



Quick Reference Guide for Horizon Behavioral HealthSM Providers

Division of Developmental Disabilities (DDD), Horizon NJ TotalCare (HMO SNP)/Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP), Managed Long Term Services and Supports (MLTSS), Horizon NJ Health and Medicare Advantage

Claims Submission Process

Horizon NJ Health Claims—Provider Services Line
1-800-682-9091

Horizon NJ Health Provider Resources Website horizonNJhealth.com/for-providers/resources

- Horizon NJ Health encourages all hospitals, physicians and health care professionals to submit claims electronically. 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 Medicare members, Medicare must be billed first and the EOB should be later submitted to Horizon NJ Health. For FIDE-SNP members, claims should be submitted directly to Horizon NJ Health.
- For more information on registering, please go to www.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. For Medicare members, Medicare must be billed first and the EOB should be later submitted to Horizon NJ Health.

Claim appeals may be submitted via mail to:

Horizon NJ Health Claim Appeals Department
PO Box 63000 Newark, NJ 07101-8064 or fax to 1-973-522-4678

Provider Services Line

Questions related to provider relations, credentialing, and contracting

Email: HorizonBehavioralHealthProviderRelations@beaconhealthoptions.com

1-800-397-1630 Monday–Friday, 8 a.m.-5 p.m. ET)

- Prompt 1:** For Horizon Behavioral Health

ProviderConnectSM Online Registration

Online Self-Service Tool for Providers

Providers who already have a ProviderConnect account need to submit a new form to request an additional login ID to access Horizon member information. New and Current ProviderConnect Users need to fax a completed Account Request form to **1-866-698-6032**.

Account Request form located at:

www.beaconhealthoptions.com/providers/beacon/providerconnect/

Under Forms, select *Online Services Account Request (Editable Version)*.

For Technical Issues, call the EDI Helpdesk:

1-888-247-9311 (Monday-Friday, 8 a.m.-6 p.m. ET)

Email: e-supportservices@beaconhealthoptions.com

Member Eligibility, Benefits and General Inquiries, Authorizations, and Care Management

Provider Services

Medicaid: 1-800-682-9091 | DDD: 1-800-682-9091

MLTSS: 1-855-777-0123 | FIDE-SNP: 1-855-955-5590

Member Services

Medicaid: 1-800-682-9090 | DDD: 1-800-682-9090

MLTSS: 1-844-444-4410 | FIDE-SNP: 1-800-543-5656

Substance Use Disorder Services for Non-MLTSS, DDD, and FIDE-SNP Members—IME: 1-844-276-2777 (24 hours a day/7 days a week)

If the member does not have an ID card: 1-800-682-9091

Members will not need a referral from their PCP to see a behavioral health provider.

Authorization is required for many behavioral health services. To obtain an authorization, please call the Provider Services number for your patient, or the number on the back of the patient's card. All Horizon NJ Health behavioral health authorizations are communicated during the telephonic review. Authorization and/or PA requests and updates are handled telephonically only at this time.

Outpatient services such as individual therapy, group therapy, Psychiatric evaluations and Medication management will not require an authorization for in-network providers.

Any MCO-covered behavioral health service provided by an out-of-network provider will require both an authorization and a single case agreement.

Providers have 180 days from date of service to submit an initial claim to the plan. Any requests for a post service review and authorization after claims submission limits will not be approved.

Intensive Case Management for Medicare Members:

1-800-626-2212—for Medicare Provider and Member Referrals

1-800-543-5656—for FIDE-SNP Provider

Clinical Appeals for Medicaid:

Horizon NJ Health | Horizon Behavioral Health

Attention: Clinical Appeals

103 Eisenhower Parkway, Suite 120, Roseland, New Jersey 07068

Information on News, Tools, Forms, Clinical Criteria, and Guidelines

- www.beaconhealthoptions.com (formerly ValueOptions website)
- www.beaconhealthoptions.com/providers/beacon/network/horizon-nj-health/ (Horizon NJ Health specific)

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