Outpatient Requirements for New Jersey Partial Care

Prior Authorization Process for Partial Care Mental Health

BH00891_02062025

Agenda

1. Requirements
2. Prior authorization process
3. Accessing your prior authorization

Requirements

Why we're implementing requirements

Create a streamlined process for the providers and UHC Community Plan to partner together to provide the best quality care and outcomes for high-risk membership

Requirements

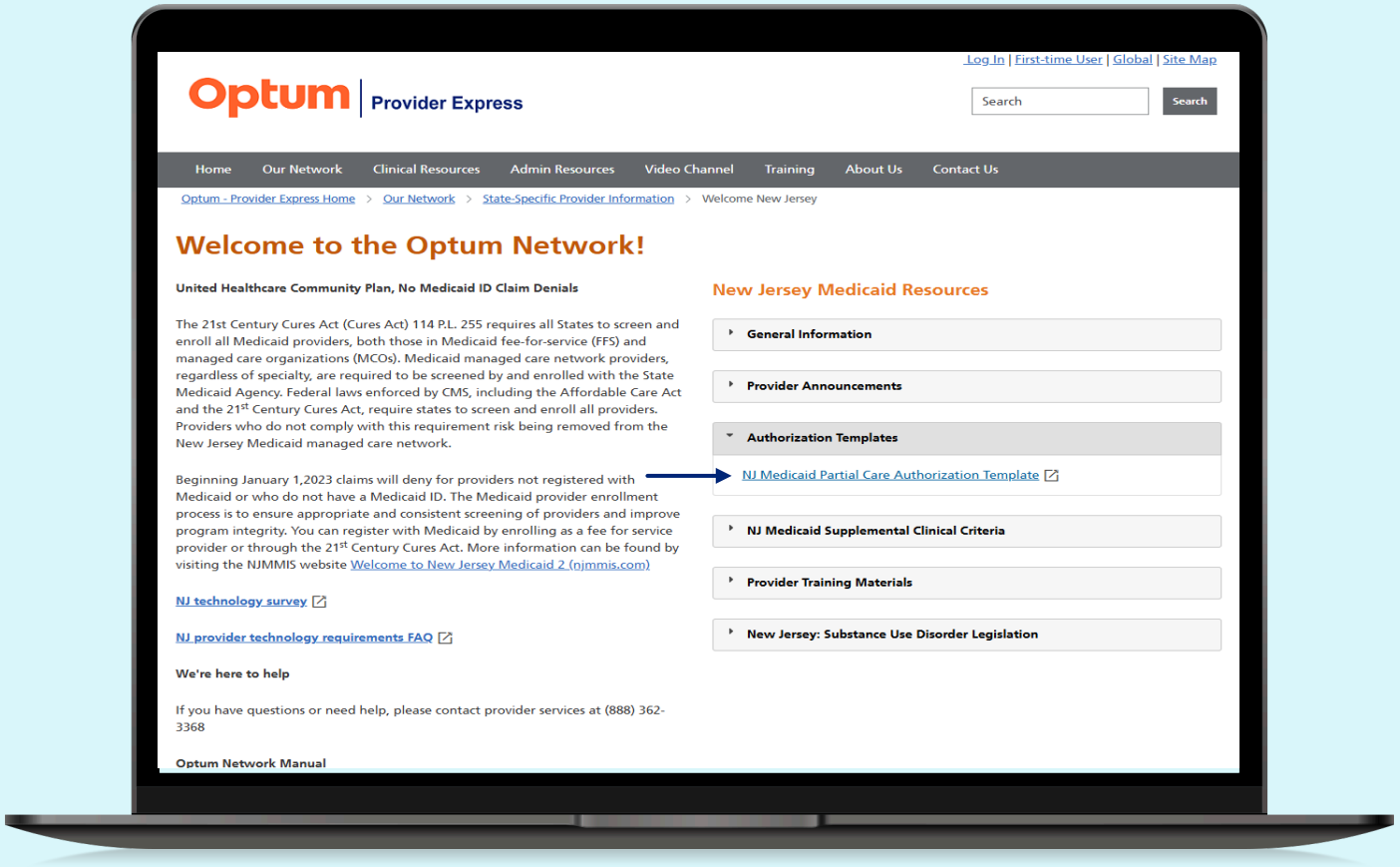
United Healthcare Community Plan of New Jersey uses the online prior authorization process for the following Community Mental Health Service:

