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Managed Long Term Services and Supports (MLTSS)

**George Ingram, Director
Network Contracting & Strategy
May 30, 2014**



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What is MLTSS?

- Long Term Services and Supports (LTSS) are transitioning from an unmanaged, fee-for-service environment to managed care or Managed Long Term Services and Supports (MLTSS).
- Effective Date: July 1, 2014
- Designed to expand home and community-based services, promote community inclusion and ensure quality and efficiency.
- Provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential services or in a nursing home.
- Approximately 11,000 people in New Jersey are eligible for MLTSS benefits.
 - An estimated 80-90 percent of members who are eligible to receive Medicaid-covered MLTSS are also enrolled in Medicare, requiring the coordination of care and claims payments across two programs.



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NJ FamilyCare Waiver Programs

- 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

- Medicaid beneficiaries who are residing in Nursing Facilities prior to July 1, 2014 will remain in Medicaid fee-for-service.
- Medicaid beneficiaries who enter a Nursing Facility after July 1, 2014 will be enrolled in the MLTSS program.



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What does MLTSS cover?

- Personal Care
- Respite
- Care Management
- Home and Vehicle Modifications
- Home Delivered Meals
- Personal Emergency Response Systems
- Mental Health and Addiction Services
- 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 “Non-traditional” Providers

- Caregiver/Participant Training
- Chore Services
- Community Transition (from NH) Services
- Home-Based Supportive Care
- Home Delivered Meals
- Medication Dispensing Device
- Non-Medical Transportation
- Personal Emergency Response System
- Residential Modifications
- Vehicle Modifications



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Participating Providers

- Must sign a contract amendment if providing new MLTSS services.
- To obtain an amendment, contact one of our MLTSS Provider Relations Coordinators:
 - **Alicia Corbett**
 - alicia_corbett@horizonnjhealth.com
 - 609-718-9248
 - **Amy Durkin**
 - Amy_Durkin@horizonNJhealth.com
 - 609-718-9880



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Non-Participating Providers

- If not contracted and credentialed, must sign a Memorandum of Agreement (MOA), a 90-day temporary agreement.
- To obtain MOA, contact one of our MLTSS Provider Relations Coordinators:
 - **Alicia Corbett**
 - alicia_corbett@horizonnjhealth.com
 - 609-718-9248
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Eligibility

- Must be a resident of New Jersey
- 65 years old or older, **or** be determined blind or disabled by the Social Security Administration or the State of New Jersey.
- Qualify for Medicaid financial eligibility by:
 - Qualifying for SSI in the community, or
 - Qualifying for Medicaid Only - Institutional Level, or
 - Qualifying for New Jersey Care (with income at or below 100% of the Federal Poverty Level and resources at or below \$4,000).



Eligibility *(continued)*

- Meet clinical eligibility, which is 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.





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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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Why Horizon NJ Health?

- New Jersey's largest Medicaid managed health care company with more than 638,000 members in all 21 counties.
- 50 percent Market Share
- Populations Served:
 - NJ FamilyCare - Uninsured parents and children
 - Aid to Families with Dependent Children (AFDC)
 - SSI - Aged, Blind, Disabled (ABD)
 - Division of Developmental Disabilities (DDD)
 - Department of Child Protection and Permanency (DCPP) (formerly DYFS)
- NCQA Health Plan accredited





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Mission Statement

Horizon NJ Health is a healthcare management company committed to expanding access and enhancing the quality of health for the publicly insured.





MLTSS Member ID Card



- Confirm eligibility:
 - NaviNet.net
 - Provider Services at 1-855-777-0123



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MLTSS Member Services

1-844-444-4410

- Dedicated call center team, available Monday through Friday from 8 a.m. to 8 p.m.
- Care coordinators to facilitate services and medical issues
- Connect member with their care manager





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Care Management

- All MLTSS members will be assigned a care manager.
- Individualized care plans developed for each member. Plan of Care created specifically for each member based on their care needs including physical , social, behavioral and long term care.
- Plan of Care reviewed every 90 days or when a member's condition changes.
- The Clinical Level of Care, determined by the New Jersey Choice Assessment System, measures a member's ability to perform basic activities of daily living including:
 - Bathing
 - Dressing
 - Feeding
 - Preparing meals
 - Shopping
 - Managing money
 - Cleaning
 - Laundry





Community vs. Institutional Care

- **Community:** member remains in the home, if possible, or in a homelike setting such as adult foster care or assisted living.*
- **Institutional Care:** Nursing Home or Facility care is recommended due to safety issues or excessive costs.

*Preferred service delivery method





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

- The initial report of a Critical Incident must be made within **one business day** by calling:
 - MLTSS Member Services
1-844-444-4410
 - MLTSS Provider Services
1-855-777-0123
- Verbal report must be followed up by a written report within **two business days**.
- 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**.



