



Changes to the Management of the Horizon Behavioral Health Program

December 2019

Overview

- Beginning on or about January 1, 2020, Horizon BCBSNJ will transition the administration and clinical management of behavioral health services from Beacon Health Options (*formerly ValueOptions*) to our internal operations for all Horizon BCBSNJ plans that offer behavioral health benefits through the Horizon Behavioral HealthSM program.
- The complete transition to Horizon BCBSNJ's internal management will occur in a phased approach based on line of business.
- The following are the target effective dates:
 - **January 1, 2020:** Horizon Medicare Advantage and Horizon NJ Health Plans, including Division of Developmental Disabilities (DDD), NJ FamilyCare and Managed Long Term Services & Supports (MLTSS), and Horizon NJ TotalCare (HMO D-SNP)
 - **April 1, 2020:** Horizon BCBSNJ fully insured plans/products, self-insured (Administrative Services Only [ASO]) employer group plans including the State Health Benefits Program (SHBP) and the School Employees' Health Benefits Program (SEHBP) and the Federal Employee Program® (FEP®)

Important Changes: Key Points

- Current Horizon Behavioral Health provider contracts will not be impacted by the change in the management of behavioral health benefits.
- Horizon BCBSNJ remains committed to working with health care professionals throughout the state to improve the patient experience and lower the total cost of care
- Horizon BCBSNJ will also be looking for ways to build on the current level of support services and programs offered through the existing Horizon Behavioral Health Program.

What Will Insourcing Achieve?



Horizon BCBSNJ's insourced behavioral health management model will:

- ★ Promote clinical integration between physical and mental health
- ★ Improve health care affordability through greater operational efficiencies and cost trend mitigation
- ★ Increase member and provider satisfaction through a seamless experience and expansion of access and availability of services
- ★ Promote behavioral health expertise and increased knowledge base across all functional areas

Important Changes: Key Dates

Policy/Process Change	Horizon NJHealth & Medicare Advantage	Horizon BCBSNJ fully insured plans/products
Recredentialing Horizon BCBSNJ manages the recredentialing for all providers who are due to be recredentialled on and after January 1, 2020 .	7/1/19	7/1/19
Credentialing & Demographic Updates Horizon BCBSNJ manages the initialing credentialing of non-participating Behavioral Health professionals and ancillary providers who are seeking to join one of our network(s) and provider file changes.	10/1/19	10/1/19
Medical Necessity Criteria Clinical care guidelines from MCG Health, LLC (MCG) will be used to make behavioral health care utilization management determinations. The American Society of Addiction Medicine (ASAM) criteria Substance Use Disorder determinations.	12/30/19	3/30/20
Prior Authorization Requests and status via NaviNet, our <i>Online Utilization Management Tool</i> will only online option – Beacon's ProviderConnect system no longer an online source.	1/1/20	4/1/20
Transition of all Network Management Functions Horizon BCBSNJ manages all Network relationship management., i.e. education	1/1/20	1/1/20
Verifying Member Eligibility & Benefits Online via NaviNet or phone – Beacon's ProviderConnect system no longer active	1/1/20	4/1/20
Doctor Hospital Finder Enhanced behavioral health search capabilities . (Digital enhancements will continue through Q1 2020).	11/1/19	11/1/19

Horizon NJ Health and Horizon NJ TotalCare (HMO D-SNP) Plans

Horizon NJ Health Behavioral Health Overview

Horizon NJ Health is responsible for managing the behavioral health benefits for members of our Developmental Disabilities (DDD), Managed Long Term Services & Supports (MLTSS) and FIDE-SNP programs.

Horizon NJ Health is also responsible for managing the acute inpatient mental health benefits for all of our Medicaid members, while the State manages the non-acute behavioral health benefits through the NJ Medicaid Fee-for-Service program.

Horizon NJ Health PCPs refer non-DDD, non-MLTSS and non-FIDE-SNP members to a NJ Medicaid Fee-for-Service behavioral health professional. Horizon NJ Health provides behavioral health benefits to Horizon NJ Health members through the Horizon Behavioral Health Network.

Horizon NJ Health's Care Management Department can coordinate the behavioral health services for DDD, MLTSS and FIDE-SNP members with the PCP, Horizon Behavioral Health and its professional network.

