



Horizon Blue Cross Blue Shield of New Jersey

*Making Healthcare Work*SM

Horizon Blue Cross Blue Shield of New Jersey



Agenda

- BlueCard
- Policies
 - Initiatives
 - NPI
 - EFT
 - HIPAA 5010
- NaviNet
 - Features
- Provider Portal
- Vendor Relationships
 - LabCorp
 - CareCore National



All about BlueCard



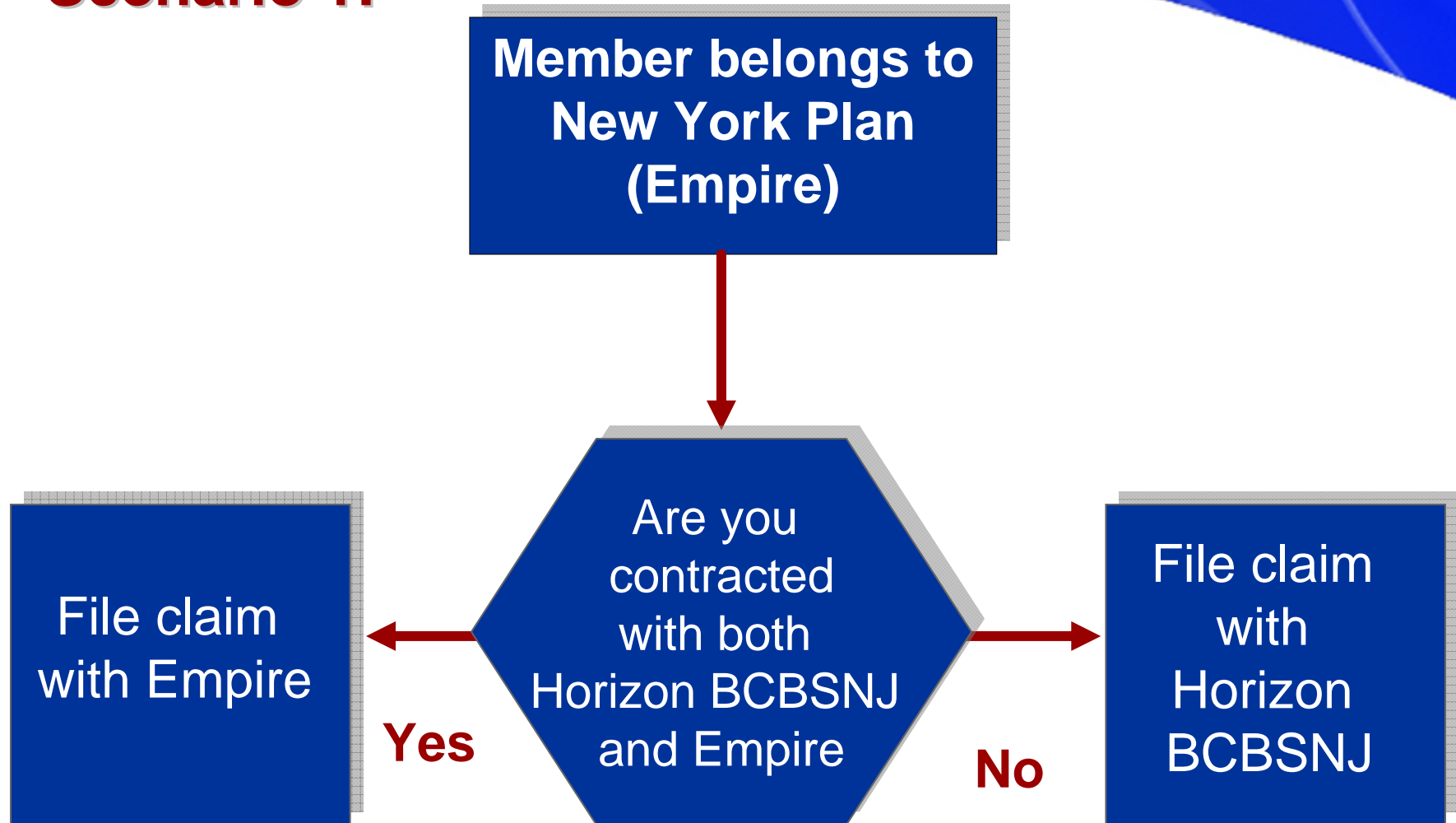
Identifying BlueCard PPO members

Members who have BlueCard benefits can be identified by three key elements on their ID cards:

