

# FOCUS

Fall 2014

THE MAGAZINE FOR HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY MEMBERS

Go paperless with  
electronic EOBs

What are members saying  
about your doctor?

Check out NJWELL



Horizon Blue Cross Blue Shield of New Jersey



## We speak your language

If you do not speak English, you may access information about your health plan through the AT&T Language Line, a translation service. To be connected to the AT&T Language Line, please call Member Services at **1-800-414-SHBP (7427)**, Monday through Friday between 8 a.m. and 6 p.m., Eastern Time (ET).

Or

Visita **HorizonAzul.com**, un sitio en internet en español de Horizon Blue Cross Blue Shield of New Jersey, que proporciona a los miembros acceso a información y planes de salud, tanto en español como en inglés.

## Diversity Statement

At Horizon Blue Cross Blue Shield of New Jersey, we are proud of our commitment to diversity and inclusion among our employees, members, physicians and business partners. Diversity is part of who we are as a Company. We embrace and value differences of culture, education, experience and perspective in our workplace. For more information, please visit **HorizonBlue.com/Diversity**.



**DON'T FORGET!**

To ensure all claims and correspondence documents are processed appropriately and as quickly as possible, please provide us with your Horizon BCBSNJ membership ID on all documents sent to Horizon BCBSNJ.

And, when you call us, please enter your membership ID at the beginning of your call.

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# The future of health care

When President Obama signed the Affordable Care Act (ACA) into law in 2010, we entered a new era of comprehensive health care reform. The act includes several provisions which are designed to:

- ◆ Expand coverage.
- ◆ Improve the health care delivery system.

The law is far reaching and has significant impact on current and future health insurance costs, for not only individuals, but for large and small employers as well. There are many intricacies to the law and it can be confusing. One of our goals at Horizon Blue Cross Blue Shield of New Jersey is to help you understand the law and what it means to you.

## ACA cost impact on large employers

The American Health Policy Institute (AHPI) has issued a report projecting that the ACA will increase health coverage costs for all large U.S. employers (those with 10,000 or more employees) an estimated \$151 billion to \$186 billion over the next decade.

ACA-related cost increases per employer are projected to be up to \$200 million, an increase of 4.3 percent in 2016 and 8.4 percent in 2023 over what employers would otherwise spend. The per-employee cost to the employer is estimated to be \$4,800 to \$5,900 by 2023.

The report concludes that large employers have a significant incentive to make cost-reducing changes to their employee health plan offerings as they determine future benefits and employment strategies.



The added mandates, fees and regulatory burdens associated with the ACA affect the cost of employer-sponsored health care plans directly and indirectly.

### Direct costs associated with the ACA include:

- ◆ Patient-Centered Outcomes Research Institute (PCORI) fee.
- ◆ Temporary reinsurance fee.
- ◆ General ACA implementation and administrative costs.
- ◆ Excise tax on high-cost plans.
- ◆ Mandate to cover adult children up to age 26 years as dependents.
- ◆ Benefit mandates, including 100 percent coverage of preventive care services.

### Indirect costs associated with the ACA include:

- ◆ New supply-chain taxes passed on to employers (e.g., medical device tax).
- ◆ Higher cost-shifting from expanded Medicaid coverage.
- ◆ Increased take-up rates of employer-offered coverage resulting from the individual mandate.

#### Source:

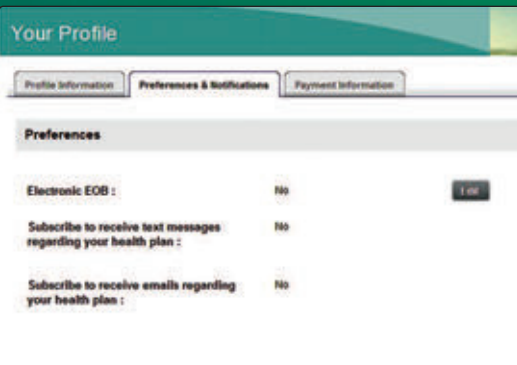
American Health Policy,  
[americanhealthpolicy.org/content/documents/resources/2014\\_ACA\\_Cost\\_Study.pdf](http://americanhealthpolicy.org/content/documents/resources/2014_ACA_Cost_Study.pdf)

# Your health care dollar pays for a lot of care at Horizon Blue Cross Blue Shield of New Jersey



**88¢ of every health care dollar goes directly to pay for medical care, 10¢ goes to administrative costs, and only 2¢ is profit.**

Based on Horizon BCBSNJ 2013 year-end data.



## Go paperless: Convenient, secure, easy-to-use

Signing up for paperless Explanation of Benefits (EOB) statements is easy.

Sign in to Member Online Services at [HorizonBlue.com](http://HorizonBlue.com). Click *Profile* in the header next to your name. Then select the *Preferences & Notifications* tab. Here you can sign up to receive health plan information via text and email, and you can sign up for electronic EOBs.



**It's that simple! Once you are enrolled, you will receive an email notification each time an EOB is ready to be viewed online.**

## Physician Review tool

# Read and post doctor reviews

When searching for a doctor, reviews and recommendations can be extremely helpful. With the *Physician Review* tool, Horizon Blue Cross Blue Shield of New Jersey members can read patients' reviews of participating doctors in New Jersey as well as doctors outside of the Garden State who participate with another Blue Plan. Members can write and submit their own reviews after they've visited a participating doctor.

The posted review consists of a summary star rating (one to five stars) that is an aggregate of the doctor's star ratings for overall patient experience. Viewers can also see the number of reviews, the percentage of those who would recommend the doctor and individual patient ratings, details and comments.



