Summer is here!  Summer is here!
Remind your patients about the risks of excessive sun exposure.

Credentialing changes for the PPO Network
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Introducing Horizon Connect
See how Horizon Connect – our new retail center in Moorestown, New Jersey – will offer members in southern New Jersey a more personal, better health insurance experience.

For more information, please visit <tinyurl.com/retail-center>.

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

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>.

You can stay up to date with the latest company news and health and wellness information. Follow us on Twitter™, <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>.

Learn how your patients can stay connected with Horizon Blue Mobile anytime, anywhere, <mobile.HorizonBlue.com>.
Utilization Management information

Horizon Blue Cross Blue Shield of New Jersey’s Utilization Management (UM) policy allows treating or attending physicians the opportunity to discuss any UM denial determination with the Horizon BCBSNJ reviewing physician who issued the UM denial.

To help you access the information you need, each UM denial determination includes the reviewing physician’s name and phone number.

Horizon BCBSNJ’s UM Department may be reached at 1-800-664-BLUE (2583), Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time. After business hours and on weekends, physicians and other health care professionals may call our after-hours clinical operations at 1-888-225-5072 for urgent determinations of UM inquiries.

For additional information about our UM processes, please refer to your 2010-2011 Managed Care or PPO Network Office Manual or visit www.HorizonBlue.com/Providers and:

- Click Reference Materials.
- Click Utilization Management.
To help you navigate the health care system, Horizon Blue Cross Blue Shield of New Jersey offers the McKesson Clear Claim Connection™, a web-based code editing disclosure solution. Clear Claim Connection is designed to help ensure our claim payment policies, related rules, clinical edit clarifications and clinical sourcing information are easily accessible and transparent to our participating physicians and other health care professionals. Clear Claim Connection displays Horizon BCBSNJ’s code auditing rules for various code combinations and the corresponding clinical rationale.

Auditing rules are updated regularly for consistency with Claim Payment Policy, new procedure codes, current health care trends and/or medical and technological advances. Clear Claim Connection results are based on the rules in force on the date the query is made.

Auditing rules will be applied to the claim based on the date a service is rendered. Therefore, actual claims may receive a different editing outcome based on the clinical relationship logic that is in effect at the time the claim is received and processed, and may be affected by other system edits outside of our auditing rules (e.g., member eligibility or other claim processing and/or pricing logic). If a denial is issued for coding, the clinical rationale for the denial will be provided.

To access Clear Claim Connection, log in to www.NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over Claim Management.
- Click Clear Claim Connection.

Within Clear Claim Connection, enter the required data to get the appropriate code auditing results. Clear Claim Connection will provide your office with the ability to identify Horizon BCBSNJ’s code auditing rules.

The results of this auditing reference tool will reflect the payment policies on the current date, not necessarily the service date. Displayed results are not a guarantee of how your actual claim will be processed. Claim reimbursement is subject to member eligibility and all member and group benefit limitations, conditions and exclusions.

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

Automated Outpatient Authorization process available for short-term physical and occupational therapy services

Horizon Blue Cross Blue Shield of New Jersey continues to improve our processes and expand the online capabilities that are available to you. We want to ensure that your interactions with us are efficient and productive.

We’re pleased to advise that effective immediately, participating physical therapy and occupational therapy health care professionals, who are also registered NaviNet® users, can obtain online authorizations for short-term, outpatient physical therapy and occupational therapy services for enrolled Horizon BCBSNJ members.

This online tool can provide a faster and more efficient response to your authorization requests. In many cases, an e-mail confirmation will be generated within minutes of completing and submitting the required patient details and clinical information.

To use this new online process, please log in to www.NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over Referrals and Authorizations.
- Click Physical and Occupational Therapy Authorization.

A tutorial is also available to provide you with a quick walkthrough of the process. A link to the tutorial is located on the first page of the Physical and Occupational Therapy Authorization tool.

If you have questions, please contact your Horizon BCBSNJ Network Specialist.

Please note that this tool is for the use of rendering physical therapy and occupational therapy providers only. This tool cannot be used for the creation of referrals for physical therapy and occupational therapy services.
Horizon Blue Cross Blue Shield of New Jersey continues to enhance its claims auditing for professional and facility claims.

On June 29, 2012, the edits identified in the table below were applied to help ensure that claim reimbursements are accurate and consistent with standard business practices.

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<tr>
<td>Deleted Codes</td>
<td>Denies a claim or claim lines within a claim submission if any deleted procedure codes are included after the deletion date of the procedure code.</td>
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<tr>
<td>Male-only Diagnosis</td>
<td>Denies a claim or claim lines within a claim submission if a diagnosis code specific to the male gender is billed for a female patient.</td>
</tr>
<tr>
<td>Female-only Diagnosis</td>
<td>Denies a claim or claim lines within a claim submission if a diagnosis code specific to the female gender is billed for a male patient.</td>
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If you have questions, please call the appropriate contact listed below. Representatives are available to help you, Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time.

- Physicians and other health care professionals may call Physician Services at 1-800-624-1110.
- Representatives of acute care and ancillary facilities may call our Centralized Service Center at 1-888-666-2555.
Virtual ID cards

Horizon Blue Cross Blue Shield of New Jersey is committed to improving our member’s health care experience by providing them with useful and easy self-service tools through our website.

In the past, our members had access to an online tool that allowed them to print a Proof of Coverage letter in the event they misplaced or had not yet received their official Horizon BCBSNJ ID cards.

Our members now have the ability to generate and print an actual image of their Horizon BCBSNJ ID cards to use as a temporary proof of coverage.

If a patient of yours presents a printout of their ID card image, please treat it as you would any other Horizon BCBSNJ ID card.

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

Later this year, we’ll enable you to access and generate your Horizon BCBSNJ patients’ virtual ID cards through NaviNet®. Watch for a future announcement about the availability of this important functionality.
Horizon Blue Cross Blue Shield of New Jersey has made the use of Electronic Funds Transfer (EFT) a requirement for all participating physicians, other health care professionals, ancillary professionals and ancillary facilities.¹

We are pleased that the majority of our network has complied with this requirement and registered for EFT before the April 15, 2012 compliance deadline. However, there are some practices that still have not registered for EFT.