Behavioral Health Appointment Scheduling Standards

Horizon NJ Health has adopted the following appointment scheduling standards to ensure timely access to quality medical care. Compliance with these standards will be audited by periodic on-site reviews and chart sampling

For Mental Health/Substance Use Disorder Appointments (Clients of the Division of Developmental Disabilities, MLTSS and FIDE-SNP only):

- Emergency services- Immediate care
- Urgent care appointments within twenty-four (24) hours.
- Routine care appointments within ten (10) days of request.
- Waiting time in office: less than 45 minutes

Procedural Standards: Prior Authorization

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

- Provider who use NaviNet can access the Utilization Management Request Tool to submit authorization requests easily and securely. This tool allows providers to communicate directly with Horizon NJ Health by checking the statuses of all requests in real time. It also sends providers notification when requests are completed. The main features in the tool include authorizations requests viewing status of authorization requests. It can also be used for authorizations for home care, DME purchase /rental, surgical procedures and inpatients admission.
- Providers can access Utilization Pre-authorization management tool through NaviNet. Simply select **Horizon NJ Health** from the **Plan Central** page; mouse over **Referrals and Authorization** on the left-hand navigation; then select **Utilization Management requests**
- You may also reach out to our Utilization Management Department at **1-800-682-9094** for precertification request at least five business days before rendering services for routine services

Procedural Standards: Behavioral Health Prior Authorization

Requires Authorization	No Authorization Required
Inpatient Psychiatric Treatment	In-network Outpatient psychotherapy
Residential Mental Health	In-network outpatient psychiatric/ Medication Management
Partial Hospitalization	Medication Assisted Treatment – not including actual medication
Partial Care	In-network Outpatient treatment for substance use disorders
Intensive Outpatient (IOP)	In-network outpatient psychiatric/ Medication Management for substance use disorders
Adult Mental Health Rehabilitation (AMHR) Group Homes and Apartments	
Psychological Testing	
Repetitive Transcranial Magnetic Stimulation (RTMS)	
ECT	
Medically Managed Detox (ASAM 4.0)	
Medically Monitored Detox (SUD ASAM 3.7D)	
Inpatient SUD Rehab (ASAM 3.7)	
Residential SUD (ASAM 3.5))	
Partial SUD (ASAM 2.5)	
IOP SUD (ASAM 2.1)	
All out of network providers will require an authorization for any level of care including outpatient levels of care.	

