

# Horizon Casualty Services, Inc.



**Participating Physicians  
and Other Health Care  
Professionals Office Manual**

 Horizon<sup>®</sup>



Horizon Blue Cross Blue Shield of New Jersey

[HorizonCasualty.com](http://HorizonCasualty.com)

# Table of Contents

<b>Introduction</b> .....	2	<b>Medical Bill Payment Process</b> .....	18
<b>Quick Reference Guide</b> .....	3	• Medical Bill Submission Process .....	18
• Evaluating Workers' Compensation Claimants .....	3	• Medical Bill Reimbursement Guidelines .....	18
• Referring Patients for Care .....	3	• Payment for Covered Services .....	19
• Precertification .....	3	• Refunds of Overpayments .....	19
• Patient Treatment Forms .....	3	<b>Network Relations Department</b> .....	20
<b>Company Overview</b> .....	4	<b>Complaints, Appeals and Arbitrations</b> .....	21
• Outcomes-Focused Network .....	4	• Definitions .....	21
• Appointment Scheduling .....	4	• Customer Service Complaint Process .....	21
• How the Managed Workers' Compensation Program Works .....	4	• Clinical Quality Complaint Process .....	21
• Claim Management Process .....	4	• Medical Appeal Standards .....	21
• How the PIP Program Works .....	5	• Medical Bill Payment Appeal Process – Workers' Compensation .....	21
• Client Listing .....	5	• Medical Treatment Appeal Process – Workers' Compensation .....	22
<b>Workers' Compensation Law</b> .....	6	• Personal Injury Protection (PIP) .....	
• Benefits .....	6	• Arbitrations .....	22
• Disability and Compensability .....	6	<b>Confidentiality of Personal Information</b> .....	23
<b>Personal Injury Protection (PIP) Law</b> .....	7	• Protecting Health Information .....	23
• Benefits .....	7	<b>Physician and Other Health Care Professional Responsibilities</b> .....	24
• Treatment .....	7	• Credentialing and Recredentialing .....	24
<b>Fraud Detection and Control</b> .....	8	• License, Certification or Registration .....	24
<b>Relationships</b> .....	9	• Medical Records .....	24
<b>Identification</b> .....	10	• Notifications .....	24
• Claimant Identification Numbers .....	10	• Clinical Quality Improvement Committee .....	25
• Identification Cards .....	10	• Terminations .....	25
• Emergencies .....	10	• Statement of Nondiscrimination .....	25
<b>Patient Care Policies</b> .....	11	<b>Legal Information</b> .....	26
• Timely and Appropriate Care .....	11		
• HCS In-Network Referrals .....	11		
• Role of the Initial Treating Physician .....	11		
• Role of the Specialist .....	12		
• Ancillary Services .....	12		
• Role of the Physical/ Occupational Therapist .....	13		
• Return to Work is Our Focus .....	13		
• Patient Treatment Forms .....	14		
• Non-covered Injuries and Illnesses .....	14		
• Effective Documentation .....	15		
• Definitions .....	15		
• Instructions .....	15		
• Workers' Compensation Precertification .....	16		
• PIP Precertification .....	16		
• Hospital Admissions .....	17		

# Introduction

Welcome to Horizon Casualty Services, Inc.'s exclusive network of physicians, hospitals and other health care professionals.

The policies and procedures contained in this manual provide information concerning your responsibilities as a participating physician or other health care professional.

HCS network participants are selected based on their training, commitment and experience in workers' compensation and personal injury protection (PIP) medical care treatment and management.

## The HCS network includes:

- Initial treating physicians
- Specialists
- Hospitals
- Physical therapy centers
- Ambulatory surgical centers (ASCs)
- Diagnostic centers
- Sub-acute and skilled nursing facilities
- Home care providers
- Durable medical equipment (DME) providers
- Pharmacies
- Laboratory services providers
- Other services and health care professionals

Initial treating physicians (initial treaters) function as *Care Coordinator Physicians* as defined in New Jersey workers' compensation managed care organization regulations. Initial treaters have a key role in the HCS program because they coordinate the medical care that patients receive. In most cases, initial treaters specialize in family practice, internal medicine or occupational medicine.

HCS participating physicians and other health care professionals have agreed to follow HCS guidelines and policies. This manual does not modify the terms of your Participation Agreement with HCS. In the event of any conflict between your Agreement and the information contained in this manual, the terms of your Agreement will prevail.

Information in this manual is current as of the date it is issued. This manual replaces all other manuals previously published by HCS. Updates will be available online at **HorizonCasualty.com/news**.

This manual is available online at

**HorizonCasualty.com/resources**. If you have suggestions on how we can improve this manual, please call our Network Relations Manager at **1-800-985-7777, x87158**. You may also write to us at:

**Horizon Casualty Services, Inc.  
Attn: Network Relations Manager  
PO Box 10175  
Newark, NJ 07101-3175**

If you have questions concerning any aspect of your participation in the HCS network, please call us at **1-800-985-7777, prompt 7**.

# Quick Reference Guide

**Phone:** 1-800-985-7777  
**Address:** Horizon Casualty Services, Inc.  
PO Box 10175  
Newark, NJ 07101-3175  
**Website:** [HorizonCasualty.com](http://HorizonCasualty.com)

## Evaluating Workers' Compensation Claimants

The costs associated with lost work time incurred by workers' compensation claimants are significant. Therefore, we ask that you see injured workers the same day of injury, if possible, and without an appointment, if necessary. Modified duty may be available and appropriate. Please refer to the *Return to Work* section of this manual for more information.

## Referring Patients for Care

Patients being treated under workers' compensation benefits must be referred to HCS network hospitals, physicians and other health care professionals for work-related injuries and illnesses.

Patients being treated under personal injury protection (PIP) coverage are entitled to seek medical treatment from the physicians and health care professionals they choose. However, these patients should be encouraged to use HCS participating physicians and health care professionals. HCS network participants have expertise in the treatment of musculoskeletal injuries and focus on optimal outcomes at the lowest cost.

For a listing of network participants, please visit [HorizonCasualty.com](http://HorizonCasualty.com) and select *HCS Network Directory*.

## Precertification

Precertification is required for certain services, including all surgical procedures and hospital admissions. Physicians are required to precertify such procedures with the case manager. For more information on precertification requirements, please refer to the *Precertification* section of this manual, or call HCS at **1-800-985-7777**.

## Patient Treatment Forms

HCS uses the following forms for communications and medical bill payment:

- Workers' Compensation Patient Treatment Plan Form
- Workers' Compensation Physical Demands Analysis Form
- Weekly Physical/Occupational Therapy Plan Form
- Progress & Treatment Status Psychologist/Psychiatrist Report Form

To access these forms, please visit [HorizonCasualty.com/resources](http://HorizonCasualty.com/resources).

