Look what’s new with Blue Review ...  

extend a warm welcome to... 

take a peek.
We extend a warm welcome to our facility and ancillary readers.

New SHBP and SEHBHP Plan Designs for 2012
Horizon Blue Cross Blue Shield of New Jersey is committed to Making Healthcare Work for you and our members. We continue to enhance our processes and systems to help improve your interactions with us.

Beginning in 2012, Blue Review will be the newsletter for participating physicians and other health care professionals, acute care facilities and ancillary staff. Consolidating information into one newsletter streamlines our communications and provides one single, convenient source of information.

Each issue of Blue Review will include must-read information such as:

- New Horizon BCBSNJ products and programs.
- Changes to our policies and procedures.
- New and enhanced tools and online functionality to help make your interactions with us easier and more efficient.
- Service and other contact information.
- Tips to help ensure quick and accurate claim processing.

Horizon BCBSNJ wishes you a happy and healthy New Year. Thank you for your continued participation and for all you do to help our members get and stay healthy.

We welcome your comments and suggestions. Please e-mail <publications@HorizonBlue.com>.

Icons throughout the newsletter will alert you to articles relevant to your area.

- **AF** Ancillary Facilities (Ambulatory Surgery Centers, Dialysis Centers, Hospice Agencies, Rehabilitation Centers, Skilled Nursing Facilities, etc.)
- **AP** Ancillary Professionals (Ambulance, Durable Medical Equipment Suppliers, Home Infusion, Orthotics, etc.)
- **F** Acute Care Facilities
- **P** Physicians and Other Health Care Professionals
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**Interacting with you is just another way we’re Making Healthcare Work.**

*Horizon Blue Cross Blue Shield of New Jersey has joined active users on Facebook with our own corporate page, [www.facebook.com/HorizonBCBSNJ](http://www.facebook.com/HorizonBCBSNJ).*

You can stay up to date with the latest company news and health and wellness information. Follow us on Twitter™, [www.twitter.com/HorizonBCBSNJ](http://www.twitter.com/HorizonBCBSNJ).

*See an introductory video explaining how we’re transforming the health care delivery system in New Jersey, [www.youtube.com/BCBSNJ](http://www.youtube.com/BCBSNJ).*

Learn how your patients can stay connected with Horizon Blue Mobile anytime, anywhere, [http://mobile.HorizonBlue.com](http://mobile.HorizonBlue.com).
Provider Data Reporting

As a registered user of NaviNet®, you have access to all the important Horizon Blue Cross Blue Shield of New Jersey information (eligibility, benefits, claims status, etc.) that you previously accessed directly through our website.

As part of our commitment to making it easier for you to navigate the health care system, Horizon BCBSNJ continues to improve and expand upon the online capabilities available to you to provide a more efficient and productive online experience.

On October 24, 2011, we implemented a new Provider Data Reporting functionality through NaviNet. This self-service, analytic reporting module provides participating providers with access, based on Tax ID number, to claim summary analytical reporting for up to 36 months of data.

Provider Data Reporting allows you to review original and adjusted claims data by:

- Month.
- Quarter.
- Year.

Each report view provides a comparison between the current information (month, quarter or year) with claims data from the prior month, quarter or year, and the month, quarter or year prior to that.

The reports provide statistics about processed claims, including:

- Number of claims.
- Percentage of electronic submissions.
- Percentage paid.
- Percentage denied.
- Percentage pended.
- Pending claim charges.

The reports also provide dollar amounts related to both paid and denied claims, including (where appropriate):

- Charges.
- Eligible amounts.
- Coinsurance amounts.
- Copayments.
- Deductible amounts.
- Medicare payments.
- Horizon BCBSNJ paid.
- Other insurance paid.

Like many of our other reports available through NaviNet, Provider Data Reporting allows you to export and print report data in either a PDF or Microsoft® Excel format.

To access this report functionality, from www.NaviNet.net, participating offices may click Provider Data Reporting within the Horizon BCBSNJ Plan Central page.

We’ve scheduled enhancements to make our Provider Data Reporting functionality much more dynamic, allowing you to “drill down” on many of the details displayed in the reports. Watch for online alerts and articles in future issues of Blue Review.

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If you have questions, please call the appropriate contact below.

**Health care professionals**
Physician Services – 1-800-624-1110
Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time (ET).

**Acute care and ancillary facilities**
Centralized Service Center – 1-888-666-2555
Monday through Friday, between 8 a.m. and 5 p.m., ET.
Claim system consolidation update

Horizon Blue Cross Blue Shield of New Jersey is committed to making it easier for you to do business with us. One important way we are meeting this commitment is by moving toward the use of a single claims processing system.

On December 1, 2011, we successfully transitioned approximately 593 employer groups (reflecting an enrollment of more than 67,630 members whose claims were previously processed on our QBlue system) to the NASCO Processing System (NPS).

We will continue to transition plans, groups and individuals from QBlue to the NPS through 2013. These transition efforts do not impact the benefits of the members and groups involved.

Information about our progress, along with a comprehensive list of the groups (including group names and group and subgroup numbers) that have transitioned to NPS, is available online.

To access this information, please log in to www.NaviNet.net or visit www.HorizonBlue.com/Providers, access Provider Reference Materials and:

• Click At Your Service.
• Then, click Claim System Consolidation.

If you have questions, please call the appropriate contact below.

New ID cards

All members and their dependents are issued new ID cards, which include new prefixes, in advance of the transition to the NPS. Remember to:

• Ask your Horizon BCBSNJ patients for their current insurance ID card at each visit and photocopy both sides of the ID card to ensure that you have the most up-to-date information in your files.

