Objectives

- Overview of Horizon Behavioral Health
- Overview of Operational Areas
- Overview of ProviderConnect® and NaviNet®
- Claims Processing and Electronic Fund Transfer
- Authorizations
- Clinical Care Management
- Quality Management
- Updating Provider Profiles
- Appeals and Complaints
- Contact Information and Communication Channels
- Helpful Links
- Questions and Answers
Effective July 1, 2014, Horizon Behavioral Health will transition the management of its behavioral health services to ValueOptions® Inc., from Magellan Behavioral Health, Inc.

Horizon BCBSNJ's new Behavioral Health Benefits manager, ValueOptions, will allow you to better serve your patients, by offering a greater integration of all behavioral and medical health services. Among the services ValueOptions will provide on behalf of Horizon Behavioral Health include:

- Manage the existing Horizon Behavioral Health Networks
- Perform Credentialing and Recredentialing
- Perform Utilization Management
- Handle all Complaints and Appeals, Provider and Member
- Provide enhanced Care and Case Management programs
- Provide Provider and Member Customer Services
- Quality Improvement
Horizon Behavioral Health Operations

**Co-located Staff**

- **Location**
  - 250 Century Parkway
    - Mount Laurel, NJ 08054
  - Three Penn Plaza East
    - Third Floor
    - Newark, NJ 07105

- **Customer Engagement Center**
  - 103 Eisenhower Pkwy First Floor
    - Roseland, NJ 07068

- **National Operations Center**
  - 10 British American Blvd
    - Latham, NY 12110

- **Claims Processing Center**
  - 3800 Paramount Pkwy
    - Morrisville, NC 27560

**Services**

- Clinical Quality Management
- Clinical Account Management
- Medical Director
- Clinical Customer Service
- Provider Relations
- Claims Support
- Customer Service Grievance/Appeals
- Claims
Who is ValueOptions

A health improvement company that specializes in mental and emotional wellbeing and recovery

- A mission-driven company singularly focused on behavioral health
- Largest privately-held behavioral health company in the nation
Provider Relations

- Ensures members’ behavioral health care needs are met through a geographically and clinically robust network;
- Ensures maintenance of network composition by engaging in assertive retention strategies;
- Engages in timely and appropriate recruitment, and
- Engages in professional and educative communications with provider community and staff.
ValueOptions will administer Recredentialing and Credentialing processes for Horizon Behavioral Health

- Credentialing standards comply with NCQA requirements
- Credentials Verification Organization certified for ten out of ten verification services
- Detailed credentialing process:
  - Practitioners – 30 days after a completed application is received
  - Facilities – 90 days after a completed application is received
- Primary source verification for all providers
- Recredentialing cycle on three-year intervals
Horizon Behavioral Health providers with recredentialing due dates on or after July 1, 2014 are receiving recredentialing notices from ValueOptions.
- Notices sent approximately 4-5 months prior to the renewal due date.

All providers with recredentialing due dates between January 1, 2014 and June 30, 2014 will or have received recredentialing information from Magellan.
- Magellan will be completing recredentialing for these providers.

If providers are credentialed by both Horizon and ValueOptions, the earliest recredentialing date will apply.
Recredentialing

- **Notification every three years through:**
  - CAQH-Universal Provider Datasource (UPD) *(for CAQH members)*
    - Uses system reminders to prompt providers to update and attest to their information every 120 days
    - Telephonic message via Provider Pulse 4 months prior to due date that application is available
  - Telephone, fax, e-mail *(for paper submitters)*
    - Telephonic message via Provider Pulse 4 months prior to due date that application is available
    - Follow up email or fax approximately 1 week later with instructions for accessing application in ProviderConnect *(to access application, click on link titled “Provider Data Sheet”)*
    - 60 and 90 day reminder notices

Failure to respond to requests from CAQH or ValueOptions will result in disenrollment from the network
Practitioners required to complete ValueOptions Credentialing Application Process, using one of following methods:

