Horizon Behavioral Health℠ Provider Orientation
AGENDA

- Overview of Horizon Behavioral Health
- Credentialing and Recredentialing
- Overview of ProviderConnect℠
- Customer Service and Provider Relations
- Claims Submission and Electronic Fund Transfer
- NaviNet®
- Horizon NJ Health – Benefit Changes for July, 2018
- Contact Information
- Questions and Answers
Overview of Horizon Behavioral Health
The Horizon Behavioral Health program is for eligible members and covered dependents enrolled in Horizon Blue Cross Blue Shield of New Jersey’s commercial and Medicare Advantage.

Horizon Behavioral Health services include:

- Manage Horizon Behavioral Health Network
- Perform Credentialing and Recredentialing
- Perform Utilization Management
- Handle Complaints and Appeals, Provider and Member
- Provide Enhanced Care and Case Management Programs
- Provide Provider and Member Customer Services
- Quality Improvement

The Horizon Behavioral Health℠ program is administered by ValueOptions of New Jersey, Inc. ValueOptions of New Jersey, Inc., a subsidiary of Beacon Health Options, Inc., is a New Jersey Corporation Licensed by the NJ Department of Banking & Insurance as an Organized Delivery System. ProviderConnet℠ is a service mark of Beacon Health Options, Inc.
Credentialing and Recredentialing
Credentialing for Practitioners

Completion of Credentialing Application and Provider Agreement(s) are required for network participation.

• Call our Provider Services Line at **1-800-397-1630**.
• An application packet including Provider Agreement(s) will be sent to you via email, fax or mail.
  • The application process can take up to 90 days after we have received a complete application and Provider Agreement(s) along with the required supporting documents.
  • Incomplete applications will be returned to you along with a summary of the missing documents and/or incomplete items.
• Credentialing standards comply with NCQA and state requirements.

Council for Affordable Quality Healthcare®

• Eligible providers are encouraged to participate with CAQH® (Council for Affordable Quality Healthcare).
• Once your are credentialed, we will download your CAQH information regularly to ensure your provider data is current.
• Visit **caqh.org** for more information.
Completion of Credentialing Application and Provider Agreement(s) are required for network participation.

• Call our Provider Services Line to request a credentialing application at 1-800-397-1630.
• Your request will be forwarded to a Contract Manager who will contact you to negotiate an agreement.
• An application packet will be sent to you via email, fax or mail.
  • The application process can take up to 90 days after we have received a complete application, the signed Provider Agreement(s) developed with your Contract Manager, as well as the required supporting documents.
  • Incomplete applications will be returned to you along with a summary of the missing documents and/or incomplete items.
• Credentialing standards comply with NCQA and state requirements.
Recredentialing

Your credentialing information will be verified every three years.

- A recredentialing packet will be sent six months prior to the recredentialing due date.
- Additional reminders will be sent via email 120, 90, 60 and 30 days prior to the due date.
- Incomplete applications will be returned to you along with a summary of the missing documents and/or incomplete items.
- Failure to provide required information within the recredentialing timeframe will result in disenrollment from the network.
- Recredentialing welcome letter will be sent once approved.

NOTE: Disclosure of Ownership Form must be received and complete for credentialing to be compliant.
Overview of ProviderConnect
ProviderConnect Benefits

ProviderConnect is our online provider portal which offers several tools and applications for our registered providers.

What are the benefits of ProviderConnect?

- Free and secure online application, available 24/7
- Reduce the need to call for routine information
- Mobile device friendly

You can:

- Access the ProviderConnect message center
- Link to educational resources on our website
- View and print forms
- Submit updates to provider demographic information
- Submit recredentialing applications
## Functionality Breakdown by Platform

<table>
<thead>
<tr>
<th>Transaction</th>
<th>NaviNet</th>
<th>ProviderConnect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Submission</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>View Member Benefit Information</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Verify Member Eligibility</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Access and Print Forms</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Download and Print Authorization Letters</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Submit Updates to Provider Demographic Information</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Access Message Center</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Request and View Authorizations</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Submit Customer Services Inquiries</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Submit Recredentialing Applications</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
To be compliant with CMS, state and client requirements, we must ensure that all provider information is accurate for our network.

The following could be updated through ProviderConnect:

- Phone number
- Fax number
- Mailing address
- Email address
- Website address
- Office hours

Also, service and billing addresses can be added or removed.

Note: Demographic updates can only be completed online.
In order to be compliant with CMS, state, and client requirements, we must ensure that all provider information is accurate for our network.