Horizon BCBSNJ reserves the right to re-evaluate the participation status of physicians and other health care professionals not in compliance with this EFT requirement.² To avoid jeopardizing your participation status with Horizon BCBSNJ, we require that you register for EFT immediately.

By using EFT, you will:

• Improve your cash flow and have faster access to funds.
• Reduce administrative effort and expense.
• Eliminate the risk of lost or stolen checks.

If you have questions, please contact your Network Specialist or Ancillary Reimbursement Analyst.

How to register for EFT

For participating physicians, other health care and ancillary professionals:

EFT registration is performed through NaviNet. To register for EFT, log in to www.NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

• Mouse over Claim Management and click EFT Registration.
• Click Enroll.

You must confirm receipt of test deposits within 30 days to complete your EFT registration.

If you’re not registered with NaviNet, please visit www.NaviNet.net and click Sign up.

For ancillary facilities:

To initiate the EFT registration process, please complete our EFT Application for Ancillary Facilities form and mail it to:

Horizon BCBSNJ
Attn.: Angela Gazzillo, WL-03A
Ancillary Reimbursement Analyst
1427 Wyckoff Road
Wall, NJ 07727-3918

To access the form, go to www.HorizonBlue.com/Providers and:

• Mouse over Forms and Vouchers and click Forms.
• Click EFT Application for Ancillary Facilities (5922) under the Reimbursement/Payment heading.

If you have questions, please contact your Ancillary Reimbursement Analyst.

Online EFT training is available

Our online EFT training course provides a step-by-step walk through on what you need to complete the EFT registration process.

To access this online course, registered NaviNet® users may log in to www.NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

• Mouse over References and Resources and click Provider Reference Materials.
• Click Educational Classes.
• Click Electronic Funds Transfer.

If you have questions, please contact your Network Specialist or Ancillary Reimbursement Analyst.

¹ Until further notice, we ask that oral surgeons or physicians who perform dental services not register for EFT, as our Dental EOPs are not available in an electronic format.

Prevent your group practice claim submissions from reimbursing as an individual physician in error

Horizon Blue Cross Blue Shield of New Jersey is aware that certain submitted claims have been finalizing and erroneously generating checks to an individual physician rather than to the group practice.

Based on our analysis, one cause for this is that we are receiving electronic submissions that include a Group Practice Tax Identification number with an individual physician National Provider Identifier (NPI) in the Horizon Billing Loop (2010AA).

Including the individual physician NPI, which is linked to that individual's Social Security Number, results in these claims processing and reimbursing to the individual physician.

Please review the following important information and share it with your clearinghouse, practice management system vendor, third-party vendor and/or information technology department to ensure accurate processing of your electronic transactions.

For claim submissions to process to the appropriate payee, you must ensure the appropriate 837P Billing Loop. Below are our Billing Loop (2010AA) requirements:

When billing as a group practice:

- Data element NM102 is equal to 2.
- The group’s NPI is to be submitted in data element NM109.
- The Group Billing Provider Tax Identification number is to be submitted in data element REF01 with the qualifier of EI.
- The group’s nine-digit Tax Identification number is to be submitted in data element REF02.

When billing as an individual:

- Data element NM102 is equal to 1.
- The individual provider's NPI is to be submitted in data element NM109.
- The Individual Billing Provider Tax Identification number is to be submitted in data element REF01 with the qualifier of EI.
- The individual’s nine-digit Tax Identification number is to be submitted in data element REF02.

If you have questions, please contact your Network Specialist, Hospital Relations Representative or Ancillary Account Executive.
since January 2011, to help members with health care decision making and in response to the federal health care reform law, Blue Cross and/or Blue Shield Plans across the country have been making information available online through the National Consumer Cost Tool (NCCT). The NCCT is an online tool that provides BlueCard® PPO members with estimated cost information for services at hospitals, ambulatory surgery centers and imaging centers across the country.

BlueCard PPO members enrolled in other Blue Cross and/or Blue Shield Plans have 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 NCCT 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. Effective July 2012, the NCCT tool will be available to Horizon BCBSNJ PPO members through our secure Member Online Services site.

Within the NCCT, users 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. NCCT cost information is based on 12 months of PPO network claims data provided by each Blue Cross and/or Blue Shield Plan.

The implementation of the NCCT allows us and other 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.
Health Care Reform – Health Information Technology mandate

Is your Electronic Health Record system ready?

Under the Health Information Technology mandate of the federal health care reform law, your Electronic Health Record (EHR) system must meet certain criteria for meaningful use. This means that your certified EHR system must be capable of the electronic submission of data and reporting certain clinical quality measures.¹

The New Jersey Health Information Technology Extension Center (NJ-HITEC), New Jersey’s Regional Extension Center (REC) at the New Jersey Institute of Technology (NJIT), is one of a select group of organizations throughout the United States designated as having the experience and capacity to help your office implement a certified EHR system. NJ-HITEC has more than 5,500 members in various stages of the EHR implementation process with more than 3,000 physicians currently using an EHR system.

Please visit the NJ-HITEC website at www.njhitech.org for more information about:

- EHR implementation and project management.
- Health Information Technology education and training.
- EHR vendor selection and financial consultation.
- Practice/workflow redesign.
- Privacy and security information.
- Ongoing technical assistance.

Call 1-973-642-4055
Fax 1-973-622-2075
E-mail info@njhitech.org

“Our philosophy at NJ-HITEC is that we offer one product – a satisfied doctor. We understand all of the barriers that doctors face when trying to select, implement and meaningfully use EHR technology. We provide the practical, useful information and instruction that doctors need to overcome the obstacles and challenges that they face throughout the process.”

- Bill O’Byrne
NJ-HITEC Executive Director

¹ For a list of certified EHR systems, meaningful use criteria and clinical quality measures, visit the U.S. Department of Health and Human Services’ Office of the National Coordinator for Health Information Technology website at <www.healthit.hhs.gov>. 
Our networks

Horizon Blue Cross Blue Shield of New Jersey is proud of our participating networks of physicians and other health care professionals, facilities, clinical laboratories and ancillary providers. Our networks enable us to provide our members with access to quality health care while addressing the rising costs of health care.

To help you better understand the plans for which you are considered in-network, and your responsibilities to our members, below are lists of our plans organized by network.

**Horizon Managed Care Network**

If you are a participating Horizon Managed Care Network health care professional, members enrolled in the following plans use their in-network benefits when they receive care from you.