- Complete online universal credentialing application offered by Council for Affordable Quality Healthcare (CAQH) and give ValueOptions your identification number to access information
  - Contact CAQH Help Desk with questions at 1-888-599-1771

- Complete a ValueOptions paper application
  - Application available by calling Provider Services Line at 1-800-397-1630

- Complete a New Jersey Universal Application
Contracting

- New Providers joining Horizon network will sign Horizon contracts
  - ValueOptions administers contracting process
- Contracted rates with Horizon will continue
- Providers interested in joining the Horizon networks or with questions on contracting process can contact 1-800-397-1630, 8 am – 8pm, Monday-Friday
Overview of Operational Areas: National Network Services (cont’d.)

- **Contracting of Practitioners:**
  
<table>
<thead>
<tr>
<th>Current Network Status</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Horizon PPO and Managed Care</td>
<td>No need to do anything at this time</td>
</tr>
<tr>
<td>IN Horizon Managed Care</td>
<td>If you would like to participate in PPO plan, call ValueOptions Provider Services line to obtain a contract; do not need to go through credentialing process again</td>
</tr>
<tr>
<td>ValueOptions Participating Providing and want to join Horizon Managed Care and PPO plans</td>
<td>Call ValueOptions Provider Services line to obtain a contract; do not need to go through credentialing process again</td>
</tr>
<tr>
<td>IN Horizon Managed Care and PPO and want to join ValueOptions</td>
<td>Call ValueOptions Provider Services line to obtain a contract; do not need to go through credentialing process again</td>
</tr>
</tbody>
</table>

- **Contracting of Ancillaries:** If you have a contracting question or would like to know the status of your contract, please call the ValueOptions Provider Services Line and to speak with a Contracting Manager

- **Contracting of Hospitals:** Please contact your hospital contracting specialists with questions about the status of your contract
### Clinical Customer Service

*Provides the following services to Members and Providers:*

- Responds to routine eligibility questions
- Responds to requests for authorizations
- Responds to referral requests
- Education assistance

### Provider & Member Services

*Provides the following services to Members and Providers:*

- Responds to routine benefit, eligibility and claims questions
- Facilitates resolution of complex issues
- Responds to all Administrative Complaints and Appeals via a dedicated Appeal and Complaint Unit
- Provides dedicated Liaisons to investigate and resolve complex client and provider issues
Horizon Behavioral Health’s Member and Provider Services Approach

- 24x7 access through multiple access points
- “Front-door” customer service to direct members and providers accordingly
- Immediate access to clinical care managers for crisis calls
- Dedicated member and provider services staff to handle wide array of inquiries
- Non-English speaking and hearing impaired service continuity in place
Horizon Behavioral Health’s Electronic Requirements
Providers are required to electronically conduct routine transactions upon joining Horizon BCBSNJ.

Routine transactions include:

- Verification of eligibility inquiries
- Submission of authorization requests
- Submission of claims (note: paper claims and claims with support/clinical documents may also be submitted)
- Electronic fund transfer
- Updating provider profiles

Additional information about requirement is located at www.valueoptions.com/providers
Overview of ProviderConnect® and NaviNet®
<table>
<thead>
<tr>
<th>Transaction</th>
<th>NaviNet</th>
<th>ProviderConnect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Submission *</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>View Member Benefit Information</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Verify Member Eligibility</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Access and Print Forms</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Download and Print Authorization Letters</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Submit Updates to Provider Demographic Information</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Access Message Center</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Request and View Authorizations</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Submit Customer Services Inquiries</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Submit Recredentialing Applications</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

* Acute care facilities should submit claims only through a clearinghouse.
Welcome BARRY JONES. Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

WHAT DO YOU WANT TO DO TODAY?
- Gillette, and benefits
  - Find a Specific Member
  - Register a Member
- Enter or review authorization requests
  - Enter an Authorization Request
  - Request an Authorization
  - View Clinical Details
  - Enter Member Reminders
- Go Track Outcomes

