

Frequently Asked Questions

Providers of Medical Day Care (MDC) and Personal Care Assistance (PCA)

Q. What is the turn-around time for Initial/Reassessment/Change in Status/and Provider Transfer requests for PCA and MDC authorizations?

- A. Requests for MDC and PCA will be processed within 15 calendar days from the date we receive the request. This turn-around time is dependent on Horizon NJ Health's ability to get in contact with the member to schedule the assessment. If Horizon NJ Health is not able to perform the assessment, an administrative denial will be generated.

If Horizon NJ Health is unable to reach the member to schedule a re-assessment, Horizon NJ Health will outreach to the provider servicing the member to assist us in scheduling an appointment with the member.

Q. When should a provider submit a PCA/MDC request for re-authorization?

- A. Re-authorization requests should be submitted between 20 and 30 calendar days prior to the expiration date of the existing authorization.

Failure to resubmit a request will result in services not being authorized. Horizon NJ Health will not provide retro-authorizations for any untimely request.

Q. What is the turn-around time for PCA/MDC change in service hours?

- A. Change of service hours should be submitted to Horizon NJ Health. Horizon NJ Health follows the same process as noted above for initial and reassessment requests.

Q. What is the turn-around time for HMO-to-HMO transfer?

- A. HMO-to-HMO transfer will be treated as "Continuity of Care" (COC). The provider **must provide proof** of the terminating HMO's approval in order to receive a 30 day COC authorization.

COC should be requested within 7 to 10 days of a member becoming effective with Horizon NJ Health. Horizon NJ Health will then begin the 15-day process to perform the face-to-face assessment.

Failure to notify Horizon NJ Health of COC within the month the member becomes effective with Horizon NJ Health will result in a denial for any services provided outside the 30 day COC.

Q. How long from the time Horizon NJ Health receives a new authorization until the time a Horizon NJ Health home visit is scheduled?

- A. Horizon NJ Health will process an initial request within 15 calendar days from the date we receive the request. If Horizon NJ Health is not able to contact the member to perform the initial assessment, an administrative denial will be generated.

- Q. If Horizon NJ Health is not able to schedule a home visit for assessment, can PCA/MDC services begin until Horizon NJ Health can schedule an appointment?**
- A. No, a provider should not render services without having an authorization from Horizon NJ Health. If a provider renders the service without an authorization, Horizon NJ Health will not be liable for any rendered services. Horizon NJ Health will not provide retro-authorizations.
- Q. Will initial requests for MDC be performed at the facility?**
- A. Initial assessments for MDC should be performed at the member's home according to the NJAC 8:86-1.5.
- Q. How long does an authorization last?**
- A. An authorization time span will be determined by the Horizon NJ Health assessor based on the member's needs. An authorization can be provided up to but not exceeding 180 days without a re-assessment.
- Q. If PCA or MDC has not received an authorization from Horizon NJ Health after 15 days, is the PCA or MDC provider able to initiate services?**
- A. No, services for PCA or MDC should not be initiated without an authorization. Any PCA or MDC services provided without an authorization are the sole responsibility of the PCA or MDC agency. Retro-authorizations will not be provided.
- Q. Does an existing authorization remain valid if a member does not receive PCA services or attend MDC for 30 consecutive calendar days?**
- A. No, if a member has not received services for 30 consecutive calendar days, that authorization is no longer valid (please refer to NJAC regulations). The provider must resubmit an initial request with physician order.
- Q. Can we request retro-authorizations for PCA or MDC services provided prior to acquiring an authorization?**
- A. No, PCA or MDC services should not be rendered without obtaining an authorization from Horizon NJ Health. Retro-authorizations will not be provided.
- Q. Do you need to be notified when there is more than one person in a home receiving PCA hours?**
- A. Yes, Horizon NJ Health should be made aware of any PCA participant residing in the same household. These services may be overlapping and are considered **Grouped Hours**.
- You must notify Horizon NJ Health even if the PCA participants are not related but are residing in the same household.
- Q. Do you need a doctor's certification as part of the re-authorization process for MDC services?**
- A. MDC services require a doctor's certification for each initial request. As noted in the above question, this certification would be required if a member has not received services

for 30 consecutive calendar days, as this is considered a new initial request, and then annually.

