



## Physician Application Checklist

Thank you for your interest in joining the Horizon Managed Care Network and the Horizon PPO Network or the Horizon NJ Health networks. This form applies to, and should be completed by, MDs or DOs who are affiliated with office-based practices.

- MDs/DOs who practice only in a hospital setting should complete and submit our [Hospital-Based Practitioner](#) form.
- MDs or DOs who will only provide telemedicine/telehealth services should complete and submit our [Participation Application for Telemedicine-Only Practitioners](#).

### Credentialing Process Overview

Below is an overview of what you need to do and what you can expect from us as you proceed through our initial credentialing process.

- 1 So that we may assess your credentials and ensure that you meet the criteria for participation in our network(s), please complete the information on the following pages, as appropriate and gather copies of all documentation requested, as appropriate (including signed Agreements).

We encourage you to use CAQH's provider data-collection service, [CAQH ProView™](#) to make information available to us as part of our credentialing (and recredentialing) process. If you don't already have a CAQH ProView Profile, visit <https://proview.caqh.org/pr> to self-register.

All of our credentialing forms may be accessed via hyperlinks within the following pages. If you are not completing this form electronically, access our forms at [HorizonBlue.com/CredentialingForms](https://HorizonBlue.com/CredentialingForms).

Registered NaviNet users who can access the *Horizon BCBSNJ* plan central page, may follow the steps below to navigate to copies of Agreements for both Horizon BCBSNJ and Horizon NJ Health Networks. Information about accessing our Agreements is included on beginning on **page 4**.

- 2 Please mail your completed package of information to the address below.

**Horizon BCBSNJ Credentialing & Recredentialing Department**  
**Three Penn Plaza East, PP-14C**  
**Newark, NJ 07105-2200**

For the duration of the COVID-19 public health emergency, you may also email your completed Application package to [EnterprisePDM@horizonblue.com](mailto:EnterprisePDM@horizonblue.com).

If you are mailing information for more than one practitioner within a single envelope/package, please ensure that the documentation is organized and separated by practitioner.

If you are emailing information for more than one practitioner, please submit one email per practitioner.

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- 3 Our Credentialing Department will send a written notice to advise you that we received sufficient information to begin our credentialing process.
  - If all required information/supporting documentation is not included, your Application will be withdrawn and a new Application (inclusive of all documentation originally submitted) will be required.
  - Applications for a *future* practice location (greater than 90 days from our credentialing date) will be withdrawn.
  
- 4 Our credentialing process takes approximately **45 to 90 days** from the date that we have all required information.
  - We will send you a written response when your Application has been approved or denied.
  - If you have not received a written response about your Application after 90 days, you may call **1-800-624-1110** for the status of Horizon BCBSNJ Applications or **1-800-682-9091** for the status of Horizon NJ Health Applications.
  
- 5 Once approved by the Horizon BCBSNJ Credentialing Committee, we will send a letter that includes:
  - Your participation effective date;
  - Instructions to access a welcome kit of important information; and
  - Copies of your fully executed Agreement(s).

If you have questions about the credentialing process, please call:

- Horizon BCBSNJ at **1-800-624-1110**
- Horizon NJ Health at **1-800-682-9091**

**CREDENTIALING/REREDENTIALING CONTACT**

Please provide the contact information for the person at your practice who we can work with to address credentialing or recredentialing questions/requests.

Credentialing/Recredentialing Contact Name \_\_\_\_\_

Credentialing/Recredentialing Contact Title \_\_\_\_\_

Credentialing/Recredentialing Contact Phone Number \_\_\_\_\_

Credentialing/Recredentialing Contact Email Address \_\_\_\_\_

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**PHYSICIAN INFORMATION**

Physician Name \_\_\_\_\_

County in which your Practice is Located \_\_\_\_\_

Physician CAQH Number \_\_\_\_\_

Physician Date of Birth (*required to access CAQH info*) \_\_\_\_\_

**Practitioner Race and Ethnicity**

Horizon displays information about practitioner race and ethnicity in our online [Doctor and Hospital Finder](#) so our members can consider this information as one of the factors when making decisions about in-network care.

