



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work®

Horizon Blue Cross Blue Shield of New Jersey Newark, New Jersey

Vice President, Service Implementation Position Description

2017

Prepared by:

Michael Meyer Ryan Hubbs David Linder



Meyer Consulting

www.meyerconsultinginc.com
5665 N Scottsdale Road
Suite 110
Scottsdale, AZ 85250
509.415.5209
horizonvpsi@meyerconsultinginc.com

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I. HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY OVERVIEW

Organizational Summary

Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) is New Jersey's leading health insurance provider, serving approximately 3.9 million members. It is one of the top five Blue Cross Blue Shield organizations in the country. Horizon BCBSNJ is a not-for-profit company and a licensee of the Blue Cross and Blue Shield Association. Horizon BCBSNJ has annual revenues of approximately \$12 billion and about 5,000 employees. The Company offers traditional indemnity and managed care plans, including HMO, PPO, POS, and Medicare Advantage plans. It also provides dental and behavioral health coverage and manages workers' compensation claims through Horizon Casualty Services. Horizon BCBSNJ is led by Chairman and CEO Robert Marino.

Horizon BCBSNJ continually seeks to improve quality, control cost and implement forward-thinking healthcare solutions. In recent years, the Company has moved to develop new and innovative models/partnerships with providers for patient care, population health, accountable care and value-based contracting. The new Horizon OMNIA Alliance, described later, is an innovative, statewide partnership with providers.

Lines of Business

Horizon BCBSNJ, and its subsidiary companies, provide customers with a wide variety of medical (including Medicare and Medicaid), dental, prescription drug, and health and wellness insurance products and services for individuals as well as local and national employers. Horizon BCBSNJ subsidiaries also provide workers' compensation and personal injury protection (PIP) administrative services and access to life insurance products (sold, but not underwritten by Horizon BCBSNJ or its affiliated companies).

Commercial, Individual and Federal

Horizon BCBSNJ serves more than 3 million members in employer groups and individual, State and federal programs. Horizon BCBSNJ's largest single account is New Jersey's State Health Benefits Program which covers about 750,000 State government workers. The company also covers federal employees through the Blue Cross and Blue Shield (BCBS) Association's Federal Employee Program. The Company has a dominant position among both New Jersey based Fortune 500 companies (Merck, Novartis, PSEG, etc.) as well as mid-small group employers. Horizon also offers products on the federal exchange.

Government Programs

Horizon BCBSNJ offers a comprehensive array of services and health plans to over 700,000 members covered by public programs and provides services in all 21 New Jersey counties. The Government Programs division last year had revenues of close to \$4 billion.

With the implementation of the Affordable Care Act, Horizon BCBSNJ is taking on more responsibilities and expanding coverage in long-term care. Horizon BCBSNJ currently offers the following public programs/plans:

- Horizon NJ Health
 - Medicaid
 - NJ FamilyCare (SCHIP),
 - o NJ FamilyCare ADVANTAGE (for uninsured children not eligible for NJ FamilyCare)
 - Horizon Blue TotalCare (dual-eligible HMO SNP)
 - Managed Long Term Care
- Medicare
 - Horizon Medicare Advantage
 - o Horizon Medicare Blue Rx Standard and Horizon Medicare Blue Rx Enhanced
 - Horizon Medicare Blue TotalCare (HMO SNP)
 - Horizon Medicare Supplement

Horizon Casualty Services (Workers' Compensation)

Horizon Healthcare Dental, LLC (with more than 1 million members)

Horizon OMNIA Alliance

On September 10, 2015, Horizon Blue Cross Blue Shield of New Jersey, along with several of New Jersey's leading health systems and a major multispecialty physician group announced that they have formed a unique, first-of-its-kind statewide alliance. The OMNIA Health Alliance is committed to radically altering how health care is financed and delivered in New Jersey to reward value, which it defines as high quality care, an enhanced patient experience, and lower total cost of care.

The traditional, fee-for-service health care system generally treats patients after they become sick, and hospitals and doctors are paid for the amount of services they provide to those patients. The OMNIA Health Alliance will dedicate significant intellectual and financial resources to change this paradigm by developing new approaches to keep individuals healthy through increased population health management and more integrated, coordinated care that rewards better health outcomes, an enhanced patient experience, and lower cost care.

