Jim Albano, Vice President of Network Management and Horizon Healthcare Innovations, addresses how Horizon BCBSNJ is leading the way for better care at a better price.

See page 10.

2013 annual HEDIS medical record collection efforts underway.

See page 19.
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### 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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Horizon Blue Cross Blue Shield of New Jersey has joined active users on Facebook with our own corporate page, facebook.com/HorizonBCBSNJ.

You can stay up to date with the latest company news and health and wellness information. Follow us on Twitter™, twitter.com/HorizonBCBSNJ.

See an introductory video explaining how we’re transforming the health care delivery system in New Jersey, youtube.com/BCBSNJ.

Learn how your patients can stay connected with Horizon Blue Mobile anytime, anywhere, mobile.HorizonBlue.com.
Electronic communication requirement

During 2013, Horizon Blue Cross Blue Shield of New Jersey will continue to reduce the number of communication pieces that we print and mail to physicians, other health care professionals, facilities and ancillary providers. We will convey most information in an electronic format.

We will use electronic means to convey information formerly provided to you in letter and postcard mailings (including material adverse change letters), newsletters, office manuals, etc. Electronic communications that we use to convey any material adverse changes to our policies, procedures, fee schedules, and/or capitation rates, which may adversely impact your practice, will be posted online at least 30 days prior to the implementation date of the proposed change.

We remind physicians and other health care professionals in our managed care and PPO networks that according to your participating Agreement(s)1, you agree that we may communicate with you by electronic means.

If you have questions about communications or how you are receiving them, please contact your Network Specialist, Hospital Relations Representative or Ancillary Contracting Specialist.

Where to look for electronic communications

Horizon BCBSNJ Plan Central page on NaviNet®
We use the Horizon BCBSNJ Plan Central page within NaviNet to convey information. Make sure you review the information here before accessing the functions and features available to you through NaviNet.net.

The Provider Reference Materials (PRM) webpage
Accessed through NaviNet, our PRM webpage provides important information (including newsletters, office manuals, access to our medical policy manual, information on reimbursement and billing, etc.) as well as the latest news and important legal notices we post for your review. We strongly encourage you to visit this page on a regular basis.

To access the PRM webpage, log in to NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

• Mouse over References and Resources.
• Click Provider Reference Materials.

E-mails
We hope that you are receiving our e-mails and that they’ve provided you with useful information. If you have not received any e-mails from us, it may be because we do not have your e-mail address. We generate our e-mail address files based on current registered NaviNet users who are affiliated with participating practices and facilities. Please make sure you are registered for NaviNet and your e-mail information on NaviNet is accurate.

1 Please see section 9.11 on page 15 of the HORIZON HEALTHCARE OF NEW JERSEY, INC. AGREEMENT WITH PARTICIPATING PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS (Horizon Managed Care Network Agreement) and/or section 12 on page 6 of the HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY AGREEMENT WITH PARTICIPATING PHYSICIANS AND HEALTHCARE PROFESSIONALS (Horizon PPO Network Agreement).
2013 CPT code changes

Effective January 1, 2013, all claim submissions from physicians, other health care professionals and facilities must now include 2013 Current Procedural Terminology (CPT) codes. This year's update by the American Medical Association (AMA) was one of the largest expansions to the CPT code set and includes significant changes to the 2013 behavioral health codes.

If you haven't done so already, Horizon Blue Cross Blue Shield of New Jersey encourages you to learn how the 2013 CPT code changes will impact how services that you provide to our members are documented and submitted for reimbursement.

For general information about CPT codes and the 2013 CPT code changes, please visit AMA-ASSN.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt.page or AMABookstore.com.

For information and guidance about 2013 behavioral health CPT code changes, please visit magellanprovider.com/MHS/MGL/getpaid/hipaa/cptcodechanges.asp. This website provides a wealth of information, including a fact sheet, CPT code presentation and webinar, answers to frequently asked questions and a CPT code crosswalk document.

Additions to our list of billable services for capitated PCPs

Primary care physicians (PCPs), in solo or group practices, who receive capitation reimbursement for services provided to certain Horizon Blue Cross Blue Shield of New Jersey managed care members who have selected them as their PCP, may also bill for and receive fee-for-service reimbursement for a number of services.

The following services have been added to our list of billable services for capitated PCPs (effective November 1, 2012).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>82270</td>
<td>Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or a single, triple card for consecutive collection).</td>
</tr>
<tr>
<td>87880</td>
<td>Streptococcus, group A.</td>
</tr>
<tr>
<td>G0328</td>
<td>Colorectal cancer screening; fecal occult blood test, 1 to 3 simultaneous determinations.</td>
</tr>
</tbody>
</table>

Please note: For these Healthcare Effectiveness Data and Information Set (HEDIS®) compliant codes, a chart review is not required to determine if a service was completed.

To access our list of billable services for capitated PCPs, log in to NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over References and Resources and click Provider Reference Materials.
- Click Reimbursement and Billing.
- Click PCP Billable Lists.

If you have questions, please contact your Network Specialist.
Updated urinalysis testing reimbursement policy

Effective January 1, 2013, Horizon BCBSNJ updated our reimbursement policy regarding urinalysis testing (81000-81003) billed with an Evaluation and Management (E&M) service on the same day, for the same patient, by the same provider.

For dates of service on January 1, 2013 and after, urinalysis testing is not eligible for separate reimbursement when billed with an E&M service on the same day, for the same patient, by the same provider. Reimbursement for the urinalysis testing is considered included in our reimbursement of the E&M service provided even if the claim is billed with a Modifier 25 or a Modifier 59.

Our policy update is consistent with industry standards for this code combination.

We will update our online 2012-2013 Network Office Manual and Clear Claim Connection™, our online claim edit disclosure tool, to reflect this update.

To review this reimbursement policy, log in to NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over References and Resources and click Provider Reference Materials.
- Click Reimbursement and Billing.
- Click Urinalysis with E&M.

If you have questions, please contact your Network Specialist. You may reach your Network Specialist by telephone by calling 1-800-624-1110. When prompted, please select More Options, and then select Network Relations.

NaviNet update: Online drug authorization tool

NaviNet®, in partnership with CoverMyMeds, offers a HIPAA-compliant online drug authorization tool that allows physicians and other health care professionals to quickly submit and manage their electronic prior authorization (PA) requests.

Use the NaviNet online drug authorization tool to:

- Quickly find the appropriate PA request for your patients’ medication needs.
- Submit the request to the plan electronically with a digital signature.
- Easily follow up on all your submitted PAs.

Registered NaviNet users can begin using this product immediately. To submit a PA request electronically, log in to NaviNet.net and access Drug Authorizations from the Services menu.
In February 2013, we migrated the final wave of enrolled managed care employer groups and members from our QBlue processing system to the NASCO Processing System (NPS). With the completion of this final wave, Horizon Blue Cross Blue Shield of New Jersey has successfully moved to a single claims processing system.

We began this initiative in 2011 and have worked diligently to ensure that migrations were carried out with minimal impact to our members and provider community.

We also appreciate the diligence of the office staff working for participating physicians, other health care professionals, hospitals and ancillary providers who ensured they always had the most current member ID card information when submitting claims and interacting with us. Please continue to use the new prefix when submitting claims.

Moving to a single claims processing system is one more way Horizon BCBSNJ is demonstrating our commitment to making it easier for you to do business with us.