Although not required, we encourage you to provide information about your race/ethnicity to help us address racial and ethnic health disparities in the communities we serve by allowing members to select a provider that matches their cultural needs.

Choosing *not* to disclose this information will have no impact on your credentialing or your participation in our network(s).

**Practitioner Race**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other Race
- Unknown
- I prefer not to respond

**Practitioner Ethnicity**

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown
- I prefer not to respond

**Network Participation**

I am seeking to be credentialed to join the:

- Horizon PPO Network
- Horizon Managed Care Network
- Horizon NJ Health Networks

If you selected "Horizon NJ Health Networks" above, do you wish to participate as a:

- Primary Care Physician
- Specialty Physician

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## INFORMATION TO BE COMPLETED BY ALL PHYSICIANS

ALL practitioners must complete/provide the information requested in this section so that we may assess your credentials for participation in our network(s).

### 1 Signed Agreement(s)

Please review, complete and sign the appropriate Agreements for the network(s) in which you are seeking participation.

#### Horizon BCBSNJ Agreements

Complete and the Horizon BCBSNJ Agreements below to participate in our Horizon Managed Care Network and Horizon PPO Network

*Horizon Healthcare of New Jersey, Inc. Agreement with Participating Physicians and Other Healthcare Professionals*

Complete and sign this Agreement for participation in the Horizon Managed Care Network which allows you to treat members enrolled in our managed care plans (e.g., OMNIA, Horizon HMO, Horizon Direct Access, Horizon Medicare Advantage, Braven Health<sup>SM</sup> plans, etc.) at an in-network level of benefits.

Some managed care plans use tiering or a subset of this network as part of their benefits. After joining this network, practices are evaluated for tier designation and subset inclusion, based on established criteria.

*Horizon Blue Cross Blue Shield of New Jersey Agreement with Participating Physicians and Healthcare Professionals*

Complete and sign this Agreement for participation in the Horizon PPO Network which allows you to treat members enrolled in Horizon BCBSNJ PPO and Indemnity Plans at an in-network level of benefits.

#### Horizon NJ Health Practitioner Agreements

Complete and sign one of the following *Horizon Government Programs* Agreement versions for participation in the Horizon NJ Health Networks that allows you to treat members enrolled in Horizon NJ Health Medicaid, NJ FamilyCare, Managed Long Term Services & Supports (MLTSS), Horizon NJ TotalCare (HMO SNP) plans.

Ensure that you access/request the appropriate Agreement version based on your specialty.

*Horizon Government Programs Provider Agreement*

Complete and sign this Agreement for participation in the Horizon NJ Health Networks that allows you to treat members enrolled in Horizon NJ Health Medicaid, NJ FamilyCare, Managed Long Term Services & Supports (MLTSS), Horizon NJ TotalCare (HMO SNP) plans.

*Horizon Government Programs Behavioral Health Provider Agreement*

Psychiatrists should complete and sign this Agreement to be considered for participation in the Horizon NJ Health Networks that allow you to treat members enrolled in Horizon NJ Health Medicaid, NJ FamilyCare, Managed Long Term Services & Supports (MLTSS), Horizon NJ TotalCare (HMO SNP) plans.

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## **Horizon NJ Health Provider Group Agreements**

If your group practice wishes to participate in the Horizon NJ Health Networks under a Group Agreement, please request a copy of our *Horizon Government Programs Provider Group Agreement* as noted below.

- For behavioral health professional group practices, please email a request to [BHNetworkRelations@HorizonBlue.com](mailto:BHNetworkRelations@HorizonBlue.com).
- For all medical/other healthcare professional group practices (*not behavioral health*), please email a request to [HNJHProvider\\_Recruitment@HorizonBlue.com](mailto:HNJHProvider_Recruitment@HorizonBlue.com).

## **Adding New Practitioners to an Existing Group Practice**

If you wish to have new practitioners credentialed and added to the group roster of your professional group practice that already participates in the Horizon NJ Health Networks under a Group Agreement, please draft a letter on your group practice's letterhead authorizing the inclusion of the practitioner(s) in question and enclose also the CAQH # for each practitioner to be added to your practice.

Please mail information to the address below.

