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Welcome Physicians and Healthcare Professionals

Horizon Casualty Services, Inc. is pleased to welcome you to our exclusive physician and healthcare professional network.

The Horizon Casualty Services network includes primary care physicians (PCPs), specialists, hospitals, physical therapy centers, ambulatory surgical centers, diagnostic centers, sub-acute and skilled nursing facilities, as well as home care, durable medical equipment, pharmacies, laboratory services, and other services and healthcare professionals. Participants have been selected based on their training, commitment, and experience in workers’ compensation and personal injury protection medical care treatment and management. Horizon Casualty Services participating physicians and healthcare professionals have agreed to follow Horizon Casualty Services guidelines and policies.

PCPs function as Care Coordinator Physicians as defined in New Jersey workers’ compensation managed care organization regulations. They play a key role in the Horizon Casualty Services’ program. PCPs coordinate the medical care that patients receive. In most cases, PCPs practice in one of the following areas: family practice, internal medicine, or occupational medicine.

This manual is an outline of principles, policies, and procedures for the care of Horizon Casualty Services patients. It has been designed to assist participating physicians and healthcare professionals in working with Horizon Casualty Services in the most efficient manner possible. Specific sections focus on topics such as:

- ID cards
- Patient care policies
- Credentialing/Recredentialing
- General administrative information and client information

We have also included service numbers and contact information for your convenience in case you are unable to find what you need to know in this manual.

This manual does not modify the terms of your participating agreement with Horizon Casualty Services. In the event of any conflict between your agreement and the information contained in this manual, the terms of your agreement shall prevail.

Information in this manual is current as of the date of issuance. This 2012 issue replaces all other manuals previously published by Horizon Casualty Services. Updates will be communicated via special mailings or electronically. If you would like to make suggestions on the format or content of this manual, we would appreciate hearing from you. Contact our Network Relations Manager at 1-800-985-7777 Ext. 87158. You may also write to us at the following address:

Horizon Casualty Services, Inc.
Network Relations Manager
33 Washington Street, 11th Floor
Newark, NJ 07102-3194

Should you have any questions concerning any aspect of your participation in the Horizon Casualty Services network, please contact Horizon Casualty Services at 1-800 985-7777, Prompt #7.

We value your participation and will work to assure that our relationship is mutually beneficial.
Quick Reference

Horizon Casualty Services, Inc.

Main Telephone Number: 1-800-985-7777

Mailing Address:
Horizon Casualty Services, Inc.
33 Washington Street, 11th Floor
Newark, NJ 07102-3194

http://www.HorizonCasualty.com

IMPORTANT: The costs associated with lost work time by workers’ compensation claimants are significant. Therefore, we ask that you see injured workers, the same day of injury, if possible, and if necessary, without an appointment. Modified duty may be available and appropriate. Please refer to the section in this manual entitled, “Return to Work”.

For patients being treated for work-related injuries and illnesses, referrals should be made only to Horizon Casualty Services network hospitals, physicians and other healthcare professionals and services. These referrals should be coordinated with the assigned case manager. Patients being treated under personal injury protection coverage are entitled to seek medical treatment by physicians and healthcare professionals of their own choice. However, such patients should be encouraged to utilize Horizon Casualty Services network participants because of their expertise in the treatment of musculoskeletal injuries. Please contact Horizon Casualty Services at 1-800-985-7777 if you have a question regarding referrals.

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 specific information on precertification requirements, please refer to the section in this manual entitled, “Precertification”, or call Horizon Casualty Services at 1-800-985-7777.

Key Horizon Casualty Services Forms:
- Workers’ Compensation Patient Treatment Plan Form
- Personal Injury Protection Attending Provider Treatment Plan Form
- Procedure/Surgery and After Care Precertification Form
- Physical Demand Analysis Form
- Weekly PT/OT Update Form
- Identification Card
**Company Overview**

**Introduction**

Horizon Casualty Services, Inc. is a subsidiary of Horizon Blue Cross Blue Shield of New Jersey and an approved New Jersey Workers’ Compensation Managed Care Organization.

By law, workers’ compensation benefits cover any injury that is the result of a work–related accident or illness. The employer has the ultimate responsibility of providing workers’ compensation benefits.

Workers’ compensation insurers and employers that maintain self-funded workers’ compensation programs are able to use Horizon Casualty Services to administer workers’ compensation benefits for covered employees. This may include utilizing network physicians and healthcare professionals and managed care techniques with a focus on prompt, safe return-to-work. Horizon Casualty Services’ mission is to arrange for the provision of managed medical care services that will generate optimal medical and return to work outcomes, while containing workers’ compensation costs.

Automobile insurers who provide personal injury protection (PIP) coverage in the State of New Jersey are able to use Horizon Casualty Services to administer PIP automobile accident-related benefits utilizing network services and precertification processes. The goal is to arrange for the provision of appropriate medical care services in order to achieve optimal medical outcomes, while containing automobile accident-related costs.