Various outreach methods include:

- Webinars
- Video tutorials

For ProviderConnect assistance, view our [Updating Demographic Information on ProviderConnect](#) tutorial.
How to Log on to ProviderConnect

- Go to **BeaconHealthOptions.com**, choose **Providers** and **Beacon Health Options (formerly ValueOptions) Providers**

- Click on **ProviderConnect** on the right side of the screen and choose the appropriate portal
Unregistered providers can self register using a provider ID number and clicking “Register” on the login screen. The provider ID is usually the 6 digit ID number, however, this may be different based on specific client/contract needs.

In addition, multiple logons from same provider ID number may be available using:

- Online Provider Services Account Request Form
- Super User Account set up

Contact Information:
Beacon Health Options EDI Helpdesk
Phone: **1-888-247-9311** (Monday through Friday, 8 a.m. - 6 p.m. ET)
Email: e-supportservices@beaconhealthoptions.com
CAQH ProView™

- Easiest portal for all health insurance plans to retrieve your updated information.
- When updating CAQH, please be as specific as possible. Information omitted from your CAQH ProView™ profile might result in our making changes to your Horizon BCBSNJ provider file.
- We encourage you to use the CAQHs online CAQH ProView™ to carry out your credentialing and re-credentialing responsibilities, and to re-attest every 180 days.
- Visit caqh.org and click CAQH ProView to access this valuable resource.

CAQH is available 24 Hours, 7 Days a Week
ProviderConnect Resources

• Training webinars
  ▪ Scheduled monthly
  ▪ Topics include: authorizations, role-based security, re-credentialing, viewing patient info, etc.

  ▪ Upcoming webinars:
    • Please visit beaconhealthoptions.com/providers for upcoming training dates

Customized training
  Scheduled at your convenience
Customer Service and Provider Relations
<table>
<thead>
<tr>
<th>Clinical Customer Service</th>
<th>Provider &amp; Member Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides the following services to Members and Providers:</td>
<td>Provides the following services to Members and Providers:</td>
</tr>
<tr>
<td>Responds to routine eligibility questions</td>
<td>Responds to routine benefit, eligibility and claims questions</td>
</tr>
<tr>
<td>Responds to requests for authorizations</td>
<td>Facilitates resolution of complex issues</td>
</tr>
<tr>
<td>Responds to referral requests</td>
<td>Responds to all Administrative Complaints and Appeals via a</td>
</tr>
<tr>
<td></td>
<td>dedicated Appeal and Complaint Unit</td>
</tr>
<tr>
<td>Education assistance</td>
<td>Provides dedicated Liaisons to investigate and resolve complex</td>
</tr>
<tr>
<td></td>
<td>client and provider issues</td>
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</tbody>
</table>

Non-English speaking and hearing impaired service available.
Claims Submission and Electronic Fund Transfer
All participating physicians and health care professionals are required to register on NaviNet.net, a multi-payer website that provides online access to important plan information you will need to conduct your day-to-day business with us, within 30 days of your effective date of participation.

Access NaviNet.NET for:
- Claim submission
- Claim status
- Claim appeals
- Fee schedules
- EFT registration and payment status
- Statement of Payment transactions
Claim Submission and EFT

Claim Routing

Horizon BCBSNJ will route behavioral health claims to Horizon Behavioral Health.

Horizon BCBSNJ requires all participating physicians and other health care professionals to register for Electronic Funds Transfer (EFT) upon joining our networks. To sign up for EFT, registered users of NaviNet may:

• Log on to NaviNet.net and select Horizon BCBSNJ from the My Health Plans menu.
• Select Claim Management.
• Select EFT Registration.

If you have questions about EFT or EFT registration, call our e-Service Helpdesk at 1-888-777-5075.
Claims

• All physicians and other health care professionals should submit claims to us electronically.

• Horizon BCBSNJ’s electronic payor ID is 22099.

• If you must submit hard copy claims, all services rendered must be submitted on the CMS 1500 (HCFA 1500) version 02/12 or UB-04 claims form.
Claims

- Hard copy claims should be mailed to:

  Horizon BCBSNJ
  Horizon Behavioral Health
  PO Box 10191
  Newark, NJ 07101-3189

- Claims for FEP Members: PO Box 656, Newark, NJ 07101-0656

- Claims for BlueCard Members: PO Box 1301, Neptune, NJ 07754-1301

For claims inquiries, call **1-800-626-2212** or **1-800-991-5579** for NJ State Health Benefits Program (SHBP).
Claims

• Horizon BCBSNJ requires all physicians to have a unique NPI. If you have not yet applied for an NPI, please visit


• To reimburse you correctly, your NPI(s) must be registered with Horizon BCBSNJ.

• Providers are not required to bill with the suffix – the 9 digit Tax ID Number should be submitted on all claims without the suffix.