• If a patient presents a new ID card, please be sure to use the new prefix when submitting claims to ensure proper eligibility and claim processing.
National Cost Estimator

To help empower members in their health care decision making, and in response to federal Health Care Reform legislation, Blue Cross and Blue Shield plans across the country are making information available through the National Cost Estimator (NCE). The NCE is an online tool that provides BlueCard® PPO members with estimated cost information for some of the most common elective services at hospitals, ambulatory surgery centers and imaging centers across the country.

Beginning in 2011, BlueCard PPO members enrolled in other Blue Cross and/or Blue Shield Plans were granted access to estimated Horizon Blue Cross Blue Shield of New Jersey network cost information for a variety of common inpatient and outpatient services through secure NCE links on their enrolled plans’ websites. Federal Employee Program (FEP) members, including those enrolled through Horizon BCBSNJ, have access to this information through the FEP’s website.

Within the NCE, users can select a specific treatment category within a ZIP code to display average estimated allowance ranges for 59 inpatient, outpatient and diagnostic treatment categories.

The allowance range for each treatment category represents procedure bundles, groupings of services (facility, physician, prescription, ancillary, etc.) that are typically performed/provided as part of a specific treatment category episode.

NCE cost information will be based on 12 months of PPO network claims data provided by each Blue Cross and/or Blue Shield plan.

The implementation of the NCE presents an opportunity for Blue Cross and/or Blue Shield plans to offer a secure, interactive environment where consumers can evaluate cost-related information and become better informed about the estimated costs of future procedures.

We hope that you share our excitement and enthusiasm about this ability to provide members with greater transparency regarding health care costs.

If you have questions, please contact your Network Specialist, Hospital Relations Representative or Ancillary Account Executive.

NCE treatment categories

The NCE will provide a range of estimated cost information for the treatment categories listed below:

- Outpatient Procedure/Procedure Bundles.
- Chiropractic Office Visit Treatments.
- Physician Office Visit Treatments.
- Inpatient Procedure/Procedure Bundles.
- Diagnostic Procedure/Procedure Bundles.
- Outpatient Diagnostic Procedure/Procedure Bundles.
Healthier members... healthier communities

January calendar

National Glaucoma Awareness Month

January is National Glaucoma Awareness Month. Please discuss with your patients their risks for developing this disease and establish a screening schedule that is most appropriate based on their risks and age group.

Glaucoma is one of the leading causes of blindness and the number one blinding disease among African Americans. An estimated 4 million people in the United States have the disease; of these, as many as 120,000 are blind as a result. Half of the people who have it don’t get treatment because they are unaware and have never been diagnosed.

As part of National Glaucoma Awareness Month, remind your patients to get their eyes checked, especially those at high risk, including:

- African Americans ages 40 years and older.
- Everyone ages 60 years and older, especially Mexican Americans.
- People who have a family history of glaucoma.

Glaucoma can be detected through a comprehensive eye exam. Early detection and treatment can stop vision loss. Discuss the importance of a comprehensive eye exam with your patients today!

Source: Centers for Disease Control and Prevention (CDC), National Eye Institute.

Cervical Health Awareness Month

During this month, we encourage you to raise awareness about the prevention of cervical cancer and the human papillomavirus (HPV). Educate your patients on the importance of early detection through cervical cancer screenings, treatment programs and how HPV is related to cervical cancer.


Thyroid Awareness Month

January is Thyroid Awareness Month. Many people have thyroid problems and don’t even know it! Now is a good time to educate your patients about their thyroid and let them know if problems aren’t treated, they can suffer from a long list of health distresses – from weight issues and fatigue, to high cholesterol and depression. There’s no better time than now for your patients to have a thorough thyroid checkup.

A free downloadable eBook, *The Thyroid Awareness Month Guide to Thyroid Disease*, designed to help educate people who have thyroid conditions, is available at [www.thyroidawarenessmonth.com/ebook.htm](http://www.thyroidawarenessmonth.com/ebook.htm).

February calendar

American Heart Month

Heart disease is the leading cause of death in the United States and a major cause of disability. The most common heart disease in the United States is coronary heart disease, which often appears as a heart attack.

Now is a good time to talk to your patients about the chances of developing coronary heart disease and how taking steps to prevent and control factors that put people at greater risk can reduce it. Educate them on knowing the signs and symptoms of a heart attack, which is crucial to the most positive outcomes after having a heart attack.

The signs and symptoms

Some heart attacks are sudden and intense; however, most heart attacks start slowly, with mild pain or discomfort. Often people affected aren’t sure what’s wrong and wait too long before getting help. Here are signs that you can share with your patients:

- **Chest discomfort** – Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body** – Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath** – May occur with or without chest discomfort.
- **Other signs** – These may include breaking out in a cold sweat, nausea or lightheadedness.

Source: <www.cdc.gov/features/heartmonth>.

Friday, February 3, 2012, is National Wear Red Day®

February is a good time to talk with your female patients about heart disease – the number one killer of American women. To help women understand the dangers of heart disease, the National Heart, Lung and Blood Institute and partner organizations are sponsoring a national campaign called *The Heart Truth®*.

The campaign’s goal is to give women a personal and urgent wake-up call about their risk of heart disease.

Source: <www.nhlbi.nih.gov/educational/hearttruth>.

Congenital Heart Defect Awareness Week

February 7 to February 14 is Congenital Heart Defect Awareness Week. The Centers for Disease Control and Prevention National Birth Defects Prevention Study has reported that increased risk for congenital heart defects is associated with maternal obesity, diabetes and smoking. Now is the time to encourage your patients who are thinking about becoming pregnant to maintain a healthy weight, control diagnosed diabetes and quit smoking. Additional information regarding congenital heart defects that you can share with your patients is available at <http://www.cdc.gov/features/heartdefects>.

Did you know that patients may forget up to 80 percent of what they are told after they leave the office or a facility? What’s even more discouraging is that half of the information patients think they remember – they remember incorrectly!