**Physician Excellence Program**

Horizon Casualty Services is committed to helping network physicians achieve clinical quality excellence. The Physician Excellence Program is designed to insure that patients receive prompt, accurate diagnoses and appropriate treatment accompanied by timely return-to-work and/or optimal functionality. Program initiatives include data collection specific to certain physician specialties and provision of feedback data to network physicians on their relative performance in comparison with their peers.

**How the Managed Workers’ Compensation Program Works**

When an employer or insurer offers a managed care workers’ compensation program administered by Horizon Casualty Services, employees are required to notify their supervisors of any work-related injury or illness. The employer will refer the employee to a participating physician for diagnosis and treatment. The physician 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 specific information on workers’ compensation precertification requirements, please refer to the section in this manual entitled, “Precertification”, or call Horizon Casualty Services at 1-800-985-7777.

Following Horizon Casualty Services’ precertification of a hospital procedure, Horizon Casualty Services will notify the hospital admissions or billing office of impending admissions. In the event of emergency hospital admissions, Horizon Casualty Services will provide
confirmation to the hospital that an employee is eligible for benefits under a program administered by Horizon Casualty Services as soon as possible following notification from the employer or insurer.

Under New Jersey Workers’ Compensation law, covered services are not subject to deductibles or co-payments. Employees are not responsible for any out-of-pocket costs for medical services authorized by Horizon Casualty Services and balance billing by physicians and healthcare professionals is prohibited.

In some cases, an ID card may not be issued to a covered claimant, or the claimant may not have an ID card in his or her possession. For questions regarding coverage, please contact Horizon Casualty Services at 1-800-985-7777. For workers’ compensation-related claims, Horizon Casualty Services will process medical bills in accordance with the terms of applicable network participation agreements.

Payment will be issued either by the workers’ compensation insurer or by Horizon Casualty Services. Please contact Horizon Casualty Services should you have any questions related to payment.

How the PIP Program Works

Personal Injury Protection is the medical benefit component of automobile insurance policies. Horizon Casualty Services provides administrative services in connection with PIP-related medical care to automobile insurers that offer PIP coverage in New Jersey. A listing of Horizon Casualty Services’ clients that provide PIP coverage can be found on our website at www.HorizonCasualty.com in the Provider Resources section and are listed in periodic communications to physicians and healthcare professionals and upon request.

Precertification with the assigned case manager is required for certain services including hospital admissions and all surgical procedures. For specific information on PIP precertification requirements, please refer to the section in this manual entitled, “Precertification”, or call Horizon Casualty Services at 1-800-985-7777.

Following Horizon Casualty Services’ precertification of a hospital procedure, Horizon Casualty Services will notify the hospital admissions or billing office of impending admissions. In the event of emergency hospital admissions, Horizon Casualty Services will provide confirmation to the hospital that a claimant is eligible for benefits under a program administered by Horizon Casualty Services as soon as possible following notification from the employer or insurer.

In some cases, an ID card may not be issued to a covered claimant, or the claimant may not have an ID card in his or her possession. For questions regarding coverage, please contact Horizon Casualty Services at 1-800-985-7777.

For PIP-related claims, Horizon Casualty Services will process medical bills in accordance with the terms of applicable network participation agreements. Payment amounts will be reduced by any applicable co-payments or deductibles as defined in a claimants’ automobile insurance policy. Under current New Jersey PIP regulations, physicians and healthcare professionals are able to seek reimbursement from the claimant for any applicable co-payments or deductibles that were applied to the
payment. Payment will be issued either by the PIP carrier or by Horizon Casualty Services. Please contact Horizon Casualty Services should you have any payment questions.

New Jersey 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 Horizon Casualty Services staff includes claims professionals who administer and coordinate the management and processing of workers’ compensation claims. Physicians and healthcare 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, and other treatment at no cost to the employee. The employer or their representative (workers’ compensation insurer or certified New Jersey workers’ compensation managed care organization) has the right to choose who provides treatment. Only in emergencies may the employee select the physician or healthcare professional. Medical care must be provided to the injured worker to the level of maximum medical improvement. A physician or healthcare professional may not collect a fee for service provided or balance bill the patient.

Temporary Disability Benefits

When time off work exceeds 7 days, whether consecutive or not, benefits are paid equal to 70% 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 permanency, 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
Horizon Casualty Services physicians should not perform disability evaluations for permanency unless specifically requested to do so by the employer or its agent ( Horizon Casualty Services).

Independent Medical Examinations (IMEs)
In select cases, network physicians will be asked to evaluate injured workers who receive care from other physicians. A Horizon Casualty Services representative 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 healthcare professional to be required to appear in court. Normally the medical record, or in some instances deposition testimony, is given. Therefore, it is important that your medical records are legible, complete, current, factual, and accurate. In short, they should speak for themselves. A judge may use your medical records to make a decision. In the rare case when live testimony is necessary, we would appreciate your cooperation. You will, of course, be compensated for your time in such cases.