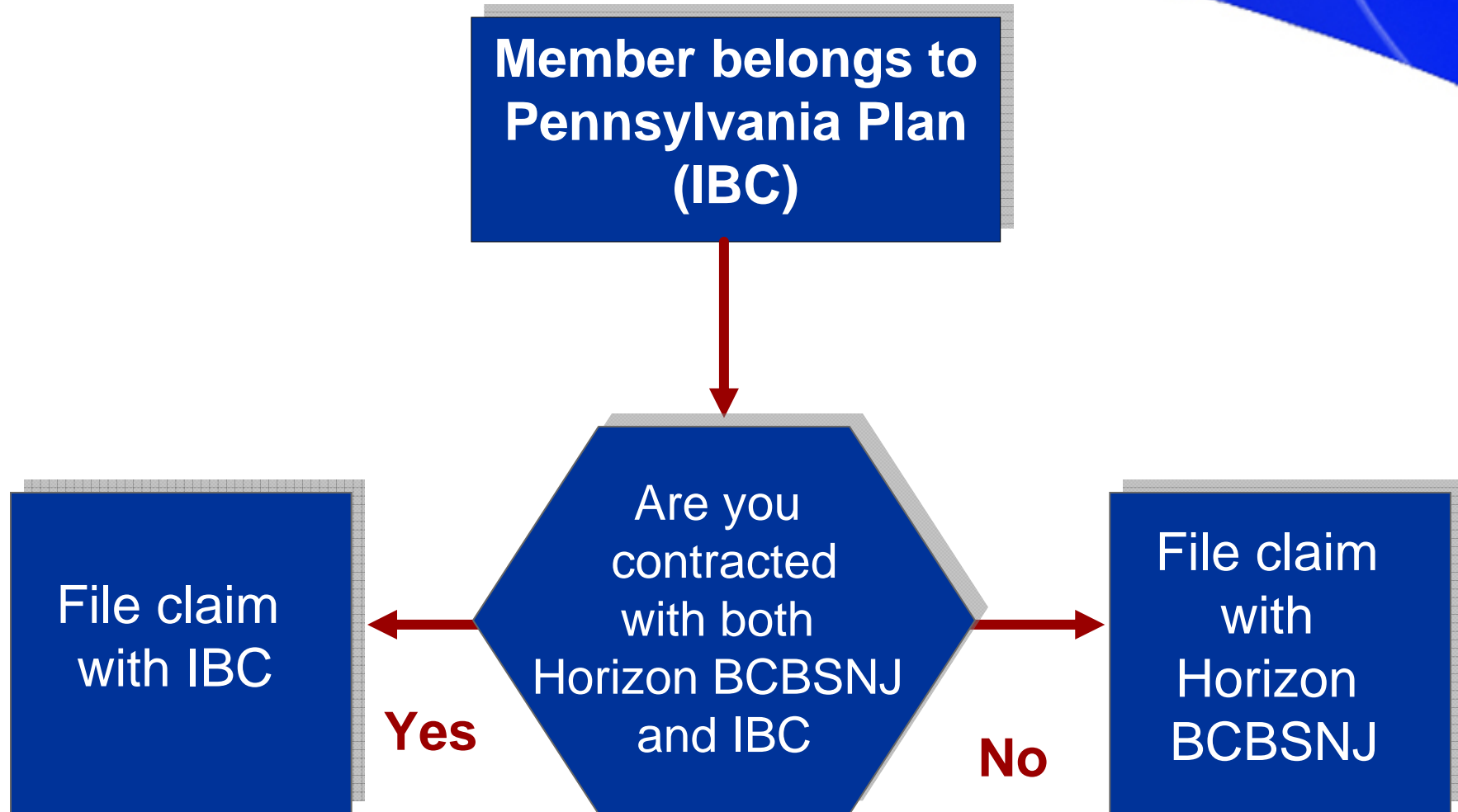
- * **Another Blue Plan's name and Blue Cross and/or Blue Shield Plan logo.**
- * **The PPO in the suitcase logo or the blank suitcase logo.**
- * **The three letter alpha prefix.** If the Horizon BCBSNJ Plan name or 3HZN appears on the member's ID card, then the member's benefits are not eligible for BlueCard processing when services are rendered in NJ. You should submit claims for these patients as you would for all other Horizon BCBSNJ patients.