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.

<table>
<thead>
<tr>
<th>If you are a …</th>
<th>Call …</th>
<th>At …</th>
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<tbody>
<tr>
<td>Physician or other health care professional</td>
<td>Physician Services</td>
<td>1-800-624-1110</td>
</tr>
<tr>
<td>Representative at an acute care or ancillary facility</td>
<td>Centralized Service Center</td>
<td>1-888-666-2535</td>
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</tbody>
</table>
Need help moving to an Electronic Health Record (EHR) system?

As part of health care reform, the federal government has mandated that physicians, health care professionals, facilities and insurance companies become meaningful users of Electronic Health Records (EHR) by January 1, 2014.

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 a resource available to help physicians and other health care professionals transition to EHR. NJ-HITEC is one of a select group of organizations throughout the United States designated as having the experience and capacity needed to help your office implement an EHR system.

The American Recovery and Reinvestment Act of 2009 (ARRA) allowed for funds to be set aside to help eligible physicians and health care professionals with transitioning to EHR systems. For eligible physicians and health care professionals, financial incentives to adopt EHR in your medical practice are available over a 10-year period.

**Medicare and Medicaid EHR Incentive Programs**

<table>
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</thead>
<tbody>
<tr>
<td>Medicare EHR Incentive Payments</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$44,000</td>
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<tr>
<td>Medicaid EHR Incentive Payments</td>
<td>$21,250</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
<td>$8,500</td>
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<td>$63,750</td>
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<td>Maximum Payments</td>
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For more EHR information, please visit njhitec.org. You may contact the NJ-HITEC office by phone at 1-973-642-4055, fax at 1-973-622-2075 or e-mail info@njhitec.org.

Source: cms.gov/EHRIncentivePrograms, Medicare and Medicaid EHR Incentive Program Basics.
Updated Credit Balance Adjustment Request Form

The Credit Balance Adjustment Request Form allows your facility to return to Horizon Blue Cross Blue Shield of New Jersey any improper or additional claim reimbursements due to patient billing or claims processing errors. All credit balances outstanding for 30 days or more should be reported using the Credit Balance Adjustment Request Form.

We recently updated the Credit Balance Adjustment Request Form. To ensure you are using the most current form, please visit HorizonBlue.com/Providers and:

- From the Forms tab, select Forms by Type.
- Select Inquiry/Request.
- Click Credit Balance Adjustment Request Form (20374).

Please mail copies of payment vouchers, hospital bills and any other pertinent information with your completed Credit Balance Adjustment Request Form to:

Joylyn Lott-Bush, PP-05J  
Horizon BCBSNJ  
PO Box 420  
Newark, NJ 07101-0420

Or fax to: 1-973-274-2336

If you have questions, please contact your Hospital Relations Representative or Ancillary Contracting Specialist.

Credit Balance Adjustment Request Form

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient ID #</th>
<th>Date of Service</th>
<th>Credit Amount</th>
<th>Reason for Credit (enter up to three lines per patient)</th>
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</tbody>
</table>

Please attach clear copies of pertinent documentation to all cases submitted for recapture (e.g., previous adjustment request vouchers and correspondence).

Mail to: Joylyn Lott-Bush, PP-05J  
Horizon Blue Cross Blue Shield of New Jersey  
P.O. Box 420  
Newark, NJ 07101-0420

Fax form to: 1-973-274-2336
Reminder about changes to our ancillary claims processing rules

Effective January 1, 2013, the following rules apply when referring your Horizon Blue Cross Blue Shield of New Jersey patients for the ancillary services and product categories listed below:

• **Independent clinical lab** – The lab must participate with the Blue Plan in the state where you are located for the claim to process at the in-network level of benefits. This means if the referring physician is located in New Jersey, the independent clinical lab must participate with Horizon BCBSNJ for the claim to process at the in-network level of benefits. If the referring physician is located outside of New Jersey, the lab must send the claim to the Blue Plan approved to process professional claims in that state.

If the referring physician has office locations in different states, the patient’s claim must be sent to the Blue Plan in the state where the patient received the referral.

• **Durable medical equipment (DME)** – The DME provider must participate with the Blue Plan in the state where the DME supplies are being purchased or shipped in order to process at the in-network level of benefits. This means if the Horizon BCBSNJ patient lives in New Jersey and is receiving DME equipment to his/her New Jersey home, the DME provider must participate with Horizon BCBSNJ for the claim to process at the in-network level of benefits. If DME supplies are purchased or shipped to a location outside of New Jersey, the DME provider must send the claim to the Blue Plan approved to process professional claims in that state.

• **Specialty pharmacy** – The specialty pharmacy must participate with the Blue Plan in the state where the ordering physician is located for the claim to process at the in-network level of benefits. This means if your office is located in New Jersey, the specialty pharmacy must participate with Horizon BCBSNJ for the claim to process at the in-network level of benefits.

If the ordering physician is located outside of New Jersey, the specialty pharmacy must send the claim to the Blue Plan approved to process professional claims in your state.

This change affects all Horizon BCBSNJ members, except traditional Medicare enrollees and FEP® plan members. You should continue to send your ancillary claims for traditional Medicare enrollees and FEP plan members as you do today.

When referring your Horizon BCBSNJ patients for these ancillary services and products, or any specialized health care, please remember to use in-network providers. Members who do not use participating health care professionals will pay more for their health care.

For more information about the changes to these ancillary services, visit HorizonBlue.com/Providers and:

• Mouse over Resource Center.
• Click News.
Utilization management information

Horizon Blue Cross Blue Shield of New Jersey’s utilization management (UM) policy provides treating or attending physicians the right to discuss any initial UM denial determination with the Horizon BCBSNJ reviewing physician who issued the decision.

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 (2585), 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 and our criteria, please visit HorizonBlue.com/Providers and:

• Click Reference Materials.
• Click Utilization Management.
On or about April 15, 2013, the claim edits listed in the chart below will be applied to help ensure claim payments are accurate and consistent with standard business practices.

<table>
<thead>
<tr>
<th>Edit type</th>
<th>This edit will…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New patient code for established patient</strong></td>
<td>Deny claim lines containing a new patient Evaluation and Management (E&amp;M) code when another claim line containing a new or established patient E&amp;M code is billed within three years (but not on the same day) by the same health care professional for the same member.</td>
</tr>
<tr>
<td><strong>Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BIPAP) supply frequency</strong></td>
<td>Evaluate claim lines containing supply codes associated with the CPAP and/or BIPAP therapy that are being submitted at a rate that exceeds the usual or customary dispensing rate. This edit will also identify those supply codes submitted without modifier -KX (documentation on file; requirements specified in the medical policy have been met). Note: A reimbursement policy will be posted online by March 15, 2013.</td>
</tr>
<tr>
<td><strong>Diabetic supply frequency</strong></td>
<td>Evaluate claim lines submitted with diabetic supply codes when the utilization of these supplies is at a frequency over the usage recommended. This edit distinguishes the quantity of supplies necessary for those patients who are insulin dependent and those who are non-insulin dependent. This edit also performs a diagnosis validation check on the claim containing the supply code, as describing the condition that necessitates glucose testing must be included on each claim for the supplies. The edit will check both claim and line level diagnosis. Note: A reimbursement policy will be posted online by March 15, 2013.</td>
</tr>
</tbody>
</table>

To review claims editing and reimbursement policies, log in to NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:
- Mouse over References and Resources and click Provider Reference Materials.
- Click Reimbursement and Billing.