# Company Overview

HCS is a subsidiary of Horizon Blue Cross Blue Shield of New Jersey. It is an approved New Jersey Workers' Compensation Managed Care Organization and provides a full range of Personal Injury Protection Services (PIP) for automobile insurers.

Workers' compensation benefits cover work-related injuries and illnesses. Personal injury protection (PIP) benefits cover injuries sustained in automobile accidents.

Workers' compensation insurers, self-insured employers and automobile insurers and their claimants can benefit significantly by using HCS. HCS provides an array of administrative, medical network and medical management services to achieve optimal medical and return-to-work outcomes. HCS helps claimants to return to work, and helps contain workers' compensation and PIP costs.

## Outcomes-Focused Network

HCS has a longstanding focus on medical care excellence. Its medical network is comprised of physicians who are focused on the treatment of injuries sustained on the job and in automobile accidents.

As medical costs continue to rise, HCS and its clients are focused more than ever on achieving optimal clinical outcomes at the lowest cost.

As a market leader with significant market share in workers' compensation and PIP, HCS is well positioned to create innovative approaches to reducing cost while improving medical outcomes.

Accordingly, HCS has launched its Outcomes-Focused Network (OFN) program. This program includes the following components:

- Initial Treater Episode of Care
- Pain Management Medical Home
- Surgical Episode of Care:
  - Knee
  - Shoulder
  - Spine

The common goals of each component of the OFN program include:

- Consistent outcomes
- Conservative treatment
- Prompt return to work
- Avoidance/Appropriate use of opioids

- Patient and provider engagement
- 100 percent in-network care
- Cost efficiency

If you have any questions about the OFN program, please call HCS at **1-800-985-7777**.

## Appointment Scheduling

Appointment Scheduling is an administrative program designed to start injured workers on the path to successful recovery. The HCS Scheduler coordinates timely appointments with network providers for the injured worker. Appointments are scheduled based on the network provider's specialty, availability and geographic proximity to the injured worker.

HCS' appointment scheduling program promotes faster access to medical care, in-network utilization, and achieving optimal outcomes for the injured worker.

## How the Managed Workers' Compensation Program Works

Workers' compensation covers employees with work-related injuries or illnesses. Employees are required to notify their supervisors of any work-related injury or illness. The employer or its insurance company will refer the employee to a HCS participating physician for diagnosis and treatment.

## Claim Management Process

Here is an overview of how the claim management process works:

- The employer notifies HCS or the insurance company of a worker's injury.
- HCS or the insurance company assigns a case manager to the claim.
- The case manager contacts your office to schedule an office visit for the diagnosis and treatment of the injured worker.
- Within one day of the office visit, HCS requires that you fax a patient treatment plan to the injured worker's case manager. The treatment plan must include the patient's work status. HCS treatment plan forms are available online at **HorizonCasualty.com/resources**.
- The case manager reviews the injured worker's treatment plan and initiates authorization for services that are medically necessary to address the compensable injury or illness. Compensable

injuries/illnesses must be causally related to an event or accident that occurred while fulfilling the worker's job responsibilities.

- Within two days of the office visit, HCS requires that you submit a dictated note/report of the injured worker's office visit to the case manager.
- You may refer the employee for specialty care or hospital care, if needed.

**Precertification with the assigned case manager is required for certain services including hospital admissions and all surgical procedures.** For more information on workers' compensation precertification requirements, please refer to the *Precertification* section of this manual, or call HCS at **1-800-985-7777**.

Under New Jersey Workers' Compensation law, covered services are not subject to deductibles or copayments. Employees are not responsible for any out-of-pocket costs for medical services authorized by HCS, and balance billing by physicians and health care professionals is prohibited.

For workers' compensation-related claims, HCS will process medical bills in accordance with the terms of applicable network participation agreements.

Reimbursement will be issued by the workers' compensation insurer or by HCS. If you have questions about reimbursement, please call HCS at **1-800-985-7777**.

## How the PIP Program Works

Personal injury protection (PIP) is the medical benefit component of automobile insurance policies that covers persons injured in auto accidents. HCS provides administrative services under PIP for covered medical services.

**Precertification with the assigned case manager is required for certain services, including hospital admissions and all surgical procedures.** For more information on PIP precertification requirements, please refer to the *Precertification* section of this manual, or call HCS at **1-800-985-7777**.

For PIP-related claims, HCS will process medical bills in accordance with the terms of applicable network participation agreements. Reimbursement amounts will be reduced by any applicable copayments or deductibles as defined by a claimant's automobile insurance policy.

Under current New Jersey PIP regulations, physicians and health care professionals are able to seek reimbursement from the claimant for any applicable copayments or deductibles that were applied to the reimbursement.

Reimbursement will be issued by the automobile insurer. If you have questions about reimbursement, please call HCS at **1-800-985-7777**.

## Client Listing

An up-to-date list of HCS clients can be found on [HorizonCasualty.com/resources](http://HorizonCasualty.com/resources).

# Workers' Compensation Law

The New Jersey workers' compensation statute is intended to facilitate the provision of medical benefits and lost work time compensation to employees for work-related injuries and illnesses.

The HCS staff includes claim professionals who administer and coordinate the management and processing of workers' compensation claims. Physicians and other health care professionals are an integral part of the process.

## Benefits

### Medical Benefits

When an employee experiences a work-related injury or illness, the employer must furnish reasonable medical, surgical, hospital services and other treatment at no cost to the employee.

Medical care must be provided to the injured worker to the level of maximum medical improvement. A physician or health care professional may not collect a fee for service provided or balance bill the patient.

The employer or its representative (workers' compensation insurer or approved New Jersey workers' compensation managed care organization) has the right to choose the medical professionals and facilities for provision of treatment. Only in emergencies may the employee select the physician or health care professional.

### Temporary Disability Benefits

When time off work exceeds seven days, whether consecutive or not, benefits are paid equal to 70 percent of gross weekly wages up to a state-specified maximum weekly amount for up to a state-specified maximum number of weeks.

### Permanent Partial Disability Benefits

When an injury or illness results in permanent disability, benefits are paid based upon a percentage of "scheduled" losses involving specific body parts such as arms, hands, fingers, toes, eyes, ears, teeth, back, heart or lungs.

### Permanent Total Disability Benefits

In cases of total disability, wage loss benefits are payable as long as the total disability persists.

### Death Benefits

The spouse and other dependents may be eligible for wage loss and funeral benefits in the case of death of a covered employee.