Reports
- Enter Frequently Requested Information Form
- My Favorite Forms
- My Practice Information
- Provider Data Sheet
- Performance Report
- Compliance
- Handbooks
- Forms
- Search Specific Information
- Education Center
- ValueSelect
- Registration
- Contact Us

CLINICAL SUPPORT TOOLS
- View My Outcomes with On Track

YOUR NEWS & ALERTS
- ValueOptions Information: Update & Change Info
- Register & Update Information: Online & Off-line
- New Patient List
- View Your Physician
- View My Information Details

ValueOptions is committed to improving the areas in which we are involved with you by developing and sharing communications solutions. Using ProviderConnect allows us to accomplish an array of daily transactions through a secure password-protected portal. By using ProviderConnect, you agree to abide by all privacy, terms, and other governing laws.

© 2010 ValueOptions ProviderConnect inc. 0.3.0
ProviderConnect® Registration Process

- **New and Current ProviderConnect Users** need to fax a completed Account Request form to **1-866-698-6032**
  - Providers who already have a ProviderConnect account need to submit a new form to request an additional login ID to access Horizon member information

- Horizon providers need to mark the box for Horizon Behavioral Health Authorizations

- Providers who do not know their Provider ID can contact the Provider Services Line at **1-800-397-1630**, 8 a.m. – 8 p.m., Monday through Friday

- Account Request form located at [http://www.valueoptions.com/providers/Forms/Administrative/Online_Services_Account_Request_Form-Editable.pdf](http://www.valueoptions.com/providers/Forms/Administrative/Online_Services_Account_Request_Form-Editable.pdf)

- If there are any questions on the form, providers can contact the EDI Helpdesk at **1-888-247-9311**, 8 a.m.-6 p.m., Monday through Friday
ProviderConnect ® Resources

- ValueOptions.com > Providers>ProviderConnect
  
  - Free demonstration: http://www.valueoptions.com/PMC_prototype/ProviderConnect/pvd.html
  
  - Quick Start Guide and Comprehensive User Guide
  
  - Short Video Tutorials:
    - Viewing Member’s Eligibility
    - Submitting Authorizations
    - Submitting an Inpatient or Higher Level of Care Request
    - Responding to Requests for Additional Clinical Information
    - Recredentialing
• **Training webinars**
  
  ▪ Scheduled monthly
  
  ▪ Topics include: Authorizations, Role-based security, Recredentialing, Viewing Patient Info, etc.

  ▪ **Upcoming webinars:**
    - July 16, 2014 / 10-11 am Overview of ProviderConnect
    - July 22, 2014 / 2-3 pm – Overview of Authorizations in ProviderConnect

  ▪ **Customized training**
    - Scheduled at your convenience
Horizon BCBSNJ offers numerous upcoming webinar to participating physicians, other health care professionals and their office staff and billing offices which provide information on NaviNet, as well as new Horizon BCBSNJ products, access standards and additional resources.

Webinar sessions will be held twice a month on the first Thursday (9 a.m.) and third Thursday (12 p.m.) of each month as indicated below:

<table>
<thead>
<tr>
<th>9 a.m. on each of the following dates:</th>
<th>12 p.m. on each of the following dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- August 7  - September 4</td>
<td>- July 17</td>
</tr>
<tr>
<td>- October 2  - November 6</td>
<td>- August 21</td>
</tr>
<tr>
<td>- December 4</td>
<td>- October 16</td>
</tr>
<tr>
<td></td>
<td>- November 20</td>
</tr>
<tr>
<td></td>
<td>- December 18</td>
</tr>
</tbody>
</table>
How to participate

- Registered users of NaviNet may log in to www.NaviNet.net a few minutes before the scheduled time on one of the dates listed above.

- From the Horizon BCBSNJ Plan Central page:
  - Mouse over References and Resources and click Provider Reference Materials
  - Click Webinars
  - Click Physician Orientation Webinar
  - Click Join Our Webinar Session
Systemic changes are currently underway to remove the need to submit suffix information and expected to go live in 4th quarter.

