Beginning **January 1, 2020**, Horizon Blue Cross Blue Shield of New Jersey plans to collaborate with **American Specialty Health (ASH)**, to implement and administer our **Chiropractic & Physical Medicine Services Program**, which will include the following services: ¹

- Acupuncture
- Chiropractic
- Occupational Therapy
- Physical Therapy

This program is part of Horizon BCBSNJ’s effort to improve health care quality, affordability and experience by focusing on the delivery of better care. This program will not change any member’s benefits or cost sharing responsibilities.

Horizon BCBSNJ’s Chiropractic & Physical Medicine Services Program, managed in coordination with ASH, integrates evidence-based treatment guidelines with clinical best practices, specialized peer-to-peer engagement, and advanced reporting and analytics to promote the overall health management of members who use these services. ASH works with providers to ensure that treatment plans reflect clinical best practices and are based on clinical evidence, medical necessity and patient history.

ASH is a recognized leader in collaborating with providers in New Jersey and across the country to manage the network of providers delivering these specialty services. In addition to Horizon BCBSNJ, ASH works with two health plans in New Jersey, more than 20 Blue Cross Blue Shield Plans around the country, and over 100 health plans nationally. More than 40 million Americans are covered by a health plan that relies on ASH’s proven Clinical Performance System for chiropractic, physical therapy, occupational therapy and acupuncture services.

Below are answers to questions you may have about this program.

**Q1. Which services will ASH perform pre- and post-service medical necessity determination (MND) review as part of the Chiropractic & Physical Medicine Services Program?**

**A1.** ASH will perform MND review for the following services:¹

- Acupuncture
- Chiropractic
- Occupational Therapy
- Physical Therapy

¹ Additional services may be added and will be the subject of future updates.
Q2. Will member benefits for these services change?

A2. This program will not impact covered member benefits in any way. **There are no changes to the number of visits covered by members’ plans and no change to cost-sharing responsibility (deductible, copayment or coinsurance) for covered in scope services.**

This program changes how providers contract with Horizon BCBSNJ to service our members. Providers will now contract with ASH instead of Horizon BCBSNJ and Medical Necessity Determination review will be conducted by ASH. Every provider who is in-network with Horizon BCBSNJ is being invited to join the ASH network.

Q3. What Horizon BCBSNJ plans/products ARE included in this program?

A3. Members enrolled in the following plans/products ARE included:

- Advantage EPO
- Direct Access
- EPO
- Federal Employee Program® (FEP®)
- HMO
- Indemnity
- Medicare Advantage
- OMNIAsm Health Plans
- PPO
- POS
- Self-Insured Administrative Services Only (ASO) employer groups (included in MND if employer opts in to the MND program)

BlueCard® and Medicare Advantage PPO members enrolled through other Blue Cross and/or Blue Shield Plans who reside or travel in Horizon BCBSNJ’s local service area will access their in-network level of benefits when they receive services in the scope of this program from an ASH network practitioner on and after **January 1, 2020.**

Q4. What Horizon BCBSNJ plans/products are NOT included in this program at this time?

A4. Members enrolled in the following plans/products are NOT included:

- Horizon NJ Health
- Horizon NJ TotalCare (HMO SNP)
- Medicare Supplemental

Providers who service members excluded from the program should continue to follow Horizon BCBSNJ’s existing MND process for their patients based on the member’s benefits and any Horizon BCBSNJ medical criteria guidelines.
Q5. Will this program take away or create new limits on members’ care that they can access through their health plan?

A5. No. However, some groups and individuals are sharing false information that distorts the facts. Any claim that there will be any change to the benefits Horizon BCBSNJ members have for chiropractic, acupuncture, occupational therapy or physical therapy care is absolutely false. There are no changes to a member’s cost sharing responsibilities or to the quantity of the services members can receive under their health plan.

Q6. Is Horizon BCBSNJ imposing new “pre-authorization” requirements that will make it more difficult or even prevent members from getting care?

