BLUE Review
June 2019

A Newsletter for Participating Physicians and Other Health Care Professionals,
Acute Care Facilities and Ancillary Staff

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CWA Unity DIRECT: New SHBP plan for CWA State Employees

State of New Jersey employees who are represented by the Communications Workers of America (CWA) union and who are currently enrolled in NJ DIRECT15/1525/2030/2035 plans will have their State Health Benefits Program health plan enrollment automatically switched to a new health plan, CWA Unity DIRECT, effective July 1, 2019 (or July 6, 2019 for biweekly employees).

During a special enrollment period between April 22, 2019 and May 3, 2019, impacted members could have also enrolled in one of the other available plans: OMNIA Health Plans, Horizon HMO or NJ DIRECT CDHP plans.

New CWA State of New Jersey employees hired after July 1, 2019 will be offered CWA Unity DIRECT2019. Both CWA Unity DIRECT plans offer the same benefits as NJ DIRECT15, with varying member cost sharing.

Please verify benefit and copayment information by reviewing the member's ID card. Benefit information will not be available on NaviNet® until July 19, 2019 when we update our systems.

If you have benefit questions, please call Physician Services at 1-800-624-1110, Monday through Friday, 8 a.m. to 5 p.m. Eastern Time (ET).

Access Our FAQs

When you have questions, read our FAQs on NaviNet. There you can quickly find information regarding these topics and more:

- Claims and payments
- Eligibility and benefits
- Office and provider management
- Provider resources
- Referrals and authorizations

To get started, sign in to NaviNet.net, select Help and then select Horizon BCBSNJ.

* Starting with this issue, links will be displayed in bold and light blue type. You will be able to click this text for more information.

Icons throughout the newsletter will alert you to articles relevant to your area.
Horizon BCBSNJ Initiatives and Programs for Medicare Advantage Members

Horizon BCBSNJ helps health care professionals manage their patients for wellness and prevention services as outlined by Healthcare Effectiveness Data and Information Set (HEDIS) specifications.

The Horizon Healthy Journey program includes:

• **Provider engagement** – education and guidance on HEDIS measures, performance reporting and quality transformation support. Horizon Healthy Journey offers financial incentives to practitioners to close care gaps.

As part of the Results and Recognition Program, health care professionals are offered additional payments (two payments for the 2019 program year) if the practice’s performance measure reaches a 4-Star Rating.

• **Member engagement** – reminders and education for members to close gaps in care for all stages of life, such as immunizations, wellness visits, preventive screenings and chronic disease monitoring. The Medicare Rewards and Incentive program offers gift card incentives to members to improve their health outcomes.

For more information, you can call the Horizon Healthy Journey team at 1-844-754-2451, Monday through Friday, between 8:30 a.m. and 5 p.m., ET.

The Importance of Medication Adherence

Poor medication adherence can be costly.1 It’s important to find ways to improve members’ adherence rates to help reduce waste and improve their health outcomes.

**Medication adherence impacts Star Ratings**

The CMS Star Rating system rates Medicare Part D prescription drug plans based on how well they perform on:

• Drug plan customer service
• Member complaints, access to services and decisions to leave the plan
• Member experience
• Drug pricing and patient safety

This data is tracked for medications used to treat conditions such as:

• Diabetes
• High blood pressure (angiotensin converting enzyme/angiotensin II receptor blockers)
• High cholesterol (statins)

**Tips to help improve patients’ medication adherence**

• Use honest, open communication to build trust.
• Simplify the way your patients take their medications. Consider if they need refill reminders, or need to adjust the timing, frequency and/or dosage of their medication.
• Educate patients on how to take their medications appropriately. Reiterate the potential effects of not taking them as prescribed.
• Make taking medication more convenient. Determine whether a 90-day supply from home delivery pharmacy services may be more appropriate.
• Prescribe generics whenever possible to help control members’ out-of-pocket costs. Members can find out if they qualify for a low-income subsidy by contacting their local Social Security Office or the Social Security Administration.
• Work with other health care professionals to help coordinate care and prevent unnecessary treatment or services.

If you have questions regarding pharmacy services for Medicare Advantage members, call Horizon BCBSNJ’s pharmacy benefit manager Prime Therapeutics, LLC. at 1-855-457-1346.

Reference:
CAHPS and Member Satisfaction

Member satisfaction is one of the most important components of any health plan’s Star Rating. Many of the measures that are calculated to yield the Star Rating are directly derived from the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. CAHPS survey responses now represent 16 percent of a Medicare Advantage plan’s overall Star Rating. An additional 33 percent is comprised of member-reported health outcomes and administrative measurements of member access and experience with their doctor.

CAHPS survey measures

- Getting the flu vaccine
- Getting needed care without delays
- Getting appointments and care quickly
- Customer service
- Rating health care quality
- Rating the health plan
- Care coordination
- Rating of drug plan
- Getting needed prescriptions

Because at least half of our overall Star Rating is influenced by member experience, it is important for both Horizon BCBSNJ and providers to create a positive experience.