### How to read reviews

Horizon BCBSNJ members can read patient reviews of doctors located in New Jersey through our website. Sign in to Member Online Services at **HorizonBlue.com** and:

- ◆ Mouse over *Tools & Resources*.
- ◆ Click *Physician Review*.

To read patient reviews of participating doctors outside of our local service area, visit the Blue National Doctor and Hospital Finder at **provider.bcbs.com**. Reviews on the Blue National Doctor and Hospital Finder do not require a sign in and are available for anyone to read.

### How to post a review

Once in the *Physician Review* tool:

- ◆ Search for and locate the doctor you want to review.
- ◆ Click *Write Review*.
- ◆ Enter the date of your recent visit to this doctor. The tool will only allow you to write a review if a recent visit is verified in your claims history.
- ◆ Read and agree to the tool's terms and conditions.

From there, you'll be asked to rate the doctor using a five-point scale and if you would recommend the doctor. Then you'll be asked to rate the doctor on the following details of your visit:

- ◆ Was it easy to make an appointment?
- ◆ Did the doctor discuss any health concerns?
- ◆ How was the overall office environment?

Once you've shared the details about your visit, you'll have the option to write a review of your doctor. This optional information is viewable, but is not included in calculating the overall doctor ratings.

Horizon BCBSNJ will ensure that the content of the review is appropriate and then post your review.

Please be assured that no identifying information of yours will appear within a review.

Horizon BCBSNJ members can only submit reviews for individual doctors, not for hospitals, other facilities or organizations.



# Stay healthy and safe during your pregnancy

See your doctor if you think you are pregnant, and then regularly throughout your pregnancy. Prenatal care can help keep you and your baby healthy and detect problems early should they occur.

- ◆ Eat a variety of healthy, nutritious foods. This is important for you and your developing baby.
- ◆ Get all essential nutrients. Ask your doctor about a vitamin supplement for your pregnancy.
- ◆ Stay physically active and at a healthy weight. Discuss concerns about exercise limitations with your doctor.
- ◆ Get enough rest. Try to get seven to nine hours of sleep each night. Sleeping on your left side helps blood flow to you and your baby and helps to reduce swelling.
- ◆ Avoid smoking, alcohol and illicit drug use. They can be harmful to you and your baby.
- ◆ Take a childbirth or parenting class. Learn about the birthing process. Discuss pain management techniques. Build a supportive relationship with your partner.



## PRECIOUS ADDITIONS®

- ◆ The PRECIOUS ADDITIONS program is a free, mail-only, voluntary educational resource that provides Horizon Blue Cross Blue Shield of New Jersey members with valuable health information on pregnancy and early childhood.
- ◆ Eligible members can log on to **HorizonBlue.com/PreciousAdditions** and complete the online enrollment form.



## Text4baby<sup>SM</sup>

The National Healthy Mothers, Healthy Babies Coalition (HMHB) offers Text4baby for busy moms on the go who want to learn more about staying healthy during pregnancy, and receive educational information to help them give their babies the best possible start in life. This FREE service sends text messages with important health tips for moms directly to their mobile phones, during early pregnancy through their babies' first year.\* These text messages are timed to the mother's stage of pregnancy and her baby's age. To sign up using your mobile phone, simply text the word BABY (or BEBE for Spanish) to 511411. Visit **text4baby.org** to register online.

\* Standard text messaging rates may apply.





### High-risk maternity case management

- ◆ Specialized nurses from Horizon BCBSNJ's high-risk maternity case management department can provide phone support during a high-risk pregnancy. If you have a chronic health condition, a multiple pregnancy (e.g., twins), are pregnant and age 35 years or older, or are experiencing any health problems during your pregnancy, contact the case management department at **1-888-621-5894**, select option 2.

### Breastfeeding your baby – good for both of you

- ◆ **Good for your baby:** Breast milk contains many things that are beneficial to a baby's health. It has the right amount of nutritional elements like fat, sugar, water and protein needed for a baby's development. Breast milk also has antibodies that help protect babies from infections. In addition, many babies find breast milk easier to digest than formula.
- ◆ **Good for you:** Breastfeeding uses up extra calories, which makes it easier for moms to lose the weight gained during pregnancy. It also reduces postpartum bleeding and helps the uterus to return to its original size more quickly. Studies show that women who breastfeed may lower their risk for breast and ovarian cancer.
- ◆ Under your insurance plan, a breast pump may be covered at little or no cost to you. To find out if you qualify for a breast pump, call Horizon BCBSNJ at **1-800-414-SHBP (7427)**.



- ◆ A lactation consultation may also be covered under your insurance plan.
- ◆ Talk to your doctor to learn if breastfeeding is the right choice for you and your baby.

### After the baby arrives

Make sure to see your doctor within six weeks of the birth of your child. Hormonal changes, anxiety and lack of sleep can affect your emotions. It's important to talk to your doctor if you experience persistent sadness or feelings of depression that last for two weeks or longer.

### Infant formula mandate

If your baby (younger than one year) is diagnosed with multiple food protein intolerance and your pediatrician recommends a specialized non-standard infant formula, that specialized formula may be covered under your health plan.

To save on your out-of-pocket costs and have the formula delivered right to your door, contact one of our Durable Medical Equipment (DME) participating providers. For eligibility information and a list of DME participating providers, please call **1-800-414-SHBP (7427)**.