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

Please email information to [EnterprisePDM@HorizonBlue.com](mailto:EnterprisePDM@HorizonBlue.com)

## **Accessing our Agreements**

Registered NaviNet users who can access the Horizon BCBSNJ plan central page are able to navigate to online copies of Agreements for both Horizon BCBSNJ and Horizon NJ Health Networks. Follow the steps below to navigate to this protected content online.

1. Log in to [NaviNet.net](http://NaviNet.net) and access the Horizon BCBSNJ plan central page;
2. Mouse over References and Resources and click Provider Reference Materials;
3. Mouse over Resources and click Manuals & User Guides;
4. Click Agreements.

If you have trouble accessing our Agreements online, please review the Horizon BCBSNJ Email Share information in our [Credentialing Frequently Asked Questions](#).

If you don't have access to NaviNet, we encourage you to register. Visit [HorizonBlue.com/Providers](http://HorizonBlue.com/Providers) and click *Register* within the Provider Sign In window.

If you don't have access to the *Horizon BCBSNJ* plan central page, access NaviNet and submit a request to have Horizon BCBSNJ added to your profile.

As a last resort, you may email a request for the appropriate Agreement(s) to [EnterprisePDM@horizonblue.com](mailto:EnterprisePDM@horizonblue.com), but please note that it may take up to 10 business days to receive.

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## 2 Network Hospital Admitting Privileges

- I have admitting privileges to one or more Horizon Network Hospitals. Please provide a letter from the medical staff office or department Chairman of the network hospital(s) in which you have primary admitting privileges. The letter should indicate that you have full, active, unrestricted privileges and are a member in good standing.
- I choose to limit my practice to providing services in my office and/or I do not currently have hospital admitting privileges.

Please provide a completed and signed copy of our [Continuity of Care Coverage Agreement](#) which documents that you are satisfying our admitting privileges requirement by establishing an arrangement for another qualified, participating physician in the same network (who has admitting privileges to one or more Horizon Network Hospitals) to care for patients who require acute care at a network hospital.

- I am applying for participation as a radiologist, anesthesiologist, pathologist, dermatologist, dermatopathologist, allergist/immunologist, physiatrist/physical medicine and rehabilitation provider, ophthalmologist or psychiatrist.

These specialties do not require either hospital admitting privileges or a Continuity of Care Coverage Agreement.

## 3 Curriculum Vitae

- Please provide a 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.

## 4 Provider Network Special Needs Information

- Physicians and other health care professionals (not behavioral health) must provide a completed copy of our [Special Needs Information: Medical Practitioners](#) form to help us understand the level of training and/or experience you have treating patients with special needs.
- Behavioral health practitioners must provide a completed copy of our [Special Needs/Supplemental Information: Behavioral Health Practitioners](#) form to help us understand the level of training and/or experience you have treating patients with special needs and to indicate behavioral health areas of expertise.

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## 5 MAT/OBAT and Navigator Attestation

- Physicians that provide Medication Assisted Treatment (MAT) or Office Based Addiction Treatment (OBAT) to patients with an addiction diagnosis must provide a completed copy of our [MAT/OBAT and Navigator Attestation](#) form to attest that you comply with guidelines established by the NJ Division of Medical Assistance and Health Services and the Division of Mental Health and Addiction Services.

## 6 Prescribing Controlled Dangerous Substances

NJ Controlled Dangerous Substance (CDS) Certificate

- I have a current NJ Controlled Dangerous Substance (CDS) Certificate which is documented on CAQH or as noted in number 12 on the following page.
- Physicians who do not have a NJ Controlled Dangerous Substance (CDS) Certificate must complete our [Statement of Arrangement for Controlled Dangerous Substances: NJ CDS Certificate](#) form to document the arrangement with another qualified, participating physician(s) in the same network(s) to prescribe controlled dangerous substances on his/her behalf.

Drug Enforcement Agency (DEA) Certificate

- I have a current Drug Enforcement Agency (DEA) Certificate which is documented on CAQH or as noted in number 13 on the following page.
- Physicians who do not have a Drug Enforcement Agency (DEA) Certificate must complete our [Statement of Arrangement for Controlled Dangerous Substances: DEA Certificate](#) form to document the arrangement with another qualified, participating physician(s) in the same network(s) to prescribe controlled dangerous substances on his/her behalf.

