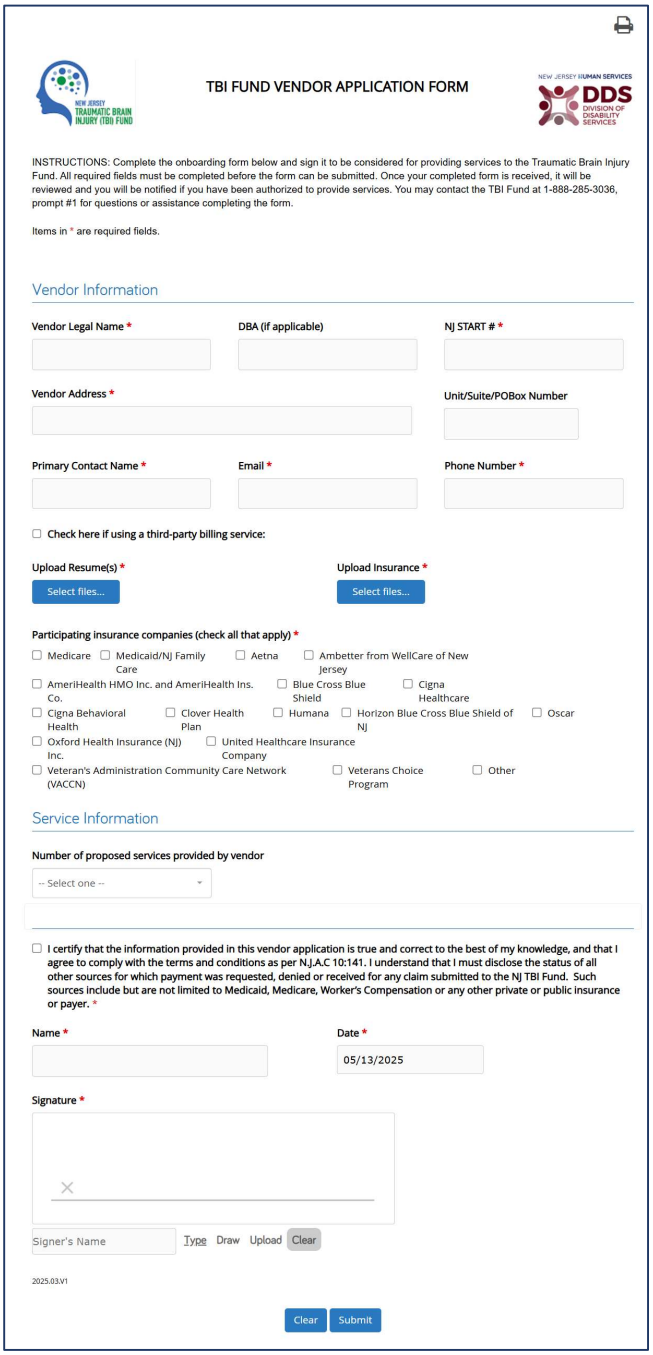
TBI Vendor Application Form Quick Start Guide

A vendor who wants to offer services to the **Traumatic Brain Injury Fund (TBI)** can find instructions on how to complete the form in this guide.

1. Navigate to the following link: https://njdhs.prod.simpligov.com/prod/portal/ShowWorkFlow/AnonymousEmbed/c0617988-75b5-42d4-84ec-1664a16ba112

   The following form is displayed:



TBI FUND VENDOR APPLICATION FORM

INSTRUCTIONS: Complete the onboarding form below and sign it to be considered for providing services to the Traumatic Brain Injury Fund. All required fields must be completed before the form can be submitted. Once your completed form is received, it will be reviewed and you will be notified if you have been authorized to provide services. You may contact the TBI Fund at 1-888-285-3036, prompt #1 for questions or assistance completing the form.

Items in * are required fields.

Vendor Information

Vendor Legal Name *
DBA (if applicable)
NJ START # *
Vendor Address *
Unit/Suite/POBox Number
Primary Contact Name *
Email *
Phone Number *
Check here if using a third-party billing service:
Upload Resume(s) *
Select files...
Upload Insurance *
Select files...
Participating insurance companies (check all that apply) *
Medicare
Medicaid/NJ Family Care
Aetna
Ambetter from WellCare of New Jersey
AmeriHealth HMO Inc. and AmeriHealth Ins. Co.
Blue Cross Blue Shield
Cigna Healthcare
Cigna Behavioral Health
Clover Health Plan
Humana
Horizon Blue Cross Blue Shield of NJ
Oscar
Oxford Health Insurance (NJ) Inc.
United Healthcare Insurance Company
Veteran's Administration Community Care Network (VACCN)
Veterans Choice Program
Other

Service Information

Number of proposed services provided by vendor
-- Select one --

I certify that the information provided in this vendor application is true and correct to the best of my knowledge, and that I agree to comply with the terms and conditions as per N.J.A.C 10:141. I understand that I must disclose the status of all other sources for which payment was requested, denied or received for any claim submitted to the NJ TBI Fund. Such sources include but are not limited to Medicaid, Medicare, Worker's Compensation or any other private or public insurance or payer. *

Name *
Date *
05/13/2025
Signature *
Signer's Name
Type Draw Upload Clear
2025.03.V1
Clear Submit

