

Horizon NJ Health's Behavioral Health Program

September, 2018



Horizon Blue Cross Blue Shield of New Jersey

Objectives

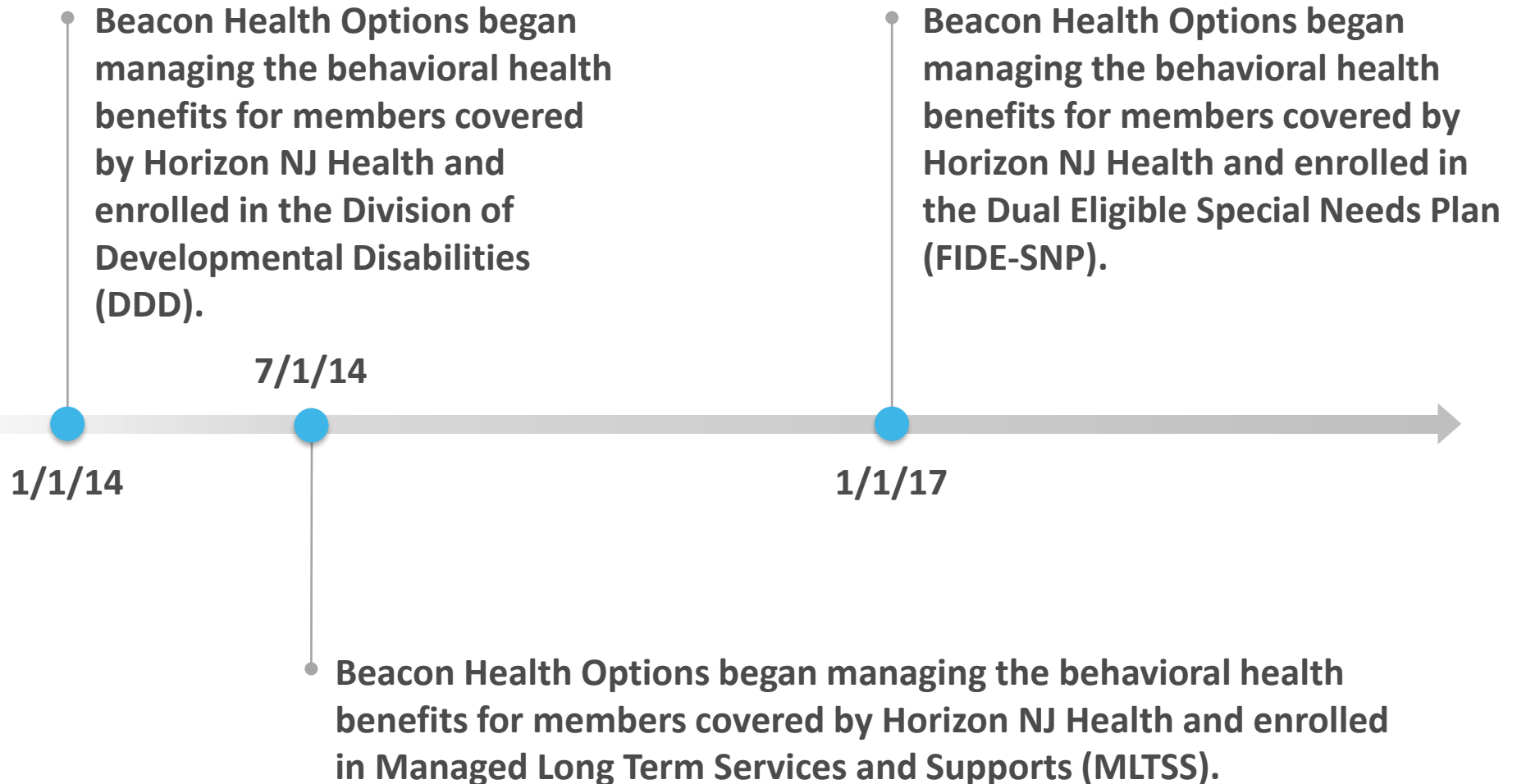
- **Overview of Beacon Health Options and Horizon NJ Health's Behavioral Health Network**
- **Summary of MLTSS, DDD and FIDE-SNP Plans**
- **Benefit Changes - New Effective Date October 1, 2018**
- **Clinical Care Management and Authorizations**
- **Contracting and Credentialing**
- **Claims**
- **Beacon's On-Line Portal**
- **Contact Information**

