



Horizon Blue Cross Blue Shield of New Jersey

*Making Healthcare Work*<sup>SM</sup>

# Horizon Blue Cross Blue Shield of New Jersey NJSOM Conference 2012



# Policies and Procedures



## Need to correct a claim? Just call us!

- Beginning in June 2012, Physician and Institutional services representatives can accept missing or corrected claim information over the telephone.
- If you prefer, you may still submit corrected claim requests by mail using our *Inquiry Request and Adjustment Form (579)*.
  - Available online under Forms and Vouchers
  - Online “fill-able” PDF form. Complete, print and mail in with supporting documentation (e.g., the corrected *CMS 1500* or *UB-04 Claim form*, a Medicare or other carrier Explanation of Benefits (EOB), etc.).

**This workflow does not pertain to claims processed by CareCore National for radiology services.**

**If the provider requests to make corrections to CCN Radiology claims, the claim must be resubmitted with the correction.**



OR



## Did you register for Electronic Funds Transfer?

- Horizon BCBSNJ has made the use of Electronic Funds Transfer (EFT) a requirement for all participating physicians, other health care professionals, ancillary professionals and ancillary facilities.
- The majority of our network has complied, however, there are some practices that still have not registered. To avoid jeopardizing your participation status with Horizon BCBSNJ, we require that you register for EFT immediately.
- Our online EFT training course provides a step-by-step walk through on what you need to complete the EFT registration process.
  - Mouse over *References and Resources* and click *Provider Reference Materials*.
  - Click *Educational Classes*.
  - Click *Electronic Funds Transfer*.

# Horizon BCBSNJ's Access Standards

- Horizon Blue Cross Blue Shield of New Jersey has established access standards for PCPs and certain specialties.
- We conduct an annual survey of to assess compliance with our appointment availability, wait times and more.
- Any practice that is not compliant with a specific standard will be notified in writing detailing the specific standard(s) that were not met.
- Each practice that is not complaint for the same standard for two consecutive years will be required to provide a written corrective action plan and would be expected to demonstrate standard compliance within a three-month period.



# Access Standards

Access Standard	PCP or OB/GYN	Selected Specialties
Routine Preventive Care	Offer the patient an appointment within <b>four months</b> of the request.	Not Applicable
Routine Care	Offer the patient an appointment <b>within two weeks</b> of the request.	Offer the patient an appointment <b>within three weeks</b> of the request.
Urgent Care	Offer the patient an appointment <b>within 24 hours</b> of the request.	Offer the patient an appointment <b>within 24 hours</b> of the request.
Emergency Care	Respond to the patient's call <b>immediately</b> (one hour) or be directed to an emergency room.	Respond to the patient's call <b>immediately</b> (one hour) or be directed to an emergency room.
After Hours Care for Urgent or Emergent Care	Respond to the patient's call for urgent or emergent care <b>within 30 minutes</b> of the call.	Respond to the patient's call for urgent or emergent care <b>within 30 minutes</b> of the call.
Appointment Wait time	No patient is to wait <b>more than 30 minutes</b> for a scheduled appointment, or be offered the opportunity to reschedule.	No patient is to wait <b>more than 30 minutes</b> for a scheduled appointment, or be offered the opportunity to reschedule



## Pre-existing Review Changes

Also effective May 1, 2012, Horizon BCBSNJ combined the Attestation Form and questionnaire. Provider now has the option to sign the cover sheet or send records based on individual situations.

- Requests for records are no longer based on a threshold.
- We no longer use attestations.
- Regardless of the dollar charge, the provider will receive a questionnaire.

The cover letter gives the provider the option to submit medical records or complete the questionnaire form. The intent of the questionnaire is to decrease the amount of medical records needed.

The questionnaire asks the specific questions we need to render a determination. We encourage you to complete the form instead of sending in medical records.

Please access our [Medical Policy Manual](#) to help you better understand when we require medical records to be submitted to support your claim.





2 Penn Plaza East  
Newark, NJ 07102-1200  
www.horizon-bcbnj.com

July 6, 2012

PROVIDER NAME  
PROVIDER ADDRESS  
CITY, STATE ZIPCODE

RE: Patient Name:  
Product Name:  
Claim Number:  
Identification Number:

Dear Provider

Horizon Blue Cross Blue Shield of New Jersey has been advised that you treated the above named patient.