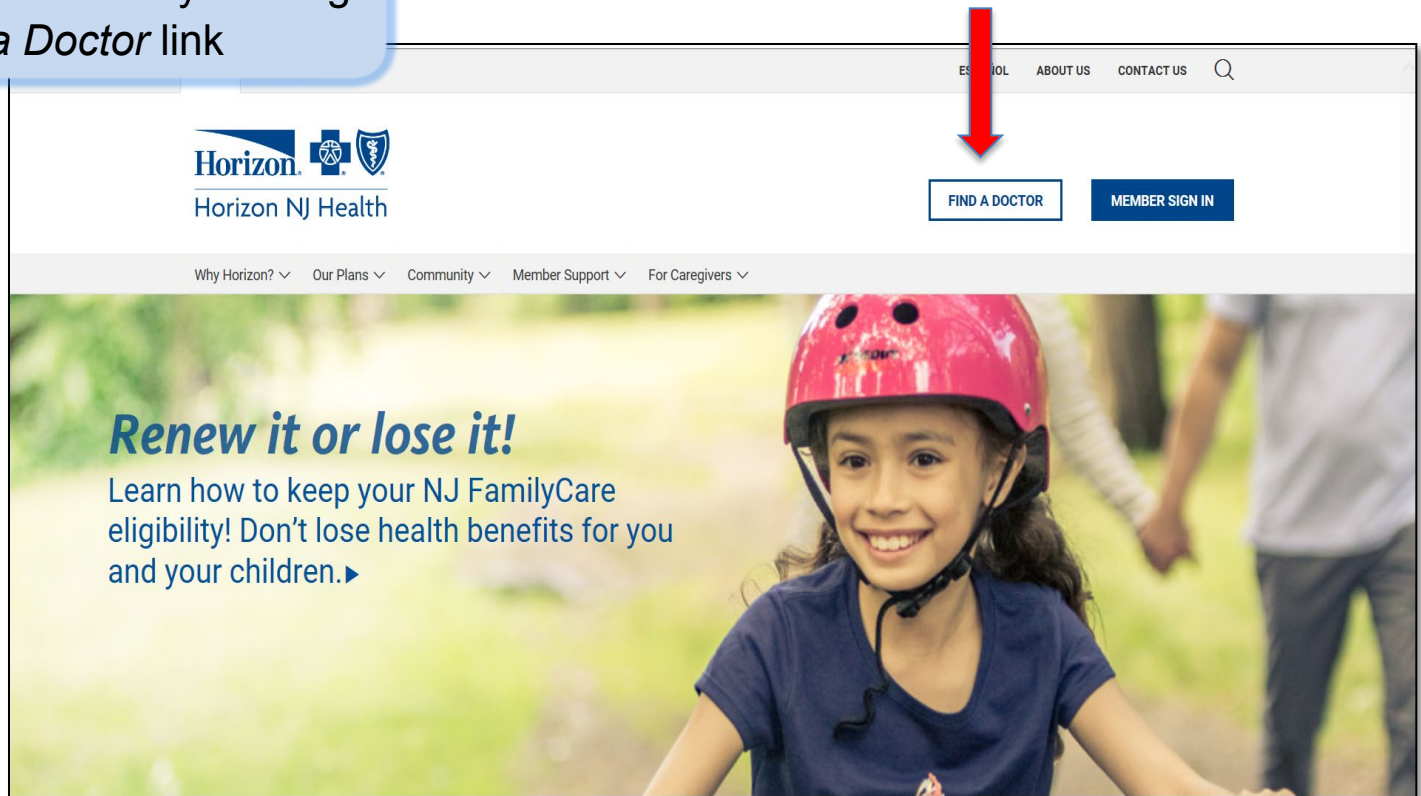
Verify benefits prior to requesting Prior Authorization, not all products will have all levels of care. Core Medicaid only has IP Mental Health & Detox level of care.

Updating Your Demographic Information

- Use CAQH Proview™
- Or email Demographic Update requests to EnterprisePDM@horizonblue.com
 - Submit requests & supporting documentation at least **30 days before** the effective date of the change.
 - Always include the submitter's name, email & telephone # with all email requests.
 - EnterprisePDM@horizonblue.com is not managed by a representative who reads & responds immediately to your emails. Emails received are converted to Service Requests which are then addressed offline by our Provider team.
 - Submit **ONLY** demographic Updates to this email address.
DO NOT email initial credentialing submissions, claims, questions, etc
 - To help ensure that you are getting these responses (and that they are not flagged as spam), please add EnterprisePDM@HorizonBlue.com to your list of safe or approved senders/contacts. This will keep emails from us out of your junk/spam folder.
- Ancillary Providers should submit the following through your Ancillary Contracting Specialist:
 - Provider File Change Requests
 - Tax Identification Number (TIN) Changes

Confirming Demographic Information

Access our *Doctor & Hospital Finder* on Horizonnjhealth.com by clicking the *Find a Doctor* link



Search Options

Use the search boxes to locate participating providers.

HOME PROVIDERS

ABOUT US CONTACT US 



MEMBER SIGN IN

Find an in-network doctor, hospital and more.

Choose Provider Type

Doctor



Choose Your Plan*

Select Plan

Enter doctor's name, specialty, service or affiliation

Enter Location

Street address, city, zip code, or county

Location Radius

Within 5 Miles



[Search Instructions](#)

FIND

How to Update Your Information

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) ADA Survey 	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 	
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 	
TIN Change or Purchase of Another Entity	<ol style="list-style-type: none"> 1) Communication from provider 2) W-9 3) 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 P.O. 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 PCP's only)

