This document outlines some of the most important policies and procedures within the 2017 Horizon NJ Health Provider Administrative Manual as well as important Horizon NJ Health contact information.

Provider Enrollment:
To enroll as a network provider with Horizon NJ Health, a PCP, Specialist, Ancillary or MLTSS provider must fill out a Credentialing Application Packet, sign two contracts and submit them to Horizon NJ Health’s Department of Provider Contracting and Servicing (PC&S). The Credentialing Department will, within two weeks, review the provider’s application and contact the prospective provider if any discrepancies arise or if more information is required from the provider. It will take up to 90 days for the credentialing process to be completed.

Upon acceptance, the provider will be notified of the credentialing committee’s decision and, if approved, be added to the Horizon NJ Health Provider Network. All PCPs or Specialists seeking applications or more information on the credentialing process should contact the Senior Manager of Network Relations, at 1-800-682-9094, extension 89489. All MLTSS providers seeking applications or credentialing information should contact the Manager of MLTSS Network Relations, at 1-800-682-9094, extension 89887.

Credentialing applications should be submitted to:
Horizon NJ Health Provider Credentialing
Department of Professional Contracting and Servicing
210 Silvia Street
West Trenton, NJ 08628
Fax: 1-609-538-3004
To find Health Plan contact or website link to query by county by provider type whether Plan is currently accepting new providers, please go to horizonnjhealth.com/for-providers.

For dentists to apply to the Horizon NJ Health network, please send information to:
Horizon NJ Health
Attn: Credentialing
N92W 14612 Anthony Ave
Menomonee Falls, WI 53051
Fax: 1-866-396-5686
Email: credentialing@sciondental.com
Web: www.credentialingportal.com

To find information on application review and notification of application status, please consult NaviNet.net or call 1-800-682-9091.

Claim Receipt Notification Process
After claims are received electronically and validated by the TriZetto Provider Solutions (TTPS) Direct Data Entry (DDE) SimpleClaim system, in order to send claims electronically to Horizon NJ Health, a conditional acceptance report is generated and sent to the hospital or health care professional immediately.

After this acceptance, status of claims, adjusted claims, and claim appeals can be viewed on NaviNet.net.

Prior Authorization
To confirm Horizon NJ Health’s receipt of a Prior Authorization request, precertification must be obtained prior to an elective or non-urgent admission or before services that require precertification are rendered. This is the procedure for obtaining prior authorization:

• Call UM department at 1-800-682-9094 a minimum of five business days prior to the procedure. Failure to notify UM within a minimum of five business days may result in the delay or denial of the procedure. Staff is available 24 hours a day to receive requests. Staff can send outbound communication regarding UM inquiries during normal business hours, unless otherwise agreed upon. Staff is identified by name, title and organization name when initiating and returning calls regarding UM issues.

• Horizon NJ Health will check the member’s eligibility and benefit coverage and request the following information:
  – Member ID number
  – Member’s name, address and date of birth
  – Specific clinical information, such as diagnosis, severity, supporting evidence of diagnosis, and planned treatment
  – Member’s designated contact
Critical clinical information is required prior to authorization. Examples of critical elements include, but are not limited to, history of presenting problem, clinical exam and diagnostic test results, operative and pathological reports, treatment plan, progress notes and consultations. If critical elements of review are not obtained, an administrative denial will be issued.

After the required information is gathered, the UM department will discuss the plan of treatment with the provider or provider’s representative. The discussion involves subjective and objective findings and clinical assessment. The provider may be asked to submit additional information for review by a Horizon NJ Health medical director.

- The UM department uses nationally recognized criteria in the certification process. If the criteria are met, the UM department will inform the provider or provider’s representative that the admission or service has been certified.

- As soon as the admission or plan of treatment has been certified, Horizon NJ Health will fax a notification to the PCP, referred provider and the hospital or facility. The referring provider will be given an authorization number via a faxed letter. The member will be notified via mail.

Precertification is valid only for the dates requested. Concurrent review and discharge planning will be conducted via telephone by Horizon NJ Health staff for all inpatient admissions.

Prior to providing care for services requiring precertification, call the Horizon NJ Health UM department to verify that a prior authorization has been obtained.

To check status of Prior Authorization and/or changes to the Prior Authorization go to navinet.net, horizonnjhealth.com/for-providers or call 1-800-682-9091. If a response for a Prior Authorization request for non-emergency services is not received within 15 days call 1-800-682-9091.

Coordination of Benefits (COB) Frequently Asked Questions

1. What is the contact number and /or email address for questions related to COB?
   Provider Services; 1-800-682-9091

2. If a member is dually eligible or has a TPL policy how often does the provider have to submit a denial from Medicare and/or the TPL insurer?
   Horizon NJ Health will document receipt of notices that the member’s primary carrier does not cover a service or that the service is exhausted. No additional notices will be required until the anniversary date of the member’s policy with that other insurer. Annually, on or after the anniversary date, the hospital, physician or health care professional must provide notice again that the service is exhausted or not covered by the primary carrier.

3. Does the Provider submit the denial from the Medicare and/or Commercial Insurance provider electronically or hard copy?
   A hard copy of the denial letter should be submitted.

