Changes to the Management of the Horizon Behavioral Health Program
Topics of Discussion

• Overview
• Key changes/Dates
• Authorizations
• Demographic Updates
• Credentialing
• Resources
• Self Services Tools
• NaviNet
Overview

• As of January 1, 2020, Horizon BCBSNJ began transitioning 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 Health℠ program.

• The transition to Horizon BCBSNJ’s internal management has occurred in a phased approach based on line of business.

• The following are the transition 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 SNP)
  – **March 30, 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

<table>
<thead>
<tr>
<th>Policy/Process Change</th>
<th>Horizon NJHealth &amp; Medicare Advantage</th>
<th>Horizon BCBSNJ fully insured plans/products</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recredentialing</strong></td>
<td></td>
<td>7/1/19</td>
</tr>
<tr>
<td>Horizon BCBSNJ manages the recredentialing for all providers who are due to be recredentialed on and after <strong>January 1, 2020.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Credentialing &amp; Demographic Updates</strong></td>
<td></td>
<td>10/1/19</td>
</tr>
<tr>
<td>Horizon BCBSNJ manages the initial credentialing of non-participating Behavioral Health professionals and ancillary providers who are seeking to join one of our network(s) and provider file changes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Necessity Criteria</strong></td>
<td></td>
<td>12/30/19</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prior Authorization</strong></td>
<td></td>
<td>1/1/20</td>
</tr>
<tr>
<td>Requests and status via NaviNet, our <strong>Online Utilization Management Tool</strong>– Beacon’s ProviderConnect system no longer an online source.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Transition of all Network Management Functions</strong></td>
<td></td>
<td>1/1/20</td>
</tr>
<tr>
<td>Horizon BCBSNJ manages all Network relationship management., i.e. education</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Appeals</strong></td>
<td></td>
<td>No changes</td>
</tr>
<tr>
<td>New address to mail requests: Horizon BCBSNJ Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horizon BCBSNJ Behavioral Health Utilization Management Appeals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail Station PP-12J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO BOX 110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newark, NJ 07101-0110</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Verifying Member Eligibility &amp; Benefits</strong></td>
<td></td>
<td>1/1/20</td>
</tr>
<tr>
<td>Online via NaviNet</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor Hospital Finder</strong></td>
<td></td>
<td>11/1/19</td>
</tr>
<tr>
<td>Enhanced behavioral health search capabilities . (Digital enhancements will continue through Q1 2020).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appointment Scheduling Standards
Horizon Behavioral Health has adopted the following appointment scheduling standards to ensure timely access to quality medical care.

For Mental Health/Substance Use Disorder Appointments for the commercial plans:

- Emergency services- Immediate care
- Urgent care appointments within 48 hours. SHBP members: within 24 hours
- Routine care appointments within 10 business days of request
- Waiting time in office: less than 30 minutes
- Follow up after hospitalization: within 7 days

You can find a full listing of Behavioral Health Provider Access Standards at HorizonBlue.com/providers_policies.
Prior Authorizations
Members will not need a referral from their PCP to see a behavioral health provider.

- Providers 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 Behavioral Health by checking the statuses of all requests in real time. It also sends providers notification when requests are completed.

- Providers can access Utilization Pre-authorization management tool through NaviNet. Simply select Horizon BCBSNJ 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 1-800-626-2212 (1-800-991-5579 - SHBP) for precertification
## Procedural Standards: Behavioral Health Prior Authorization

<table>
<thead>
<tr>
<th>Requires Authorization</th>
<th>No Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Psychiatric Treatment</td>
<td>In-network Outpatient psychotherapy</td>
</tr>
<tr>
<td>Residential Mental Health</td>
<td>In-network outpatient psychiatric/ Medication Management</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Medication Assisted Treatment – not including actual medication</td>
</tr>
<tr>
<td>Psychological Testing</td>
<td>In-network Outpatient treatment for substance use disorders</td>
</tr>
<tr>
<td>Intensive Outpatient (IOP)</td>
<td>In-network outpatient psychiatric/ Medication Management for substance use disorders</td>
</tr>
<tr>
<td>Repetitive Transcranial Magnetic Stimulation (RTMS)</td>
<td></td>
</tr>
<tr>
<td>ECT</td>
<td></td>
</tr>
<tr>
<td>Medically Managed Detox (ASAM 4.0)</td>
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</tr>
<tr>
<td>Medically Monitored Detox (SUD ASAM 3.7D)</td>
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<tr>
<td>Inpatient SUD Rehab (ASAM 3.7)</td>
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<tr>
<td>Residential SUD (ASAM 3.5)</td>
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</tr>
<tr>
<td>ABA Services</td>
<td></td>
</tr>
</tbody>
</table>

*Verify benefits prior to requesting Prior Authorization*
Credentialing and Demographic Information
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
Access our *Doctor & Hospital Finder* on [HorizonBlue.com](https://www.horizonblue.com) by clicking the *Find a Doctor* link.
Search Options

Use the search boxes to locate participating providers.