## 7 HIPAA 5010 Address Information *(for Horizon NJ Health Only)*

- Please provide a completed copy of our [HIPAA 5010 Address Information](#) form if you are seeking to join our Horizon NJ Health networks. This form is not required for participation in other Horizon BCBSNJ networks. Please complete a separate form for each location at which you practice.

## 8 21st Century Cures Act *(for Horizon NJ Health Only)*

- If you've not already done so, practitioners seeking to participate with our Horizon NJ Health networks must register with the State of New Jersey under the 21st Century Cures Act.

Visit our [21st Century Cures Act](#) webpage for information about this requirement as well as details about how to register with the State of New Jersey.

## 9 Disclosure Statement *(for Horizon NJ Health Only)*

- Federal and state regulations require that providers seeking to participate in our Horizon NJ Health network provide a completed copy of our [Disclosure Statement: Individual Practitioners and Groups of Practitioners](#). Consult your legal counsel if you have questions regarding this form.

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**INFORMATION TO BE COMPLETED BY PHYSICIANS WHO DO NOT USE CAQH**

Physicians who DO NOT USE CAQH ProView™ must complete/provide the information requested in this section, so that we may assess your credentials for participation in our network(s).

**10 N.J. Universal Physician Credentialing Form**

- A completed copy of the [N.J. Universal Physician Credentialing Form](#). Please note that paper applications take significantly longer to process.
  
- Explanations of all “Yes” answers to questions on the N.J. Universal Physician Credentialing Form concerning malpractice cases, suspension of license, etc.

**11 Medical License**

- A copy of your current state medical license.

**12 NJ CDS Certificate**

- A copy of your current New Jersey Controlled Dangerous Substance (CDS) Certificate (if applicable).

**13 DEA Certificate**

- A copy of your current DEA Certificate for the State in which you practice (if applicable).

**14 Board Certification**

- Proof of Board Certification or documentation showing formal training completed within the last five years.

**15 Malpractice Insurance**

- 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.

**PRACTICE-LEVEL INFORMATION**

Please provide the following information pertaining to the office location(s) at which you are or will be practicing.

**16 W9**

- Please provide W-9 information for each location at which you are or will be practicing.

**17 NPPES NPI Information**

- Please provide a copy of the NPPES NPI Registry's Provider Information screen for each practice at which you are or will be practicing.

Type 2 NPI of practices: \_\_\_\_\_

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## PRACTICE-LEVEL INFORMATION

Please provide the following information pertaining to the office location(s) at which you are or will be practicing.

### 18 Americans with Disabilities ACT (ADA) Provider Survey

- Please provide a completed copy of our [Americans with Disabilities ACT \(ADA\) Provider Survey](#).

Only one survey is required per practice location. If you're joining an already participating practice, check with your office manager to see if this survey has already been submitted.

### 19 Clinical Laboratory Improvement Amendment (CLIA) Certificate

- Please respond to the question below and provide information (as appropriate) regarding the CLIA Certification for each location at which you practice.

Are onsite clinical laboratory services provided at any office locations at which you practice?

- Yes  
 No

If you answered "Yes", above, please list the ten-digit CLIA identification # for each appropriate location below AND provide a copy of the CLIA Certificate for each location as appropriate.

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CLIA information only needs to be submitted once per practice location. If you're joining an already participating practice, check with your office manager to see if this information has already been provided.

### 20 MAT/OBAT and Navigator Attestation

- Practices that provide Office Based Addiction Treatment (OBAT) to patients enrolled in Horizon NJ Health plans must provide a completed copy of our [MAT/OBAT and Navigator Attestation](#) form to confirm their use of Navigators as part of these services.

Products are provided by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ, Horizon Healthcare of New Jersey, Inc. (d/b/a Horizon NJ Health for Medicaid line of business), Horizon Insurance Company and Healthier New Jersey Insurance Company d/b/a Braven Health. Communications may be issued by Horizon Healthcare Services, Inc. d/b/a Horizon BCBSNJ in its capacity as administrator of programs and provider relations for its companies.

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