"The OMNIA Health Alliance is an unprecedented collaboration that will significantly transform how health care is financed and delivered in New Jersey for the better," said Robert A. Marino, chairman and CEO of Horizon BCBSNJ. "Through the OMNIA Health Alliance, we are all making a long-term commitment with a new level of trust, cooperation, and energy that will benefit health care consumers in New Jersey."

The following health systems (representing 22 hospitals), their aligned physicians, and a multispecialty physician group have joined Horizon BCBSNJ to form the OMNIA Health Alliance:

- Atlantic Health System
- Barnabas Health
- Hackensack University Health Network
- Hunterdon Healthcare
- Inspira Health Network
- Robert Wood Johnson Health System
- Summit Medical Group



The OMNIA Health Alliance organizations all have a shared vision and commitment to rewarding high quality health care, significant expertise and ability to impact the health status of large populations, strong brand reputations among consumers and employers, and the resources and capabilities to use new technology to deliver more effective and efficient health care to consumers and employers. The OMNIA Health Alliance was created to meet consumer and employer demands for greater access to affordable, high-quality health care that provides a better health care experience for consumers.

As part of this transformative strategy, Horizon BCBSNJ launched a new suite of innovative products for 2016. The new health plans will provide employers and individuals lower premiums. The new plans will also offer members the ability to save significant out-of-pocket costs.

To obtain more information and see videos featuring the CEO's and other leaders of the OMNIA Health Alliance go to HorizonBlue.com/OMNIA.

Mission and Vision Statement

Mission Statement

Our mission is to make health care work by improving the health care experience for our members and the communities we serve.

We provide access to high quality health care, options for financing health care costs, and information and services to help our members make the best decisions about managing their health.

Vision Statement

Our vision is to be the best health plan, both locally and nationally, by helping our members become and stay healthy.

We will achieve our vision by working with the business, government and medical communities to improve the health care experience for our members and ensure they receive the appropriate care at the best price.

Horizon BCBS History

Founded as the First Hospital Service Plan, Horizon Blue Cross Blue Shield of New Jersey began operations in New Jersey in 1932. In 1936, the Plan went statewide as the Hospital Service Plan of New Jersey. The Medical-Surgical Plan of New Jersey was incorporated in 1942, and in 1986, the Hospital Service Plan of New Jersey and the Medical-Surgical Plan of New Jersey merged to become Blue Cross Blue Shield of New Jersey, Inc. Since that time, the organization has expanded its footprint, creating subsidiaries in dental, workers' compensation, and its HMO plan.



Key Milestones

1998 – The Company began doing business as Horizon Blue Cross Blue Shield of New Jersey and its operating subsidiaries adopted similar names. Horizon BCBSNJ's membership exceeded 2 million in New Jersey.

1999 – Horizon BCBSNJ announced a corporate realignment and implemented initiatives for the Company to achieve world-class status. Horizon Mercy pursued acquisitions that make it the largest provider of Medicaid HMO services in New Jersey and one of the largest providers in the United States.

2002 – Horizon BCBSNJ introduced the "World Class Clinical Quality" health care initiative in an effort to improve the overall health of residents in the region by providing access to care, making information available to providers and consumers and promoting evidence-based medicine through effective preventive health and disease management programs.

2003 – The Company's Health Care Dollars and Sense campaign, a multiyear, multimedia initiative, was launched to provide education to the public on the nature of the crisis in rising health care costs and its impact on all health care constituents. The Company established and provided substantial initial funding for the Horizon Foundation for New Jersey, a charitable organization dedicated to promoting health, well being and quality of life in New Jersey's communities.

2004 – Horizon BCBSNJ continued to solidify its position as New Jersey's largest health insurer and a premier regional health care company, with projected year-end enrollment in excess of 3 million members and nearly \$1 billion of accumulated surplus. Over 1 million dental members were enrolled as of September 30, 2004.

2005 – During 2005, enrollment grew by 106,000 members, raising the company's total to over 3.2 million members. In addition, Horizon BCBSNJ made a major commitment to the Medicare Part D program, building the necessary infrastructure to support the program and taking a leadership role in helping seniors understand their health care choices. When the program went live in January 2006, Horizon BCBSNJ covered over 132,000 seniors.

