 24078 Newark, NJ 07101-0406
- Dental Claims: Horizon NJ Health,
P.O. Box 299, Milwaukee, WI 53201
- Outside of NJ, the member only has coverage for urgent and emergent care. Out of state, non-Horizon NJ Health providers: submit claims to local BCBS plan.

ID card will have the prefix YHZ in front of the ID number.
Confirm eligibility on a monthly basis as with any other member
at **NaviNet.net** or call MLTSS Provider Services at **1-855-777-0123**.

Sample FIDE-SNP Member ID Card



Horizon Blue Cross Blue Shield of New Jersey

Horizon NJ TotalCare (HMO SNP)

MEMBER NAME	PCP:	LAST NAME, FIRST NAME
FIRST NAME LAST NAME	PHONE:	
MEMBER ID NUMBER	OFFICE VISIT:	\$0
YKU	SPECIALIST	\$0
	EMERGENCY ROOM:	\$0
EFFECTIVE DATE	RxBIN	016499
BC/BS PLAN CODE S 280/780	RxPCN	DSNPPRI
ISSUER (80840)	RxGrp	RXHRZN
	RxID	12345678
		CMS-H8298-001

MedicareRx
Prescription Drug Coverage



Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

PROVIDERS MUST NOT BILL MEDICARE.

MA HMO products are provided by Horizon Healthcare of New Jersey, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Insured by Horizon Healthcare of New Jersey, Inc. In case of an emergency, dial 911 or go to the nearest emergency room. Prior authorization is not required for emergency services.

HorizonBlue.com/Medicare

Member Services:	1-800-543-5656
Pharmacy Services:	1-855-457-1346
Prior Authorization:	1-888-621-5894
Dental Services:	1-800-543-5656
Behavioral Health:	1-800-543-5656
TTY/TDD:	711
24/7 Nurse Line:	1-800-711-5952
Lab Services in NJ:	1-800-631-5250
Provider Services:	1-855-955-5590
Emergency Services:	911

**Submit medical claims to: Horizon NJ TotalCare
Claims Processing Department
PO Box 24080
Newark, NJ 07101-0406**

**Submit Rx claims to: Prime Therapeutics LLC
PO Box 20970
Lehigh Valley, PA 18002-0970**

AN INDEPENDENT COMPANY ADMINISTERING PHARMACY BENEFITS.

ID card will have the prefix YKU in front of the ID number.

Confirm eligibility on a monthly basis as with any other member at **NaviNet.net** or call Provider Services at **1-855-955-5590**.

Prior Authorizations

Members will not need a referral from their PCP to see a behavioral health provider.

In-network providers - prior authorization is not required for all outpatient services and medication assisted management.

Out-of-network providers - All services require prior authorization and a single case agreement.

For prior authorization requests and other related clinical questions, please call:

Authorizations and Care Management

1-800-682-9091 (24 hours a day/7 days a week) – NJ FamilyCare

1-800-682-9091 (24 hours a day/7 days a week) – DDD

1-855-777-0123 (24 hours a day/7 days a week) – MLTSS

1-855-955-5590 (24 hours a day/7 days a week) – FIDE-SNP

Prior Authorizations - continued

All Horizon NJ Health behavioral health authorizations are communicated during the telephonic review. Authorization and/ or PA requests and updates are handled telephonically only at this time.

Authorization is obtained by calling the number on the back of the member's identification card. If the member does not have an ID card, call 1- 800- 682- 9091

Medical Services: All calls are received by Horizon NJ Health. Medical needs will be addressed at the initial point of contact. Calls will then be directed to Beacon as needed for Behavioral Health service needs

HNJH Emergent Behavioral Health Services: Inpatient Mental Health and Inpatient Detoxification Services:

- Prior authorization is available 24/7

HNHJ Non-Emergent Behavioral Health Services:

- Prior authorization is available Monday-Friday, 8 am to 5 pm

Substance Use Services for Non- MLTSS, DDD and FIDE-SNP Members:

- IME: 1-844-276-2777 (24 hours a day/7 days a week)

Prior Authorization Required – Effective 10/1/18

Requires Authorization	No Authorization Required
Inpatient Psychiatric	IN Network Outpatient psychotherapy
Partial Hospitalization	IN Network outpatient psychiatric/ Medication Management
Partial Care	Medication Assisted Treatment – not including actual medication
Adult Mental Health Rehabilitation (AMHR) Group Homes	IN Network Outpatient treatment for substance use disorders
Psychological Testing	IN Network outpatient psychiatric/ Medication Management for substance use disorders
ECT	
Trans Magnetic Stimulation	
Short Term Residential (SUD ASAM 3.7)	
Ambulatory Withdrawal Management	
Medically Monitored Detox (SUD ASAM 3.7)	
IOP SUD (ASAM 2.1)	
Partial SUD (ASAM 2.5)	
All out of network providers will require an authorization for any level of care including outpatient levels of care.	

