

How to Update Your Information with Horizon NJ Health

Requests to update demographic information with Horizon NJ Health can be emailed or faxed to us. Please provide a letter outlining your request along with the following documentation **30 days prior** to the effective date of the requested change(s):

Type of Request	Documentation Required	Comments
Relocation or Add New Location	<ol style="list-style-type: none"> 1) Communication from provider 2) List of providers 3) W-9 4) Americans with Disabilities Act (ADA) survey and site visit for PCPs and Ob/Gyns 	Specify whether you are closing an existing office and/or adding an additional location
Add Provider to New Location/Group	<ol style="list-style-type: none"> 1) Communication from provider 2) List of location(s) 3) W-9 4) ADA survey for new location 5) Site visit* for Ob/Gyns and PCPs for new location 	
Close or Open Panel	<ol style="list-style-type: none"> 1) Communication from provider 	There is a 90-day waiting period, per policy. Provider must have at least 50 members. We do not close panels for specialists.
Update Other Demographics (hours, phone, fax, suite, languages, age limits, panel limit)	<ol style="list-style-type: none"> 1) Communication from provider 	If updating a suite, verify if site visit is needed (required for new locations for PCPs and Ob/Gyns).
TIN Change or Purchase of Another Entity	<ol style="list-style-type: none"> 1) Communication from provider 2) W-9 4) List of providers 	Note whether you are assuming liability of prior TIN.
Billing and Remittance Change	<ol style="list-style-type: none"> 1) Communication from provider 2) W-9 	Be sure the billing address is not a PO Box; must be a physical location.
Term from Location/Group	<ol style="list-style-type: none"> 1) Communication from provider 	Advise where paneled members should be moved/transferred, if applicable (for PCPs only).

*Site visit is conducted by a Horizon NJ Health Provider Relations Representative.

Your request and supporting documentation can be emailed to ProviderFileOps2@HorizonBlue.com.

Please include the following on your request:

- Submitter's name
- Submitter's email address
- Submitter's telephone number