



Questions? Please contact your EDI solutions reseller for help with EDI enrollment forms.
03/25/2011 (IE)

<http://www.horizonbcbsnj.com/providers.html?WT.svl=hometab>

Blue Cross Blue Shield- New Jersey Horizon BCBS Enrollment Instructions – Professional Claims & ERA

- ✓ **BEFORE enrolling, you MUST have a Practice Insight EDI customer account # with billing provider record added.** Please contact your EDI solutions reseller to confirm your EDI account setup.
- ✓ **Make sure all required information is complete and accurate.** Recheck provider numbers to be sure they are valid and accurate. Invalid or incorrect provider IDs will cause the enrollment to be delayed or rejected.
- ✓ **Make a copy of the completed enrollment pages.** Note the date and method of submission. Keep a copy of the completed request in case you should need to follow up or resubmit.

**FAX COMPLETED FORMS TO-
BCBS NJ EDI SERVICES
973-274-4353**

837- CLAIMS and 835 ERAS (NEW OR CHANGE OF SERVICE)

All providers who wish to send claims electronically to this payer, or who wish to receive ERAS (electronic remits) from this payer, must complete this form.

1. Horizon BCBS NJ ELECTRONIC TRANSACTION AUTHORIZATION (2 pages)

IMPORTANT: Please see the next 4 pages—there are 2 sets of the same 2-page form. Each set has been pre-printed with specific information depending upon the specific services that the Provider wants—

For 837-CLAIMS and 835-ERAS -- Use pre-printed version of the form on NEXT TWO PAGES.

For 837- CLAIMS ONLY -- Use pre-printed version of the form on LAST TWO PAGES.

NOTE TO Providers billing with Multi Specialties.... When completing Page 1 of the Electronic Transaction Authorization Form, be sure to include all "ALPHA SUFFIX(s)" that BCBS NJ has on file for this provider. If the Alpha Suffix(s) are not included, claims billed for these specialties will not be included in the enrollment to receive edi services, such as 835/ERAs. Contact Provider Relations at BCBS NJ if you need to clarify all the Alpha Suffix(s) on file for your provider.

ALLOW 2-4 WEEKS FOR PROCESSING

If you do not receive confirmation within 30 days, contact your reseller for assistance or call Horizon BCBS New Jersey EDI at (888) 334-9242.



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work.

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY
ELECTRONIC TRANSACTION AUTHORIZATION FORM

Health Care Professional, Hospital, Facility or Trading Partner Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact: _____

Phone: _____ Fax: _____

E-mail Address: _____

Tax ID: _____
(Required for Hospital, Facility, Physician & Other Health Care Professional)

Group NPI Number: _____

Individual NPI Number: _____

Alpha Suffix(s): _____
(Required for Multi specialty Groups with assigned suffix)

Sub Part ID Number: _____

Hospital and Facility Number: _____
(Required for Hospital and Facility only)

Sub Part ID Number: _____

Mode of Transmission:

Please check only one.

Table with 2 columns: Specific to, Rules and Regulations. Rows include HorizonNet 2000, Clearinghouse or Billing Service, and Hospital, Facility, Physician or Other Health Care Professional Programming Horizon BCBSNJ Specification.

*If you checked Software Vendor, Clearinghouse or Billing Service ("Trading Partner"), please provide the name of your software vendor, clearinghouse, or billing service below:

Name of Trading Partner: _____

Electronic Transactions Available

Please check **ONLY** the electronic transactions that you are applying for:

<p>Claims:</p> <p><input type="checkbox"/> Physician or other Health Care Professional Or</p> <p><input type="checkbox"/> Hospital or Facility</p>	<p>We agree that the information on claims submitted electronically will be true, accurate and complete; and agree to keep such records as are necessary to disclose fully the extent of services and allow Horizon BCBSNJ reasonable access to all source documents and medical records related to any claim. We accept the liability for all claims submitted to Horizon BCBSNJ and will promptly refund any overpayment made by Horizon BCBSNJ on electronic claims. We realize that anyone who falsifies electronic claims information may, on conviction, be subject to fines and/or imprisonment under Federal Law. We agree that it is our responsibility to reconcile claim response reports / messages received from Horizon BCBSNJ, including acknowledgement of claim receipt from Horizon BCBSNJ, to assure our claims were received by Horizon BCBSNJ.</p>
<p><input type="checkbox"/> Requests for Authorization (Req Auth)</p>	<p>We agree that any and all Req Auths sent electronically contain true, accurate and complete information. We agree that it is our responsibility to assure that Horizon BCBSNJ has received our Req Auths by reconciling response reports returned to us.</p>
<p><input type="checkbox"/> Eligibility</p>	<p>We realize that the eligibility information returned by Horizon BCBSNJ is contingent on the information available at the moment of transmission. We understand that eligibility for a particular patient may change between the time of inquiry and the time the claim is processed. Payment determinations will be made based on eligibility at the time that services are provided.</p>
<p><input type="checkbox"/> Referrals</p>	<p>We agree that any and all information contained on our electronic referrals is based on medical necessity. We understand that acceptance of this referral does not guarantee payment. We understand that payments are determined based on contracts and contract limitations. We agree that it is our responsibility to assure that Horizon BCBSNJ has received our referrals by reconciling response reports returned to us.</p>
<p><input type="checkbox"/> Payment Advice (Electronic Remittance)</p> <p><input type="checkbox"/> Opt Out*</p>	<p>We realize that the payment advice information returned by Horizon BCBSNJ is contingent on the information available at the moment of transmission. Payment determinations will be made based on eligibility at the time that services are provided, and may be subject to change.</p> <p>*Check this box if you wish to opt out of receiving an out-of-state Medicare Crossover 835.</p>
<p><input type="checkbox"/> Premium Payment</p>	<p>We realize that this transaction is used for the purpose of reporting payroll deducted and other group premiums for all users sending premium payments to Horizon BCBSNJ. We agree that it is our responsibility to ensure funds are available to cover premiums.</p>
<p><input type="checkbox"/> Benefit Enrollment</p>	<p>We agree that the information submitted electronically will be true, accurate and complete. We realize this transaction is used only to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to Horizon BCBSNJ. We accept the liability for all files submitted to Horizon BCBSNJ.</p>
<p><input type="checkbox"/> Claim Status</p>	<p>We realize that the request for the status of a health care claim or encounter is contingent on the claim information available at the time of transmission.</p>

Signature

Title

Print / Type Name

Date

Mail or Fax completed form to:

Horizon Blue Cross Blue Shield of New Jersey
 EDI Services PP-11C
 3 Penn Plaza East
 Newark, NJ 07105-2200
 Fax Number: 1-973-274-4353



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Signature

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Print / Type Name

Date

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 3 Penn Plaza East
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