In order to expedite the finalization of your claim, please complete the attached form or submit complete medical records.

Our goal is to respond as timely as possible. Therefore, please submit the requested information 10 days of the receipt date of this letter. Failure to complete this request will result in claims denied for missing information.

Attn: Claim Policy Implementation  
Horizon Blue Cross Blue Shield of New Jersey  
PO Box 1740 Newark NJ 07101-1740  
Or Fax: 1-888-778-8891

Thank you for your cooperation.

Sincerely,

*Daniel Bruce*

DANIEL BRUCE  
Manager, Claim Policy Implementation  
SRM1-

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities from requesting or requiring genetic information of an individual or family member of an individual except as specifically allowed by this law. To comply with this law, we are asking that you not provide information when responding to this request for medical information. "Genetic information," as defined by the law, includes an individual's family medical history, the results of an individual's or family member's genetic testing, the fact that an individual or an individual's family member sought or received genetic services, and information of a fetus carried by an individual or an individual's family member or an embryo lawfully stored by an individual or family member receiving assisted reproductive services.

Horizon Blue Cross Blue Shield of New Jersey  
PRE-EXISTING CONDITION QUESTIONNAIRE  
TO BE COMPLETED BY PHYSICIAN

PATIENT NAME:  
ID NUMBER:

1. Please advise if you have knowledge that this patient received treatment, had treatment recommended, or whether symptoms existed for the diagnosis(s) listed below during time period of 00-00-0000 through 00-00-0000 (look-back to effective date):

Diagnosis (s)	Please advise if you treated the patient or are aware of any treatment received during the above dates:	What was the recommendation or treatment? (List all tests, medications, therapies, etc.):	Did the patient show signs or symptoms during the above dates:
(Please see description, notes, etc.)	Yes _____ No _____		Yes _____ No _____
	Yes _____ No _____		Yes _____ No _____
	Yes _____ No _____		Yes _____ No _____
	Yes _____ No _____		Yes _____ No _____

2. Was the patient hospitalized between 00-00-0000 through 00-00-0000? If so, give the exact dates and reason for admission.

3. Did the patient consult with you for any other condition(s) between 00-00-0000 through 00-00-0000?

4. Please provide the name(s) and address of any other Physician(s) who previously treated or referred the patient to you?

Physician Name (Please Print)

Physician Signature

Tax ID Number

Date

Sample of new form



## **Help avoid delays in pre-existing review process**

- ✓ If you receive a request for medical records, complete the form accurately and return it timely.
- ✓ Include date(s) when treatment/symptoms was received or recommended.
- ✓ If you do not have medical information, indicate the referring practitioner.
- ✓ Check your information carefully to verify its accuracy.
- ✓ Sign and date the letter.
- ✓ Return the completed form and applicable records within 10 days of receipt.
- ✓ Fax to the correct fax number indicated on the letter (1-888-778-8891).
- ✓ Do not resubmit a claim with the letter. This will result in the claim being processed as a duplicate.

# Radiation Oncology Medical Necessity Determination Process

Horizon Blue Cross Blue Shield of New Jersey is committed to helping ensure that the health care provided to our members is of high quality and consistent with nationally recognized clinical guidelines. With this commitment in mind, medical necessity determination (MND) is required for radiation oncology services provided to all fully insured members (excluding out-of-state plans). Please review the information in the table below to help illustrate the radiation oncology MND process, and its administration for various plans.