Scenario 1:



Scenario 2:



BlueCard Medical Records Process

How Can You Help –

- Once the request is received into your office, please return it within 10 business days.
- Please return the request information with the *Horizon Generated Letter* that was sent to your office.
- To ensure that the medical records information is routed properly, please do not duplicate the *Horizon Generated Letter*. Please note that each *Horizon Generated Letter* has a unique Medical Records Request ID which allows us to systemically match the document to the request once it is returned to Horizon BCBSNJ.
- If appropriate, please fax the requested information for a more timely review to 973-274-4017.



Policies and Procedures

Claim Submission Update

Remember to include rendering, referring and admitting physician NPI information on your claim submissions.

All National Provider ID (NPI) numbers should be registered with Horizon BCBSNJ prior to submitting claims.

- Group NPI
- Rendering NPI
- Referring NPI
- Admitting NPI



The following is information to review and share with your clearinghouse, third-party vendor and/or information technology department, as appropriate, to endure quick and accurate processing of your electronic transactions.

HIPAA 5010

- CMS announced March 15 that it would once again postpone the enforcement of HIPAA 5010 for three months. CMS initially called for enforcement by the start of 2012, but delayed it until March. The most recent postponement extends to June 30, 2012.
- Make sure that your clearing house or vendor conducts test transactions with you to ensure your readiness for HIPAA 5010.
- Information is available online:
 - Select *Horizon BCBSNJ* within the *Plan Central* dropdown menu
 - Under *References and Resources* select *Provider References Materials*
 - Click *HIPAA* and select *HIPAA 5010*
- Questions for us?
 - If you have questions, please call Horizon BCBSNJ's eService Helpdesk at 1-888-334-9242, Monday through Friday, between 7 a.m. and 6 p.m., Eastern Time or e-mail your inquiry to Horizonededi@HorizonBlue.com.

Electronic Fund Transfers (EFT)



Sign up now!

Horizon Blue Cross Blue Shield of New Jersey now requires the use of Electronic Funds Transfer (EFT).

In the first quarter of 2012, we began to require the use of EFT for newly credentialed group practices and solo physicians and other health care professionals. We also required that all participating group practices, physicians and other health care professionals sign up for EFT by April 15, 2012.

What are the benefits?

- Reimbursements deposited directly into your bank account.
- Improved cash flow by eliminating mail time and check float.
- Elimination of bank fees for check deposits.
- Reduction in paperwork and overall administration costs.
- Less opportunity for error or theft.
- Elimination of paper checks to track deposits.

Electronic Fund Transfer (EFT)

Visit www.Horizonblue.com/EFT to:

- Learn how to sign up.
- Read answers to frequently asked questions.
- Read testimonials from office managers who use EFT.



EFT will only be used to make deposits into your designated accounts. Horizon BCBSNJ will not withdraw any amounts from these designated accounts.



NaviNet



NaviNet

Where healthcare comes together.

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 and click *Sign up*.
- To learn more about NaviNet, please visit 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.

Horizon Plan Central Page



Webinars

Horizon now provides 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 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*.

