



Quick Reference Guide

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This document outlines some of the most important policies and procedures within the 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.

- Member Site:** horizonNJhealth.com
- Provider Site:** horizonNJhealth.com/providers
- Provider Portal:** NaviNet.net
- Mailing Address:** **ATTN: Network Relations**
Horizon NJ Health
1700 American Blvd.
Pennington, NJ 08534

Provider Enrollment

Providers who are interested in enrolling may submit an application request at horizonNJhealth.com.

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 or other health care professional must:

1. Fill out a Credentialing Application Packet;
2. Sign two contracts — Ancillary and MLTSS providers sign only one contract; and
3. Mail them to:

Horizon BCBSNJ
Credentialing/Recredentialing Department
3 Penn Plaza East, PP-14C
Newark, NJ 07105-2200

Or email to:

CredentialingApplicationsPDM@HorizonBlue.com

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, PCPs or Specialists, MLTSS providers, behavioral health providers and douglas can call **1-800-682-9091**.

Medicaid and DDD	MLTSS	FIDE-SNP
1-800-682-9091	1-855-777-0123	1-855-955-5590

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

Claim Submission

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

Website: horizonNJhealth.com/for-providers/resources

- Horizon NJ Health encourages all hospitals, physicians and health care professionals, including doulas, to submit claims electronically.
- Submit all electronic claims using the Horizon NJ Health EDI Payer Number **22326**.
- You may also choose to contract with another EDI clearinghouse or vendor.
- 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.
- Horizon NJ Health utilizes the TriZetto Provider Solutions (TTPS) Direct Data Entry (DDE) Simple Claim. For Horizon NJ TotalCare (HMO D-SNP) members, claims should be submitted directly to Horizon NJ Health.
- Claims are received electronically and validated by the TriZetto Provider Solutions (TTPS) Direct Data Entry (DDE) SimpleClaim system.
- For EDI Technical Support call **1-888-334-9242**.

Address for paper claims, corrected 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

Send red and white corrected claims within 365 days from date of service. Claims must be submitted within 180 calendar days from the date of service or within 180 calendar days from the date of discharge or an inpatient stay. Claims for doula services may be submitted to Horizon NJ Health up to 365 days after the date of service. For more information, please review the [doula services reimbursement policy](#).

Claim appeals may be submitted via mail or fax:

To file a claim appeal, send the appeal application form, which is available at horizonNJhealth.com/for-providers, and any supporting documentation using one of the following methods:

Mail: **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 Horizon NJ Health EDI. 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](https://navinet.net). For questions about Behavioral Health claim submissions, please call **1-800-682-9091**.

Submitting Dental Claims

Horizon NJ Health accepts claims submitted in any of the following formats:

- Provider Web Portal at pwp.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **22099**
- HIPAA-compliant 837D file

Mail paper claims to:

Horizon NJ Health Claims
PO Box 299
Milwaukee, WI 53201

The paper ADA Dental Claim Form is available from the American Dental Association.

For members with special health care needs and children under the age of 5 years old who require dental services to be provided in an operating room (OR) or ambulatory surgical center (ASC), all dental services requiring prior authorization should be submitted to:

Horizon NJ Health
PO Box 362
Milwaukee, WI 53201

Submitting Claims via Provider Web Portal

Providers may submit claims directly to Horizon NJ Health through the Provider Web Portal at pwp.sciondental.com. Submitting claims via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the claim form with member information, and make data entry quick and easy.
- The online process allows you to attach and send electronic documents as part of submitting a claim—**for no charge**.
- Before submitting a claim—or before rendering services—you can generate an online claim estimate to find out how much you are likely to be paid or whether your claim may be denied — and the reasons why.
- Claims enter our benefits administration system faster—which means you receive payment faster.
- As soon as a claim is paid, its status is instantly updated online, and a Remittance Report is available for review.

If you have questions about submitting claims online, attaching electronic documents, or accessing the Provider Web Portal, call the Electronic Outreach Team at **1-855-434-9239**

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** (for dental and behavior health providers, see UM contact information below) 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.
4. 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.
5. 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.

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 phone 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](https://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 Prior Authorizations

Submit authorization requests one of the following ways:

- Provider Web Portal: pwp.sciondental.com
- Electronic submission via clearinghouse, Payer ID: **22099**
- HIPAA-compliant 837D file
- Paper ADA Dental Claim Form, sent via postal mail:

Horizon NJ Health: Authorizations
PO Box 362
Milwaukee, WI 53201

To learn about the Provider Web Portal, call the Electronic Outreach Team: **1-855-434-9239**.

