Value-Based Practitioner National Provider Identifier (NPI) Contact Attribution Guide

Guide for Value-Based Program Practices

Horizon BCBSNJ Value Based Program

January 2021

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Summary of Attribution Methodology

Attribution Background

- In January of 2021, Horizon's current attribution model (often called automated attribution or AA) is moving to an new model, **Attribution by Practitioner NPI** run by a new vendor.

- Horizon has worked with some of our value based partners to implement this model and we thank them for their assistance. The pages that follow are a full accounting of the model, detailing the changes and also detailing how Horizon calculates and communicates attribution.

- The process is iterative.
  - In January, the new attribution model will begin.
  - In 2021, Horizon will launch a new provider portal where providers will have access to practitioner attribution rosters: NPI inclusion and exclusion lists, and dispute process and updating certain internal systems in order to continue to enhance the accuracy of attribution and reduce the work of value based providers in sending information to Horizon.

- The value based teams are aware that both the model and this guide will require revisions moving forward. We welcome constructive feedback in order to collaborate on improving the value based program.

Thank you for all you do caring for your patients, our members!

What is Attribution?

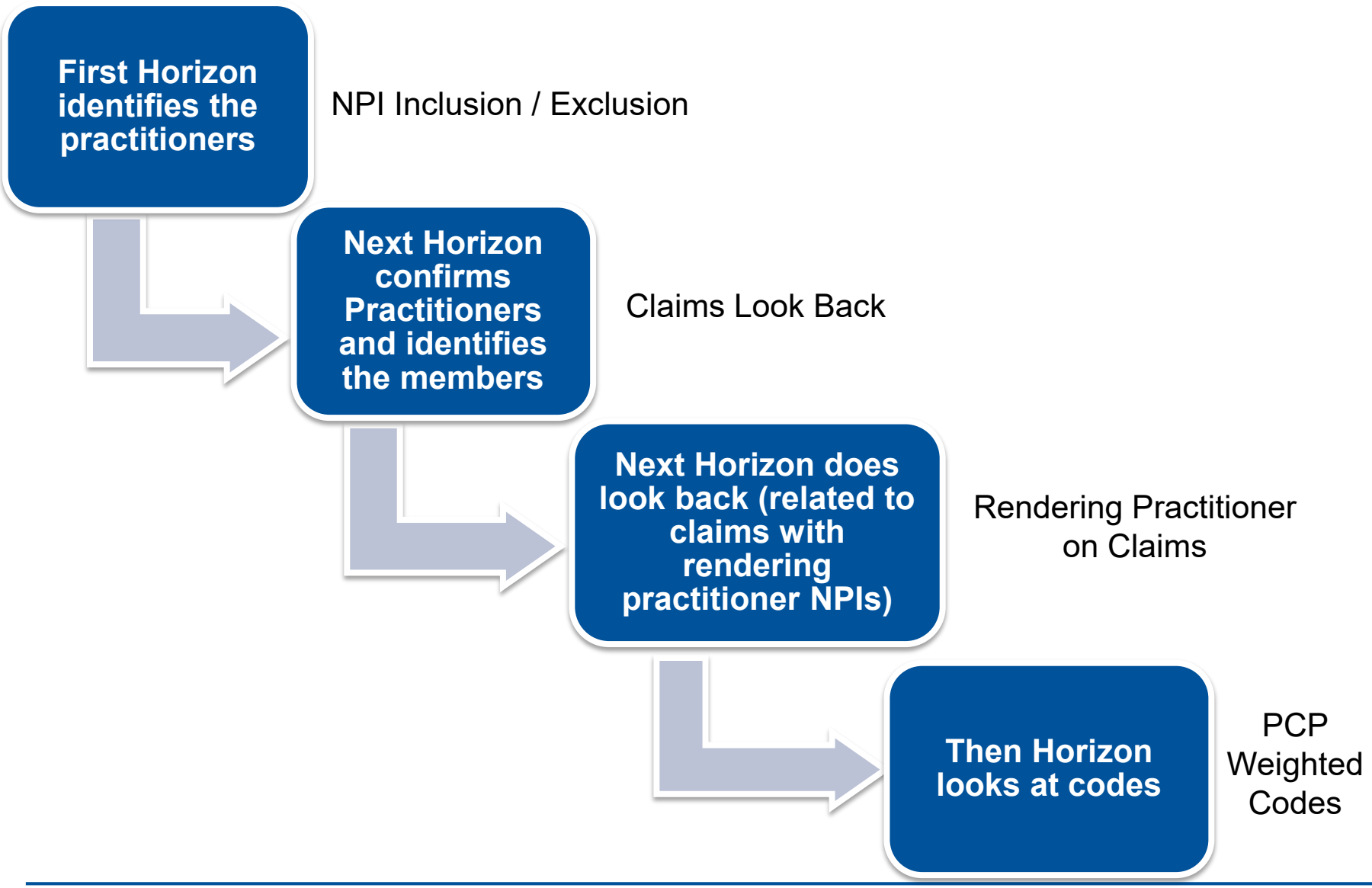
- Attribution is a methodology used to identify which members are assigned to a participating Value-Based Program primary care provider.
- Members are assigned at the Practitioner level which is defined by the National Provider Identification Number (NPI) and Provider TIN
- Results of the attribution process are distributed to Value-Based Program partners on roster reports.
- Each month, Horizon BCBSNJ's vendor updates roster information by identifying Member enrollment & Practitioner participation changes that may have occurred since the previously delivered roster report.
- On a quarterly basis, Horizon BCBSNJ analyzes claims based on a rolling historical look-back period and refreshes roster reports accordingly.

Why Did Horizon Change the Attribution Model?

Reasons for changes:

- Attribution at the NPI level has been requested by a significant number of partners in the Horizon Value Based Program
- Attribution at the NPI level has become industry standard
- Attribution at the NPI level will assist individual clinicians in their work to improve patient/member care and provide a more accurate assessment of patient/member needs
- Additional changes have been made enhance accuracy, thereby reducing the need for providers to dispute patient/member attribution.
- Attribution at the NPI level will allow practices to more closely tie attribution to the physician with whom the patient/member receives preventive and chronic care management, lessening the impact of urgent and acute visits.
- The attribution process created and the vendor being used will allow for a more nimble attribution model that may be adjusted across the program more frequently in order to correct any identified issues

Step-by-Step Attribution Process



Summary of Attribution Methodology

1. **NPI Attribution**

   - Beginning January 1, 2021, Horizon BCBSNJ is moving value-based attribution to an NPI with context (tying NPI to TIN) instead of using a TIN-based attribution.
   - Claims without a rendering Practitioner NPI are not considered for Attribution.

2. **PCP Attribution**

   - Providers will have the option of including or excluding physicians, NPs and PAs as eligible for a roster of patients/members
   - If a member has had 2 claims in 6 months or at least one claim in 24 months they are eligible for attribution.
   - When a qualifying claim cannot be found, the PCP selection will be used for commercial HMO and Medicare HMO products where members are required to choose a PCP only.

3. **Refresh Cycle**

   - Conducted Quarterly beginning 1/1/2021 (4/1/2021, 7/1/2021, 10/1/2021)
   - All members will be eligible to have a change in attribution based on the provider with whom they have their most current 6 or 24 months of claims

Summary of Attribution Methodology Continued

4. Codes used for Attribution

- Attribution is determined by: E&M and Medicare Wellness codes
- Preventive Care Codes: Weighted double (i.e. 1 preventive care visit counts as 2 for that NPI/TIN)
- Chronic Care Management Codes: Weighted double (i.e. 1 chronic care code counts as 2 for that NPI/TIN)

5. Attribution Roster and Reason Codes

- All rosters will have a common format and naming convention (please refer to the data dictionary section).
- Horizon uses roster reason codes to identify why a member is on a roster. Roster reason codes have been updated to improve clarity. All changes are in the data dictionary section of this guide.