This information can also be viewed at: horizonNJhealth.com/demographicupdates

Credentialing

- As of October 1, 2019, Horizon BCBSNJ is managing the initial credentialing of nonparticipating behavioral health professionals and ancillary providers who are seeking to join one of our network(s).
- Beacon Health Options no longer performs these processes but will continue to manage all changes and applications submitted prior to October 1, 2019
- Please visit <https://www.horizonnjhealth.com/for-providers/provider-recruitment> for more information and Horizon NJ Health Applications.
 - Physician Agreements are accessible via NaviNet's *Horizon BCBSNJ* plan central page. If you don't have access to this page, email EnterprisePDM@horizonblue.com to request a Physician Agreement.
- A complete application can take between 45 to 90 days from date of receipt at Horizon BCBSNJ for all applicable documentation that is submitted correctly

Self Service Tools

- ✓ www.horizonnjhealth.com under the menu option
 - **Providers**
 - Access to our Provider Manual
 - Frequently used forms and guides
 - Horizon Behavioral Health dedicated landing page

- ✓ **Navinet**

- ✓ Online Utilization Management Request Tool (**via Navinet**)
 - Request prior authorizations
 - Check status of authorizations

Horizonnjhealth.com: Reference Material Page options

HOME

PROVIDERS

ABOUT US

CONTACT US



NAVINET SIGN IN

REGISTER TODAY

Resources ▾

Programs ▾

Provider Recruitment ▾

News ▾


Adolescent Risk Behaviors and Depression PIP Handbook
Advance Directives
ASAM Criteria for Patients and Families
Balance Billing for FIDE-SNP Members
Clinical and Preventive Guidelines
Credentialing and Recredentialing Responsibilities
Cultural Competency
Demographic updates
Educational Material for Providers
FIDE-SNP Cognitive Impairment for Providers

Forms
Guides
Health Literacy
Horizon NJ Health Taxonomy Code Information
ICD-10
Laboratory Corporation of America (LabCorp)
Medicaid Reimbursement and Billing
MLTSS Non-Medical Professional Provider Manual
MLTSS Orientation
National Imaging Associates

NJ Addiction Services Hotline
Pharmacy Utilization Management Programs
Policies
Provider Newsletter
Provider Communications
Provider Manual
State of New Jersey Contractual Requirements
Timely Filing Requirements
Utilization Management
Well-Being Screening Tool

Dedicated Behavioral Health Landing Page

Horizonnjhealth.com/providerbh

HOME PROVIDERS ABOUT US CONTACT US 



[NAVINET SIGN IN](#) [REGISTER TODAY](#)

Resources ▾ **Programs ▾** Provider Recruitment ▾ News ▾

- Dental
- Disease Management Programs to Help Your Patients
- Education Opportunities
- Fluoride Varnish Pediatric Application

- Focus on Risk Adjustment
- Horizon Behavioral Health™** 
- Horizon NJ TotalCare (HMO SNP) Educational Webinars
- Managed Long Term Services and Supports

- Mom's GEMS Prenatal Program
- Office Based Addiction Treatment (OBAT) Program
- Primary Care Physician Program
- Quality Improvement Program

 For Providers: 1-800-682-9091

securely online. Access CareAffiliate through
NaviNet.net



NaviNet

NaviNet is a single sign on, multi-payer tool, that allows self-service options to both in-network and out-of-network offices.

NaviNet Features:

- Claim Status
- Provider Directory
- Member Eligibility and Benefit
- Financial Reports
- Electronic Referral Submission and Inquiry
- Utilization Management Requests
- Clinical Reports
- Administrative Reports

To learn more about NaviNet, visit **NaviNet.net**.

- To access a NaviNet Information Demo, select **Provider Reference Materials** and mouse over **Resources**.
 - Select **Training**, then **Education**
 - Select **NaviNet Information Demo**

All participating physicians and health care professionals are required to register for NaviNet


NaviNet Support


Home Health Plans Workflows NaviNet Basics Security Officers Contact Us


Health Plans
Select a health plan for support information on that plan.
Select a Health Plan

Workflows
Select a workflow for support information on that workflow.
Select a Workflow

Contact Support ✕

 **Open a Case Online**
If you cannot find the answer to your questions on our Help pages, you can open a case to get assistance from our Customer Support team.

 **Chat With Us**
Get the answers to your questions in real time with a Customer Support representative.
Live chat is available:
Monday-Friday 8:00am - 11:00pm ET
Saturday 8:00am - 3:00pm ET

 **Call Us**
888-482-8057
If you have a critical issue or need help opening a case, please call us.
Phone support is available:
Monday-Friday 8:00am - 11:00pm ET
Saturday 8:00am - 3:00pm ET

Required Information

The following information is required to aid in further investigation:

- NaviNet Username
- TIN
- NPI
- Contact information
- Steps to replicate (screenshots of issue).

