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Managed Long Term Services and Supports (MLTSS)

George L. Ingram
Director, Network Contracting and Servicing

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What is MLTSS?

- **Effective July 1, 2014**
- **Transition from fee-for-service model to Managed Medicaid**
- **Currently 11,000 members receiving benefits**
- **Estimated 80-90 percent of eligible members receive both Medicare and Medicaid**

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Waiver Populations

- **Includes:**
 - **AIDS Community Care Alternatives Program (ACCAP)**
 - **Community Resources for People with Disabilities (CRPD)**
 - **Global Options for Long-Term Care (GO)**
 - **Traumatic Brain Injury (TBI)**

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Special Exemption

- **Nursing facility residents**
 - **Medicaid beneficiaries**
 - **prior to July 1, 2014**
 - **Medicaid fee-for-service**
 - **eligible after July 1, 2014**
 - **must enroll in managed care plan**
 - **will be covered through managed care**

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MLTSS Services

- **NJ FamilyCare A Benefits Plus:**
 - Assisted Living
 - Community Residential Services
 - Nursing Facility
 - TBI Behavioral Management
 - Cognitive Therapy
 - Occupational Therapy
 - Structured Day Care
 - Supported Day Care Services

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MLTSS Nontraditional Providers

- **“Nontraditional” providers include:**
 - Caregiver/Participant Training
 - Chore Services
 - Community Transition (from NH) Services
 - Home-Based Supportive Care
 - Home Delivered Meals

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MLTSS Nontraditional Providers (continued)

- “Nontraditional” providers include:
 - Medication Dispensing Device
 - Non-Medical Transportation
 - Personal Emergency Response System
 - Residential Modifications
 - Vehicle Modifications

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Eligibility

- Be a resident of New Jersey
- Meet categorical eligibility:
 - Age 65 years or older
 - Under 65 with a disability or blind*

*as defined by the Social Security Administration or the State of New Jersey

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Eligibility *(continued)*

- **Meet financial eligibility:**
 - Income for one person can be equal to or less than \$2,163 per month (2014)
 - Income for a couple can be equal to or less than \$4,326 per month (2014)
 - All income is based on the gross amount
 - Financial Resources must be at or below \$2,000 for an individual and \$3,000 for a couple

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Eligibility *(continued)*

- **Meet clinical eligibility:**
 - determined by a state or county professional as needing nursing facility level of care
- Reside in an approved community living arrangement
- Want to enroll and receive services in a nursing home or in a community setting instead of living in a nursing home

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Enrollment

- **County Welfare Agency (Board of Social Services)**
- **County Area Agency on Aging (AAA) – Aging and Disability Resource Connection (ADRC)**
- **The Office of Community Choice Options (OCCO) makes the final decisions about enrollment into the MLTSS program**

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Non-Participating Providers

- **Must sign a Memorandum of Agreement (MOA) and a credentialing application by June 16, 2014**
- **If you did not receive a MOA and application contact Lori Jackson at Lori_Jackson@horizonblue.com**

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Verify Eligibility & Benefits

- **Call the MLTSS Provider Services:**
 - 1-855-777-0123
- **Log in to www.NaviNet.net**
 - Access Horizon NJ Health within the Plan Central drop-down menu
 - Click Eligibility & Benefits, then click Eligibility & Benefits Inquiry

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The ID Card

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Horizon Blue Cross Blue Shield of New Jersey

Independent Companies of The Blue Cross and Blue Shield Association,
Horizon NJ Health, a unit of Horizon MMP
R001 Plan Code 262761

**Managed Leap Term
Services and Supports
(MLTSS)**

Dental Network
No Copayments

NAME _____

MEMBER ID NO. TYPE _____

PCP _____

PHONE _____

ISSUE DATE _____

EFFECTIVE _____

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Independent Companies of The Blue Cross and Blue Shield Association,
Horizon NJ Health, a unit of Horizon MMP
R001 Plan Code 262761

• **Primary Care (PC) Visit:** You must use your selected Primary Care Provider (PCP) for medical care. Members with Medicare Advantage or other managed care plans that require 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, Chiropractor, get 1st care or a mammogram. Refer to the member handbook for specific copay information.

• **EMERGENCIES:** If you are having an emergency, call 911. If you do not need approval to go to the ER, it was not an emergency case, you should follow up with your PCP within 24 hours or as soon as possible.

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MLTSS Member Services: 1-866-441-4650
TTY: 1-866-829-7700
MLTSS Provider Services: 1-855-777-0123
Dental Provider Services: 1-855-436-5368
Hospital or Pharmacy Prior Auth: 1-888-662-5996

- Hospital must call to verify eligibility and obtain preauthorization for inpatient and outpatient hospital services.
- Outpatient Claims: Horizon NJ Health, Claims Processing Dept., P.O. Box 7117, Linden, NJ 07036
- Dental Claims: Horizon NJ Health, P.O. Box 206, Milwaukee, WI 53201
- Out of state, non-Horizon NJ Health providers should send claims to their local R001 plan.
- Pharmacy Group: HORIZON, BN E1003, Payer: HMO.