Benefit Changes for 2018

New Effective Date is October 1, 2018

“After careful consideration, the Department of Human Services, Division of Medical Assistance and Health Services has decided to delay the implementation date of the coverage changes for Behavioral Health and Acute Inpatient admissions to October 1, 2018. We understand and appreciate that a considerable amount of planning and readiness preparation has taken place thus far. We believe the new effective date should provide ample time for MCOs to finalize contracts, load rates, and implement the systems, network and other changes required for a seamless transition so that stakeholders are confident that Medicaid recipients will receive necessary care and providers will be paid timely for care delivered.”

Overview of Beacon Health Options and Horizon NJ Health



Overview of Beacon Health Options and Horizon NJ Health

Among the services Beacon Health Options provides include:

- Manage the Horizon Behavioral Health Networks
- Perform Credentialing and Recredentialing
- Perform Clinical Care Management and Authorizations
- Handle Complaints and Appeals, Provider and Member
- Provide Enhanced Care and Case Management programs
- Provide Provider and Member Customer Services
- Quality Improvement

MLTSS, FIDE-SNP and DDD Plans

Medicaid Managed Long Term Services & Supports (MLTSS)

Managed Long Term Services & Supports (MLTSS) refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare program. MLTSS is designed to expand home and community-based services, promote community inclusion and ensure quality and efficiency.

Horizon NJ Health coordinates all services for MLTSS members. The program provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential services, or in a nursing home. Behavioral Health is managed by Beacon.

Currently Beacon manages the Mental Health and Opioid Treatment Services for Horizon NJ Health.

Horizon NJ TotalCare (HMO SNP) Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP)

The FIDE-SNP plan is known as Horizon NJ TotalCare (HMO SNP).

FIDE-SNP is a Medicare Advantage plan that integrates all covered Medicare and Medicaid managed care benefits into one health plan, including primary care and preventive services, behavioral health and long-term care. Members receive quality care designed to meet all of their needs.

*Horizon NJ Health will continue to pay both the Medicare and Medicaid components of claims for Horizon NJ TotalCare (HMO SNP) members, eliminating the need to file Medicare claims separately; however, any other coverage available for a Horizon NJ TotalCare (HMO SNP) member should be filed first with that insurance program.

The most important features of the plan are:

- A team of doctors, specialists, and Horizon Care Managers working together for the FIDE-SNP member
- A Model of Care that calls for individual care plans for each member
- No copayments, premiums or deductibles for most covered services.

Currently, Beacon manages the outpatient and inpatient mental health services for Horizon NJ Health.

Division of Developmental Disabilities

The Division of Developmental Disabilities (DDD) provides public funding for services and supports that assist New Jersey adults with intellectual and developmental disabilities age 21 and older to live as independently as possible.

Currently, Beacon manages the outpatient and inpatient mental health services for Horizon NJ Health.

**Benefit Changes
New Effective Date
October 1, 2018**

Benefit Changes for 2018

Inpatient Admissions

Effective **October 1, 2018**, all admissions to a general acute care or free standing psychiatric hospital, including admissions to a psychiatric unit, shall be the responsibility of Horizon NJ Health for **ALL** Horizon NJ Health enrolled members.

These changes are **not** limited to MLTSS, FIDE-SNP and DDD members.

Managed care organizations are responsible for all acute psychiatric admissions to a general care, stand-alone psychiatric or specialty care hospital. This includes admissions directly from a certified screening center.

Acute care admissions are required for individuals presenting with unstable behavior requiring immediate professional intervention to monitor and diagnose, adjust and stabilize medications and develop a treatment plan beyond the acute episode of care.