For member's enrolled in:	Prefix	MND type?	Who performs the MND?	Submit MND request and medical records to:	Submit claim appeals to
Fully insured small, mid-size and large employer groups	various prefixes	Pre /Post Service	CareCore National LLC	<ul style="list-style-type: none"> <li>Online MND submission and MND status inquiries <a href="http://www.carecorenational.com">www.carecorenational.com</a></li> <li>By telephone at 1-866-242-5749</li> <li><i>Fax submission not available.</i></li> </ul>	Horizon BCBSNJ PO BOX 10129 Newark NJ 07101
New Jersey State Health Benefits Program (SHBP) and School Employee's Health Benefits Program (SEHBP)	NJX, NJP	Post service	Horizon BCBSNJ	<ul style="list-style-type: none"> <li>Horizon BCBSNJ PO BOX 820 Newark NJ 07101-0820</li> <li>By Fax at 1-973-274-2389</li> </ul>	Horizon BCBSNJ PO BOX 199 Newark NJ 07101
Federal Employee Benefits program	R	Post service	Horizon BCBSNJ	<ul style="list-style-type: none"> <li>Horizon BCBSNJ 3 Penn Plaza East, PP-02N Newark NJ 07101</li> <li>By fax at 1-973-274-4071</li> </ul>	Horizon BCBSNJ PO BOX 656 Newark NJ 07101
Local 54	HWX	Pre service MND is required.	Horizon BCBSNJ	<ul style="list-style-type: none"> <li>By telephone at 1-866-899-0626</li> <li>By fax at 1-888-891-8913 (fax form available on <a href="http://www.HorizonBlue.com/Providers">www.HorizonBlue.com/Providers</a>)</li> </ul>	Horizon BCBSNJ PO BOX 199 Newark NJ 07101
Other self-funded, Administrative Services Only (ASO) groups	TWP, ZJC, RFW, etc.	Post service	Horizon BCBSNJ	<ul style="list-style-type: none"> <li>Horizon BCBSNJ PO BOX 220 Newark NJ 07101-9020</li> <li><i>Fax submission not available.</i></li> </ul>	Horizon BCBSNJ PO BOX 220 Newark NJ 07101

# Radiation oncology claims information

The following information applies to radiation oncology claims submitted for members enrolled in ALL of the plans listed in the table above.

## Claim Inquiries

Claim status inquiries may be conducted online via [www.NaviNet.net](http://www.NaviNet.net) or through our Interactive Voice Response (IVR) system by calling **1-800-624-1110**.

## Claim Denials

Claims may be denied for a variety of reasons. Please review the denial reason code and description on your Explanation of Payment (EOP) to determine next steps. Horizon's Customer Service should be contacted at 1-800-624-1110 if you are not using the IVR or [www.NaviNet.net](http://www.NaviNet.net) to investigate your claim denial.

- **Lack of MND**

If a claim is denied due to lack of a MND and you have not obtained one, please submit a request immediately to the appropriate MND area (CareCore or Horizon BCBSNJ). If your request does not demonstrate medical necessity, you will be notified in writing and provided detailed instructions to pursue a clinical appeal.

- **Insufficient information to establish a MND**

If a claim is denied due to insufficient clinical information to establish a MND for the services rendered, please provide the clinical rationale and/or an updated treatment form to the appropriate MND area (CareCore or Horizon BCBSNJ).

## Claim Appeals

- **Services not included in approved treatment plan**

Claims that are denied because the services/procedures were excluded from the original approved treatment plan, or for a benefit or eligibility reason, are considered a “*claims appeal*” and should be directed to the appropriate Horizon BCBSNJ claims appeal service area. Please see either the at your service guide **on line, or the explanation of payment**.

Claim Submission/Appeal reference guide:

[https://services5.horizon-bcbsnj.com/eprise/main/horizon/tsnj/tswweb/virtual/submission\\_addresses.html](https://services5.horizon-bcbsnj.com/eprise/main/horizon/tsnj/tswweb/virtual/submission_addresses.html)

## Use participating clinical laboratories

- Horizon Blue Cross Blue Shield of New Jersey monitors the patterns of participating physicians who refer their Horizon BCBSNJ patients or send patient testing samples to nonparticipating clinical laboratories. Horizon BCBSNJ patients and/or their testing samples should be referred to a participating clinical laboratory.
- We remind you that as a participating physician or other health care professional, you are required to adhere to our *Out-of-Network Consent Policy*. This policy requires that you, whenever possible, refer your Horizon BCBSNJ members to participating physicians, other health care professionals or facilities (including clinical laboratories) unless the member has, and wishes to use, his or her out-of-network benefits, understands that a much greater member liability may be involved and signs a completed copy of our *Out-of-Network Consent Form (2180)*.