2. Enter the required information.

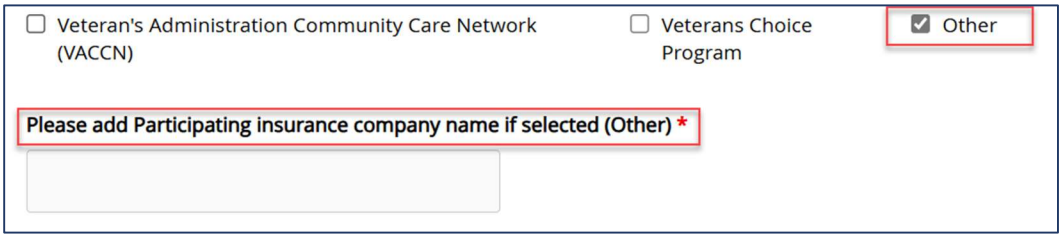
3. Enter the required information.
4. If relevant, select the **Check here if using a third-party billing service:** box.

Note: If the check box is selected, an additional section is displayed. Please enter the required information.

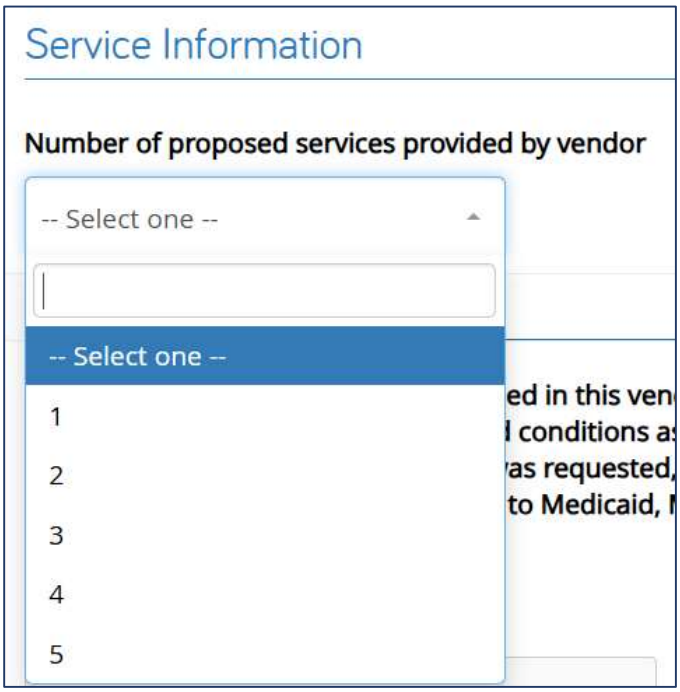
5. Upload the required files.

6. Select the **Participating insurance companies (check all that apply)**.

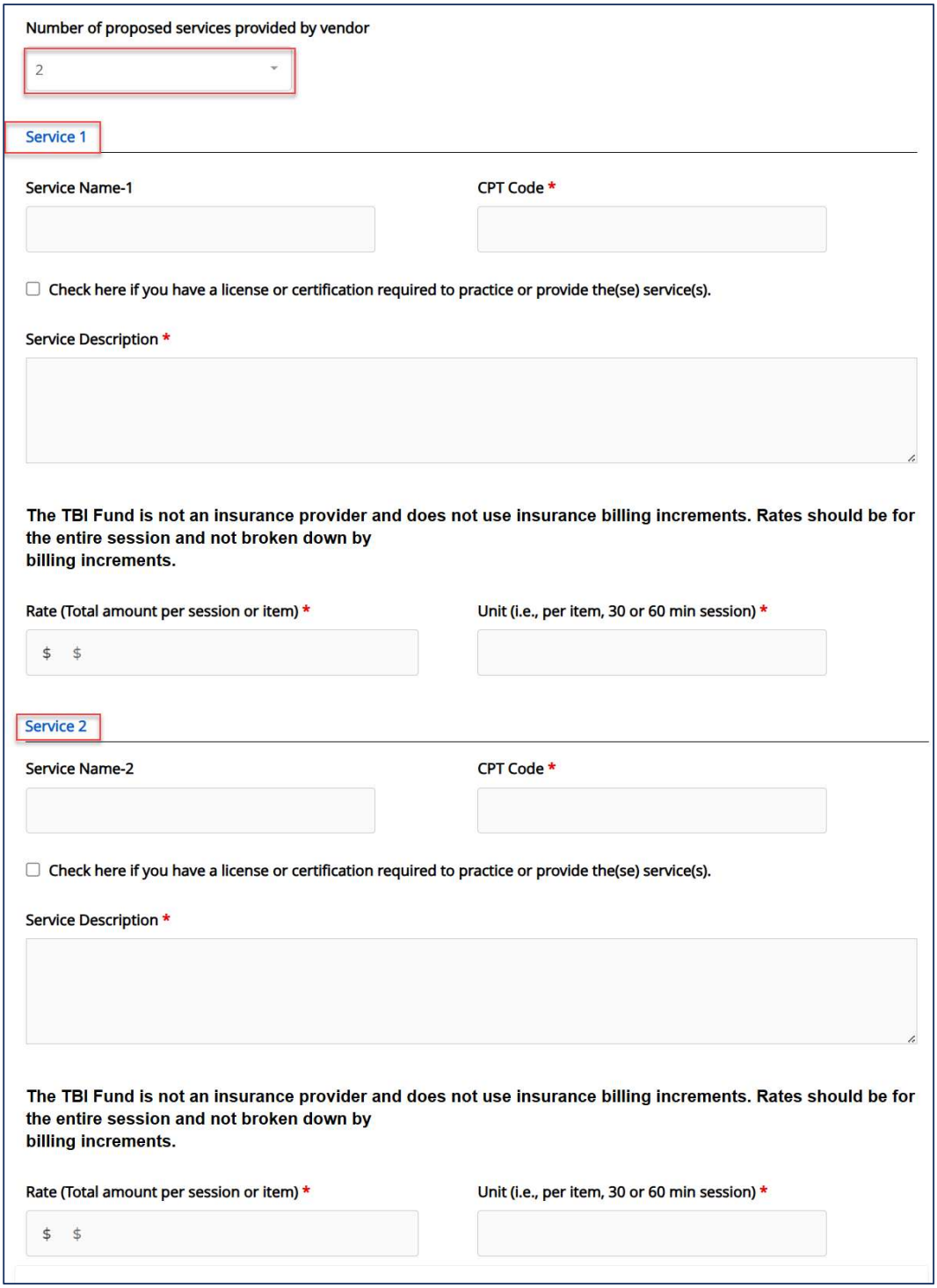
Note: An additional field is displayed if Other is selected. Please include the necessary details.