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1 Kessals, Dr. Roy, “Patient’s Memory for Medical Information”, Journal of the Royal Society of Medicine, April 2003
From obtaining the patient’s medical history to conveying a treatment plan, your relationship with your patient is built on effective communication.

Each year, through the Consumer Assessment of Healthcare Providers and Systems® (CAHPS) survey, Horizon Blue Cross Blue Shield of New Jersey solicits feedback from a random sample of our members. CAHPS is a standard survey used by all health plans seeking National Committee for Quality Assurance (NCQA) accreditation.

The survey asks members questions on various topics and includes four specific questions that relate to communication with their physicians and other health care professionals:

How often did your physician or other health care professional:
1. Listen to you carefully?
2. Explain things in a way that was easy to understand?
3. Show respect for what you had to say?
4. Spend enough time with you?

We found that members’ interpretation of a “health care professional who communicates well” includes the following dimensions:

- **Provides complete information using language the patient can understand.** Keep it simple. Avoid using highly technical language or jargon. At the end of the appointment, review and summarize the patient’s concerns and your medical instructions. Ask the patient to describe their understanding of what you have talked about. This allows the patient the experience of being heard and understood while giving them the opportunity to ask questions.

- **Encourages participation in decision making and treatment options.** Patients want to be informed of treatment alternatives, and in general, want to be involved in treatment decisions when more than one treatment alternative exists. Patients are more likely to adhere to a treatment plan if they feel they have been involved in deciding the course of treatment.

Today, patients have access to a wealth of medical information via the Internet, ranging from self-diagnosis tools to specific details about illnesses. As a result, patients may have more questions and may want to spend more time with you discussing their health care.

Please continue to make communication with your patients a priority. Thank you for your dedication to Making Healthcare Work for your patients, our members.
Horizon Blue Cross Blue Shield of New Jersey is collaborating with select participating hospitals to promote breast cancer prevention and awareness to patients in their communities.

Women who are Horizon BCBSNJ members and reside in the counties and areas of the select participating hospitals may be contacted by staff from breast centers and encouraged to have a routine mammogram to support early detection and treatment as part of their overall health. Women have the added convenience of scheduling a mammography appointment at the time of the call.

Mammograms are an important tool for the early detection of cancer that both Horizon BCBSNJ and these hospitals support. At Horizon BCBSNJ, we believe that healthier members make healthier communities.
Did your patients schedule a health screening yet?

As part of our goal to help our members stay healthy, our Preventive Health Team, working with Silverlink Communications, Inc., created an automated outbound phone call campaign.

The calls remind Horizon Blue Cross Blue Shield of New Jersey members to discuss with their physicians the importance of timely preventive health screenings. Beginning in October 2011, calls were made to members who were due for preventive health screenings such as breast, cervical and colorectal cancer screenings and childhood immunizations, postpartum care and eye examinations. This campaign will continue through 2012.

Thank you for encouraging your patients, our members, to stay healthy by getting timely preventive health screenings.
New Jersey Immunization Information System participation

Horizon Blue Cross Blue Shield of New Jersey supports the efforts of the New Jersey Department of Health and Senior Services and encourages all physicians to participate in the mandated New Jersey Immunization Information System (NJIIS) – New Jersey’s official immunization registry and only repository of immunization and preventive health screening information.

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Use of the NJIIS, a free, confidential, web-based statewide registry that collects and consolidates vaccination data for New Jersey children, was mandated on December 31, 2011 for all health care professionals in the state who administer vaccines to children under 7 years of age. NJIIS helps ensure correct and timely immunizations for children. Most children are already enrolled in NJIIS through the electronic birth certificate record process.

Horizon Blue Cross Blue Shield of New Jersey is committed to Making Healthcare Work for our members and to the health care professionals who support and treat our members every day.

New Jersey Administrative Code 8:57-3:16 mandates that all health care professionals in the state who administer vaccines to children under 7 years of age, use the online NJIIS registry for reporting vaccinations by December 31, 2011.

Participating health care professionals can input and retrieve immunization data 24 hours a day, seven days a week. It also offers electronic interface options with Electronic Medical Records (EMRs). To participate, your office will need a computer and access to the Internet.

The NJIIS is accessible through Internet Explorer, Firefox and Safari.

For an enrollment request form, please visit <www.state.nj.us/health/forms/imm-42.pdf>. For training opportunities, please visit <http://njiis.nj.gov/njiis/jsp/traininginfo.jsp>.

To contact NJIIS:
- Call: 1-609-826-4861.
- Write to:
  Vaccine Preventable Disease Program
  135 East State Street, 1st Floor
  PO Box 369
  Trenton, NJ 08625

Please visit www.njiis.nj.gov to learn about:
- How to join NJIIS.
- Free NJIIS system training.
- Benefits of using NJIIS.
- How NJIIS works.
There is a commonly held misconception that prescription drug prior authorization (PA) requirements are implemented solely as a cost savings feature of prescription benefit plans. While prescription drug PA requirements do help to keep health care affordable for enrolled groups and members, this clinical tool is designed to promote positive outcomes and ensure patient safety and well-being.

Our prescription drug PA process requires a patient-specific therapeutic review. This review helps to prevent potential adverse events and medication interactions and to reduce inappropriate prescribing practice.

In some cases, prescription drug PA can have life-saving results. For example, the prescription drug PA review for injectable rheumatoid arthritis drugs such as Enbrel, Humira and Orencia includes a tuberculosis screening to decrease patient risk of potential infection.

We encourage prescribing physicians to initiate the PA process as soon as possible to avoid delays in patients getting medications they need.

To determine if a medication on Horizon Blue Cross Blue Shield of New Jersey’s formulary requires a PA.

1. Visit www.HorizonBlue.com/Providers, mouse over Pharmacy Services, click Prescription Drug Lists and then click the appropriate option based on the member’s plan design:
   - Advantage Formulary.
   - Classic Formulary.