Legal Requests for Medical Records
Should your office be contacted for original or copies of medical records, please direct the call to Horizon Casualty Services. The assigned case manager will notify the respective claims professional coordinating the claim. He or she will provide the necessary documentation. Please do not complete a separate medical report at the request of an attorney.

“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 this state.

Benefits

Medical Benefits
Pursuant to the changes made by the “Automobile Insurance Cost Reduction Act of 1998” (AICRA), payment of medical expense benefits shall 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 shall be subject to any deductible and any co-payment 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 shall 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 pursuant to this section, shall be those recognized by national standard setting organizations, national or state professional organizations of the same discipline as the treating physician or healthcare 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

New Jersey Personal Injury Protection, (PIP) Law

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. Its aim is to ensure that there are “financially responsible persons available to meet the claims of persons wrongfully injured in automobile accidents.”
Division of Consumer Affairs in the Department of Law and Public Safety.

Precertification
New Jersey personal injury protection laws and regulations requires precertification of certain procedures, treatments, diagnostic tests, and other services including such things as the purchase of durable medical goods, as approved by the State, provided that the requirement for precertification shall not be unreasonable, and no precertification requirement shall apply within ten days of the insured event.

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

**Fraud Detection and Control**

Horizon Casualty Services physicians and healthcare professionals play an important role in helping to control fraud and abuse within the workers' compensation system. If you suspect a patient is magnifying complaints, malingering, or in any way abusing the process, please contact a Horizon Casualty Services case manager.

Horizon Casualty Services will take appropriate steps to investigate the situation and will work with you in attempting to resolve the problem.

Horizon Casualty Services is vigilant in detecting fraud and controlling abuse on the part of claimants, physicians and healthcare professionals, attorneys, and others, and will utilize 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 will establish the same type of positive relationship with the claimants served by Horizon Casualty Services as you would with any other patients. Although the focus in workers’ compensation is attainment of maximum medical improvement and return to work, Horizon Casualty Services wants to avoid any misunderstanding that you are the "company" physician or healthcare professional.
Identification

Claimant Identification Numbers

The claim number is the most important link between you, your patient, and Horizon Casualty Services. It is important that you always include all alpha and numeric characters in the claim number when communicating with Horizon Casualty Services. If you do not know the claim number of a particular patient, please call Horizon Casualty Services at 1-800-985-7777.

In cases where ID cards are distributed, the claim number should appear on the ID card. In those instances where no claim number appears on the ID card, call Horizon Casualty Services to obtain the number, and then complete the ID card by inserting the claim number in the space provided.

Identification Cards

Featured on this page is a sample of the identification card that may be issued under programs administered by Horizon Casualty Services. ID cards are issued to claimants after Horizon Casualty Services is 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. If you have any questions about coverage or eligibility, or to confirm that benefits are being administered by Horizon Casualty Services, please call us at 1-800-985-7777.

Emergencies

In emergency situations, injured employees or persons injured in automobile accidents are advised to seek medical care immediately. Injured employees are also directed to notify their employers within 24 hours or as soon thereafter 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 will not have been issued or that the services will not have been prospectively authorized.
**Patient Care Policies**

**Role of the Primary Care Physician (PCP)**

The Horizon Casualty Services network is comprised in part, of primary care physicians (PCPs), specialty care physicians and healthcare professionals, and other related medical care professionals. The PCP or Care Coordinator Physician serves as the primary physician delivering medical evaluation and care to the injured or ill claimant.

Because the costs associated with lost work time by workers’ compensation claimants are significant, it is important that PCPs see injured workers, the same day of injury, if possible, and if necessary, without an appointment. Modified duty may be available and appropriate. Please refer to the section in this manual entitled, “Patient Care Policies”, “Return-to-Work”.

If employers elect, employees may be referred to PCPs for corporate health care services including Department of Transportation (DOT) exams, Blood Alcohol Testing (BAT), drug screening, pre-placement physicals, and preventive care. These services are separate from workers’ compensation. 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 or she should contact Horizon Casualty Services prior to performing the examinations.

Once it is determined that an injury is work-related, the PCP provides the necessary and appropriate evaluation and treatment. If necessary, the PCP should make a referral for an in-network specialist consultation, diagnostic testing, or hospitalization. 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 PCP can either treat the patient, at the patient’s expense, or refer the patient to his or 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 automobile insurance policy. Payment for all medical care and services rendered for such treatment is the responsibility of the patient.

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 the PCP to provide appropriate, quality, and cost effective medical care to patients. PCPs may recommend referral patients for specialty services as part of the treatment plan. Specialists play a critical role by providing efficient care within their area of expertise and within the scope of the patient’s treatment plan.