## Disability and Compensability

### Disability Evaluations

HCS physicians should not perform disability evaluations for permanency unless specifically requested to do so by the employer, its agent (HCS) or the workers' compensation insurance company.

### Independent Medical Examinations (IMEs)

In select cases, network physicians will be asked to evaluate injured workers who receive care from other physicians. The assigned case manager will provide the physician with a case overview and medical information to facilitate the process. It is important that findings are accurately documented and final opinions are conclusive and definitive.

### Causal Relationship Questions

The causal relationship of the injury or illness to the employee's job must be addressed with every initial evaluation and when treatment is being recommended for a new diagnosis or new body part.

### Legal Testimony

It is rare for a physician or other health care professional to be required to appear in court. Normally, the medical record, or in some instances, deposition testimony is acceptable. Therefore, it is important that your medical records are legible, complete, current, factual and accurate. In short, medical records should speak for themselves. **A judge may use your medical records to make a decision.** In the rare case when in-person testimony is necessary, we appreciate your cooperation.

### Legal Requests for Medical Records

**Should your office be contacted for original or copies of medical records, please direct the call to the assigned case manager.** The assigned case manager will notify the respective claim professional coordinating the claim. He/She will provide the necessary documentation. Please do not complete a separate medical report at the request of an attorney.

New Jersey has a comprehensive statutory system designed to ensure that persons injured in motor vehicle accidents are compensated promptly for their injuries and financial losses by immediate recourse to insurance or public funds.

# Personal Injury Protection (PIP) Law

“PIP” is the popularly used acronym for personal injury protection benefits, a package of benefits required by statute to be provided with every insurance policy for a private passenger automobile registered or garaged in New Jersey.

## Benefits

### Medical Benefits

Pursuant to the changes made by the Automobile Insurance Cost Reduction Act of 1998 (AICRA), payment of medical expense benefits will be made in accordance with the benefit plan provided in the policy and approved by the Commissioner of the Department of Banking and Insurance for reasonable, necessary and appropriate treatment and provision of services to persons sustaining bodily injury.

Medical expense payments will be subject to any deductible or copayment that may be established as specified in the automobile insurance policy providing benefits.

## Treatment

### Medical Treatment

Medical treatments, diagnostic tests and services provided by the policy will be rendered in accordance with commonly accepted medical protocols, standards and practices. Medical protocols, standards and practices, and lists of valid diagnostic tests which are deemed to be commonly accepted according to this section, will be those recognized by national standard-setting organizations, national or state professional organizations of the same discipline as the treating physician or health care professional, or those designated or approved by the Commissioner of the Department of Health and Senior Services, in consultation with the professional licensing boards in the Division of Consumer Affairs in the Department of Law and Public Safety.

### Precertification

New Jersey PIP laws and regulations require precertification of certain procedures, treatments, diagnostic tests and other services, including, for example, the purchase of durable medical goods, as approved by the state, provided that the requirement for precertification is not unreasonable, and no precertification requirement will apply within 10 days of the insured event.

No physician or health care professional may demand or request any payment from any person in excess of those permitted by the medical fee schedules established by New Jersey insurance law.



# Fraud Detection and Control

HCS physicians and other health care professionals play an important role in helping to control fraud and abuse. If you suspect a patient is magnifying complaints, malingering or in any way abusing the process, please contact the assigned case manager, who will take appropriate steps to investigate the situation and will work with you to help resolve the problem.

HCS is vigilant in detecting fraud and controlling abuse on the part of claimants, physicians and other health care professionals, attorneys and others, and will use all available resources and tools to identify and resist payment of fraudulent claims. We are committed to assuring that our clients pay only for what is covered under the insurance policy.

# Relationships

It is expected that you establish the same type of positive relationship with the claimants served by HCS and its clients as you would with any other patients. In addition, it is expected that you provide claimants with insights and education regarding their diagnoses and treatment plans. This will help them understand their role and accountability in the recovery process – an important element in achieving optimal treatment and return-to-work outcomes or return to optimal productivity under (PIP). Although workers' compensation focuses on attaining maximum medical improvement and return to work, HCS wants to avoid any misunderstanding that you are the "company" physician or health care professional.

# Identification

## Claimant Identification Numbers

The claim number is the most important link between you, your patient and HCS or its clients. It is important that you always include all alpha and numeric characters in the claim number when communicating with the assigned case manager. If you do not know the claim number of a particular patient, please call HCS at **1-800-985-7777** or contact the appropriate HCS client.

When ID cards are distributed, the claim number may or may not be printed on the ID card. When no claim number appears on the ID card, call HCS or the appropriate client to obtain the number and then complete the ID card by inserting the claim number in the space provided.

## Identification Cards

ID cards may be issued to workers' compensation or PIP claimants after HCS or its clients are notified of a work-related illness or injury or an automobile accident. In some cases, ID cards may be issued prior to final coverage determinations. In other cases, ID cards may not be issued. If you have any questions about coverage or eligibility, please call HCS at **1-800-985-7777**.

Below is a sample of the identification card that may be issued under programs administered by HCS.

## Emergencies

In emergency situations, injured employees or persons injured in automobile accidents should seek medical care immediately. Injured employees are also directed to notify their employers within 24 hours or as soon as possible. Those injured as a result of automobile accidents are required to notify their automobile insurer in a timely manner. In such situations, it is possible that an ID card has not been issued or that the services have not been prospectively authorized.



Horizon Blue Cross Blue Shield of New Jersey

### Workers' Compensation ID Card

Claim Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Rx Group #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

RXBIN: \_\_\_\_\_ RXBPCN: \_\_\_\_\_

Visit **HorizonCasualty.com** to review your rights and responsibilities.

### Important Information

**1-800-985-7777**

This card is for information only and is not a guarantee of benefits.  
Mail all bills to:

Horizon Casualty Services  
Attn: Claims Department  
PO Box 10175  
Newark, NJ 07101-3175

Please call **1-800-985-7777** with any questions.

Pharmacists, please call **1-877-686-6875** with any questions.

Horizon Blue Cross Blue Shield of New Jersey and Horizon Casualty Services, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

# Patient Care Policies

## Timely and Appropriate Care

Within workers' compensation, a major objective is a prompt, accurate diagnosis with timely, safe return to work. While receiving workers' compensation benefits, the employee needs to be accountable for compliance with scheduled medical appointments and to make an effort to learn about his/her injury and how he/she can help speed recovery and prevent future injuries. Physicians are encouraged to provide patient education to optimize results.

Physicians are expected to see patients promptly and schedule follow-up appointments as soon as possible to help eliminate any unnecessary gaps in medical care that would result in unnecessary delay in timely return to work.

**Specialist referral appointments** must be arranged the same day or next day so that the employees are seen within 72 hours of referral to your office.