6. Disputing Attributed members

- As Horizon transitions to a new attribution methodology, disputes will not be accepted until Q2 2021.
  - This is due to Horizon's focus on running baseline attribution
  - Disputes will continue to be permitted at the TIN level.
- Future enhancements to the dispute process are being considered

VB Attribution: Old & New Methodology Comparison at a Glance

	Previous Attribution Methodology	New Attribution Methodology
Refresh Cycle	Semi-Annual	Quarterly
Lookback Period	6 and 24 months	6 and 24 months
Attribution Level	Tax ID with roll up to Partner	Partners will provide input on Practitioner NPIs that will be targeted
Specialties Eligible for Attribution	Default: General Practice, Internal Medicine Family Medicine, Pediatric, Nurse Practitioner	The following primary care specialties will be eligible for attribution: • General Practice, Internal Medicine Family Medicine, Pediatric, Adolescent Medicine and Geriatric • Nurse Practitioner and Physician Assistant *Partners will have the opportunity to adjust based on provider practice patterns
Codes Used for Attribution (E&M codes)	Eligible office and ambulatory based E&M codes billed by the practice	Eligible E&M codes billed by the practice with select double weighted E&M codes
PCP Selection	Used for all members who select a PCP regardless of product.	Claims take precedence however when a qualifying claim cannot be found, the PCP selection will be used for HMO and Medicare Advantage HMO products only

Key Acronyms and Terms

Key Acronyms and Terms

Key Acronyms	
VBP =	Value-Based Program
NPI =	National Provider Identifier
TIN =	Tax Identification Number
ACO =	Accountable Care Organization
PCMH =	Patient Centered Medical Home
OSC =	Organized Systems of Care / Alliance Partners
VARCHAR =	Variable Character

Key Terms	
Member enrollment	Members that are actively enrolled with Horizon BCBSNJ Program.
Claims-based look back period:	The period of time in which a claim is reviewed for attributed members (6 month/ 24 month)
Attribution	The process in which member's are assigned to a partner/ practitioner. Attribution occurs when patients of a practice are identified and confirmed as patients who receive primary care at a particular practice or from a particular provider.
Roster	List of patients that has been identified to a partner / Practitioner for population health management. These reports reflect members who have enrolled or dis-enrolled from a Horizon BCBSNJ health plan. Patient rosters are produced monthly and provided electronically to VBP partners.
ACO	An accountable care organization (ACO) is a healthcare organization that is accountable to patients and third-party payers for the quality, appropriateness and efficiency of the health care provided.

NPI Inclusion / Exclusion Process

NPI Inclusion/Exclusion Process

The purpose of the NPI inclusion / exclusion file is to allow partners to identify the appropriate primary care providers to whom we should attribute a panel of patients/members.

Rendering Practitioner NPI number needs to be on claims in order to correctly associate the member to the appropriate practitioner.

Primary Care Physician Specialty types that Horizon has identified as eligible for attribution:

General Practice	Internal Medicine	Family Medicine	Pediatric Medicine
Adolescent Medicine	Geriatric Medicine		

Inclusions:

- Reasoning for Inclusions allow partners to include other primary care professionals that are credentialed, but not identified by Horizon as primary or specialty care, to have a patient attribution. These practitioners are :
  - Nurse Practitioners
  - Physician Assistants

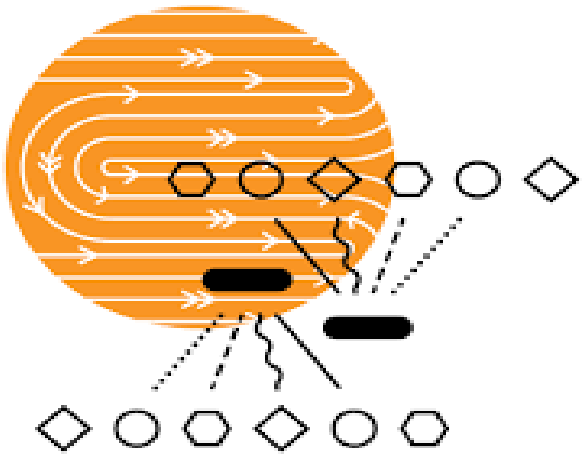
NPI Inclusion/Exclusion Process

Exclusions:

The purpose of the NPI exclusion is to allow partners to remove Horizon identified primary care physicians who are not performing primary care activities and should not receive a patient attribution.

- Examples where providers may be excluded include:
  - Dual credentialed primary care providers who are performing in a specialist capacity i.e. cardiologist / internist
  - Primary care practitioners who are functioning as hospitalist only
  - Primary care practitioners who only see urgent care patients
  - Primary care practitioners who are covering other physicians

NPI Inclusion/Exclusion Process Notes



This NPI inclusion/exclusion process will be available at least quarterly. At some point in 2021 Horizon's new provider portal platform will be available and instructions on completing this process on the platform and the opportunity for more frequent updates will be communicated.

Although NPI inclusion / exclusion process is in place, for any practitioner changes to your TIN, please see the VBP Provider Change Process section of the attribution guide.

This NPI inclusion / exclusion process is ONLY for purposes of attribution. It does not impact non value based payments.

Report Format

- The report is .xls
- The only field where an update is required is titled, ***Updated Attribution(flip) - Only field allowed to update field*.**
- File name: <TIN>_NPI-Inclusion-Exclusion XX_XX_2021
- **Save file and place on partner to horizon main folder**

Attribution (Allow attribution) (Locked down)	Up… Attr… n(f… Only fie… allowed to update	…down)	NPI First Name (Locked down)	NPI Middle Name (Locked down)	NPI Last Name (Locked down)	Primary Specialty (Locked down)	PROVIDER_TIN (Locked down)	PROVIDER_NM (Locked down)
Y	Y	1871884007	Siu Han	P	Abate	Internal Medicine	820806924	Liberty Med Associates LLC
Y	Y	1871884007	Siu Han	P	Abate	Internal Medicine	472367989	Two River Phys Assoc

The only column to be updated

Process for Designating NPIs as Included or Excluded

- A listing will be delivered to MFT and Horizon Docs on at least a quarterly schedule with details to be announced at a later date
  - The file will be delivered to the Other folder on MFT
  - The only field to be updated is **Updated Attribution(flip) - Only field allowed to update field.**
  - The file must be returned by the date designated by Horizon in order for it to be considered for the upcoming attribution run
  - If there are no changes to the file it does NOT have to be returned to Horizon
- There are to be no changes made to any other fields, this includes:
  - NPI changes
  - Practitioner, Business Entity or Partner Name changes
  - Primary Specialty Changes
- If the provider needs to filter the list, they can copy and paste into another excel workbook BUT only the below changes can be made:
  - Any NPI listed as a **Y** in the Attribution (Allow attribution) (Locked down) field can be updated to an **N** if the partner ***does not want*** the NPI included in Attribution. These NPIs are listed as Primary Care Specialties of Adolescent Medicine, Family Practice, General Medicine, Geriatrics, Internal Medicine or Pediatrics.
  - Any NPI listed as an N (Allow attribution) (Locked down) field can be updated to a **Y** if the partner ***wants*** the NPI included in Attribution. These NPIs are listed as Nurse Practitioners or Physician Assistants.