**Direct Access**
- Horizon Advantage Direct Access
- Horizon Direct Access
- Horizon Direct Access Value
- NJ DIRECT10 (SHBP)
- NJ DIRECT15 (SHBP)
- NJ DIRECT1525 (SHBP)
- NJ DIRECT2030 (SHBP)
- NJ Protect

**HMO***
- Horizon HMO
- Horizon HMO Access
- Horizon HMO Access Value
- Horizon HMO Coinsurance
- Horizon HMO Coinsurance Plus

**EPO***
- Horizon Advantage EPO
- Horizon Basic & Essential EPO
- Horizon Basic & Essential EPO Plus

**Medicare Advantage**
- Horizon Medicare Blue Access (HMO-POS)
- Horizon Medicare Blue Access Group (HMO-POS)
- Horizon Medicare Blue TotalCare (HMO SNP)*
- Horizon Medicare Blue Value (HMO)*

**POS**
- Horizon POS

**Consumer-Directed Healthcare (CDH)**
- Horizon HMO Access HSA MyWay
- Horizon MyWay HSA (Direct Access)
- NJ DIRECT HD1500 (SHBP)
- NJ DIRECT HD4000 (SHBP)

* Members enrolled in these plans do not have out-of-network benefits except in the event of an emergency.

**Horizon PPO Network**

If you are a participating Horizon PPO Network health care professional, members enrolled in the following plans use their in-network benefits when they receive care from you.

**Fixed Fee**
- Student Program
- Medical/Surgical Fixed Fee 14/20 Series
- Medical/Surgical Fixed Fee 500 Series
- Medical/Surgical Fixed Fee 750 Series

**Indemnity (continued)**
- Horizon High Deductible Plan D
- Horizon MSA Plan C
- Horizon MSA Plan D
- Horizon Traditional Plan B, C, D, E
- Major Medical
- Medallion
- Network Comprehensive Major Medical
- Wraparound

**Medicare supplemental (Medigap)**
- BCBSNJ 65
- BCBSNJ 65 Select
- Horizon Contemporary Medigap Plan A, C, F, G, K, N
- Horizon Medigap Plan A, C, F, I, J
- Super 65

**PPO**
- BCBS Service Benefit Plan (FEP PPO)
- BlueCard® PPO
- Horizon Advantage PPO
- Horizon High Deductible PPO Plan D
- Horizon PPO

**Consumer-Directed Healthcare (CDH)**
- Horizon MyWay HRA
- Horizon MyWay HSA

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Out-of-network benefits

We encourage our members who have out-of-network benefits to always use participating health care professionals to maximize their benefits and minimize their out-of-pocket expenses. We require participating physicians and other health care professionals, whenever possible, to refer their Horizon BCBSNJ patients to participating physicians, other health care professionals or facilities, unless the member wishes to use his or her out-of-network benefits and understands that higher out-of-pocket expenses will be incurred. All participating physicians and other health care professionals are required to comply with our Out-of-Network Consent Policy.

To view our policy, log in to www.NaviNet.net, select Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over References and Resources and click Provider Reference Materials.
- Click Additional Information.
- Click Out-of-Network Consent Policy.

The following managed care plans offer members out-of-network benefits:

- Horizon Direct Access plans.
- Horizon POS.
- Horizon Medicare Blue Access (HMO-POS)**.
- Horizon Medicare Blue Access Group (HMO-POS)**.
- NJ DIRECT plans.

If you participate only in our Horizon PPO Network (and not in our Horizon Managed Care Network) and you are treating a patient who is enrolled in one of the above plans, please be mindful of your responsibility regarding the allowance you must accept as reimbursement in full.

According to the Horizon BCBSNJ Agreement with participating physicians and health care professionals (PPO Agreement), if you are not in the Horizon Managed Care Network, you will be reimbursed directly for eligible services and you cannot bill members for amounts in excess of our reimbursement (excluding copayments, coinsurance and/or deductibles as indicated on the Explanation of Payment you receive). We also remind you that, as a participating physician, you may only collect applicable office visit copayments at the time of service.

If you have questions, please contact your Network Specialist.

All of our Medicare Advantage plans use the Horizon Managed Care Network.

** If you do not participate in the Horizon Managed Care Network and you treat a member enrolled in a Horizon BCBSNJ Medicare Advantage plan, you will receive PPO reimbursement rates for eligible services, except if you opt out or are excluded from Medicare, in which case you are not eligible for payment for services rendered to a Medicare Advantage member.
Juvenile Arthritis Awareness Month

During this month, we encourage you to raise awareness about juvenile arthritis.

Childhood arthritis is the #1 cause of acquired disability in children and is the sixth most common childhood disease (following asthma, congenital heart disease, cerebral palsy, diabetes and epilepsy). It is estimated that 500,000 children in the United States suffer from some form of arthritis or rheumatic disease.

Please discuss with your patients how the disease starts, the treatments, the long-term outcomes and how damage can be avoided.

Source: Childhood Arthritis and Rheumatology Research Alliance, <carragroup.info/content_dsp.do?pc=fact>.
August calendar

Children’s Eye Health and Safety Month

Before the new school year starts in September, remind the parents/guardians of your young patients to schedule eye screenings for their children. Early detection and preventive measures can help protect or correct vision impairments.

National Immunization Awareness Month

Immunization is one of the most effective ways to protect children and adults against many common infectious diseases. Discuss with your patients the importance of immunizations and help them get caught up on their vaccinations.

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 (NJIIIS) – New Jersey’s official immunization registry and only repository of immunization and preventive health screening information.

Source: National Health Information Center, <www.healthfinder.gov/nho/nho.asp>
According to New Jersey Statute 26:2-176 (2009), health care facilities and licensed health care professionals in the state must develop policies and procedures for the following requirements related to postpartum depression.

• All birthing facilities in the state – as well as all physicians, nurse midwives and other licensed health care professionals who provide prenatal and postnatal care to women – must provide new mothers and fathers (as well as other family members, as appropriate) with information about postpartum depression, including:
  • Signs and symptoms.
  • Treatment resources.
  • Ways of coping.
  • Ways of providing support.

• Physicians, nurse midwives and other licensed health care professionals providing postnatal care to women must screen new mothers for postpartum depression symptoms prior to discharge from the birthing facility and at the first few postnatal check-up visits.