For more information visit:

[lli.org/web/newjersey.html](http://lli.org/web/newjersey.html)

[cdc.gov/pregnancy/index.html](http://cdc.gov/pregnancy/index.html)

[womenshealth.gov/pregnancy/index.html](http://womenshealth.gov/pregnancy/index.html)





## Dependents can continue coverage to age 31

New Jersey law allows qualified dependents of our insured members the opportunity to continue dependent coverage until their 31<sup>st</sup> birthday. This differs from the provision in the health care reform law that requires health plans to extend coverage for dependents to age 26 years. Under this New Jersey law, qualifying dependents between the ages of 26 and 31 years pay a small premium to continue receiving dependent coverage.

The mandate defines a qualified dependent as the child of a subscriber, by blood or by law, who:

- ◆ Is 30 years of age or younger;
- ◆ Is unmarried and not in a civil union or a domestic partnership;
- ◆ Has no dependents;
- ◆ Is either a New Jersey resident, or, if a non-resident, is enrolled as a full-time student at an accredited school;
- ◆ Is not the named subscriber under a group or individual health benefits plan or church plan or entitled to benefits under Medicare at the time continuation begins; and
- ◆ Can provide evidence of prior creditable coverage or receipt of benefits under another group or individual health benefits plan.

For additional eligibility and enrollment information, please contact your group administrator or call Member Services at **1-800-414-SHBP (7427)**.

# Managing your health care information

Horizon Blue Cross Blue Shield of New Jersey knows it's not always easy to find time during the day to check off all the items on your *To Do* list. That's why we have easy-to-use online tools at **HorizonBlue.com/Members** that can help you manage your health care benefits.

Registered members of Horizon BCBSNJ's Member Online Services can use our online tools to:

- ◆ Track and manage claims activity, including any out-of-pocket costs. Just click a claim number and you'll get all the information you need about that claim, including the amount Horizon BCBSNJ paid the provider and any amount you owe.
- ◆ View Explanation of Benefits (EOB) statements. Go green and sign up to receive your EOBs electronically instead of in the mail.
- ◆ Find a participating doctor or facility. You can also change your Primary Care Physician (PCP) if you want to. Once you update your PCP information online, we will send you a confirmation notice.
- ◆ Add information about other health insurance you have or indicate that you do not have any other coverage.

For more tools to help you manage your health care information, visit **HorizonBlue.com/Members**.







## Referrals help your doctor manage your care

Referrals play an important role in helping your Primary Care Physician (PCP) or doctor manage your care and coordinate the different care you may need. Referrals are required for members enrolled in Horizon HMO to receive coverage at an in-network benefit level. If you need specialty care, your PCP or doctor refers you to a specialist.

Referrals ensure that you get the highest level of benefit coverage from your health plan. If your health plan requires referrals before you receive certain care, please know that:

- ◆ You do not have to bring a paper copy of the referral to the “referred to” doctor or facility. That doctor or facility can see this information online.
- ◆ You can ask your participating PCP or doctor to give you a copy of the referral confirmation or you can print a copy directly by logging in to Member Online Services at **HorizonBlue.com/Members**.
- ◆ A referral process helps to better manage your care and ensures you are getting the highest level of benefit coverage from your health plan.

### If you get a medical bill ...

When you use a participating doctor or health care professional, claims are filed for you. You should not get a bill, except if your plan has a copayment, deductible or coinsurance.

If you do not use a participating doctor, health care professional or hospital, you may get a bill from that doctor or facility. If you do get a bill, please send it to the address listed on the Horizon Blue Cross Blue Shield of New Jersey claim form.

Include the member’s Horizon BCBSNJ ID number, name, date of birth and the relationship to the patient, if applicable.

To download a claim form, visit **HorizonBlue.com/Members** and click *Forms*. You can also call Member Services at **1-800-414-SHBP (7427)** to have a form mailed to you.

## Referrals made easy

You can view and print online referrals. Just log in to Member Online Services at **HorizonBlue.com/Members** and:

- ◆ Click *Member Sign In*.
- ◆ Enter your User ID and Password and click *Sign In*.
- ◆ Mouse over *My Plan*.
- ◆ Click *Authorizations and Referrals*.

## Where are you receiving your health care?

# Office-based services versus outpatient hospital or facility services

Where you receive your health care services may impact your out-of-pocket costs.

Generally, you will pay less out of pocket for services performed in your doctor's office. However, your doctor's or other health care professional's address may look like an "office" location but in fact may be owned by or affiliated with a hospital or other facility.

When a doctor's or other health care professional's "office" location is owned by or affiliated with a hospital or other facility, you may be responsible to pay an additional hospital or facility bill as well as higher out-of-pocket expenses.

To help keep your costs low, please confirm the following information when making your appointment or upon your arrival for your appointment with your doctor or other health care professional:

1. Ask the office staff if the doctor's or other health care professional's address is owned by, linked to, or affiliated with a hospital or facility.
2. Does their address match the address of the hospital or facility?
3. Are there signs posted which indicate that the location is affiliated with a hospital or other facility?
4. Did you sign any paperwork indicating that you understand that you will receive a hospital or facility bill?

Horizon Blue Cross Blue Shield of New Jersey is reviewing our online *Provider Directory* to update our doctor and other health care professional listings to include hospital and other facility affiliations.

## My doctor wants me to have a test ...

# What should I ask?



Good communication between you and your doctor is essential in addressing your health concerns.

During your examination, your doctor may recommend a certain test or procedure to help evaluate your symptoms or medical condition.

Asking the following questions may help you and your doctor choose the appropriate treatment options and settings:

- ◆ Why do I need this test or procedure?
- ◆ Who will perform the test or procedure?
- ◆ Will the test or procedure be done in your office, hospital or somewhere else?