Blue Review is Online

- Beginning in 2012, *Blue Review* is the newsletter for participating physicians and other health care professionals, acute care facilities and ancillary staff. Consolidating information into one newsletter streamlines our communications and provides one single, convenient source of information. *Now just one click away.*



Provider Reference Materials



Information at your fingertips



Products





Provider Demographic/File Changes



- The accuracy of providers information in Horizon's systems is extremely important. This information, must be updated at all times to reflect the most current, and accurate information.
- Inaccurate information, can cause a multitude of problems, such as:
 - Issues with submitting referrals
 - Claim denials and payment delays
 - Payments being sent to incorrect addresses
- Requests for Provider Demographic Changes can be submitted one of three ways.
 - Online through NaviNet
 - By Fax: using the Provider File Change Form
 - By mail: a letter (on letterhead) or the Provider File Change Form can be and mailed to:

**Horizon at Horizon BCBSNJ
Three Penn Plaza East PP-2V
Newark, NJ 07105-2200**

Online Demographic Updates

- To initiate demographic changes online, you must be a registered NaviNet user.
- Allows you to initiate demographic updates online and to check the status of your request online.
- Generates an e-mail when:
 - A request is received (also provides a reference #).
 - A request is completed.
- From the NaviNet menu:
 - Select *Horizon BCBSNJ* within the *Plan Central* dropdown menu.
 - Select *References and Resources* then select *Provider Data Maintenance*.

Horizon eServices - Welcome to Group Maintenance

Group Maintenance Instructions:

1. To ensure a timely update of your file, please notify us at least thirty days prior to the effective date of the change.
2. W-9 documentation must be submitted for all billing address updates.

Please note: Submission of data does not guarantee acceptance of the information. In the event of a discrepancy or issue regarding the content of the submission you will be contacted by a Horizon representative within 30 days.

Please select the Taxid you wish to update from the dropdown below:

Please select from the options below:

- [Add existing practitioner\(s\) to an existing practice location.](#)
- [Add existing practitioner\(s\) to a new practice location.](#)
- [Remove a practitioner from a practice location.](#)
- [Update group demographics \(Billing address, phone and fax information\)](#)

Making Changes

- Completed Provider File Change Request Form and necessary attachments can be faxed to: **973-274-4302**.
- If you do NOT have the Provider File Change Form, you can submit a letter (on letterhead) clearly stating what changes you are requesting to be done.
- In addition to the Provider File Change Form, depending on the type of change, additional documentation will need to be included in the request.
 - **W9** – A Tax form which certifies an individual's tax identification number and also identifies status, individual group.
 - **NPPES Letter** – Letter from National Plan and Provider Enumeration System that assigns National Provider Identifier = NPI.
 - **SS4** – IRS form used to request a federal tax identification number. Identifies status, and legal name with the IRS.

Provider Demographic Changes

Provider File Requests	Items Needed
Demographic change - address, phone	Letter or Form
Changing from one tin to another or a brand new tin not in system	SS4, W9, New group NPI, Letter on Letterhead with pertinent demo or Provider File Change Form
Physician location change	Letter or Form
Physician phone number, fax #, or billing address change	Letter or Form
Name change - individual or group	Letter or Form and SS4 for group and Marriage Certificate for individual
NPI numbers	Letter or Form (form can be accessed under <i>Downloadable Forms</i> under <i>HIPAA</i>) and letter from NPPES
Opening a full panel or closing a panel full	Letter from group on letterhead
PCP bulk move panel and location changes	Letter or Form



Clear Claim Connection

- McKesson Clear Claim Connection™ is a web-based tool that displays Horizon BCBSNJ's code auditing rules for various code combinations and the corresponding clinical rationale.
- To access Clear Claim Connections, log in to www.NaviNet.net:
 - Select *Horizon BCBSNJ* within the *Plan Central* dropdown menu
 - Under *Claim Management* select *Clear Claim Connection™*

Clear Claim Connection

- Enter the required data to obtain appropriate code auditing results; then click *Review Claim Audit Results*:

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Clear Claim Connection™

McKesson Edit Development Glossary About Help Logoff

Claim Entry

Gender: Male Female

Date of Birth: 01 / 01 / 1950 (mm/dd/yyyy)

Click grid to enter information.
* For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today's date, and Place of Service will default to 11 (Office). Tabbing through Date of Service and Place of Service will give you the same defaults.