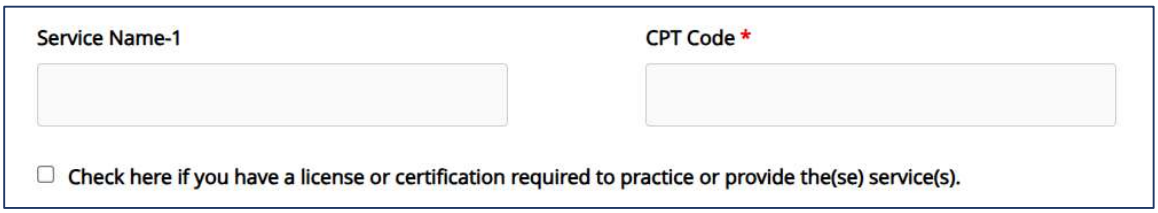
7. If relevant, select the **Number of proposed services provided by the vendor** drop-down menu.



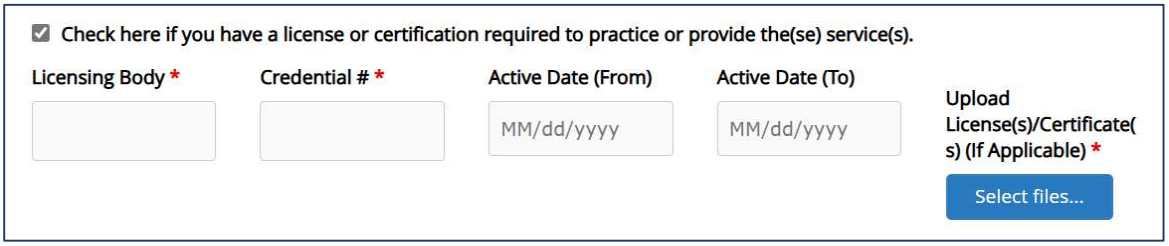
Note: The additional sections displayed are determined by the vendor's selection of the number of proposed services.



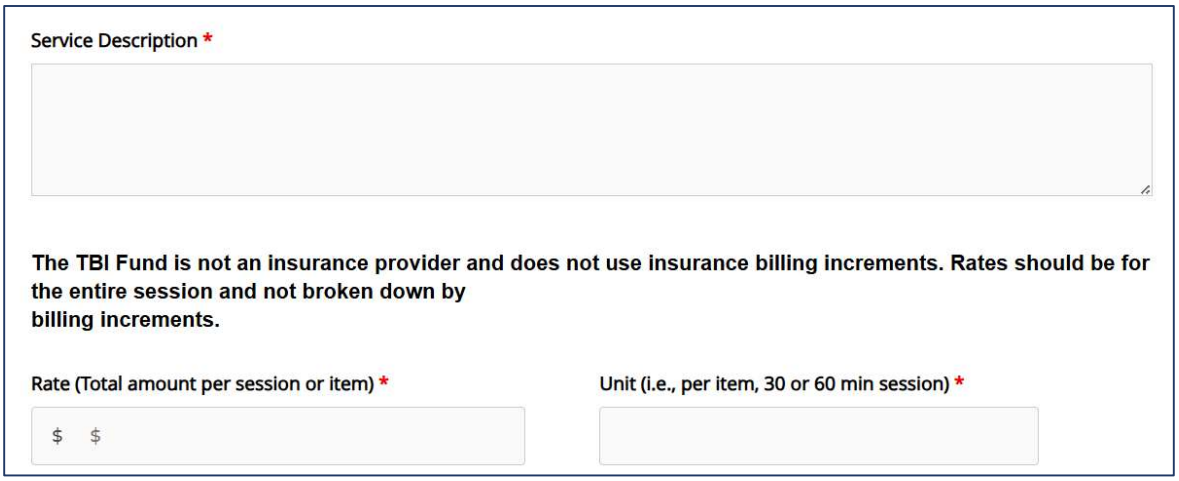
8. Enter the relevant and required information.
9. If relevant, select **Check here if you have a license or certification required to practice or provide the(se) service(s)**.



Note: If the check box is selected, please enter the required and relevant information.