- **Confirm eligibility as with any other member**
 - NaviNet.net
 - MLTSS Provider Services - 1-855-777-0123

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MLTSS Member Services

- **Dedicated Member Services number:**
 - 1-844-444-4410
- **Dedicated call center team**
- **Care coordinators to facilitate services and medical issues**
- **Connection with the member care manager**

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Care Management

- **All members will be assigned a care manager**
- **Individualized care plans developed**
- **Care plans reviewed every 90 days or when member's condition changes**

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Community vs. Institutional Care

- **Goal**
 - **Member resides in community**
 - Member's home
 - Adult family care
 - **Institutional Care**
 - Nursing facility
 - Assisted living facility

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Behavioral Health

- **Included as part of benefit package**
- **Provided by Horizon Behavioral Health**
 - Prior authorizations
 - Complaints
 - Referrals
 - Emergency authorizations
- **Call 1-800-682-9094**

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Critical Incident Reporting

- **Examples of a critical incident**
 - Severe injury or fall resulting in the need for medical treatment
 - Suspected or evidence of physical or mental abuse, including self abuse and neglect
 - Law enforcement contact
 - Medication error
 - Medical or psychiatric emergency
 - Missing person or unable to contact

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Critical Incident Reporting (continued)

- **The initial report of a Critical Incident must be made within one business day and may be submitted verbally, but the verbal report must be followed up by a written report within two business days.**
- **Contracted providers must immediately (not to exceed one business day) take steps to prevent further harm to any and all members and respond to emergency needs of members.**

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Critical Incident Reporting

(continued)

- **Call**
 - **MLTSS Member Services: 1-844-444-4410 OR**
 - **Provider Services: 1-855-777-0123**
- **Mail Report to**
Horizon NJ Health
Att: Quality Department,
MLTSS Complaints Unit
210 Silvia Street
West Trenton, NJ 08628

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Critical Incident Reporting

(continued)

- **Providers with a Critical Incident are required to conduct an internal Critical Incident investigation and submit a report on the investigation within 15 calendar days**
- **Providers are still required to also report Critical Incidents to the state, as they do today.**

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Prior Authorization

- Authorizations created when care plan is agreed upon
- Once service provider is identified, confirmed
 - Authorization is finalized
 - Provider demographics
 - Start and end date of the service
 - Type of service to be provided
- Authorization number is faxed to provider

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Authorization Status

- To check prior authorization request status:
 - Visit NaviNet.net
 - Visit the Horizon NJ Health Plan Central
 - Select Report Inquiry then,
 - Administrative Reports then,
 - Authorization Summary Status Report
 - Call 1-800-682-9094

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Pharmacy

- **Nursing home residents**
 - Majority will have coverage via Medicare
- **Members with Horizon NJ Health as primary insurer**
 - Medication coverage subject to existing Horizon NJ Health formulary
 - May require prior authorization

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Pharmacy (continued)

- **Dispensing of majority of authorized medications**
 - **Individuals in**
 - Assisted living program
 - Residence
 - Nursing home
 - 14-day increments
- **Horizon NJ Health will accommodate as necessary members who are coming from a community setting and who are unable to bring medication dispensed in the community setting into a nursing or assisted living facility**

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Pharmacy (continued)

- **After hours**
 - **Horizon NJ Health pharmacy staff will be available to discuss urgent drug issues**
- **General pharmacy questions**
 - **1-800-682-9094**

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Medical Appeals

- **Denials**
 - **Primary Care Physicians notified**
 - **All denials for all types of service**
 - **Notification letters include the appeal right details**
- **Appeals can be filed orally or in writing**
- **Peer-to-peer discussions**
 - **Medical Directors are available at 1-800-682-9094, extension 89469**

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Medical Appeals

- **Expedited appeals**
 - Member's health or wellness is at risk
 - Timeframe
 - Verbal and written notification within 72 hours
- **Standard provider appeals**
 - Written notification within 20 business days
- **Appeals hotline**
 - Questions related to denials or appeals
 - 1-800-682-9094, extension 89606, prompt 2

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Electronic Claims Submission

- **Quickest method for submission and payment**
- **Provides electronic proof of claims submission**
- **Emdeon**
 - Only electronic claims submission and EFT service accepted by Horizon NJ Health
 - To enroll in Emdeon, visit www.emdeon.com/eftsignup
 - For more information:
 - Call 1-877-461-9605
 - www.horizonnjhealth.com/for-providers/resources/claims/emdeon-electronic-funds-transfer

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Electronic Claims Submission

(continued)

- **Submit all electronic claims to the Horizon NJ Health EDI Payor Number 22326**
- **To contact the Electronic Data Interchange (EDI) Technical Support Hotline**
 - **Call: 1-877-234-4273**
 - **E-mail: edi.horizonnjhealth@kmhp.com**
- **NPI numbers must be included on all claims submissions**