Missing NPIs

To report any ***COMMERCIAL*** NPI that has been ***previously credentialed*** to one of your Value Based Contracted TINs but isn't appearing on the report please email VBSupport@horizonblue.com with the following information:

1. In the Subject Line: Missing NPIs TIN XXXXXXXXX
2. NPI with First Name and Last Name of Practitioner
3. Primary Specialty of Practitioner-Must be one of the below Primary Care Specialties
    a. Family Practice
    b. General Medicine
    c. Geriatrics
    d. Internal Medicine
    e. Pediatrics
    f. Practitioners
    g. Physician Assistants

Attribution Look Back Process Overview

Scope of Member Eligibility

ELIGIBLE

- Members enrolled in Horizon Blue Cross and Blue Shield of New Jersey (Horizon BCBSNJ) Commercial and Medicare Advantage products.
- Members of select Out-of State BlueCard® products hosted by Horizon BCBSNJ.

All Members are eligible for attribution regardless of prior medical history, diagnosis or health risk. It is Horizon BCBSNJ's goal to continue to expand the Members included in attribution as operationally feasible and contractually permitted.

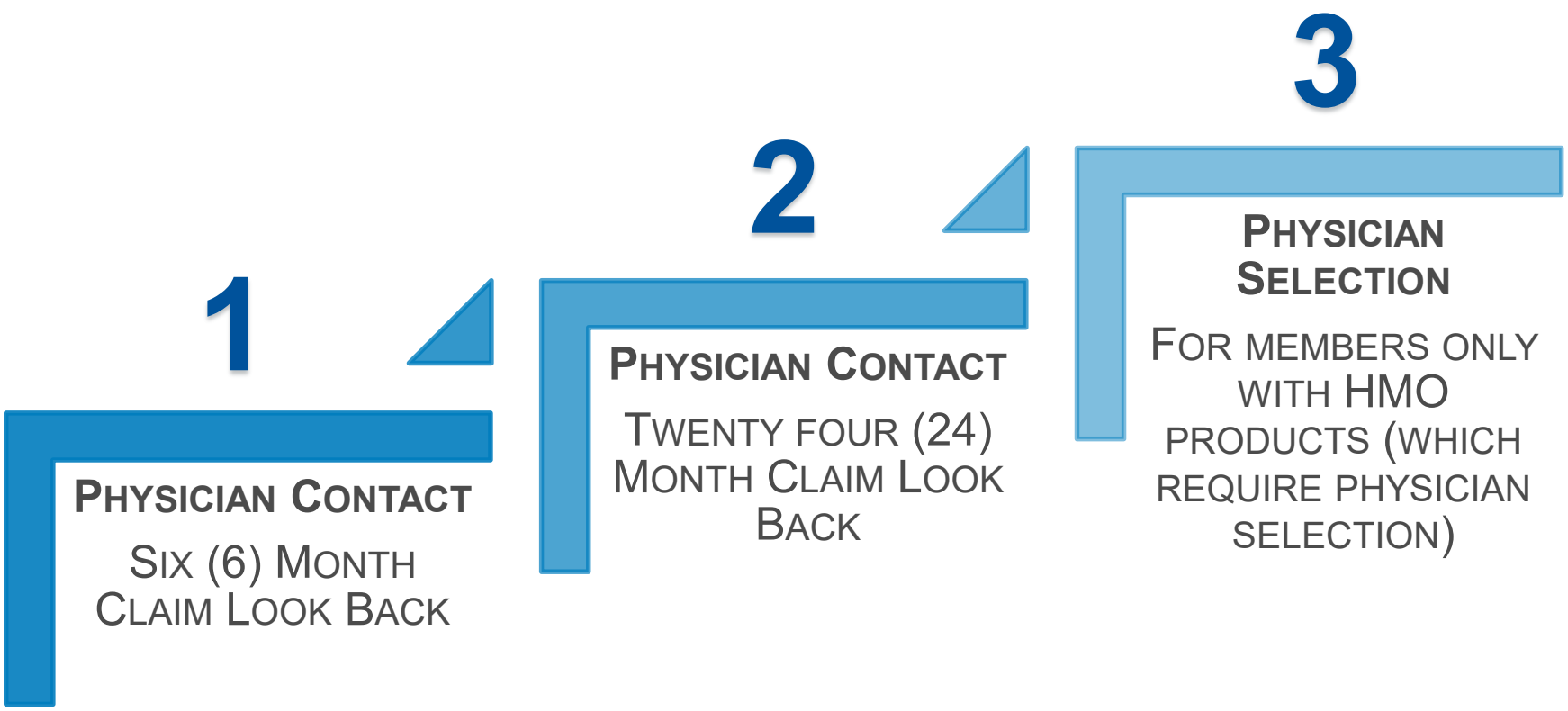
Scope of Member Eligibility

NOT ELIGIBLE

- Horizon NJ Health members
- Members enrolled in certain limited benefit plans and/or specific Administrative Services Only (ASO) employer group accounts who choose not to opt in to value based programs
- Members whose Horizon BCBSNJ coverage is secondary under applicable laws, coordination of benefit rules (e.g., Medicare primary) or supplemental policies.

Please note: Horizon BCBSNJ retains the right to eliminate (upon advanced notice) any product from the Value Based Programs.

Primary Care Attribution: Look Back Process Overview



Primary Care Attribution: Look Back Process Overview

1

PHYSICIAN CONTACT

SIX (6) MONTH CLAIM LOOK BACK

1. First, Horizon BCBSNJ's vendor reviews available claims data incurred during the past six (6) months. (Claims considered with rendering practitioner NPI)

2. If the Member has a **majority** of office visits to a Practitioner participating in a Value-Based Program primary care TIN, the Member is attributed to that Partner. if the members visits multiple attribution eligible primary care providers on the same day the claims are not counted

3. To qualify for the six (6) month claims look back, a Member must have at least two office visits OR one double weighted code that includes E&M, preventative care, chronic care management and Medicare Wellness codes as defined

Primary Care Attribution: Look Back Process Overview

2

PHYSICIAN CONTACT

TWENTY FOUR (24) MONTH CLAIM LOOK BACK

4. If clear attribution cannot be determined based on six (6) months of historical claims data (i.e. equal number of visits to multiple Practitioners), Horizon BCBSNJ's vendor will then initiate a 24 month claims look back.

5. To qualify for the 24 month claim look back, a Member must have **at least one office visit** (by the defined list of E&M codes / Medicare Wellness codes). Specific Medicare wellness, preventive care, chronic care management, and evaluation and management CPT codes are counted as two visits (double weighted).

6. If the Member had an equal number of office visits to multiple Practitioners during the 24 month look back period, the member will be attributed to the Practitioner he or she most recently visited.

7. Members remain attributed to that practitioner for at least 24 months or until claims show other practitioner meets attribution criteria to an alternate practitioner. After 24 months without claims to the primary care practitioner, the member is dropped from contact attribution.

Primary Care Attribution: Look Back Process Overview

3

PHYSICIAN SELECTION

7. If no claims are found over a 24 month time period, and the member has an HMO product (HMO or Medicare Advantage HMO (HMOMRSK), Horizon BCBSNJ's attribution vendor will use the PCP selected by the member.

NPI to TIN Changes

- If an NPI switches TINs or is dropped, the patient will remain with the original TIN until the patient has a visit with a physician. This is the only case where a patient/member should appear on a roster without affiliation with an NPI.

- If an NPI/TIN combination is added to a TIN, the members will move with the NPI to the new TIN

- Logic can be overridden based on a discussion on a case by case basis. If you have a special circumstance, please notify Horizon by emailing VBPSupport@horizonblue.com

- In order to assure TIN and NPI changes are correctly processed, all value based partners must follow the provider change process. See “Value-Based Program Provider (TIN) Level Status Changes” section of the attribution guide.