### **HCS must authorize second opinions.**

**Prompt care** is important. Physicians should see employees within 30 minutes of arrival. Please log the patient's time of arrival and departure from your office on the chart for each visit.

## Medical Care After Office Hours

If an employee requires medical care for a work-related injury or illness after routine office hours, the employee's supervisor will refer the injured or ill employee to the nearest network urgent care center. The initial treater at the urgent care center will communicate this to HCS by faxing a completed Patient Treatment Plan Form.

If the urgent care center is not open, and treatment of the injury cannot wait until the next business day, the employee's supervisor or HCS will refer him/her to the nearest Emergency Room.

**Emergency cases** should be referred immediately to the nearest emergency facility or hospital. Your office must notify HCS within 24 hours of an Emergency Room visit or admission.

**Emergency admissions** do not require precertification. However, the admitting physician must advise HCS about the case within 24 hours.

## HCS In-Network Referrals

For patients being treated for work-related injuries and illnesses, referrals must be made only to HCS network hospitals, ambulatory surgical centers, facilities, physicians and other health care professionals, and services. These referrals should be coordinated with the assigned case manager.

The HCS medical network directory can be found at **HorizonCasualty.com** under *HCS Network Directory*.

In some cases, in accordance with Personal Injury Protection (PIP) regulations, automobile insurers establish voluntary networks for the provision of certain medical services. Voluntary networks offered by insurers include: ambulatory surgery centers, durable medical equipment, electrodiagnostics, pharmacy and radiology services.

Individuals who seek care within the insurers' voluntary network are not subject to out-of-network penalties. For workers' compensation claimants, justification for referral out of network must be discussed with and approved by an HCS case manager. Precertifications may be obtained by calling HCS at **1-800-985-7777** or by calling the applicable case manager.

## Role of the Initial Treating Physician

The HCS network is comprised of initial treating physicians, specialty care physicians and other health care professionals, plus a broad array of facilities. The initial treating physician serves as the primary physician delivering medical evaluation and care to the injured or ill claimant. Initial treaters generally specialize in internal medicine, occupational medicine or family practice.

Because the costs associated with lost work time by workers' compensation claimants are significant, it is important that initial treaters see injured workers the same day of injury, if possible, and without an appointment, if necessary. Modified duty may be available and appropriate. Please refer to the *Patient Care Policies* and *Return to Work* sections of this manual.

**Walk-ins** will occur. HCS encourages supervisors to call in advance of an injured employee's arrival at an initial treater's office. If an employee arrives without an appointment, he/she should be seen as soon as possible.

Once it is determined that an injury is work-related, the initial treater provides the necessary and appropriate evaluation and treatment. If referral to an in-network specialist and/or facility is necessary, the initial treater should make the referral as soon as possible to expedite care and avoid unnecessary lost time. As specified later in this manual, precertification is required for some referrals. **All precertifications and referrals should be coordinated with the assigned case manager.**

If it is determined that an injury was not sustained in either a work-related or automobile accident, the initial treater can either treat the patient, at the patient's expense, or refer the patient to his/her own personal physician. It should be made clear to the patient that the injury or illness being treated is not covered under a workers' compensation or an automobile insurance policy. Payment for all medical care and services rendered for such treatment is the responsibility of the patient.

If employers elect, employees may be referred to initial treaters for corporate health care services including Department of Transportation (DOT) exams, blood alcohol testing (BAT), drug screening, pre-placement physicals and preventive care. As these services are outside of workers' compensation coverage, bills for these services should be sent directly to the employer.

If the physician feels that blood alcohol testing and/or urine drug screening is appropriate for evaluation of particular work-related illnesses and injuries, he/she should contact the applicable case manager prior to performing the examinations.

Participating physicians must not differentiate or discriminate in the treatment of patients on the basis of race, sex, age, religion, place of residence, health status or insurance status.

## Role of the Specialist

Participating specialists work in partnership with initial treaters to provide appropriate, quality and cost-effective medical care to patients. Initial treaters may refer patients to specialty services as part of the treatment plan. Specialists play a critical role by providing efficient care within their areas of expertise and within the scope of the patient's treatment plan.

Patients being treated under PIP coverage are entitled to seek medical treatment by physicians and other health care professionals of their own choice. However, such patients should be encouraged to use HCS participating physicians and health care professionals. HCS participants have expertise in the treatment of musculoskeletal injuries and the cost of in-network care tends to be lower, creating a financial benefit to patients that enables them to sustain benefits below their PIP coverage ceiling for a longer period. Please call HCS at **1-800-985-7777** if you have questions about referrals or network participants.

## Ancillary Services

**Diagnostic X-rays** may be performed in your office if your diagnostic X-ray equipment complies with all New Jersey State Department of Environmental Protection regulations. Evidence of current certification must be presented to HCS upon request. When an initial treater elects to X-ray a patient in his/her office, the initial treater should read the X-ray(s). All radiological interpretations must be in writing, signed, dated and placed into the medical record. A brief report of X-ray findings should accompany the *HCS Patient Treatment Plan Form* or office notes that are faxed or mailed to the applicable case manager. The case manager may arrange for a second reading by a board-certified radiologist for X-rays taken by the initial treater. An official reading will be promptly forwarded to the initial treater's office by telephone and then followed by hard copy.

**Diagnostic tests**, such as EKG, visual/audiological evaluation and pulmonary function, may be performed without precertification for evaluation of a work-related injury or condition. If your office does not have the necessary equipment, please contact the assigned case manager.

If there is need for **referral** or **precertification**, call the assigned case manager at **1-800-985-7777** while the patient is in your office. In most cases, precertification will be given immediately. The assigned case manager will select the appropriate specialist or health care professional, coordinate all referrals and schedule all necessary appointments. After normal business hours, leave a voice mail message justifying the need for precertification. A case manager will return your call on the next business day.

At times, the assigned case manager may refer a precertification request to a medical consultant. In such cases, the medical consultant may contact the treating physician directly to discuss the precertification request and related suggestions for an alternative course of treatment. HCS encourages its contracted physicians to take these calls to expedite planning of the most effective course of treatment.

**Laboratory testing:** All lab work must be sent to LabCorp, the HCS participating laboratory services company. Initial treaters must enroll with LabCorp by calling LabCorp at **1-800-631-5250**. LabCorp will send laboratory bills directly to the applicable client.

**Prescription drugs:** An HCS participating physician should not prescribe or renew any prescription that is not related to the covered injury or illness.

For workers' compensation and PIP patients, the dispensing of prescription medications by a physician's office is prohibited.