The CAHPS survey is sent to a random sample of Horizon BCBSNJ members between February and May every year. It contains more than 70 questions, asking respondents to – among other topics – rate their PCP, discuss their ease in filling prescriptions, remark on their doctor’s cultural competency, rate their own overall health and more.

What you can do

Each year, encourage your patients to fill out the survey, as it helps identify areas of opportunity and guide performance improvement activities for both Horizon BCBSNJ and your practice. CAHPS data reports the following issues and member concerns as most important:

- Providing timely appointments
- Seeing patients within 15 minutes of appointment time
- Discussing urgent care situations and when to see a PCP versus the Emergency Room or an urgent care center
- Medication review and discussions
- Refer to Horizon BCBSNJ’s formulary when prescribing

Find out more information about the CAHPS survey.
Proper communication skills play a key role in improving health care outcomes and ensuring patient satisfaction. An important part of effective communication is how readily patients voice their concerns and questions to you. Establishing a strong and trusting relationship with your patients based on open communication makes it more likely that patients will adhere to your treatment plans and get the full benefit of your care.

**Suggestions for improving communication**

Through focus group sessions, our members offered the following suggestions to help improve communication with their health care professionals:

- Before an appointment, become familiar with your patient’s medical history, including past tests, major illnesses, allergies, medications and family history.
- Actively listen to your patient’s concerns and answer questions in a manner and language your patient can understand.
- Encourage your patient to participate in health care decision making and treatment options (to the extent possible).
- Ensure that your patient understands the medications you prescribe, how to use them and any possible side effects.
- Ensure that your patient understands all tests you prescribe. Explain the reason for a particular test, what is involved in conducting the test and any potential financial liability related to the test. Your patients may be responsible for the cost of any equipment, drugs, supplies, etc. They should be told if hospital/facility claims are being submitted in addition to physician claims.
- Summarize your plan of treatment, tests and any follow-up care you are recommending. Then ask your patient to sum up, in his or her own words, the information you conveyed to him or her.
- Before the patient leaves your office, schedule required follow-up appointments.

We appreciate all that you do to help your patients, our members, take a more active role in their health.
High blood pressure, or hypertension, can increase the risk of heart disease and stroke, which are the leading causes of death in the United States.\(^1\)

Controlling high blood pressure (BP) is an important step in preventing heart attacks, stroke and kidney disease, and in reducing the risk of developing other serious conditions.\(^2\) Health care professionals can help individuals manage their high blood pressure by prescribing medications and encouraging low-sodium diets, increased physical activity and smoking cessation.

**Measure breakdown**

The percentage of members 18 to 85 years of age with a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90mm Hg) during the measurement year.

Source: NCQA HEDIS 2019 Guideline.

**Documentation**

Submit the most recent BP reading during the measurement year on or after the second diagnosis of hypertension.

The member is not compliant if the BP reading is:

1. ≥ 140/90
2. Not taken during the measurement year
3. Incomplete (e.g., the systolic or diastolic level is missing)

If initial reading is high, a second reading can be taken later in the same visit. The lowest diastolic and lowest systolic reading is used.

**Common chart deficiencies**

- Rechecked elevated pressures during the same visit not documented.
- BP reading is incomplete (e.g., the systolic or diastolic level is missing).

**CPT® codes**

- Diastolic <80 CPT: 3078F
- Diastolic 80-89 CPT: 3079F
- Diastolic ≥ 90 CPT: 3080F
- Systolic <140 CPT: 3074F, 3075F
- Systolic ≥140 CPT: 3077F

**Reminders for taking blood pressure readings in the office**

- Make sure the proper cuff size is used.
- Ensure patients don’t cross their legs and have their feet flat on the floor during the reading. Crossing legs can raise the systolic pressure by 2 to 8 mmHg.
- Make sure the elbow is at the same level as the heart. If the patient’s arm is hanging below heart level and unsupported, this position can elevate the measured blood pressure by 10 to 12 mmHg.
- Take it twice: if the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit. Consider switching arms for subsequent readings.

**Tips for talking with your patients**

- Educate patients about the risks of uncontrolled blood pressure.
- Reinforce the importance of medication adherence and encourage patients to report side effects.
- If the patient has an abnormal reading, schedule follow-up appointments for blood pressure readings until their blood pressure is controlled.

**References**


This is a republication of the Controlling High Blood Pressure (CBP) article that was released in the March Blue Review on page 11. The 2019 HEDIS specifications removed the requirement to identify and use different thresholds for members ages 60 to 85 years. This article reflects that change.
Help Your Medicare Patients Maximize Their Pharmacy Benefits

Horizon BCBSNJ offers several ways for your patients to get their prescriptions quickly and easily while saving money. The Horizon BCBSNJ Pharmacy program is committed to helping members get the care they need quickly and easily. Your patients can fill prescriptions easily with their member ID card.

