

## Supporting Documentation Requirements for Practitioner Demographic Updates

| Practitioner-Level Request Types  | Additional Supporting Documentation Required  | Comments   |
|---|---|--|
| Update practitioner demographic information   |   |  |
| Practitioner Specialty Change   | <ul style="list-style-type: none"> <li>Completed copy of our <a href="#">Provider Specialty Change Request Form</a></li> </ul>  | We do not credential practitioners in more than one specialty in the Horizon Managed Care Network or Horizon PPO Network.  |
| Practitioner Location Changes <ul style="list-style-type: none"> <li>Linking/Delinking locations within an existing practice</li> </ul> | <ul style="list-style-type: none"> <li>List of practice locations</li> <li>List of affiliated practitioners/NPIs per practice location</li> </ul>   | If the practitioner being delinked is a PCP and has assigned panel members, please advise what should be done with these impacted panel members: <ul style="list-style-type: none"> <li>Will panel members “move” with the practitioner?</li> <li>If panel members are to remain with the practice location, please indicate to which practitioner members may be transferred.</li> </ul>  |
| Practitioner Leaving Practice <ul style="list-style-type: none"> <li>Retirement</li> <li>Move</li> </ul>                                | <ul style="list-style-type: none"> <li>List of practice locations</li> <li>List of affiliated practitioners/NPIs per practice location</li> </ul>   | If a moving practitioner is a PCP and has assigned panel members, please advise what should be done with these impacted panel members: <ul style="list-style-type: none"> <li>Will panel members “move” with the departing practitioner?</li> <li>If panel members are to remain with the practice, please indicate to which practitioner members may be transferred.</li> </ul>   |
| Termination from Network(s)   | <ul style="list-style-type: none"> <li>Termination letters must:               <ul style="list-style-type: none"> <li>Be addressed to the attention of your Network Specialist</li> <li>Be signed by the practitioner</li> <li>Clearly indicate the network Agreement(s) to be terminated.</li> <li>Include the reason for termination</li> </ul> </li> </ul> | Your effective date of termination (unless another date is agreed upon by you and Horizon BCBSNJ) will be: <ul style="list-style-type: none"> <li>90 days following the receipt of your termination letter from our Horizon Managed Care Network.</li> <li>30 days following the receipt of your termination letter from our Horizon PPO Network.</li> </ul> <p>These 90- and 30-day periods leading up to your effective date of termination do not run concurrently with our Continued Provision of Care periods (review our <i>Participating Physician and Other Health Care Professional Office Manual</i> for more information).</p> <p>Please note that a practitioner cannot elect to cease participating solely for Medicare Advantage (MA) plan members. Practitioners who no longer wish to participate for MA plan members must terminate completely from our Horizon Managed Care Network.</p> |