Attribution Eligible Codes

Eligible Codes

- Horizon has chosen billing codes most commonly submitted by primary care providers.

- Horizon has also started a process of double weighing preventive and chronic care management codes.
  - These codes were chosen to be double weighted because these are the visits that occur most frequently with a patient/member's identified primary care provider as opposed to a covering physician for urgent/acute care.

- In recognition of the fact that primary care visits do not only occur in an office setting, Horizon has expanded eligible place of service codes.
  - The services must be provided by an attribution eligible primary care provider
  - The services must be billed with on of the eligible billing codes
    - In addition to other places of service, eligible telehealth services are counted towards attribution
  - Telehealth services are included in attribution when eligible CPT codes are billed correctly
    - E&M billing codes 99201 – 99205 + G code using place of services: telehealth, office or home

List of Single Weighted E&M Codes

CODE	LOV_SHORT_DSC
99201	OFFICE/OUTPATIENT VISIT NEW
99202	OFFICE/OUTPATIENT VISIT NEW
99203	OFFICE/OUTPATIENT VISIT NEW
99204	OFFICE/OUTPATIENT VISIT NEW
99205	OFFICE/OUTPATIENT VISIT NEW
99211	OFFICE/OUTPATIENT VISIT EST
99212	OFFICE/OUTPATIENT VISIT EST
99213	OFFICE/OUTPATIENT VISIT EST
99214	OFFICE/OUTPATIENT VISIT EST
99215	OFFICE/OUTPATIENT VISIT EST
99241	OFFICE CONSULTATION
99242	OFFICE CONSULTATION
99243	OFFICE CONSULTATION
99244	OFFICE CONSULTATION
99245	OFFICE CONSULTATION
99341	HOME VISIT NEW PATIENT
99342	HOME VISIT NEW PATIENT
99343	HOME VISIT NEW PATIENT
99344	HOME VISIT NEW PATIENT
99345	HOME VISIT NEW PATIENT
99347	HOME VISIT EST PATIENT
99348	HOME VISIT EST PATIENT

CODE	LOV_SHORT_DSC
99349	HOME VISIT EST PATIENT
99350	HOME VISIT EST PATIENT
99354	PROLONG E&M/PSYCTX SERV O/P
99355	PROLONG E&M/PSYCTX SERV O/P
99358	PROLONG SERVICE W/O CONTACT
99359	PROLONG SERV W/O CONTACT ADD
99401	PREVENTIVE COUNSELING INDIV
99402	PREVENTIVE COUNSELING INDIV
99403	PREVENTIVE COUNSELING INDIV
99404	PREVENTIVE COUNSELING INDIV
99406	BEHAV CHNG SMOKING 3-10 MIN
99407	BEHAV CHNG SMOKING > 10 MIN
99408	AUDIT/DAST 15-30 MIN
99409	AUDIT/DAST OVER 30 MIN
99411	PREVENTIVE COUNSELING GROUP
99412	PREVENTIVE COUNSELING GROUP
99420	HEALTH RISK ASSESSMENT TEST
99441	PHONE E/M PHYS/QHP 5-10 MIN
99442	PHONE E/M PHYS/QHP 11-20 MIN
99443	PHONE E/M PHYS/QHP 21-30 MIN
99444	ONLINE E/M BY PHYS/QHP

List of Double Weighted Codes

CODE	Code _SHORT_DSC
99381	INIT PM E/M NEW PAT INFANT
99382	INIT PM E/M NEW PAT 1-4 YRS
99383	PREV VISIT NEW AGE 5-11
99384	PREV VISIT NEW AGE 12-17
99385	PREV VISIT NEW AGE 18-39
99386	PREV VISIT NEW AGE 40-64
99387	INIT PM E/M NEW PAT 65+ YRS
99391	PER PM REEVAL EST PAT INFANT
99392	PREV VISIT EST AGE 1-4
99393	PREV VISIT EST AGE 5-11
99394	PREV VISIT EST AGE 12-17
99395	PREV VISIT EST AGE 18-39
99396	PREV VISIT EST AGE 40-64
99397	PER PM REEVAL EST PAT 65+ YR
99487	CMPLX CHRON CARE W/O PT VSIT
99489	CMPLX CHRON CARE ADDL 30 MIN
99490	CHRON CARE MGMT SRVC 20 MIN
99491	CHRNC CARE MGMT SVC 30 MIN
G0402	INITIAL PREV VISIT FOR NEW MA MEMBERS ENROLLED WITHIN 1ST YEAR
G0438	ANNUAL WELL VISITS FOR MA MEMBERS ENROLLED > 1 YEAR
G0439	1 TIME ANNUAL WELL VISIT AFTER G0402 VISIT FOR NEW MA MEMBERS

Acceptable Place of Service Codes

Acceptable Place of Service Codes	Description
11	OFFICE
2	TELEHEALTH
50	FEDERALLY QUALIFIED HEALTH CENTER
22	OUTPATIENT HOSPITAL
12	PATIENT'S HOME
19	OFF CAMPUS OUTPATIENT HOSPITAL
49	INDEPENDENT CLINIC
53	COMMUNITY MENTAL HEALTH CENTER
99	OTHER UNLISTED FACILITY
72	RURAL HEALTH CLINIC
24	AMBULATORY SURGICAL CENTER
13	ASSISTED LIVING FACILITY
3	SCHOOL
14	GROUP HOME
57	NON RESIDENTIAL SUBSTANCE ABUSE TX
58	NON RESIDENTIAL OPIOID TREATMENT FACILITY
5	INDIAN HELATH SERVICE FREE-STANDING

Acceptable Place of Service Codes Continued

Acceptable Place of Service Codes	Description
71	STATE/LOCAL PUBLIC HEALTH CLINIC
1	PHARMACY
17	WALK IN RETAIL HEALTH CLINIC
25	BIRTHING CENTER
15	MOBILE UNIT
65	END STAGE RENAL DIS TRTMNT FAC
9	PRISON / CORRECTIONAL FACILITY
81	INDEPENDENT LABORATORY
4	HOMELESS SHELTER
16	TEMPORARY LODGING
18	PLACE OF EMPLOYMENT - WORKSITE
41	AMBULANCE LAND
54	INTERMED FAC/MENTALLY RETARDED
8	TRIBAL 638 PROVIDER BASED FACILITY
52	PSYCH PARTIAL HOSPITALIZATION FAC
7	TRIBAL 638 FREE STANDING FACILITY
6	INDIAN HEALTH SERVICE PROVIDER-BASED
26	MILITARY TREATMENT FACILITY

Eligible Telemedicine Codes

- Eligible telemedicine codes include any code on slides 23 and 24 billed with the correct telehealth modifiers listed below:
  - Commercial Plans for Telemedicine Place of Service is either 02 (telehealth) or 11 (office)
  - Medicare Advantage Plans for Telemedicine Place of Service is 02 (telehealth)
- Telemedicine Modifier GT or 95

Roster Management

Monthly Attribution Roster Report: Overview

- After each attribution cycle completes, Horizon BCBSNJ delivers an electronic copy of the monthly attribution roster report to each Value-Based Partner via secure Managed File Transfer (MFT) site or HorizonDocs via NaviNet.
- Monthly rosters contain all active, added, and deleted Members related to the most current ‘contact’ attribution cycle.
- Geographic attribution rosters will be a separate report for participating partners who have negotiated this additional form of attribution.
- Each member included on the monthly attribution roster report is assigned a reason code to explain why he or she may have been added or deleted.
- Please see Attribution Data Dictionary section for more details regarding roster reason codes.