• Claims must be submitted within 180 days of the date of service.
INDIVIDUAL PROVIDERS

Your Type 1 NPI# should be entered in the un-shaded area of the field in Box 24J of the claim form. You should also include your NPI# in Box 33a.

GROUP PROVIDERS

All claims submissions should include the Type 1 (individual) NPI information to identify the rendering provider and the Type 2 (organization) NPI information to identify the organization, corporation, group practice or facility.

Type 1 NPI# should be entered in the un-shaded area of the field in Box 24J. This is the rendering provider’s NPI#.

Type 2 NPI# should be entered in Box 33a. This is the group’s NPI#.
To avoid rejections and/or delays in processing, please ensure that your claim submissions and electronic transactions include Type 1 and Type 2 NPI information as appropriate*. Talk with your clearinghouse or vendor to ensure that this information is always included on your electronic claim transactions.

*Certain individual practitioners may only be eligible to obtain a Type 1 (individual) NPI. Sole proprietorships, a form of business in which one person owns all of the assets of the business and is solely liable for all the debts of the business in an individual capacity, are not considered organization health care providers for purposes of the NPI Final Rule and thus cannot obtain a Type 2 (organization) NPI. Practitioners who form a single-member LLC (i.e., disregarded entities) are also only eligible for a Type 1 NPI. These individual provider types should include their Type 1 NPI information in both the billing provider and rendering provider fields/loops.
When submitting claims under your NPI, please remember that your tax ID number is also required.

Use accurate and specific ICD diagnosis codes for each condition you are treating. List the primary diagnosis first. To report multiple ICD-10 codes (our systems can handle up to four), list each one with the corresponding procedure by numbers 1, 2 or 3.

To avoid duplicate claims submissions, prior to resubmitting claims, please check for claim status online at NaviNet.net or call 1-800-626-2212 or 1-800-991-5579 (for NJ State Health Benefits Program).
Administrative Claims Appeals

All claim appeals must be submitted within 90 calendar days from the date of the denial or finalized claim (date of the Horizon BCBSNJ Explanation of Benefits).

Mail Claim Appeals to:

Horizon BCBSNJ Appeal Department  
P.O. Box 10129  
Newark, New Jersey 07101

For more information on claim appeals, please visit horizonblue.com/providers.

For additional information on Claims Submission and Billing, please visit horizonblue.com/providers/policies-procedures/claim-submission-billing
NaviNet/Eligibility and Benefits

✓ Check **Eligibility and Benefits** for deductible, coinsurance and copayment information.
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✓ Use **FAQs** when needed.
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Effective July 1, 2018, all managed care plans shall provide the currently covered mental health services provided under MLTSS to beneficiaries enrolled in MLTSS, DSNP and DDD. These services include all mental health services (inpatient, outpatient and community-based), except for the following:

Targeted Case Management (TCM) including:
Justice Involved Services (JIS)
Children's System of Care (CSOC) Care Management Organizations (CMOs)
Integrated Case Management (ICMS)
Projects for Assistance in Transition from Homelessness (PATH)
Behavioral Health Homes (BHH)
Programs in Assertive Community Treatment (PACT)
Community Support Services (CSS)

*This change includes coverage of all partial care services for beneficiaries enrolled in DDD.*
All Substance Use Disorder (SUD) services including, but not limited to,

- Hospital-based services
- Outpatient SUD services
- Intensive Outpatient Services (IOP)
- SUD partial care
- SUD residential services
- Ambulatory Withdrawal Management (AWM) services, and Medication Assisted Treatment (MAT) shall be the responsibility of the managed care organization (MCO) for all beneficiaries enrolled in MLTSS, FIDE SNP and DDD.
Provider Support Resources
Provider Contacts

- **Provider Relations, Credentialing and Contracting Questions:**
  - **1-800-397-1630** (8 am - 8 pm ET Monday – Friday)
  - horizonbehavioralhealthproviderrelations@beaconhealthoptions.com

- **Authorizations and Care Management**
  - **1-800-626-2212** or **1-800-624-1110** (for NJ State Health Benefits Program)

- **EDI Help Desk**
  - **1-888-247-9311** (8 a.m. to 6 p.m., ET, Monday through Friday)

- **NaviNet.net**
  - **1-888-482-8057** or Navinet.net
  - For individualize training sessions
    - Rana Biddle – Rana_Biddle@HorizonBlue.com or **1-973-466-8551**
    - Maria Marsh – Maria_Marsh@HorizonBlue.com or **1-856-638-3416**

- **Complaints, appeals and/or general inquiries**
  - **1-800-626-2212** or **1-800-991-5579** (for NJ State Health Benefits Program)
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