Guidelines on Psychiatric Continued Stays and Admissions can be found on our website:

www.horizonnjhealth.com/for-providers/resources/clinical-and-preventive-guidelines-and-policies

www.beaconhealthoptions.com/providers/beacon/network/horizon-nj-health/

Benefit Changes for 2018

Substance Use Disorder Coverage

All Substance Use Disorder (SUD) services including, but not limited to,

- Inpatient Detoxification services – ASAM 3.7D
- Outpatient SUD services – ASAM 1.0
- Intensive Outpatient Services (IOP) – ASAM 2.1
- SUD partial care – ASAM 2.5
- SUD residential services – ASAM 3.7
- Ambulatory Withdrawal Management (AWM) services –
ASAM 2-WM
- Medication Assisted Treatment (MAT) – ASAM 1.0

All of the services above will be the responsibility of the managed care organization (MCO) **for all beneficiaries enrolled in MLTSS, FIDE-SNP and DDD.**

Benefit Changes for 2018

Mental Health Coverage

Effective **October 1, 2018**, in order to align behavioral health benefit coverage, all managed care plans will be providing the mental health services **currently covered under MLTSS to the beneficiaries enrolled in MLTSS, FIDE-SNP and DDD.**

These services include the following mental health services:

- Outpatient
- Partial Care
- Adult Mental Health Rehabilitation (Group Homes and Apartments)
- Inpatient
- Partial Hospitalization

Benefit Changes for 2018

Mental Health Coverage

The following services **are not included** in the mental health coverage benefits for 2018, and will remain Fee-for-Service:

- 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)

Clinical Care Management and Authorizations

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.

ID card will have the prefix YHZ in front of the ID number.

Confirm eligibility on a monthly basis as with any other member at **NaviNet.net** or call Provider Services at **1-800-682-9091**.

Members will not receive new member ID cards.

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



Horizon NJ Health

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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.

ID card will have the prefix YHZ in front of the ID number.
Confirm eligibility on a monthly basis as with any other member at **NaviNet.net** or call MLTSS Provider Services at **1-855-777-0123**.

Members will not receive new member ID cards.

Sample FIDE-SNP Member ID Card



Horizon NJ TotalCare (HMO SNP)

Horizon Blue Cross Blue Shield of New Jersey

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



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.

ID card will have the prefix YHZ in front of the ID number.

Confirm eligibility on a monthly basis as with any other member at **NaviNet.net** or call Provider Services at **1-800-682-9091**.

Members will not receive new member ID cards.

Authorizations

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

We encourage all providers to call us in advance of providing services to confirm the member's eligibility, the in-network status of the facility, and to verify benefits.

For authorization requests and other related clinical questions, please call:

Authorizations and Care Management

1-800-682-9091 (24 hours a day/7 days a week) – NJ FamilyCare

1-800-682-9091 (24 hours a day/7 days a week) – DDD

1-855-777-0123 (24 hours a day/7 days a week) – MLTSS

1-855-955-5590 (24 hours a day/7 days a week) – FIDE-SNP

Authorizations - continued

All Horizon NJ Health behavioral health authorizations and/or PA requests are communicated via telephonic review only at this time. All calls will be recorded for quality assurance. Both the provider and the member will receive written confirmation of an authorization.

Authorization is obtained by calling the number on the back of the member's identification card. If the member does not have an ID card, call 1- 800- 682- 9091.

- While prior authorization is not required, for the services listed on slide 21, authorization is required. For all but out-patient requests, you are asked to call Beacon within 24 hours of the admission with the reason for the admission, diagnosis, medication, treatment plan, discharge plan and any other pertinent information we need so medical necessity review can be completed.

Medical Services: All calls are received by Horizon NJ Health. Medical needs will be addressed at the initial point of contact. Calls will then be directed to Beacon as needed for Behavioral Health service needs

Authorizations - continued

HNJH Emergent Behavioral Health Services: Inpatient Mental Health and Inpatient Detoxification Services:

Authorization is available 24/7

HNHJ Non-Emergent Behavioral Health Services:

Authorization is available Monday-Friday, 8 am to 5 pm

Substance Use Services for individuals who are not Non-MLTSS, DDD and FIDE-SNP Members:

IME: 1-844-276-2777 (24 hours a day/7 days a week)

For any inpatient admission that occurred prior to 10/1/18 and was discharged after 10/1/18, the State is responsible for paying the claim under FFS.