Service	Code
Mental Health Partial Care	H0035

- Level of Care Guidelines: providerexpress.com > Our Network > State-Specific Information > New Jersey > NJ Medicaid Supplemental Clinical Criteria

Prior Authorization Process

Providerexpress.com NJ Page



- Providers will submit authorization requests through a portal located on the Provider Express website

- To access the request form go to: providerexpress.com > Our Network > State-Specific Information > New Jersey > Authorization Templates > NJ Medicaid Partial Care Authorization Template

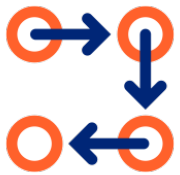
Prior authorization submission process

- Complete the online request form

- Use the ”Attesting Individual’s Email Address” to track where request is in the authorization process

- If you have checked uhcprovider.com and have not received a decision within 7 days from the submission you can contact Provider Services via the Behavioral Health number on the member’s insurance card

Prior authorization review process



- Submission information will be reviewed against the current New Jersey Medical Supplemental Clinical Criteria
  - If the service(s) requested has an ABD on file, an email will be sent to the Attesting Individual's Email Address field on the submission form indicating such and advising to follow the appeals process
- If services are deemed medically necessary, the care provider will receive written authorization for those services
- If medical necessity is in question or the case would benefit from a Psychologist or Medical Director input, the Care Advocate may refer to a peer reviewer
- Live Peer Reviews are not required; providers may request the determination be made based on the information given to the Care Advocate and/or in the online submission

Prior authorization review process cont.

- An authorization will be created based on the request or final determination
  - If a requested service is determined to not meet the New Jersey Medicaid Supplemental Clinical Criteria, a letter will be sent including your appeal rights
- Once the authorized units are used, requests will be obtained by completing another online submission
- Services will be authorized based on the New Jersey Medicaid Supplemental Clinical criteria on *providerexpress.com* > Our Network > State-Specific Information > New Jersey > NJ Medicaid Supplemental Clinical Criteria

Information needed in submitted documentation:

Medical Necessity Reviews will be based on New Jersey Medicaid Supplemental Clinical Criteria determination

- Current member clinical presentation will be reviewed, including:
  - ✓ Onset and initial need for the service
  - ✓ Diagnosis including supporting symptoms and behaviors
  - ✓ Risk issues including suicidal or homicidal concerns and substance abuse
  - ✓ Risk plan, if appropriate
  - ✓ Most recent Higher Level of Care Admission, including ER visit
  - ✓ Pertinent history of hospitalizations
  - ✓ Medications including coordination of care with all providers
  - ✓ Functional impairments and abilities
  - ✓ Individual Service Plan (ISP)

Examples of clinical information being assessed:

Functional Abilities Over Time				
Functional Areas	**Start of Current Service**	**Progress (Abilities-Centric)**	**Goal**	**Intervention Plan**
• Work/School • Social/Play • Family/Relationships • Activities of Daily Living • Medical/Physical • Other	• What strengths/abilities were present when they started treatment? • What gaps/roadblocks/ barriers were interfering with their potential functioning? • Were they having any problems in the are of <functional area>? How often did these occur? • Were there concerns from others around them? • What did the member identify as their abilities and/or concerns? • What are the member's medica/behavioral comorbidities?	• How have their abilities improved or changed? • How much has this increased or decreased? • How has the progress been? Any set-backs? • How are they doing now? • Does the member feel like they have made progress? • What has helped them to make this progress? • What types of interventions have worked well? • Are they taking any medications that help? • How do they utilize their support system/community supports? • What types of sk8ill are they learning?	• What do you see as the outcome of this service? • What abilities does the member want to build and strengthen? • What do you anticipate the progress will be going forward? • How long do you anticipate this will take? • What would you and the member need to see to know the member is ready for a reduction in intensity?	• What services are being utilized to meet the member's goal? • What are the specific skills/interventions being taught/implemented? • How is the member engaging in meaningful activities within the community outside of the home?