**Referrals**

For patients being treated for work-related injuries and illnesses, referrals
should be made only to Horizon Casualty Services network hospitals, physicians and other healthcare professionals and services. These referrals should be coordinated with the assigned case manager. Patients being treated under personal injury protection coverage are entitled to seek medical treatment by physicians and healthcare professionals of their own choice. However, such patients should be encouraged to utilize Horizon Casualty Services participating physicians and healthcare professionals because of their expertise in the treatment of musculoskeletal injuries. Please contact Horizon Casualty Services at 1-800-985-7777 if you have a question regarding referrals or network participants.

Timely and Appropriate Care

Initial evaluation and ongoing coordination in the management of work-related injuries and illnesses is provided by primary care physicians (PCPs). PCPs generally specialize in internal medicine, occupational medicine, or family practice. Additionally, specialists and other workers’ compensation related health care professionals are included in the network.

Walk-ins will occur. Horizon Casualty Services will encourage supervisors to call in advance of injured employees’ arrival at PCP offices. If an employee arrives without an appointment, he or she should be seen as soon as possible.

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.

Horizon Casualty Services must authorize second opinions.

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

Emergent cases should immediately be referred to the nearest emergency facility or hospital. All efforts should be made, if possible, to refer emergencies to Horizon Casualty Services network hospitals. Your office must notify Horizon Casualty Services within 24 hours of an emergency room visit or admission.

Emergency admissions do not require precertification. However, the admitting physician must advise Horizon Casualty Services about the case within 24 hours.

Note that precertification is required for certain procedures and for durable medical equipment above a certain dollar value. Please refer to the section in this manual entitled, “Precertification”.

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 Horizon Casualty Services upon request. When a PCP elects to x-ray an employee in his or her office, the PCP 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 Horizon Casualty Services Patient Treatment Plan Form or office notes that are faxed or submitted to Horizon Casualty Services. Horizon Casualty Services may arrange for a second reading by a board-certified radiologist for x-rays taken by PCPs. An official reading will be promptly forwarded to the PCP’s office by telephone, and then followed by a hard copy.

Diagnostic tests such as EKG, visual and audiological evaluations, 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 a Horizon Casualty Services case manager.

Precertification is required in some instances. For patients being treated for work-related injuries and illnesses, referrals should be made only to hospitals, physicians and other healthcare professionals participating with Horizon Casualty Services. These referrals should be coordinated with the assigned case manager. Patients being treated under personal injury protection coverage are entitled to seek medical treatment by physicians and healthcare professionals of their own choice. However, such patients should be encouraged to utilize Horizon Casualty Services participating physicians and healthcare professionals because of their expertise in the treatment of musculoskeletal injuries. In some cases under personal injury protection laws, it is financially beneficial for the patient to utilize certain types of networks such as radiology, laboratory or pharmacy networks. The case manager will be able to assist you with any questions you may have. For workers’ compensation claimants, justification for referral out of network must be discussed with and approved by a Horizon Casualty Services case manager. Precertifications may be obtained by calling 1-800-985-7777.

Prompt referral: If there is need for precertification, call Horizon Casualty Services while the patient is in your office at 1-800-985-7777. In most cases, precertification will be given immediately. The assigned case manager will select the appropriate specialist or healthcare 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.

The assigned nurse case manager at times may make the decision to refer a precertification request to a medical consultant. In such cases, the medical consultant may seek to contact the treating physician directly to discuss the precertification request and related suggestions for an alternative course of treatment. Horizon Casualty Services encourages its contracted physicians to take these calls so that a proactive approach can be taken in planning the most effective course of treatment.

Laboratory testing: All lab work must be sent to LabCorp, the Horizon Casualty Services participating laboratory services company. PCPs must become LabCorp clients. There is no cost for this. This can be accomplished by contacting LabCorp directly at 1-800-631-5250. LabCorp will send laboratory bills directly to Horizon Casualty Services. Horizon Casualty Services clients will be responsible for payment for covered laboratory services. Physicians who perform phlebotomy or collect other material for lab testing may bill Horizon Casualty Services for this service utilizing the appropriate Current Procedural Terminology (CPT) code.
Prescription drugs: Clients that select the Horizon Casualty Services prescription drug program participate with CVS Caremark. The patient must present his or her Horizon Casualty Services ID card at a participating Horizon Blue Cross Blue Shield of New Jersey or CVS Caremark pharmacy to obtain prescriptions. CVS Caremark will send pharmaceutical bills directly to Horizon Casualty Services. Approximately 98% of New Jersey pharmacies are in the CVS Caremark network. A Horizon Casualty Services participating physician should not prescribe or renew any prescription that is not related to covered injury or illness. For Workers’ Compensation and PIP patients, the dispensing of prescription medications by a physician’s office is prohibited. Should a physician need to speak with a CVS Caremark pharmacist, please call 1-800-364-6331.

