



existing conditions of Plan Members and coordination of benefits; and (2) improving the time needed to make system adjustments to assure that payments to Plan Members for services provided by non-participating physicians are at the appropriate rates after a physician has left Horizon's physician networks.

**H\_ § 7.10 New Dispute Resolution Process for Physician Billing Disputes**

(b) Horizon agrees that, to the extent that it utilizes a billing dispute external review process and organization provided by New Jersey state law to adjudicate billing disputes with physicians, Horizon will comply with the provisions of § 7.10.

**H\_ § 7.11 Determinations Related to Medical Necessity**

(b) Horizon agrees that, to the extent that it utilizes a medical review external review process and organization provided by New Jersey state law to make determinations relating to whether proposed health care services or supplies are Medically Necessary or experimental or investigational in nature, Horizon will comply with the provisions of § 7.11.

**P\_ List of Blue Parties Utilizing Individual Compliance Dispute Program**

Pursuant to §12.7, Empire Blue Cross Blue Shield and Horizon Blue Cross Blue Shield of New Jersey will use an individual plan compliance dispute program that follows the requirements set out in §§ 12.1 through 12.6, in lieu of participating in the Joint Compliance Dispute Program.

**Q\_ List of Blues Parties Utilizing Individual Plan Compliance Reporting Program**

Pursuant to §12.8(b), Empire Blue Cross Blue Shield and Horizon Blue Cross Blue Shield of New Jersey will use an individual plan compliance reporting program and will designate a local compliance reporting officer who will follow the requirements and procedures as set out for the joint compliance reporting program in §12.8(a).