If you have questions, please call your Network Specialist or Ancillary Contracting Specialist.
The Commonwealth Fund, a leading independent health research foundation, recently reported that health insurance premiums are rising faster than growth in employee wages. This reality has many health consumers and employers focusing their frustration on health insurance premiums. However, this focus is misplaced as health insurance premiums are a reflection of the underlying costs of medical care. As those medical costs rise and individuals use more services, health insurance premiums also rise.

The Health Care Cost Institute (HCCI) concluded in a report that higher prices were the primary driver of per capita health spending in 2011, (Health Care Cost and Utilization Report: 2011, p.4). The top five most expensive treatments, according to the HCCI study, were medical, surgical, inpatient, deliveries and newborns, and mental health and substance abuse treatments.

The health care spending numbers are almost incomprehensible. Americans pay roughly $2.6 trillion on health care annually. Yet, many health experts tell us that up to 50 percent of this spending does nothing to improve patient health. Rising costs and inefficient and ineffective health care spending continue to make the affordability crisis worse.

In order to keep health insurance affordable, we need to focus our efforts on slowing the growth of medical costs. One solution that is showing some success in reducing costs while improving quality is the migration away from the fee-for-service reimbursement model. Historically, doctors and hospitals are paid each time a patient uses their services. Therefore, more services mean more revenue for doctors and hospitals.

A patient oftentimes sees multiple doctors and there is a lack of coordination of their care. Duplicative tests and treatments are prescribed as are a number of medications. The financial incentives under the fee-for-service model are not built to ensure the most effective and efficient care for a patient. Rather, the more a patient seeks medical services, the more revenue for the providers of those services.

One promising solution is the move to more accountable care where financial incentives are better aligned and there is greater accountability to coordinate a patient’s care to ensure better clinical outcomes. Horizon Blue Cross Blue Shield of New Jersey has been taking a leading role in collaborating with physicians and hospitals to develop accountable care programs to transform how health care is delivered and paid for in our state.

Since early 2011, Horizon BCBSNJ, through Horizon Healthcare Innovations (HHI), has been pioneering new health care programs that help doctors and other health care professionals concentrate on improving the coordination and quality of care. We’re doing so by working with practices to help achieve specific quality targets, then changing the reimbursement models to

(continues on next page)

Better care at a better price – Horizon Blue Cross Blue Shield of New Jersey is leading the way

This article was written by Jim Albano, Vice President of Network Management and Horizon Healthcare Innovations.
better reward doctors who meet these standards. The model names are technical – they’re called “ACOs” (Accountable Care Organizations) and “PCMHs” (Patient-Centered Medical Homes) – but their formula is fundamental: provide the patient with the right care at the right time in the right setting. The result: healthier patients, satisfied doctors and real health care savings that can be passed along to users in the form of lower insurance premiums.

Horizon BCBSNJ’s ACO and PCMH programs began in early 2010. As of January 2013, these innovative programs will include more than 560 practice locations from Sussex County to Cape May County. More than 1,000 health care professionals are participating in Horizon BCBSNJ’s PCMH program and ACO initiatives. Most importantly, more than 250,000 Horizon BCBSNJ members are experiencing the benefits of these programs designed to deliver proactive, coordinated health care.

Through our medical home program, physicians and care teams provide personalized and comprehensive care that enables patients to become more engaged and empowered in their own health care. In fact, patients themselves have a responsible role to play. Medical offices can only achieve quality outcomes from care when the patient works with the office to get and stay healthy.

Our initial findings show that medical home practices are making great strides in keeping patients healthy and reducing complications. For example, we found a six percent higher rate in breast and cervical cancer screenings. In addition, there are lower cost of care and lower rates in Emergency Room visits and hospital readmissions compared to practices that are not participating in the medical home program.

We’re encouraged by our progress with ACOs as well. In 2012, Horizon BCBSNJ forged two major ACO agreements. One is with Optimum Healthcare Partners, which requires over 42 primary care practices in central New Jersey to deliver more effective care at lower costs for more than 40,000 Horizon BCBSNJ members. The other is in southeastern New Jersey, where AtlantiCare and affiliated primary care practices have taken on additional accountability for improving the health and patient satisfaction of Horizon BCBSNJ’s Medicare Advantage members.

These efforts are not limited to primary care services. Working with leading orthopedic surgeons, we built an Episode of Care program for hip and knee joint replacements. Ultimately, this HHI-developed program will reimburse a single individual or group for all of a patient’s care related to a specific procedure or an acute episode within a defined period of time, like a knee replacement. More than 50 joint replacement surgeons at eight practices are participating in this initiative.

These collective innovations inject a new level of collaboration and quality standards into our health delivery system, and help remove wasteful, unnecessary costs. In a post-health care reform environment, there is no more important time than now to transform our delivery system. Horizon BCBSNJ is committed to improving and expanding our innovative programs throughout 2015, and to passing the health and cost savings benefits on to our 3.6 million members.
Good communication begins with you

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.¹

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?

Through member focus groups, we’ve learned 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 his/her 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 on 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.

Thank you for your dedication to Making Healthcare Work for your patients, our members.

¹ Kessels, Dr. Roy, “Patient’s Memory for Medical Information”, Journal of the Royal Society of Medicine, April 2003.
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.

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 age 7 years.

The NJIIS helps to ensure appropriate and timely immunizations for children, most of whom are already enrolled in the NJIIS through the electronic birth certificate record process. Participating health care professionals can input and retrieve immunization data 24 hours a day, seven days a week. The NJIIS also offers electronic interface options with many Electronic Medical Record (EMR) systems.

To participate in the NJIIS, your office only needs a computer and access to the Internet. The NJIIS is accessible through Internet Explorer, Firefox and Safari.

For an enrollment request form, please visit state.nj.us/health/forms/imm-42.pdf.

For training opportunities, please visit njiis.nj.gov/njiis/jsp/traininginfo.jsp.

Horizon BCBSNJ is committed to Making Healthcare Work for our members and for the health care professionals who support and treat our members every day.

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

Visit njiis.nj.gov for information about registration, training and the benefits of using NJIIS.

Source: NJIIS Provider Resource Packet.
Care Management programs for your patients

As part of our commitment to helping you improve the health of your patients, Horizon Blue Cross Blue Shield of New Jersey offers a variety of care management programs to your eligible Horizon BCBSNJ patients. All medical and personal information is confidential and shared only with those involved in your patient’s care. Consider discussing these free, voluntary programs with your eligible patients.

Case Management Program

Our Case Management Program helps patients who have serious or complex medical conditions get the care and services they need. The program focuses on:

- Chronic Kidney Disease (CKD)/End Stage Renal Disease (ESRD).
- High-risk maternity care.
- Infertility.
- Post-discharge phone call follow-up.
- Transplant.
- Other general and pediatric conditions.

Our specially trained Case Managers are registered nurses and/or social workers who work with your patients to help them understand their health care options and coordinate their health care services. Case Managers:

- Provide information to help empower your patients to make informed decisions about their health care.
- Help with securing authorizations for services.
- Refer your patient to other valuable resources when required, including our Chronic Care Program, our health care ethics counseling resource, a social worker or a registered dietician.
- Provide information on community resources and other health and wellness programs.