Return-to-Work is our focus: For Workers’ Compensation claims, every workday lost is an expense to the employer. In light of this, it is important that you see the patient promptly. Appointments for treatment by specialists or diagnostic testing should be made for the same day or next day. Record scheduled appointments in the patient’s record. The objective is to avoid treatment delays that result in unnecessary cost to the employer or insurer.

Modified duty may be available and appropriate. The case manager will supply, when available, a 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. It is important that you indicate the projected Return-to-Work date on the Patient Treatment Plan Form accompanied by the required restrictions. The case manager will then work with the employer to determine if the employer can accommodate the restrictions.

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 temporary modified, full duty, and permanently modified work; and maximum medical improvement status. 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.

Personal Injury Protection Attending Provider Treatment Plan Form

The “Personal Injury Protection Attending Provider Treatment Plan” form is a State of New Jersey required form to be completed that provides medical information and requested precertification information related to patients that are injured as a result of an automobile accident covered under a New Jersey automobile insurance policy. 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 personal injury protection covered injury, it is advisable that you refer the patient to his or her family physician. Payments for treatments arising from non-work-related illnesses or injuries are the responsibility of the patient and/or their health insurance carrier.
Effective Documentation

Introduction
Because of the frequent need to correspond with Horizon Casualty Services, 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 in order 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 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. A Horizon Casualty Service Representative 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 Take Over:
This process involves a review of current records by another physician of the same specialty to determine course of treatment and probable take over of care as directed by the Nurse 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 vs. findings:** Always differentiate between objective findings and subjective complaints when confirmation cannot be made by examination or tests.

Documenting Initial Office Visit
Detailed documentation of the initial office visit is essential. Please utilize 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 preexisting 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, for example, mild, moderate, or severe.

Return-to-Work

Under workers’ compensation coverage, lost work time costs employers time, money, and productivity. Modified duty may be available and appropriate. To assist physicians in achieving safe and rapid return-to-work for their patients, your assigned nurse case manager will provide you with a return-to-work metric based on nationally accepted guidelines. Horizon Casualty Services workers’ compensation clients are highly focused on this metric.

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 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. Please be sure to indicate the projected return-to-work date on the Patient Treatment Plan Form and provide required restrictions. The assigned case manager will coordinate this activity with the physician or healthcare professional, employee, and employer in an effort to achieve safe and prompt return-to-work.

Emergency Services

Horizon Casualty Services’ policy for emergency admissions and treatment is to assure that all patients with injuries or illnesses that threaten life or limb, or may result in permanent physical or mental limitations receive immediate emergency care.

Procedures

• Employee is evaluated and treated in the nearest emergency facility.
• If treated by a network physician or healthcare professional, the physician or healthcare professional must notify Horizon Casualty Services within one business day of patient treatment. This should be communicated through the faxing of a completed Patient Treatment Plan Form.
• If an out-of-network physician or healthcare professional has provided treatment, the individual will be contacted and informed of Horizon Casualty Services policies and fee schedule. If the out-of-network physician or healthcare professional elects not to participate with Horizon Casualty Services policies and procedures, the patient will be transferred to a network physician or healthcare professional for follow-up care once the patient’s condition is medically stable and transfer can be accomplished in a safe manner.

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
PCP at the urgent care center will communicate this to Horizon Casualty Services through the faxing of 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 Horizon Casualty Services will refer him or her to the nearest emergency facility.

**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 $500.00
- 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 a Horizon Casualty Services representative at 1-800-985-7777. For workers’ compensation treatment, the precertification number must be recorded on the Patient Treatment Plan Form. For treatment of automobile related injuries, the precertification number must be recorded on the Personal Injury Protection Attending Provider Treatment Plan Form.

All PCPs and specialists are required to comply with Horizon Casualty Services’ administrative, patient referral, utilization review, quality assurance, and reimbursement procedures.

**PIP Precertification**

For PIP services, a Point of Contact letter is sent to the claimant, his or her legal representative, and all treating physicians and healthcare 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, for PIP claimants, the treating physician is responsible for obtaining certification for:

- Non-emergency inpatient and outpatient hospital care
- Non-emergency surgical procedures
- Durable medical equipment, including, orthotics and prosthetics, costing greater than $50.00 or rental greater 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

Please note that some services are subject to individual benefit limitations.

Criteria that Horizon Casualty Services uses to render utilization management decisions are available upon request.

Hospital Admissions

Except for emergencies, all hospital inpatient admissions must be precertified. This is accomplished by contacting a Horizon Casualty Services case manager at 1-800-985-7777. The precertification number must be recorded on Horizon Casualty Services’ Patient Treatment Plan Form.