2007 – Horizon BCBSNJ was awarded \$6 million in payments to 60 network hospitals as recognition for high quality and patient safety measures in the company's inaugural year of its Hospital Recognition Program, a collaboration between Horizon BCBSNJ and the Leapfrog Group focused on encouraging improved quality of care in New Jersey hospitals. The National Committee for Quality Assurance (NCQA) upgraded Horizon BCBSNJ's HMO accreditation to "Excellent with Distinction" for its early adoption of the Physician and Hospital Quality Plus Program that provides members with important information about physicians and hospitals in the Horizon BCBSNJ network.

2008 – Horizon BCBSNJ invests in a ground breaking pilot program demonstrating the effectiveness of the Patient-Centered Medical Home concept of care. As a result of the program, patients dramatically increased adherence to their prescribed medical protocols, improving member health and lowering health care costs. Horizon BCBSNJ announces it is exploring the possibility of converting to a for-profit company.



2010 – Horizon BCBSNJ invests in the creation of a subsidiary to focus on medical home/accountable care partnerships with leading providers statewide.

2011 – Horizon BCBSNJ opened its first retail center in Moorestown to provide easier access to health care for its members.

2013 – Horizon BCBSNJ's membership in innovative clinical partnerships (PMCHs, ACOs, EOCs) exceeds 500,000 members.

2015 - Horizon, along with several of New Jersey's leading health systems and a major multispecialty physician group formed a unique, statewide alliance. The OMNIA Health Alliance is committed to radically altering how health care is financed and delivered in New Jersey to reward value, which it defines as high quality care, an enhanced patient experience, and lower total cost of care.

2016 – Horizon announces that over 234,000 individuals have been enrolled into its OMNIA suite of products.

Awards and Recognition

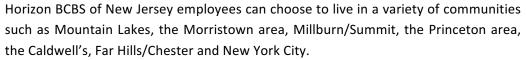
- Standard & Poor's designated Horizon BCBSNJ with an "A" rating for financial strength.
- Horizon BCBSNJ was named to the prestigious Information Week Elite 100 list (#73), the only insurance company on the list. For the past 15 years, Horizon BCBSNJ has earned a place on InformationWeek's Masters of Technology 500 list, and was named among the Top 250 Innovators the last two years.
- Horizon BCBSNJ is the recipient of many Diversity and Employer of Choice awards.



Find further information on Horizon BCBSNJ at: www.horizonblue.com

II. COMMUNITY DESCRIPTION

New Jersey is the eleventh most populous state in the US with over eight million residents. Horizon BCBSNJ's headquarters are located in Newark, the largest city in New Jersey. Newark is the commercial, financial, and transportation nucleus of the Garden State. The Horizon BCBSNJ offices are located adjacent to Newark Penn Station, which allows for easy access to New York City (20 minutes) and beautiful New Jersey communities to the South and West.





The State is home to some of the finest public and private schools in the country (Millburn and Mountain Lakes, for example). Princeton University is about 45 minutes by train from Newark. The State is also home to New Jersey Institute of Technology, Rutgers University, Seton Hall and the University of Medicine and Dentistry of New Jersey. Numerous Fortune 500 companies call the State home including Merck, Novartis, Johnson & Johnson and Prudential Financial.

Residents of New Jersey enjoy a variety of top entertainment, sports (Giants, Nets), fine dining and shopping locally, as well as the amenities of New York City. The State is home to numerous museums, cultural centers, and examples of historic architecture.

New Jersey offers a wide variety of activities for outdoor enthusiasts and ocean lovers such as water sports, fishing, golfing, hiking and camping. Numerous resort towns are located on the Jersey Shore as well as on the New Jersey-Pennsylvania border. From sophisticated urban settings to rural environments, from small towns to suburban living, few States offer the quality, variety and diversity of lifestyle options to suit a person or family's interests and needs.

For more information, see the following websites:

www.visitnj.org www.chambersnj.com www.nj.gov

III. POSITION SUMMARY

Title: Vice President, Service Implementation

Reports to: Senior Vice President of Service Operations

The Vice President, Service Implementation will be accountable for an operations organization of 150+ FTEs, as well as additional resources through various vendor partnerships. He/she will be responsible for an operating budget of \$25m out of a total service operations budget of \$225m. The Vice President, Service Implementation is both a strategic and tactical position that has responsibility for ensuring the ongoing effective and efficient operations within its areas of responsibility and also will develop and implement innovative strategic initiatives / projects that streamline and modernize billing & enrollment service operations in order to provide best-inclass service and ease of use to Horizon's commercial members.