Your patients may be referred by your office, may request services themselves or may be invited to participate based on claims data or their participation in our Chronic Care Program.

For more information about our Case Management Program, or to refer a member, please call 1-888-621-5894 and select prompt 2 or visit HorizonBlue.com/Providers and:

- Mouse over Resource Center.
- Click Patient Health Support.
- Scroll down to Case Management.

Chronic Care Program

Our Chronic Care Program promotes healthy living by reinforcing the health goals you establish with your patient. Through a series of assessments, phone calls and targeted mailings, our Chronic Care Program’s interdisciplinary team of nurses and registered dieticians work with you to help your Horizon BCBSNJ patients better understand their chronic illnesses. Emphasis is placed on diet, treatment plan and medication compliance, in addition to the early identification of signs and symptoms that should be addressed. Home monitoring services are also available to eligible members who have heart failure and require more intensive follow-up.

Eligible members diagnosed with one or more of the following conditions may participate*:

- Asthma (adult and pediatric programs available).
- Chronic Kidney Disease (CKD), including members receiving dialysis.
- Chronic Obstructive Pulmonary Disease (COPD).
- Coronary Artery Disease (CAD).
- Diabetes (adult and pediatric programs available).
- Heart Failure.

(continues on next page)
For more information on our Chronic Care Program or to refer a member, call 1-888-333-9617, Monday through Friday, 8 a.m. through 7 p.m., Eastern Time.

To enroll your eligible Horizon BCBSNJ patients using our online referral form, visit HorizonBlue.com/Providers and:

- Mouse over Resource Center.
- Click Patient Health Support.
- Scroll down to Chronic Care and click Chronic Care Program Referral Form.

We also identify members through our predictive modeling tool using claims and pharmacy data. Occasionally, members refuse to participate in the program or admit they have a chronic condition. In these instances, we may contact your office for help with member engagement or clarification on medical information if you are the member’s PCP. We may also contact your office to notify you of missing clinical metrics or any concerns about the member’s health.

Thank you for your continued participation in our network(s) and for all you do to help your patients, our members, become and stay healthy.

* Not all programs are available to all Horizon BCBSNJ members.

**When sending patients for screenings, tests, etc., please be sure that their Primary Care Physician (PCP) receives a copy of the results.**
Horizon Blue Cross Blue Shield of New Jersey works to raise our members’ awareness about the importance of preventive health care. We appreciate all you do to help reinforce the benefits of adhering to a schedule of preventive health screenings with your patients.

Colorectal cancer screening and prevention guidelines

Colorectal cancer is the second leading cancer killer in the United States of all cancers that affect both men and women, yet it is one of the most preventable types of cancer. More than 90 percent of colorectal cancer is diagnosed after age 50 years.

Colorectal Cancer Screening

The American Cancer Society, U.S. Multi-Society Task Force on Colorectal Cancer and American College of Radiology jointly recommend that, beginning at age 50 years, both men and women at average risk should follow one of the following screening options:

- Yearly guaiac-based fecal occult blood test (gFOBT) or fecal immunochemical test (FIT).
- Flexible sigmoidoscopy every five years.
- Yearly gFOBT or FIT plus flexible sigmoidoscopy every five years.
- Double-contrast barium enema every five years.
- Stool DNA test.
- Computed tomographic colonography (virtual colonoscopy) every five years.
- Colonoscopy every 10 years.

Patients should begin colorectal cancer screening earlier and/or undergo screening more often if they have any of the following colorectal cancer risk factors:

- A strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative younger than age 60 years or in two first-degree relatives of any age).
- Families with hereditary colorectal cancer syndromes (familial adenomatous polyposis and hereditary non-polyposis colon cancer).
- A personal history of colorectal cancer or adenomatous polyps.
- A personal history of chronic inflammatory bowel disease.

Colorectal Cancer Prevention

Talk to your patients about ways to reduce their risk of colorectal cancer.

- Diets high in vegetables, fruits and whole grains have been linked with a lower risk of colorectal cancer, but fiber supplements do not seem to help. A diet that is high in red and processed meats can increase colorectal cancer risk. Cooking meats at very high heat (frying, broiling or grilling) can create chemicals that might increase cancer risk.
- Getting more exercise may help reduce risk.
- Maintain a healthy weight. Being very overweight (or obese) increases the risk of having and dying from colorectal cancer.
- Quit smoking. Most people know that smoking causes lung cancer, but long-time smokers are more likely than non-smokers to get colorectal cancer.
- Limit alcohol use. Heavy use of alcohol has been linked to colorectal cancer. Men should limit their use to no more than two drinks a day and women to no more than one.
- Monitor other health conditions. People who have type 2 diabetes have an increased chance of getting colorectal cancer.

We appreciate all you do to help your patients, our members, get and stay healthy.

Sources:
- U.S. National Library of Medicine National Institutes of Health. ncbi.nlm.nih.gov/pmc/articles/PMC2936570/.
- American College of Gastroenterology. Colorectal Cancer. patients.org/topics/colorectal-cancer/.
As a participating physician, you will only be reimbursed for performing certain laboratory services in your office. You will not be reimbursed, and may not collect payment from your patients, for laboratory services performed in your office that are not included on the list below. This list, organized by specialty, indicates the laboratory service procedure codes for which you will be reimbursed (in accordance with your specialty affiliation).

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Procedure Codes</th>
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<tbody>
<tr>
<td>Dermatologist</td>
<td>87220</td>
</tr>
<tr>
<td>Endocrinologist</td>
<td>82947, 82948</td>
</tr>
<tr>
<td>Hematologist/Oncologist</td>
<td>85025, 85027, 85032, 85041, 85044, 85045, 85046, 85048, 85097</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>87205, 87210, 87220</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>81025, 87210, 87220</td>
</tr>
<tr>
<td>Reproductive Endocrinologist</td>
<td>82670, 83001, 83002, 84144, 84702, 89300, 89310, 89320, 89329, 89330</td>
</tr>
<tr>
<td>Rheumatologist</td>
<td>83872, 85025, 85027, 85651, 85652, 89060</td>
</tr>
<tr>
<td>Urologist</td>
<td>87086, 87088, 89300, 89320</td>
</tr>
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Horizon Blue Cross Blue Shield of New Jersey must certify laboratory services that cannot be provided by Laboratory Corporation of America® Holdings (LabCorp). LabCorp’s complete test menu is available on their website. Visit LabCorp.com and click Test Menu.

Horizon BCBSNJ reminds you that LabCorp is the only in-network clinical laboratory services provider for your Horizon BCBSNJ managed care patients (i.e., members enrolled in Horizon HMO, Horizon EPO, Horizon Direct Access, Horizon POS or Horizon Medicare Advantage plans) and a preferred provider of clinical laboratory services for your Horizon PPO and Indemnity patients. Members enrolled in Horizon PPO and Indemnity plans may also use our other participating clinical laboratories or hospital outpatient laboratories at network hospitals.
Three of our network hospitals recognized as “top hospitals” by The Leapfrog Group

The Leapfrog Group, a national initiative driven by organizations that purchase health care benefits and work to improve the safety, quality and affordability of health care for all Americans, announced its annual list of “top hospitals” on December 4, 2012.

We are proud to announce that three Horizon Blue Cross Blue Shield of New Jersey network hospitals were selected as 2012 “top hospitals”: Hackensack University Medical Center, Robert Wood Johnson University Hospital and The Valley Hospital.