- Always include National Provider Identifier (NPI) information to identify Rendering practitioner and Billing entity

- NPI Types must be included on ALL claim submissions
  - Type 1 (individual) NPI - information to identify you as the rendering practitioner
  - Type 2 (organizational) NPI - information of the billing group practice, corporation, organization or facility.
NaviNet® Supported Browsers

- Windows-based computers:
  - Internet Explorer 7 or greater
  - Safari 5 or greater
  - Firefox 5 or greater

- Macintosh:
  - At this time, Macintosh computers are not compatible
Claims Submission and Electronic Fund Transfer
Claim Submission and EFT

- **Claim Submission**
  - Submit claims electronically to Horizon.
    - Ancillaries and professionals use NaviNet or clearinghouses
    - Acute care facilities submit through clearinghouses only

- **Claim Routing**
  - Horizon will route behavioral health claims to ValueOptions.

- **Claims Support and Processing**
  - ValueOptions has a large claims team set up specifically to support and process behavioral health claims for Horizon.

- **Claim management information**
  - Available through NaviNet on Horizon website
Claim management information is available through NaviNet

- Access to NaviNet through Horizon web site
  - [www.horizonblue.com/providers](http://www.horizonblue.com/providers)

- Includes:
  - Claim submission
  - Claim status
  - Claim appeals
  - Fee schedules
  - EFT registration and payment status
  - Statement of Payment transactions

- Claims also accepted through clearinghouses
  - Horizon Payer ID is 22099
Although Electronic Claim Submission is preferred, behavioral health paper claims will be accepted and beginning July 1, 2014, should be sent to:

Horizon BCBSNJ
Horizon Behavioral Health
PO Box 10191
Newark, NJ 07101-3189

(Prior claims addresses should be used for services through June 30, 2014)

- **Claims for FEP Members:**
  PO Box 656
  Newark, NJ 07101-0656

- **Claims for BlueCard Members:**
  PO Box 1301
  Neptune, NJ 07754-1301
Batch Claims and Claim Inquiries

- New address should also be added when submitting **electronic batch claims**

- Claim inquiries can also be made by phone by calling **1-800-626-2212** or **1-800-991-5579** (for NJ State Health Benefits Program)
Authorizations
Authorizations

- Process administered by ValueOptions
- Providers can access authorization information on ProviderConnect within 24-48 hours of a decision
- Authorizations can be requested or reviewed by:
  - Submitting a request through ProviderConnect
  - Calling 1-800-626-2212 or 1-800-991-5579 for NJ State Health Benefits Program (SHBP)
    - Routine outpatient and non-urgent authorizations handled between 8 a.m.-8 p.m., Monday through Friday
    - Urgent and emergent authorizations or facility/Higher Level of Care can be requested or reviewed 24/7
- Confirm in NaviNet if service is covered for specific line of business and if standard rules apply
Services that Routinely Require Medical Necessity Review (Should be requested via ProviderConnect)  
**Confirm in NaviNet if service is covered for specific line of business and if standard rules apply**

<table>
<thead>
<tr>
<th>Service</th>
<th>Level of Service</th>
<th>Type of Service</th>
<th>Level of Care</th>
<th>Type of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Psych</td>
<td>Inpatient</td>
<td>P or S</td>
<td>Inpatient</td>
<td>Behavioral</td>
</tr>
<tr>
<td>Inpatient Detox</td>
<td>Inpatient</td>
<td>S</td>
<td>Inpatient</td>
<td>Detox</td>
</tr>
<tr>
<td>Inpatient SA</td>
<td>Inpatient</td>
<td>S</td>
<td>Inpatient</td>
<td>Behavioral</td>
</tr>
<tr>
<td>Residential Treatment Program *</td>
<td>Inpatient</td>
<td>P or S</td>
<td>RTC</td>
<td>Behavioral</td>
</tr>
<tr>
<td>23 HR Bed</td>
<td>Inpatient</td>
<td>P or S</td>
<td>23 Hr Bed</td>
<td>Behavioral</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Inpatient</td>
<td>P or S</td>
<td>PHP</td>
<td>Behavioral</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>Inpatient</td>
<td>P or S</td>
<td>IOP</td>
<td>Behavioral</td>
</tr>
<tr>
<td>Psych Testing/Neuropsych Testing</td>
<td>Outpt</td>
<td>P</td>
<td>Psych Testing</td>
<td>Behavioral</td>
</tr>
</tbody>
</table>
## Authorizations: Standard Rules