<table>
<thead>
<tr>
<th><strong>Use a preferred pharmacy</strong></th>
<th>Your patients can save money by using a preferred pharmacy that is part of our pharmacy network. Patients can find a preferred pharmacy close to them by searching our Pharmacy Directory.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Taking a generic medication versus a brand name</strong></td>
<td>Generics cost less than brand name medications and can save your patients money. Patients can <a href="#">check our formulary</a> to see what medications are covered.</td>
</tr>
<tr>
<td><strong>Mail-order</strong></td>
<td>Your patients can get their long-term, maintenance medicines delivered to their door by using the AllianceRx Walgreens Prime® free home delivery service. Patients can register online or call 1-800-391-1916.</td>
</tr>
<tr>
<td><strong>90-day prescriptions</strong></td>
<td>Your patients can get up to a 90-day supply of their medication at one time and avoid going to the pharmacy each month. They will need a prescription from you to get a 90-day supply. Your patients can get 90-day supplies through mail order or at their retail pharmacies.</td>
</tr>
<tr>
<td><strong>Automatic refill</strong></td>
<td>Instead of monitoring their medicine and calling for a refill each time, your patients can ask their pharmacy to put their prescription on automatic refill. The pharmacy will fill their prescription when it is due and call them when it's ready.</td>
</tr>
<tr>
<td><strong>Home delivery</strong></td>
<td>It’s not always easy to get to the pharmacy. Remind your patients that they can ask if their local pharmacy offers free home delivery.</td>
</tr>
</tbody>
</table>
Appointment Availability Access Standards

Horizon BCBSNJ maintains appointment availability access standards for Primary Care Physicians (PCPs), obstetricians and gynecologists (Ob/Gyns), specialists and behavioral health care professionals to help ensure that our members receive care when they need it.

You can review these policies by choosing Appointment Availability Access Standards for Primary Care-Type Providers, ObGyns and Specialists or Behavioral Health Providers Access Standards.

Remember these standards when offering your patients a first-available appointment, responding to after-hours calls for urgent or emergent care, or monitoring office-waiting time.

This information may be viewed online or in our Participating Physician and Other Health Care Professional Office Manual.

Access standards information is also available to our members.

According to our access standards, Horizon BCBSNJ patients should not wait long after a scheduled appointment time to see a practitioner.

- Horizon BCBSNJ Medicare Advantage members shall wait no more than 15 minutes from a scheduled appointment time to see a practitioner.

- Other Horizon BCBSNJ members shall wait no more than 30 minutes from a scheduled appointment time to see a practitioner.

If the waiting time is expected to exceed the above-noted time periods, you are required to offer the member the choice of rescheduling his/her appointment or continuing to wait.
Knock Out Opioid Abuse Initiative Features New Online Course for Prescribers

In response to the opioid epidemic ravaging New Jersey, Horizon BCBSNJ and the Partnership for a Drug-Free New Jersey (PDFNJ) have turned their focus toward educating prescribers on safe and responsible prescribing.

PDFNJ and Horizon BCBSNJ – through its philanthropic arm, The Horizon Foundation for New Jersey – have launched a one-hour continuing medical education (CME) webinar, Do No Harm: Exploring Strategies for Safer Prescribing of Opioids. This webinar is available to all prescribers across New Jersey to strengthen safer prescribing of opioids through education.

The course is part of a new two-year Knock Out Opioid Abuse initiative to address the opioid epidemic through community outreach, prescriber education, parent education and a statewide awareness campaign. The accredited curriculum is accessible for an administrative fee of $35.

The course satisfies the New Jersey one-hour continuing education requirement concerning prescription opioid drugs, and includes education on responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction and diversion.

The course is specifically tailored for health care professionals, including doctors of medicine, nurse practitioners, physician assistants, residents and fellows, medical students and dentists.

The curriculum includes information from a medical, legal and law enforcement perspective. The course instructors are:

• Lewis S. Nelson, MD, Professor and Chair, Department of Emergency Medicine, Rutgers NJMS; Chief of Service, Emergency Department, University Hospital
• Andrew E. Blustein, Partner/Director, Garfunkel Wild, P.C. Attorney at Law
• Christopher Jakim, Assistant Special Agent in Charge, Drug Enforcement Administration - New Jersey Division

Please visit the Knock Out Opioid Abuse Initiative website for more information.
Medication Assisted Treatment Continues to Be More Accessible

Horizon BCBSNJ is committed to helping combat the opioid epidemic. We know you share in that commitment to your patients.

Prior authorization no longer required for opioid addiction medication treatment for Medicaid plans

As of April 1, 2019, the state of New Jersey no longer requires prior authorization for opioid treatment medication for Medicaid plans administered by Horizon NJ Health. This means that those needing opioid addiction treatment will no longer have to wait for approval for medication assisted treatment (MAT) before they begin treatment. MAT is the clinical standard and evidence-based strategy for treating opioid addiction and advancing recovery.

Prior authorization is already not required for any commercial plan.

Multiple response approach

Removing the prior authorization requirements for MAT is only one of the ways New Jersey Department of Human Services is increasing access to care. Other initiatives include:

- Investing in training more Primary Care Physicians (PCPs), nurse practitioners and physician assistants to provide MAT for opioid addiction;
- Creating new Medicaid payment incentives to encourage PCPs to offer MAT;
- Funding two Medicaid Centers of Excellence for opioid treatment – one at Rutgers New Jersey Medical School in Newark and one at Cooper Medical School of Rowan University – which provide community providers access to addiction experts and supports; and
- Requiring residential treatment facilities that receive Medicaid payment to provide access to MAT (beginning July 1, 2019).