Length of process

- A decision will be made within 7 days of the online submission date

- Authorization specifics:
  - ✓ Start date of authorization will be the date of the portal submission or the requested start date if in the immediate future
  - ✓ Please ensure that your contact information is updated to ensure correct processing of authorization
  - ✓ Authorization status can be checked using the “recovery email” on the request form link
  - ✓ Authorization information can be viewed via the Prior Authorization and Notification tile on *UHCprovider.com*

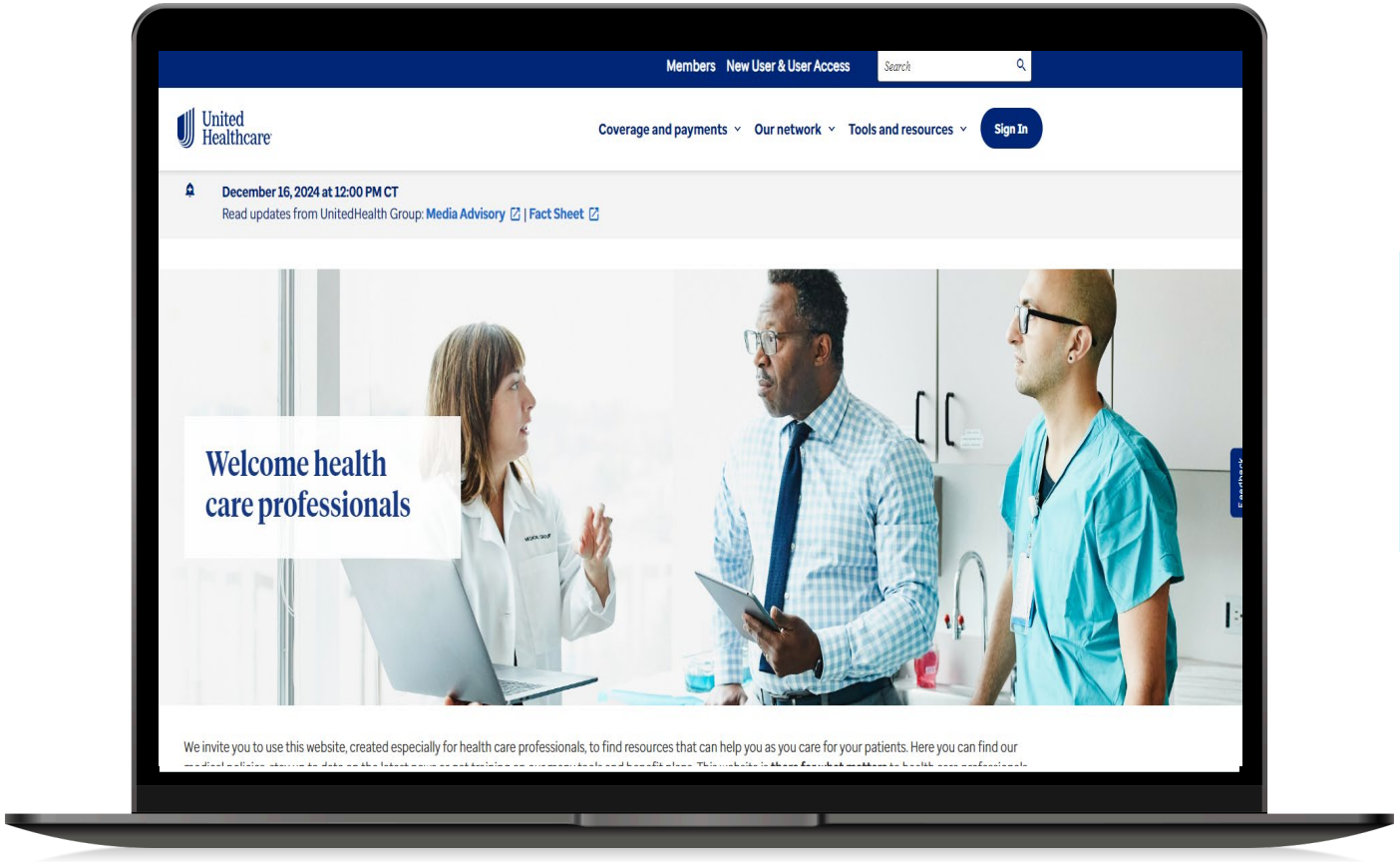
Staying current with Provider Express "*My Practice Info*"

- Change, and/or modify your address and other demographic information
- Indicate your availability to accept new patients into your practice
- Let us know if you are going to be away for an extended period-of-time

Keeping your information up to date ensures that referrals will find you, and that you get reimbursed promptly and accurately.