## Role of the Physical/Occupational Therapist

Physical or occupational therapy is often used in the non-operative and post-operative treatment of workers' compensation injuries. Current literature would support that therapy treatments with the best outcomes include aggressive individualized treatments, with limited use of modalities that are functionally driven, with the goal of patient self-management.

Because claimants are generally evaluated and treated first by a physician, the number of treatment sessions and the need for additional treatment are determined by the treating physician. This is also important for post-operative therapy treatment, as the surgeon is aware of the tissues that have been injured and surgically treated.

Both the treating physician and the therapist are required to have an understanding of current, evidence-based treatments and the number of treatment sessions that would generally be needed per current national guidelines.

It is imperative to have close communication between the physician and therapist so that common goals of treatment can be determined and communicated in a uniform manner to the injured worker. A lack of expected improvement during therapy should be quickly communicated to the treating physician to determine whether additional examination or a change in the treatment plan is necessary. A team approach that includes the physician, therapist and injured worker, and clearly communicates expectations and goals can result in an efficient and successful return to work.

## Return to Work is Our Focus

For workers' compensation claims, every workday lost is an expense to the employer. To avoid unnecessary cost to the employer or insurer, please see patients promptly. Appointments for treatment by specialists or diagnostic testing should be made for the same day or next day, and gaps between appointments should be minimized. Every patient should have a follow-up appointment scheduled and/or a referral to a specialist with an appointment scheduled. No patient should be inactive at any time from his/her medical treatment program unless he/she is cleared for return to work and no further treatment is necessary. Please record scheduled appointments in the patient's record.

To help physicians achieve a safe and rapid return to work for their patients, your assigned case manager will provide you with a return-to-work metric based on nationally accepted guidelines. HCS workers' compensation clients are focused on this metric.

Modified duty may be available and appropriate. When return to regular job duties is not possible because the employee is unable to perform essential job functions, other options include temporary modified duty, or temporary or permanent assignment to new job duties.

The case manager will supply, when available, a Workers' Compensation Physical Demands Analysis Form that has been completed by the employer. This form will outline the injured workers' job duties. Many employers have modified or alternative job assignments of which you and the employee may not be aware.

## Patient Treatment Forms

HCS uses the following forms for communications and medical bill payment:

- Workers' Compensation Patient Treatment Plan Form
- Workers' Compensation Physical Demands Analysis Form
- Weekly Physical/Occupational Therapy Plan Form
- Procedure/Surgery And After Care Precertification Form
- Progress & Treatment Status Psychologist/Psychiatrist Report Form

To access these forms, please visit

**HorizonCasualty.com/resources** and select *Patient Treatment Forms*.

### Workers' Compensation Patient Treatment Plan Form

The Workers' Compensation Patient Treatment Plan Form serves as a summary of a workers' compensation patient's: medical status; treatment plan; anticipated return-to-work date for temporarily modified, full duty and permanently modified work; and maximum medical improvement status. Please indicate the projected return-to-work date on the Patient Treatment Plan Form, accompanied by the required restrictions. The assigned case manager will then work with the employer to determine if the employer can accommodate the restrictions.

This form must be faxed to the assigned case manager within one business day of the office visit. Chart notes and/or lab or diagnostic test results must be faxed to the assigned case manager the same day of the office visit or the next business day.

### Workers' Compensation Physical Demands Analysis Form

When applicable, the case manager will provide physicians with a Workers' Compensation Physical Demands Analysis Form that has been completed by the employer. This form will outline the injured workers' job duties. Many employers have modified or alternative job assignments of which you and the employee may not be aware.

### Weekly Physical/Occupational Therapy Plan Form

This form provides HCS workers' compensation case manager with documentation of the patient's functional progress and the therapist's subjective and objective assessment findings along with his/her recommendations and future treatment plan.

This form must be faxed to the assigned case manager by the end of every week during the course of the patient's therapeutic treatment.

### Procedure/Surgery and After Care Pre-Certification Form

This form is used to request authorization to perform medical procedures /surgeries. Physicians are required to fill out the form and fax it to the assigned case manager along with the applicable medical documentation to support medical necessity.

### Progress & Treatment Status Psychologist/Psychiatrist Report Form

This form is used by psychologists and psychiatrists to document a workers' compensation or PIP patient's medical assessment, treatment plan and estimated return-to-work date.

This form must be faxed to the assigned case manager within one business day of the office visit.

### Non-covered Injuries and Illnesses

Should a medical condition exist that is not related to an applicable workers' compensation- or PIP-covered injury, it is advisable that you refer the patient to his/her family physician. Payments for treatments arising from nonwork-related illnesses or injuries are the responsibility of the patient and/or his/her health insurance carrier.

## Effective Documentation

Because of the frequent need to correspond with HCS case managers or assigned client case managers, employees, employers, attorneys and other physicians, it is important that documentation is clear and concise. The key phrases and terms presented below promote effective documentation of information.

### Definitions

**Maximum Medical Improvement:** The patient has reached maximal benefit from a curative treatment plan, or further medical treatment will not provide any improvement in the patient's current condition.

**Future need for care:** The patient will need further care and periodic evaluations, or the patient will require specific continuing care to function.

**Probability:** The term "probability" should be used in all cases rather than "possibility," which has no legal meaning. "More likely than not" is also acceptable.

**Re-evaluations:** A one-time medical re-evaluation is done by the physician of record to confirm if current symptoms are related to the original injury and to determine if the injured worker will benefit from any additional treatment or remain at maximum medical improvement.

**Independent Medical Exam (IME):** In select cases, network physicians will be asked to evaluate injured workers who receive care from other physicians. The assigned case manager will provide the physician with a case overview and medical information to facilitate the process. It is important that findings are accurately documented and final opinions are conclusive.

**Second Opinion and Takeover:** This process involves a review of current records by another physician of the same specialty to determine course of treatment and probable takeover of care as directed by the case manager.

## Instructions

**Medical authorization:** When seeking authorization, the phrase "I believe this care is medically necessary and appropriate" is preferable. Use the term "palliative" only when the patient is receiving palliative care.

**Causal relationship:** Always be specific and decisive by using "direct causation," "aggravation," "exacerbation," or "acceleration" when there is a causal relationship.

**Complaints versus findings:** Always differentiate between objective findings and subjective complaints when confirmation cannot be made by examination or tests.

**Documenting the initial office visit:** Detailed documentation of the initial office visit is essential. Please use the following guidelines:

- **Accurately record** the initial statements and subjective complaints of the injured employee.
- **Maintain a written account** of the patient's perception of the injury, regarding the time, date, location, mechanism and related additional observations.
- **Note anything unusual**, e.g., the patient limps into the office and leaves with a normal gait.
- **Avoid assuming** that the incident is work-related or sustained in an automobile accident.
- **Evaluate how the injury occurred.** Ascertain whether a pre-existing condition unrelated to the patient-reported cause may have triggered the injury.
- **Include a significant number of facts** in your notes.
- **Assess and document** the depth of the apparent injury, e.g., mild, moderate or severe.