You may also want to review your benefits by signing in to Member Online Services at [HorizonBlue.com/SHBP](https://www.horizonblue.com/SHBP) or calling Member Services at **1-800-414-SHBP (7427)** to determine the following:

- ◆ Is this test or procedure covered by my insurance?
- ◆ Will I owe any money?
- ◆ Does the doctor, hospital or laboratory accept my insurance?

After the test is completed, make sure to follow up on your results. Ask your doctor when you can expect the results and if you need to schedule a follow-up appointment.

Remember, it's important that you understand your medical test options and what each test involves to ensure that your health care needs are met.

# How we make coverage decisions

## Horizon Blue Cross Blue Shield of New Jersey:

- ◆ Makes utilization management (UM) decisions based on the necessity and appropriateness of care and service within the guidelines of your benefit coverage.
- ◆ Does not offer our employees, or delegates performing medical management reviews, incentives to encourage denials of coverage or service, and does not provide financial incentives to doctors to withhold covered health care services that are medically necessary and appropriate.
- ◆ Emphasizes access to the delivery of medically necessary and cost-effective health care services for members. Encourages the reporting, investigation and elimination of underutilization or overutilization.

Overutilization is when you undergo treatments, tests and studies that you don't need. Underutilization is when you aren't getting enough care or services to properly meet your needs. Both overutilization and underutilization traditionally result in costly and improper use of services, and are not helpful to you. For more information, please call Member Services at **1-800-414-SHBP (7427)**.



## Effective care

Horizon Blue Cross Blue Shield of New Jersey recognizes that underusing and/or overusing health care services can negatively impact your overall health. To respond to authorization requests and inquiries about utilization management, our Utilization Management staff is available Monday through Friday, between 8 a.m. and 5 p.m., Eastern Time. Simply call Member Services at **1-800-414-SHBP (7427)**. TTY/TDD users can call **1-800-855-2881 (7427)**. Our on-call staff is also available after normal business hours, including weekends and holidays, for emergency requests.

# A guide to your emergency benefits

## If you find yourself in a true medical emergency:

1. Go directly to the nearest Emergency Room (ER), or call **911** or your local emergency number.
2. If you are able, call your doctor before you go to the ER. If you cannot call your doctor before you go, make sure to call within 48 hours or as soon as reasonably possible. If you are unable to call, have someone else call on your behalf. It is important that your doctor is kept aware of your condition. Without this information, your doctor cannot properly coordinate your care or ensure that you receive the right care, at the right time, in the right setting.

If you are faced with a medical emergency, you do not need to call Horizon Blue Cross Blue Shield of New Jersey Member Services.

## What is a true medical emergency?

A true medical emergency is a medical condition of such severity that a prudent layperson with average knowledge of health and medicine would call for immediate medical attention. For a complete definition, please refer to **HorizonBlue.com** and click *Glossary* in the lower right navigation bar.

## Examples of true medical emergencies include:

- ◆ Uncontrolled bleeding.
- ◆ Poisoning.
- ◆ Obvious bone fractures.
- ◆ Heart attacks and strokes.
- ◆ Difficulty breathing.
- ◆ Wounds requiring sutures.
- ◆ Loss of consciousness.

Your Horizon BCBSNJ plan covers a medical emergency screening exam. This is an evaluation performed in a hospital ER by qualified health care



personnel to determine if a medical emergency exists. Horizon BCBSNJ will cover the cost of the medical emergency screening exam. If it is determined that a medical emergency does not exist, please follow up with your doctor for instructions. If you continue to receive services in the ER after you have been advised that your condition is not a medical emergency, you may be responsible for nonemergent expenses.

## See your doctor for routine care

The best place for routine, nonemergency care is your doctor's office. You and your doctor should:

- ◆ Build a medical relationship.
- ◆ Develop a personalized treatment plan.
- ◆ Plan appropriate preventive measures.
- ◆ Discuss your family's health history.
- ◆ Ensure that your treatment is appropriate.

## Additional resources

- ◆ **24/7 Nurse Line\***: If you are unsure whether you require emergency care, call our *24/7 Nurse Line*. Registered nurses who are specially trained in telephone health care decision counseling offer prompt health information to help you make informed decisions about your health care. Our nurses can determine if emergency medical care, a doctor's office visit or self-care is right for your needs, and coach you on how to make appointments with your doctor more productive. This service is available 24 hours a day, seven days a week, at the number listed on the back of your Horizon BCBSNJ member ID card.
- ◆ **Urgent Care Centers**: Participating Horizon BCBSNJ Urgent Care Centers throughout New Jersey treat patients who have an injury or illness that requires immediate care but is not serious enough for a visit to the ER. With extended and weekend hours, Urgent Care Centers treat wounds, sprains and other conditions that are not life-threatening. All participating Urgent Care Centers can perform essential services for diagnosis and treatment. Use our online *Provider Directory* at **HorizonBlue.com/Directory** to find a participating Urgent Care Center.

*\*This service can help you make decisions about nonemergency, health-related situations. It is for informational purposes only. Nurse Line nurses cannot diagnose problems or recommend specific treatment, and are not a substitute for your doctor's care. Nurse Line services are not an insurance program, emergency service or urgent care service, and may be discontinued at any time. In the event of an emergency, call **911** or your local emergency number and/or your doctor. Your Horizon BCBSNJ health plan covers you for medical emergency care 24 hours a day, seven days a week.*

# Two more hospitals join the Horizon Hospital Network

Horizon Blue Cross Blue Shield of New Jersey is pleased to announce that Fox Chase Cancer Center and Jeanes Hospital, both affiliated with the Temple University Health System (TUHS) in Philadelphia, Pennsylvania, have joined the Horizon Hospital Network, effective July 1, 2014.