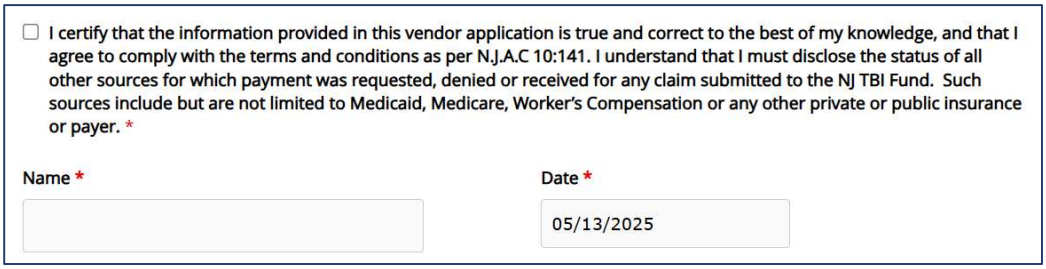


10. Enter the required information.

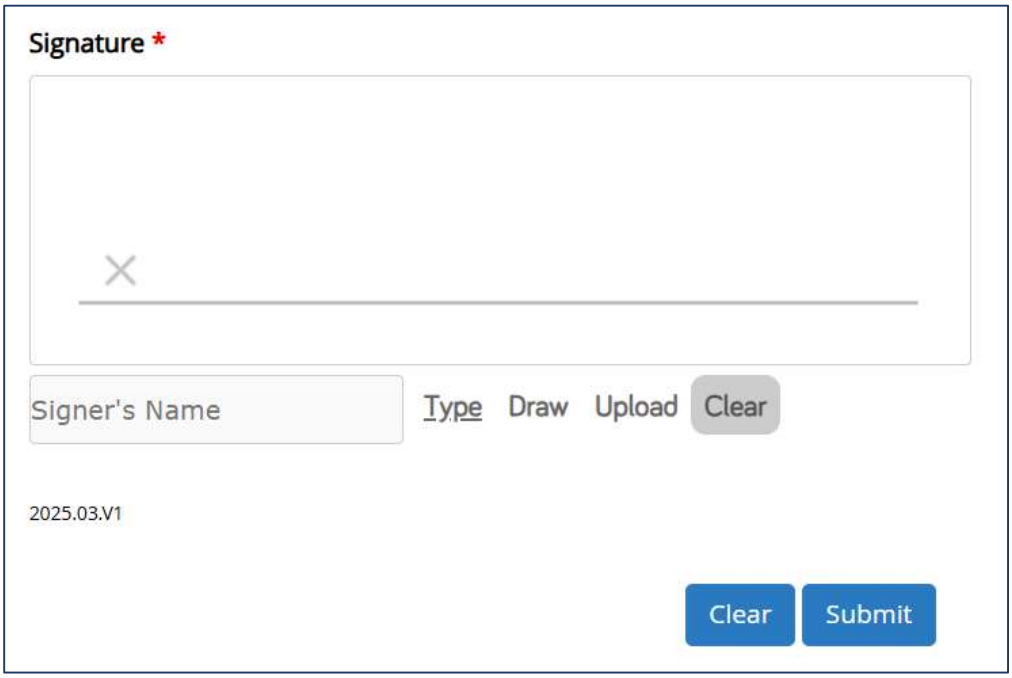


11. Select the **I certify** box.
12. Enter a **Name**.

Note: The Date is automatic and cannot be changed.



13. **Type**, **Draw**, or **Upload** a **Signature**.
14. Select **Submit**. To clear the form, select **Clear**.



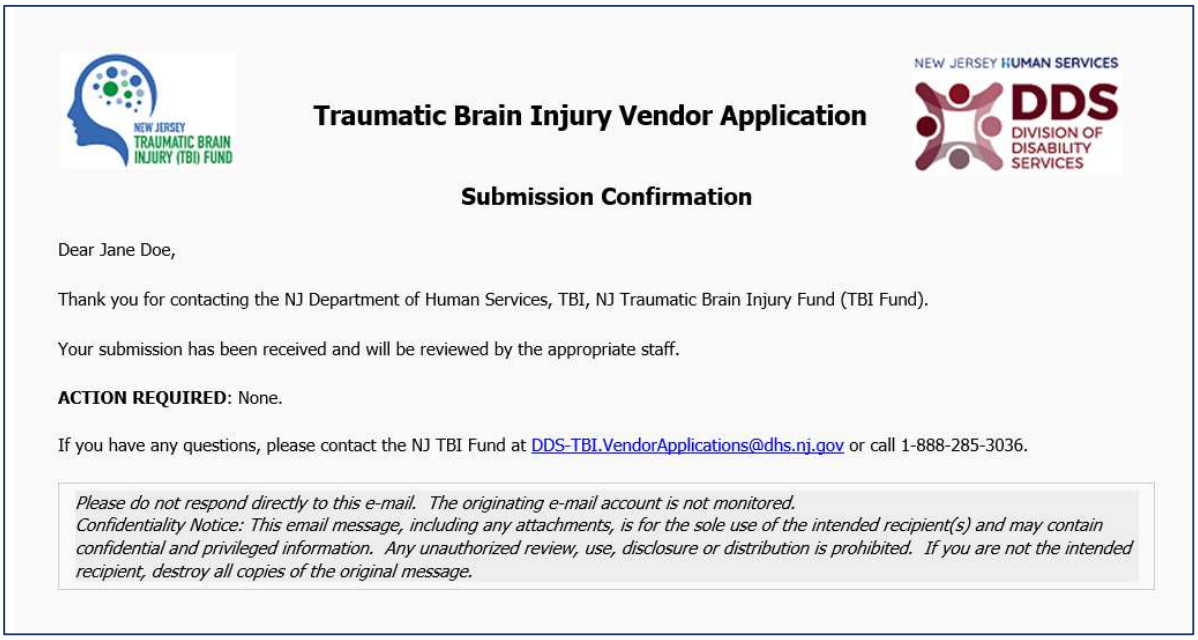
The following message is displayed once the form has been submitted.