## Workers' Compensation Precertification

For workers' compensation claimants, the treating physician is responsible for obtaining precertification for:

- Non-emergency inpatient and outpatient hospital care
- Non-emergency surgical procedures
- Durable medical equipment over \$500
- Extended care and rehabilitation facilities
- Home health care
- Infusion therapy
- Outpatient psychology and psychiatric services, including biofeedback
- Physical therapy
- Occupational therapy
- Audiology
- All pain management services
- Needle Electromyography (EMG)
- Electroencephalogram (EEG)
- MRI
- CT scan
- Podiatry services
- Out-of-network referrals
- Chiropractic care
- Second opinions

To obtain a precertification number, call an HCS representative at **1-800-985-7777** or call the assigned case manager for workers' compensation treatment. The precertification number must be recorded on the Patient Treatment Plan Form.

All initial treaters and specialists are required to comply with HCS policies and procedures contained in this manual.

## PIP Precertification

For PIP services, a Point of Contact Letter is sent to the claimant, his/her legal representative and all treating physicians and health care professionals. This letter outlines in detail the entire precertification process, including information on:

- Decision Point Review
- Mandatory Precertification
- Voluntary Precertification
- How to Submit Requests for Decision Point Review and Precertification
- Completing the Review Process
- Reconsideration Process
- Voluntary Network Services
- Assignment of Benefits

Under New Jersey law, the physician treating PIP claimants is responsible for obtaining precertification for:

- Non-emergency inpatient and outpatient hospital care
- Non-emergency surgical procedures
- Durable medical equipment, including orthotics and prosthetics, costing more than \$50 or rented longer than 30 days
- Extended care and rehabilitation facilities
- Home health care
- Infusion therapy
- Outpatient psychology and psychiatric services including biofeedback
- Physical therapy
- Occupational therapy
- Speech therapy
- Cognitive therapy
- Other restorative therapy
- Therapeutic or body part manipulation including manipulation under anesthesia

- All pain management services except those provided for identified injuries in accordance with Decision Point Review
- Non-emergency dental restoration
- Needle Electromyography (EMG)
- Somatosensory Evoked Potential (SSEP)
- Visual Evoked Potential (VEP)
- Brain Audio Evoked Potential (BAEP)
- Brain Evoked Potential (BEP)
- Nerve Conduction Velocity (NCV)
- H-reflex study
- Electroencephalogram (EEG)
- Videofluoroscopy
- MRI
- CT/CAT scan
- Dynatron/Cyber Station/Cybex
- Sonograms/Ultrasounds
- Brain Mapping
- Thermograph/Thermography

**Some services are subject to individual benefit limitations.**

## Hospital Admissions

Except for emergencies, all hospital inpatient admissions must be precertified. To precertify an admission, please call HCS at **1-800-985-7777** or contact the assigned case manager. The precertification number must be recorded on the Patient Treatment Plan Form.

HCS contracts with hospitals throughout the region. HCS participating physicians are required to have admitting privileges at one or more participating hospitals.

To the extent allowed under applicable law under workers' compensation, no patient is to be admitted to an out-of-network hospital unless the case is an emergency. Should such a case occur, please notify HCS of the admission within 24 hours of the admission.

# Medical Bill Payment Process

## Medical Bill Submission Process

HCS administers the medical bill payment process with the objective of assuring that participating physicians and health care professionals are paid on a timely basis and in accordance with contracted rates.

Physicians and health care professionals are advised to promptly submit bills after services are rendered using the following simple instructions to avoid payment delays.

1. Itemize services using CPT-4 and diagnosis codes on a CMS-1500 (HCFA-1500) original red and white claim form. Confirm that all information is accurate and complete. Be sure to include the patient's claim number.
2. Physicians and other health care professionals **must submit** their usual and customary charges for medical services rendered.
3. Attach a copy of the HCS Patient Treatment Plan Form accompanied by all relevant file notes.
4. Attach copies of all operative reports and diagnostic test reports.
5. Mail to:

**Horizon Casualty Services, Inc.**  
**PO Box 10175**  
**Newark, NJ 07101-3175**

## Medical Bill Reimbursement Guidelines

The information below provides a high-level overview of HCS reimbursement guidelines. HCS uses general industry standards to calculate medical bill reimbursement.

Reimbursement methodologies may change from time to time in accordance with HCS policy or applicable laws or regulations.

The HCS allowed amount is calculated at: the lesser of charges; the usual, customary and reasonable (UCR) allowance; the HCS contracted rate or any applicable state fee schedule amount including but not limited to the New Jersey Personal Injury Protection (PIP) Fee Schedule amount.

The following information describes the methodology for reimbursement of surgical procedures and anesthesia services:

### Multiple Surgical Procedure Reimbursement Guidelines

The HCS multiple surgical procedure reduction policy applies when billing for multiple surgical procedures rendered by the same physician in the same operative session.

The surgical procedure with the highest value is reimbursed at 100 percent of the HCS allowed amount. Additional surgical procedures are reimbursed at 50 percent of the HCS allowed amount. Additional procedures should be billed using modifier 51.

Exceptions to the multiple surgical procedure reduction policy include "add-on codes," which relate to procedures that are distinct from other surgical procedures being performed. These procedures are reimbursed at 100 percent of the HCS allowed amount.

### Bilateral Surgical Procedure Reimbursement Guidelines

Eligible bilateral surgical procedures are reimbursed at 150 percent of the HCS allowed amount. Bilateral procedures should be billed using modifier 50.

### **Co-Surgeons, Assistant Surgeons and Non-Physician Surgeons Assistant Reimbursement Guidelines**

Co-surgeons are defined as two surgeons, usually in different specialties, working together during the same operative session as primary surgeons performing distinct parts of a procedure.

Reimbursement for each physician is at 62.5 percent of the HCS allowed amount for each procedure.

Procedures involving co-surgeons should be billed using modifier 62.

An assistant surgeon is defined as a physician who assists the primary surgeon in performing a surgical procedure. Reimbursement for services rendered by an assistant surgeon is at 20 percent of the HCS allowed amount for each procedure. Procedures involving assistant surgeons should be billed using modifier 80, 81, or 82.

A non-physician assistant surgeon is defined as a highly skilled individual with specialty training in providing assistance during surgical procedures. Reimbursement for services rendered by a non-physician assistant surgeon is at 17 percent of the HCS allowed amount for each procedure. Procedures involving non-physician assistant surgeons should be billed using modifier AS.