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Paper Claims Submission

- **To ensure accurate payment:**
 - **Submit claims using claim form**
 - **Facilities – UB04**
 - **Non-facilities (including assisted living) – CMS 1500**
- **Must include NPI number**
- **Mail to:**

**Horizon NJ Health
Claims Processing Department
P.O. Box 7117
London, KY 40742**

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Claims Payment

- Horizon NJ Health pays claims twice a week
- Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA-835) via Emdeon
- To enroll in Emdeon, visit www.emdeon.com/eftsignup
- For more information
 - Call Emdeon: 1-877-461-9605
 - Visit www.horizonnjhealth.com/for-providers/resources/claims/emdeon-electronic-funds-transfer

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How to Check Claim Status

- Online
 - NaviNet.net
 - Access Horizon NJ Health within the Plan Central drop-down menu
 - Click Claim Management, then click Claim Status Inquiry
- By phone
 - 1-855-777-0123

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Claim Appeals

- **All claim appeals**
 - Must be submitted with the DOBI required claim appeal application form.
 - Must have a separate claim appeal application
 - Must be submitted within 90 calendar days from the date of the denial or finalized claim (date of the Horizon NJ Health explanation of benefits)

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Claim Appeals (continued)

- **What NOT to submit**
 - Corrected claims
 - Co-ordination of benefits (EOBs from primary carrier)
 - First-time claim submissions
 - Referrals
 - Pending claims
 - Invoices

Appeals staff does not have the ability to adjust claims

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Claims Appeals (continued)

- **Prior authorization is required to use a nonparticipating laboratory,**
- **Claim appeals are resolved within 30 calendar days from the date of receipt**
- **If a claim is adjusted as a result of an overturned claim appeal, the adjustment is completed within 30 calendar days from the date of the appeal decision letter**
- **Appeal responses/decisions can be faxed to the provider (if Horizon NJ Health has provider's fax number)**

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Claim Appeals (continued)

- **Mail Claims Appeals to:**
Horizon NJ Health Claim Appeals Department
210 Silvia Street
West Trenton, NJ 08628
- **Use NaviNet to check appeal status**

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Provider Demographic Changes

- **Submit any changes as soon as possible**
- **Inaccurate information can cause:**
 - **Issues with submitting referrals**
 - **Claim denials and payment delays**
 - **Payments being sent to incorrect address**

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Provider Demographic Changes (continued)

- **Request to Change Information Form**
 - **By Fax: 609-583-3004**
 - **By Mail:**
 - Send a letter (on letterhead)**
 - OR**
 - Request to Change Information Form to:**
 - Horizon NJ Health**
 - Professional Contracting and Servicing**
 - Department**
 - 210 Silvia Street**
 - West Trenton, NJ 08628**

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Website Features

- **Searchable Provider Directory**
- **Provider Forms and Guides**
- **Formulary**
- **Medical Policies**
- **Utilization Management Requirements**
- **Contact Information**
- **Program Information**

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www.NaviNet.net


Plan Central Office Central NavNet Central Action Items Customer Support
Go To Admin Messages | Go To Action Items Log Off

Horizon NJ Health

- Eligibility and Benefits Inquiry
- Claim Status Inquiry
- Clear Claim Connection™
- Report Inquiry
- Provider Directory
- Referral Submission
- Referral Inquiry

Select a Horizon NJ Health Transaction



POLICIES AND PROCEDURES

Medical Policies are developed and approved by the Medical Policy Committee at Horizon Blue Cross Blue Shield of New Jersey as well as by the Utilization Management and Continuous Quality Improvement Committees at Horizon NJ Health. Policies are posted at least 30 days prior to implementation.

[View the Medical Policy Manual](#)

- Reference Material
- Downloadable Forms
- Prior Authorization
- Policies and Procedures
- Billing Guide




[Updates and announcements](#)

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NaviNet Features

- **By joining NaviNet, you get access to:**
 - On-Line Referral Submission
 - Referral Inquiries
 - Searchable Eligibility and Benefit Information
 - Claim Status Inquiries
 - Administrative Reports
 - Care Gap Reports

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NaviNet Features (continued)

- **Administrative Reports (available online)**
 - **Include:**
 - Authorization Status Summary
 - Claim Appeal Status
 - Claim Status Summary

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NaviNet Help

- **NaviNet help section**
 - You can see:
 - User tips
 - How to change timeout rules for all office users your office
 - How to add/delete a user
 - How to generate passwords
- **NaviNet Customer Care: 1-888-482-8057**

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Contact Us

- **Dedicated MLTSS Provider Relations Staff**
 - **Lori Jackson, Manager, MLTSS Network Relations**
 - Lori_Jackson@horizonblue.com
 - **Alicia Corbett, MLTSS Provider Relations Coordinator**
 - Alicia_Corbett@horizonNJhealth.com
 - **Jose Rodriguez, MLTSS Network Relations Specialist**
 - Joe_Rodriguez@horizonblue.com

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Questions?

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communications@horizonNJhealth.com**