

Horizon NJ Health

QUICK REFERENCE GUIDE



Quick Reference Guide

This document outlines some of the most important policies and procedures within the 2019 Horizon NJ Health Provider Administrative Manual as well as important Horizon NJ Health contact information. For more information about requirements, benefits and services, visit horizonNJhealth.com/providermanual to get the most recent, full version of our provider manual.

PROVIDER ENROLLMENT

Providers who are interested in enrolling may submit an application request at horizonNJhealth.com. Click the *Providers* tab, select *Provider Recruitment* and then choose *Provider Application Request*.

Credentialing Applications

To enroll as a network provider with Horizon NJ Health, a Primary Care Provider (PCP), Specialist, Ancillary or Managed Long Term Services & Supports (MLTSS) provider must:

- 1 Fill out a Credentialing Application Packet;
- 2 Sign two contracts; and
- 3 Submit them to:
Horizon NJ Health Provider Credentialing
Attn: Professional Contracting and Strategy
1700 American Blvd.
Pennington, NJ 08534
Fax: **1-609-538-3004**

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.

For questions, check application status or verify acceptance of new providers, call:

- PCPs or Specialists: **1-800-682-9094 x52380**
- MLTSS providers: **1-800-682-9094 x52670**

Dental Applications

Please send information to:

Horizon NJ Health
Attn: Credentialing
PO BOX 2059
Milwaukee, WI 53201

Phone: **1-855-812-9211**
Fax: **1-866-396-5686**
Email: credentialing@skygenusa.com
Web: skygenusa.com/credentialing

Behavioral Health Applications

You will be advised on how to complete provider agreement for each line of business. The credentialing process can take up to 90 days after receipt of a complete application and signed agreements.

Call Provider Services for questions related to provider relations, credentialing and contracting, or to request an application to join the network.

Phone: **1-800-397-1630**, prompt **2**, and then select option **1** for *Horizon Behavioral Health*.
(8 a.m. to 5 p.m., Monday through Friday, Eastern Time (ET))

Email: HorizonBehavioralHealthProviderRelations@beaconhealthoptions.com

CLAIM SUBMISSION

Phone: **1-800-682-9091**

Website: horizonNJhealth.com/for-providers/resources

- Horizon NJ Health encourages all hospitals, physicians and health care professionals to submit claims electronically. We utilize the TriZetto Provider Solutions (TTPS) Direct Data Entry (DDE) SimpleClaim system. All providers that previously used TriZetto to directly enter their Horizon NJ Health claims must switch to DDE SimpleClaim. For FIDE-SNP members, claims should be submitted directly to Horizon NJ Health.
- For more information on registering, please go to trizettoprovider.com/horizon/simpleclaim. If you have any further questions about registering with TTPS for DDE claim submission, please call TriZetto at **1-800-556-2231**.
- Submit all electronic claims to the Horizon NJ Health EDI Payer Number **22326**.
- You may also choose to contract with another EDI clearinghouse or vendor who already has access to TriZetto EDI services.

Address for paper claims and other billing forms:

Horizon NJ Health Claims Processing Department
PO Box 24078
Newark, NJ 07101

Horizon NJ Health does not accept handwritten or black and white claims.

Claim appeals may be submitted via mail or fax:

Horizon NJ Health Claim Appeals Department
PO Box 63000
Newark, NJ 07101-8064
Fax: **1-973-522-4678**

CLAIM RECEIPT NOTIFICATION PROCESS

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**. For questions about Behavioral Health claim submissions, please call **1-800-682-9091**.

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:

1. Call Utilization Management (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.

2. Horizon NJ Health will check the member's eligibility and benefit coverage and request the following information:
 - A. Member ID number
 - B. Member's name, address and date of birth
 - C. Specific clinical information, such as diagnosis, severity, supporting evidence of diagnosis and planned treatment
 - D. Member's designated contact
3. 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.
4. 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.
5. 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.

Important note: 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**. If a response for a Prior Authorization request for non-emergency services is not received within 15 days call **1-800-682-9091**.

Dental providers can submit authorization requests at skygenusa.com

BEHAVIORAL HEALTH PRIOR AUTHORIZATIONS

Medicaid and DDD 1-800-682-9091, option 2	MLTSS 1-855-777-0123, option 2	FIDE-SNP 1-855-955-5590, option 2
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COORDINATION OF BENEFITS (COB)

Frequently Asked Questions

1. What is the contact number for questions related to COB?

Call Provider Services at **1-800-682-9091**.