### **Anesthesia Services Reimbursement Guidelines**

When billing for anesthesia services, health care professionals are required to use the applicable CPT modifiers to identify whether services were performed by an anesthesiologist or other qualified individual under the supervision of a physician.

Anesthesia services performed personally by the anesthesiologist are reimbursed at 100 percent of the HCS allowed amount. Such services should be billed using modifier AA.

When the anesthesiologist is not personally performing the anesthesia service but is directing one or more certified registered nurse anesthetists (CRNAs), the reimbursement is calculated at 50 percent of the HCS allowed amount. Such services should be billed using modifier QY (one CRNA), QK (2-4 CRNAs) or AD (5 or more).

### **Certified Registered Nurse Anesthetist (CRNA) Reimbursement Guidelines**

Certified registered nurse anesthetists (CRNA) services are only eligible for reimbursement when performed under the supervision or direction of a physician anesthesiologist. Reimbursement for services rendered by CRNAs is calculated at 50 percent of the HCS allowed amount. Such services should be billed using modifier QX when services are performed with medical direction by an anesthesiologist or modifier QZ when services are performed without medical direction by an anesthesiologist.

### **Payment for Covered Services**

All amounts paid for covered services are subject to applicable program limitations and exclusions, including but not limited to applicable copayments, coinsurance and deductibles (if any), as specifically provided in the applicable program or by law.

### **Refunds of Overpayments**

In cases where an overpayment has been made, physicians and health care professionals are expected to issue a refund in the amount of the overpayment within 90 days of receipt of notification of the amount owed.

HCS will only seek reimbursement of a medical bill overpayment from the physician or other health care professional within 18 months from the date the bill was paid.

# Network Relations Department

The Network Relations Department is responsible for facilitating education and training related to HCS policies and procedures. The team provides on-site service visits and serves as a liaison to enhance our communication with your office and strengthen our relationship.

To contact the Network Relations department, please call **1-800-985-7777**.

# Complaints, Appeals and Arbitrations

HCS seeks to resolve complaints, appeals and arbitrations in a timely manner. The information presented in this section will help you understand key terms and our resolution process.

## Definitions

**Customer Service Complaint:** A verbal or written expression of dissatisfaction regarding a customer service issue.

**Clinical Quality Complaint:** A written report expressing dissatisfaction with medical care rendered by a treating physician or other health care professional.

**Medical Bill Payment Appeal:** A written request for the reconsideration of a medical bill payment determination rendered by HCS.

**Medical Treatment Appeal (or reconsideration):** A written request for a formal review of a decision rendered by HCS regarding treatment or noncertification.

**Second-Level Appeal:** A written request for a reconsideration of an initial appeal decision that resulted in noncertification, treatment modification or reimbursement determination. Second-level treatment appeals are often accompanied by additional supporting documentation.

**Arbitration:** A written request for external review, under New Jersey Personal Injury Protection regulations, related to an HCS noncertification of medical treatment or a disagreement with a reimbursement amount. In accordance with New Jersey Personal Injury Protection regulations, the treating provider is required to follow the appeals process prior to filing arbitration.

## Customer Service Complaint Process

We appreciate the effort it takes to make a complaint and seek to resolve your issues in a prompt and effective manner.

Please call HCS Customer Service at **1-800-985-7777**. The customer service representative will direct you to the HCS professional responsible for resolving your complaint as promptly as possible. If your complaint is not resolved to your satisfaction, please ask for the department supervisor who will be happy to help you.

## Clinical Quality Complaint Process

A clinical quality complaint must be submitted in writing and include relevant supporting documentation. Clinical quality complaints can be faxed to the Clinical Quality Department at **1-973-622-7353** or mailed to:

**Horizon Casualty Services, Inc.  
Clinical Quality Department  
PO Box 10175  
Newark, NJ 07101-3175**

HCS responds to complaints in writing within five business days of receipt and communicates resolution within 30 business days of receipt.

## Medical Appeal Standards

A physician or other health care professional's request for additional reimbursement of a medical bill must be submitted within 18 months from the date the bill was paid. A medical appeal can be faxed to **1-973-622-7265** or mailed to:

**Horizon Casualty Services, Inc.  
Appeals Department  
PO Box 10175  
Newark, NJ 07101-3175**

## Medical Bill Payment Appeal Process – Workers' Compensation

### First-Level Appeal

A medical bill payment appeal must be submitted in writing and include the following documentation:

- A brief statement explaining the reason for the appeal
- A copy of the bill in question
- A copy of the Explanation of Payment (EOP)

HCS responds to appeals in writing within 15 business days of receipt.

### Second-Level Appeal

A second-level medical bill payment appeal must be submitted in writing and include new information that was not available at the time of the original appeal decision.

HCS responds to the second-level medical bill payment appeal in writing within 15 business days of receipt.

## Medical Treatment Appeal Process – Workers’ Compensation

### First-Level Appeal

A workers’ compensation treatment appeal must be submitted in writing and include documentation to support the reason for the appeal.

If the appeal is related to a noncertification decision for services that have not been performed, HCS responds within three business days of receipt. If the appeal is related to a noncertification decision associated with a service that has already been performed, HCS responds within 15 business days of receipt.

### Personal Injury Protection (PIP)

A medical bill payment appeal must be submitted in writing and include the following documentation:

- A completed PIP appeal form using the forms established by DOBI. If the appeal form does not contain the reason code for the appeal, HCS requires a brief statement explaining the reason for the appeal.
- A copy of the bill in question.
- A copy of the Explanation of Payment (EOP).

HCS responds to appeals in writing within 15 business days of receipt.

The New Jersey Department of Banking and Insurance (DOBI) implemented the following requirement for Internal Appeal Procedures of the Personal Injury Protection (PIP) Medical Protocols Rule which is published in the New Jersey Register at N.J.A.C. 11:3-4.7B.

The Internal Appeal Procedures Rule requires all PIP appeals to be submitted using the forms established by DOBI. The Internal Appeal Procedures apply to pre-service and post-service appeals that are submitted on or after April 17, 2017.

**The New Jersey PIP Pre-Service Appeal Form** is used to appeal precertification denials or modifications for services that have not been performed. Pre-service appeals shall be submitted no later than 30 days after receipt of a written denial or modification of requested services.

**The New Jersey PIP Post-Service Appeal Form** is used to appeal treatment denials for services performed and/or to dispute the amount of reimbursement. A post-service appeal shall be submitted at least 45 days **prior** to initiating alternate dispute resolution pursuant to N.J.A.C. 11:3-5 or filing an action in Superior Court.