This is the third consecutive year that Hackensack University Medical Center achieved this honor, the second consecutive year for The Valley Hospital and the third time Robert Wood Johnson University Hospital has been designated a “top hospital” by The Leapfrog Group. Hospitals from the Horizon BCBSNJ network have been included on this prestigious list every year since 2006.

Horizon BCBSNJ congratulates Hackensack University Medical Center, Robert Wood Johnson University Hospital and The Valley Hospital for their exceptional accomplishment and for demonstrating that the delivery of high-quality care, coupled with high levels of efficiency, is obtainable by a hospital.

We also commend our network hospitals that participated in the 2012 Leapfrog Hospital Survey for their ongoing efforts to improve their patient safety and efficiency practices.

For more information about The Leapfrog Group and the 2012 Leapfrog Hospital Survey, visit LeapfrogGroup.org.

<table>
<thead>
<tr>
<th>2012 Horizon BCBSNJ New Jersey Network Hospitals Survey Participants</th>
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</thead>
<tbody>
<tr>
<td>Bayonne Medical Center</td>
</tr>
<tr>
<td>Cape Regional Medical Center</td>
</tr>
<tr>
<td>Christ Hospital</td>
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<tr>
<td>Clara Maass Medical Center</td>
</tr>
<tr>
<td>Community Medical Center</td>
</tr>
<tr>
<td>Cooper University Hospital</td>
</tr>
<tr>
<td>Deborah Heart and Lung Center</td>
</tr>
<tr>
<td>East Orange General Hospital</td>
</tr>
<tr>
<td>Englewood Hospital and Medical Center</td>
</tr>
<tr>
<td>Hackensack University Medical Center</td>
</tr>
<tr>
<td>Hackensack UMC Mountainside</td>
</tr>
<tr>
<td>Hackettstown Regional Medical Center</td>
</tr>
<tr>
<td>Hoboken University Medical Center</td>
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<tr>
<td>Holy Name Medical Center</td>
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<tr>
<td>Hunterdon Medical Center</td>
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<tr>
<td>JFK Medical Center</td>
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<tr>
<td>Kimball Medical Center</td>
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<tr>
<td>Jersey City Medical Center</td>
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<tr>
<td>Lourdes Medical Center of Burlington County</td>
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</tbody>
</table>
2013 annual HEDIS medical record collection efforts underway

One of the ways that Horizon Blue Cross Blue Shield of New Jersey works to improve the quality of care provided to our members is through our participation in the National Committee for Quality Assurance’s (NCQA) annual Healthcare Effectiveness Data and Information Set (HEDIS®).

HEDIS is a set of standardized measures designed to help ensure that purchasers and consumers of health care products and services have the information they need to reliably compare the performance of managed health care plans.

Beginning January 2013 and continuing through May 2013, representatives from Horizon BCBSNJ’s Quality Improvement Department may call your office as part of our HEDIS data collection and reporting efforts.

We will contact randomly selected physician offices to request copies of patient medical record information to help supplement claims data collected about services provided to members for the following HEDIS measures:

- Adult body mass index (BMI).
- Blood pressure levels for members who are diagnosed with hypertension.
- Colorectal cancer screenings.
- Childhood immunizations.
- Cholesterol levels for members who have cardiovascular conditions.
- Eye exams, HbA1c, nephropathy screening, LDL and blood pressure measurements for members who are diagnosed with diabetes.
- Prenatal and postpartum care.

For more information about HEDIS and HEDIS measures specific to behavioral health, please see the article on page 24 of this issue of Blue Review. We will focus on other specific HEDIS measures in future issues. You can also visit, [www.ncqa.org](http://www.ncqa.org) for information about HEDIS and/or NCQA.

Please note that according to the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule [45 CFR 160, 164], amended on August 14, 2002, physicians can disclose Protected Health Information (PHI) for health plans’ quality activities. Physicians are permitted to disclose PHI to health plans for HEDIS data collection without authorization from the member due to the relationship between the physician, health plan and member (45 CFR 164.506[c][4]).

We thank you in advance for your cooperation and help in our data collection activities.
Update on our transition to Prime Therapeutics for pharmacy benefits management

Horizon Blue Cross Blue Shield of New Jersey is transitioning its commercial (non-Medicare) membership pharmacy benefits management (PBM) contract to Prime Therapeutics LLC (Prime) from CVS Caremark effective July 1, 2013. Horizon BCBSNJ moved the Prime implementation date from April 1, 2013 to July 1, 2013 to ensure a smooth transition for our members.

Our new relationship with Prime will offer an integrated approach to medical and prescription benefits and improve the quality of care and service for our members.

Horizon BCBSNJ is making every effort to minimize disruption to our members, your patients, who will experience this change.

What will stay the same on July 1, 2013?
• Classic and Advantage Formularies.
• Existing benefit designs.
• Mail refills – automatically transferred (except compounds and controlled substances).
• Prior Authorizations – automatically transferred.
• Specialty pharmacy network.

What will change on July 1, 2013?
• PrimeMail will replace CVS Caremark’s mail service.
• New member ID cards will include the Prime logo on the back.
• New prescriptions will be required for compounds and controlled substances.
• Pharmacy customer service phone numbers.

Horizon BCBSNJ will continue to keep you updated on the transition in future issues of Blue Review and via HorizonBlue.com/Providers.

Prime Therapeutics LLC, headquartered in Eagan, Minnesota, has been in business for 25 years. Prime was started by Blue Cross Blue Shield (BCBS) for BCBS plans, and is currently privately owned by 13 BCBS plans. Prime serves 19 BCBS plans with more than 20 million pharmacy customers and 172,000 employer groups. The Prime Retail network includes 63,000 pharmacies across the country.
Effective January 1, 2013, 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 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 have questions, please call our Dedicated BlueCard Unit at 1-888-455-4585.
Treating out-of-state MA PPO members

Horizon Blue Cross Blue Shield of New Jersey recently communicated information to you about a new Medicare Advantage plan, Horizon Medicare Blue Group (PPO), that we are offering to group employers beginning January 1, 2013.

Horizon Medicare Blue Group (PPO), like all other Horizon BCBSNJ Medicare Advantage (MA) plans, uses the Horizon Managed Care Network. Physicians, other health care professionals, facilities and ancillary providers that participate in our managed care network are considered in-network for members enrolled in the Horizon Medicare Blue Group (PPO) plan.

We would like to remind you that, in addition to seeing Horizon Medicare Blue Group (PPO) members, you may also see members enrolled through other Blue Cross and/or Blue Shield MA PPO plans who reside or travel in our service area. Those members who are enrolled in other Blue Plans’ MA PPO products, but reside or travel in our local service area, will have access to their in-network benefits when they use physicians, other health care professionals, facilities and ancillary providers that participate in the Horizon Managed Care Network. These members will be extended the same contractual access to care. Services provided to these members will be reimbursed at our negotiated rates.

**UAW Retiree Medical Benefits Trust**

Beginning January 1, 2013, New Jersey physicians, other health care professionals, facilities and ancillary providers may see patients who are enrolled in the employer group plan United Auto Workers (UAW) Retiree Medical Benefits Trust and are New Jersey residents. These members are enrolled in Medicare Plus Blue Group PPOSM, a Medicare Advantage PPO (MA PPO) plan offered through Blue Cross Blue Shield of Michigan (BCBSM).