Email Notifications

An email notification is sent to the vendor each time they submit or resubmit a TBI Vendor Form. The vendor can receive a request for additional information, an approved/partially approved, or rejected email notification from a TBI vendor staff. Each service applied for on the application receives its own individual status outcomes. An email notification is sent requesting additional information, even if this applies to just one service. The vendor receives an email notification indicating whether an application has been approved or whether certain services have been approved, while others have been rejected. The rejected email notification is sent to the vendor if the application has not been approved.

Submission Confirmation Email Notification

The vendor receives a confirmation email once the form has been submitted.



Traumatic Brain Injury Vendor Application

Submission Confirmation

Dear Jane Doe,

Thank you for contacting the NJ Department of Human Services, TBI, NJ Traumatic Brain Injury Fund (TBI Fund).

Your submission has been received and will be reviewed by the appropriate staff.

ACTION REQUIRED: None.

If you have any questions, please contact the NJ TBI Fund at DDS-TBI.VendorApplications@dhs.nj.gov or call 1-888-285-3036.

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.
Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, destroy all copies of the original message.

Request for Additional Information

The vendor receives the following email notification if additional information is needed. The procedure below explains how to review and add the information required. For examples of where to find the information that is requested on the form, see **Request for Additional Information by the TBI Analyst on page 9** or **Request for Additional Information by the TBI Supervisor on page 10**.

1. Select **Review Online.**

Traumatic Brain Injury Vendor Application

Request for Additional information

Dear John Smith,

We received a vendor application to the NJ Traumatic Brain Injury (TBI). After review, additional information is requested.

ACTION REQUIRED: **Review online** to provide additional information. Click Submit once done.

Please find Vendor's information below:

Vendor Legal Name: John Smith

NJ START #: 3343
Vendor Address: 216, Engle Street, Englewood, New Jersey, Bergen County, 07631

Primary Contact Name: John Smith
Email: roni.cohen@dhs.nj.gov
Phone Number: (123) 456-7879

If you have any questions, please contact the NJ TBI Fund at DDS-TBI.VendorApplications@dhs.nj.gov or call 1-888-285-3036.

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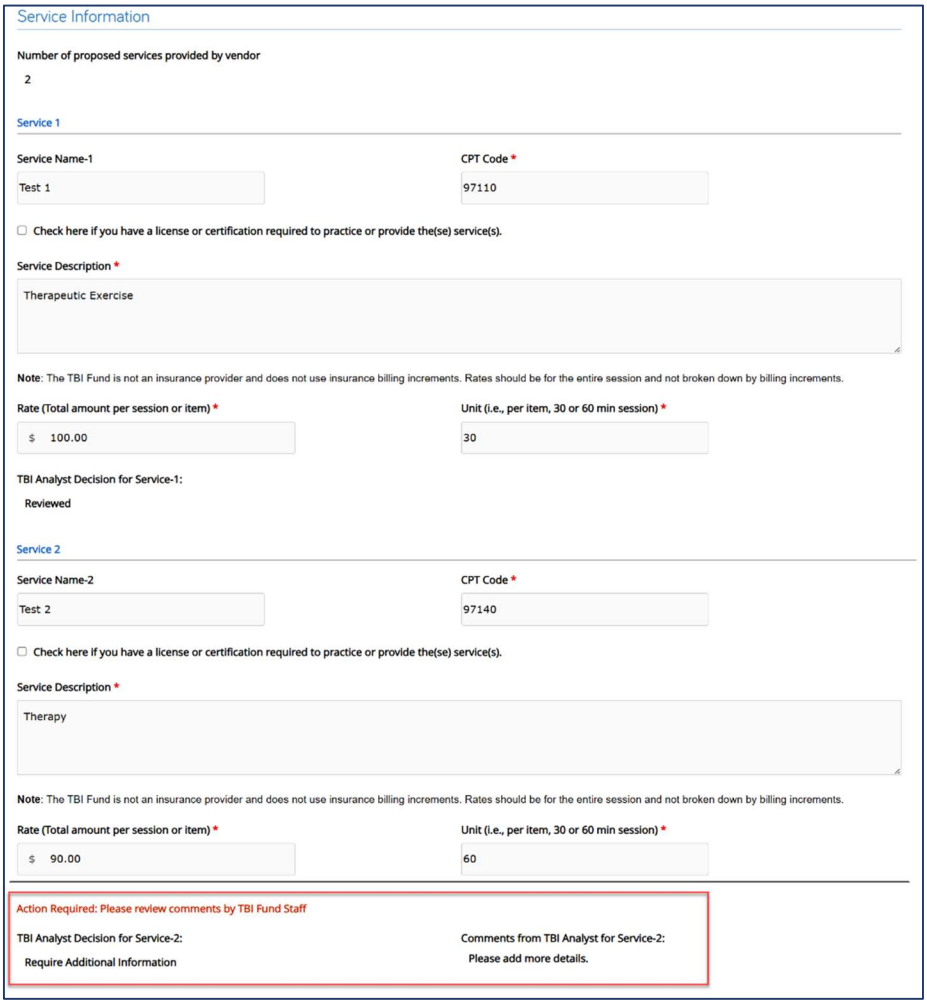
2. Once the form is displayed, scroll down to the **Services** section.
3. Search for the **Service** that says "**Action Required: Please review comments by TBI Fund Staff,**" highlighted in red.
4. Review the comment and make the relevant edits/ changes.