Authorizations - continued

Out Patient Services:

In-network providers - Authorization is not required for outpatient services as detailed on slide 21, including Medication Assisted Treatment.

Out-of-network providers - All services require authorization and a single case agreement. Criteria for single case agreement will be discussed during the review for authorization.

Authorization Required – Effective 10/1/18

Requires Authorization	No Authorization Required
Inpatient Psychiatric Treatment	In-network Outpatient psychotherapy
Partial Hospitalization	In-network outpatient psychiatric/ Medication Management
Partial Care	Medication Assisted Treatment – not including actual medication
Adult Mental Health Rehabilitation (AMHR) Group Homes and Apartments	In-network Outpatient treatment for substance use disorders
Psychological Testing	In-network outpatient psychiatric/ Medication Management for substance use disorders
ECT	
Trans Magnetic Stimulation	
Short Term Residential Treatment (ASAM 3.7)	
Ambulatory Withdrawal Management (ASAM 2-WM)	
Medically Monitored Detox (SUD ASAM 3.7D)	
IOP SUD (ASAM 2.1)	
Partial SUD (ASAM 2.5)	
All out of network providers will require an authorization for any level of care including outpatient levels of care.	

For a complete listing of services and associated codes, please visit our website:

www.beaconhealthoptions.com/providers/beacon/network/horizon-nj-health/

Clinical Appeals Process

Members and providers that are in-network are eligible for the initial PA review as well as a Level 1 appeal. This is applicable whether the request for an appeal is made while the member remains in treatment or post-service. These appeals are delegated to Beacon Health Options.

All out-of-network provider appeals are delegated to HNJH.

To appeal a Level 1 denial rendered by Beacon, the member/facility is entitled to an external IURO appeal via DOBI and Fair Hearing by DMAHS.

Continuity of Care Process

For the first 30-days post-go-live, we will not require authorization for any services rendered by an out-of-network provider.

During the initial 30-day period, our Clinical team is available to work with members to help transition them to an in-network provider.

Requests to continue with an out-of-network provider after the initial 30 days will be evaluated on a case-by-case basis to determine the most appropriate course of action.

After the initial 30-day period, all services rendered by an out-of-network provider will require authorization and a single case agreement.

Clinical Care Management and Follow-up Care

- HEDIS Quality Measure - Follow-up After Hospitalization
 - Requires member to be seen within 7 days of discharge, by a qualifying behavioral health provider, from the inpatient setting
- Collaboration between the inpatient facilities and Horizon NJ Health's Clinical Care Management team on the discharge planning
 - Clinical Care Management team can assist with appointment and discharge barriers.

Contracting and Credentialing

Contracting for New Services

If you are already participating - A letter with an amendment to add these new services to your existing contract was sent to you via email, fax or mail in April.

If you are currently non-par and would like to join the Horizon NJ Health network, please call Beacon's Provider Services Line at **1-800-397-1630** from 8 a.m. to 8 p.m., Monday through Friday. 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 we have received a complete application and signed agreements. However, if you were previously treating a member prior to **October 1, 2018** under the state program and you have returned your signed agreement, you will be able to treat members for six months while your credentialing application is in process.

Effective **October 1, 2018**, Horizon NJ Health is aligning its standard fee schedule with the NJ Medicaid fee schedule for non-TotalCare members. Reimbursement for TotalCare members will not be impacted by the **October 1** changes.

Claims

Claims

Horizon NJ Health retains ownership of claims processing and claims and payment inquiries from providers and members.