   OR

2. Use the formulary guide on an e-Prescribing platform.

3. To start a review, call 1-866-776-5684.

Listed below are examples of how PAs can work to ensure patient safety and well-being:

<table>
<thead>
<tr>
<th>PA for ...</th>
<th>Helps the patient by ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fentanyl lozenges</td>
<td>Reducing the potential for abuse, diversion and unnecessary drug exposure.</td>
</tr>
<tr>
<td>Atypical antipsychotics</td>
<td>Prompting more stringent evaluations of safety concerns (increased risk of death) in elderly patients who have dementia and off-label use.</td>
</tr>
<tr>
<td>Erythropoiesis-stimulating agents</td>
<td>Screening for patients who have a target hemoglobin level at greater than 11 g/dL. These patients have an increased risk of cardiovascular events and stroke when using these agents.</td>
</tr>
</tbody>
</table>

Our prescription drug PA criteria are reviewed regularly to ensure clinical relevance and successful overall outcomes.
Medical policy updates

Sodium hyaluronate injections, Euflexxa, Synvisc and Synvisc-One are the Preferred viscosupplement therapies recognized in the Horizon Blue Cross Blue Shield of New Jersey Medical Policy Manual effective September 13, 2011.

For information about this policy, please log in to www.NaviNet.net or visit www.HorizonBlue.com/Providers, access the Provider Reference Materials page and:

- Click Utilization Management.
- Click the link under Medical Policies and Guidelines.
- Review the Medical Policy disclaimer statement and click the link: If you have read and agree with the previous statement, you may access Horizon BCBSNJ’s Medical Policies by clicking HERE.

Horizon BCBSNJ recognizes that patient-specific variables, which are not available to us, may affect your prescribing decision. However, we encourage you to support our Preferred agents, as appropriate, for your new and existing Horizon BCBSNJ patients and for those Horizon BCBSNJ patients not responding to their current therapy.

If you have questions, or if you would like a paper copy of a particular medical policy, please contact your Network Specialist.

This article contains brand name products that are registered marks or registered trademarks of brand manufacturers that are not affiliated with either Horizon Blue Cross Blue Shield of New Jersey or the Blue Cross and Blue Shield Association.
LabCorp introduces NuSwab, tests that offer a new approach to testing for bacterial vaginosis, candida (yeast infection) and four common sexually transmitted diseases, from a single collection swab. Symptoms from these infections are among the most common reasons patients visit Ob/Gyns.

The NuSwab portfolio combines high-quality testing with the convenience of a single-swab collection, providing reliable and actionable information to better manage your patients’ health. The NuSwab test menu offers a targeted approach for clinically appropriate, cost-effective care.

For more information, please contact your local LabCorp representative or visit www.LabCorp.com and select Contact Us to request a visit.

Visit www.LabCorp.com and click Test Menu under the I am a Health Care Provider section. You can search by keyword (i.e., test name or CPT code) or by the medical condition. If a test is unavailable you must call the Utilization Management number on the back of the member’s ID card to request an authorization and to ensure our members will continue to receive their in-network level of benefits and reduce their out-of-pocket expenses for eligible services.
Update your demographic information

Horizon Blue Cross Blue Shield of New Jersey reminds our participating physicians and other health care professionals of the importance of ensuring that the demographic information within our files is accurate, current and complete. Inaccurate or incomplete information may cause problems and/or delays in the processing of claims referrals and reimbursement to your office.

To ensure that your demographic information is accurate, current and complete, we ask that you regularly review your demographic information and initiate any necessary updates. Updates to your demographic information may be performed online or requested by fax.

Online demographic updates

Registered NaviNet users may initiate demographic changes, as well as check the status of a previously submitted request, online. To access the Provider Data Maintenance tool, registered users may log in to www.NaviNet.net and:

- Select Horizon BCBSNJ within the Plan Central dropdown menu.
- Mouse over References and Resources and click Provider Data Maintenance.

Our Provider Data Maintenance tool will generate an e-mail to you to confirm the receipt of your request and provide a handy reference number when your request is completed.

Provider File Change Request Form

You may also initiate changes to your demographic information by fax. Complete a copy of our Provider File Change Request Form (9095) and fax it, along with all necessary supporting documents (e.g., W9, NPPES Letter, SS4, etc.) to 1-973-274-4502.

To access our Provider File Change Request Form (9095), please visit www.HorizonBlue.com/Providers and:

- Mouse over Forms and Vouchers and click Downloadable Forms.
- Click Provider File Change Request Form (9093) under the Miscellaneous Forms heading.

If you have questions or would like a copy of our Provider File Change Request Form (9095) sent to your office, please contact your Network Specialist.
Electronic Funds Transfer …

Sign up now!

In 2012, Horizon Blue Cross Blue Shield of New Jersey will require the use of Electronic Funds Transfer (EFT).

In the first quarter of 2012, we will begin to require the use of EFT for newly credentialed group practices and solo physicians and other health care professionals. We will require that all participating group practices, physicians and other health care professionals sign up for EFT no later than July 1, 2012.

The benefits of EFT include:

- Reimbursements deposited directly into your bank account.
- Improved cash flow by eliminating mail time and check float.
- Elimination of bank fees for check deposits.
- Reduction in paperwork and overall administrative costs.
- Less opportunity for error or theft.
- Elimination of paper checks to track deposits.

Visit www.HorizonBlue.com/EFT to:

- Learn how to sign up.
- Read answers to frequently asked questions.
- Read testimonials from office managers who use EFT.

