



Horizon Blue Cross Blue Shield of New Jersey

ELECTRONIC FUND TRANSFER ENROLLMENT FORM ANCILLARY FACILITIES ONLY

The Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) Electronic Funds Transfer (EFT) Enrollment Form is **ONLY** for Ancillary Facilities. If your organization is an Ancillary Facility who bills services via the UB04 Hard Copy Claim Form or HIPAA ANSI X12 837 Institutional electronic format, then please complete the EFT Enrollment Form to register for the Horizon BCBSNJ EFT Program.

Ancillary Facilities that qualify to use the Horizon BCBSNJ EFT Enrollment Form are:

- Acute Rehabilitation Centers
- Ambulance Providers
- Ambulatory Surgery Centers
- Comprehensive Rehabilitation Centers (CORF)
- Dialysis Centers
- Home Health Care Agencies (Who Bill via UB04 or 837I format)
- Hospice Providers
- Skilled Nursing Facilities

If you **ARE** an Ancillary Professional Provider and bill services using the CMS 1500 Hard Copy Claim or HIPAA ANSI X12 837 Professional Claim format, then you cannot use the Horizon BCBSNJ EFT Ancillary Enrollment Form. You **MUST** register for the Horizon BCBSNJ EFT Program via NaviNet.

Professional Providers can register for the Horizon BCBSNJ EFT Program via NaviNet.net

Copy and Paste Link to Internet Browser:

<http://www.horizonblue.com/providers/services-programs/edi-eft-transactions>

Proceed to:

Registration for Professionals

EFT registration for participating physicians, other health care and ancillary professionals is performed through NaviNet®. To register for EFT, sign in to www.NaviNet.net, access the Horizon BCBSNJ Plan Central page and go to > Claim Management > EFT Registration > Enroll.

Once you enroll, we will perform two test deposits (under a dollar) into the bank account you indicated.

You must confirm receipt of the test deposits within 30 days to complete your EFT registration. Once you confirm that the tests were successful, it takes only 2 to 4 business days before EFTs begin.

If you're not yet registered with NaviNet, please visit www.NaviNet.net and click 'sign up.'



Horizon Blue Cross Blue Shield of New Jersey

Please complete the Horizon BCBSNJ Ancillary EFT Enrollment Form, include a voided check, and mail to:

Horizon Blue Cross Blue Shield of New Jersey
3 Penn Plaza East – PP14K
Newark, NJ 07105-2200
Attn: Ancillary Reimbursement – EFT Enrollment

Missing information will delay your organization participation in the Horizon BCBSNJ EFT Program.

A VOIDED CHECK must be included with the enrollment form to verify and ensure account information accuracy.

To ensure no interruption in your ACH service, please provide future bank change(s) information in writing at least 30 days prior to the requested change. Information must be provided on your organization letterhead and submitted to your Ancillary Reimbursement Analyst

Please complete the Horizon BCBSNJ Ancillary EFT Enrollment Form Sections listed below. Missing information will delay your organization participation in the Horizon BCBSNJ EFT Program. A Glossary containing field names and descriptions is available on pages 4 and 5.

Provider Information Section

Provider Name: _____

Provider Address: _____

City: _____ State: _____ ZIP Code: _____

Provider Identifiers Information Section

Provider Federal Tax ID (TIN) OR Employer ID Number (EIN): _____

National Provider Identifier (NPI): _____

Other Identifier - Assigning Authority (MCARE UPIN Number): _____

Please select from the following Provider Type:

- Acute Rehabilitation Center
Comprehensive Rehabilitation Centers (CORF)
Home Health Care Agencies (Who Bill via UB04 or 837I format)
Skilled Nursing Facilities
Ambulance Providers
Ambulatory Surgery Centers
Dialysis Centers
Hospice Providers

Provider Contact Information Section

Provider Contact Name: _____ Title: _____

Telephone Number: _____ Ext: _____

Email Address: _____



Horizon Blue Cross Blue Shield of New Jersey

Financial Institution Information Section

Financial Institution Name: _____

Financial Institution Routing Number: _____

Type of Account at Financial Institution:

- CHECKING SAVINGS OTHER

Provider's Account Number with Financial Institution: _____

Please select Account Number Linkage to Provider Identifier: _____

Provider Tax Identification Number (TIN) **OR** National Provider Identifier (NPI): _____

Horizon BCBSNJ EFT Enrollment Form Submission Information Section

Please select form submission reason:

- New Enrollment *Change Enrollment Cancel Enrollment

* Please direct any future changes to your banking information to your Ancillary Reimbursement Analyst in writing at least 30 days prior to the change to ensure there will be no interruption in your ACH service.

Include with Enrollment Submission

Documentation that MUST be included with the Horizon BCBSNJ EFT Enrollment Form Section

A Voided Check or Financial Institution Letterhead that includes Routing Number, Account Number and other Identification information must be submitted with the enrollment form. Please select one:

- Voided Check **OR** Bank Letter

Horizon BCBSNJ EFT Enrollment Form Authorized Signature Section

X

Authorized Signature of Person Submitting Horizon BCBSNJ EFT Enrollment Form

Authorized Printed Name of Person Submitting Enrollment

Printed Title of Person Submitting Enrollment

Submission Date



Horizon BCBSNJ EFT Enrollment Form Field Names and Description Glossary

PROVIDER INFORMATION SECTION

Provider Name	Complete legal name of institution, corporate entity, practice or individual provider
Provider Address	
Street	The number and street name where a person or organization can be found
City	Associated with provider address field 12 ISO 3166-2 T
State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country
ZIP Code/Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities (15 characters)

PROVIDER IDENTIFIERS INFORMATION SECTION

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity (9 digits)
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) (10 digits) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions
Other Identifiers	
Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid Required if Identifier is collected
Provider Type	A proprietary health plan-specific indication of the type of provider being enrolled for EFT with specific provider type description included by the health plan in its instruction and guidance for EFT enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)

PROVIDER CONTACT INFORMATION SECTION

Provider Contact Name/Title	Name of a contact in provider office for handling EFT issues
Telephone Number Extension	Associated with contact person (10 digits)
Email Address	An electronic mail address at which the health plan might contact the provider



FINANCIAL INSTITUTION INFORMATION SECTION

Financial Institution Name	Official name of the provider’s financial institution
Financial Institution Routing Number	A 9-digit identifier of the financial institution where the provider maintains an account to which payments are to be deposited (9 digits)
Type of Account at Financial Institution	The type of account the provider will use to receive EFT payments, e.g., Checking, Saving
Provider’s Account Number with Financial Institution	Provider’s account number at the financial institution to which EFT payments are to be deposited
Account Number Linkage to Provider Identifier	Provider preference for grouping (bulking) claim payments – must match preference for v5010 X12 835 remittance advice
	Provider Tax Identification Number (TIN)
	National Provider Identifier (NPI)

SUBMISSION INFORMATION SECTION

Reason for Submission	New Enrollment Change Enrollment Cancel Enrollment
Include with Enrollment Submission	Voided Check A voided check is attached to provide confirmation of Identification/Account Numbers Bank Letter A letter on bank letterhead that formally certifies the account owners routing and account numbers
Authorized Signature	The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment Written Signature of Person Submitting Enrollment A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity Printed name of Person Submitting Enrollment The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment Printed Title of Person Submitting Enrollment The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment
Submission Date	The date on which the enrollment is submitted CCYYMMDD