Greater PCP participation in substance use disorder (SUD) treatment, particularly MAT, provides additional opportunities to improve access and to expand integration of care. PCPs may have not traditionally participated in the treatment of SUDs (beyond referral) because of perceived barriers to providing treatment, a perceived lack of reimbursement, and/or a lack of experience/knowledge treating these conditions.

MAT with buprenorphine

Medications such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid dependency. When taken as prescribed, buprenorphine is safe and effective.

Buprenorphine is the first medication to treat opioid dependency that is permitted to be prescribed or dispensed in physician offices, significantly increasing treatment access.

Billing and reimbursement

SUD is an eligible diagnosis for billing MAT. The monthly office visit can be billed using an Evaluation & Management (E&M) code that best describes the level of complexity. Treating SUD is no different than any other disease states with regards to our policies and reimbursement.

Horizon BCBSNJ members should not be billed up front for MAT services. You may bill the member for his or her copayment, and in some cases, coinsurance and deductible (refer to the Horizon BCBSNJ Participating Physician and Other Health Care Professional Office Manual for details). You are required to accept our allowance for eligible services as payment in full.

Getting more information

Horizon BCBSNJ can help you and your patient find a behavioral health specialist if necessary. You can:

- Call Physician Services at 1-800-624-1110 on behalf of your patient
- Direct your patient to call the number on the back of his/her Horizon BCBSNJ member ID card. He or she may dial the member or behavioral health services number provided
- You or your patient can find a health care professional using the Doctor & Hospital Finder

If you are interested in obtaining a waiver to offer MAT, visit the Substance Abuse and Mental Health Services Administration website.

If you have additional questions, contact your Network Specialist.
Changes to our commercial formulary were determined at the Pharmacy and Therapeutics (P&T) Committee meeting in February 2019. Review the most up-to-date commercial formulary or the formulary for Federal Employee Program® (FEP®) members.

### Pharmacy Corner: Formulary Changes Announced

<table>
<thead>
<tr>
<th>Moved from Non-Preferred to Preferred Status</th>
<th>Brand</th>
<th>Generic</th>
<th>Prior Authorization (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galafold</td>
<td>migalastat</td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Mulpeta</td>
<td>lusutrombopag</td>
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<tr>
<td>Orilissa</td>
<td>elagolix</td>
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<td>Y</td>
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<tr>
<td>Tibsovo</td>
<td>ivosidenib</td>
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<td>benznidazole</td>
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<td>Symtuza</td>
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<tr>
<td>Pifeltro</td>
<td>doravirine</td>
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<td>Delstrigo</td>
<td>doravirine/lamivudine/tenofovir disoprxil fumarate</td>
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<td>Copiktra</td>
<td>duvelisib</td>
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<tr>
<td>Benlysta</td>
<td>belimumab</td>
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<table>
<thead>
<tr>
<th>Drugs Re-evaluated and Added to the Preferred Status</th>
<th>Brand</th>
<th>Generic</th>
<th>Prior Authorization (Y/N)</th>
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<tbody>
<tr>
<td>Mitigare</td>
<td>colchicine</td>
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<tr>
<td>Aimovig</td>
<td>erenumab-aooe</td>
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<th>Reviewed and Remaining in Non-Preferred Status</th>
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<td>TaperDex</td>
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<td>Olumiant</td>
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<td>Lucemyra</td>
<td>lofexidine</td>
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<td>Ajovy</td>
<td>fremanezumab-vfm</td>
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<td>Xofluza</td>
<td>baloxavir marboxil</td>
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<td>Siklos</td>
<td>hydroxyurea</td>
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<table>
<thead>
<tr>
<th>Drugs Re-evaluated and Added to the Non-Preferred Status</th>
<th>Brand</th>
<th>Generic</th>
<th>Prior Authorization (Y/N)</th>
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<tbody>
<tr>
<td>Pradaxa</td>
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<tr>
<td>Colcrys</td>
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(Continues)
### Pharmacy Corner: Formulary Changes Announced

Recent changes to our Medicare Formulary are listed in the table below. **Review the most up-to-date Medicare Formulary.**