Mrs. Barbara Brusci, the office manager for the Wedgewood Family Practice in Sewell, New Jersey (pictured above, with her Horizon BCBSNJ Network Specialist, Mr. William Warthen), has this to say about EFT:

“The ease and convenience of using EFT simply makes good sense. I have fewer questions related to when payments are going to be received, so I spend less time on the phone. Even if I’m not in the office, I can see what has been paid and don’t have to worry about getting to the bank to deposit a check. For our office, EFT works and works well!”
Horizon Medicare Blue TotalCare (HMO SNP)

Effective January 1, 2012, Horizon Healthcare of New Jersey, Inc. will offer a Special Needs Plan (SNP), Horizon Medicare Blue TotalCare (HMO SNP), to New Jersey residents who are eligible for both Medicare and Medicaid coverage.

This $0 premium plan is designed to provide more focused and specialized health care to this population and includes coverage for:

- All medically necessary and preventive care services covered under Medicare Part A and Part B.
- Prescription drugs and medications eligible under Medicare Part D and Part B as well as under Medicaid.
- Services covered under Medicaid, including private duty nursing, medical day care, personal care assistant services, acupuncture and certain over-the-counter items.

Members enrolled in Horizon Medicare Blue TotalCare (HMO SNP) must use physicians and other health care professionals who participate in the Horizon Managed Care Network. There are no benefits (excluding certain emergency care and family planning services) for services provided outside the Horizon Managed Care Network, or for covered services that are not provided or referred by their PCP.

Prior authorization

Certain services require prior authorization (PA). A list of services that require PA (including medical day care and personal care assistant services) is available online. To view this list, log in to www.NaviNet.net or visit www.HorizonBlue.com/Providers, access Provider Reference Materials and:

- Click Utilization Management.
- Mouse over Utilization Management and click Prior Authorization Lists.
- Click Medicare Advantage.

Cost sharing

Members enrolled in Horizon Medicare Blue TotalCare (HMO SNP) have no copayments or cost sharing responsibilities for in-network services they receive.

Enrollment

There is no “fixed” enrollment period for Horizon Medicare Blue TotalCare (HMO SNP). Eligible Medicare beneficiaries may enroll or leave the Horizon Medicare Blue TotalCare (HMO SNP) plan at any time.

Care management

New members must complete a health assessment questionnaire after enrolling in a Horizon Medicare Blue TotalCare (HMO SNP) plan. If eligible, a member will be assigned a specially trained Horizon Blue Cross Blue Shield of New Jersey Case Manager to help the member’s physician(s) coordinate his or her care.

Eligible Horizon Medicare Blue TotalCare (HMO SNP) enrollees must:

- Live in New Jersey.
- Be enrolled in Medicare Part A and Part B coverage (through age or disability).
- Receive full Medicaid benefits from the state of New Jersey.

Managed care program

Horizon Medicare Blue TotalCare (HMO SNP) requires that enrolled members select a Primary Care Physician (PCP) from our Horizon Managed Care Network. The PCP is responsible for coordinating all aspects of medical care for those members who have selected him or her as their PCP. Selected PCPs provide necessary medical care and/or refer members to the appropriate specialist or facility.

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Physicians may refer Special Needs Plan questions or referrals to the Chronic Care Program’s dedicated Provider Line at 1-888-333-9617.

**Interdisciplinary Care Team (ICT)**

To help ensure the specialized health care needs of this population are being met, Horizon BCBSNJ will implement and conduct monthly ICT meetings comprised of the multi-disciplinary team that includes but is not limited to:

- The enrollee and/or his or her established representative.
- Horizon BCBSNJ medical directors, program leadership, Case Managers and other staff as necessary.
- Pharmacists, physicians, other health care professionals and ancillary providers.
- Representatives from community agencies or Case Managers.

We encourage your participation. To request attendance at ICT meetings for an enrolled Horizon Medicare Blue TotalCare (HMO SNP) member, please leave a message (including member and provider information) at 1-888-333-9617.

**Consent forms**

Claims submitted for hysterectomy, tubal ligation or vasectomy provided to Medicare members must be accompanied by a completed and signed consent form. Forms are available online. Visit [www.HorizonBlue.com/Providers](http://www.HorizonBlue.com/Providers), mouse over *Forms and Vouchers* and click *Downloadable Forms*.

Consent forms must be signed no more than 30 days prior to a procedure and submitted along with the claim. Claims for any of the above services not accompanied by a signed and completed consent form will be denied.

For more information about Horizon Medicare Blue TotalCare (HMO SNP), please log in to [www.NaviNet.net](http://www.NaviNet.net) or visit [www.HorizonBlue.com/Providers](http://www.HorizonBlue.com/Providers) and access *Provider Reference Materials*. 
Pediatric Incentive Plan changes

The Health Insurance Portability and Accountability Act (HIPAA) and Health Care Reform rules require adoption of secure and confidential electronic exchange of health information. Therefore, effective January 1, 2012, Horizon Blue Cross Blue Shield of New Jersey is updating the Pediatric Incentive Plan (PIP) to include the adoption and implementation of electronic health records (EHR) in your practice as a PIP quality measure.

You may register your certified EHR system or find out more information about EHR at the New Jersey Institute of Technology (NJIT)/New Jersey Health Information Technology Extension Center (NJ-HITEC), New Jersey’s Regional Extension Center at the NJIT. NJ-HITEC is one of a select group of organizations throughout the United States designated as having the experience and capacity needed to help physicians and other health care professionals with implementing an EHR system at their offices. If you are interested in working with NJ-HITEC, please call 1-973-642-4055 or visit <www.njhitec.org>.

Your practice must have access to Microsoft® Excel, Microsoft Word and an active e-mail address to participate in the 2012 PIP. If you cannot submit the information electronically, then you will not be eligible for the PIP. We will provide instructions to eligible practices on how to submit the information electronically at a later date.

We will begin to collect data for the 2012 PIP in the first quarter of 2013. The PIP is reviewed and/or revised on an annual basis. The general criteria are listed in the Managed Care Network Office Manual. For the most current information about this program, please visit www.NaviNet.net, access Horizon BCBSNJ Plan Central and:

- Mouse over References and Resources and click Provider Reference Materials.
- Click Reimbursement.
- Select 2012 Pediatric Incentive Plan (PIP) Brochure.