Horizon Casualty Services contracts with hospitals throughout the region. Horizon Casualty Services 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 Horizon Casualty Services of the admission within 24 hours of the admission.

Horizon Casualty Services will precertify hospital inpatient admissions and will notify the hospital admissions or billing office of impending inpatient admissions. In emergencies, Horizon Casualty Services will provide confirmation to the hospital that an employee is eligible for benefits under a program administered by Horizon Casualty Services promptly following notification from the employer or insurer.

Medical Bill Payment Process

Horizon Casualty Services administers the medical bill payment process with the objective of assuring that participating physicians and healthcare professionals are paid on a timely basis in accordance with contracted fees.

Medical Bill Submission Process

Physicians and healthcare 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 ICD-9 codes on a CMS-1500 (HCFA-1500) claim form. Confirm that all information is accurate and complete. The patient's claim number should be included.

2. **IMPORTANT**: Usual and Customary charges.

When submitting medical bills to Horizon Casualty Services, Inc. (HCS) or its clients, network participants are required to bill using their usual and customary (U&C) charges.

U&C is defined as the price that would normally be charged by a health care professional for the specific services rendered, regardless of any preferred provider agreements that may be in place. The U&C charge amount can be thought of as the “list price” for the services offered by a health care professional.

It is important to note that U&C amounts from health care professionals are used by insurance companies and health care information vendors to develop regional and national pricing databases. These databases are used extensively within the insurance industry to determine reasonable payment allowances in cases where a preferred provider agreement is not in place with a health care professional. Therefore, failure to submit your U&C amounts to HCS, or any other payor, may contribute to the understating of the reasonable payment allowances for the services you render at some point in the future.

Please contact your HCS Network Relations Representative if you have any questions on this requirement.

3. Attach a copy of the Horizon Casualty Services 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.
   33 Washington Street, 11th Floor
   Newark, NJ 07102-3194

**Refunds of Overpayments**

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

**Confidentiality of Personal Information**

Due to the nature of our business, Horizon Casualty Services, Inc. is not considered a covered entity under the Health Insurance Portability and Accountability Act (HIPAA). We do however, value and take steps to ensure that any Protected Health Information we receive is protected and kept confidential.

Information in this manual is accurate as of the date of publication. Horizon Casualty Services will communicate any changes via letter or notification in electronic format.

**Protected Health Information**

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

**Administrative Information**

The policies and procedures contained in this manual provide information concerning the responsibilities of participating physician and healthcare professionals, termination from participation, patient treatment forms, complaints and grievances, physician and healthcare professional manual updates, and new client updates. Appropriate use of these communications materials will enable Horizon Casualty Services, along with its participating physician and healthcare professionals, to best serve the needs of patients and customers.

**Physician and Healthcare Professional Responsibilities**

As a condition of participation with Horizon Casualty Services, physicians and healthcare professionals have specific responsibilities as defined in their respective contractual agreements. This manual contains information for your reference related to your responsibilities to Horizon Casualty Services. We encourage you to review your agreement and to contact our office if you have questions or need clarification.

**License, Certification or Registration**

To maintain your participating status with Horizon Casualty Services, all physician and healthcare professionals are required to maintain a current, unrestricted, valid license, certification or registration to practice medicine in New Jersey, or a contiguous state if the physician and healthcare professional’s practice is outside the State of New Jersey.

**Medical Records**

Patient medical records must be made available to Horizon Casualty Services upon reasonable request.

**Notifications**

You must notify Horizon Casualty Services in writing of any of the following situations:

- If 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, or suspended actively or stayed, or revoked for any reason.
- If 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.
- Your failure to maintain required medical malpractice insurance.
- Your leave of absence or resignation from the medical staff of any hospital.
- If you are indicted, convicted of, or plead guilty to a criminal offense regardless of the nature of the offense.
• If 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
33 Washington Street 11th Floor
Newark, NJ 07102

Credentialing and Recredentialing

Horizon Casualty Services credentialing standards apply to all applicants in the following physician and healthcare professional categories and shall be available for review by all applicants upon request. Please contact Horizon Casualty Services at 1-800-985-7777 to obtain a copy of the credentialing standards.

i. Physicians (MD & DO)
ii. Oral surgeons (DDS & DMD)
iii. Podiatrists (DPM)
iv. Chiropractors (DC)
v. Optometrists (OD)
vi. Physical therapists (PT)
vii. Occupational therapists (OT)
viii. Speech pathologists (SP)
ix. Audiologists (MA)
x. Acupuncturists (CA)

All participating physicians or healthcare 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, (BCBSNJ) who will request the necessary prompt return of requested forms and documents to expedite the recredentialing process and to insure uninterrupted network participation. It is recommended that you join the Council for Affordable Quality Healthcare (CAQH) in order to facilitate the credentialing and recredentialing processes. Online applications can be completed by visiting https://upd.caqh.org/das/. Please contact Horizon Casualty Services’ Networks Services Department if you seek to obtain a copy of the recredentialing policy.