Welcome to the
Doctor & Hospital Finder

Category
Doctors

Plan
You MUST select a plan

Location
Within 10 miles
Enter a location

Specialty
All Behavioral Health Specialties

Area of Clinical Expertise
Select an Area of Clinical Expertise

Doctor's Last Name
Exclude: Doctors, Dr., Etc.

SEARCH
## How to Update Your Information

<table>
<thead>
<tr>
<th>Type of Request</th>
<th>Documentation Required</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Relocation or Add New Location                           | 1) Communication from provider  
2) List of providers  
3) W-9                                                                                | Specify whether you are closing an existing office and/or adding an additional location       |
| Add Provider to New Location/Group                       | 1) Communication from provider  
2) List of location(s)  
3) W-9                                                                                |                                               |
| Placing Referrals on Hold                                | 1) Communication from provider                                                           | This does not impact your network participation status                                        |
| Update Other Demographics (hours, phone, fax, suite, languages, age limits, panel limit) | 1) Communication from provider                                                           |                                               |
| TIN Change or Purchase of Another Entity                 | 1) Communication from provider  
2) W-9  
3) List of providers                                                                       | Note whether you are assuming liability of prior TIN                                          |
| Billing and Remittance Change                            | 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                                 | 1) Communication from provider                                                           |                                               |

This information can also be viewed at: [HorizonBlue.com/demographicupdates](HorizonBlue.com/demographicupdates)
Credentialing

• As of October 1, 2019, Horizon BCBSNJ began managing the initial credentialing of non-participating behavioral health professionals and ancillary providers who are seeking to join one of our network(s).

• Please visit HorizonBlue.com/whyjoin for more information on the credentialing process.
  - 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.

  - Ancillary Agreements – submit a request via email to EnterprisePDM@horizonblue.com. Please include the following information:
    • Ancillary Provider Name
    • Ancillary Provider Type/Specialty
    • NPI
    • Location address
    • Contact name, phone number and email address

• 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.
Helpful Hints

• CAQH Tips
  • Current attestation
  • Horizon authorized to access the application
  • Assure that new practitioners joining your group have the group’s location information included in the practice locations
  • Ensure consistency in formatting of office locations
• Leave the effective dates blank in the agreements
• Include all pages of the agreements
• All documents must be sent via mail
• Include all documents on the checklist
• If you have opted out of Medicare, your managed care agreement cannot be processed
• Ensure all documents are up to date
Self Service Tools

✓ **HorizonBlue.com/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
### Horizonblue.com/providers

<table>
<thead>
<tr>
<th>Why Join</th>
<th>Products &amp; Programs</th>
<th>Policies &amp; Procedures</th>
<th>Resources</th>
<th>Forms</th>
<th>News</th>
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<tbody>
<tr>
<td>AIM Specialty Health</td>
<td>eviCore Health Care</td>
<td>Horizon Behavioral Health℠</td>
<td>Horizon Care@Home</td>
<td>Medical Injectables Program</td>
<td>navihealth</td>
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<tr>
<td>Case Management</td>
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<tr>
<td>Chronic Care Program</td>
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<td>Clinical Laboratory Services</td>
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<tr>
<td>BlueCard® Program</td>
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<td>Dental Services</td>
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<td>EDI &amp; EFT Transactions</td>
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<td></td>
<td>Products</td>
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<td></td>
<td>Recognition Programs and Partnerships</td>
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<tr>
<td></td>
<td>Risk Adjustment Overview</td>
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<td></td>
<td>Self Service</td>
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<td></td>
<td>Surgical and Implantable Device Management Program</td>
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<tr>
<td></td>
<td>Value-Based Programs</td>
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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:**
- Utilization Management Request Tool
- Claim Status
- Provider Directory
- Member Eligibility and Benefit
- Financial Reports
- Electronic Referral Submission and Inquiry
- Clinical Reports
- Administrative Reports