<table>
<thead>
<tr>
<th>Brand</th>
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<th>Formulary Status</th>
<th>Prior Authorization (Y/N)</th>
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<tr>
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<td>Xofluza</td>
<td>baloxavir</td>
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<tr>
<td>Libtayo</td>
<td>cemiplimab-rlc</td>
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<tr>
<td>Vizimpro</td>
<td>dacomitinib</td>
<td>Added</td>
<td>Y</td>
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<tr>
<td>Lumoxiti</td>
<td>moxetumomab</td>
<td>Added</td>
<td>Y</td>
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<tr>
<td>Copiktra</td>
<td>duvelisib</td>
<td>Added</td>
<td>Y</td>
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<tr>
<td>Poteligeo</td>
<td>mogamulizumab-kpk</td>
<td>Added</td>
<td>Y</td>
</tr>
<tr>
<td>Talzenna</td>
<td>talazoparib tosylate</td>
<td>Added</td>
<td>Y</td>
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<td>Epidolex</td>
<td>cannabidiol</td>
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<tr>
<td>Delstrigo</td>
<td>doravirine/lamivudine/tenofovir disoproxil</td>
<td>Added</td>
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<tr>
<td>Vancomycin</td>
<td>vancomycin solution</td>
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<td>Perseris</td>
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<td>tildrakizumab-asmn</td>
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<td>elagolix</td>
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<tr>
<td>Takhzyro</td>
<td>lanadelumab</td>
<td>Not Covered</td>
<td>–</td>
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<tr>
<td>Onpattro</td>
<td>patisiran</td>
<td>Not Covered</td>
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<tr>
<td>Mulpleta</td>
<td>lusutrombopag</td>
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<td>Lokelma</td>
<td>sodium zirconium</td>
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</tr>
<tr>
<td>Galafold</td>
<td>migalastat</td>
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<td>–</td>
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<tr>
<td>Glyrx-Pf</td>
<td>glycopyrrolate</td>
<td>Not Covered</td>
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<tr>
<td>Tiglutik</td>
<td>riluzole</td>
<td>Not Covered</td>
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<td>Nivestym</td>
<td>rilgradstim-aafi</td>
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<td>Altreno</td>
<td>tretinoin</td>
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<td>Ztildo</td>
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<td>Ajovy</td>
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<td>Emgality</td>
<td>galcanezumab-gnlm</td>
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<td>–</td>
</tr>
</tbody>
</table>

To request a printed copy of the formularies, call Pharmacy Member Services at **1-800-370-5088.**
Surgical and Implantable Device Management Program Expands

Horizon BCBSNJ collaborates with TurningPoint Healthcare Solutions, LLC (TurningPoint) to administer our Surgical and Implantable Device Management Program. Through this program, TurningPoint currently facilitates Prior Authorization & Medical Necessity Determination (PA/MND) reviews for certain orthopedic surgical services, many of which may require the use of an implantable device, for members enrolled in our fully insured commercial plans/products.

Effective July 15, 2019, this program will expand to include TurningPoint’s PA/MND review of certain:

1. Orthopedic services for members enrolled in Horizon BCBSNJ Medicare Advantage plans
2. Cardiac services for members enrolled in fully insured commercial plans/products

Surgical and Implantable Device Management Program for orthopedic services

Effective July 15, 2019, the Surgical and Implantable Device Management Program for orthopedic services (which has been in effect for members enrolled in fully insured plans/products since the program’s implementation on December 3, 2018) will expand to also include members enrolled in Horizon BCBSNJ Medicare Advantage plans/products.

Some of the most common orthopedic surgical procedures subject to PA/MND review under this program include:

<table>
<thead>
<tr>
<th>Joint Reconstructive &amp; Fusion Surgeries (including all associated revision surgeries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Knee Arthroplasty</td>
</tr>
<tr>
<td>• Hip Arthroplasty</td>
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<tr>
<td>• Shoulder Arthroplasty</td>
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<tr>
<td>• Elbow Arthroplasty</td>
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<tr>
<td>• Ankle Arthroplasty</td>
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<tr>
<td>• Wrist Arthroplasty</td>
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<tr>
<td>• Hip Resurfacing</td>
</tr>
<tr>
<td>• Shoulder Fusion</td>
</tr>
<tr>
<td>• Elbow Fusion</td>
</tr>
<tr>
<td>• Ankle Fusion</td>
</tr>
<tr>
<td>• Wrist Fusion</td>
</tr>
</tbody>
</table>

Sports Medicine Surgeries

• ACL Repair
• Acromioplasty & Rotator Cuff Repair
• Femoroacetabular Arthroscopy
• Knee Arthroscopy
• Hip Arthroscopy
• Meniscal Repair (with or w/o Allograft)
• Osteochondral Defect Repair

TurningPoint will begin to accept PA/MND requests on July 1, 2019 for any in-scope orthopedic procedures to be performed on or after July 15, 2019 for patients enrolled in Horizon BCBSNJ Medicare Advantage plans/products.

Surgical and Implantable Device Management Program for cardiac services

Effective July 15, 2019, TurningPoint will also begin conducting PA/MND reviews of cardiac services to be provided to members enrolled in Horizon BCBSNJ fully insured plans/products, including those plans that include BlueCard® benefits for care received outside of our local service area.¹

Some of the most common cardiac surgical procedures subject to PA/MND review under this expanded program include:

<table>
<thead>
<tr>
<th>Cardiac Surgical Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implantable Cardioverter Defibrillators</td>
</tr>
<tr>
<td>• Pacemaker (Single Chamber)</td>
</tr>
<tr>
<td>• Pacemaker (Dual Chamber)</td>
</tr>
<tr>
<td>• Pacemaker (Leadless)</td>
</tr>
<tr>
<td>• Stent (Angioplasty &amp; Endovascular)</td>
</tr>
<tr>
<td>• Stent (Drug Eluting)</td>
</tr>
</tbody>
</table>

TurningPoint will begin to accept PA/MND requests on July 1, 2019 for any in-scope cardiac procedures to be performed on or after July 15, 2019.