For error messages, please send a screenshot of error message with date and time error occurred.

Network Management

Horizon's participating providers are assigned to a Network Specialist based on their county. Your Network Specialist is available via phone or email and is your primary point of contact for the following areas:

- General Education
- Requests for a Site/Education Visit
- Fee schedule requests
- Copies of Contracts

Please continue to contact Customer Service for all claims related concerns.

Behavioral Health Provider Relations: Horizon NJ Health

Dottie Laisi	LaTanya McLean Barkley	Michelle McCusker	Olivia Inniss
Atlantic	Hunterdon	Burlington	Bergen
Cape May	Mercer	Camden	Essex
Cumberland	Morris	Middlesex	Hudson
Gloucester	Somerset	Salem	Passaic
Monmouth	Sussex		
Ocean	Union		
	Warren		
856-638-3215	856-638-3228	856-638-3223	973-466-4609
Dorothy_Laisi@horizonblue.com	LaTanya_Barkley@horizonblue.com	Michelle_McCusker@horizonblue.com	Olivia_Inniss@horizonblue.com

BEHAVIORAL HEALTH ANCILLARY TEAM SPECIALTY ASSIGNMENT

Andrew Alleman

Andrew_Alleman@horizonblue.com

973-466-6824

Important Phone Numbers

Horizon NJ Health Service Departments

- Provider Services: **1-800-682-9091**
- MLTSS Provider Services: **1-855-777-0123**
- DSNP Provider Services: **1-855-955-5590**
- Member Services: **1-800-682-9090**
- MLTSS Member Services: **1-844-444-4410**
- DSNP Member Services: **1-800-543-5656**
- Other Service Departments: **1-800-682-9094**
 - Appeals
 - Pharmacy Management
 - Quality Management
 - Utilization Management



How Do I Stay Informed?



- To check the status of the transition or for frequently asked questions, please refer to:
- HorizonNJhealth.com/providernews



Q & A



Thank you for your time today

BHNetworkrelations@horizonblue.com

Appendix

Member Eligibility

There are several ways to determine a member's eligibility for benefits:

- Check on NaviNet, our online provider center at NaviNet.net.
- Call Horizon NJ Health Provider Services at 1-800-682-9091.

Representatives are available Monday-Friday, 8 a.m. to 5 p.m.

Please note: Presentation of a member ID card is not a guarantee of member eligibility.

Always confirm enrollment before providing services.

Member Eligibility: Tips!

Helpful Tips for Member ID Cards

- Copy the front and back of Horizon NJ Health and Medicaid cards when presented.
- “YHZ” appears before the member ID number on the Horizon NJ Health card. You do not need to include the YHZ prefix when referring to a member ID number.
- MLTSS members receive a distinct ID card with “MLTSS” printed on the front.
- Horizon NJ TotalCare (HMO SNP) members receive an identification card with the prefix “YKU” in front of their ID numbers.
- The plan level determines the level of benefits and copayment amounts.
- Collect copayments at the time of service.

Always ask members for all insurance cards. Horizon NJ Health is the “payer of last resort.” Refer to section 9.0 of the Provider Administrative Manual for details on claims submission.

Sample NJ FamilyCare Member ID Card



Horizon NJ Health

NAME

MEMBER ID NO: YHZ

PCP

PHONE

ISSUE DATE

EFFECTIVE

BC/BS Plan Codes 280/780

www.horizonNJhealth.com

NJ FamilyCare

Plan

Dental Benefit

Emergency \$

PCP Copay \$

Dental Copay \$

Specialist Copay \$

Rx Generic \$

Rx Brand \$

Pharmacies Group: HORIZON, BIN 610606,
ProCtr: HMC



Horizon NJ Health

Independent licensees of the Blue Cross and Blue Shield Association,*
Horizon NJ Health, a product of Horizon HMO*