Line	Procedure	Mod 1	Mod 2	Date of Service	Place of Service
1	21210			10/13/2011	21 (In-pt Hospital)
2	99254			10/13/2011	21 (In-pt Hospital)
3					- select -
4					- select -
5					- select -

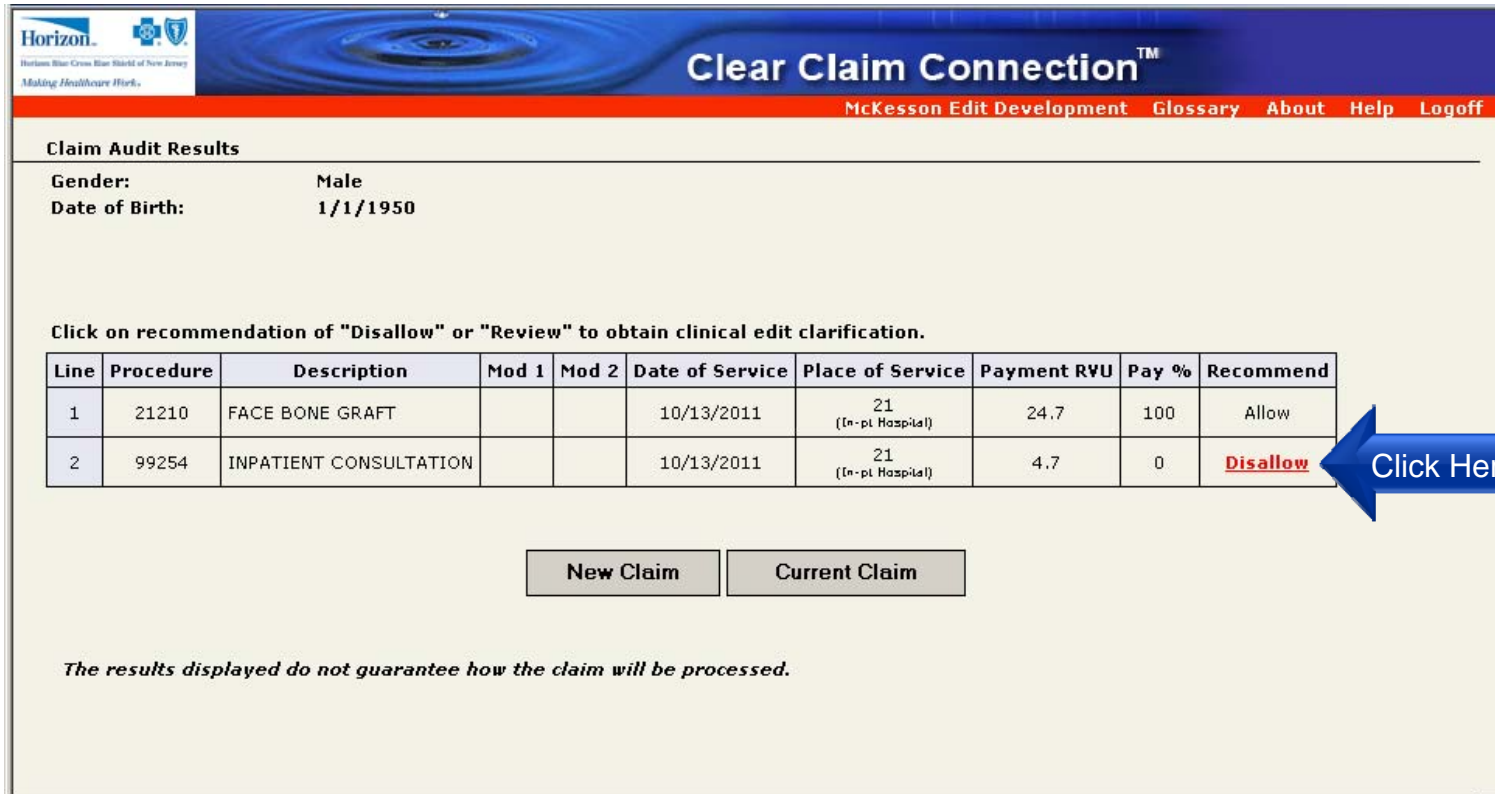
Add More Procedures >>

Review Claim Audit Results Clear

Displayed results are not a guarantee of how your actual claim will be processed. Claim payment is subject to member eligibility and all member and group benefit limitations, conditions and exclusions.