¹ Horizon BCBSNJ’s local service area includes the state of New Jersey, the contiguous counties in DE, NY and PA, as well as Lehigh County, PA.

Surgical and Implantable Device Management Program details

The following information applies to the Surgical and Implantable Device Management Program for BOTH orthopedic and cardiac services.

TurningPoint conducts PA/MND reviews of certain orthopedic and cardiac services to:

• Determine medical necessity of the services to be provided
• Ensure appropriate conservative therapies are attempted prior to invasive procedures
• Help to ensure that the most appropriate surgery is performed in the most appropriate setting using the most appropriate device(s)
• Help to improve provider best practices

(Continues)
Surgical and Implantable Device Management Program Expands

Places of service included in this program

TurningPoint conducts PA/MND reviews of orthopedic and cardiac services to be rendered in the following settings:

- Inpatient
- Outpatient
- Ambulatory Surgical Center
- Office Setting

TurningPoint will NOT conduct PA/MND reviews of impacted services rendered in the Emergency Room or an observation setting.

Submitting a PA/MND request to TurningPoint

There are three ways you can request a PA/MND for an orthopedic or cardiac service:

- Log on to NaviNet®, select Horizon BCBSNJ from the My Health Plans menu, and:
  - Mouse over Referrals & Authorization and select TurningPoint PA/MND Requests
  - Select Requests within the TurningPoint menu bar or click the Add Request shortcut
- If you do not have access to NaviNet, you can submit a request via TurningPoint’s web portal at myturningpoint-healthcare.com. You must register to obtain access credentials by calling TurningPoint at 1-833-436-4083, Monday through Friday between 8 a.m. and 5 p.m., ET.
- Call TurningPoint at 1-833-436-4083 during these same hours of operation.

Review the information TurningPoint requires for a PA/MND request.

Provider responsibilities

Physicians are responsible for requesting PA/MND review from TurningPoint.

Rendering Hospitals and Ambulatory Surgery Centers are encouraged to call TurningPoint at 1-833-436-4083 to confirm that a PA/MND has been obtained.

TurningPoint can provide PA/MND determination notifications to facilities if TurningPoint is made aware of the appropriate persons/departments to receive such notification. Please call TurningPoint at 1-833-436-4083 to provide contact information for the receipt of PA/MND determination notifications.

Member eligibility and benefits

Member eligibility and benefits may be obtained on NaviNet.net or by calling the phone number on the back of the member’s ID card.

Although some member benefits do not require prior authorization for services rendered in an outpatient setting or a physician’s office, physicians are strongly encouraged to obtain a pre-service MND approval from TurningPoint prior to providing orthopedic or cardiac services included in this program to ensure that services will be considered medically necessary.

Claims

Orthopedic or cardiac services submitted on professional or facility claims that are reviewed by TurningPoint on a post-service basis and deemed not medically necessary will not be eligible for coverage or reimbursement by Horizon BCBSNJ.

Claims for orthopedic and cardiac services will be processed and reimbursed in a manner consistent with TurningPoint’s guidelines in regard to frequency rules and service maximums.

Medical necessity criteria and guidelines

TurningPoint manages and maintains the medical policy criteria and guidelines used to conduct PA/MND reviews as part of this program.

Access more information or review the following program resources:

- Surgical and Implantable Device Management Program Q&As
- Surgical and Implantable Device Management Program Services Procedure Code Listings

Questions

If you have any questions or need more information about the Surgical and Implantable Device Management Program, visit HorizonBlue.com/turningpoint or call 1-833-436-4083.
Attend a 2019 Hospital Forum Session

The Horizon BCBSNJ Network Hospital Relations team is excited about our upcoming 2019 Hospital Forum sessions and looks forward to seeing Managed Care Directors, Utilization Management staff, Patient Accounts staff and Patient Access staff from each of our network hospitals at one of the scheduled sessions:

Mt Laurel, NJ
Tuesday, November 5, 2019
Horizon BCBSNJ’s Mt. Laurel Office
250 Century Parkway
Mt Laurel, NJ 08054

Wall Township, NJ
Wednesday, November 13, 2019
Horizon BCBSNJ’s Wall office
1427 Wyckoff Road
Wall, NJ 07727

These sessions, hosted by the Network Hospital Relations staff, will highlight program improvements, new policies and collaborative opportunities and will include information from our Provider Services, BlueCard®, Utilization Management and Patient-Centered Programs departments. Guest speakers from network facilities will also share their best practices with those in attendance.

Invitations with details and locations have already been sent to personnel within network hospital Patient Accounts, Patient Access and Utilization Management departments/areas.

If you have questions, or did not receive your invitation, please contact your Network Hospital Specialist.