Horizon Blue Cross Blue Shield of New Jersey and Magellan Health Services, Inc. understand the importance of education and screening for postpartum depression. Together, we developed a Postpartum Depression Preventive Health Program.

The purpose of this program is the early identification and appropriate referral and treatment of depressive disorders in new mothers. The intent of the program is to decrease the severity, length of illness and associated morbidity by increasing the rate of depression screening within 12 weeks of delivery. We educate members on the signs and symptoms of postpartum depression, with the goal of lessening the effects of maternal postpartum depression on the infant and family.

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New mothers receive education on postpartum depression as well as the Edinburgh Postpartum Screening Scale, a screening tool for postpartum depression. The Horizon BCBSNJ member completes the scale and returns it to:

Horizon BCBSNJ/Magellan  
Attn: QI Department  
199 Pomeroy Road  
Parsippany, NJ 07054

Members who return the completed Edinburgh Postpartum Screening Scale and are identified as at-risk for postpartum depression, are contacted by Magellan Behavioral Health and provided with referrals to behavioral health professionals who can provide appropriate treatment to address their postpartum depression.

In 2011, Horizon BCBSNJ mailed 10,337 packets to new mothers. Here are the results:

- 661 members returned a completed Edinburgh Postpartum Screening Scale (6.4 percent).
- 95 of the returned Edinburgh Postpartum Screening Scales were positive for depression (14.4 percent).
- A Magellan Behavioral Health clinician was able to make live contact by phone with 60 members who had a positive Edinburgh Postpartum Screening Scale result.
- 56 members accepted a referral and 24 declined (of those who declined, 16 were already in treatment).
- 17 members could not be reached by phone and were sent outreach letters.

For a copy of the Edinburgh Postpartum Screening Scale, please visit www.HorizonBlue.com/Providers, and:

- Mouse over Forms and Vouchers and click Forms.
- Scroll down to Questionnaires and click Edinburgh Scale (0394326344).

To learn more about this program, please call Dr. Estelle Janiec, PhD, LPC, at 1-800-435-7670, extension 53823.

To refer a patient to the Postpartum Depression Preventive Health Program, please call Dr. Estelle Janiec, PhD, LPC, at 1-800-435-7670, extension 53823.
The At-Home Health Monitoring Program is offered as part of Horizon Blue Cross Blue Shield of New Jersey’s Heart Failure Chronic Care Program.

This no-cost program helps your eligible patients improve their ability to successfully manage their health on a daily basis, comply with their treatment plan and, ultimately, improve their quality of life. The program uses a physician-driven approach and enables the Horizon BCBSNJ Case Manager to identify patients who may need additional help with self-care and help with earlier intervention. The program’s primary goals are to help you to better connect with your patients and help avoid unnecessary Emergency Room (ER) visits and hospital admissions for your patients.

Medicare Advantage members are eligible to participate in the program if they:

- Have been admitted to the hospital or visited the ER for a heart failure-related condition in the last three months.
- Have a history of poor compliance with medication and/or diet.
- Have multiple visits to their physician for acute interventions/medication titration.
- Live alone or in a rural environment with limited access to a physician.

Physicians may call 1-888-355-9617 to refer their eligible patients to the program. Medicare Advantage members may also refer themselves to the program through Member Services or their Case Manager.

How the program works:

- A home monitor is installed in your patient’s home. Your patient is trained on the device during installation.
- Your patient uses the monitor to regularly measure vital signs (i.e., heart rate, blood pressure and body weight).
- Data is then transmitted via the patient’s phone line to the telemonitoring provider.
- Patients who have data values outside their individualized predetermined range will receive calls from the telemonitoring provider and their Horizon BCBSNJ Case Manager.
- When data measurements fall further outside of the predetermined parameters or symptom scores above a set threshold, the telemonitoring provider calls your office to discuss the results and a detailed report is faxed to your office.
- Patient information is reported and is provided to you periodically.
- Patients requiring further intervention are encouraged to contact you. For these patients, we may also contact you to request intervention, when it is appropriate.

If you have questions about this program or would like more information on our Chronic Care Program, please call 1-888-355-9617.
Recruiting for the Patient-Centered Medical Home program

Horizon Blue Cross Blue Shield of New Jersey is recruiting primary care practices to participate in our Patient-Centered Medical Home (PCMH) program. Now in its second year, our PCMH program has approximately 22 participating practices throughout New Jersey. We intend to add another 50 practices in 2012.

The PCMH program is the only comprehensive, statewide program in New Jersey that was created in collaboration with the New Jersey Academy of Family Physicians and leading Primary Care Physicians (PCPs). The program fosters the delivery of sustainable, patient-centric, high-quality and affordable health care.

PCMH physicians currently in the program have found the collaborative and transformative process to be both professionally and financially rewarding. Through this program, practices are provided with care coordination payments to focus on transformation and financial support towards an embedded nurse to focus on coordination of care. In addition, practices may be eligible for outcome-based payments for achieving certain quality and efficiency goals.

As a participating practice in the PCMH program the practices will also receive:

- Data and analytical reports to help manage their patients’ health care needs.
- Staff training.
- Educational program materials.
- Other tools to help transform their practice.

If you are interested in learning more and/or participating in this program, please call Steven Peskin, MD, MBA, FACP at 1-973-466-5278, or e-mail him at <Steven_Peskin@HorizonBlue.com>.
Medical records for quality-of-care complaints

To provide access to safe and effective care, Horizon Blue Cross Blue Shield of New Jersey is required to investigate member complaints, including complaints from members who claim inadequate care was received from a participating physician, other health care professional or facility.

If we receive a medical quality-of-care member complaint, your office may be asked to provide medical records and documentation to help us investigate the complaint. You are required to respond to such requests under the terms and conditions of your participation agreement, and your obligation to follow our policies and procedures. Failure to respond to medical quality-of-care complaints will be referred to our Quality Case Review Committee – comprised of Horizon BCBSNJ medical directors and participating physicians – for further review.

- Failure to comply with a request for medical records and/or additional documentation required to investigate a medical quality-of-care complaint is a serious issue, and may result in termination for cause from Horizon BCBSNJ’s networks.
- Physicians and other health care professionals who do not respond to such requests in a timely manner will have a notation placed in their credentialing file for consideration at the time of recredentialing.
- We will also advise affected members of any failures to comply with requests for medical records and make them aware of their right to issue a complaint to the New Jersey State Board of Medical Examiners.