### Services that Routinely Require Medical Necessity Review (CANNOT be requested via ProviderConnect) *

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABA Services</td>
</tr>
<tr>
<td>Outpatient ECT</td>
</tr>
<tr>
<td>Inpatient ECT</td>
</tr>
<tr>
<td>In Home Services</td>
</tr>
</tbody>
</table>

### Services that Routinely DO NOT require Authorization BUT may be based on benefit plan

<table>
<thead>
<tr>
<th>Service</th>
<th>Outpatient Detox</th>
<th>Ambulance*</th>
<th>ER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Intervention*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone Maintenance*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suboxone*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Therapy *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injections, Labs, Diagnostic Testing*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biofeedback*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Services cannot be requested via ProviderConnect – must call for assistance
Viewing Member Information

- Member information available through ProviderConnect include:
  - Eligibility
  - Demographics
  - Enrollment history
  - Additional information (mailing addresses, member information, eligibility data)

*To access benefit information, providers need to access NaviNet

- Additional information available at:
  - Getting Started with ProviderConnect Guide
  - ProviderConnect User Guide
  - Video Tutorial
Overview of Horizon Behavioral Health Program

- Care management services for the following levels of service: Acute inpatient, inpatient detox, structured and intensive outpatient programs, residential treatment, halfway house, group home, partial hospitalization, 23 hour bed, 72 hour bed, outpatient detox, crisis intervention and outpatient treatment.

- Discharge planning and coordination of care and assistance with same day, next day appointments with medical providers and health plan staff, as necessary.

- Effective Outcomes Outpatient Care Management Program - Monitoring of outpatient providers and members utilizing claims data and follow up with providers and members to ensure use of best practices in outpatient therapy and to assist members in optimizing their treatment and empowering them in taking control of their health.

- Emergency Room Monitoring – Monitoring members who are seen in the ER to ensure they are connected to adequate resources.

- Staff co-location for account management, clinical and quality
Key Components of the ValueOptions® Care Management Paradigm

- Authorization and care management recommendations are individualized for Diagnoses and Level of Care requests.
- Collaborative approach with treating providers.
- Symptom Complex based review processes.
- Utilization of treatment guidelines, Level of Care criteria and treatment algorithms.
- Intensive Care Management programs for high risk high cost members.
- Intensive Care Management activities to impact:
  - Acute Inpatient
  - Residential
  - Partial Hospital
- Special protocols based on client nuances.
Care Management and Referral Assistance

- Licensed care management staff is available 24 hours a day/seven days a week for referral and Higher Level of Care (HLOC) requests.
  - Member referral process:
    - Emergencies are followed until disposition
    - Urgent referrals are offered appointments within 24 hours and are called to ensure appointment is kept
    - Providers can contact ValueOptions for Higher Level of Care (HLOC) referral assistance if needed
    - Care Management staff will assist with referral to inpatient or specialty programs

- For all care management inquiries, contact 1-800-626-2212 or 1-800-991-5579 for NJ State Health Benefits Program (SHBP).

- To receive Horizon referrals, providers must be contracted and credentialed in network providers.
Clinical Access Standards

- Horizon BCBSNJ has established access standards for our behavioral health professionals who participate in the PPO and managed networks to ensure our members receive the timely and efficient care that they need.