A6. There are no new pre-authorization requirements being imposed by ASH or Horizon BCBSNJ as part of this program.

The collaboration with ASH is part of our ongoing effort to extend to chiropractic and physical medicine services the same principles of value-based care that Horizon BCBSNJ has been advancing for more than 10 years. The goals of our value-based programs are to improve health care quality, affordability and experience by providing better care, not just more care.

Recent studies have shown that up to 30 percent of health care costs have been linked to tests, procedures and treatments that provide no real benefit to a patient.

Providers that have collaborated with ASH and other vendors offering similar network administrative services have been successful at eliminating procedures or treatments that provide no real benefit to a patient or that are not based on independent, evidence-based clinical standards. These procedures do not help a patient, but do drive up health insurance premiums and out-of-pocket costs for members who require these services.

Horizon BCBSNJ is committed to ensuring that our members achieve better health outcomes, receive care based on nationally-recognized standards of quality and keeping coverage affordable for all.

Q7. How will this new arrangement impact in-network chiropractors, physical therapists, occupational therapists or acupuncturists?

A7. Many of the providers who are in-network with Horizon BCBSNJ already participate in ASH’s network in New Jersey and participate in ASH’s evidenced-based Clinical Performance System (CPS). Every provider who is in Horizon BCBSNJ’s network is being invited to join ASH’s network.

Coverage for the services members receive – including chiropractic care – through Horizon BCBSNJ health plans are guided by our peer-reviewed, evidence-based medical policies. All providers must deliver care according to those medical policies to receive reimbursement for that care.
Providers may be asked to document that a member’s treatment plan is meeting peer-reviewed, evidence-based standards after a certain number of visits. This will occur during the MND process that is invisible to members. It generally takes two business days or less to complete. Horizon BCBSNJ joins other major carriers in New Jersey to institute this process.

In-network chiropractors, physical therapists, occupational therapists and acupuncturists are given annual Clinical Report Cards so they are fully informed about exactly what and when they will be required to provide documents to support a MND; and how they can increase the number of authorized treatments allowed before having to submit MND documentation. ASH reduces the frequency of MND reviews or eliminates it altogether when a provider consistently demonstrates a commitment to following evidence-based principles of care.

All MND decisions are made by actively licensed New Jersey chiropractors and doctors, where appropriate, in compliance with New Jersey laws, rules and regulations and in accordance with industry standards. ASH’s MNDs rely on established clinical guidelines that are identical to those currently used by Horizon BCBSNJ.

**Patients are not newly required to have services or visits pre-authorized.** Providers have the responsibility to interact with ASH to provide information supporting medical necessity. Any provider who is in-network with ASH is required to hold members harmless of any financial responsibility if they provide services to members and those services are determined by ASH to not have been medically necessary.

Q8. **What if I do not agree with ASH’s decision?**

A8. ASH reviews the submitted clinical information to determine medical necessity for the requested number of visits/services. If you disagree with the number of visits/services approved, and have additional clinical information that may support the approval of additional services, you may submit a request accompanied by the additional clinical supporting documentation, to have the decision reconsidered or modified.

Members also have the right to appeal.

Q9. **What if I provide services that have been determined to be not medically necessary?**

A9. Horizon BCBSNJ’s medical policies and treatment guidelines rely on independent, evidence-based clinical standards that ensure that the treatments and procedures you provide will have therapeutic benefit. If services are not supported by those clinical standards, the services will not be covered by the member’s plan.

If a member wishes to receive this care, the provider must obtain written acknowledgement that the member understands that these services are, according to ASH, not medically necessary, and that the member may be financially responsible.

American Specialty Health Group, Inc. is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in the administration of chiropractic and physical medicine services. American Specialty Group, Inc. is independent from and not affiliated with Horizon Blue Cross Blue Shield of New Jersey. EC004059 (0719)