Q. What exactly do you mean by physician's certification on initial request?

A. A physician's certification refers to a health care professional (PCP, NP) who has current and relevant knowledge of the individual, the individual's medical or psychosocial needs and the individual's ADL or cognitive deficits.

Horizon NJ Health believes it is very important that the physician have knowledge of the member's care. To facilitate this, we require the physician to authorize the requested care. This can be a prescription, letter or form incorporated into the plan of care.

Q. Do you need a doctor's certification as part of the re-authorization process for PCA Services?

A. No, a physician's certification is needed for initial and change in status requests only.

Q. What is the process for a transfer from one MDC to another?

A. Horizon NJ Health supports the process for transfer from one provider to another as stated in the NJAC regulations 8:86, which are as follows:

*1. Request must be received in **writing** by the member or member's beneficiary and include the following:*

a. Member name, address and date of birth

b. Name of the facility where member is currently receiving MDC services

c. Valid reason why member is requesting transfer. Reasons are as follows:

1. Member is changing his/her address (request must contain the member's new address)

2. Transportation between current facility and new facility is a shorter distance (request should state this reason)

d. Member believes the facility he/she is transferring from violated his/her rights (nature of violation must be described in member letter of request)

e. Transfer is medically necessary as identified by the member's PCP or NP (must have medical necessity letter from PCP, NP or care manager)

Any request submitted without written request from the member **will not be processed**. Any services provided without an authorization will not be the responsibility of Horizon NJ Health.

Q. What is the process for transfer from one PCA agency to another?

A. Horizon NJ Health follows the same process as noted above for MDC.

Q. How do you obtain a Horizon NJ Health Medical Day Care Authorization Request Form?

A. To obtain a Medical Day Care Authorization Request Form, please access our website at www.horizonnjhealth.com. Click For Providers, then Forms.

Q. What is the fax number for sending a request for authorization?

A. All faxes for PCA/MDC must be sent to **1-609-583-3048** in order to be processed.

R. How do you check on the status of an authorization request?

A. Providers should check NaviNet first when inquiring about the status of an authorization. Providers who contact the health plan telephonically without first checking NaviNet will be redirected to check NaviNet.

The authorizations are available via the reporting function. The provider needs to access Reports, then select Administrative Reports.

Horizon NJ Health will not respond to premature status inquiries. A premature status inquiry is a status update on a request in which the 15-day processing time has not been exhausted.

Q. How do you enroll in NaviNet?

A. Visit www.horizonNJhealth.com, select the For Providers tab, and click on the NaviNet link in the Resources column. Complete the NaviNet Enrollment Request Form. Your NaviNet username and temporary password will be sent via email once your registration is complete.

Billing and Claims Payment

Q. When do claim requests for existing authorizations need to be submitted?

A. Horizon NJ Health must receive all claims within 180 calendar days from the initial date when services were rendered. If claims are not received within 180 calendar days from the initial date of service, claims will be denied for untimely filing (reference Physician and Health Care Professional Manual, Feb 2013, section 9.1.4).

Q. What billing codes are used for MDC and is there a modifier?

A. Medical Day Care Codes

- Adult Medical Day – S5102
- Pediatric Medical Day (Technologically Dependent) – T1024 modifier 22
- Pediatric Medical Day (Medically Fragile) – T1024 modifier 52

Q. What billing codes are used for PCA and is there a modifier?

A. Personal Care Assistant Codes

- Personal Care Assistant Services (Individual, Hourly, Weekday) - T1019
- Personal Care Assistant Services (Group, Hourly, Weekday) - T1019 HQ

Q. Do I use the HCFA 1500 form for electronic billing or UB04 for both?

A. Use the HCFA 1500 Claim Form for PCA and MDC services.