Behavioral Health Prior Authorizations

Medicaid	DDD	MLTSS	FIDE-SNP
1-800-682-9091	1-877-695-5612	1-855-777-0123	1-800-543-5656

Electronic Visit Verification (EVV)

Billing and Claims		
1-800-682-9091		
Prior Authorizations		
Medicaid	MLTSS	Electronic Submission
1-800-682-9094	1-844-444-4410	NaviNet.net
Prior Authorization Escalations		
Medicaid Home Care (PT, OT, ST, SN, HHAx, Cog. Therapy) Michele Favoroso, Supervisor Utilization Management 1-609-537-3233 Michele_Favoroso@HorizonBlue.com		
For Medicaid Non-MLTSS PDN Priscilla Radion, Supervisor Utilization Management 1-732-256-6384 Priscilla_Radion@HorizonBlue.com		
If no resolution to either Medicaid Home Care or Medicaid Non-MLTSS PDN Margaret Lacy, Manager RN Clinical Operations 1-609-537-3236 Margaret_Lacy@HorizonBlue.com		
Vivian Keller, Director Utilization Management 1-732-256-5684 Vivian_Keller@HorizonBlue.com		

MLTSS PDN and MLTSS TBI Therapies

Kristen Taggies, Supervisor MLTSS

1-609-537-3120

Kristen_Taggies@HorizonBlue.com

Kelly Jelus, Supervisor MLTSS

1-609-573-3811

Kelly_Jelus@HorizonBlue.com

If no resolution to MLTSS PDN or MLTSS TBI Therapies

Carol Cianfrone, Director Medicaid Care Management Programs

1-609-310-0949

Carol_Cianfrone@HorizonBlue.com

Customer Support Contacts

CareBridge users

1-855-782-5976

njevv@carebridgehealth.com

Third-party EVV solutions integrated with CareBridge

1-844-924-1755

evvintegrationsupport@carebridgehealth.com

HHAx software users and other software sending data to HHAx EDI

Client Support Portal

hhaxsupport.atlassian.net/servicedesk/customer/user/login?destination=portals

Horizon NJ Health

Alyson Rolls, Business Analyst

EVVProviderSupport_@HorizonBlue.com

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 pays up to the lowest allowance, which could be either the Medicaid or the primary insurer's rate. The claim 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: **1-888-334-9242**
- 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.

Ancillary Physical Health Contracting & Servicing

Provider Contracting Contact	Specialties
<p>Alana McDonald 1-609-537-2438 Alana_McDonald@HorizonBlue.com</p>	<p>Adult Family Care* Adult Medical Day Care/ Pediatric Medical Day Care Caregiver Participant Training* Chore Service (Cleaning/Maintenance)* Cognitive Therapy* Community Residential Services* Community Transition Services* Home Delivered Meals* Medication Dispensing* Non-Medical Transportation* Personal Emergency Response System (PERS)* Residential/Vehicle Modification* Social Adult Day* Traumatic Brain Injury (TBI)*</p>
<p>Denice Berrios 1-609-537-2446 Denice_Berrios@HorizonBlue.com</p>	<p>Assisted Living Program* Assisted Living Residence* Comprehensive Personal Care Home* Skilled Nursing Facility* Sub Acute Rehab Comprehensive Outpatient Rehab Facility (CORF) Laboratory Sleep Studies</p>
<p>Walgena Daniels 1-609-537-2335 Walgena_Daniels@HorizonBlue.com</p>	<p>Dialysis Orthotic & Prosthetic (O&P) Durable Medical Equipment (DME)</p>
<p>Lori Bembry 1-609-537-2427 Lori_Bembry@HorizonBlue.com</p>	<p>Home Health Home-Based Supportive Care* Personal Care Assistant (PCA) Respite (In-Home)* Private Duty Nursing Ambulance (Transportation) Hospice Ambulatory Surgical Center (ASC) Home Infusion</p>

* Denotes MLTSS Services

Ancillary Behavioral Health Contracting & Servicing

Andrew Alleman

Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Ocean, Salem, Somerset, Sussex, Union, Warren Counties