The Horizon Casualty Services Clinical Quality Improvement Committee shall review and approve the results of any customer satisfaction surveys directly reflecting care provided by the physician or healthcare professional and the results of any investigation of customer complaints related to care rendered by the physician or healthcare professional since he or she was last credentialed.

In addition, information related to non-compliance with either Horizon Healthcare Services, Inc., or Horizon Casualty Services administrative policies and procedures will be reviewed.

Terminations

Physicians or healthcare professionals may terminate their agreement with Horizon Casualty Services according to the terms contained within the agreement.

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

In the event Horizon Casualty Services wishes to terminate the agreement, you will be notified in accordance with the terms of your contract with Horizon Casualty Services.
Network Relations Department

The Network Relations Department is responsible for facilitating education and training related to Horizon Casualty Services’ policy/guidelines. The Network Relations team provides in person 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.

Patient Treatment Forms

Horizon Casualty Services utilizes the following forms for communications and billing in connection with participating physician and healthcare professionals’ care of Horizon Casualty Services patients. These are:

- Workers’ Compensation Patient Treatment Form
- Personal Injury Protection Attending Provider Treatment Plan Form
- Workers’ Compensation Guide
- Workers’ Compensation Physical Demands Analysis Form
- Weekly Physical/Occupational Therapy Plan
- Workers’ Compensation Procedure/Surgery and After Care Precertification Form

For your convenience, all forms listed above are available online at www.HorizonCasualty.com in the Physician Resources section.

Complaints, Appeals, Reconsiderations, and Arbitrations

The Horizon Casualty Services staff is interested in hearing your opinions. Patient, physician, and healthcare professional complaints, compliments or feedback related to administrative or clinical care issues and decisions may be expressed orally or in writing.

Please contact our Network Services Department at 1-800-985-7777 or send a communication in writing to the following address:

Horizon Casualty Services, Inc.
Network Services Department
33 Washington Street, 11th Floor
Newark, NJ 07102

Horizon Casualty Services' policy concerning complaints, appeals, reconsiderations and arbitrations is to systematically review and process all submissions with the objective of resolving outstanding issues in a timely manner. The Horizon Casualty Services Clinical Quality Improvement Committee has oversight responsibility for the resolution of disputed clinical issues. Horizon Casualty Services’ network participants treating patients under Personal Injury Protection coverage policies are entitled to utilize a formal arbitration process to resolve disputes under New Jersey Personal Injury Protection law. We do ask, however, that network participants first seek to resolve PIP disputes with Horizon Casualty Services through the Complaints, Appeals, and Reconsiderations process described below with the objective of resolving the dispute without the expense and time commitment associated with the PIP arbitration process.
Definition of Terms

A *Complaint* is defined as a disagreement that has the potential to be resolved rapidly through verbal or written communication.

A *Medical Bill Payment Appeal* is defined as a formal written request for review of a medical bill payment determination made by Horizon Casualty Services related to the payment amount of a medical bill paid under a workers’ compensation or personal injury protection policy.

**Workers Compensation**

An *Appeal* is defined as a formal written request for the review of a determination made by Horizon Casualty Services related to the non-certification of medical treatment associated with a work-related injury covered under a New Jersey workers’ compensation insurance policy.

A *Secondary Appeal* is defined as a complaint that has not been successfully resolved and requires additional investigation and intervention. Secondary Appeals must be documented in writing to enable those involved to evaluate the facts and make a definitive decision.

**Personal Injury Protection**

A *Reconsideration* is defined as a formal request for the review of a determination made by Horizon Casualty Services related to the non-certification of medical treatment associated with an automobile accident injury covered under a New Jersey automobile insurance policy.

A *Secondary Reconsideration* is defined as a second request for the review of a determination made by Horizon Casualty Services related to the non-certification of medical treatment associated with an automobile accident injury covered under a New Jersey automobile insurance policy.

*An Arbitration* is defined as a formal written request for external review of a determination made by Horizon Casualty Services related to the non-certification of medical treatment associated with an automobile accident injury covered under a New Jersey automobile policy.

Complaint Resolution Process

Contact Horizon Casualty Services at 1-800-985-7777 with any complaints you may have. Horizon Casualty Services will seek to resolve complaints in an efficient manner. In many cases, this may be accomplished through verbal interaction with the individual making the complaint.

If the principal Horizon Casualty Services employee responding to the complaint is unable to resolve the problem, the claimant, physician, or healthcare professional can refer the problem to a Horizon Casualty Services case management supervisor, or the medical bill operations supervisor in the case of medical payment issues.

We ask that network participants treating patients with automobile related injuries seek to resolve disputes with Horizon Casualty Services through the Complaint and Appeals process described below with the objective of resolving the dispute and avoiding the time and expense associated with the PIP arbitration process.