Patients enrolled in the UAW Retiree Medical Benefits Trust MA PPO have, like all patients enrolled in MA PPO plans, both Medicare Part A and Part B benefits, as well as additional benefits such as hearing, routine vision exams and the SilverSneakers® Fitness Program. When receiving services in New Jersey, MA PPO members will have:

- In-network benefits when they see physicians, other health care professionals, facilities and ancillary providers that participate in the Horizon Managed Care Network.
- Out-of-network benefits when they see physicians, other health care professionals, facilities and ancillary providers that participate only in our Horizon PPO Network.

**Please note:** Horizon PPO Network physicians or other health care professionals who have opted out or are excluded from Medicare are not eligible to receive reimbursement for services rendered to a Medicare Advantage member.

**Identifying MA PPO members**

You’ll recognize MA PPO members by the MA-in-a-suitcase logo on their ID cards.

UAW Retiree Medical Benefits Trust MA PPO members can be identified by an XYL prefix on their ID cards. The prefix is critical for verifying benefits and eligibility and for submitting claims.

The member ID card will also include any precertification/preauthorization contact information.
Benefits and Eligibility

There are two ways you can verify benefits and eligibility for a member enrolled in another Blue Cross and/or Blue Shield MA PPO plan. You can either:

1. Log in to NaviNet.net, access the Horizon BCBSNJ Plan Central page and:
   - Mouse over Eligibility & Benefits and click Eligibility & Benefits Inquiry.
   - Within the Eligibility & Benefits tool, select the radio button adjacent to the option for an Out Of Area BlueExchange\textsuperscript®/FEP inquiry.

2. Call the BlueCard\textsuperscript® Eligibility Line at 1-800-676-BLUE (2583). Be sure to provide the member's alpha prefix as it appears on his/her ID card.

The information obtained regarding member eligibility is not a guarantee or a promise of reimbursement. Reimbursement determination only occurs after a claim is processed according to the member’s benefits.

Precertification & Preauthorization requirements

Precertification/preauthorization may be required by the Blue Cross and/or Blue Shield plan through which the MA PPO member is enrolled. Guidelines and requirements may be obtained during the verification of benefits and eligibility.

For example, BCBSM requires that precertification/preauthorization is obtained for UAW Retiree Medical Benefits Trust MA PPO members for the following services:

- Outpatient advanced diagnostic services (including computed tomography, magnetic resonance imaging, nuclear cardiology, positron emission tomography, stress echocardiography, resting transesophageal echocardiography and transthoracic echocardiography).
- Partial hospitalization behavioral health admissions.
- Skilled nursing facility admissions.

For UAW Retiree Medical Benefits Trust MA PPO members, AIM Specialty Health\textsuperscriptSM provides radiology utilization management services. This information is listed on the member’s ID card.

Please note: The list above may not be a complete list of services that require precertification/preauthorization. All such benefit requirements should be validated during the verification of benefits and eligibility.

MA PPO members enrolled in other Blue Cross and/or Blue Shield plans who obtain services in New Jersey are ultimately responsible for obtaining precertification/preauthorization, when required. However, we strongly encourage Horizon BCBSNJ participating physicians, other health care professionals and facilities to obtain precertification/preauthorization on behalf of an MA PPO member enrolled in other Blue Cross and/or Blue Shield plans to help expedite the claim adjudication process.

Claims

Claims for MA PPO members enrolled in other Blue Cross and/or Blue Shield plans should be submitted to Horizon BCBSNJ, just as you would any other BlueCard\textsuperscript® claim. We will work with the other Blue Plans to adjudicate and finalize the claim according to the member's benefits and eligibility and issue reimbursement to you.

If you have questions, please call Physician Services at 1-800-624-1110 or the Centralized Service Center at 1-888-666-2555, Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time.
Understanding HEDIS behavioral health measures

Designed by the National Committee for Quality Assurance (NCQA), the Healthcare Effectiveness Data and Information Set (HEDIS®) is a collection of 75 measures consisting of various evidence-based clinical guidelines for care and services rendered to health plan members. HEDIS measures are determined through expert panels and clinical practice guidelines. HEDIS measures span across many areas of medical and behavioral health and are used by more than 90 percent of America’s health plans to measure performance on critical dimensions of care and service. Four HEDIS measures specific to behavioral health include:

- **AMM**: Antidepressant medication management.
- **ADD**: Follow-up care for children prescribed medication for Attention Deficit Hyperactivity Disorder (ADHD).
- **FUH**: Follow-up after hospitalization for mental illness.
- **IET**: Initiation and engagement of alcohol and other drug dependence treatment.

ADD and AMM are linked to medications; IET and FUH are directly linked to inpatient and outpatient treatment.

The following table contains additional information on these four measures.

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>Intervention/How measure is scored</th>
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</table>
| ADD follow-up care for children prescribed ADHD medication | **Initiation**: One visit to the prescriber within 30 days of the initial prescription.  
**Continuation**: Two or more visits to any health care professional within nine months after the end of the initiation period (one visit can be by phone). |
| Antidepressant Medication Management (AMM)          | **Acute Phase**: Newly diagnosed and treated patients remain on antidepressant medication for at least 84 days (12 weeks).  
**Continuation and Maintenance Phase**: Newly diagnosed and treated patients remain on antidepressant medication for at least 180 days (six months). |
| Initiation and Engagement in Treatment for Alcohol and Other Drug Dependence (IET AOD) | **Initiation**: Patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis.  
**Engagement**: Patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit. |
| Follow-up After Hospitalization (FUH) for mental illness | Patients age 6 years and older discharged from mental health hospitalization should have community-based mental health follow-up appointments (outpatient, intensive outpatient, partial hospitalization) within seven days of discharge and again within 30 days of discharge. |
Horizon BCBSNJ encourages you to uphold the high quality care required by HEDIS.

Here are ways you can support HEDIS efforts:

- Diligently adhere to the HEDIS measures outlined on the previous page. While such measures apply to behaviorial health/substance abuse, they do involve medical components. Therefore, it is important for both medical and behavioral health care professionals to comply with these measures.
- Review the materials provided from Magellan Behavioral Health on HEDIS measures and distribute to patients, as relevant.
- Assure that patients are treated appropriately within the intervention guidelines noted above.

Thank you for joining us in our efforts to achieve the best possible HEDIS results to better serve our members, your patients and their families.

Source: Magellan Behavioral Health.

**Member ID cards are now available online**

We are making it even easier for you to do business with us. Now you can access an online version of your patients’ Horizon BCBSNJ ID card through NaviNet®.

This enhancement to the *Eligibility & Benefit Inquiry* allows you to review and print an image of your patient’s Horizon BCBSNJ ID card as a temporary proof of coverage in the event that their official ID card is misplaced.

To access member ID cards online, log in to NaviNet.net and:

- Mouse over *Eligibility & Benefits* and select *Eligibility & Benefits Inquiry*.
- Type in the subscriber ID and click *Search* on the bottom left.
- Under the *Member ID Card* column, click *View* next to the name of the member whose ID card you would like to see.
- You will be prompted to either save a copy or print the ID card.

Making it easier for you to access your Horizon BCBSNJ patients’ information is an important way we are *Making Healthcare Work* for you.
Horizon Blue Cross Blue Shield of New Jersey values your participation in our networks and the quality care you provide to your patients, our members.