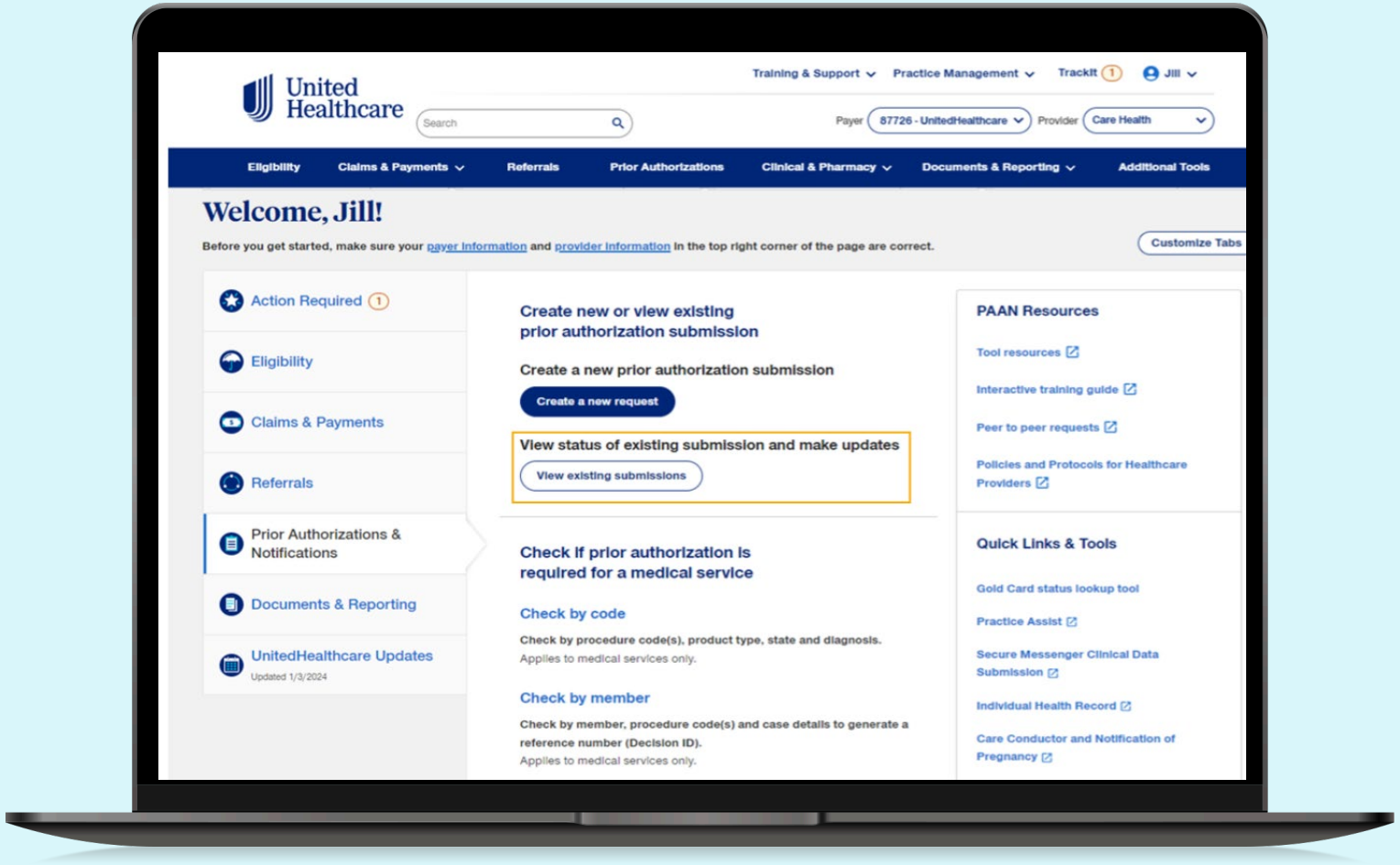
Accessing Your Prior Authorization

Uhcprovider.com – access your prior authorizations online



- **Existing Users:** must log in with username and password (One Healthcare ID)
- **New Users:** New User Registration can be found by selecting “New User & User Access”