Solution Centers

Don’t forget to bring your claims, inquiries and questions so that they can be addressed by a representative at our Solution Center for onsite, real-time research and issue resolution. The Solution Center will be open from 8:30 a.m. to 3 p.m. at each session.

Focus on Collaboration

This year’s sessions will focus on collaboration and our efforts to make it easier to work with us and with our delegated vendors.
Horizon BCBSNJ continually works to ensure that our code and claim-editing rules are up-to-date with standard business practices and that code- and claim-editing rules are fully and correctly implemented within our claim processing systems.

Following a recent update to our code- and claim-editing rules, we have noticed a high number of claim bill line denials that include the message: THIS SERVICE IS NOT PAID. THE SUBMITTED DIAGNOSIS CODE IS NOT SPECIFIC ENOUGH FOR ACCURATE DETERMINATION OF BENEFIT ELIGIBILITY.

These claim bill line denials are based on ICD-10-CM Official Guidelines for Coding and Reporting pertaining to Excludes1 notes:

- An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 indicates that the two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition. The billed service was denied because it was reported with one or more diagnosis code pairs that are subject to an Excludes1 note.

Based on our review, a large number of these claim bill line denials are the result of ICD-10 diagnosis coding that does not use the highest level of specificity. If you feel that denied claim bill lines should be reconsidered for reimbursement, please submit a corrected claim that includes the highest appropriate level of specificity.

We encourage all health care professionals, facilities and ancillary providers and their billing offices and vendors to continue to work to ensure a high-level of accuracy and compliance with the most current and appropriate billing practices, rules and guidelines.

When you submit the most accurate and current codes, Horizon BCBSNJ is able to quickly and efficiently process claims and generate accurate and appropriate reimbursement for the health care services you provide to our members.
Quarterly Claim-Editing Updates

We work with nationally recognized vendors to implement quarterly claim-editing updates to help ensure that the coding within our claims processing system is appropriate and supported. Updates we make to our code- and claim-editing rules may reflect:

- The recommendations of various medical societies and organizations, medical policy and literature, research and standards, and input from academic affiliations as analyzed and compiled by business partners working on our behalf.
- The implementation of new and/or revised Horizon BCBSNJ administrative, reimbursement and/or medical policies.

On or around the beginning of each quarter, we post an announcement that identifies the claim-editing updates we will implement following either 30-day’s advance notice or 90-day’s advance notice before implementation.

- Read our Medical Policies, Administrative Policies, Reimbursement Policies and Guidelines and information about our Claim Editing Policies.
Changes to the Management of the Horizon Behavioral Health℠ Program

Beginning on or about January 1, 2020, Horizon BCBSNJ will transition the administration and clinical management of behavioral health services from Beacon Health Options (formerly ValueOptions) to our internal operations for all Horizon BCBSNJ plans that offer behavioral health benefits through the Horizon Behavioral Health℠ program.

The complete transition to Horizon BCBSNJ’s internal management will occur in a phased approach based on line of business.

<table>
<thead>
<tr>
<th>Effective on or about ...</th>
<th>Plans/products to transition to Horizon BCBSNJ internal operations</th>
</tr>
</thead>
</table>
| January 1, 2020          | • Horizon Medicare Advantage plans  
                          | • Horizon NJ Health Medicaid plans – including Division of Developmental Disabilities (DDD), NJ FamilyCare and Managed Long Term Services & Supports (MLTSS) plans  
                          | • Horizon NJ Total Care (HMO SNP)  |
| April 1, 2020            | • All other Horizon BCBSNJ plans – including insured plans/products, self-insured (Administrative Services Only [ASO]) employer group plans—including the State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP) and the Federal Employee Program® (FEP®) |

Behavioral Health Provider Agreements

This change will not impact the terms and conditions in your existing participation Agreement(s) for our Horizon Managed Care Network, Horizon PPO Network, Horizon NJ TotalCare (HMO SNP) Network or Horizon NJ Health Network.

Claims and service

There will be no change to the claim submission process or to the systems currently in use by the Horizon Behavioral Health program. Providers can continue to follow the processes currently in place for claim submissions and service inquiries.

Recredentialing

Effective July 1, 2019, Horizon BCBSNJ will begin to manage the recredentialing of behavioral health practitioners and facilities for all providers who are due to be recredentialed on and after January 1, 2020.

Beacon Health Options will continue to manage the recredentialing process for practitioners and facilities due to be recredentialed prior to December 31, 2019.

Member access

This change in management of the Horizon Behavioral Health program will not impact members’ benefits or their access to behavioral health care. Members will continue to have access to all the services and support provided under the current Horizon Behavioral Health program.

Horizon BCBSNJ remains committed to working with health care professionals throughout the state to enhance the patient experience and lower the total cost of care. The Horizon Behavioral Health program will help drive improvements in health care treatment and outcomes for Horizon BCBSNJ members facing mental health issues and substance use disorders.

For more information and updates

• Review Horizon Behavioral Health Program: Change in Management Frequently Asked Questions.