Andrew_Alleman@HorizonBlue.com

1-973-466-6824

Professional Physical Health Provider Representatives

Carol Brush

Gloucester, Mercer Counties

Carol_Brush@HorizonBlue.com

1-609-537-2574

Jill Clark

Essex, Hudson Counties

Jill_Clark@HorizonBlue.com

1-973-466-4831

Loveann Cranshaw

Atlantic, Bergen (covering) Cape May, Cumberland Counties

Loveann_Cranshaw@HorizonBlue.com

1-856-638-3117

Kathleen Hollinghurst

Hunterdon, Monmouth & Somerset Counties

Kathleen_Hollinghurst@HorizonBlue.com

1-973-466-7781

Maureen Hansen

Middlesex, Union Counties

Maureen_Hansen@HorizonBlue.com

1-609-537-2152

Janet Simeone

Camden, Passaic, Bergen & Salem Counties

Janet_Simeone@HorizonBlue.com

1-609-537-2373

Wanda Williams

Burlington County

Wanda_Williams@HorizonBlue.com

1-973-466-7714

Stephanie Woodson

Ocean, Sussex & Warren Counties

Stephanie_Woodson@HorizonBlue.com

1-609-537-2313

Professional Behavioral Health Representatives

LaTanya McLean Barkley	
Hunterdon, Morris, Somerset, Sussex, Warren Counties LaTanya_Barkley@HorizonBlue.com	1-856-638-3228
Stephanie Bush	
Cape May, Gloucester, Monmouth, Ocean Counties Stephanie_Bush@HorizonBlue.com	1-856-638-3609
Olivia Inniss	
Bergen, Essex, Passaic Counties Olivia_Inniss@HorizonBlue.com	1-973-466-4609
Michelle McCusker	
Camden, Cumberland, Middlesex, Salem Counties Michelle_McCusker@HorizonBlue.com	1-856-638-3223
Bryon Russell	
Atlantic, Burlington, Hudson, Mercer, Union Counties Bryon_Russell@HorizonBlue.com	1-856-638-3341

Behavioral Health Contacts for Mental Health, Autism and Substance Use Services

Provider eligibility/enrollment/credentialing		
1-800-624-1110		
Emergency/non-emergency authorizations		
Medicaid	FIDE SNP	MLTSS
1-800-682-9091	1-855-955-5590	1-855-777-0123
24/7 coverage/after hours		
DDD/Medicaid	FIDE SNP	MLTSS
1-877-695-5612	1-800-543-5656	1-844-444-4410
Billing/claim submission issues/appeals/grievances/coordination of benefits for MH/SUD services		
Medicaid	FIDE SNP	MLTSS
1-800-682-9091	1-855-955-5590	1-855-777-0123

Members with Medicare coverage

1-800-626-2212

Members with commercial coverage

1-800-626-2212

Other contacts

Office Based Addiction Treatment (OBAT) Services**Medicaid**

1-800-682-9091

FIDE SNP

1-855-955-5590

MLTSS

1-855-777-0123

Hearing Services

1-800-682-9090

Vision Services

1-800-682-9090

Personal Preference Program (PPP)

1-855-465-4777 (TTY 711)

Hospital Billing

1-800-682-9091

Maternity Services**Providers**

1-800-682-9091

Members (contact Care Manager, staff trained in perinatal services)**Arnita Cook-Earl, RN, Supervisor RN Clinical Operations 1-609-537-3087;**
Brian O'Shaughnessy, RN Manager, Clinical Operations 1-609-475-2660**Federally Qualified Health Center****General questions, credentialing and contracting.****Maureen Hanson**

1-609-537-2152

Claims payment issues.

1-800-682-9091

Nursing Facilities

Provider contact for when a resident that is auto-assigned or has self-selected the MCO and needs a NJ Choice Assessment performed; also to assist with issues in assigning or administering hospice services.

Home and community-based services for any member issues.

1-844-444-4410

Claims, eligibility and enrollment issues for all MLTSS providers.

1-855-777-0123

Dental

SKYGEN USA (formerly Scion Dental, Inc.)

Horizon NJ Health subcontracts with SKYGEN USA to provide and/or coordinate dental services for eligible members. For approvals and/or claims payment for out-of-state and out-of-network providers, 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** or email providerservices@skygenusa.com 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 credentialing email is credentialing@SKYGENUSA.com.

Detailed information can be found in Appendix D of the complete Provider Manual. To view the [Provider Administrative Manual](#).

For more information on dental services, review the [SKYGEN USA Dental Provider Manual](#).

View the [The NJFC Directory of Dentists Treating Children under the Age of 6, Directory of Dentists Treating Members with Intellectual and Developmental Disabilities - Adults and Children](#).

For a complete list of dental providers and specialists, use our [Doctor & Hospital Finder](#).

List of Approved Subcontractors	
Davis Vision	1-800-933-9371
Change Healthcare	1-800-845-6592
LabCorp	1-800-631-5250
ModivCare	1-866-527-9933 (TTY 1-866-288-3133)
eviCore	1-866-496-6200
SKYGEN USA	1-855-878-5368
CareBridge Health (Home Health)	1-844-924-1755

Pharmacy Department

Phone	Fax
1-800-682-9094 x81016	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 on our [Updates & Announcements](#) page.

Access Provider Educational Information

For detailed information about how to get the most out of our products and services, visit our [Resources](#) page.

Horizon NJ TotalCare (HMO D-SNP) Contacts

Service	Contact
Member site	Medicare.HorizonBlue.com/plan-types/medicare-dsnp
Provider site	horizonNJhealth.com/SNP
General Provider Services Number	1-855-955-5590
Behavioral Health for Mental Health, Autism and Substance Use Services	1-800-543-5656
Care Coordination	1-888-621-5894 prompt 2
SKYGEN USA (Dental)	1-855-878-5368 providerservices@skygenusa.com
Hearing Services	1-855-955-5590
CareBridge Health (Home Health)	1-800-682-9091
Hospice	1-800-955-5590
MLTSS Provider Services	1-855-777-0123
Pharmacy Services	1-855-457-1347
DME	1-855-457-1346
Davis Vision (Vision Services)	1-800-933-9371

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