Thank you for your continued participation in our network(s) and for providing quality care to your patients, our members.
Horizon Blue Cross Blue Shield of New Jersey has aligned our PPO credentialing and recredentialing policy with our managed care credentialing and recredentialing policy, effective July 1, 2012. This single policy, the Horizon BCBSNJ Credentialing and Recredentialing Policy for Participating Physicians and Health Care Professionals impacts the standards of participation for our Horizon PPO Network but does not change any of the standards of participation for our Horizon Managed Care Network.

Our policy requires that physicians and other health care professionals seeking to join our networks must:

- Obtain and maintain board certification in their specialty.¹
- Maintain active, unrestricted hospital admitting privileges at a Horizon Hospital Network facility or BlueCard® Hospital as applicable for their specialty and practice location.²

We encourage you to update your CAQH file with the information noted above or fax a copy of the information to our Credentialing Department at 1-973-466-6796.

Failure to comply will result in your termination from our network(s).

We strongly encourage all physicians and other health care professionals to carefully review this policy for details and exceptions to the requirements outlined here.

To review our credentialing and recredentialing policy online, please log in to www.NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over References and Resources then click Provider Reference Materials.
- Click Service.
- Click Horizon BCBSNJ Credentialing and Recredentialing Policy for Participating Physicians and Health Care Professionals.

Unless Horizon BCBSNJ gives written notice that all or part of the above changes have been cancelled or postponed, the changes will be applied to all physicians and other health care professionals on or after July 1, 2012.

If you have questions, please call our Credentialing Department at 1-800-624-1110, select the prompt for More Options, then select Credentialing and Recredentialing.

¹ Physicians and other health care professionals without board certification (including board-eligibles) who were credentialed into our Horizon PPO Network prior to July 1 2012, are considered “grandfathered in” to this network and will not be required to obtain board certification to continue participating in this network (assuming all other recredentialing standards are met).

² Certain physicians and other health care professionals are not required to obtain admitting privileges at a Horizon BCBSNJ network or BlueCard hospital. Please review the policy for details.
Rapid Strep Test Kits available through LabCorp

Horizon Blue Cross Blue Shield of New Jersey is committed to helping improve the health of our 3.6 million members.

Strep throat, caused by group A streptococcus bacteria, is the most common bacterial infection of the throat. Strep throat is most common in children between ages 5 and 15 years, but anyone can get it. Symptoms can include sneezing, coughing, watery eyes, mild headache and body aches, runny nose and a low-grade fever (less than 102°F). If untreated, strep throat can lead to serious complications.

We remind you that Rapid Strep Test Kits are available free of charge to all participating Primary Care Physicians and pediatricians from Laboratory Corporation of America™ Holdings (LabCorp), the exclusive in-network clinical laboratory services provider for your Horizon BCBSNJ managed care patients, and a preferred provider of clinical laboratory services for your Horizon BCBSNJ PPO and Indemnity patients.

Rapid Strep Test Kits are given to each practice based on the number of Horizon BCBSNJ and Horizon NJ Health patients your office treats. We thank you for only using these test kits for your Horizon BCBSNJ and Horizon NJ Health patients.

To order Rapid Strep Test Kit supplies from LabCorp, please call your local LabCorp Field Representative at 1-888-LabCorp (522-2677), option 3, or call 1-800-631-5250, extension 2704, to obtain the form to order these kits.

Please visit LabCorp’s website, www.LabCorp.com, for information about other services LabCorp provides.
New LabCorp Affiliates

Effective January 1, 2012, Laboratory Corporation of America Holdings (LabCorp) added two additional affiliates for specialized testing, Litholink Corporation and Esoterix Genetic Laboratories, LLC (EGL). These LabCorp affiliates are now participating with Horizon Blue Cross Blue Shield of New Jersey managed care and PPO plans.

Litholink Corporation
• Provides physicians with evidence-based clinical decision support through enhanced lab reporting.
• Its programs cover chronic kidney disease, cardiovascular disease, low bone density and recurrent kidney stones.
• Its programs also provide patients with self-help education materials specific to their condition.

Esoterix Genetic Laboratories provides services under the brands Integrated Genetics and Integrated Oncology.

Integrated Genetics:
• Is a leading provider of reproductive genetic testing services with an extensive menu of complex tests and years of testing using sophisticated technologies.
• Its services span the continuum of care, ranging from maternal serum screening and prenatal diagnostics to carrier screening and postnatal testing services.
• It offers the largest commercial genetic counseling network in the laboratory industry, enabling physician and patient access to professionals who have expertise in reproductive disorders and genetic abnormalities.

Integrated Oncology:
• Performs comprehensive testing to aid in the diagnosis, treatment, prognosis and monitoring of patients who have cancer.
• Its multidisciplinary team includes pathologists, cytogeneticists and molecular geneticists who are available for client consultations.
• It provides actionable results for clients and support of an extension test menu, including industry-leading companion diagnostic tests such as BRAF for melanoma, as well as other cutting-edge tests, such as Reveal® SNP microarray and the HERmark® cancer assay.

If you have questions, please call your local LabCorp field representative at 1-888-LabCorp (522-2677), option 3. For information about other services LabCorp provides, please visit <www.LabCorp.com>.
Requests for PCA Services and Adult
Medical Day Care for Horizon Medicare
Blue TotalCare (HMO SNP) members must
be made directly by the physician. It is important
for physicians to follow the prior authorization
process so that our Case Managers can
understand the member’s clinical situation and
what care is needed.

Here’s how to request PCA Services and
Adult/Pediatric Medical Day Care for Horizon
Medicare Blue TotalCare (HMO SNP) members:

**PCA Services**
- The member and/or member’s caregiver
  must request PCA Services directly from the
  member’s physician.
- The physician submits a request/
  prescription for PCA services to the
  Case Manager or Prior Authorization
  area outlining what is needed (medical
  necessity, hours needed, diagnosis, etc).
- Horizon Medicare Blue TotalCare
  (HMO SNP) Case Managers will approve
  PCA Services if medical necessity is met
  (based on a comprehensive in-person
  assessment by a professional nursing agency
  and discussion with a physician) and the
  information required is received.
- If the information received is not complete
  or if the request does not meet criteria,
  the Case Manager refers the request to a
  Horizon Medicare Blue TotalCare
  (HMO SNP) Medical Director for review.
  The Case Manager notifies the requesting
  physician, in writing, of approval or denial.
- PCA services are approved for a six-month
  period. If services need to continue, the
  agency will work with the Case Manager to
  authorize another assessment and provide
  appropriate authorization. Continuation
  authorizations will be reviewed similarly to
  initial authorizations.