Horizon BCBSNJ members can now access Fox Chase Cancer Center and Jeanes Hospital at an in-network level of benefits, maximizing their benefits and minimizing their out-of-pocket expenses.

## ◆ Jeanes Hospital

For more than 85 years, Jeanes Hospital has provided its surrounding community with high-quality health care delivered with a compassionate, personal touch.

Jeanes Hospital is a regional health care provider, offering advanced services in open-heart surgery, cardiac catheterization, spine surgery and orthopedics, and laparoscopic weight-loss surgery. Jeanes Hospital is also a certified Primary Stroke Center.

Visit [jeanes.com](http://jeanes.com) for more information.

## ◆ Fox Chase Cancer Center

Fox Chase has earned the prestigious designation from the National Cancer Institute (NCI) as a Comprehensive Cancer Center. There are only 41 NCI-designated comprehensive cancer centers in the country.

Ranked among the best hospitals for cancer care, Fox Chase has some of the nation's top doctors. It has access to state-of-the-art technology, is actively involved in innovative research and has attained outstanding survival outcomes.

The Bone Marrow Transplant Program at Fox Chase is fully accredited by the Foundation for the Accreditation of Cellular Therapy (FACT) and the National Marrow Donor Program.

Visit [fcc.edu](http://fcc.edu) for more information.

## Why is it important that Fox Chase is designated as a Comprehensive Cancer Center?

Comprehensive Cancer Centers must demonstrate scientific leadership, resources and capabilities in some combination of laboratory, clinical or population science.

They must also demonstrate reasonable depth and breadth of research in each of three major areas: laboratory, clinical and population-based research.



# Take control of your health

Do you need help managing a chronic health condition? If so, enroll in our Chronic Care Program. It's a free, voluntary program that promotes healthy living for eligible members who have been diagnosed with one or more of these chronic conditions:

- ◆ Asthma.
- ◆ Chronic Kidney Disease (CKD).
- ◆ Chronic Obstructive Pulmonary Disease (COPD).
- ◆ Coronary Artery Disease (CAD).
- ◆ Diabetes.
- ◆ Heart failure.

To learn more about our Chronic Care Program or to enroll, call **1-888-345-1150** or visit [HorizonBlue.com/Chronic-Care](http://HorizonBlue.com/Chronic-Care).

# Patient-centered practices transform and improve health care in New Jersey

Horizon Blue Cross Blue Shield of New Jersey members are receiving better, more coordinated care with better health outcomes and fewer complications in Patient-Centered Medical Homes (PCMHs), according to results of more than 200,000 Horizon BCBSNJ members. Horizon BCBSNJ members in participating patient-centered doctors' offices are receiving more coordinated and less costly care than members not in participating patient-centered doctors' practices.

## Better care and improved quality outcomes:

- ◆ 14 percent higher rate in improved diabetes control.
- ◆ 12 percent higher rate in cholesterol management.
- ◆ 8 percent higher rate in breast cancer screenings.
- ◆ 6 percent higher rate in colorectal cancer screenings.

## Utilization and cost measures:

- ◆ 4 percent lower rate in Emergency Room visits.
- ◆ 2 percent lower rate in hospital admissions.
- ◆ 4 percent lower cost of care for diabetic patients.
- ◆ 4 percent lower total cost of care.

## Patient-centered practices provide patients with more coordinated and personalized care, including:

- ◆ Extra wellness support and education.
- ◆ Active coordination of a patient's care with specialists and other health care professionals.
- ◆ Active patient monitoring and communication from the doctor and care coordinator.
- ◆ A care coordinator who provides additional patient support, information and outreach.
- ◆ Wellness and preventive care based on national clinical guidelines.





## Fight the flu

Did you know people with the flu can spread it to others up to six feet away by coughing and sneezing?

Getting vaccinated every year is the best way to avoid getting the flu. Horizon Blue Cross Blue Shield of New Jersey makes it easy and convenient for you and your covered family members to get a seasonal flu vaccination.

We have participating pharmacies in New Jersey that can administer vaccines, including the flu shot, and submit medical claims for you and your eligible dependents. Since flu shots are considered a preventive service, there is no cost.

Flu refers to illnesses caused by a number of different influenza viruses. Flu can cause different symptoms and effects, from mild to serious. Most healthy people recover from the flu without problems, but certain people are at high risk for serious complications. Seasonal flu outbreaks usually begin in the late fall and last through early spring.

To find out more about immunizations such as the flu shot, visit [HorizonBlue.com/Flu](https://www.horizonblue.com/flu).

**Source:**

Centers for Disease Control and Prevention, [cdc.gov/flu](https://www.cdc.gov/flu)

## A healthy you takes two

You and your doctor are a team and research shows that patients who have a strong relationship with their doctors tend to be healthier and more satisfied with their health care.

Take charge of your health; keep the following in mind:

### Preparing for your office visit

- ◆ Know your medical history. Bring along any other medical information, such as test results and medications you are taking, including prescriptions, over-the-counter medications and herbal supplements.
- ◆ Make a list of questions you have concerning your symptoms, condition and treatment.
- ◆ Visit My Health Manager and complete your Health Assessment Tool, this information can help prepare you for your visit.

### During your office visit

- ◆ Discuss your current symptoms and go over your list of questions or concerns.

- ◆ Make sure you understand what your doctor is telling you. Don't be afraid to ask questions about something you don't understand or that your doctor hasn't covered.

### Scheduling your follow-up appointment

- ◆ Schedule any follow-up appointments before you leave the doctor's office.