4. If the EOB denial can be submitted in hard copy what is the address for submission?
   Horizon NJ Health
   Claims Processing Department
   P.O. Box 24078
   Newark, NJ 07101-0406

5. How do providers track progress of paper copies of the EOB for individual members?
   Upon receipt of payment and/or an EOB, providers must submit applicable claims to Horizon NJ Health for consideration of deductibles, copayments and coinsurance amounts.

   Horizon NJ Health reimburses after coordination of benefits (COB) and only up to the primary contracted rate for the service. The claim, PCP referral and the primary insurer’s EOBs must be submitted within 60 days of the date of the EOB or within 180 days of the dates of service, whichever is later. When preparing the claim, include a complete record of the original charges and primary (or additional) payor’s payment as well as the amount due from the secondary or subsequent payor. Submit all pages of the primary (or additional) insurer’s EOB to avoid delays in completing claims due to missing information or coding and message descriptions. This information ensures accurate COB. With the exception of Medicare, Horizon NJ Health’s notification policies that are routinely applied and required must be followed for any claims to be considered for payment.

   IMPORTANT – All COB claims must be submitted with a copy of the EOB from the primary insurer.
6. What is required for Providers to submit to the Managed Care Plan if member has Medicare and/or Commercial Insurance and the Provider does not participate in the Medicare and/or Commercial Network?

Horizon NJ Health requires an EOB stating that the service is not covered.

7. Who do providers contact for technical assistance regarding claims submission and coordination of benefits for dually eligible members and members with Commercial Insurance?

For EDI support contact EDI Technical Support at 1-800-556-2231.
For COB claims support call 1-800-682-9091.

8. What is the contact for NF Providers to address questions regarding 835?

Contact Emdeon at 1-877-461-9605 for technical assistance on remittance advice or to sign up for Electronic Funds Transfer (EFT).

Provider Contacts for MLTSS Services

Behavioral Health Services Contacts
- Horizon Behavioral Health: 1-800-682-9094, prompt 6, or joann_delsardo@horizonnjhealth.com

Nursing Facility Contact
- Provider Contact for Nursing Facilities when a resident that is auto-assigned or self-selected the MCO and needs a NJ Choice Assessment performed – 1-844-444-4410, or lori_jackson@horizonblue.com
- Provider Contact for Nursing Facilities to assist with claims, eligibility and enrollment issues – 1-855-777-0123

Hospice Services
- Provider Contact to assist with issues for a Nursing Facility that has a resident that elects Hospice - 1-844-444-4410, or lori_bembry@horizonnjhealth.com

Assisted Living Contact
- Provider Contact for Assisted Living to assist with claims, eligibility and enrollment issues – 1-855-777-0123, or lori_jackson@horizonblue.com

Home and Community Based Services Contact
- Provider Contact to assist with claims – 1-855-777-0123
- Provider Contact to assist with member eligibility, enrollment and authorizations – 1-844-444-4410

Specialty Care Nursing Facility Contact
- Provider Contact for Nursing Facilities to assist with claims, eligibility and enrollment issues – 1-855-777-0123, or lori_jackson@horizonblue.com

Provider Representatives and Supervisor

Jenn Chow (on leave)*
(Burlington, Hunterdon and Camden Counties)
1-609-718-9883; jenn_chow@horizonblue.com

Maia Jackson
(Cumberland, Camden*, Salem, Atlantic and Cape May Counties)
1-609-718-9914; maia_jackson@horizonblue.com

Lynda Jackson-Sealy
(Essex, Passaic, Sussex, Warren Counties)
1-609-718-9857; lynda_jackson-sealy@horizonNJhealth.com

Cheryl Gilbert (Provider Relations Supervisor)
(Monmouth, Ocean and Somerset Counties)
1-609-718-9952; cheryl_gilbert@horizonblue.com

Jocelyn Cabrera
(Union, Hudson and Morris Counties)
1-609-414-0397; jocelyn_cabrera@horizonblue.com

Stacy Felder
(Bergen, Hunterdon* and Middlesex Counties)
1-609-331-6857; stacy_felder@horizonblue.com

Jennifer Parker
(Gloucester, Burlington* and Mercer Counties)
1-609-422-7729; jennifer_parker@horizonblue.com

Terri Pope
(Value-Based Partners)
1-609-718-9159; terri_pope@horizonblue.com
List of Approved Subcontractors

Davis Vision: 1-800-933-9371
EDI: 1-800-556-2231
Emdeon: 1-800-845-6592
LabCorp: 1-800-631-5250
Horizon Behavioral Health: 1-800-682-9094, prompt 6
Scion Dental: 1-855-878-5368
LogistiCare: 1-866-527-9933
NIA Call Center: 1-800-642 7299
RadMD: 1-877-807-2363

Dissemination of information regarding news bulletins

Bulletins (changes in policy, news bulletins to providers, other information) are furnished to providers through the quarterly Provider Newsletter and on the Horizon NJ Health Website, horizonnjhealth.com.

Link for Provider Portal to Access Provider Educational Information
horizonNJhealth.com/for-providers/resources