Continuity of Care Process

For the first 30-days post-go-live, we will not require prior authorization rendered by an out-of-network provider for services that would otherwise require it.

During the initial 30-day period, our Clinical team is available to work with members to help transition them to an in-network provider.

Requests to continue with an out-of-network provider after the initial 30 days will be evaluated on a case-by-case basis to determine the most appropriate course of action.

Clinical Care Management and Follow-up Care

- HEDIS Quality Measure - Follow-up After Hospitalization
 - Requires member to be seen within 7 days of discharge, by a qualifying behavioral health provider, from the inpatient setting
- Collaboration between the inpatient facilities and Horizon NJ Health's Clinical Care Management team on the discharge planning
 - Clinical Care Management team can assist with appointment and discharge barriers.

Contracting and Credentialing

Contracting for New Services

If you are already participating - A letter with an amendment to add these new services to your existing contract was sent to you via email, fax or mail in April.

If you are currently non-par and would like to join the Horizon NJ Health network, please call Beacon's Provider Services Line at **1-800-397-1630** from 8 a.m. to 8 p.m., Monday through Friday.

The credentialing process can take up to 90 days after we have received a complete application and signed agreements. However, if you were previously treating a member prior to **October 1, 2018** under the state program and you have returned your signed agreement, you will be able to treat members for six months while your credentialing application is in process.

Effective **October 1, 2018**, Horizon NJ Health is aligning its standard fee schedule with the NJ Medicaid fee schedule for non-TotalCare members. Reimbursement for TotalCare members will not be impacted by the **October 1** changes.

Claims

Claims

Horizon NJ Health retains ownership of claims processing and claims and payment inquiries from providers and members.

- Horizon NJ Health encourages all hospitals, physicians, and health care professionals to submit claims electronically. We utilize the TriZetto Provider Solutions (TTPS) as the EDI vendor.
- For more information on registering, please go to www.trizettoprovider.com/horizon/simpleclaim. If you have any further questions about registering with TTPS for EDI claim submission, please call TriZetto at **1-800-556-2231** or email ttpssupport@cognizant.com.
- Submit all electronic claims to the Horizon NJ Health EDI Payer Number 22326.
- You may also choose to contract with another EDI clearinghouse or vendor who already has access to TriZetto EDI services.
- The other electronic way to submit claims is Direct Data Entry (DDE) through the TTPS SimpleClaim system. For more information about SimpleClaim please use the TTPS contacts above for additional information.

Claims

- All services rendered must be submitted on the CMS 1500 (HCFA 1500) version 02/12 or UB-04 claims form, or via electronic submission in a HIPAA-compliant 837 or NCPDP format.
- NPI numbers are required for all claims submissions. If you are billing as a facility, please do not include the rendering practitioner's NPI number. Please include the facility NPI number.
- An authorization number must be included in box #23 on a CMS 1500 (HCFA 1500) claim form or box #63 on a UB-04 form for all services which require an authorization.
- Although a primary insurer may have unique coding specific to their business, providers must bill with valid ICD-10-CM, CPT-4 and HCPCS codes. Unique or invalid codes specific to other insurers will cause claim processing delays or denials.
- Corrected claims must be billed with a frequency 7 or the third bill type code as 7 and the PCCN number must be included on the claim.
- All claims must include taxonomy codes. More information on taxonomy codes can be found at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Taxonomy.html>.

HNJH Secondary Payment

- Except Medicare for Horizon NJ TotalCare (HMO SNP) members, all coordination of benefit (COB) claims must be submitted with a copy of the EOB from the primary insurer. Medicaid is the “payor of last resort.”
- Paid primary claims can be submitted via EDI. Denied primary claims must be submitted as paper claims.
- Secondary claims must be submitted to Horizon NJ Health within 60 days of the date of the EOB or within 180 days of the date of service, whichever is later.
- Providers must bill with valid ICD-10-CM, CPT-4 and HCPCS codes. Unique or invalid codes specific to other insurers will cause claim processing delays or denials.
- For more detailed information, please refer to the current Horizon NJ Health Provider Administrative Manual.

Paper Claims

While Horizon NJ Health strongly encourages submitting claims via EDI, if a paper claim is necessary, please submit red and white paper claims only for all medical services to Horizon NJ Health at the following address:

Horizon NJ Health
Claims Processing Department
PO Box 24078
Newark, NJ 07101-0406

Horizon NJ Health does not accept handwritten or black and white claims.

Effective 1/1/18, Horizon NJ Health will only accept paper claims on an exception basis. If you are unable to submit claims electronically, please contact **Provider Services** at **1-800-682-9091**.

