



Electronic Remittance Advice (ERA) Authorization Agreement

DeCare - Horizon Blue Cross Blue Shield (Commercial)

Attention Providers:

In order to start receiving your ERAs DeCare - Horizon Blue Cross Blue Shield (Commercial) through EDS, you will need to complete the attached ERA Application.

Payer:	DeCare - Horizon Blue Cross Blue Shield (Commercial)
Payer ID:	22099
For Enrollment Questions:	Contact the EDS Enrollment Department at (800) 482-3518 or Enrollment@edsedi.com
Enrollment Application:	HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY 835 ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM
Upload, Email or Fax Application to:	USend completed forms to: Enrollment@edsedi.com Fax (651)389-9152
By enrolling for this Payer it will enroll you for the Payers listed below	
22099 Horizon Commercial 22099 DeCare - Horizon Blue Cross Blue Shield (Commercial) 22099 Horizon Blue Cross Blue Shield - DeCare 22099 Horizon BCBSNJ 22099Y Horizon (Sub ID YHV, YKI, YHZ)	
Approval Process and Timeframes:	Payer estimates 30 business days for processing.

11/22/21





Horizon Blue Cross Blue Shield of New Jersey

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY 835 ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

The Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) Electronic Remittance Advice (ERA) Enrollment Form is **ONLY** for distribution by authorized Horizon BCBSNJ Trading Partners. Providers interested in participating in the Horizon BCBSNJ ERA Program must complete the ERA Enrollment Form and submit to an authorized Horizon BCBSNJ Trading Partner. Please e-Mail HorizonEDI@HorizonBlue.com for a current Authorized Horizon BCBSNJ ERA Trading Partners List. Missing information will delay your organization participation in the Horizon BCBSNJ ERA Program.

Provider Information Section

Provider Name: _____

Provider Street Address: _____

City: _____ State/Province: _____ ZIP Code/Postal: _____

Provider Identifiers Information

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

National Provider Identifier (NPI): _____

Other Identifier(s) - Assigning Authority (MCARE UPIN Number, Suffix, etc.): _____

Provider Contact Information Section

Provider Contact Name: _____

Telephone Number: _____ Telephone Number Extension: _____

Email Address: _____

Electronic Remittance Advice Information

Preference for Aggregation of Remittance Data (select one from below)

Provider Tax Identification Number (TIN): _____

National Provider Identifier (NPI): _____

Method of Retrieval: _____

The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)



Horizon Blue Cross Blue Shield of New Jersey

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name: _____

Clearinghouse Contact Name: _____

Clearinghouse Telephone Number: _____

Clearinghouse Email Address: _____

Electronic Remittance Advice Vendor Information

Vendor Name: _____

Vendor Contact Name: _____

Vendor Telephone Number: _____

Vendor Email Address: _____

Submission Information

Reason for Submission (select one from below)

- New Enrollment
- Change Enrollment
- Cancel Enrollment

Authorized Signature (select from below):

Electronic Signature of Person Submitting Enrollment: _____

Written Signature of Person Submitting Enrollment: _____

Printed Name of Person Submitting Enrollment: _____

Printed Title of Person Submitting Enrollment: _____

Submission Date: _____

Submit completed form via Mail, e-Mail, or Fax to:

Horizon Blue Cross Blue Shield of New Jersey
 EDI Services PP-11C
 3 Penn Plaza East
 Newark, NJ 07105-2200
 Attention: Horizon-BCBSNJ ERA Enrollment

HorizonEDI@HorizonBlue.com

Fax Number: 1-973-274-4353



Horizon BCBSNJ ERA Enrollment Form Glossary

Field Name	Description
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
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
PROVIDER IDENTIFIERS INFORMATION SECTION	
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
National Provider Identifier (NPI)	A Health Insurance Portability and Accountability Act (HIPAA) 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	<ul style="list-style-type: none"> • Assigning Authority - Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid • Trading Partner ID - The provider's submitter ID assigned by the health plan or the provider's clearinghouse or vendor
PROVIDER CONTACT INFORMATION SECTION	
Provider Contact Name/Title	Contact Name of a contact in provider office for handling ERA issues
Telephone Number Telephone Number Extension	Associated with contact person
Email Address	An electronic mail address at which the health plan might contact the provider



ELECTRONIC REMITTANCE ADVICE INFORMATION SECTION	
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)	Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment <ul style="list-style-type: none"> • Provider Tax Identification Number (TIN) • National Provider Identifier (NPI)
Method of Retrieval	The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)
CLEARINGHOUSE INFORMATION SECTION	
Clearinghouse Name	Official name of the provider’s clearinghouse
Clearinghouse Contact Name	Name of a contact in clearinghouse office for handling ERA issues
Telephone Number	Telephone number of contact
Email	Address An electronic mail address at which the health plan might contact the provider’s clearinghouse
VENDOR INFORMATION SECTION	
Vendor Name	Official name of the provider’s vendor
Vendor Contact Name	Name of a contact in vendor office for handling ERA issues
Telephone Number	Telephone number of contact
Email Address	An electronic mail address at which the health plan might contact the provider’s vendor
SUBMISSION INFORMATION SECTION	
Reason for Submission	New Enrollment Change Enrollment Cancel Enrollment
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 Electronic Signature of Person Submitting 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 The printed title of the Person Submitting Enrollment person signing the form; may be used with electronic and paper-based manual
Submission Date	The date on which the enrollment is submitted CCYYMMDD23