## Use participating clinical laboratories cont'd

- Our *Out-of-Network Consent Policy* does not apply to members enrolled in Horizon HMO, Horizon Medicare Blue Value, Horizon Medicare Blue TotalCare or Horizon EPO plans. Since these plans do not have out-of-network benefits, members must be referred and/or their testing samples sent only to a Laboratory Corporation of America® Holdings (LabCorp) Patient Service Center or clinical laboratory.
- LabCorp is the exclusive in-network clinical laboratory services provider for your Horizon BCBSNJ managed care patients, and a preferred provider of clinical laboratory services for your Horizon BCBSNJ PPO and Indemnity patients.
- As a participating physician, you have agreed to adhere to the policies and procedures in the Physician Agreement, including our *Out-of-Network Consent Policy*. Failure to comply with the terms of your Physician Agreement may result in your termination from the Horizon BCBSNJ network(s).

## Use participating clinical laboratories cont'd

- Information about Labcorp's specific testing capabilities may be obtained on their website. Visit **www.LabCorp.com** and click *Test Menu* under the *I Am a Health Care Provider* heading.
- LabCorp representatives are also available at **1-888-LabCorp (522-2677)** to discuss how they or one of their participating subsidiary companies\* can best meet your specific testing needs.
- If you have questions about LabCorp, please call **1-888-LabCorp (522-2677)**. If you have questions about your Physician Agreement or our *Out-of-Network Consent Policy*, please contact your Horizon BCBSNJ Network Specialist.

*\* National Genetics Institute, Dynacare Northwest, Inc., Dianon Systems, Inc., ViroMed Laboratory, Inc., Intergrated Oncology, Esoterix, Inc., Home Healthcare Laboratory of America, Intergrated Genetics, LithoLink Corporation or United Dynacare, LLC.*

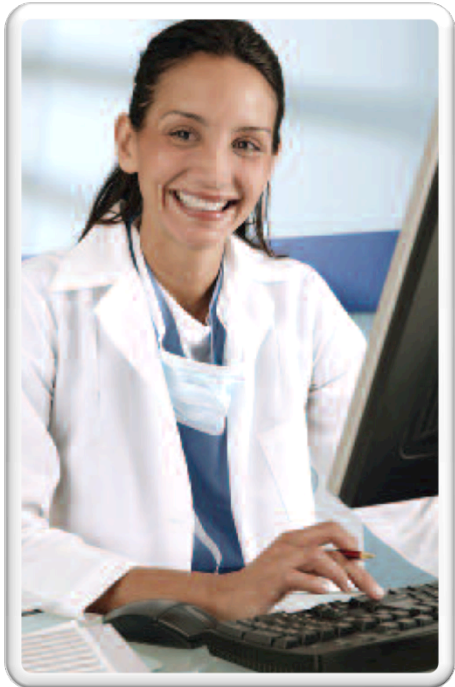
*Horizon BCBSNJ's relationship with LabCorp for our Horizon PPO and Indemnity plans is not an exclusive arrangement and does not impact our current relationships with other local participating laboratories or hospital outpatient laboratories at participating hospitals.*



# Out-of-Network Consent Policy

- Refer patients to par practitioners and/or facilities (including clinical labs and ASCs) unless the member:
  - Wishes to use his or her out of network benefits and understands the higher out-of-pocket expense involved.
- All Par providers are required to follow our Out-of-Network Consent Policy.
- Include completed/signed **Out-of-Network Consent Forms** in the patient's medical record and provide copies within 10 business days if audited. Forms can be found on NaviNet.
- To read our *Out-of-Network Consent Policy*, registered NaviNet users may log on to **www.NaviNet.net**, select *Horizon BC BSNJ* within the *Plan Central* dropdown menu and:
  - Mouse over *References and Resources* and click *Provider Reference Materials*.
  - Click *Additional Information*.
  - Click *Out-of-Network Consent Policy*.





# NaviNet

## Register for NaviNet today!

Join the other offices that are already saving time and money accessing online information for more than 95 percent of the commercially insured members in the state.

By using NaviNet, your office will have access to Horizon BCBSNJ information, as well as other New Jersey health plans.

- To register for NaviNet, visit [www.NaviNet.net](http://www.NaviNet.net) and click *Sign up*.
- To learn more about NaviNet, please visit [www.NaviNet.net/about-navinet](http://www.NaviNet.net/about-navinet).