In an effort to realign our network initiatives with the current insurance marketplace, we combined our physician incentive programs, the Pediatric Incentive Plan and the Physician Recognition Program, into the Blue Physician Recognition designation, effective January 17, 2013.

**Pediatric Incentive Plan (PIP)**

For our pediatric practices, PIP was intended to enhance the quality of services provided to members who designate a personal pediatrician in our HMO and POS products and was based on quality goals and savings generated by efficient utilization.

The incentive payment for 2012 will be issued to eligible pediatric practices in the second quarter of 2015. This will be the final PIP program payment.

**Physician Recognition Program (PRP)**

Since 2005, eligible pediatricians and physicians in other high-volume specialties participated in the PRP. The PRP included both capitated and fee-for-service patients from nearly all of our product lines. Based on a practice’s performance, physicians who demonstrated the highest scores received special financial and non-financial recognition.

Recognition for 2012 will be issued to eligible physicians in the first quarter of 2015.

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Blue Physician Recognition (BPR)

Eligible practices for the BPR designation will be recognized in 2014 based on 2013 claim and administrative data. The BPR designation will include, but is not limited to, the following changes:

- The criteria will be the Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures and pharmacy dispensing behavior. Cost effectiveness will no longer be included in the criteria.

- Patient rosters will be provided to the eligible specialties in the beginning of the year to help physicians proactively monitor patient care.

- The following 12 specialties will receive non-financial recognition for the top 25 percent who meet quality and pharmacy measures in the Horizon BCBSNJ online Provider Directory (HorizonBlue.com/Directory) as well as the Blue Cross and Blue Shield Association’s National Doctor & Hospital Finder (BCBSA.com):
  - Cardiology.
  - Nephrology.
  - Endocrinology.
  - Obstetrics/Gynecology.
  - Family Practice.
  - Orthopedic Surgery.
  - Gastroenterology.
  - Otolaryngology.
  - General Surgery.
  - Pediatrics.
  - Internal Medicine.
  - Urology.

- The following six specialties will receive financial recognition for the top 15 percent who meet quality and pharmacy measures:
  - Cardiology.
  - Internal Medicine.
  - Endocrinology.
  - Obstetrics/Gynecology.
  - Family Practice.
  - Pediatrics.

Please note: Practices that participate in other Horizon BCBSNJ non-standard reimbursement arrangements are not eligible for financial recognition through the BPR designation. This includes practices that participate in Horizon BCBSNJ’s Patient-Centered Medical Home (PCMH) program.

For more information about BPR designation, log in to NaviNet.net, access Horizon BCBSNJ within the Plan Central dropdown menu and:

- Mouse over References and Resources.
- Click Provider Reference Materials.
- Select Reimbursement and Billing.
- Click Blue Physician Recognition.

We look forward to working with you on this program and welcome your feedback. If you have questions, please call your Network Specialist.
Reminder about our Credentialing and Recredentialing Policy for Participating Physicians and Health Care Professionals

Last year, Horizon Blue Cross Blue Shield of New Jersey mailed notices to advise that, effective July 1, 2012, we aligned our PPO credentialing and recredentialing policy with our managed care credentialing and recredentialing policy.

Having a single Credentialing and Recredentialing Policy for Participating Physicians and Health Care Professionals helps us to ensure that our members have access to quality health care professionals, and simplifies our credentialing and recredentialing process for our PPO and managed care networks. The aligned policy impacts the standards of participation for our Horizon PPO Network, but does not change the standards of participation for our Horizon Managed Care Network.

Our aligned policy requires participating Horizon PPO Network physicians and other health care professionals to:

- Obtain and maintain board certification in their specialty.
- Establish and maintain active, unrestricted hospital privileges (where applicable to their specialty) at a participating Horizon BCBSNJ hospital, or BlueCard® hospital for those practicing in the contiguous counties of Pennsylvania, Delaware and New York.

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

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

We strongly encourage you to carefully review the Credentialing and Recredentialing Policy for Participating Physicians and Health Care Professionals for details and exceptions to the above-noted requirements, including, but not limited to the following:

Physicians and other health care professionals who are not board certified

Physicians and other health care professionals who are not board certified (including board-eligible physicians and other health care professionals) who were credentialed into our Horizon PPO Network under the guidelines of our previous policy are considered “grandfathered in” to this network. That means they are not required to obtain board certification to continue participating in this network (assuming all other recredentialing standards are met).

If the participation status of any “grandfathered” physicians or other health care professionals is terminated (voluntarily or involuntarily), all applicable standards for participation as outlined in the Credentialing and Recredentialing Policy for Participating Physicians and Health Care Professionals will apply to those seeking to rejoin our networks.

Physicians and other health care professionals who are board eligible

The board certification requirement is considered met for initial credentialing if a physician or other health care professional is eligible to sit for board certification and is within five years of the completion of his/her formal training.

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Admitting privileges to a participating hospital

The physicians and other health care professionals listed below are not required to obtain admitting privileges at a participating Horizon BCBSNJ hospital or BlueCard hospital.

- Allergists.
- Dermatologists.
- Ophthalmologists.
- Podiatrists.
- Physiatrists.
- Hospital-based Pathologists, Anesthesiologists, Radiologists and Emergency Medicine Physicians.
- Non-MD and non-DO health care practitioners. (Nurse Midwives, Nurse Practitioners and Physician Assistants must have a completed Statement of Collaboration on file.)
- Physicians with a completed Continuity of Care Coverage Agreement on file.

Please note: Anesthesiologists and Pain Management Physicians using free-standing Ambulatory Surgical Centers (ASCs) must obtain privileges with at least one Horizon BCBSNJ network ASC.

Additional practice affiliations of hospital-based physicians and other health care professionals

Network hospital-based physicians and other health care professionals who do not maintain private practices and who are routinely assigned to care for patients without being selected by members, are not subject to this policy. If these physicians and other health care professionals also maintain solo practices, work in a group practice, or perform services at an outpatient ASC, they must apply for credentialing and recredentialing in accordance with this policy to participate in those settings.

ValueOptions® Inc. awarded behavioral health services management contract effective 2014

As part of Horizon Blue Cross Blue Shield of New Jersey’s strategy to provide our customers with access to effective and safe care, we recently concluded a rigorous five-month Request for Proposal (RFP) and evaluation process to determine the future direction of our behavioral health services program. As a result of the evaluation, Horizon BCBSNJ has decided to transition its behavioral health services management contract from our current vendor, Magellan Behavioral Health, Inc., to ValueOptions Inc.

To learn more, visit HorizonBlue.com and:

- Click About Us in the upper, right-hand corner.
- Mouse over News.
- Click Company News.
Coordinating care generates positive outcomes

Coordination of patient care between you and other health care professionals promotes safe and effective treatment through collaboration, and will help to achieve more effective, long-lasting outcomes overall. Horizon Blue Cross Blue Shield of New Jersey asks for your help in coordinating patients’ care to maximize quality treatment and positive results, especially when your patient has a behavioral health or substance abuse condition. At the onset of such collaboration, please obtain signed permission from the patient to coordinate care before contacting other health care professionals.

While we cannot emphasize enough the importance of collaborative care, we understand the daily challenges of running a busy practice. That is why we have reached out to health care professionals to evaluate the barriers to coordination.

