

## Doula Services Practitioner Credentialing Application Checklist

Thank you for your interest in joining the Horizon Managed Care Network or the Horizon NJ Health Network. So that we may ensure you meet the criteria for participation in our networks, please complete this checklist and submit to us along with the information below. This checklist also notes what you can expect of our credentialing process.

**1** I am seeking to be credentialed to participate in the:

Horizon Managed Care Network

Horizon NJ Health Network

**2** Please complete/gather and submit the information noted below.

A completed and signed copy of the [NJ Universal Physician Credentialing Form](#). Please note that the location information you list on this form will be displayed in our online Doctor & Hospital Finders and in printed provider directories.

A completed and signed copy of the appropriate network Agreement(s).

Call **1-800-624-1110** to request a copy of our Horizon Managed Care Network Doula Agreement and/or call **1-800-682-9091** to request a copy of our Horizon NJ Health Network Doula Agreement.

A copy of your certificate from an approved Doula Training Organization.

Information about approved Doula Training Organizations can be found on our [Horizon NJ Health Doula Services Practitioner](#) page and our [Horizon Managed Care Network Doula Services Practitioner](#) page

A copy of your CV (curriculum vitae), organized by month/year, outlining your work history from your formal training to the present. Please explain any gaps in work history of greater than six months.

A copy of the W-9 information for each location at which you practice.

A copy of your current malpractice insurance certificate face sheet from a carrier authorized to issue policies for the state in which your primary office is located. The face sheet must display your name, the policy effective date, expiration date, and coverage limits. A minimum of \$1 million per occurrence and \$3 million aggregate is required.

**3** Please complete/gather and submit the information noted below **ONLY** if you are seeking to participate in the Horizon NJ Health Network.

A copy of the letter from the State of New Jersey (or other documentation) showing proof of your enrollment in FFS NJ FamilyCare that includes your Medicaid ID number and effective date.

A completed copy of our [Provider Network Special Needs Survey](#).

A completed copy of our [Disclosure Statement: Individual Practitioners and Groups of Practitioners](#).

**4** Email this checklist along with all required information to [CredentialingApplicationsPDM@HorizonBlue.com](mailto:CredentialingApplicationsPDM@HorizonBlue.com).

**5** We will send written notice to advise that your Application has been received.

Applications that do not include all required information will be withdrawn. If your Application is withdrawn, you will be required to submit a new Application.

**6** Our process may take up to **60 days** from the date that we have all required information.

We will send a written response to advise you of our credentialing determination. If, after 60 days, you have not received a written response, please call **1-800-624-1110** to check the status of a Horizon Managed Care Network application or call **1-800-682-9091** to check the status of a Horizon NJ Health Network application.

**7** Once your application has been approved, we will mail you a letter that includes your participation effective date, instructions to access a welcome kit of important information and our provider manuals, and copies of your fully executed Agreement(s).