Our website provides the tools and resources you need to do business with us, including access to *Clear Claim Connection*, *Webinars*, *Blue Review*, *Demographic updates*, *Prior Authorization list*, *Medical Policies*, and commonly used *forms* such as Out-of-Network Consent form.



## How to submit medical attachments through NaviNet

You can submit medical attachments for certain claims online through NaviNet®. This feature expedites our processes by providing us quicker access to required medical information.

To submit medical attachments to us through NaviNet, registered users may log in to **www.NaviNet.net** select *Horizon BCBSNJ* within the *Plan Central* dropdown menu and:

- Mouse over *Claim Management* and click *Claim Status Inquiry*.
- Search for and locate the claim in question.
- Click the claim number to proceed to the *Claims Detail* screen.
- Click *Submit Attachments* within the *Claims Detail* screen.
- Within the *Submit Attachments for Pre-Existing Condition* screen that displays, select the appropriate *Attachment Type*. We can accept attachments in the following formats: JPEG, JPG, TIFF, TIF or PDF.

## How to submit medical attachments through NaviNet cont'd

- Click *Browse* then locate and attach the appropriate file(s) from your computer. A maximum of five attachments may be uploaded per submission. Each submission cannot exceed 10MB (combined size) for all attachments.
- Click *Submit Attachments*.
- Record the *Confirmation Number* that is generated for easier and faster follow up with Horizon BCBSNJ.

You can submit attachments for claims that are pended for more than seven days or finalized with \$0 paid. NaviNet will display an informational icon and message to let you know if you can submit an online medical attachment.

If you need help with online medical attachments, please call the e-Service Help Desk at

**1-888-777-5075.** Representatives are available Monday through Friday, between 7 a.m. and 6 p.m., Eastern Time.

# How to submit medical attachments through NaviNet cont'd

- **Attachment Types**

You are able to submit any of the following types of medical attachments to us through NaviNet:

- Ambulance Report.
- Anesthesia Report.
- Coordination of Benefits (COB) Questionnaire.
- Complete Medical Record.
- Consultant/Consultation Report.
- Discharge Summary.
- Durable Medical Equipment (DME) Order/ Letter of Medical Necessity.
- Emergency Room Report.
- Entire Psychiatric Record, except Psychotherapy Notes.
- History and Physical.
- Laboratory Report.
- Letter/Form of Medical Necessity.
- Medication Report.
- Occupational, Physical or Speech Therapy Progress Notes.
- Occupational, Physical or Speech Therapy Report.
- Operation Report.
- Pathology Report.
- Photos/X-rays.
- Physician/Nursing/Office Notes.
- Prescriptions/Orders.
- Psychiatric Assessment/Evaluation.
- Psychiatric Progress Notes.
- Psychiatric Team Conference Notes.
- Psychological Testing.
- Radiology Report.
- Sleep Study.
- Substance Abuse Record, except Substance Abuse Therapy Notes.
- Treatment Plan.