Attribution Roster Management

- Value-Based Program partners are responsible for updating their NPI inclusion and exclusion lists on a quarterly basis.
- If a partner makes changes to their participating NPI list by the required deadline, changes will be processed and reflected in the following roster refresh.
  - **Please note:** Initially changes will be acceptable via excel file. Once the new platform is available, These changes can only be made via the user interface provider portal
- Active members on a current attribution roster impact quality metrics as well as costs, utilization and patient experience if measured.
- Members may be added or removed from a roster report during attribution processing cycles due to maintenance and/or claims refresh activities.
- Please reach out to your Value-Based Specialist or VBPSupport@horizonblue.com for any questions.

Attribution Cycle Snapshot

Cycle	Primary Care Attribution Algorithms		Periodic Updates			Roster Frequency	Roster Month(s)
	Claims based Physician Contact	Physician Selection	Member Changes	Practice Changes	Dispute Requests		
First Attribution	☑	☑	-	-	-	Once	1st Effective Month
Maintenance Attribution	-	☑	☑	☑	☑	Monthly	Monthly- except Jan, April, July and October
Refresh Attribution	☑	☑	☑	☑	☑	Quarterly	Jan, April, July, and October

First Attribution Cycle

- During the first attribution cycle, Horizon's BCBSNJ vendor identifies the eligible population of members for whom a Practitioner is responsible for within their value-based primary care TIN.
- The first attribution cycle occurs when a partner joins value-based program.
- The first attribution cycle is **NOT** repeated when a practitioner joins a practice that is participating in a Value-Based primary care program.
- After processing completes, the first attribution roster report is typically delivered to the partner within 30 days.

Maintenance Attribution Cycles

From month to month, Partners will see some variation in their rosters. This is due to the attribution process that is continually performing ‘maintenance’ activities to detect changes in the members and providers.

Below are examples of typical operational events that may trigger ‘maintenance’ activities.

Member Changes	Practitioner (NPI) / Practice Changes	Physician Selection*	Dispute Requests
❑ Member no longer has medical coverage under a Horizon BCBSNJ policy ❑ Member – or spouse - switches employers ❑ Member enrolls in traditional Medicare ❑ Member experiences a qualified life event resulting in a coverage or coordination of benefits change	❑ New practitioner joins a Value-Based Primary Care Practice ❑ Practitioner leaves a Value-Based Primary Care Practice ❑ Value-Based Primary Care practice merges with another Practice ❑ Value Based Primary Care Practice terminates participation with Horizon BCBSNJ	❑ Member updates their enrollment information with a Primary Care Physician (PCP) selection. ❑ Member changes their previous Primary Care Physician (PCP) selection *This only applies to HMO and Medicare Advantage HMO products	❑ Horizon BCBSNJ approves dispute requests to remove Member from roster report ❑ Please note, Horizon BCBSNJ reserves the right to audit disputes at any given time

Refresh Attribution Cycle

- Refresh cycle occurs on a quarterly basis during the following months: January, April, July, and October.
- During the refresh process, Horizon BCBSNJ's vendor reviews a more recent look back period of historical claims for any potential members.
- If the refresh results indicate that the majority of office visits has now shifted from one Practitioner to another, a Member may be removed from one practitioner's roster and added to another practice or practitioner.
- As a reminder, well visits and chronic care office visits are double weighted.

Dispute Process

Dispute Process

Disputing Attributed members

- As Horizon transitions to a new attribution methodology, disputes will not be accepted until Q2 2021.
  - This is due to Horizon's focus on running baseline attribution
- Disputes will continue to be permitted at the TIN level
- Future enhancements to the dispute process are being considered
- Additional communications regarding the dispute process will be forth coming in the near future

Value-Based Practitioner and TIN Changes

Introduction to Value-Based Practitioner and TIN Changes

Submitting accurate and timely Value-Based Practitioner and TIN changes are a key component to ensure attribution is correctly captured.

Please take some time to review these processes and refer back to them when you need to submit practitioner or TIN level changes.

Typical changes include: adding a single provider TIN within an ACO, removing or disengaging a TIN within an ACO, practitioner retires, practice name change, and merging VB TINs into a virtual group

The Value-Based Practitioner and TIN demographic changes can also be found on HorizonBlue.com providers section at https://www.horizonblue.com/providers/news/news-legal-notices/changing-how-you-submit-demographic-updates#notification-close

https://www.horizonblue.com/sites/default/files/Practices.pdf

Questions regarding Value-Based Practitioner and TIN changes, please send an email to VBPSupport@horizonblue.com or contact your Horizon Value-Based Specialist.

Submitting Demographic Updates

Initiating Practice/Practitioner Demographic Updates

To initiate demographic updates to the practice or practitioner information that Horizon BCBSNJ has on file, please email a request letter, along with all appropriate supporting documentation, to EnterprisePDM@HorizonBlue.com.

Important: Please CC your assigned Value Based Program Specialist contact as well as your assigned Network Specialist to ensure Practice (TIN) and Practitioner (NPI) Demographic updates will not adversely affect the Value Based attribution process.

Letters should:

- Be on your practice letterhead (or the letterhead of your authorized credentialing/files vendor).
- Include the name, phone number and email address of the requestor.
- Clearly outline the requested changes/updates.
- Identify the effective date(s) of changes (please provide at least 30 days' advance notice).
- Be accompanied by all appropriate supporting documentation.

More information is available on:
https://www.horizonblue.com/providers/news/news-legal-notices/changing-how-you-submit-demographic-updates#notification-close

Practice Level Demographic Updates

Below are some of the important pieces of information (including specific criteria about certain information) that you should ensure are accurate and up-to-date.

Example: Changing address or adding more than one address to a practice.

- Practice name
- Type 2 NPI
- Address (including suite number, floor number or building number)
- Phone numbers (practice phone numbers should be those numbers that a member would call to schedule an appointment with practitioners at a particular practice location)
- Email address
- Languages Spoken (other than English)
- Office Hours
- Billing Information/Billing Company Information
- Affiliated Practitioners (Practitioners at a particular practice location)

More information is available on:
https://www.horizonblue.com/sites/default/files/Practices.pdf

Practitioner Demographic Updates

Below are some of the important pieces of information (including specific criteria about certain information) that you should ensure are accurate and up-to-date.

Example: Practitioner retirement, therefore no longer accepting new patients.

- Name
- Gender
- Degree(s)
- Type 1 NPI
- Specialty (please note that Horizon BCBSNJ does not credential practitioners in more than one specialty).
- Email address
- Board Certification(s)
- Office locations at which you practice
- Accepting new patients [per practice location(s)]
- Languages Spoken (other than English)
- Hospital Affiliation(s)
- Practice Limitations: https://www.horizonblue.com/sites/default/files/Practice_Limitations.pdf

More information is available on:
https://www.horizonblue.com/sites/default/files/Practitioners.pdf

Value-Based Program Provider (TIN) Level Status Changes

Value-Based Program & Model Types

Active Value Based (VB) Partners are identified by 9 digit **Tax Identification Number** (**TIN**) also known as **Employer Identification Number** (**EIN**).