- We conduct a survey of participating behavioral health care professionals 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 compliant 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.
Transition of Care From Magellan

- Magellan will continue to manage all members in Inpatient, Inpatient Detox, Inpatient Rehab and Residential Treatment Center until such time as the member steps down to the next level of care.
  - Members should all have discharge plans in place at time of step down.

- All members in Partial Hospital (PHP) and Intensive Outpatient (IOP) will have end dates of June 30, 2014 from Magellan. Horizon Behavioral health will be outreaching to PHP and IOP programs the week of June 23, 2014 and July 1, 2014 for concurrent review.

- Members currently engaged in ICM with Magellan will be transitioned to ValueOptions for ongoing support.
Utilization Management

- Leverages our systems which were created for managing behavioral health
- Based on collaborating with the provider to advance care for best outcomes
- Emphasizes best practices and outlier management
- Medical necessity criteria:
  - Severity of condition
  - Intensity of service
  - Occupational, cultural and linguistic factors
- Relies on behavioral and medical policy integration
- Continuous review, auditing and benchmarking
Clinical Recommendations – Inpatient/Acute Care Services

- Preauthorization of inpatient services preferred, check benefit plan for requirements
- Scheduling of follow-up appointment within seven (7) days of discharge; notify ValueOptions if unable to meet this timeframe
- Providing education to members obtaining psychotropic medication from their primary care physician
- Prior to discharge, sending discharge summary to primary care physician and behavioral health providers
- Provider validation, within two (2) days of discharge, of follow-up and recovery plan
- Providing ValueOptions with member’s Release of Information
- Including Internal Case Management engagement for any readmission prior to discharge
Horizon Behavioral Health will be implementing an outpatient model for routine professional outpatient services; providers should use best practices and ValueOptions’ OnTrack Outcomes Program from the beginning of treatment

- Providers will be contacted if treatment planning will be required when OnTrack is not being utilized for a member.

- OnTrack is a client-centered outcomes informed care program providing clinicians with easy-to-use tools that promote improved client outcomes
  - [http://valueoptions.com/providers/News/OnTrack.htm](http://valueoptions.com/providers/News/OnTrack.htm)

- Member outreach to assist members in being active participants in their treatment, offering resources such as AchieveSolutions and educating them on the value of OnTrack
Quality Management
Quality Management

- Successful program model
  - Existing enterprise-wide linkages and relationships
- Complaint and grievance investigation and resolution
- NCQA and URAC Case Management compliant
- NCQA delegated entity
  - Experience serving as the MBHO or as a delegated entity
- Work across systems
  - Support integrated medical and behavioral health services for members
  - Develop linkages for primary care physicians to access behavioral resources
  - Cross reference with pharmacy data
Quality Management and Improvement

- National Quality Committee chaired by CEO
- Shared client committee responsibilities
- Chief Medical Officer nominated for and sits on the NCQA Standards Committee
- HEDIS monitoring, interventions and reporting
- STAR rating Monitoring and interventions for Medicare
Quality Management

- Quality Management Program Oversight provided by Regional Medical Director/CMO Commercial Division and Director of Quality Management

- Key Quality Indicators include but are not limited to:
  - Satisfaction Survey measures (which addresses clinical standards*)
  - Access and Availability of Services – geographic access; phone statistics; appointment availability; etc.
  - Complaints and Grievances tracking and reporting.
  - Patient Safety – (adverse incidents and quality of care).
  - Coordination of Care.
  - Quality Improvement Activities/Projects.
  - Accredited with URAC and NCQA Standards.
Collaboration on Quality Initiatives

- ValueOptions is an active participant in client quality initiatives
- Proven record of supporting NCQA standards for coordination between medical and behavioral care

- Medical Management Committee
- Health Services Committee
- State Government Operations Committee
- Behavioral Oversight Committee
- Behavioral Integration Committee
- Pharmacy and Therapeutics Committee
- Case Management Accreditation Compliance Workgroup
- EQRO, NCQA, and URAC Preparation Committees/Workgroups
- QI Committees for NCQA
- Authorization and Provider File Workgroup
- Rare Conditions Management Workgroup
- Case Management Workgroup
- Integrated Chronic Disease Care Management
- Medication Adherence Projects
- Structured Co-Rounding for Case and Disease Management
- Case Management Accreditation Compliance Training
- Quarterly Management Summits
- NCQA and CMS Trainings
- Yearly Cultural Integration Survey
Quality Management, cont’d.