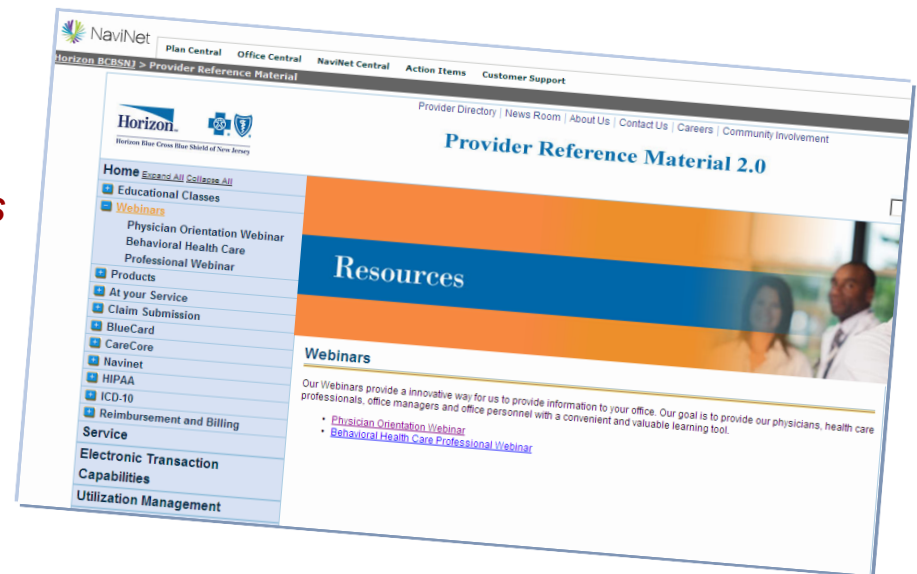
## Virtual ID cards

- Later this year, we'll enable you to access and generate your Horizon BCBSNJ patients' virtual ID cards through NaviNet. Watch for a future announcement about the availability of this important functionality.
- Currently, our members have the ability to generate and print an actual image of their Horizon BCBSNJ ID cards to use as a temporary proof of coverage in the event they have misplaced or have not yet received their official Horizon BCBSNJ ID card. If a patient of your presents a printout of his/her ID card image, please treat it as you would any other Horizon BCBSNJ ID card.

# Webinars

Online learning opportunities for participating practices.

- Physician Orientation Webinar - sessions are held the 3rd Thursday of each month at 10 a.m.
- Behavioral Health Webinar - sessions are held the 4th Wednesday of each month at 10 a.m.
- To participate, registered NaviNet users should log in to [www.NaviNet.net](http://www.NaviNet.net) a few minutes before 10 a.m.
- From the Horizon BCBSNJ Plan Central page:
  - Mouse over *References and Resources* and click *Provider Reference Materials*.
  - Click *Webinars*.
  - Select either the *Physician Orientation* or *Behavioral Health Webinar*.
  - Click *Join Our Webinar Session*.



# Online Credentialing

- Our new online credentialing is now available and accessible to those registered NaviNet® users who have Security Officer rights.
- To access our new Online Credentialing:
  - Select *Horizon BCBSNJ* within the *Plan Central* dropdown menu.
  - Mouse over *References and Resources*.
  - Click *Provider Data Maintenance*.



# Online Credentialing

- A provider group can log in and request network participation for a healthcare professional.
- A solo practitioner can also log in and request network participation themselves.

## Horizon BCBSNJ - eServices - Select an Option

### Self-Service Options

Welcome to Horizon BCBSNJ's eServices page. Please select an option below to get started.

Please note: At this time, you may apply online on behalf of individual practitioners only.

[Join Our Network \(Individual practitioners only\)](#)

[Group Maintenance](#)

For additional help, please call Physician Services at 1-800-447-2610.

The healthcare professional joining the practice must be recognized by our systems to complete the online credentialing application. That means they must have previously submitted at least one claim to Horizon BCBSNJ.

## Help us maintain and present accurate information about your practice

It's important that your practice information in our files is accurate, current and complete. Inaccurate or incomplete information may cause problems and/or delays in the processing of claims, referrals and reimbursement to your office.

The information in our files is also used to populate our online *Provider Directory*. Inaccurate or outdated information in our files will misrepresent your practice to patients and referring physicians searching our *Provider Directory* for a primary or specialty physician.

To ensure that your practice's demographic information is correct, please regularly review your demographic information and initiate any necessary updates.

*Note: Although Horizon BCBSNJ works with Medversant to verify practitioner credentials as part of our recredentialing efforts, Medversant does not forward changes to practice demographic information that you may have conveyed to them. You must notify us directly of any and all changes to your practice's demographic information.*

## Help us maintain and present accurate information about your practice cont'd

### Online

We encourage all practices to update their demographic information online. Registered NaviNet® users may initiate demographic changes, as well as check the status of a previously submitted request online. To access our *Provider Data Maintenance* tool, registered users may log in to **www.NaviNet.net** and:

- Select *Horizon BCBSNJ* within the *Plan Central* dropdown menu.
- Mouse over *References and Resources* and click *Provider Data Maintenance*.

Our *Provider Data Maintenance* tool will generate an e-mail to you to confirm our receipt of your request and provide you with a reference number when your request is completed.

### By fax

You may also request that we update your practice's demographic information by completing a copy of our *Provider File Change Request Form* and faxing it, along with all necessary supporting documents (e.g., W9, NPPES letter, SS4, etc.) to **1-973-274-4302**.



# Questions