- Horizon NJ Health encourages all hospitals, physicians, and health care professionals to submit claims electronically. We utilize the TriZetto Provider Solutions (TTPS) as the EDI vendor.
- For more information on registering, please go to www.trizettoprovider.com/horizon/simpleclaim. If you have any further questions about registering with TTPS for EDI claim submission, please call TriZetto at **1-800-556-2231** or email ttpssupport@cognizant.com.
- 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.
- The other electronic way to submit claims is Direct Data Entry (DDE) through the TTPS SimpleClaim system. For more information about SimpleClaim please use the TTPS contacts above for additional information.

Claims

- All services rendered must be submitted on the CMS 1500 (HCFA 1500) version 02/12 or UB-04 claims form, or via electronic submission in a HIPAA-compliant 837 or NCPDP format.
- NPI numbers are required for all claims submissions.
- An authorization number must be included in box #23 on a CMS 1500 (HCFA 1500) claim form or box #63 on a UB-04 form for all services which require an authorization.
- Although a primary insurer may have unique coding specific to their business, providers must bill with valid ICD-10-CM, CPT-4 and HCPCS codes. Unique or invalid codes specific to other insurers will cause claim processing delays or denials.
- Corrected claims must be billed with a frequency 7 or the third bill type code as 7 and the PCCN number must be included on the claim.
- All claims must include taxonomy codes. More information on taxonomy codes can be found at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Taxonomy.html>.

Claims

Billing Outpatient Clinic Services as a Ancillary Facility

If you are contracted and credentialed to provide Outpatient Clinic services as an ancillary facility, please include only the facility NPI number.

Ancillary facilities who bill for Outpatient Clinic services on a HCFA 1500 should bill either the billing entity's NPI in field J (Rendering Provider ID) or leave the field blank.

This applies to both outpatient mental health and substance use disorder clinic services.

If you have additional questions regarding your contracting status, please call 1-800-397-1630 or your assigned Contract Manager.

Claims

- Horizon NJ Health will pay claims based only on eligible charges. Unless the provider contract states otherwise, claims will be paid on the lesser of billed charges or the contracted rate (Horizon NJ Health fee schedule).
- Horizon NJ Health is the “payor of last resort” on all claims submitted for members of its health plan. Hospitals, physicians and health care professionals must verify whether the member has Medicare coverage or any other third party resources and, if so, provide documentation that the claim was first processed by this other insurer as appropriate. If the amount that Medicaid (HNJH contracted rates) would pay is less than Medicare and/or the third party payor, then the claim will pay at \$0.

Claims

- Horizon NJ Health must receive all claims within 180 calendar days from the initial date when services were rendered. If claims are not received within 180 calendar days from the initial date of service, claims will be denied for untimely filing. Coordination of benefits claims must be received within 60 days from the date on the primary Explanation of Benefit (EOB).
- EFT and Electronic Remittance Advice (ERA-835) is available via Navinet.

In-Patient Administrative Days - Claims Submission

- Claims will be reimbursed according to the authorization.
- In order to properly capture the encounter for the administrative rate (Rev 199) paid in acute care hospitals, please bill type 11x for acute care hospitalizations for these types of encounters.

HNJH Secondary Payment

- Except Medicare for Horizon NJ TotalCare (HMO SNP) members, all coordination of benefit (COB) claims must be submitted with a copy of the EOB from the primary insurer. Medicaid is the “payor of last resort.”
- Paid primary claims can be submitted via EDI. Denied primary claims must be submitted as paper claims.
- Secondary claims must be submitted to Horizon NJ Health within 60 days of the date of the EOB or within 180 days of the date of service, whichever is later.
- Providers must bill with valid ICD-10-CM, CPT-4 and HCPCS codes. Unique or invalid codes specific to other insurers will cause claim processing delays or denials.
- For more detailed information, please refer to the current Horizon NJ Health Provider Administrative Manual.

Paper Claims

While Horizon NJ Health strongly encourages submitting claims via EDI, if a paper claim is necessary, please submit red and white paper claims only for all medical services to Horizon NJ Health at the following address:

Horizon NJ Health
Claims Processing Department
PO Box 24078
Newark, NJ 07101-0406

Horizon NJ Health does not accept handwritten or black and white claims.