### Your doctor's role in your good health

Your doctor should listen, educate, inform and be considerate of your concerns. Ask yourself, did my doctor:

- ◆ Discuss my symptoms in a clear and concise manner?
- ◆ Actively listen to my concerns and answer my questions in terms I can understand?



- ◆ Encourage me to participate in decision making about treatment options?
- ◆ Ensure that I understand my medications, directions for use and the possible side effects?
- ◆ Summarize my plan of treatment, tests and any follow-up care?

Your relationship with your doctor, including how well you communicate with each other, affects your care. After all, for a healthy you, it takes two.

# Take care of yourself today for a healthier tomorrow

Taking the right preventive care measures is one of the best ways to find health issues at their earliest and most treatable stages. The Centers for Disease Control and Prevention (CDC) recommend the following screenings/tests and measurements for women.

**Blood glucose (blood sugar)** – Women should get a blood sugar test every three years starting at age 45 years to test for diabetes or pre-diabetes. Before age 45, you may need to have your blood glucose levels tested if you have symptoms of diabetes or have risk factors for diabetes, including a family history of diabetes, being very overweight or being inactive.

**Blood pressure** – Starting at age 18 years, every woman should have her blood pressure checked annually.

**Body mass index (BMI)** – A full yearly physical exam includes measuring your height and weight to determine your BMI. Knowing your BMI is important because it helps give you a more complete picture of your health. A high BMI is a risk factor for developing health conditions associated with obesity. A person is considered obese if he or she has a BMI greater than or equal to 30; a person is considered overweight if he or she has a BMI between 25 and 29.9. At your exam your doctor will evaluate your BMI and make recommendations based on your personal risk factors and overall health.

**Bone density screening** – Osteoporosis is the thinning of bone tissue and loss of bone density over time. Bones become weak, placing you at added risk for fractured or broken bones. Osteoporosis shows no symptoms in its early stages, so prevention and early detection are important. Women should get a bone density test at age 65 years, or earlier, at age 50 years, if they have risk factors or had a broken bone.



**Cervical and pelvic exam/Pap test** – A Pap test is an important routine screening used to detect precancerous or abnormal cells of the cervix. Most cervical cancers can be prevented if women have Pap tests regularly, as cancer of the cervix is more likely to be treated successfully if detected early. Beginning at age 21 years, women need to have a Pap test.\* Thereafter, talk to your doctor about the frequency of getting your Pap test.

**Cholesterol check** – Women should have their cholesterol checked at least every five years starting at about age 20 years. This screening is important for reducing your risk of heart disease.

**Colorectal exam/colon cancer screening** – Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Women should start testing for colorectal cancer at age 50 years, and then continue getting screened at regular periods. However, women may need to be tested earlier than age 50 years if they have certain risk factors, which include family history of colorectal cancer, being obese or smoking.

**Dental health checkup** – This is important from the moment your first baby tooth comes in. All adult women need two dental checkups and cleanings each year.

**Skin examination** – Women should check their skin every month starting at age 18 years. By the time they're 20 years old, a doctor should conduct the exam during a routine checkup.

Be sure to talk to your doctor about all these screenings, their recommended frequencies and which ones are right for you.

**Sources:**

The Centers for Disease Control and Prevention, [cdc.gov](http://cdc.gov)

The American Cancer Society, [cancer.org](http://cancer.org)

National Osteoporosis Foundation, [nof.org](http://nof.org)

*\* Can be earlier if sexually active.*



# Your best defense against breast cancer

Aside from certain skin cancers, breast cancer is the most common cancer among American women of all ethnicities. Finding breast cancer early, at its most treatable stage, is one of the best ways to improve your chances of successful treatment.

Although the exact causes of breast cancer are not known, there are some risk factors that have been linked to the disease. Since most cancers in their early stages don't cause any symptoms, it's important to talk to your doctor about when and how often you should be screened for breast cancer. The goal is to find breast cancer before it causes symptoms, since the earlier it is found, the better the chances that treatment will be successful.

Three main tests are used to screen for breast cancer:

## Mammogram

A mammogram is an X-ray of the breast. Women should have a baseline mammogram at the age of 35. Women ages 40 years and older should have a mammogram every year. If you are under the age of 40 and have a family history of breast cancer or other breast risk factors, be sure to speak to your doctor to see if a mammogram is recommended at an earlier age.

## Clinical Breast Exam (CBE)

A CBE is an exam by a doctor or nurse who uses his or her hands to feel for lumps or other changes. A CBE should be performed about every three years for women in their 20s and 30s and every year for women ages 40 years and older – as recommended by the American Cancer Society.

## Breast Self-Exam (BSE)

A BSE is when you check your own breast for lumps or changes. Women ages 20 years and older should perform a BSE every month. Ask your doctor how to perform a BSE at your next exam. Become familiar with your body to learn what your breasts look and feel like. If you notice any changes, like a difference in the size or shape of your breast, nipple discharge or tenderness, lumps, ridges or dimpling of the breast, tell your doctor right away.

### Sources:

Centers for Disease Control and Prevention, [cdc.gov](http://cdc.gov)

The National Institutes of Health (NIH), [nih.gov](http://nih.gov)

American Cancer Society, [cancer.org](http://cancer.org)

# Mandate expands coverage for mammography screening

Effective May 1, 2014, Horizon Blue Cross Blue Shield of New Jersey members have expanded coverage for mammography screenings. New Jersey health plans must provide coverage of mammograms at specified intervals for women based on age and/or medical necessity.

This mandate applies to all plans beginning on May 1, 2014, upon renewal.

