



**HORIZON  
NJ HEALTH**

Horizon Blue Cross Blue Shield of New Jersey\*

Independent licensees of the Blue Cross and Blue Shield Association\*

Horizon NJ Health, a product of Horizon HMO\*

## Nurse Midwife/Nurse Practitioner/Physician Assistant Checklist

Thank you for your interest in Horizon NJ Health Manage Care Network. Enclosed is an application and information for your review and competition. Please use this check list as a guide during this process.

Provider Name: \_\_\_\_\_ Applying as:  PCP and/or  Specialist  
 County: \_\_\_\_\_ Provider participates with Horizon BCBS of NJ?  Yes or  No  
 Office Manager/Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

The following documentation is required to submit an application:

- Fully completed **NJ Universal Application** (Please review question 26 carefully. If you answer YES, no documentation is needed) **OR CAQH #** \_\_\_\_\_
- 2 Signed Agreements** – Please DO NOT insert an effective date or alter the agreements. The agreements will be countersigned and dated with the effective date upon approval. An executed copy will be returned to you by mail.
- W-9** form
- Copy of **Board Certification or proof of Board Eligibility** (i.e. NCCPA, ANA, NAPNAP, ACNM).
- Current copy of **State Registered Nurse’s License, Physician Assistant License, Midwifery License and/or EN Practitioner’s License.**\*\*
- Hospital and/or Birthing Center Privilege Letter(s)** – Must have a delineation of privileges; be dated within 6 months of request date; stating the provider has active privileges and is in good standing. This item is not required for Physician Assistant applicants.
- Must have a **Statement of Collaboration** from managing physician and management plan of care.
- Curriculum Vitae** – please fill in requested information in addition to attaching CV
- Copy of **Malpractice Insurance Certificate** face sheet policy showing policy period and liability limits.\*\*
- Documentation of **continuing Medical Education Credits.**
- Special Needs Survey**
- American with Disabilities Act (**ADA**) **Provider Survey** (one per location)
- For Affordable Care Act eligible providers, please submit a Self or Group **ACA Attestation Form**

**\*\* In order to avoid unnecessary delays please make sure all documentation is dated within the last six months and is not within 3 month of expiration.**

Upon credentialing, the physician/provider is required to attend a brief orientation session with the Professional Relations Representative assigned to your territory.

THE CREDENTIALING COMMITTEE MEETS ON A MONTHLY BASIS; THEREFORE, ONCE WE RECEIVE YOUR APPLICATION FOR PROCESSING PLEASE ALLOW 8-10 WEEKS.

Thank you very much for your attention to this matter. We look forward to having your office as part of our select physician network. Please send applications to:

**Horizon NJ Health  
210 Silvia Street  
West Trenton, NJ 08628**