Note: The TBI Analyst or TBI Supervisor may request additional information. See the examples below.

Request for Additional Information by the TBI Analyst



Service Information

Number of proposed services provided by vendor

2

Service 1

Service Name-1

Test 1

CPT Code *

97110

☐ Check here if you have a license or certification required to practice or provide the(se) service(s).

Service Description *

Therapeutic Exercise

Note: The TBI Fund is not an insurance provider and does not use insurance billing increments. Rates should be for the entire session and not broken down by billing increments.

Rate (Total amount per session or item) *

$ 100.00

Unit (i.e., per item, 30 or 60 min session) *

30

TBI Analyst Decision for Service-1:

Reviewed

Service 2

Service Name-2

Test 2

CPT Code *

97140

☐ Check here if you have a license or certification required to practice or provide the(se) service(s).

Service Description *

Therapy

Note: The TBI Fund is not an insurance provider and does not use insurance billing increments. Rates should be for the entire session and not broken down by billing increments.

Rate (Total amount per session or item) *

$ 90.00

Unit (i.e., per item, 30 or 60 min session) *

60

Action Required: Please review comments by TBI Fund Staff

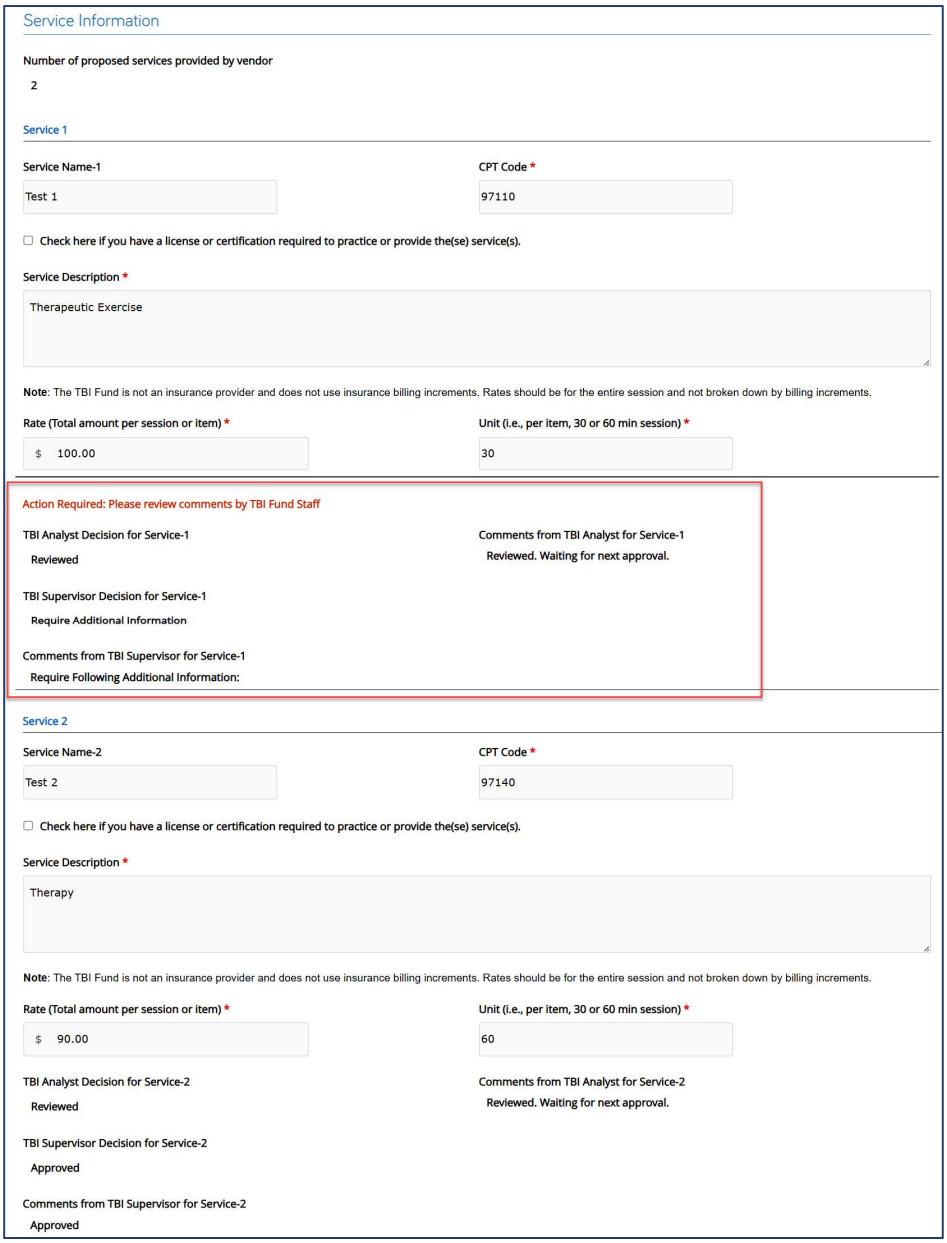
TBI Analyst Decision for Service-2:

Require Additional Information

Comments from TBI Analyst for Service-2:

Please add more details.