## What is covered?

### Existing coverage for female members includes:

- ◆ One baseline mammogram examination for women who are at least 35 years of age.
- ◆ A mammogram examination every year for women ages 40 years and older.
- ◆ A mammogram examination at ages and intervals deemed medically necessary by a woman's doctor for women who are under 40 years of age and have a family history of breast cancer or other breast cancer risk factors.

### Expanded coverage for female members now includes:

- ◆ An ultrasound evaluation, a magnetic resonance imaging (MRI) scan, a three-dimensional (3D) mammography and other additional testing of an entire breast or breasts, after a baseline mammogram examination, if:
  - The mammogram demonstrates extremely dense breast tissue.
  - The mammogram is abnormal within any degree of breast density, including not dense, moderately dense, heterogeneously dense or extremely dense breast tissue.

- The patient has additional risk factors for breast cancer, including, but not limited to, family history of breast cancer, prior personal history of breast cancer, positive genetic testing, extremely dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology, or other indications as determined by the patient's doctor.

**Please note:** The coverage required for an ultrasound evaluation, MRI scan, 3D mammography or other additional testing may be subject to utilization review, including periodic review of the medical necessity of the additional screening and diagnostic testing.



# Be rewarded on your path to wellness



Do you walk or exercise to better your health? Do you read books to better your mind? Do you volunteer to better your soul?

The SHBP/SEHBP wants to reward you for the steps you take to better your life by providing you with exclusive access to CaféWell®.

CaféWell is your online destination for health-based activities designed to motivate you and improve your well-being. This social network provides you with tips and tricks to help you reach your health goals on a daily, monthly and yearly basis.

With some activities lasting only a day, it's easy to find time to improve your health. If you can commit to longer activities, CaféWell has you covered with challenges and activities that range from a few days to up to a year. You can even create your own healthy activity and get friends and family to join you in your challenge. And there's absolutely no cost to you!

On **NJWELL.cafewell.com** you can:

- ◆ Join other members in online challenges that incorporate mind and body wellness.
- ◆ Track progress and rack up rewards for improving your health and well-being.
- ◆ Discover tips, tricks and articles to get smarter about health.
- ◆ Connect with CaféWell health and nutrition experts.
- ◆ Take control of your health in a private, secure online environment.

**Here's how to sign up for free:**

1. Go to **NJWELL.cafewell.com** or log in through Member Online Services at **HorizonBlue.com/SHBP**.
2. Follow the prompts to sign up, and verify your membership with Horizon BCBSNJ.
3. Tell CaféWell a little about yourself so content can be suggested for you.

You can access CaféWell through a computer, smartphone or tablet anytime or anywhere that fits your lifestyle. Explore the site and connect with experts, friends and family members as you embark on your quest to better health. Stay active in the CaféWell and NJWELL community for best results and for chances to be rewarded for your progress. For more information about CaféWell and NJWELL, visit **HorizonBlue.com/SHBP**. Speak to your doctor before starting a new diet or exercise regimen.

## NJWELL Working for a Healthy New Jersey: Take Action!

Congratulations to all participants who earned a NJWELL \$100 reward card this year! Now that you know your numbers, it's time to take action.

In the second year of the program, beginning November 1, 2014, NJWELL will be focused on helping you to Take Action for optimal health by participating in healthy activities. Staying current on your preventive health screenings and participating in online activities and personal wellness coaching can have a big impact on maintaining or improving your health.

Begin by taking - or *retaking* - your Health Assessment on or after November 1, 2014. The Health Assessment is an online questionnaire, powered by *WebMD*®. Sign in at [shbp.horizonblue.com/health-wellness/manage-your-health](http://shbp.horizonblue.com/health-wellness/manage-your-health). This activity is required before any other NJWELL activities in Year 2.

After you complete the Health Assessment, then schedule a Biometric Health Screening with your doctor (or attend an onsite screening event), try an online activity, chat with a coach or have an age-appropriate screening – it's up to you!

Once you have completed the online *WebMD* Health Assessment and earned 300 points, you will be issued a \$100 reward card.

You can keep taking action to earn additional NJWELL points, up to a maximum of 500, until October 31, 2015.

- ◆ 400 points in total earns a second reward in the amount of \$50 at the end of the year.
- ◆ 500 points in total earns a second reward card in the amount of \$100 at the end of the year.

**That's a possible \$200 in rewards, in total, in Year 2 based on your total points earned by October 31, 2015 – all for taking action and Working for a Healthy New Jersey!**

*NJWELL is the wellness program for actively employed SHBP/SEHBP members and their eligible spouses/partners. By encouraging members to take ownership of their health, the SHBP/SEHBP hopes to increase overall wellness and reward eligible employees and their covered spouses/partners for completing activities geared toward health and wellness. Horizon BCBSNJ is proud to be working with the New Jersey Division of Pensions and Benefits to help New Jersey's public employees cultivate healthy lifestyle choices, lower health risk factors and improve wellbeing. More information about NJWELL is on [HorizonBlue.com/shbp](http://HorizonBlue.com/shbp) and on the Division of Pensions and Benefits' website.*

## What Are You Waiting For?

### NJWELL Rewards for 2014 End Soon!

The goal of NJWELL for 2014 is to "Know Your Numbers" by evaluating your current health status. Two simple activities will earn points that translate to up to \$200 in reward cards for you and your eligible spouse/partner. Time is running out - your chance to participate and earn rewards from NJWELL for 2014 will end October 31, 2014! If you and your eligible spouse/partner haven't yet completed your wellness activities (i.e., participated in a biometric screening, completed your Health Assessment), take the time now to earn a reward by October 31.