OSC Alliance Network

Organized Systems of Care

(OSC-ADULT-PED)

ACO Network

Accountable Care Organization

(Horizon Virtual Group ACO) (ACO-ADULT) (ACO-PED)

PCMH Network

Patient Centered Medical Home

(PCMH-PED)

WSMH Network

Work Site Medical Home

(WSMH)

Value-Based Program Eligibility Requirements

To remain eligible all VBP Partner TINs must maintain the following eligibility criteria:

- **VB Partner Level Participation:**
  - **OSC/ACO** Minimum 5K attributed members
  - **PCMH-PED** Minimum 500 Attributed Members

- **Commercial Networks**: Primary Care Practitioners (**PCP**) must participate in all three commercial networks:
  - Managed Care Network (**MGCN**)
  - Medicare Blue (**MCBL**) Bundle
  - Traditional (**TRAD**)

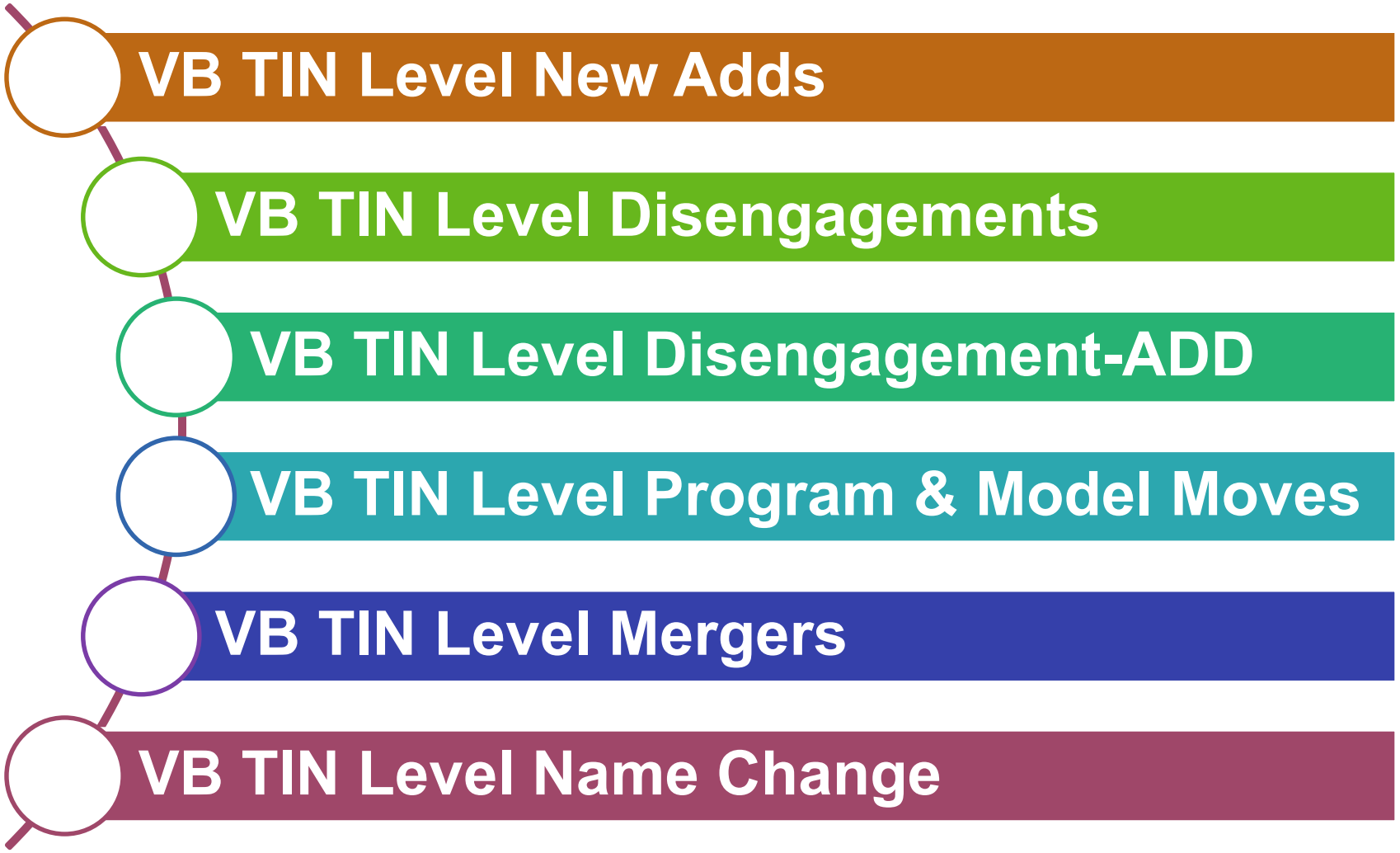
- **Primary Care Specialty**: A minimum of 1 PCP with an Active Panel and one of the following specialties:
  - Pediatrics, General Practice, Family Practice or Internal Medicine, Adolescents and Geriatrics

Value-Based (VB) TIN Level Change Status Dates

VB TIN Level Change	Processing Time	Due Date
VB TIN Disengagements VB TIN Disengagements-Add VB TIN Program Moves VB TIN Mergers VB TIN Name Changes	Processed on a monthly basis	10th of the month
VB TIN ADDs – Newly approved	Processed a quarterly schedule	Wednesday, March 10, 2021 Thursday, June 10, 2021 Friday, September 10, 2021

*Please CC your assigned Value Based Program Specialist contact as well as your assigned Network Specialist to ensure VB TIN Level Changes are accurately and will not adversely affect the Value Based attribution process.

Value-Based (VB) TIN Level Change Status Categories



Value-Based (VB) TIN Level Change Status Categories

VB TIN Level New Adds

Partner must complete the “New VB TIN Add Request” template and include the following information:

Partner Information:
- Non-Value Based Partner Name
- 9 Digit Tax ID

For a New W-9 Solo TIN Add:
- New Value Based Partner Name
- New Value Based Partner TIN (9 digit #):
- Program Model/Type
- New program Effective Start Date
- Complete practitioner information (First name, Middle Initial, Last Name, Primary Specialty, 10 Digit NPI#, 9 Digit TIN/EIN)

Important note:
- Please send this letter and any supporting documentation to your assigned Value Based Program Specialist contact as well as your assigned Network Specialist.

Timeline:
- Processing time: Quarterly basis
- Partner Status Change Due Date: 10th of the month

For a New W-9 TIN ADD to existing Value-Based TIN:
- Existing Value Based Partner Name:
- Existing Value Based Partner TIN (9 digit #):
- Program Model/Type
- New program Effective Start Date
- Complete practitioner information (First name, Middle Initial, Last Name, Primary Specialty, 10 Digit NPI#, 9 Digit TIN/EIN)

Value-Based (VB) TIN Level Change Status Categories

VB TIN Level Disengagements

Partner must complete the “New VB TIN Disengagement Request” template and include the following information:

Partner Information:

- Value Based Partner Name
- 9 Digit Tax ID
- Value Based Program Model/Type

Disengagement Information:

- Value Based Program Model/Type Disengagement
- Effective Disengagement Date
- Reason for Disengagement
- Complete practitioner information (First name, Middle Initial, Last Name, Primary Specialty, 10 Digit NPI#, 9 Digit TIN/EIN)

Important note:

- Please send this letter and any supporting documentation to your assigned Value Based Program Specialist contact as well as your assigned Network Specialist.

Timeline:

- Processing time: Monthly basis
- Partner Status Change Due Date: 10th of the month
- Late Disengagement submissions are subject to processing in the next month.

Value-Based (VB) TIN Level Change Status Categories

VB TIN Level Disengagement-ADD

Partner must complete the “New VB TIN Disengagement-Add Request” template and include the following information:

Partner Information:

- Value Based Partner Name
- 9 Digit Tax ID
- Value Based Program Model/Type

Disengagement Information:

- Value Based Program Model/Type Disengagement
- Value Based Program Model/Type Enrollment
- Effective Program Model Disengagement Date
- New Effective Program Model Start Date
- Complete practitioner information (First name, Middle Initial, Last Name, Primary Specialty, 10 Digit NPI#, 9 Digit TIN/EIN)

Important note:

- Please send this letter and any supporting documentation to your assigned Value Based Program Specialist contact as well as your assigned Network Specialist.
- All disengagements and adds must be within the same Program Model Type: OSC, ACO or PCMH PED. If you are disengaging from one Program Model Type to another Program Model Type (Example: ACO to OSC), please submit a VB TIN Level Program Move Approval letter.