To learn more about NaviNet, visit [NaviNet.net](http://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
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
- NaviNet Training
- Network Status Inquiries

Please continue to contact Customer Service for all claims related concerns.
Behavioral Health Provider Relations: Commercial – Network Specialists

<table>
<thead>
<tr>
<th>Dottie Laisi</th>
<th>LaTanya McLean Barkley</th>
<th>Michelle McCusker</th>
<th>Olivia Inniss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>Hunterdon</td>
<td>Burlington</td>
<td>Bergen</td>
</tr>
<tr>
<td>Cape May</td>
<td>Mercer</td>
<td>Camden</td>
<td>Essex</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Morris</td>
<td>Middlesex</td>
<td>Hudson</td>
</tr>
<tr>
<td>Gloucester</td>
<td>Somerset</td>
<td>Salem</td>
<td>Passaic</td>
</tr>
<tr>
<td>Monmouth</td>
<td>Sussex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ocean</td>
<td>Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warren</td>
<td></td>
<td></td>
</tr>
<tr>
<td>856-638-3212</td>
<td>856-638-3227</td>
<td>856-638-3213</td>
<td>973-466-4584</td>
</tr>
<tr>
<td><a href="mailto:Dorothy_Laisi@horizonblue.com">Dorothy_Laisi@horizonblue.com</a></td>
<td><a href="mailto:LaTanya_Barkley@horizonblue.com">LaTanya_Barkley@horizonblue.com</a></td>
<td><a href="mailto:Michelle_McCusker@horizonblue.com">Michelle_McCusker@horizonblue.com</a></td>
<td><a href="mailto:Olivia_Inniss@horizonblue.com">Olivia_Inniss@horizonblue.com</a></td>
</tr>
</tbody>
</table>
# Behavioral Health Provider Relations: Commercial – Ancillary Contracting Specialists

## Ancillary Providers

<table>
<thead>
<tr>
<th>Counties</th>
<th>Network Specialist</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NJ Counties:</strong> Bergen, Cumberland,</td>
<td>Andrew Alleman</td>
<td>1-973-466-6824</td>
<td><a href="mailto:Andrew_Aleman@HorizonBlue.com">Andrew_Aleman@HorizonBlue.com</a></td>
</tr>
<tr>
<td>Essex, Hudson, Monmouth, Morris,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passaic, Somerset, Sussex, Union,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PA Counties:</strong> Lehigh, Monroe,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northampton</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NY Counties:</strong> Bronx, Kings, New</td>
<td>Barbara Slater-Wilson</td>
<td>1-973-466-4063</td>
<td><a href="mailto:Barbara_Slater-Wilson@HorizonBlue.com">Barbara_Slater-Wilson@HorizonBlue.com</a></td>
</tr>
<tr>
<td>York, Orange, Richmond, Rockland,</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Westchester</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>NJ Counties:</strong> Atlantic, Burlington,</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Camden, Cape May, Gloucester, Hunterdon,</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mercer, Middlesex, Ocean, Salem</td>
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<td><strong>PA Counties:</strong> Bucks, Delaware,</td>
<td></td>
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</tr>
<tr>
<td>Philadelphia</td>
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<td></td>
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</tr>
</tbody>
</table>
Important Phone Numbers

Provider Services
1-800-624-1110

Member Eligibility, Authorizations, Appeals, Claims, Care Management
1-800-626-2212
1-800-991-5579 (for SHBP and SEHBP only)

NaviNet
1-888-482-8057

Blue Card Claims
1-888-435-4383
How Do I Stay Informed?

To check the status of the transition or for frequently asked questions, please refer to:

- [HorizonBlue.com/providernews](HorizonBlue.com/providernews)
- [HorizonNJHealth.com/providernews](HorizonNJHealth.com/providernews)
NaviNet
Horizon NJ Health Policies

Review new and updated Horizon NJ Health policies.

Please note - the Clear Claim Connection transaction on NavNet is currently being updated and is unavailable. We apologize for any inconvenience and appreciate your patience.

Horizon NJ Health News and Announcements

► New Information Available: Changes to the Management of the Horizon Behavioral Health Program
► Utilization Management Fax Server Elimination

For more announcements, please click here.
Eligibility and Benefits: Patient Search

You may enter the Member ID or the Medicaid ID in the Member ID search field.
- Member ID Format: 6 or 8 Numeric or YH2 + 6 or 8 Numeric.
- Medicaid ID Format: 12 Numeric.