- Ongoing Quality Improvement Activities (QIAs)
  - Clinical QIAs
    - Ambulatory Follow-up and Increasing Rate of Psychiatric Evaluations for Members Diagnosed with Moderate or Severe Depression and in Outpatient Treatment with a Non-Prescribing Behavioral Health Practitioner
  - Service QIAs
    - Average Speed of Answer
Clinical Appeals, Complaints and Denials

- Full compliance with all applicable state and federal regulations, as well as NCQA and URAC standards

- ValueOptions’ Executive Compliance Committee is responsible for the oversight of all compliance activities

- Comprehensive process with particular sensitivity to members and providers, as well as detailed reporting
Updating Provider Profiles
Updating Provider Profiles

- 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 profiles available through ProviderConnect.

- Please contact our Provider Services Line at 1-800-397-1630 8:00am – 8:00pm ET Monday - Friday to learn more.
Horizon Behavioral Health

The content provided below applies only to providers participating in the Horizon Behavioral Health network. Any content on the general ValueOptions.com websites that is inconsistent with or conflicts with the information provided below shall be superseded by the content on this page with respect to providers participating in the Horizon Behavioral Health network.

Effective July 1, 2014, Horizon Blue Cross Blue Shield of New Jersey Behavioral Health program transitioned the management of behavioral health services to ValueOptions® of New Jersey, Inc.

Horizon Behavioral Health provides the following services to Horizon BCBSNJ Managed Care and PPO providers:

- Network Management
- Credentialing and Recredentialing
- Utilization Management
- Provider and Member Complaints and Appeals
- Care Coordination and Case Management Programs
- Customer Service
- Quality Improvement

Providers interested in participating with ValueOptions and Horizon BCBSNJ can call (800) 397-1630.

- Latest News and Updates
- Provider Orientation Schedule
Communication Channels

- Email Alerts
- Webinars
- Video Tutorials
- Monthly Valued Provider eNewsletter
- Provider Pulse℠ Messages
- Fax Communications
- Onsite Presentations
- Provider Mailings
Provider Contacts

- Provider Relations, Credentialing and Contracting Questions:
  - **1-800-397-1630** (8 am - 8 pm ET Monday – Friday)
  - horizonbehavioralhealthproviderrelations@valueoptions.com

- Authorizations and Care Management
  - **1-800-626-2212** or **1-800-991-5579** (for NJ State Health Benefits Program)

- EDI Help Desk
  - **1-888-247-9311** (8 am - 6 pm ET Monday – Friday)

- NaviNet
  - **1-888-482-8057** or Navinet.net

- Complaints, appeals and/or general inquiries
  - **1-800-626-2212** or **1-800-991-5579** (for NJ State Health Benefits Program)
Helpful Links

- [http://www.valueoptions.com/horizon](http://www.valueoptions.com/horizon)
  - Presentation slides
  - FAQ document
  - ValueOptions Medical Necessity Criteria
  - Treatment Practice Guidelines

- [HorizonBlue.com/providers](http://HorizonBlue.com/providers)
Question and Answer Sessions

- Thursday, July 10, 12:00 – 1:00 PM
- Monday, July 14, 3:00 – 4:00 PM
- Thursday, July 17, 3:00 – 4:00 PM
- Monday, July 21, 10:00 – 11:00 AM
- Tuesday, July 22, 10:00 – 11:00 AM
- Tuesday, July 29, 12:00 – 1:00 PM
- Thursday, July 31, 12:00 – 1:00 PM

To register, visit www.valueoptions.com/horizon
Questions?