Effective 1/1/18, Horizon NJ Health will only accept paper claims on an exception basis. If you are unable to submit claims electronically, please contact **Provider Services** at **1-800-682-9091**.

Administrative Claim Appeals

All claim appeals must be submitted within 90 calendar days from the date of the finalized claim (date of the Horizon NJ Health explanation of benefits) and initiated on the applicable appeal application form created by the Department of Banking and Insurance.

Claim Appeal Department
PO Box 63000
Newark, New Jersey 07101
or
Fax to: 1-973-522-4678

For more information on claim appeals and to access the appeal application form, please visit www.horizonnjhealth.com/securecms-documents/131/Instructions-for-Application-to-Appeal-a-Claims-Determination.pdf

Required Fields for CMS 1500 and UB-04 Claim Forms

Information on submitting a complete CMS 1500 form can be found in the Provider Manual on the Horizon NJ Health website under Section 9.2.1.

Information on submitting a complete UB-04 form can be found in the Provider Manual on the Horizon NJ Health website under Section 9.2.2

[www.horizonNJhealth.com/securecms-
documents/605/provider_manual.pdf](http://www.horizonNJhealth.com/securecms-documents/605/provider_manual.pdf)

How to Check Claim Status

Online

- NaviNet.net
- Access Horizon NJ Health within the Plan Central drop-down menu
- Click *Claim Management*, then *Claim Status Inquiry*

For more information about billing and filing claims, please see Section 9 of the Horizon NJ Health Provider Manual, available on www.horizonNJhealth.com.

Beacon Health Options' OnLine Portal Provider Connect

Updating Provider Information

It is provider's responsibility to submit updates to practice location(s), billing information, telephone/fax numbers, hours of availability and any other demographic changes.

Updating of provider information is available through Beacon Health Options' on-line portal called ProviderConnect.

To learn more, call Beacon Health Options' Provider Services Line at 1-800-397-1630 (8 a.m. – 8 p.m., EST, Monday through Friday)

or visit

Free demonstration:

www.beaconhealthoptions.com/Providers/Beacon/ProviderConnect

Click on *Access the Provider Connect Demo*

Contact Information

Provider Contacts

Beacon Provider Relations, Credentialing and Contracting Questions:

Provider Services Line:

1-800-397-1630 (8 a.m. - 8 p.m. – Monday to Friday)

Email:

horizonbehavioralhealthproviderrelations@beaconhealthoptions.com

Authorizations and Care Management

1-800-682-9091 (24 hours a day/7 days a week) – NJ FamilyCare

1-800-682-9091 (24 hours a day/7 days a week) – DDD

1-855-777-0123 (24 hours a day/7 days a week) – MLTSS

1-855-955-5590 (24 hours a day/7 days a week) – FIDE-SNP

Provider Contacts

Horizon NJ Health Physician & Health Care Hotline

1-800-682-9091 (8 a.m. - 5 p.m., ET - Monday through Friday)

Navinet

www.Navinet.net or call Provider Services at **1-800-682-9091**

TriZetto EDI Services and Simple Claim inquires

1-800-556-2231

Horizon NJ Health's Website

www.horizonNJhealth.com

Horizon NJ Health's Provider Manual

[www.horizonnjhealth.com/securecms-documents/605/Provider Manual.pdf](http://www.horizonnjhealth.com/securecms-documents/605/Provider_Manual.pdf)

Horizon NJ Health's Provider Specific Website

<https://www.beaconhealthoptions.com/providers/beacon/network/horizon-nj-health/>

Scroll to the section called "NJ State Medicaid Behavioral Health Changes – October 1, 2018" for helpful reference information.

Provider Contacts

Claims Submission/ Address

Reference the address on the member's identification card, as the address may vary based on payment location.

Member Benefits, Eligibility, and Authorizations

If you have a question about authorization or benefits, call the (800) number on the back of the member's identification card.

Member Customer Service

To reach Member Services, call the phone number on the back of the member's identification card.

If the member does not have an ID card, call **1-800-682-9091**.

Questions?