The PIP is intended to enhance the quality of services provided to our members, your patients, and is based on meeting several quality goals. The PIP is not an inducement to, nor will it be used to, reduce or limit medically necessary services.
Beginning January 1, 2012, physicians, other health care professionals and facilities that participate in the Horizon Managed Care Network may see patients, who are New Jersey residents, enrolled in several new out-of-state national account groups. All members of these national account groups are enrolled in open access plans.

Special features of these national account group plans include:

- The option to select a Primary Care Physician (PCP).
- No referral receipts.
- Fee-for-service reimbursement for eligible services at the Horizon Managed Care Network allowance.

To maximize their benefits, members in these open access plans must use physicians, other health care professionals or facilities that participate in the Horizon Managed Care Network.

Out-of-network benefits apply to members who use other physicians, health care professionals or facilities, including physicians or health care professionals who participate only in our Horizon PPO Network.

The member ID cards for these open access plans include the PPO-in-a-suitcase logo. This logo indicates that these BlueCard® members have access to in-network coverage when traveling outside New Jersey. Please make a copy of the member’s ID card, which includes copayment and other important information.

If you still submit paper claims, please mail paper claims for these members to:

Horizon BCBSNJ
BlueCard Claims
PO Box 1501
Neptune, NJ 07754-1501

If you have questions, please call our Dedicated BlueCard Unit at 1-888-435-4583.

Listed below are the new, out-of-state national account groups with a January 1, 2012 effective date.

Members enrolled in these groups reside in New Jersey and use the Horizon Managed Care Network.

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Group Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KTM</td>
<td>Kraft Foods</td>
</tr>
<tr>
<td>HTJ</td>
<td>HSBC</td>
</tr>
<tr>
<td>ANK</td>
<td>Assisted Living</td>
</tr>
<tr>
<td>TPP</td>
<td>NYC Transit MTA</td>
</tr>
<tr>
<td>CVP</td>
<td>Omnicom</td>
</tr>
</tbody>
</table>

Horizon BCBSNJ, An Empire Blue Cross and Blue Shield Plan of New Jersey, is one of the Horizon Managed Care Network providers, and is an association of independently operated Blue Cross and Blue Shield Plans.
Horizon Blue Cross Blue Shield of New Jersey would like to remind you about our reimbursement guidelines for eligible anesthesia services for participating and nonparticipating physicians. Our reimbursement rate for the overall anesthesia service(s) provided will not exceed 100 percent of the applicable Horizon BCBSNJ fee schedule.

Eligible anesthesia services provided by a physician or a Certified Registered Nurse Anesthetist (CRNA) will be reimbursed as follows:

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description of service</th>
<th>Services are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Anesthesia services performed personally by the anesthesiologist.</td>
<td>Reimbursed at 100 percent of the applicable Horizon BCBSNJ fee schedule.</td>
</tr>
<tr>
<td>AD</td>
<td>Medical supervision by a physician for more than four concurrent anesthesia procedures.</td>
<td>Reimbursed at 50 percent of the applicable Horizon BCBSNJ fee schedule.</td>
</tr>
<tr>
<td>QK</td>
<td>Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals.</td>
<td>Reimbursed at 50 percent of the applicable Horizon BCBSNJ fee schedule.</td>
</tr>
<tr>
<td>QY</td>
<td>Medical direction of one Certified Registered Nurse Anesthetist by an anesthesiologist.</td>
<td>Reimbursed at 50 percent of the applicable Horizon BCBSNJ fee schedule.</td>
</tr>
<tr>
<td>QX</td>
<td>CRNA service with medical direction by a physician.</td>
<td>Reimbursed at 50 percent of the applicable Horizon BCBSNJ fee schedule.</td>
</tr>
<tr>
<td>QZ</td>
<td>CRNA service without medical direction by a physician.</td>
<td>Not eligible and will be denied.²</td>
</tr>
</tbody>
</table>

**Anesthesia reimbursement calculation**

Horizon BCBSNJ reimburses for anesthesia services based on the following formula:

\[
\text{Reimbursement} = (\text{Base Value Units} + \text{Time Units}) \times \text{Conversion Factor} = \text{Total anesthesia reimbursement.}
\]

1. Claim payment, as always, is subject to all member and group benefit limitations, conditions and exclusions.
2. Some Medicare products are excluded from the QZ denial due to Centers for Medicare & Medicaid Services (CMS) guidelines.
Calculation for multiple anesthesia procedures

Reimbursement of multiple anesthesia procedures for multiple surgical or multiple bilateral procedures is based on Base Value Unit of the anesthesia procedure with the highest base unit value plus the total time units based on all eligible procedures performed.

Time units

When submitting anesthesia claims electronically, please use one of the three qualifiers within the table below to identify the type of units being submitted.

<table>
<thead>
<tr>
<th>Qualifier</th>
<th>Description of service</th>
</tr>
</thead>
<tbody>
<tr>
<td>MJ</td>
<td>Total minutes that anesthesia was administered.</td>
</tr>
<tr>
<td>UN</td>
<td>Total number of time units that anesthesia was administered. Please do not include Base Value Units in the total number of time units.</td>
</tr>
<tr>
<td>D2</td>
<td>Dosage.</td>
</tr>
</tbody>
</table>

To view our anesthesia guidelines online, log in to www.NaviNet.net or visit www.HorizonBlue.com/Providers and:

- Mouse over Forms and Vouchers and click Provider Reference Materials.
- Click Reimbursement and Billing.
- Click Reimbursement and Billing Guidelines for Anesthesia Claims.

If you have questions, please call Physician Services at 1-800-624-1110 or contact your Network Specialist.