Claims

- Horizon NJ Health will pay claims based only on eligible charges. Unless the provider contract states otherwise, claims will be paid on the lesser of billed charges or the contracted rate (Horizon NJ Health fee schedule).
- Horizon NJ Health is the “payor of last resort” on all claims submitted for members of its health plan. Hospitals, physicians and health care professionals must verify whether the member has Medicare coverage or any other third party resources and, if so, provide documentation that the claim was first processed by this other insurer as appropriate. If the amount that Medicaid (HNJH contracted rates) would pay is less than Medicare and/or the third party payor, then the claim will pay at \$0.

Claims

- Horizon NJ Health must receive all claims within 180 calendar days from the initial date when services were rendered. If claims are not received within 180 calendar days from the initial date of service, claims will be denied for untimely filing. Coordination of benefits claims must be received within 60 days from the date on the primary Explanation of Benefit (EOB).
- EFT and Electronic Remittance Advice (ERA-835) is available via Navinet.

Administrative Claim Appeals

All claim appeals must be submitted within 90 calendar days from the date of the finalized claim (date of the Horizon NJ Health explanation of benefits) and initiated on the applicable appeal application form created by the Department of Banking and Insurance.

Claim Appeal Department
PO Box 63000
Newark, New Jersey 07101
or
Fax to: 1-973-522-4678

For more information on claim appeals and to access the appeal application form, please visit www.horizonnjhealth.com/securecms-documents/131/Instructions-for-Application-to-Appeal-a-Claims-Determination.pdf

Required Fields for CMS 1500 and UB-04 Claim Forms

Information on submitting a complete CMS 1500 form can be found in the Provider Manual on the Horizon NJ Health website under Section 9.2.1.

Information on submitting a complete UB-04 form can be found in the Provider Manual on the Horizon NJ Health website under Section 9.2.2

[www.horizonNJhealth.com/securecms-
documents/605/provider_manual.pdf](http://www.horizonNJhealth.com/securecms-documents/605/provider_manual.pdf)

How to Check Claim Status

Online

- NaviNet.net
- Access Horizon NJ Health within the Plan Central drop-down menu
- Click *Claim Management*, then *Claim Status Inquiry*

For more information about billing and filing claims, please see Section 9 of the Horizon NJ Health Provider Manual, available on www.horizonNJhealth.com.

Beacon Health Options' OnLine Portal Provider Connect

Updating Provider Information

It is provider's responsibility to submit updates to practice location(s), billing information, telephone/fax numbers, hours of availability and any other demographic changes.

Updating of provider information is available through Beacon Health Options' on-line portal called ProviderConnect.

To learn more, call Beacon Health Options' Provider Services Line at 1-800-397-1630 (8 a.m. – 8 p.m., EST, Monday through Friday)

or visit

Free demonstration:

www.beaconhealthoptions.com/Providers/Beacon/ProviderConnect

Click on *Access the Provider Connect Demo*

Contact Information

Provider Contacts

Beacon Provider Relations, Credentialing and Contracting Questions:

Provider Services Line:

1-800-397-1630 (8 a.m. - 8 p.m. – Monday to Friday)

Email:

horizonbehavioralhealthproviderrelations@beaconhealthoptions.com

Authorizations and Care Management

1-800-682-9091 (24 hours a day/7 days a week) – NJ FamilyCare

1-800-682-9091 (24 hours a day/7 days a week) – DDD

1-855-777-0123 (24 hours a day/7 days a week) – MLTSS

1-855-955-5590 (24 hours a day/7 days a week) – FIDE-SNP

Provider Contacts

Horizon NJ Health Physician & Health Care Hotline

1-800-682-9091 (8 a.m. - 5 p.m., ET - Monday through Friday)

Navinet

www.Navinet.net or call Provider Services at **1-800-682-9091**

TriZetto EDI Services and Simple Claim inquires

1-800-556-2231

Horizon NJ Health's Website

www.horizonNJhealth.com

Horizon NJ Health's Provider Manual

[www.horizonnjhealth.com/securecms-documents/605/Provider Manual.pdf](http://www.horizonnjhealth.com/securecms-documents/605/Provider_Manual.pdf)

Horizon NJ Health's Provider Specific Website

<https://www.beaconhealthoptions.com/providers/beacon/network/horizon-nj-health/>

Provider Contacts

Claims Submission/ Address

Reference the address on the member's identification card, as the address may vary based on payment location.

Member Benefits, Eligibility, and Authorizations

If you have a question about authorization or benefits, call the (800) number on the back of the member's identification card.

Member Customer Service

To reach Member Services, call the phone number on the back of the member's identification card.

If the member does not have an ID card, call **1-800-682-9091**.

Questions?