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Prior Authorization for MLTSS Services

- Authorizations are created when the Plan of Care is agreed upon.
- When the servicing provider is identified and confirmed, the authorization is finalized with provider demographics, start and end date of the service, and the type of service to be provided.
- Authorization number faxed to provider.



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Authorization Status

- Visit NaviNet.net to check the status of a prior authorization request.
 - Got to 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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Behavioral Health

- Included as part of benefit package.
- Provided by Horizon Behavioral Health
 - Call 1-855-777-0123 for:
 - Prior authorizations and Referrals
 - Complaints
 - Emergency authorizations
 - Call 1-855-777-0123 for after hours emergencies and inpatient prior authorization calls.



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Medical Appeals

- PCP is notified of all denials, including inpatient.
 - Denial letters include detailed appeals process
- Peer-to-peer appeal available.
- Expedited appeal – response timeframe within 24 hours.
- Routine provider appeal – response timeframe within 20 business days.
- Call 1-800-682-9094, x89606, prompt 2.



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Verifying Eligibility & Benefits

- Call the Physician and Health Care Hotline at 1-855-777-0123
- Log in to www.NaviNet.net
 - Access Horizon NJ Health within the Plan Central dropdown menu
 - Click Eligibility & Benefits and then click Eligibility & Benefits Inquiry



1-855-777-0123



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Claims Processing

- Facilities use a UB04 form.
- Non-facilities including Adult and Pediatric Medical Day Care Providers use the CMS 1500 claim form.
- No change to time schedule or address submission.



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Electronic Claims Submission

- Quickest method
- Provides electronic proof of claims submission
- Emdeon is the only service currently accepted by Horizon NJ Health. To contact the Electronic Data Interchange (EDI) Technical Support Hotline, call or email:
 - 1877-234-4273
 - Email - edi.horizonnjhealth@kmhp.com
- Submit all electronic claims to the Horizon NJ Health EDI Payor Number: 22326
- NPI numbers must be included on all claims submissions
- To enroll in Emdeon EFT, please visit www.emdeon.com/eftsignup.
- For more information, contact Emdeon at 1-877-461-9605.





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Paper Claims Submission

- Mail to:
 - Horizon NJ Health
 - Claims Processing Department
 - P.O. Box 7117
 - London, KY 40742
- To ensure accurate payment:
 - Submit claims using an CMS 1500 claim form
 - NPI numbers must be included on all claims submissions





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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
 - Quickest payment method
- To enroll in Emdeon EFT, please visit www.emdeon.com/eftsignup. For more information, contact Emdeon at 1-877-461-9605 or www.horizonnjhealth.com (For Providers > Resources > Claims > Emdeon Electronic Funds Transfer)



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www.horizonNJhealth.com



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Contact Member Services at **1-877-765-4325** | [En Español](#)

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What are you looking for?

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- Why Horizon?
- Our Plans
- Community
- Member Support
- For Providers

Managed Long Term Services and Supports

A plan for members who need long term care including home and community-based services.

[Learn more >](#)



LEARN ABOUT OUR PLANS
get the information you need >

HELP FOR MEMBERS
helpful tools for member support >

HELP FOR PROVIDERS
helpful tools for provider support >

NEED A DOCTOR
find doctors near you with our directory >



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Home
Why Horizon?
Our Plans
Community
Member Support
For Providers

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Contact Us

For Providers

Horizon NJ Health is the leading Medicaid and NJ FamilyCare plan in the State and the only plan backed by Horizon Blue Cross Blue Shield of New Jersey. Our members get health benefits they can count on from a name they trust.

Resources >

This material is presented to ensure that Physicians and Health Care Professionals have the information required to provide benefits and services for Horizon NJ Health members. Additional materials are available for participating providers at [Navinet.net](#). If you require hard copies of any of this information please call the Physician and Health Care Hotline at 1-800-682-9091.

- [Login to Navinet](#)
- [Scion Dental](#)
- [Pharmacy Utilization Management Programs](#)
- [LabCorp](#)

Programs >

We offer numerous health management programs to help assist with members' care. From providing information about disease management, to offering a physician incentive program, our goal is to work with you as a team.

As part of our Physicians and Health Care Professional Network, you have access to these and other programs:

- Risk Adjustment
- Quality Improvement Program
- Disease Management Programs
- Primary Care Physician Program
- ACA Enhanced PCP Reimbursement Payments

Updates and Announcements >

- [Oral Health Summit- February 26](#)
02/04/2014 - The New Jersey Oral Health Coalition is sponsoring a continuing education course at Rutgers School of Dental Medicine in Newark, NJ on Wednesday,... [Read More](#)
- [Precertification Reference List Update](#)
02/04/2014 - Please be advised that Horizon NJ Health has recently clarified the language and updated the list of services requiring prior authorization for Horizon... [Read More](#)
- [Claim Appeal Decisions Can Now Be Faxed to Providers](#)
02/04/2014 - Horizon NJ Health can now fax claim



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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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Contact Us

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Questions?