Billing tips

- Anesthesia-pricing modifiers must be listed in the first position to ensure correct reimbursement.
- When billing Horizon BCBSNJ for services rendered, please submit your full charges for the applicable CPT code along with the appropriate modifiers.

Time units are calculated in 15-minute intervals. After an additional eight minutes of anesthesia, please round up to the next unit. For fewer than eight additional minutes, please round units down. For example:

- 50 minutes (15+15) of anesthesia is equal to two units.
- 58 minutes (15+15+8) of anesthesia is rounded up to three units.
- 57 minutes (15+15+7) of anesthesia is rounded down two units.

When submitting paper claims for anesthesia services, please indicate the total time (in minutes) that anesthesia was administered.
New SHBP and SEHBP Plan Designs for 2012

The New Jersey State Health Benefits Program (SHBP) and the School Employees’ Health Benefits Program (SEHBP) committees approved new plan designs available to employees for 2012.

In addition to NJ DIRECT 10 and NJ DIRECT 15, you may see SHBP and SEHBP patients enrolled in the following coverage options for 2012:

- Two new NJ DIRECT plan design options, NJ DIRECT 1525 and NJ DIRECT 2030. In exchange for lower premium deductions, these plans require slightly higher member cost sharing at the point of service.
- Two high-deductible health plans, NJ DIRECT HD1500 and NJ DIRECT HD4000.

All SHBP and SEHBP plans include $0 copayments for preventive care services for 2012.

The table below provides an overview of the new plan options that are available to SHBP and SEHBP members.

For more information about these plans, please visit [www.HorizonBlue.com/SHBP](http://www.HorizonBlue.com/SHBP) and click Plan Information.

### New plan options for 2012

<table>
<thead>
<tr>
<th></th>
<th>NJ DIRECT1525</th>
<th>NJ DIRECT2030</th>
<th>NJ DIRECT HD1500</th>
<th>NJ DIRECT HD4000</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network office copayment – Primary Care*</td>
<td>$15</td>
<td>$20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network office copayment – Specialist</td>
<td>$25</td>
<td>$20 child**/$30 adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room copayment</td>
<td>$75</td>
<td>$125</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network deductible</td>
<td></td>
<td></td>
<td>$1,500 Single $3,000 Employee + 1 or more</td>
<td>$4,000 Single $8,000 Employee + 1 or More</td>
</tr>
<tr>
<td>Out-of-network deductible</td>
<td>$100 Single/ $250 Family</td>
<td>$200 Single/ $500 Family</td>
<td>Combined with in-network deductible</td>
<td>Combined with in-network deductible</td>
</tr>
<tr>
<td>Out-of-network inpatient deductible (per confinement)</td>
<td>$200</td>
<td>$500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-network coinsurance (100%***</td>
<td></td>
<td></td>
<td>80%****</td>
<td>80%****</td>
</tr>
<tr>
<td>Out-of-network coinsurance</td>
<td>70%</td>
<td>70%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>In-network Out-of-pocket maximum</td>
<td>$400 Individual/$1,000 Family (In-network coinsurance only)</td>
<td>$800 Individual/$2,000 Family (In-network coinsurance only)</td>
<td>$1,000 Individual/$2,000 Family (In-network coinsurance only)</td>
<td>$1,000 Individual/$2,000 Family (In-network coinsurance only)</td>
</tr>
<tr>
<td>Out-of-network Out-of-pocket maximum</td>
<td>$2,000 Individual/$5,000 Family (Out-of-network coinsurance only)</td>
<td>$5,000 Individual/$12,500 Family (Out-of-network coinsurance only)</td>
<td>$2,000 Individual/$4,000 Family (Out-of-network coinsurance only)</td>
<td>$2,000 Individual/$4,000 Family (Out-of-network coinsurance only)</td>
</tr>
<tr>
<td>Prescription drug coverage</td>
<td>Prescription drug coverage is available through the State Prescription Drug Plan (administered by Medco), the State Prescription Drug Reimbursement Plan (a/k/a MMRx, administered by Medco) or a private plan arranged by the Local Employer. Members enrolled in NJ DIRECT HD1500 and NJ DIRECT HD4000 are not eligible for these drug plans. Prescription drug coverage for members enrolled in NJ DIRECT HD1500 and NJ DIRECT HD4000 is integrated with the medical plan and subject to the deductible and coinsurance.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Primary care copayment does not apply to routine/preventive services.

**Child to 26 years of age.

***In-network coinsurance is 90 percent for Ambulance, Private Duty Nursing, Durable Medical Equipment Suppliers, non-Biologically Based Mental Illness Mental Health, Oxygen.

****Preventive services are covered at 100 percent and are not subject to the deductible.
Please use the chart below to identify specific Horizon Blue Cross Blue Shield of New Jersey contact and mailing information.