**Medical Bill Payment Appeals Process - Workers’ Compensation and Personal Injury Protection**

If you feel that Horizon Casualty Services paid your bill incorrectly, you may file a medical bill payment appeal in writing to:
An appeal must include a cover letter explaining the rationale for the appeal and copies of the original bill and corresponding Explanation of Payment (EOP). Horizon Casualty Services will respond to medical bill payment related appeals within 14 days of receipt.

Medical Treatment Appeals Process – Workers’ Compensation

Appeals
If a disagreement is not resolved through the complaints process and it is related to the treatment of a work-related injury under a New Jersey workers’ compensation insurance policy, the disagreement will be evaluated through the appeals resolution process. As part of this process, documentation must be provided that supports the appeal. Horizon Casualty Services will review the documentation supplied and issue an appeal decision.

If the appeal is related to a medical bill payment or a precertification decision associated with a service that has already been performed, Horizon Casualty Services will respond within 14 days of its receipt. If the appeal is related to a precertification decision for services that have not yet been performed, Horizon Casualty Services will respond within 5 days of receipt.

Secondary Appeals
Secondary appeals related to clinical care issues must be in writing and sent to the attention of the Horizon Casualty Services Manager of Clinical Quality. Secondary appeals related to medical bill payment amounts must be in writing and sent to the attention of the Horizon Casualty Services Manager of Medical Bill Operations. New information that was not available at the time of the original decision should accompany the filing of the secondary appeal.

If the secondary appeal is related to a medical bill payment or a precertification decision associated with a service that has already been performed, Horizon Casualty Services will respond within 14 days of receipt. If the secondary appeal is related to a precertification decision for services that have not yet been performed, Horizon Casualty Services will respond within 5 days of receipt.

For certain clinical care related secondary appeals; our Medical Consultant may refer the case to our Clinical Quality Improvement Committee. In such cases, the Medical Consultant, along with the Clinical Quality Improvement Committee, will make a final decision on the secondary appeal. In urgent cases, the Medical Consultant may opt to seek additional professional opinions to assist in making a final decision. In such cases, the Medical Consultant will contact a minimum of two peers by telephone to discuss the issues involved with the secondary appeal. In some cases, the Medical Consultant will call for an ad hoc meeting of Clinical Quality Improvement Committee for the purpose of making a final decision. Upon a final decision being made, it will be communicated to the individual who filed the secondary appeal within one business day. In cases of emergency, the physician or healthcare professional should ensure that the patient receives medical attention from an appropriate physician in an appropriate care setting.

A written document acknowledging the receipt, status, and decisions regarding all
secondary appeals will be sent by our Clinical Quality Manager to the individual who filed the secondary appeal following the review of all pertinent information.

**Personal Injury Protection Appeal Process**

**Reconsiderations**

If a decision is made by Horizon Casualty Services to non-certify a precertification request related to the treatment of an automobile accident injury covered under a New Jersey automobile insurance policy, the clinical rationale for this determination will be made available at your request. Should you disagree with our determination concerning your request, you are entitled to seek a reconsideration of the decision from Horizon Casualty Services within 30 days of the date shown on the non-certification letter. All requests for reconsideration should be submitted in writing to:

**Horizon Casualty Services, Inc.**
**Personal Injury Protection Services**
**33 Washington Street, 11th Floor**
**Newark, NJ 07102**

Alternatively, you may fax your reconsideration request to 973-622-7265. A Horizon Casualty Services Medical Consultant will be available to consult with you during the reconsideration process and will review all requests for reconsideration within three business days. Either party can appeal to an Alternate Dispute Resolution Organization as provided in N.J.A.C. 11:3-5 if the issue cannot be resolved through the internal reconsideration process. Horizon Casualty Services requests that network participants seek to avoid utilization of the arbitration process through use of the medical bill appeals and reconsiderations process described in this section.

**Arbitrations**

Horizon Casualty Services network participants treating patients under automobile insurance coverage are entitled to utilize an independent arbitration process to resolve disputes under New Jersey Personal Injury Protection law. Horizon Casualty Services requests that network participants seek to avoid utilization of the arbitration process through use of the medical bill appeals and reconsiderations processes described in this section.

**New Client Updates**

Within a reasonable time period from the date that new clients contract with Horizon Casualty Services within your service area, Horizon Casualty Services will inform your office of the name of the new clients. When you receive new client updates, please insert them in this section of your Manual for quick reference.

**Legal Information**
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This physician and healthcare professional manual is written and produced for contracting physicians and healthcare professionals by Horizon Casualty Services, Inc.

If you would like to make suggestions on improving this manual, we would appreciate hearing from you. Please mail comments to the following address:

Horizon Casualty Services, Inc.
Network Relations Department
33 Washington Street, 11th Floor
Newark, NJ 07102-3194