Remember you need to be registered for Horizon BCBSNJ's secure Member Online Services to access *My Health Manager*, identify rewardable NJWELL activities, complete the online wellness activities and track your progress. Sign in at [shbp.horizonblue.com/health-wellness/manage-your-health](http://shbp.horizonblue.com/health-wellness/manage-your-health).

Biometric screening results can be submitted by your doctor using the NJWELL Physician Biometric Health Screening form. In Year 2, your annual physical exam is the perfect opportunity to complete this activity. As an alternative, you may have your biometric health screening data recorded during a regional onsite health screening. Visit [www.nj.gov/njwell](http://www.nj.gov/njwell) during the year for a schedule of screening events.

# Annual Privacy Notice

## *No action required*

Horizon Blue Cross Blue Shield of New Jersey and its affiliated companies\* want insured members to know that we recognize our obligation to keep your information secure and confidential. Horizon BCBSNJ has policies and procedures to protect “Private Information” and govern appropriate use and disclosure.

Our employees are trained on the need to maintain your Private Information in strict confidence and to report circumstances of breach, and are subject to disciplinary action if they violate that promise. We maintain appropriate administrative, technical and physical safeguards to reasonably protect your Private Information and require third parties that provide services for us to do the same.

When we use the term “Private Information” we mean collectively “Protected Health Information” (or “PHI”) and other customer information. Private Information generally refers to individually identifiable oral, written and electronic information concerning the provision of, or payment for, health care services to you. It does not include publicly available information, or information reported in a summarized or aggregate fashion that does not identify you.

We may sometimes seek your authorization before making a disclosure of your Private Information. However, most of our routine use and disclosure of your Private Information occurs in administering your coverage. In those cases, we are not required to seek your authorization. For example, we are generally permitted to make disclosures of your Private Information without authorization for purposes of treatment, payment and health care operations. Your written authorization is required for uses and disclosures of Private Information for marketing activities and activities that constitute a sale of your Private Information.

Please refer to our **Notice of Information Privacy Practices** for examples of those routine purposes, as well as additional appropriate reasons for disclosure with and without your authorization.

Unless you notify us in writing otherwise, we may disclose your Private Information to others on your policy and to others not included on your policy, to the extent that the Private Information disclosed is relevant to that person’s involvement with your care or payment for that care. Further details regarding disclosures of this type and additional information regarding your legal rights related to Private Information, including your right to request access to PHI in an electronic format, if we hold it that way, are similarly available in our **Notice of Information Privacy Practices**.

To get a copy of our **Notice of Information Privacy Practices** for insured members, which describes in greater detail our use and disclosure of your Private Information and your legal rights as they relate to Private Information, please call Member Services at **1-800-414-SHBP (7427)**. Representatives can help you Monday through Wednesday and Friday, between 8 a.m. and 6 p.m., Eastern Time (ET), or Thursday between 9 a.m. and 6 p.m., ET. If you are hearing- or speech-impaired, please call our TTY/TDD line at **1-800-855-2881** during the same hours. A copy of our Notice can be found at **HorizonBlue.com/Privacy-Policy**.

If you believe that your privacy rights have been violated, you may file a complaint with Horizon BCBSNJ and its affiliated companies in writing to:

**Privacy Office**  
**Three Penn Plaza East, PP-16F**  
**Newark, NJ 07105-2200**

or, to the Secretary of Health and Human Services.



You will not be retaliated against for filing a complaint.

All complaints must be submitted in writing. A verbal complaint will be processed, but we request that it be documented in writing. If you have any questions regarding the content of the Privacy Notice, you may call the Privacy Office at **1-973-466-5781**.

*\*The Horizon Blue Cross Blue Shield of New Jersey affiliated companies, independent licensees of the Blue Cross and Blue Shield Association, are:*

*Horizon Healthcare Services, Inc. d/b/a Horizon Blue Cross Blue Shield of New Jersey.*

*Horizon Healthcare of New Jersey, Inc., including its Horizon NJ Health (Medicaid/NJ FamilyCare) line of business.*

*Horizon Insurance Company*

*Horizon Healthcare Dental, Inc.*

*Horizon Casualty Services, Inc. \*\**

*\*\*This affiliate is not a covered entity subject to the federal privacy rules.*



Horizon Blue Cross Blue Shield of New Jersey



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 Managing Editor: Paul Salus  
 Design & Layout: Jose Alarcon  
 Director: Daisy Chan

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## Horizon Behavioral Health

# Giving you access to behavioral health care

### About Horizon Behavioral Health<sup>SM</sup>

Horizon Blue Cross Blue Shield of New Jersey's behavioral health program, Horizon Behavioral Health, gives our members access to integrated medical and behavioral health services. We are focused on making sure you get the right care when you need it.

### How to get help

You never know when you may need some help. That's why we are committed to providing you with the support you need. Services are available 24 hours a day, seven days a week.

To access behavioral health or substance abuse benefits:

- ◆ Visit Horizon Behavioral Health at [HorizonBlue.com/Behavioralhealth](http://HorizonBlue.com/Behavioralhealth),
- ◆ Call **1-800-991-5579**, or
- ◆ Use the designated phone number on the back of your member ID card.

### Case management programs

Horizon Behavioral Health includes intensive case management and care management programs. For example, our autism care management program provides a dedicated team and resources that reinforce our comprehensive care approach. The program includes care management and integrated services coordination. Our autism program\* also puts the entire family at the center of care to help ensure each family member receives the support he or she needs.

For more information, please visit Horizon Behavioral Health at [HorizonBlue.com/Behavioralhealth](http://HorizonBlue.com/Behavioralhealth).

