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, 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**

<table>
<thead>
<tr>
<th>Medicaid and DDD</th>
<th>MLTSS</th>
<th>FIDE-SNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-800-682-9091, option 2</td>
<td>1-855-777-0123, option 2</td>
<td>1-855-955-5590, option 2</td>
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</table>
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 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 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?

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, Hudson, Passaic, Sussex, Warren) 1-609-537-2152
Maureen_A_Hanson@HorizonBlue.com

William Mitchell (Bergen, Middlesex, Monmouth, Somerset, Union) 1-609-203-7094
William_Mitchell@horizonNJhealth.com

Cheryl Gilbert, Supervisor (Hunterdon, Mercer, Morris, Ocean) 1-609-537-2634
Cheryl_Gilbert@HorizonBlue.com

Jenn Chow, Supervisor (Burlington, Camden, Gloucester) 1-609-537-2646
Jenn_Chow@HorizonBlue.com

Terri Pope (Atlantic, Cape May, Cumberland, Salem) 1-609-537-2542
Terri_Pope@HorizonBlue.com

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 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 and select the Providers tab, then choose Resources and click Provider Manual.

List of Approved Subcontractors

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<thead>
<tr>
<th>Subcontractor</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Davis Vision</td>
<td>1-800-933-9371</td>
</tr>
<tr>
<td>EDI</td>
<td>1-800-556-2231</td>
</tr>
<tr>
<td>Change Healthcare</td>
<td>1-800-845-6592</td>
</tr>
<tr>
<td>LabCorp</td>
<td>1-800-631-5250</td>
</tr>
<tr>
<td>Horizon Behavioral Health</td>
<td>1-800-682-9094, prompt 6</td>
</tr>
<tr>
<td>LogistiCare</td>
<td>1-866-527-9933</td>
</tr>
<tr>
<td>NIA</td>
<td>1-877-807-2363</td>
</tr>
<tr>
<td>RadMD</td>
<td>1-877-807-2363</td>
</tr>
<tr>
<td>Scion Dental</td>
<td>1-855-878-5368</td>
</tr>
</tbody>
</table>
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
Quick Reference Guide for Horizon Behavioral Health℠ 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. We utilize the TriZetto Provider Solutions (TPPS) 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 trizettoprovider.com/horizon/simpleclaim. If you have any further questions about registering with TPPS 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 or fax:**
Horizon NJ Health
Attn: Claim Appeals Department
PO Box 63000
Newark, NJ 07101-8064
Fax: 1-973-522-4678

**Provider Services Line**
Questions related to provider relations, credentialing, and contracting, or to request an application to join the network:
Email: HorizonBehavioralHealthProviderRelations@beaconhealthoptions.com
Phone: 1-800-397-1630; prompt 2, and then select option 1 for Horizon Behavioral Health.
Monday–Friday, 8 a.m. – 5 p.m. (ET)

**ProviderConnect℠ 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: beaconhealthoptions.com/providers/beacon/providerconnect/

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

For technical issues, call 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

**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.

**Authorizations**
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:**
Medicare Provider and Member Referrals: 1-800-626-2212
FIDE-SNP Provider: 1-800-543-5656

**Clinical Appeals for Medicaid:**
Horizon NJ Health | Horizon Behavioral Health
Attention: Clinical Appeals
103 Eisenhower Parkway, Suite 120
Roseland, NJ 07068

**Information on News, Tools, Forms, Clinical Criteria, and Guidelines**
beaconhealthoptions.com
(formerly ValueOptions website)

**beaconhealthoptions.com/providers/beacon/network/horizon-nj-health/** (Horizon NJ Health specific)

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Approved January 2019