Clear Claim Connection

- This auditing tool will provide results that reflect payment policies on the current date, not necessarily the service date.
- For disallowed procedures, click on *Disallow* to view the clinical rationale.



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Clear Claim Connection™

McKesson Edit Development Glossary About Help Logoff

Claim Audit Results

Gender: Male
Date of Birth: 1/1/1950

Click on recommendation of "Disallow" or "Review" to obtain clinical edit clarification.

Line	Procedure	Description	Mod 1	Mod 2	Date of Service	Place of Service	Payment RVU	Pay %	Recommend
1	21210	FACE BONE GRAFT			10/13/2011	21 (In-pl Hospital)	24.7	100	Allow
2	99254	INPATIENT CONSULTATION			10/13/2011	21 (In-pl Hospital)	4.7	0	Disallow

New Claim Current Claim

The results displayed do not guarantee how the claim will be processed.

Clear Claim Connection

- The corresponding clinical rationale will be displayed.

The screenshot shows the 'Clear Claim Connection' web application. At the top left is the Horizon Blue Cross Blue Shield of New Jersey logo with the tagline 'Making Healthcare Work'. The main header features the title 'Clear Claim Connection™' and navigation links for 'McKesson Edit Development', 'Glossary', 'About', 'Help', and 'Logoff'. Below the header, the page title is 'Clinical Edit Clarification' with a sub-header '1 of 1 Clarifications' and a 'Printable Version' link. Three buttons are visible: 'New Claim', 'Current Claim', and 'Review Claim Audit Results'. The 'Inquiry:' section asks 'Why is procedure 99254 disallowed when submitted with procedure 21210?'. A table provides details for procedures 99254 and 21210. The 'Response:' section explains that when a substantial diagnostic or therapeutic procedure is performed, the evaluation and management service is included in the global surgical period as defined by CMS.

Procedure	Description
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS:- A COMPREHENSIVE HISTORY;- A COMPREHENSIVE EXAMINATION; AND- MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS.USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 80 MINUTES AT T
21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)



[Click here](#)



MEDICAL POLICY

We have added a quick link right on the NaviNet plan central page.



You no longer need to scroll down to the bottom of the page and click on the disclaimer In order to access our Medical Policies.



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- A convenient link to our **Medical Policy Manual** was added to the **Medical Policies and Precert** page of the **PRM** on May 23, 2012.

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Pharmacy Services Benefits-at-a-Glance

 **Online Services**

Medical Policy Manual

Important **Alphabetical** Section Search

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Alphabetical Search For O-index

Policies marked with  are new or under revision

- [OATS](#)
- [Obstructive Sleep Apnea Syndrome, Medical Management](#)
- [Obstructive Sleep Apnea Syndrome, Surgical Management](#)
- [Occipital Nerve Block](#)
- [Occipital Nerve Stimulation](#)
- [Occupational Therapy](#)
- [OCT](#)
- [OCT \(Optical Coherence Tomography\)](#)
- [Ocular Histoplasmosis, Presumed](#)
- [Ocular Photoscreening in the Primary Care Physician's Office as a](#)
- [OEC FluoroTrak 9800 Plus](#)

Click title to review a medical policy

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Please note that this email should only be used for feedback and comments specifically related to this particular medical policy.

Horizon BCBSNJ

Uniform Medical Policy Manual

Section:	Allied Health
Policy Number:	013
Effective Date:	08/10/2010
Original Policy Date:	01/01/1992
Last Review Date:	08/10/2010
Date Published to Web:	11/15/2007

Subject:
[Occupational Therapy](#)

Description:

IMPORTANT NOTE:

The purpose of this policy is to provide general information applicable to the administration of health benefits that Horizon Blue Cross Blue Shield of New Jersey and Horizon Healthcare of New Jersey, Inc. (collectively "Horizon BCBSNJ") insures or administers. If the member's contract benefits differ from the medical policy, the contract prevails. Although a service, supply or procedure may be medically necessary, it may be subject to limitations and/or exclusions under a member's

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.
- **Out-of-Network Consent Form** available in Spanish.