The Vice President is responsible for all account implementation, enrollment, billing, benefit coding and accounts receivables for Horizon BCBSNJ's commercial accounts, comprising approximately 3 million members across all commercial lines of business. The Vice President will ensure the appropriate modeling and setup of customer benefits for accurate claims payment. This position is also responsible for financial reporting for alternate funding arrangements and self-insured billing. He/she will streamline processes to create a more efficient and effective department and reduce administrative expenses.

The Vice President is a highly collaborative role that must work effectively with multiple internal shareholders as well as vendors to ensure the effective functioning and development of areas under his/her responsibility. Key relationships include:

- Oversee and maintain effective vendor relationships to ensure timely and accurate vendor services / deliverables, including the creation and distribution of over 1m Horizon BCBSNJ ID cards annually to commercial members;
- In collaboration with Horizon's Market Business Units (MBU) division, work to ensure the appropriate modeling and setup of customer benefits with Horizon's central product library for accurate claims payments;
- Partner with Sales for support of innovative funding arrangements while maintaining fiduciary responsibility to the Plan;
- Work closely with IT to ensure the ongoing effectiveness of Horizon's membership systems (NMS);
- Engage collaboratively with NASCO to maintain the effective functioning of NASCO membership / enrollment systems currently used by Horizon (Members Edge, BlueBase) and interoperability with Horizon's proprietary system;
- Conceptualize and implement, in collaboration with internal stakeholders, strategic projects / initiatives
 that represent innovative best practices in their areas of responsibility; create and sell the business case
 for projects to senior leadership.

Direct reports to the position include:

- Director, Billing and Enrollment
- Director, ID Card Generation
- Potential additional areas based on the qualifications of the selected candidate

IV. DUTIES AND RESPONSIBILITIES

Major areas of responsibility of the Vice President include:

Leadership & Change Management

- Systematically cultivates and maintains long-term, collaborative relationships with key stakeholders and with selected organizations to achieve mutual goals;
- Keeps up to date on issues affecting the healthcare industry and develops strategies to address these issues;
- Leads, motivates and develops a strong team, capable of building relationships with key business leaders.

Organizational Planning

- Facilitates the development, maintenance and monitoring of organizational plans;
- Responsible for preparing the organization for ongoing change;
- Ensures clarity, understanding and commitment from all stakeholders;
- Responsible for the development and management of integrated, strategy aligned departmental workplans;
- Responsible for the development and management of the annual operating budget;
- Accountable for maintaining effective internal controls over the processes and transactions under areas of responsibility including the completeness and accuracy of financial information and transactions, compliance with applicable laws and regulations, and the effectiveness and efficiency of operations;
- Develop key relationships with the Sales/ Account teams to effectively prioritize the implementation pipeline.

Innovation

 Develops and leads operations strategies to improve membership billing and enrollment processes for commercial business. Sets goals and monitors results to ensure that departmental and organizational goals and operating requirements are met;

- Identifies opportunities to enhance billing arrangements to retain a competitive edge and streamline processes to improve organizational effectiveness and reduce administrative costs;
- Advise Sales of innovative funding arrangements while maintaining fiduciary responsibility to the Plan;
- Develops innovative initiatives to enhance internal efficiency and effectiveness.

V. CANDIDATE QUALIFICATIONS

The Vice President, Service Implementation will be an accomplished service operations executive with at least 7-10 years experience (or equivalent) leading membership / service functions in a complex health plan or other relevant organization with a large transactional volume. S/he will possess demonstrated success in leading / ensuring the ongoing effective and efficient execution of membership / service areas.

S/he must be a highly collaborative, team player who understands the value of collaboration and interacts effectively across an organization. The candidate will be adept at creating and leading cross-functional teams and executing on priorities and initiatives. S/he must be able to successfully communicate complex ideas and value propositions from the front-line to the C-Suite, and interact effectively at all levels within an organization.