**Adult/Pediatric Medical Day Care**
- The physician, specialist and/or facility that
  requests Adult/Pediatric Medical Day Care
  services will need to complete a Medical Day
  Care Request Form and fax it to a Horizon
  Medicare Blue TotalCare (HMO SNP) Case
  Manager at 1-752-919-5395.
- Once the request form is received, a
  Case Manager will arrange for an in-home
  or site visit to screen the member for
  medical necessity.
- If the information received is not complete
  or if the request does not meet criteria,
  the Case Manager refers the request to a
  Horizon Medicare Blue TotalCare
  (HMO SNP) Medical Director for review.
- The Case Manager notifies the requesting
  physician of approval or denial in writing.

For questions on how to request PCA Services
and Adult/Pediatric Medical Day Care, please call
1-888-535-9617 to speak with a Case Manager.
On March 5, 2012, the Centers for Medicare & Medicaid Services (CMS) released revised versions of the Notice of Medicare Non-Coverage (NOMNC) and the Detailed Explanation of Non-Coverage (DENC). The notices will ensure all Medicare beneficiaries, whether enrolled in Original Medicare or in a Medicare Advantage (MA) plan, receive the same notices prior to termination of Medicare-covered services provided by a:

- Skilled nursing facility (SNF).
- Home health agency (HHA).
- Hospice.
- Comprehensive outpatient rehabilitation facility (CORF).

The revised NOMNC combines the non-coverage notices previously issued to beneficiaries in Original Medicare (CMS 10123) and MA plans (CMS 10095). This new notice retains the number of the Original Medicare notice (CMS 10123) and the name of the MA notice (NOMNC).

Similarly, the revised DENC combines the detailed notices previously provided to beneficiaries in Original Medicare (CMS 10124) and MA plans (CMS 10095). The new notice retains the number of the Original Medicare notice (CMS 10124) and the name of the MA notice (DENC).

To locate the updated notices, please visit <www.cms.gov/bni/09_MAEDNotices.asp>. Providers and MA plans are required to use the updated notices effective May 31, 2012.

Please note: SNFs, HHAs and CORFs are responsible for issuance of the NOMNC to MA enrollees. However, all MA plans are responsible for knowing the rules regarding issuance of the NOMNC because they confer rights to enrollees and affect contracted SNFs, HHAs and CORFs.

MA plans are responsible for issuance of the DENC.

For questions regarding the updated notices, please send an e-mail to <Part_C_Appeals@cms.hhs.gov>.
The Physician Orientation Webinar is a valuable tool designed to provide participating physicians and other health care professionals with vital information about Horizon Blue Cross Blue Shield of New Jersey. The webinar includes an overview of our products, BlueCard®, Provider Reference Materials and our recredentialing process. In addition, we have a section on navigating NaviNet® where you will learn about self-service features that make it faster and easier for you to do business with us.

We invite you to join our next webinar session. To view a calendar of upcoming sessions, registered users of NaviNet may log in to www.NaviNet.net, select Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over References and Resources.
- Click Provider Reference Materials and then Webinars.
- Select Physician Orientation Webinar.

If you need additional information or training, please contact your Network Specialist.

For a list of Network Specialists, registered users of NaviNet may log in to www.NaviNet.net, select Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over References and Resources.
- Click Provider Reference Materials.
- Click Service and then Network Specialist.
Horizon Blue Cross Blue Shield of New Jersey encourages physicians and other health care professionals to play an active role in improving the quality of care provided to their patients by using the Healthcare Effectiveness Data and Information Set (HEDIS®) tool, as developed by the National Committee for Quality Assurance (NCQA). To help you become more familiar with HEDIS guidelines for prenatal and postpartum care, listed below are the medical record documentation requirements.

**Prenatal care**

This measure includes the percentage of deliveries where the mother received a prenatal care visit in the **first trimester**.

Documentation of a prenatal care visit in the medical record should include any **one** of the following:

- Evidence of a physical Ob/Gyn exam (i.e., auscultation for fetal heart tone or pelvic exam with obstetric observations or measurement of fundus height).
- Evidence that a prenatal care procedure was performed (e.g., obstetric panel or TORCH [toxoplasmosis, rubella, cytomegalovirus, herpes simplex and HIV] antibody panel alone or rubella antibody test/titer with an Rh incompatibility or echography of a pregnant uterus).
- Documentation of last menstrual period (LMP) or estimated date of delivery (EDD) with either a prenatal risk assessment and counseling/education or a complete obstetrical history.

**Postpartum care**

This measure includes the percentage of deliveries where the mother had a postpartum visit between **21 and 56 days** after delivery.

Documentation of a postpartum care visit in the medical record can include any **one** of the following:

- Pelvic exam.
- Evaluation of weight, blood pressure, breasts and abdomen.
- Notation of breastfeeding (acceptable for the evaluation-of-breasts component).
- Postpartum care six-week checkup.

Please ensure that claim submissions for postpartum care include appropriate diagnosis and procedure codes.

**CPT codes for postpartum care:**

57170, 58500, 59450, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175, 99501

**ICD9 codes for postpartum care:**

V24.1, V24.2, V25.1, V72.3, V76.2

If you have questions, please contact your Network Specialist.
In February 2012, Network Hospital Relations hosted two informational sessions on the Horizon Hospital Recognition Program. Representatives from more than 30 network hospitals attended the sessions in our Mount Laurel and Newark, New Jersey offices. The sessions featured an in-depth discussion and overview of the 2011 Leapfrog Hospital Survey and the results from the 31 New Jersey hospitals that completed the survey.

This is the largest number of New Jersey hospitals that has ever completed the survey – the only national tool focused on public reporting on key patient safety and efficiency measures. Nationally, more than 1,300 hospitals completed the survey.