- Always carry this ID card. You must use your selected Primary Care Provider (PCP) for medical care. Members with Medicare Advantage or other insurance must use that plan's PCP. If you need to see a Specialty doctor, you must get a referral from your PCP. You do not need a referral to see a Horizon NJ Health Eye Doctor, Dentist, OB/GYN provider, get ER care or a mammogram. Refer to the member handbook for specific copay information.
- EMERGENCIES – If you are having an emergency, call "911." You do not need approval to go to the ER. If you get emergency care, you should follow up with your PCP within 24 hours or as soon as possible.

www.horizonNJhealth.com

Member Services
(including dental and vision): **1-800-682-9090**
TTY/TDD: **711**

Provider Services: **1-800-682-9091**

Dental Provider Services: **1-855-878-5368**

Hospital or Pharmacy Prior Auth: **1-800-682-9094**

- Hospitals must call to verify eligibility and obtain precertification for inpatient and outpatient hospital services.
- Standard Claims: Horizon NJ Health Claims Processing Department
PO Box 24078 Newark, NJ 07101-0406
- Dental Claims: Horizon NJ Health,
P.O. Box 299, Milwaukee, WI 53201
- Outside of NJ, the member only has coverage for urgent and emergent care. Out of state, non-Horizon NJ Health providers: submit claims to local BCBS plan.

Confirm eligibility at **NaviNet.net** or call Provider Services at **1-800-682-9091**.

Sample MLTSS Member ID Card



Horizon NJ Health

NAME

MEMBER ID NO: YHZ

PCP

PHONE

ISSUE DATE

EFFECTIVE

BC/BS Plan Codes 280/780

www.horizonNJhealth.com

Managed Long Term Services and Supports (MLTSS)

Dental Benefit

No Copayments

Pharmacies Group: HORIZON, BIN 610606,
ProCtrl: HMC



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- Always carry this ID card. You must use your selected Primary Care Provider (PCP) for medical care. Members with Medicare Advantage or other insurance must use that plan's PCP. If you need to see a Specialty doctor, you must get a referral from your PCP. You do not need a referral to see a Horizon NJ Health Eye Doctor, Dentist, OB/GYN provider, get ER care or a mammogram. Refer to the member handbook for specific copay information.
- EMERGENCIES – If you are having an emergency, call "911." You do not need approval to go to the ER. If you get emergency care, you should follow up with your PCP within 24 hours or as soon as possible.

www.horizonNJhealth.com

MLTSS Member Services
(including dental and vision): **1-844-444-4410**
TTY/TDD: **711**

MLTSS Provider Services: **1-855-777-0123**
Dental Provider Services: **1-855-878-5368**
Prior Authorization: **1-800-682-9094**

- Hospitals must call to verify eligibility and obtain precertification for inpatient and outpatient hospital services.
- Standard Claims: Horizon NJ Health Claims Processing Department
PO Box 24078 Newark, NJ 07101-0406
- Dental Claims: Horizon NJ Health,
P.O. Box 299, Milwaukee, WI 53201
- Outside of NJ, the member only has coverage for urgent and emergent care. Out of state, non-Horizon NJ Health providers: submit claims to local BCBS plan.

Confirm eligibility at **NaviNet.net** or call MLTSS Provider Services at **1-855-777-0123**.

Sample FIDE-SNP Member ID Card



Horizon Blue Cross Blue Shield of New Jersey

Horizon NJ TotalCare (HMO SNP)

MEMBER NAME	PCP:	LAST NAME, FIRST NAME
FIRST NAME LAST NAME	PHONE:	
MEMBER ID NUMBER	OFFICE VISIT:	\$0
YKU	SPECIALIST	\$0
	EMERGENCY ROOM:	\$0
EFFECTIVE DATE	RxBIN	016499
BC/BS PLAN CODE S 280/780	RxPCN	DSNPPRI
ISSUER (80840)	RxGrp	RXHRZN
	RxID	12345678
		CMS-H8298-001

MedicareRx
Prescription Drug Coverage



Members: See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

PROVIDERS MUST NOT BILL MEDICARE.

MA HMO products are provided by Horizon Healthcare of New Jersey, Inc., an independent licensee of the Blue Cross and Blue Shield Association. Insured by Horizon Healthcare of New Jersey, Inc. In case of an emergency, dial 911 or go to the nearest emergency room. Prior authorization is not required for emergency services.