Additional qualifications of the candidate include:

- Demonstrated success in service operations leadership for a health plan / other relevant organization that has significant scale;
- The ability to create, in partnership with leaders across the organization, innovative solutions / initiatives that modernize and streamline Horizon BCBSNJ's service functions and enhance member service;
- The ability to make a business case to senior leadership, gain buy-in, and successfully execute complex projects / initiatives to completion;
- Experience managing budgets of significant size efficiently and effectively;
- Knowledge of benefit configuration / modeling and central product library support functions to ensure the timely and accurate payment of claims and Customer Service inquiries;
- Knowledge of ASO market dynamics including stop-loss arrangements;
- Successful experience managing vendor relationships and ensuring successful and timely interaction / execution of vendor deliverables;
- A collaborative leader who can build and direct cross-functional teams;
- A leader with the energy and desire to create and implement innovative, best-in-class solutions that drive enhanced member service and satisfaction;
- The ideal candidate will possess a successful track record of leading a large-scale organizational implementation in billing, enrollment or other relevant area;

- Experience leading clerical staff;
- Experience leading in a union environment preferred; the ability to work effectively with union representatives and unionized staff;
- Experience in successfully maintaining / ensuring effective operational functioning while implementing new projects / systems that streamline and enhance member services;
- Strong working knowledge of IT preferred;
- Strong working knowledge of issues central to achieving success in member services in a competitive market;
- An understanding and strong working knowledge of the Affordable Care Act and subsequent changes;
- Bachelor's degree required; MBA or Masters in relevant field preferred.

Personal characteristics of the candidate include:

- A proven, hands-on leader who can work independently and collaborate effectively on cross-functional teams; is able to drive change through an organization;
- An energetic, self-starter who thrives in a fast-paced environment;
- Possesses the ability to influence, with excellent relationship building skills;
- Leads and adapts readily to change and challenging assignments;
- Executive communication skills; the confidence and ability to effectively communicate complex ideas to a variety of audiences from front line to C-Suite.
- Innovative; passionate about creating best-in-class service solutions; perceives projects and initiatives with a future-driven perspective;
- A collaborative, inclusive leader who prioritizes effective teamwork / teambuilding and builds effective
 alliances / relationships across a spectrum of internal and external stakeholders; someone who
 understands the value of collaboration;
- Excellent critical thinking skills; can demonstrate a flexible, creative approach in a dynamic market and gain buy-in for new approaches;
- Can drive and collaboratively catalyze change in an organization; an effective combination of strategic and tactical skills;
- Proven ability to exercise sound judgment and strong problem solving skills;
- Politically astute; the ability to broker both strategic and technical execution;
- An approachable leader who is accessible and sensitive to staff needs;

• A person of high integrity.

VI. GOALS AND OBJECTIVES

Within the first 12-18 months, the successful Vice President, Service Implementation will have:

- Established him/herself as a strong, collaborative, credible and trusted leader with Horizon's executive leadership and staff; someone who works effectively across the organization;
- Ensured the seamless and effective functioning of all areas under his/her responsibility; established him/herself as an effective leader of a high-performing team; someone who is both strategic and tactical;
- Developed a deep understanding of billing, membership and benefit systems currently used by Horizon including Members Edge and Bluebase (NASCO) and NMS (Horizon's proprietary system) and areas for improvement;
- Demonstrated the ability to innovate; have developed strategic initiatives to collaboratively streamline and modernize service areas including moving towards combined / single billing and single membership systems; proven the ability to make a business case to executive leadership for large-scale strategic initiatives;
- Achieved a strong understanding of the breadth of Horizon BCBSNJ's commercial lines of business, including dental and vision, and their needs / opportunities relating to the areas under this position;
- Developed strong relationships with vendors and ensured that vendor deliverables are timely and accurate; evaluated existing vendor relationships and potential areas for improvement;
- Developed strong, productive relationships with IT, Sales, Horizon's Market Business Units (MBU) division, vendors and other areas that interact closely with this position;
- Developed / strengthened a deep understanding of the New Jersey and national healthcare landscape, including market and regulatory dynamics relevant to the VP's areas of responsibility;
- Demonstrated good judgment and political astuteness in his/her actions;
- Demonstrated a high level of integrity and character in his/her actions.

VII. PROCEDURE FOR CANDIDACY

Meyer Consulting has been exclusively retained by Horizon Blue Cross Blue Shield of New Jersey to conduct this search. Referrals, requests for information, and expressions of interest can be sent via email to the company's search consultants, Mike Meyer, Ryan Hubbs and David Linder at horizonvpsi@meyerconsultinginc.com.

We can be reached via phone at 509/415.5209 (Hubbs) or 847/902.2550 (Linder). All communication will be treated with full professional confidentiality.