Session Highlights

- Michael Mutter, MS, RP, Director of Patient Safety, The Valley Hospital, presented information on reducing early elective cesarean sections at The Valley Hospital through a clinical collaborative among his Obstetrical Department, medical staff and nursing.
- Noreen DiPadova, BS, RPT, Director of Performance Improvement, and Joanne McGettigan, RN, Director of Social Work and Case Management, Cape Regional Medical Center, shared their success with creating a culture of quality and cost effective patient-centered medical care.

- Leapfrog Board Chairman, Dave Knowlton, President and Chief Executive Officer of the New Jersey Health Care Quality Institute presented 2011 Leapfrog Hospital Survey Results, Recognition and Efforts.
- Presentations from representatives from The Leapfrog Group™ and Discern Consulting, who work with our New Jersey hospitals on behalf of The Leapfrog Group in driving improvements in hospital performance.
- Recognition for Hackensack University Medical Center and The Valley Hospital for achieving the highest performance and earning “Top Hospital” designation from The Leapfrog Group.

Horizon Blue Cross Blue Shield of New Jersey commends all 31 New Jersey network hospitals for their commitment to improving the quality of the care provided at their hospitals and promoting transparency. We also thank all of our speakers for making this year’s program so successful.

Hospital representatives who were not able to attend these informative sessions may obtain copies of the presentations by contacting their Hospital Relations Representative.
Our medical management philosophy

Horizon Blue Cross Blue Shield of New Jersey and its affiliates adhere to the principles of our Medical Management Program. We annually distribute the following statements to all members, employees, delegates who make Utilization Management (UM) decisions, physicians, other health care professionals, facilities and ancillary providers:

- Horizon BCBSNJ’s utilization management decisions are based solely on the necessity and appropriateness of care and service within the parameters of the member’s/covered person’s benefit package.
- Horizon BCBSNJ does not offer our employees, or delegates performing UM review, incentives to encourage denials of coverage or services that are medically necessary, and does not provide financial incentives to hospitals, physicians and other health care professionals to withhold covered health care services that are medically necessary and appropriate.
- Horizon BCBSNJ emphasizes access to medically necessary and cost-effective delivery of health care services to members/covered persons and encourages the reporting, investigation and elimination of under- or over-utilization.

If you have questions, please contact your Network Specialist, Hospital Relations Representative or Ancillary Account Executive.
Billing guidelines for maternity services

To help ensure submitted claims are quickly and accurately processed, please follow the appropriate billing procedures for routine maternity services provided to our members.

Horizon Blue Cross Blue Shield of New Jersey understands that many situations and complications may occur while providing maternity care to your patients. In the interest of clarity and simplicity, we will consider a routine pregnancy as one handled by a single obstetrical physician/group practice.

Obstetrical physicians who bill on a global basis should submit a single claim for all services rendered during the maternity period (the 270-day term of a covered person’s pregnancy for antepartum care, delivery and postpartum care). Please bill one of the global CPT codes (listed on the next page) once for all services rendered during the maternity period of a particular patient.

(continues on next page)
When you bill on a global basis for the care provided to a Horizon BCBSNJ member during a single maternity period, please keep the following guidelines in mind.

1. **DO NOT** submit multiple global codes for the same pregnancy.
2. **DO NOT** bill separately for maternity components.
3. **DO NOT** bill separately for a delivery charge.
4. **DO NOT** bill multiple global codes for multiple births.
   - For multiple vaginal births:
     - DO bill the appropriate global code for the initial child; and
     - DO bill a vaginal delivery-only code appended with modifier 59 for each subsequent child.
   - For multiple births when the first is delivered vaginally and the subsequent child(ren) are delivered by cesarean:
     - DO bill the appropriate global code for the initial child; and
     - DO bill a cesarean delivery-only code appended with modifier 51 for each subsequent child.
   - For multiple cesarean births:
     - DO append the global cesarean code with modifier 22, if there is increased physician work involvement for delivery of subsequent children. Include the medical record documentation that supports the use of this modifier.

If you have questions, please contact your Network Specialist.

<table>
<thead>
<tr>
<th>Global CPT Codes</th>
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</thead>
<tbody>
<tr>
<td>59400</td>
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<tr>
<td>59510</td>
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<tr>
<td>59610</td>
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<tr>
<td>59618</td>
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</tbody>
</table>
HEARx and member audiology/hearing aid benefits

Identifying Horizon Blue Cross Blue Shield of New Jersey members who must use HEARx Centers for audiology services and hearing aids

Audiology Distribution, LLC, doing business as HearUSA, partners with managed care organizations across the country to administer hearing benefits and provide related products and services through its HEARx network of independently practicing audiologists, hearing care professionals and company-owned hearing centers. HEARx is currently the nation’s only hearing care network accredited by URAC, an independent, nonprofit health care accrediting organization.

Horizon BCBSNJ partners with HEARx to provide audiology services, hearing aids and discounts on certain services to our enrolled members. The information on the following page outlines the role that HEARx Centers play in various member benefits. The benefit information provided on the following page is not a guarantee of reimbursement. Claim reimbursement is subject to member eligibility and all member and group benefit limitations, conditions and exclusions. Please confirm member audiology benefits and hearing aid benefit amounts before providing services. If you have questions about the benefits for a particular member, please call Horizon BCBSNJ’s Physician Services at 1-800-624-1110, Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time.

(continues on next page)
To locate a HearUSA Center, use our online Provider Directory by visiting www.HorizonBlue.com/Directory, then click the Other Health Services tab and:

- Select Audiology within the Service Type menu.
- Enter your ZIP Code and indicate a Search Radius or Select your County.
- Click Search.