Request for Additional Information by the TBI Supervisor



Service Information

Number of proposed services provided by vendor

2

Service 1

Service Name-1

Test 1

CPT Code *

97110

☐ Check here if you have a license or certification required to practice or provide the(se) service(s).

Service Description *

Therapeutic Exercise

Note: The TBI Fund is not an insurance provider and does not use insurance billing increments. Rates should be for the entire session and not broken down by billing increments.

Rate (Total amount per session or item) *

$ 100.00

Unit (i.e., per item, 30 or 60 min session) *

30

Action Required: Please review comments by TBI Fund Staff

TBI Analyst Decision for Service-1

Reviewed

Comments from TBI Analyst for Service-1

Reviewed. Waiting for next approval.

TBI Supervisor Decision for Service-1

Require Additional Information

Comments from TBI Supervisor for Service-1

Require Following Additional Information:

Service 2

Service Name-2

Test 2

CPT Code *

97140

☐ Check here if you have a license or certification required to practice or provide the(se) service(s).

Service Description *

Therapy

Note: The TBI Fund is not an insurance provider and does not use insurance billing increments. Rates should be for the entire session and not broken down by billing increments.

Rate (Total amount per session or item) *

$ 90.00

Unit (i.e., per item, 30 or 60 min session) *

60

TBI Analyst Decision for Service-2

Reviewed

Comments from TBI Analyst for Service-2

Reviewed. Waiting for next approval.

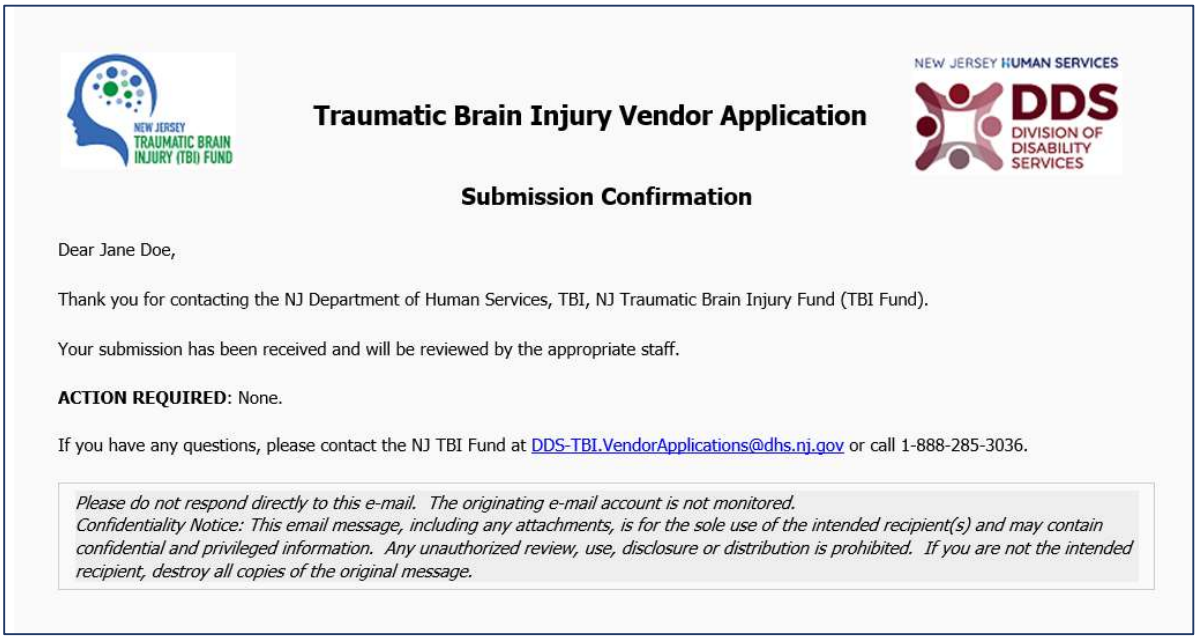
TBI Supervisor Decision for Service-2

Approved

Comments from TBI Supervisor for Service-2

Approved

The vendor receives a confirmation email once the form has been resubmitted.



Traumatic Brain Injury Vendor Application

Submission Confirmation

Dear Jane Doe,

Thank you for contacting the NJ Department of Human Services, TBI, NJ Traumatic Brain Injury Fund (TBI Fund).

Your submission has been received and will be reviewed by the appropriate staff.

ACTION REQUIRED: None.

If you have any questions, please contact the NJ TBI Fund at DDS-TBI.VendorApplications@dhs.nj.gov or call 1-888-285-3036.