Timeline:

- Processing time: Monthly basis
- Partner Status Change Due Date: 10th of the month

Value-Based (VB) TIN Level Change Status Categories

VB TIN Level Program & Model Moves

Partner must complete the “VB TIN Level Program Model Move” template and include the following information:

Partner Information:

- Value Based Partner Name
- 9 Digit Tax ID
- Value Based Program Model/Type

Model Move Information:

- New Value Based Partner Name
- New 9 Digit Tax ID
- New Value Based Program Model/Type
- Existing Program Model Effective Disengagement Date
- New Program Model Effective Start Date
- Complete practitioner information (First name, Middle Initial, Last Name, Primary Specialty, 10 Digit NPI#, 9 Digit TIN/EIN)

Important note:

- Please send this letter and any supporting documentation to your assigned Value Based Program Specialist contact as well as your assigned Network Specialist.
- If you are submitting a program move request, you must moving from current program model to another program model (Example: ACO to OSC).

Timeline:

- Processing time: Monthly basis
- Partner Status Change Due Date: 10th of the month

Value-Based (VB) TIN Level Change Status Categories

VB TIN Level Mergers

Partner must complete the “VB TIN Merger Request” template and include the following information:

Partner Information:

- Value Based Partner Name
- 9 Digit Tax ID
- Value Based Program Model/Type

Merging VB Information:

- Merging Value Based Partner Name
- Merging 9 Digit Tax ID
- Merging Value Based Program Model/Type
- VB TIN Effective Disengagement Date
- VB TIN Merger Effective Start Date
- Complete practitioner information (First name, Middle Initial, Last Name, Primary Specialty, 10 Digit NPI#, 9 Digit TIN/EIN)

Important note:

- Email all supporting documentation, to EnterprisePDM@HorizonBlue.com and CC your assigned Value Based Program Specialist contact as well as your assigned Network Specialist
- A VBP TIN Merger is when **ALL** Primary Care Physicians (PCP) and providers are leaving or being disassociated from their current VBP TIN and being affiliated to another VBP TIN that is a separate entity from the current TIN. The “old” VBP TIN can no longer be used to bill claims for Date of Service (DOS) after the effective date of the merger.

Timeline:

- Processing time: Monthly basis
- Partner Status Change Due Date: 10th of the month
- Please allow up to 30 Days to process standard VB TIN Level Mergers. Mergers with a large number or PCP/NPI’s may take longer.

Value-Based (VB) TIN Level Change Status Categories

VB TIN Level Name Change

Partner must complete the “VB Name Change Request” template and include the following information:

Partner Information:

- Value Based Partner Name
- 9 Digit Tax ID
- Value Based Program Model/Type

Name Change Information:

- Current VB Name
- New VB Name
- Value Based Program Model/Type
- New Name Change Effective Start Date

Important note:

- Email all supporting documentation, to EnterprisePDM@HorizonBlue.com and CC your assigned Value Based Program Specialist contact as well as your assigned Network Specialist.
- Attach certificate of Name Change Amendment or Doing Business As (DBA) document.

Timeline:

- Processing time: Monthly basis
- Partner Status Change Due Date: 10th of the month

Attribution Data Dictionary for Value Based Programs

Attribution Roster File Naming Convention

Attribution Roster File Format Naming Convention	
Contact Attribution	TIN_partner name_YYYYMM_Roster.xlsx
Geo Attribution	TIN_partner name_YYYYMM_GeoRoster.xlsx ***Note**: For partners receiving Geo Rosters, they will receive a separate xlsx file. There will no longer be an extra tab on the same file.

Roster Layout Data Dictionary: Page 1 of 5

Field Name	Field Type	Field Description	Sample Values
ALLIANCE_NAME	VARCHAR(150)	Indicates the Partner's OSC name that has been contracted for a value- based program	HEALTH SYSTEM
ALLIANCE_TIN	VARCHAR(30)	Indicates the Partner's OSC TIN that has been contracted for a value- based program	000000000
BUSINESS_ENTITY_NAME	VARCHAR(150)	Name of the attributed Partner	HEALTH SYSTEM
BUSINESS_ENTITY_TIN	VARCHAR(30)	Tax Identification Number (TIN) of the attributed Partner	000000000
PROVIDER_NAME	VARCHAR(150)	Indicates the provider group name that has been contracted for a value- based program and associated to a specific business entity	HEALTH SYSTEM
PROVIDER_TIN	VARCHAR(30)	Indicates the provider group TIN that has been contracted for a value- based program and associated to a specific business entity	000000000
ATTRIB_PRACTITIONER_NAME	VARCHAR(100)	Attributed Provider Name based on the NPI	JOHN DOE
ATTRIB_PRACTITIONER_NPI	VARCHAR(20)	National Provider Identifier of Practitioner on Record. Attributed Provider NPI	0000000000
ATTRIB_PROV_SPEC	VARCHAR(100)	Attributed Provider Specialty; Specialty of attributed provider/NPI	#
ATTRIBUTED_AS_OF	DATE FORMAT 'MM/DD/YYYY'	Attributed as of Date; date the member was attributed to this provider/NPI	00/00/0000
POLICY_ID	VARCHAR(50)	Policy ID of Members	3HZN00000000
MDMGUID	VARCHAR(14)	Unique member identifier, assigned at enrollment in MDM	99999999
FIRST_NAME	VARCHAR(50)	First Name of the member	JOHN
LAST_NAME	VARCHAR(50)	Last Name of the member	DOE

***VARCHAR = Variable Character – the field can hold numbers or letters**

Roster Layout Data Dictionary: Page 2 of 5

Field Name	Field Type	Field Description	Sample Values
DOB	DATE FORMAT 'MM/DD/YYYY'	Date of Birth	00/00/0000
GENDER	VARCHAR(3)	Member's gender code	M/F
REASON_CD	VARCHAR(5)	Reason code for attributing member to provider	GEOW
ROSTER_STATUS	VARCHAR(10)	Indicates member status on the roster - ADD / ACTIVE / DELETE	ADD / DELETE / ACTIVE / POTENTIAL
RX_STATUS	VARCHAR(3)	Pharmacy Status Indicator-- A value that represents a true or false state.	YES / NO
MAJOR_PRODUCT	VARCHAR(10)	Major Product Category Code	
SUB_PRODUCT	VARCHAR(10)	Sub Product Category Code Sample values: "DACCS", "EPO", "HMO", "POS", "PPO"	DACCS / PPO / HMO / TRD / INDEM / POS and more
STREET	VARCHAR(100)	Member's mailing address - line 1	99999 XYZ DR
STREET2	VARCHAR(100)	Member's mailing address - line 2	APT 99
CITY	VARCHAR(50)	City name in member's address	“CITY"
STATE	VARCHAR(2)	State code for member's address, e.g. NJ for New Jersey	"NJ"
ZIP	VARCHAR(10)	5-digit postal ZIP Code for member's address	"00000" and more
PHONE	VARCHAR(10)	Member's phone number	"9999999999" and more