Listed below are the top three provider-reported obstructions to coordination of care and ideas on addressing these obstructions:

1. **I have no time.** Health care professionals report not having time to share information and, as a consequence, do not attempt to coordinate care at all. They also report that other health care professionals are too busy to have live conversations.

   **Solution:** To overcome this barrier, the solution is to prepare a *limited disclosure* and *inquiry* consisting of: (a) what you are treating and (b) what method you are using (e.g., medication, weekly individual therapy sessions, etc.). When asking for information from other health care professionals, you also can limit your requests to those elements. A one-page form that covers these points is sufficient.

2. **Someone else is addressing the issue.** Health care professionals report that they thought someone else had already “taken care of this.”

   **Solution:** To ensure coordination occurs, it is best to assume: “If I don’t do it, it will not happen.” You are in the best position to discuss your patient’s condition and advocate the best care possible. Further, firsthand accounts tend to be better than secondhand information.

3. **My patient keeps me informed.** Relying solely on a patient to self-report his or her medications and present treatments can yield incomplete or filtered information.

   **Solution:** Primary source information (from the health care professional) is often more accurate and thorough. Unidentified treatments or medication use not revealed by the patient can impact your level of success. It is important for all health care professionals to know what is being treated, by what method, and by whom. It is equally important to identify what conditions or symptoms are not being treated.

Providing care in isolation, and not having the complete patient picture, can have negative impacts on treatment viability. As such, we have listed the top three consequences of not coordinating care below.

1. **An incomplete history.** As mentioned above, relying solely on the patient to self-report his or her medications and present treatments can yield incomplete or filtered information. Again, primary source information (from the health care professional) is often more accurate and thorough.

(continues on next page)
2. **Unknown treatments can impact the level of success.** If you are unaware of other treatments your patient is receiving, you cannot address other key influences on his or her symptoms. Adverse interactions to medications or treatment incompatibilities could result if proper planning between you and the other practitioners involved in the patient’s care does not occur. If coordinated among all health care professionals, treatment options could be combined in a comprehensive overall treatment plan that works to address all the needs of the patient.

3. **The illusion of working alone.** You are not alone. Lack of coordination could negatively influence your patient’s other treatments. You can have the support from other health care professionals and could benefit from the additional patient knowledge and expertise of your colleagues. Don’t miss the opportunity to collaboratively work toward the goals you and your patient want to achieve.

Thank you for your dedication and for joining Horizon BCBSNJ in our effort to better coordinate patient care to facilitate positive outcomes and improved patient safety.

Information provided by Magellan Behavioral Health.
Since 2011, we’ve been communicating our development of the online Treatment Cost Estimator (TCE). This was previously referred to as the National Consumer Cost Tool (NCCT). The TCE provides members with a secure, interactive online environment where they can evaluate cost-related information and become better informed about the estimated costs of future procedures. The TCE was developed in conjunction with the Blue Cross and Blue Shield Association (BCBSA) and other Blue Cross and/or Blue Shield Plans.

We are pleased to announce that as of January 2013, access to estimated Horizon BCBSNJ network cost information for a variety of common inpatient and outpatient services is now available to members enrolled in Horizon BCBSNJ managed care plans through our secure Member Online Services site.

Initially, access to the information on the TCE estimated Horizon BCBSNJ network cost information for a variety of common inpatient and outpatient services was only available to BlueCard® PPO members enrolled in other Blue Cross and/or Blue Shield Plans through secure links on their enrolled plans’ websites and to Federal Employee Program (FEP®) members, including those enrolled through Horizon BCBSNJ, through the FEP’s website. In July 2012, access to this information was expanded to include members enrolled in Horizon BCBSNJ PPO plans through our secure Member Online Services site.

Within the TCE, users select a specific treatment category within a ZIP code to display average estimated allowance ranges for selected 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 provided as part of a specific treatment category episode. Cost information is based on 12 months of claims data provided by each Blue Cross and/or Blue Shield Plan.

Out-of-pocket cost estimator

Also in January 2013, members enrolled in certain National Account employer groups have access to an out-of-pocket cost estimator functionality on the TCE.

The out-of-pocket cost estimator function will account for individual deductible and coinsurance amounts already incurred when providing estimated cost information. However, Horizon BCBSNJ will still determine the member’s actual out-of-pocket costs based upon claims submissions prior to the date of service and communicated on the Explanation of Benefits.

Members enrolled in one of the National Account employer groups listed below have access to the out-of-pocket cost estimator function. We will keep you advised of additional accounts that may adopt this functionality later in the year.

- Honeywell.
- Horizon BCBSNJ employees.
- Ingersoll Rand.

Throughout 2013, we will continue to communicate enhancements to the Treatment Cost Estimator to comply with federal health care reform law and BCBSA requirements.

If you have questions, please contact your Network Specialist, Hospital Relations Representative or Ancillary Contracting Specialist.
At your service

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>
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<tr>
<td>JGA, JGB, JGC, JGD, JGE, JGF, JGH, JGI, JGJ, JGL, JGM, YHB, YHC, YHI, YHK, YHL, YHQ, YHS, YHT, YHU, YHV, YHY, YK, YKM, YXK, YXK, YKF, YKR and other Horizon PPO, Indemnity, Direct Access and Medicare Advantage 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>For Facilities: ATT, DEH, DMM, DTP, FMA, FMR, JGA, JGB, JGD, JGE, JGG, JGH, NCH, NGM, NJP, NXY, YHB, YHC, YHI, YHK, YHM, YHN, YHR, YHS, YHT, YHU, YHV, YHY, YXK, YXK, YKF, YKR and 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>
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<tr>
<td>R, 8-digits with the PPO or Basic logo Federal Employee Program</td>
<td>1-800-624-5078</td>
<td>PO Box 856 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, YHM, 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>AHX, AWW, BB, DBN, IRA, NVP, NVF, PFZ, WJE 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>
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<tr>
<td>MKV, MKY, MKW, 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>
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<td>JGK, JGN, JGO, HSE, NFW, NJX, SNJ, YHD, YHG, YHM, YHN, YHR, YHY, YHY and other HMO, EPO, POS and NJ State Health Benefits Program (SHBP) and School Employees’ Health Benefits Program (SEHBP) 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>
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<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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<td>DEH, DMM, DTP, NGM General Motors/Delphi Auto</td>
<td>1-800-656-9336</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 639 Newark, NJ 07101-0639</td>
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<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>Addresses vary according to product. Please review the behavioral health information on your patient’s ID card.</td>
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<tr>
<td>Magellan Behavioral Health®</td>
<td>1-800-626-2212</td>
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<td>Chronic Care Program</td>
<td>1-888-333-9617</td>
<td>3 Penn Plaza East, PP-13X Newark, NJ 07105-2200</td>
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<td>Pre-existing Medical Documentation</td>
<td></td>
<td>PO Box 1740 Newark, NJ 07101-1740</td>
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<td>Claim Policy Clinical Appeals</td>
<td></td>
<td>PO Box 220 Newark, NJ 07101-9020</td>
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<td>Claim Policy Code Edit Inquiries</td>
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<td>PO Box 881 Newark, NJ 07101-0881</td>
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<td>Claim Policy Clinical Predetermination for PPO and Indemnity Products</td>
<td></td>
<td>PO Box 220 Newark, NJ 07101-9020</td>
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Please do not send medical documentation with your claim if it has not been requested.

* Corrected claim submissions that are mailed, 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.

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Newark, NJ 07101-0420

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