HorizonBlue.com/Medicare

Member Services:	1-800-543-5656
Pharmacy Services:	1-855-457-1346
Prior Authorization:	1-888-621-5894
Dental Services:	1-800-543-5656
Behavioral Health:	1-800-543-5656
TTY/TDD:	711
24/7 Nurse Line:	1-800-711-5952
Lab Services in NJ:	1-800-631-5250
Provider Services:	1-855-955-5590
Emergency Services:	911

Submit medical claims to: Horizon NJ TotalCare Claims Processing Department
PO Box 24080
Newark, NJ 07101-0406
Submit Rx claims to: Prime Therapeutics LLC
PO Box 20970
Lehigh Valley, PA 18002-0970

AN INDEPENDENT COMPANY ADMINISTERING PHARMACY BENEFITS.

Confirm eligibility at **NaviNet.net** or call MLTSS Provider Services at **1-800-682-9091**.

Electronic Claim Submission

Hospitals, physicians and health care professionals submitting claims electronically should make sure the referral number is present on the claim.

If you are a hospital, physician or health care professional interested in submitting claims electronically to Horizon NJ Health but do not have TriZetto EDI services, contact **TriZetto** at **1-800-556-2231**

You may also choose to contract with another EDI clearinghouse or vendor who already has access to TriZetto EDI services

EDI Technical Support Team is available during regular business hours, 8 a.m. through 5 p.m., Monday through Friday. It can be reached at 1-800-556-2231

EFT Enrollment – Electronic Fund Transfer

We encourage all Horizon NJ Health providers who have not yet begun to receive their payments using Electronic Funds Transfer (EFT) to sign up.

Advantages:

- With EFT, your reimbursement cycle will be accelerated, since providers can receive EFT payments more quickly than check payments sent through the mail.
- Payments can be distributed more securely by virtually eliminating check payments lost in the mail, and this can help increase cash flow. In most situations, funds are available on the date the payment is credited to the provider's bank account

How to sign up:

- Dial **1-866-506-2830**, option 1 for more information
- Email or visit the Horizon NJ Health online to sign up:
 - Email: efthenrollment@changehealthcare.com
 - Link for form: <http://www.horizonnjhealth.com/providers/resources/forms/emdeon-electronic-funds-transfer-forms>

Handling Claim Disputes

Claim inquiries must first be directed to Provider Services at 1-800-682-9091

Provider Correspondence Unit:

For more complex problems such as inquiries on 10 or more claims, providers must complete a spreadsheet with the following data elements:

- Member Name
- Member ID Number
- Claim Number
- Date of Service
- CPT Codes
- Specific nature of inquiry
- Total billed charges

Send these inquiries to: Provider Correspondence, **PO Box 24077, Newark, NJ 07101-0406**. We can only accept inquiries for claims in dispute when all of the above elements are included. Other inquiries will be returned.

Handling Claim Disputes/Appeals

Claim Appeals

- When a physician, facility or health care professional is dissatisfied with a claim payment, including determinations, prompt payment or no payment made by Horizon NJ Health, he/she may file a claim appeal, as described herein.
- All claim appeals must be initiated on the applicable appeal application form created by the Department of Banking and Insurance.
- The appeal must be received by Horizon NJ Health within 90 calendar days following receipt by the physician, facility or health care professional of the payer's claim determination.
- To file a claim appeal, a physician or health care professional must send the appeal application form, which is available at horizonNJhealth.com/for-providers, and any supporting documentation to Horizon NJ Health using one of the following methods: submission is considered to be correct
- **Fax: 973-522-4678 / Mail:** Horizon NJ Health, Claim Appeal, P.O. Box 63000, Newark, NJ 07101-8064
- **IMPORTANT** – Please do not send medical records with administrative claim appeals. Supporting documentation, e.g., proof of timely filing, may be submitted. Please follow all appropriate procedures as defined in this manual before submitting an appeal.
- Status of Appeal is available via Navinet (Report Functions)

*Please note: Corrected claims should be sent to Horizon NJ Health, Claims Processing Department, PO Box 24078, Newark, NJ 07101-0406. These claims should not be submitted through the appeals process, unless the original submission is considered to be correct