Search by Member ID

Member ID

Date of Birth:
mm/dd/yyyy

Search by Name

Last Name

First Name

Date of Birth:
mm/dd/yyyy

Data of Service
03/10/2016

Search
## Eligibility and Benefits

**Horizon New Jersey Health**

**MEDICARE Part A (Primary Payer)**

<table>
<thead>
<tr>
<th>Active from 11/31/2015 to 12/31/9999</th>
</tr>
</thead>
</table>

**Insurance Details**
- **Product:** LTSS Custodial Nursing with Medicare
- **Type:** Medicaid

**Health Benefit Plan Coverage**

**Benefit Status:** Active Coverage

**Benefits**
- Chiropractic
- Dental Care
- Diagnostic X-Ray
- Durable Medical Equipment Purchase
- Durable Medical Equipment Rental
- Emergency Services
- Gynecological
- Home Health Care
- Hospital
- Hospital - Emergency Accident
- Hospital - Emergency Medical
- Hospital - Inpatient
- Hospital - Outpatient
- Infertility
- Maternity
- Medical Care
- Mental Health
- MRI/CT Scan

- [Set as default benefit view](#)
CSI – Claims Status Inquiry

NaviNet

Claim Status: Search

You may enter the Member ID or the Medicaid ID in the Member ID search field.
- Member ID format: 6 or 8 Numeric or YHZ > 6 or 8 Numeric.
- Medicaid ID format: 12 Numeric.

Billing Entity
Select Billing Entity...

Patient Details
Last Name
First Name
Member ID
Date of Birth
mm/dd/yyyy

Claim Status Details
Service Start
Service End
12/11/2015
03/10/2016
Claim ID
Optional

Search
<table>
<thead>
<tr>
<th>Claim ID</th>
<th>Patient</th>
<th>Service Date(s)</th>
<th>Billed Amount</th>
<th>Payment Number</th>
<th>Payment Date</th>
<th>Paid Amount</th>
<th>Status</th>
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<tbody>
<tr>
<td>17</td>
<td></td>
<td></td>
<td>$525.00</td>
<td></td>
<td>03/02/2017</td>
<td>$70.63</td>
<td>Finalized</td>
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<tr>
<td>17</td>
<td></td>
<td></td>
<td>$135.00</td>
<td></td>
<td>03/27/2017</td>
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<tr>
<td>17</td>
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<td></td>
<td>$75.00</td>
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<td>04/24/2017</td>
<td>$40.00</td>
<td>Finalized</td>
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</table>
**Claim Status Details**

The claim/encounter has completed the adjudication cycle and no more action will be taken. Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services).

For questions about this claim, contact NJM Provider Services, phone (800) 682-9091

**TOTAL BILLED:** $325.00

**TOTAL PAID:** $70.63

Payment Number: 100715961 (Paid on 03/02/2017)

### Claim and Service Line Details:

<table>
<thead>
<tr>
<th>Service</th>
<th>Units</th>
<th>Date(s)</th>
<th>Revenue Code</th>
<th>Status</th>
<th>Billed Amount</th>
<th>Paid Amount</th>
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<tbody>
<tr>
<td>1</td>
<td>99213</td>
<td>1.0</td>
<td>--</td>
<td>Finalized</td>
<td>$125.00</td>
<td>$40.00</td>
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<tr>
<td>2</td>
<td>93922</td>
<td>1.0</td>
<td>--</td>
<td>Finalized</td>
<td>$200.00</td>
<td>$30.63</td>
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</tbody>
</table>
**Remittance Advice**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Proc/Rev DRG Code</th>
<th>Mod</th>
<th>Description</th>
<th>Qty</th>
<th>Charged Amount</th>
<th>Allowed Amount</th>
<th>Coins</th>
<th>COB</th>
<th>Deductible</th>
<th>Co Pay</th>
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<tr>
<td>Claim Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|                      | 325.00 | 70.63 | 0.00 | 0.00 | 0.00 | 0.00 | 70.63 |
Access Claims Investigation

By default, all Claim Status users can view existing investigations on a claim. To start new investigations or reply to existing ones, however, your Security Officer must give you access. Contact your Security Officer if you have questions.