• Regular updates will be posted at: HorizonBlue.com/providernews or horizonNJhealth.com/providernews.
Ultrasound Services MND Program Will Not Be Implemented

We previously announced in the March issue of Blue Review that Horizon BCBSNJ would implement Medical Necessity Determination (MND) review for certain obstetrical and non-obstetrical ultrasound procedures and services beginning on June 3, 2019.

This program will not be implemented.

As always, you can check for the most current news and updates online.

Horizon Health News Highlights

Visit HorizonHealthNews.com to learn more about how we’re collaborating with physicians, hospitals and other health care professionals to develop new tools and strategies to improve cost, quality and the patient experience.

Recent stories

- **Now, Doctors Can Offer Pain Relief in the Form of Lower Rx Costs**
  The average pharmacy has aisles of over-the-counter medications with clearly marked prices. Horizon BCBSNJ’s innovative software brings that same price transparency to prescription medications.

- **Hidden in Plain Sight: Are Secret Shoppers the Solution to Lower Costs and Improved Quality?**
  Discover the groundbreaking research designed to get to the bottom of better care.

- **Teaming Up with Nurses to Improve Health Care for All**
  Who better to improve patient care than the “heart of health care”?
At Your Service

CLAIM SUBMISSION
All claims should be submitted electronically. Use Payer ID 22099 if you use a vendor or clearinghouse. Primary claims, including claims using a legacy provider ID (TIN + suffix), behavioral health claims and claims requiring a medical record, can be submitted from the Horizon BCBSNJ page after logging in to NaviNet.net.

PROFESSIONAL CLAIMS
HCAPPA Appeals: Use Appeal a Claims Determination form and mail to PO Box 10129, Newark, NJ 07101-3129
General Appeals: Use 579 form and mail to PO Box 54, Newark, NJ 07101-0054
Inquiries: Use 579 form and mail to PO Box 199, Newark, NJ 07101-0199

FACILITY CLAIMS
Appeals/Inquiries: Use 579 form and mail to PO Box 1770, Newark, NJ 07101-1770

FEP®
Claim Inquiries: PO Box 656, Newark, NJ 07101-0656
Reconsiderations/Appeals: 1-800-624-5078
PO Box 10181, Newark, NJ 07101
Precertification: 1-800-664-2583
Care Management and Health and Wellness: 1-866-697-9696

BLUECARD®
Claim Appeals/Inquiries: PO Box 1301
Neptune, NJ 07754-1301 1-888-435-4383

SHBP/SEHP
Claim Appeals/Inquiries: PO Box 820, Newark, NJ 07101-0820
Provider Services: 1-800-624-1110
Institutional Services: 1-888-666-2535
Utilization Management: 1-800-664-2583
Advanced Radiology - eviCore healthcare: 1-866-496-6200
Behavioral Health Precertification: 1-800-991-5579

ELIGIBILITY AND BENEFITS
Log in to NaviNet.net and access the Horizon BCBSNJ page. Mouse over Eligibility & Benefits and select Eligibility & Benefits Inquiry.

PRIOR AUTHORIZATIONS (PA) AND UTILIZATION MANAGEMENT
Most PAs should be requested online using Horizon BCBSNJ's online Utilization Management Request Tool. After logging into NaviNet.net, select Horizon BCBSNJ within the My Health Plans menu, mouse over Referrals and Authorization, then select Utilization Management Requests. PAs for PT/OT Services should also be requested using this online tool.

Outpatient Advanced Imaging and Pain Management
eviCore healthcare: 1-866-496-6200

Drug Authorizations
From NaviNet.net, access Horizon BCBSNJ within the My Health Plans menu and select Drug Authorizations.

Alternate Request Methods
Prior Authorization Unit: 1-800-664-2583

HORIZON BEHAVIORAL HEALTH™ 1-800-626-2212
Unless otherwise noted on the member ID card, mail claim forms to PO Box 10191, Newark, NJ 07101-3189.

HORIZON CARE@HOME PROGRAM
Horizon BCBSNJ conducts the review of requests for: Home Health Services (including in-home nursing services, physical therapy, occupational therapy and speech therapy). Prior authorization requests for these services must be submitted using Horizon BCBSNJ’s online Utilization Management Request Tool via NaviNet. CareCentrix conducts the review of requests for Horizon Care@Home services for: Durable Medical Equipment (including Medical Foods [Enteral], and Diabetic and Other Medical Supplies); Orthotics and Prosthetics and Home Infusion Therapy Services, including hemophilia. Call 1-855-243-3321 to initiate the review of these services.
At Horizon Blue Cross Blue Shield of New Jersey, we are proud of our commitment to diversity and inclusion among our employees, members, physicians and business partners.

Diversity is part of who we are as a Company. We embrace and value differences of culture, education, experience and perspective in our workplace.

For more information, visit HorizonBlue.com/diversity.

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The Horizon Behavioral HealthSM program is administered by ValueOptions of New Jersey, Inc, ValueOptions of New Jersey, Inc., a subsidiary of Beacon Health Options, Inc., is a New Jersey corporation licensed by the NJ Department of Banking & Insurance as an Organized Delivery System.

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