<table>
<thead>
<tr>
<th>PREFIX OR AREA</th>
<th>SERVICE #</th>
<th>CLAIMS ADDRESS</th>
<th>CLAIM APPEALS</th>
<th>INQUIRY ADDRESS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>YHB, YHC, YHI, YHJ, YHK, YHL, YHS, YHU, YHY, JGA, JGD, JGG</td>
<td>1-800-624-1110**</td>
<td>PO Box 1609, Newark, NJ 07101-1609</td>
<td>PO Box 10129, Newark, NJ 07101-3129</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>For Facilities: ATT, FMA, JGA, JGB, JGD, JGE, JGH, NCH, NJP, NJJ, YHA, YHB, YHC, YHI, YHJ, YHK, YHY, YHD, YHE, YHM, YHN, YHP, YHQ, YHR, YHS, YHT, YHU, YHV, YHY, YKN, YKP, or other Horizon BCBSNJ prefixes not shown here.</td>
<td>1-888-666-2535**</td>
<td>PO Box 25, Newark, NJ 07101-0025</td>
<td>PO Box 1770, Newark, NJ 07101-1770</td>
<td>PO Box 1770, Newark, NJ 07101-1770</td>
</tr>
<tr>
<td>FMA, FMR, NCH, YHF, YHN, HIF, HSG, HWA, HWV and other National Accounts***</td>
<td>1-800-624-4758</td>
<td>PO Box 247, Newark, NJ 07101-0247</td>
<td>PO Box 247, Newark, NJ 07101-0247</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>AHX, AWW, BBB, DNB, IRA, NVP, NYS, PWZ, WYE and other National Accounts***</td>
<td>1-800-624-1110**</td>
<td>PO Box 1219, Newark, NJ 07101-1219</td>
<td>Addresses vary. Please review your patient's ID card.</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>MKV, MKY, MWK, MWJ</td>
<td>1-877-663-7258</td>
<td>PO Box 18, Newark, NJ 07101-0018</td>
<td>PO Box 317, Newark, NJ 07101-0317</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>HSE, NFW, YHD, YHG, YHM, YHP, YHT, YHV, YKN and other Point of Service members</td>
<td>1-800-624-1110**</td>
<td>PO Box 620, Newark, NJ 07101-0820</td>
<td>PO Box 10129, Newark, NJ 07101-3129</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>JGE, JGB, JHG, YHG, YHX, YKP, and other Horizon Direct Access members</td>
<td>1-800-624-1110**</td>
<td>PO Box 1609, Newark, NJ 07101-1609</td>
<td>PO Box 10129, Newark, NJ 07101-3129</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>YHA NJ State Health Benefits Program (SHBP)</td>
<td>1-800-624-1110**</td>
<td>PO Box 620, Newark, NJ 07101-0820</td>
<td>PO Box 10129, Newark, NJ 07101-3129</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>NJX, NJP NJ State Health Benefits Program (SHBP)</td>
<td>1-800-624-1110**</td>
<td>PO Box 620, Newark, NJ 07101-0820</td>
<td>PO Box 10129, Newark, NJ 07101-3129</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>YHR, YHW Medigap</td>
<td>1-800-624-1110**</td>
<td>PO Box 1184, Newark, NJ 07101-1184</td>
<td>PO Box 10129, Newark, NJ 07101-3129</td>
<td>PO Box 199, Newark, NJ 07101-0199</td>
</tr>
<tr>
<td>DEH, DMM, DTP, NGM General Motors/Delphi Auto</td>
<td>1-800-456-9336</td>
<td>For Professionals: PO Box 639, Newark, NJ 07101-0639</td>
<td>For Professionals: PO Box 639, Newark, NJ 07101-0639</td>
<td>For Professionals: PO Box 1770, Newark, NJ 07101-1770</td>
</tr>
<tr>
<td>BlueCard (out-of-state) claims BlueCard Service Team</td>
<td>1-888-435-4383</td>
<td>BlueCard Claims: PO Box 1301, Neptune, NJ 07754-1301</td>
<td>BlueCard Claims: PO Box 1301, Neptune, NJ 07754-1301</td>
<td>BlueCard Claims: PO Box 1301, Neptune, NJ 07754-1301</td>
</tr>
<tr>
<td>Magellan Behavioral Health†</td>
<td>1-800-626-2212</td>
<td>Addresses vary according to product. Please review the behavioral health information on your patient's ID card.</td>
<td>Addresses vary according to product. Please review the behavioral health information on your patient's ID card.</td>
<td>Addresses vary according to product. Please review the behavioral health information on your patient's ID card.</td>
</tr>
<tr>
<td>Chronic Care Program</td>
<td>1-888-333-9617</td>
<td>3 Penn Plaza East, PP-13X, Newark, NJ 07105-2200</td>
<td>3 Penn Plaza East, PP-13X, Newark, NJ 07105-2200</td>
<td>3 Penn Plaza East, PP-13X, Newark, NJ 07105-2200</td>
</tr>
<tr>
<td>Pre-existing Medical Documentation</td>
<td></td>
<td>PO Box 1740, Newark, NJ 07101-1740</td>
<td>PO Box 1740, Newark, NJ 07101-1740</td>
<td>PO Box 1740, Newark, NJ 07101-1740</td>
</tr>
<tr>
<td>Claim Policy Clinical Appeals</td>
<td></td>
<td>PO Box 220, Newark, NJ 07101-0202</td>
<td>PO Box 220, Newark, NJ 07101-0202</td>
<td>PO Box 220, Newark, NJ 07101-0202</td>
</tr>
<tr>
<td>Claim Policy Code Edit Inquiries</td>
<td></td>
<td>PO Box 681, Newark, NJ 07101-0681</td>
<td>PO Box 681, Newark, NJ 07101-0681</td>
<td>PO Box 681, Newark, NJ 07101-0681</td>
</tr>
<tr>
<td>Claim Policy Clinical Predetermination for PPO and Indemnity Products</td>
<td></td>
<td>PO Box 220, Newark, NJ 07101-0202</td>
<td>PO Box 220, Newark, NJ 07101-0202</td>
<td>PO Box 220, Newark, NJ 07101-0202</td>
</tr>
</tbody>
</table>

Please do not send medical documentation with your claim if it has not been requested.

* Corrected claim submissions must be accompanied by a completed Inquiry Request and Adjustment Form (579).

** These numbers can also be used to access our Interactive Voice Response (IVR) system to create referrals and for service information.

*** Check your patient’s ID card to confirm the contact and mailing information for prefixes that are not listed here.

This prefix information is confidential. Participating Horizon BCBSNJ physicians and other health care professionals and their office staff agree to use this information only to identify health insurance claims/service contact information for Horizon BCBSNJ and/or other Blue Cross and/or Blue Shield plan patients and not for other purposes and will not divulge any such information to any other party. Reproduction of this information, in whole or in part, is prohibited without the permission of Horizon BCBSNJ.