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

<table>
<thead>
<tr>
<th>Members enrolled in …</th>
<th>May receive audiology/hearing aid benefits through HEARx as follows:</th>
</tr>
</thead>
</table>
| The following Horizon Medicare Advantage plans:  
  • Horizon Medicare Blue Value (HMO) and Horizon Medicare Blue TotalCare (HMO SNP) | Horizon Medicare Blue Value (HMO) and Horizon Medicare Blue TotalCare (HMO SNP) plans do not include out-of-network benefits. Members enrolled in these plans must use a HEARx Center for audiology services and hearing aids that are medically necessary, including batteries. Members who reside in a New Jersey county without a HEARx Center may request that their Primary Care Physician (PCP) refer them to a participating Horizon Managed Care Network audiologist. Hearing aid benefits for members who reside in a New Jersey county without a HEARx Center are reimbursable directly to the member for hearing aids/batteries supplied by any non-HEARx provider. |
| The following Horizon Medicare Advantage plans:  
  • Horizon Medicare Blue Access (HMO-POS) and Horizon Medicare Blue Access Group (HMO-POS) | Horizon Medicare Blue Access (HMO-POS) and Horizon Medicare Blue Access Group (HMO-POS) plans include out-of-network benefits. Members enrolled in these plans must use a HEARx Center for in-network audiology services and hearing aids that are medically necessary, including batteries. Members who reside in a New Jersey county without a HEARx Center may use any participating Horizon Managed Care Network audiologist on an in-network basis. Hearing aid benefits for members who reside in a New Jersey county without a HEARx Center are reimbursable directly to the member for hearing aids/batteries supplied by any non-HEARx provider. Members who choose to use their out-of-network benefits (understanding that they will incur more cost sharing responsibility) may obtain services from a non-HEARx provider. |
| Any other Horizon BCBSNJ managed care plans including:  
  • Horizon HMO  
  • Horizon Direct Access  
  • Horizon EPO  
  • Horizon POS | Members enrolled in any other Horizon BCBSNJ managed care plan may choose to use a HEARx Center. Though not required, these members may choose to use a HEARx Center or any other participating Horizon Managed Care Network audiologist on an in-network basis. Please note that benefits for audiology and hearing aids for members enrolled in other Horizon BCBSNJ managed care plans may vary. Please confirm member benefits before providing services. |
| Any Horizon BCBSNJ plan | Any enrolled Horizon BCBSNJ member is entitled to receive a 15 percent discount on the cost of a hearing aid purchased from a HEARx Center. |
Helping members make informed health care decisions

Numerous market forces – including national account clients, member demand and the anticipated expansion of the individual market due to health care reform – have created an urgency for health plans to offer consumer transparency tools that deliver meaningful and understandable quality information to members making health care decisions.

Effective July 1, 2012*, Horizon Blue Cross Blue Shield of New Jersey and other Blue Cross and/or Blue Shield members have access to new quality and transparency tools. Horizon BCBSNJ’s online directory will now have an indicator showing our participating physicians who are recognized in Horizon BCBSNJ’s Physician Quality Recognition Program.

Patient Review tool
Horizon BCBSNJ members will be able to review their physicians and read other patients’ reviews using a Patient Review tool at <www.HorizonBlue.com>.

Members will be able to rate participating physicians based on their patient experiences by answering questions, such as:

- How would you rate your overall experience and satisfaction with the physician’s approach?
- Would you recommend this physician to your friends and/or family?
- How well did the physician communicate with you about your health concerns?
- How would you rate the physician’s availability for your appointment?
- How would you rate the physician’s overall practice environment?

Before posting a review, Horizon BCBSNJ will validate that the member writing the review has seen the physician being reviewed.

If you have questions about the quality programs or the consumer transparency tools, please contact your Horizon BCBSNJ Network Specialist, Ancillary Account Executive or Hospital Relations Representative.

* The Patient Review tool and quality recognition indicator will be available on our online provider directory on July 1, 2012.
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, YJK, YKL, YLY, YMD, YMU, YNY, YPH, YSH, YSK, YTH, YUR, YUZ, YXZ</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, FMR, JGA, JGD, JGG, JGH, NCM, NJP, NIX, YHB, YHC, YHI, YJK, YKL, YLY, YMD, YMU, YNY, YPH, YSH, YSK, YTH, YUR, YUZ, YXZ</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>R, 8-digits with the PPO or Basic logo</td>
<td>1-800-624-5078</td>
<td>PO Box 656 Newark, NJ 07101-0656</td>
<td>PO Box 656 Newark, NJ 07101-0656</td>
<td>PO Box 656 Newark, NJ 07101-0656</td>
</tr>
<tr>
<td>FMA, FMR, NCH, YHI, YNF, HIF, HSG, HWA, HWW 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>AHK, AWW, BBB, DBN, IRA, NVP, NVY, PFZ, 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 and other Point of Service members</td>
<td>1-800-624-1110**</td>
<td>PO Box 820 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, JGH, YHQ, YHR, YHS, YHT 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>
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<tr>
<td>NJ State Health Benefits Program (SHBP)</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>
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<tr>
<td>NJX, NJP NJ State Health Benefits Program (SHBP)</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>
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<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>
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<tr>
<td>DEH, DMM, DTP, NGM General Motors/Delphi Auto</td>
<td>1-800-456-9336</td>
<td>PO Box 25 Newark, NJ 07101-0025</td>
<td>PO Box 1770 Newark, NJ 07101-1770</td>
<td>For Facilities: PO Box 1770 Newark, NJ 07101-1770</td>
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<tr>
<td>BlueCard claims BlueCard Service Team</td>
<td>1-888-435-4383</td>
<td>BlueCard Claims PO Box 1201 Neptune, NJ 07754-1301</td>
<td></td>
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</tr>
<tr>
<td>Magellan Behavioral Health™</td>
<td>1-800-626-2212</td>
<td>BlueCard Claims PO Box 1201 Neptune, NJ 07754-1301</td>
<td>Addresses vary according to product. Please review the behavioral health information on your patient’s ID card.</td>
<td></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></td>
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<tr>
<td>Pre-existing Medical Documentation</td>
<td>PO Box 1740 Newark, NJ 07101-1740</td>
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<td>Claim Policy Clinical Appeals</td>
<td>PO Box 220 Newark, NJ 07101-0020</td>
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<td>Claim Policy Code Edit Inquiries</td>
<td>PO Box 681 Newark, NJ 07101-0681</td>
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<td>Claim Policy Clinical Predetermination for PPO and Indemnity Products</td>
<td>PO Box 220 Newark, NJ 07101-0020</td>
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</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 (578).

** 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 and should only be used 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.
Blue Review
A newsletter for participating physicians and other health care professionals, acute care facilities and ancillary staff

Blue Review is written and produced by Enterprise Communications at Horizon Blue Cross Blue Shield of New Jersey. We welcome your comments and suggestions on this publication. E-mail publications@HorizonBlue.com or write to:

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