To obtain additional information and to get copies of the Uniform Internal Appeal Forms please visit, [state.nj.us/dobi/pipinfo/aicrapg.htm](http://state.nj.us/dobi/pipinfo/aicrapg.htm).

HCS responds to appeals in writing within 15 business days of receipt..

### Second-Level Appeal

If you disagree with the HCS determination for noncertification, you may request a second level appeal from the automobile insurance carrier associated with the claim in accordance with the insurance carrier’s Decision Point Review Plan. The second-level appeal must be submitted in writing and include new information that was not available at the time of the original appeal decision. HCS can provide you with the appropriate mailing address.

### Arbitrations

New Jersey Personal Injury Protection (PIP) law allows insurance carriers to require use of the internal appeals process prior to filing any form of litigation with respect to PIP disputes. If the decision rendered as a result of the internal appeals process is considered unsatisfactory, the health care professional treating patients under automobile insurance coverage may seek resolution by following the Alternate Dispute Resolution process as outlined in N.J.A.C. 11:3-5.

# Confidentiality of Personal Information

HCS is not considered a covered entity under the Health Insurance Portability and Accountability Act (HIPAA). However, we value our customers' privacy and take steps to ensure that the health information we receive is protected and kept confidential.

## **Protecting Health Information**

Hospitals, facilities, physicians and health care professionals are responsible for complying with all applicable state and federal laws and regulations as well as all HCS policies and procedures regarding privacy of medical records and individually identifiable health information.



# Physicians and Other Health Care Professionals Responsibilities

As a condition of participation with HCS, physicians and other health care professionals have specific responsibilities as defined in their respective contractual agreements, which include adherence with HCS policies and procedures, including those specified in this manual. We encourage you to review your agreement and to contact our office if you have questions or need clarification.

## Credentialing and Recredentialing

HCS credentialing and recredentialing standards apply to all physicians and other health care professionals, and are available for review upon request. Please call HCS at **1-800-985-7777** to obtain a copy of the credentialing or recredentialing standards.

After the initial credentialing, all participating physicians and other health care professionals undergo recredentialing every three years. The recredentialing process includes, but is not limited to, credentials verification, review of clinical quality, utilization management and customer satisfaction.

The recredentialing process is delegated to Horizon Blue Cross Blue Shield of New Jersey. Horizon BCBSNJ requires the prompt return of forms and documents required for recredentialing.

To help ensure uninterrupted network participation, HCS recommends that you join the Council for Affordable Quality Healthcare (CAQH) to facilitate the credentialing/recredentialing process. You may complete an online application at **caqh.org**.

## License, Certification or Registration

To maintain your participating status with HCS, all physicians and health care professionals are required to maintain a current, unrestricted, valid license, certification or registration to practice medicine in New Jersey, or in a contiguous state if the physician and health care professional's practice is outside the state of New Jersey.

## Medical Records

Patient medical records must be made available to HCS upon reasonable request.

## Notifications

You must notify HCS in writing of any of the following situations:

- Your license, certification or registration to practice is suspended actively or stayed, or revoked for any reason.
- Your certification(s) to prescribe medication is suspended actively or stayed, or revoked for any reason.
- Your medical staff privileges at any hospital are voluntarily or involuntarily withdrawn, restricted temporarily or permanently, suspended actively or stayed, or revoked for any reason.
- You change your name or the name of your group practice.
- Your tax identification number or address changes or you join or leave a group practice.
- You fail to maintain required medical malpractice insurance.
- You take a leave of absence or resign from the medical staff of any hospital.
- You are indicted, convicted of, or plead guilty to a criminal offense, regardless of the nature of the offense.
- You are subject to any disciplinary action by any government program, licensing, professional registration or certification authority, or hospital privileging authority.

Please mail all pertinent information to:

**Horizon Casualty Services Inc.  
Attn: Network Services  
PO Box 10175  
Newark, NJ 07101-3175**

## Clinical Quality Improvement Committee

The HCS Clinical Quality Improvement Committee monitors clinical quality and oversight to resolve disputed clinical issues.

The Committee meets on a quarterly basis, or more often if necessary. It reviews and approves the results of any customer satisfaction surveys reflecting care provided by the physician or other health care professional, the results of any investigation of customer complaints related to care rendered by the physician or health care professional, the results of quality of care findings that represent opportunities for improvement, and medical care trends that represent inappropriate utilization.

The Committee also reviews and approves new clinical quality initiatives and provides feedback on the physician experience.

In addition, information related to noncompliance with either Horizon Healthcare Services, Inc. or HCS administrative policies and procedures is reviewed and is considered an important component of evaluating physician performance.

## Terminations

Physicians or other health care professionals may terminate their Agreement with HCS according to the terms contained within the Agreement.

Please mail the termination letter to the addresses set forth in your Agreement with HCS. Written notices of termination must be sent by a nationally recognized overnight courier or certified mail with return receipt requested.

In the event HCS wishes to terminate the Agreement, you will be notified in accordance with the terms of your contract with HCS.

## Statement of Nondiscrimination

Neither Horizon BCBSNJ nor practitioner shall discriminate in the delivery of health care services based on race, color, creed, ethnicity, national origin, religion, sex, age, mental or physical disability, medical condition, sexual orientation, gender identity, marital status, claims experience, medical or mental health history or status, pre-existing medical/health conditions, need for or receipt of health care services, evidence of insurability, geography, disability, genetic information, actuarial class, source of payment or any other unlawful purpose.

Practitioners must have policies to prevent discrimination in health care delivery and implement procedures to monitor and ensure it does not occur.

# Legal Information

The information contained within this manual is proprietary and confidential.

ALL RIGHTS RESERVED. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storing and retrieval system, without the prior written permission of HCS.

HCS is an independent organization governed by its own Board of Directors and solely responsible for its own debts and other obligations. Neither the Blue Cross and Blue Shield Association nor any other organization issuing the BLUE CROSS® and BLUE SHIELD® brand name acts as a guarantor of HCS obligations.

Services and products are provided by Horizon Blue Cross Blue Shield of New Jersey and Horizon Casualty Services, Inc. Both are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association licenses HCS to offer certain products and services under the Blue Cross® and Blue Shield® brand names. The Blue Cross® and Blue Shield® names and symbols are registered marks of the Blue Cross and Blue Shield Association. The Horizon® name and symbols are registered marks of Horizon Blue Cross Blue Shield of New Jersey.

© 2017 Horizon Blue Cross Blue Shield of New Jersey. Three Penn Plaza East, Newark, New Jersey 07105-2200.

27064 (1217)



Horizon Blue Cross Blue Shield of New Jersey

[HorizonCasualty.com](http://HorizonCasualty.com)