Provider Portal

www.horizonblue.com

CAQH On-Line Universal Application



Horizon BCBSNJ Vendor Relationships



Laboratory Corporation of America

Laboratory Corporation of America Holdings (LabCorp), including DIANON, Esoterix and US LABS, and AtlantiCare Clinical Laboratories are the exclusive in-network clinical laboratory services provider for members enrolled in the following *Horizon BCBSNJ* managed care plans:

Horizon HMO

Horizon POS

Horizon Direct Access

Horizon Advantage EPO

Horizon NJ DIRECT (SHBP)

Horizon Medicare Blue

LabCorp (and its subsidiaries) is a preferred provider of clinical laboratory services for members enrolled in Horizon PPO and Indemnity plans.

Out of network consent form is required for those member who opt to choose their out of network benefits.

For additional information and to learn about other services provided by LabCorp representative or call LabCorp Customer Service at 1-800-745-0233.

Vendor Relationships - CareCore

- CareCore National LLC is a nationally-recognized radiology management company, who Horizon Blue Cross Blue Shield of New Jersey has partnered with.

- CCN works with Horizon to manage:

Radiology Imaging Program

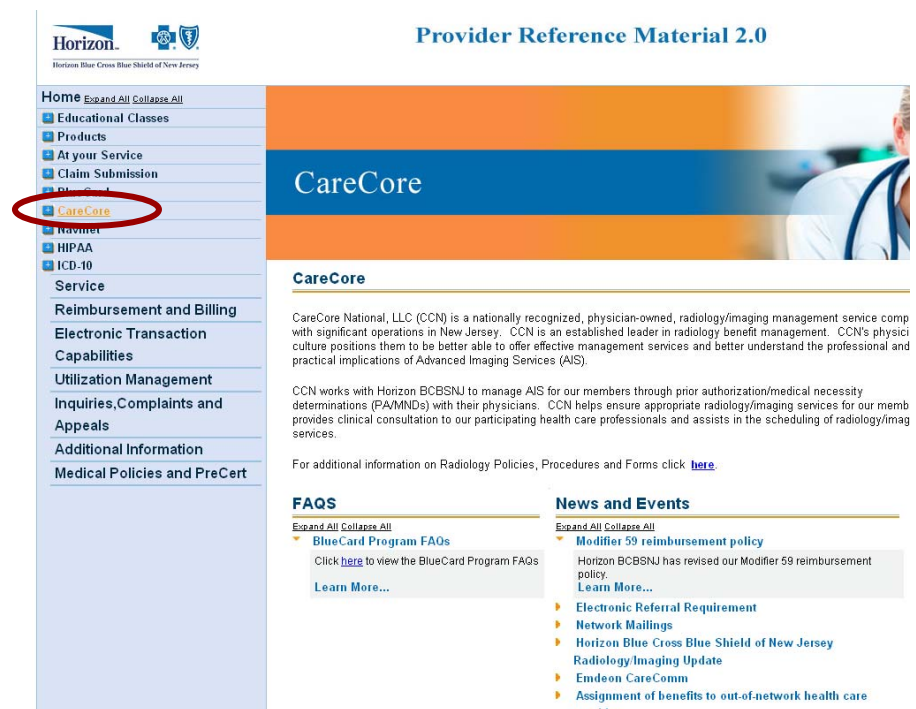
Cardiology Imaging Program

Pain Management Program

Radiation Therapy Program

and Oncology ESA Program.

- Log in to www.NaviNet.net:
 - Select *Horizon BCBSNJ* within the *Plan Central* dropdown menu.
 - Mouse over *References and Resources* and select *Provider Reference Materials*



The screenshot displays the Horizon BCBSNJ website interface. The top navigation bar includes the Horizon logo and the text "Horizon Blue Cross Blue Shield of New Jersey". A dropdown menu is open, with "CareCore" highlighted in orange. The main content area is titled "Provider Reference Material 2.0" and features a large "CareCore" header. Below this, there is a section titled "CareCore" with introductory text about CareCore National, LLC (CCN) and its services. A "FAQs" section is visible, with a link to "BlueCard Program FAQs" and a "Learn More..." button. A "News and Events" section is also present, listing various updates and policies.

Questions