To access claims investigation, follow these steps:

1. Find your claim.
   a. Go to **Workflows > My Health Plans** and select your health plan.
   b. Under Workflows for This Plan, click **Claim Status**.
   c. On the Claim Status Search Screen, enter the search criteria for the specific claim, and then click **Search**. If the Claim Search Results screen appears, choose a claim. The Claim Status Details screen appears:

   ![Claim Status Details](image)

2. On the upper-right of the screen, click **Investigate**. The Investigate link may not appear for some claims based on the health plan and the status of the claim. Investigation is not available for out-of-area claims. If there are existing investigations about the claim, the Investigation List window appears, as shown in the following screen. If there are no investigations, the Start Investigation window appears.
Start a New Investigation

A new investigation must be about an issue that has not been previously investigated. For example, users in a provider’s office should not create multiple claim investigations for the same reason. NaviNet does not enforce this but recommends it as a best practice.

To start a new investigation, follow these steps:

1. Find the claim in Claim Status, and then click **Investigate**. The Start Investigation window appears unless there are existing investigations about the claim. If the Start Investigation window does not appear, click **Start Investigation** on the left panel, or **Start New Investigation** on the upper-right of the Investigation list window.

*Note: You may not be able to start an investigation based on your user permissions, the health plan, or the status of the claim.*

<table>
<thead>
<tr>
<th>Start Investigation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Harriet Schulenberg</td>
<td></td>
</tr>
<tr>
<td>SER12345678</td>
<td></td>
</tr>
<tr>
<td>Date of Service</td>
<td>01/02/2013</td>
</tr>
<tr>
<td>Claim ID</td>
<td>AAA1234</td>
</tr>
<tr>
<td>Billed Amount</td>
<td>$182.01</td>
</tr>
<tr>
<td>Finalized</td>
<td></td>
</tr>
</tbody>
</table>
Claims Investigation

Investigation List

- Date of Service: 01/02/2013
- Claim ID: AAA1234
- Billed Amount: $182.01

Reason: Select reason for investigation...

Enter investigation details...

2000 characters left

Contact Information

- Name: Omar
- Royal
- Email address...
- Telephone number...

Save as default contact information.

Cancel Send
Follow Up on an Existing Investigation

To follow up on an existing investigation, follow these steps:

1. If you enable pop-up notifications for claim investigation responses, you see a notification when the health plan responds to an investigation that you started or participated in. Click **View Response** to go directly to the investigation to review the response.

2. If you're in Claim Status, find the claim. A red badge appears on the **Investigate** link if the health plan responded to an investigation on the claim and you or another user have not yet viewed it.
Claims Investigation

Investigation List

Harriet Schulenberg
SER12345678
Date of Service: 01/02/2013
Claim ID: AAA1234
Billed Amount: $182.01

- Claim Denied No Auth/Referral
  - Raised on: 11/19/2018
  - Reference: --

- Medicare Membership/Enrollment denial
  - Raised on: 10/30/2018
  - Reference: --

- Claim Denied No Auth/Referral
  - Raised on: 10/30/2018
  - Reference: --

Status Details
Start New Investigation

Finalized
Claims Investigation

Harriet Schulenberg
SER12345678
Date of Service  | Claim ID | Billed Amount | Finalized
01/02/2013      | AAA1234  | $182.01       |

Claim Denied No Auth/Referral
Raised on  | Reference
11/19/2018  | --

Auth User
Authorization was obtained for this date of service. Auth= EXT-1234567 for 12 visits from 10/04/18 to 12/31/18 Please reprocess claim. Thank you.
5. Read the health plan’s response, and then type a reply in the **Add Reply** box, if necessary. You cannot attach documents to an investigation.

6. Click **Send**.

*Note: You may not be able to respond to an investigation based on your user permissions, the health plan, or the status of the claim.*
Please note - the Clear Claim Connection transaction on NaviNet is currently being updated and is unavailable. We apologize for any inconvenience and appreciate your patience.

**Reminder:** Effective April 1, 2017, Horizon NJ Health will require all practitioners to submit claims using their taxonomy codes, National Provider Identifiers (NPI) and Tax ID numbers. After April 1, 2017, all claims that do not include this information will be denied.