Roster Layout Data Dictionary: Page 3 of 5

Field Name	Field Type	Field Description	Sample Values
RISK_SCORE	Double(4) - rounding to 4 decimal point	Each risk marker carries a risk weight that varies depending on the outcome being predicted. Adding the weights across markers produces the risk score	0.9984
FEP_RISK_SCORE	Double(4) - rounding to 4 decimal point	Risk score for a member in the Federal Employee Program	0.9984
PRIMARY_RISK_FACTOR	VARCHAR(100)	A free-form text value that provides a description of the risk Sample values: "Demographics", "Joint degeneration/inflammation", "Other dermatology", "Other orthopedics"	other dermatology
ACTION	VARCHAR(12)	Populated by Provider: An action code indicates dispute/admin process (Example: D -> provider dispute)	N/A (populate null)
ACTION_REASON_CODE	VARCHAR(100)	Populated by Provider: A integer value that corresponds to a description for the Action (Example - 1, 2, 3, 4, 6)	N/A (populate null)
ATTRIBUTION_TYPE	VARCHAR(1)	A defined text representation of different algorithm name types Sample values: "A“ = Contact. “G” = Geo "O“ = Potential with other contact attribution "P“ – potential with no contact attribution "W“ – worksite medical home	A / G / O / P / W
ATTRIBUTION_TYP_ DESC	VARCHAR(50)	Attribution type description: Sample Values: Contact / Geo / WSMH / Potential - O / Potential - P	Geo / Contact
RUNDATE	DATE FORMAT 'MM/DD/YYYY'	Roster Run date (date when Roster is generated)	YEAR-M0-DAY(0000-00-00)
HZNKEY	VARCHAR(30)	Analytics Internal Field with key logic - [HZN ID/Subs ID + First Name (first 4 chars) + DOB]	3HZN00000000NAME5494
PLAN_CD	VARCHAR(10)	Plan Code from enrollment feed	

Roster Layout Data Dictionary: Page 4 of 5

Field Name	Field Type	Field Description	Sample Values
PLAN_NAME	VARCHAR(100)	The full name of the Plan in which the member is under. Sample values: "SE ADV EPO SV", "SE OSC EPO PT", "SE OSC EPO SV", "SEHSA ADV EPO CPT100% C30/50 D2500 M5000", "SHBP NJ DIRECT2019"	PLAN_NAME
MARKET_SECTOR	VARCHAR(10)	The description of the corresponding Market Sector Code to identify the type of a market sector	Small (2-50)
PROD_DETAIL1	VARCHAR(50)	Product Detail 1	"FC-D" / "HRA" / "SNP" / "INC" / "HSA" / "EPOOSC" and more
PROD_DETAIL2	VARCHAR(50)	Product Detail 2	"GAPF" / "GAPD" / "GAPJ" / "SELCT" / "BRNZX" / "SILVX" / "GOLD" / "GOLDX" and more
EXCHANGE_FLAG	VARCHAR(1)	An indicator to indicate whether a member has an ON or OFF exchange. Sample values: "N", "Y"	Y / N
OMNIA_FLAG	VARCHAR(1)	An indicator to indicate whether a member has an OMNIA product. Sample values: "N", "Y"	Y / N
FULLY_INSURED_FLAG	VARCHAR(1)	A flag to identify if a member's plan is fully insured or not	YES / NO

Roster Layout Data Dictionary: Page 5 of 5

Field Name	Field Type	Field Description	Sample Values
MEMBER_COVERAGE_EFFECTIVE_DATE	DATE FORMAT 'MM/DD/YYYY'	A complete calendar date, expressed as year, month, and day of month - the member coverage start date.	00/00/0000
MEMBER_COVERAGE_TERMINATION_DATE	DATE FORMAT 'MM/DD/YYYY'	A complete calendar date, expressed as year, month, and day of month - the member coverage termination date.	00/00/0000
ATTRIBUTION_END_DATE	DATE FORMAT 'MM/DD/YYYY'	The last date of the month when the roster is created	03/01/2018
DPCMH_ATTRIBUTION_ENROLLMENT_DATE	DATE FORMAT 'MM/DD/YYYY'	The date on which the member's first attributed to the same provider (The date when the roster is generated for members who first have ADD record) This only pertains to DPCMH program so will be blank for VBP programs	03/01/2018
DPCMH_ATTRIBUTION_TERM_DATE	DATE FORMAT 'MM/DD/YYYY'	The date on which the member's deleted from the roster (The date when the roster is generated for members with DELETE record) This only pertains to DPCMH program so will be blank for VBP programs	03/01/2018
DENTAL_COVERAGE	VARCHAR(1)	An indicator to indicate whether the member has a dental coverage. Sample values: "N", "Y"	Y / N
LATEST_MDMGUID	VARCHAR(14)	The Latest MDMGUID for member merges	999999999
MEMBER_MAIN_GROUP	VARCHAR(50)	Member's main group number	"000000" / "00000R2" and more
MEMBER_SUB_GROUP	VARCHAR(50)	Member's subgroup number	"0000" / "0000" and more
BRAVEN_FLAG	VARCHAR(5)	Indicator to identify if the member has a Braven product	Y / N
MEMBER_COUNTY	VARCHAR(20)	County in Member's address	Camden

Attribution ACTIVE / ADD Reason Codes

Reason Code Description	Roster Status	Existing HZN Reason Codes (End Dt: 12/31/2020)	New/Revised Reason Codes (Eff Dt: 01/01/2021)
Add -Administrative (Provider Split From Group)	ADD/ACTIVE	SADD	HZNADD
Geographic Winner	ADD/ACTIVE	GEOW	GEO
Add -Provider Initiated	ADD/ACTIVE	PADD	PADD
6 mo WINNER	ADD/ACTIVE	R06W, R6WS	6MO
24 mo WINNER Single Provider	ADD/ACTIVE	R24S, R24W	24MO
PCP SELECTED	ADD/ACTIVE	RPCP	PCPSEL
Potential Attribution*	POTENTIAL	PATR	PATR
Work Site Medical Home (employer group)*	ADD/ACTIVE	EGRP	EGRP

***Please note:** Some reason codes may not apply to your practitioner*

Attribution DELETE Reason Codes

Reason Code Description	Roster Status	Existing HZN Reason Codes (End Dt: 12/31/2020)	New/Revised Reason Codes (Eff Dt: 01/01/2021)
Delete- Vendor Related	DELETE	DDEL	MOVEDPC
Delete -Work Site Medical Rules	DELETE	EGRPX	MOVEEGRP
Geographic Loser	DELETE	GEOL	ZIPCHG
Geographic Restriction-safe address indicator	DELETE	GEOR	PHI
Exclusion-Group Exclusions	DELETE	GEXL	EGRPXL
Exclusion- Medicaid member	DELETE	HNJH	MOVEHNJH
Exclusion-Medicare Primary; Horizon secondary	DELETE	MCARE	MOVEMEDICARE
Exclusion- Medigap product	DELETE	MGAP	MOVEMEDIGAP
Exclusion- Other Payer primary; Horizon Secondary	DELETE	OINS	MOVEHZN2
Delete -Provider Initiated (Dispute)	DELETE	PDEL	PDEL
Delete- Blue Card Reconciliation	DELETE	PIDEL	BCDEL
Exclusions- Blue Card	DELETE	PIEX	BCEX
6 mo/ 24mo LOSER	DELETE	R06L, R24L	CLAIM
Restriction- due to Member's age	DELETE	RMEA	MEMAGE
Not Actively Enrolled	DELETE	RNAE	NAE
Other PCP/no PCP selected	DELETE	RNPP	PCPSELX
Delete-Administrative (Provider Split From Group)	DELETE	SDEL	HZNDEL
Exclusion- Blue Card Member VOID	DELETE	VOID	BCVOID
MDMGUID consolidation	DELETE	GUIDDEL	GUIDDEL
Exclude Braven members from Geo Attribution	DELETE	--	BRVNGEO

Thank You

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