2. If a member is dually eligible or has a Third Party Liability (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 explanation of benefits (EOB) denial can be submitted in hard copy what is the address for submission?

Horizon NJ Health Claims Processing Department
PO 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 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?

EDI Technical Support: **1-800-556-2231**

COB claims support: **1-800-682-9091**

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

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

MCO CARE COORDINATION CONTACT

For information regarding service delivery for special needs members: **1-888-621-5894**, prompt 2.

CONTACTS FOR MLTSS SERVICES

Behavioral Health Services

- Horizon Behavioral Health: **1-800-682-9094**, prompt 6, or **Edward_Radwanski@HorizonBlue.com**

Nursing Facility

- When a resident that is auto-assigned or self-selected the MCO and needs a NJ Choice Assessment performed: **1-844-444-4410**
- For assistance with claims, eligibility and enrollment issues: **1-855-777-0123**
- For assistance with Nursing Facility provider contracting: **Denice_Berrios@HorizonBlue.com**

Hospice Services

- When a Nursing Facility has a resident that elects Hospice: **1-844-444-4410** or
- For assistance with Hospice provider contracting: **Lori_Bembry@HorizonBlue.com**

Assisted Living

- For assistance with claims, eligibility and enrollment issues: **1-855-777-0123**
- For assistance with Assisted Living provider contracting: **Denice_Berrios@HorizonBlue.com**

Home and Community Based Services

- Claims: **1-855-777-0123**
- Member eligibility, enrollment and authorizations: **1-844-444-4410**
- For assistance with Home and Community Based provider contracting: **Alana_Mcdonald@HorizonBlue.com**

Specialty Care Nursing Facility

- Claims, eligibility and enrollment issues: **1-855-777-0123**
- For assistance with Specialty Care Nursing Facility provider contracting: **Denice_Berrios@HorizonBlue.com**

Hospital Billing

- Claim denials: **1-800-682-909**
- For assistance with Hospital contracting: **Joanne_Royster@HorizonBlue.com**

PROVIDER REPRESENTATIVES AND SUPERVISORS

Maureen Hanson (Essex, Passaic, Sussex, Warren) **1-609-537-2152**

Maureen_A_Hanson@HorizonBlue.com

William Mitchell (Middlesex, Monmouth, Somerset, Union) **1-609-203-7094**

William_Mitchell@horizonNJhealth.com

Cheryl Gilbert, Supervisor (Mercer, Ocean) **1-609-537-2634**

Cheryl_Gilbert@HorizonBlue.com

Jenn Chow, Supervisor *Atlantic, Burlington, Camden, *Cape May, *Cumberland, Gloucester, *Salem) **1-609-537-2646**

Jenn_Chow@HorizonBlue.com

Angelica Miranda (Bergen, Hudson, Hunterdon, Morris) **1-609-537-2336**

Angelica_Kholstinin@HorizonBlue.com

*temporary coverage

DENTAL CONTACTS

Fred DiOrio, DMD, Dental Director

1-732-256-5485

Fred_Diorio@HorizonBlue.com

SKYGEN USA (formerly Scion Dental, Inc.)

Horizon NJ Health subcontracts with SKYGEN USA to provide and/or coordinate dental services for eligible members. Calls relative to approval and/or claims payment for out-of-state and out-of-network providers can call SKYGEN USA at **1-855-878-5368**.

Calls relative to treatment for dental emergencies (to include oral-facial trauma) SKYGEN USA at **1-855-878-5368**.

Please call the SKYGEN USA Provider Call Center at **1-855-878-5368** for routine provider questions related to eligibility, claims, authorizations, credentialing, contracting, adding/changing provider data/locations and fee schedules. The SKYGEN USA Provider Portal is at skygenusa.com and email is **credentialing@skygenusa.com**.

Detailed information can be found in Appendix D of the complete Provider Manual. To view the Provider Manual, visit horizonNJhealth.com/providermanual.

List of Approved Subcontractors

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

PHARMACY DEPARTMENT

Phone: 1-800-682-9094 x81015

Fax: 1-888-567-0681

DISSEMINATION OF INFORMATION

Horizon NJ Health provides up-to-date information to our providers through various communications channels, including broadcast faxes, provider newsletters, manuals and toolkit. News bulletins and other resources are available at horizonNJhealth.com/for-providers/news/updates-and-announcements.

ACCESS PROVIDER EDUCATIONAL INFORMATION

horizonNJhealth.com/for-providers/resources

FIDE-SNP WEBSITE

Medicare.HorizonBlue.com/plan-types/medicare-dsnp

Approved by DMAHS
January 2019