**Horizon NJ Health News and Announcements**

- CareAffiliate Provider Search Enhancement
- Prior-Authorization Requirements for Outpatient Facility Based Physical and Occupational Therapy (PT and OT) Services
- Prior Authorization Policy Change for Endodontic Procedures

For more announcements, please click [here](#).
NaviNet Workflows

Clinical Reports
- Admit Report
- Care Gap Query Report
- Discharge Report
- Member Alert Standalone Care Gap Request
- Missing and Overdue Care Gaps Adult Only
- Missing and Overdue Care Gaps All Members
- Missing and Overdue Care Gaps Pediatric Only

Administrative Reports
- Authorization Status Summary
- Claims Appeal Status Report
- Claims Status Summary Report
- Panel Roster Report
- Provider Quality Measures Report
- Referrals without a Visit Report

Financial Reports
- Cap Roster Report

Not all offices have the same report options. NaviNet Security Officer may need to enable permissions to users within the office for specific transactions.
Horizon NJ Health:

Administrative Report Inquiry

Select Report

Please Choose a Report...
- Authorization Status Summary Report
- Claims Appeals Status Report
- Claims Status Summary Report
- Panel Roster Report
- Provider Quality Measures Report
- Referrals Without a Visit Report

You must have the Adobe Reader application on your computer. To request CSV or Excel report file you must have the MS Excel open in Excel format. If you do not have MS Excel on your computer, you will have the option to simply save the report to
Horizon NJ Health:
Administrative Report Inquiry

Select Report
Claims Status Summary Report

Please note, to request a PDF report file you must have the Adobe Reader application on your computer. To request CSV or Excel report file you must have the MS Excel application on your computer. The report will open in Excel format. If you do not have MS Excel on your computer, you will have the option to simply save the report to your computer.

Report Criteria * indicates a required field

Provider or Facility *
Select Provider or Facility...

Claim Status
01-ACCEPTED

Member (Plan) ID

Service Date Range
Up to 60 Days

From Service Date (MM/DD/YYYY) *
03/05/2017

To Service Date (MM/DD/YYYY) *
05/04/2017

Report Format
Excel/CSV PDF

SELECT PAYER ID

SELECT CLAIM STATUS (DEFAULT IS ACCEPTED)

INPUT MEMBER ID (OPTIONAL)

SELECT DATE RANGE (60 DAYS, 180 DAYS, ALL)

INPUT CUSTOM DATE RANGE

REPORT FORMAT - EXCEL OR PDF

Search
<table>
<thead>
<tr>
<th>CLAIM ID</th>
<th>MEMBER ID</th>
<th>MEMBER NAME</th>
<th>SERVICE DATE</th>
<th>CLAIM RECEIVED</th>
<th>BILL AMT</th>
<th>CLAIM STATUS</th>
<th>PAYMENT</th>
<th>EOB EXPLANATION</th>
<th>DISALLOW EXPLANATION</th>
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</tbody>
</table>
Referral Inquiry

Search for Existing Referral

Provider/Facility

123456789

Data Range

DOB

DOE

Optional Details

Member ID

20000

Last Name

PELED

First Name

TWIG

Referral #/Navinet Reference

Create New Referral

Search
### Referrals: Search Results

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</table>
Create New Referral: Patient Search

You may enter the Member ID or the Medicaid ID in the Member ID search field.
- Member ID format: 8 or 8 Numeric
- Medicaid ID format: 12 Numeric.

**Search by Member ID**

- Member ID
- Date of Birth:
  - mm/dd/yyyy

**Search by Name**

- Last Name
- First Name
- Date of Birth:
  - mm/dd/yyyy

**Effective Date**

- 03/10/2016

[Search]
Create New Referral

Effective Date
05/04/2017

Service Type
Select service type ...

Place of Service
Select place of service ...

Number of Visits
Optional

SELECT SERVICE - CONSULTATION OR MEDICAL CARE

PLACE OF SERVICE - OFFICE

NUMBER OF VISITS (OPTIONAL)

Diagnoses
Add Diagnosis ...

No Diagnoses Codes selected ...

DX CODES - 1ST ENTERED IS PRIMARY

Provider or Facility
The physician must call National Imaging Associates (NIA) at 1-800-642-7299 for the following services: CT, MRI/MRA, PET and Nuclear Cardiology. Failure to do so may result in nonpayment of claims.

From
Select Group/Facility ...

To
Select Provider ...

Notes
Enter Clinical Notes ...

View Eligibility & Benefits
NaviNet Support

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
Thank you for your time today

BHNetworkRelations@horizonblue.com