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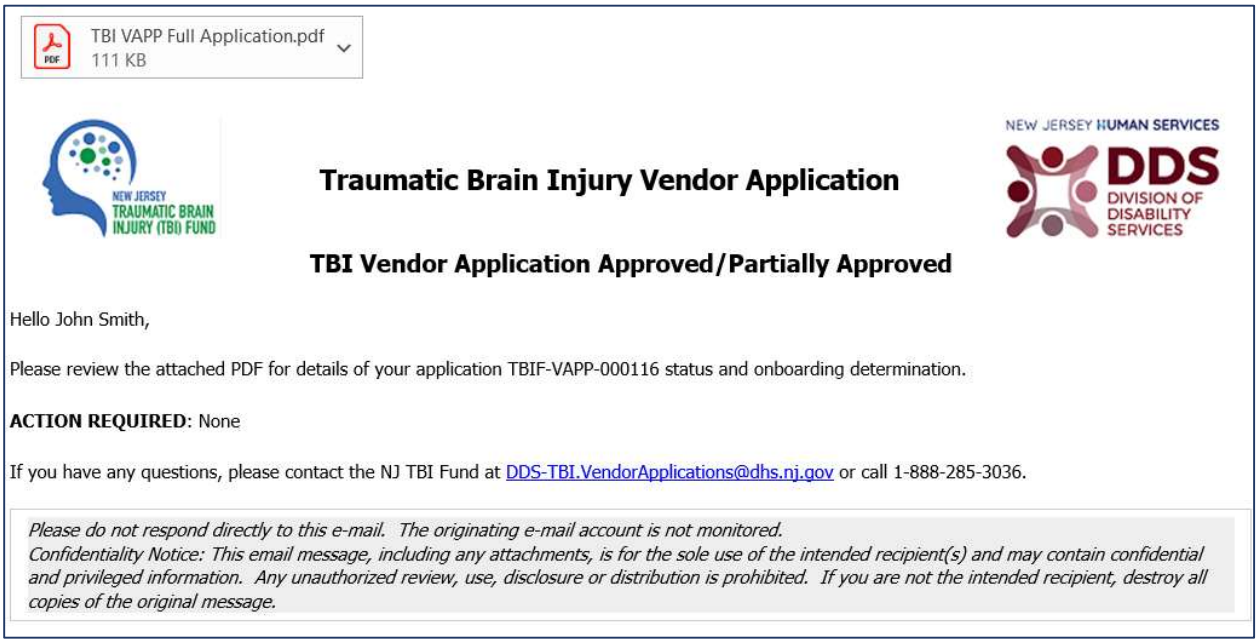
Application Approved/Partially Approved

The vendor receives this email notification if a service has been approved or partially approved. Applying for more than one service may mean that some services are approved, while others are not. More information is provided in the attached PDF.



TBI VAPP Full Application.pdf
111 KB

Traumatic Brain Injury Vendor Application

TBI Vendor Application Approved/Partially Approved

Hello John Smith,

Please review the attached PDF for details of your application TBIF-VAPP-000116 status and onboarding determination.

ACTION REQUIRED: None

If you have any questions, please contact the NJ TBI Fund at DDS-TBI.VendorApplications@dhs.nj.gov or call 1-888-285-3036.

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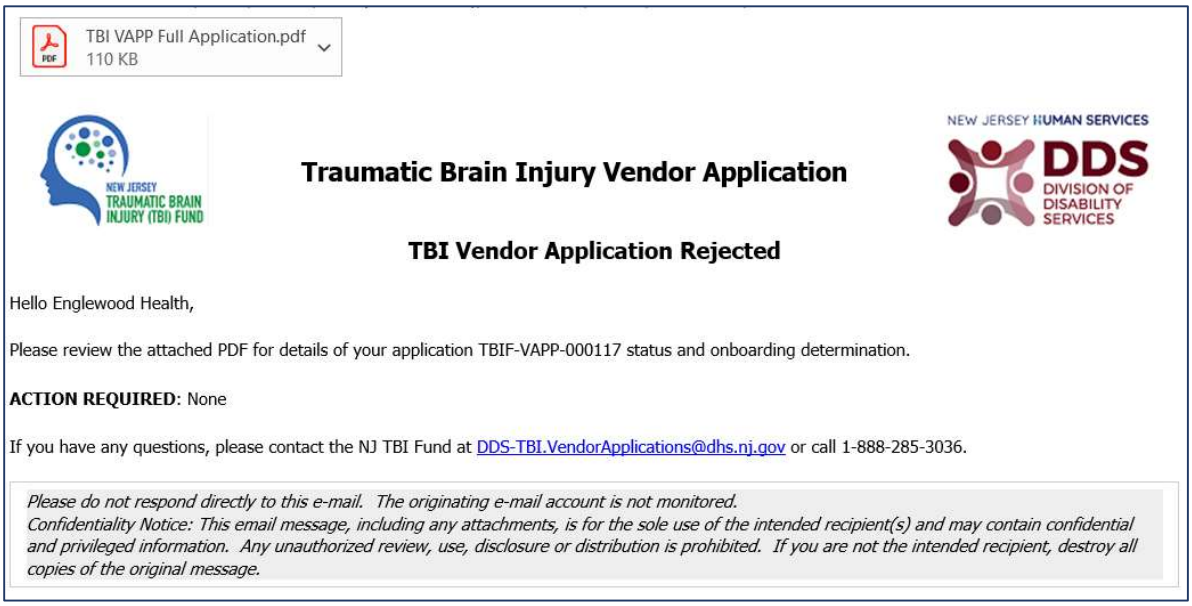
Reject Email Notification

The vendor receives the following email if the submitted application has been rejected.


TBI VAPP Full Application.pdf
110 KB

Traumatic Brain Injury Vendor Application

TBI Vendor Application Rejected

Hello Englewood Health,

Please review the attached PDF for details of your application TBIF-VAPP-000117 status and onboarding determination.

ACTION REQUIRED: None

If you have any questions, please contact the NJ TBI Fund at DDS-TBI.VendorApplications@dhs.nj.gov or call 1-888-285-3036.

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