Accessing your prior authorizations



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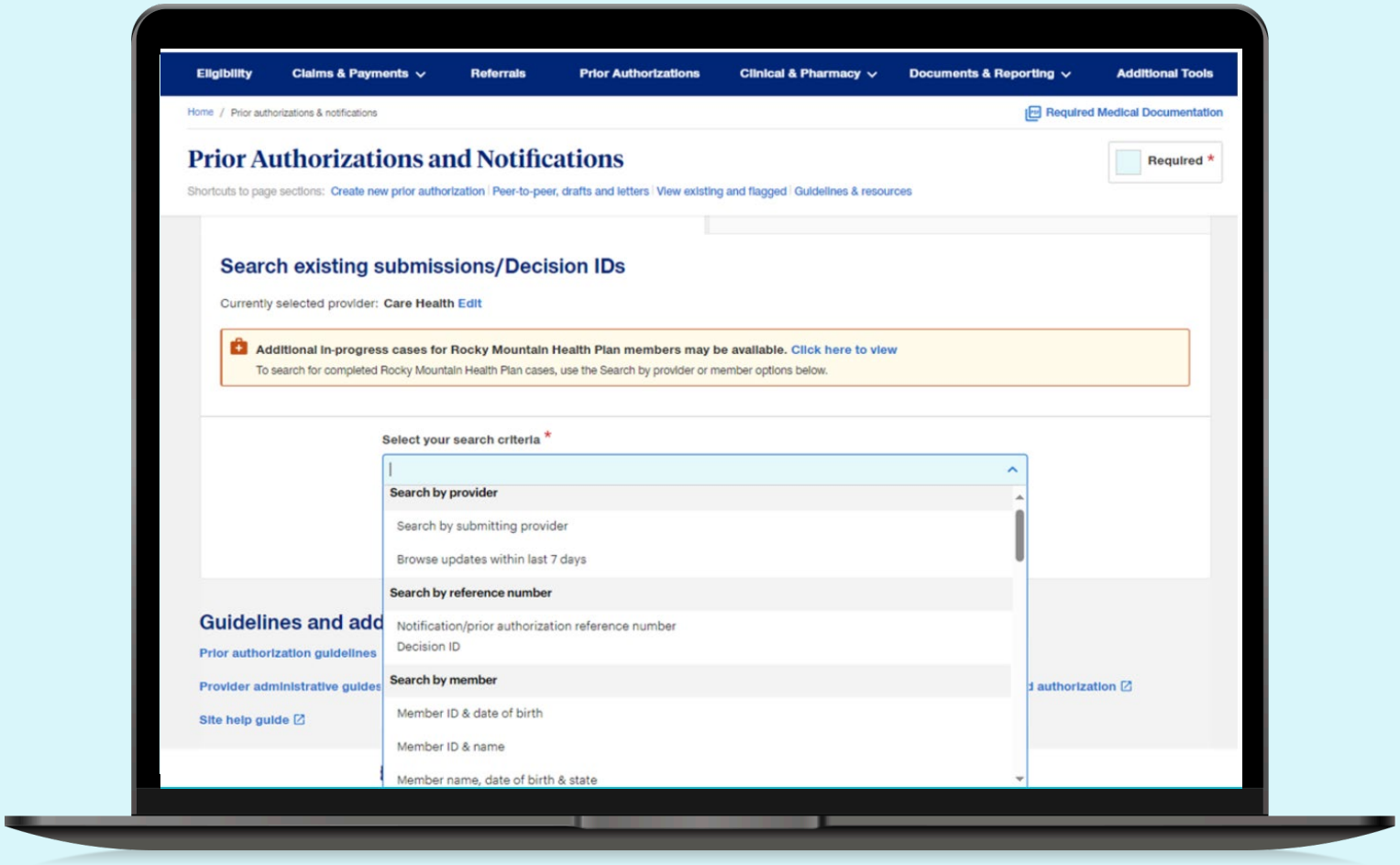

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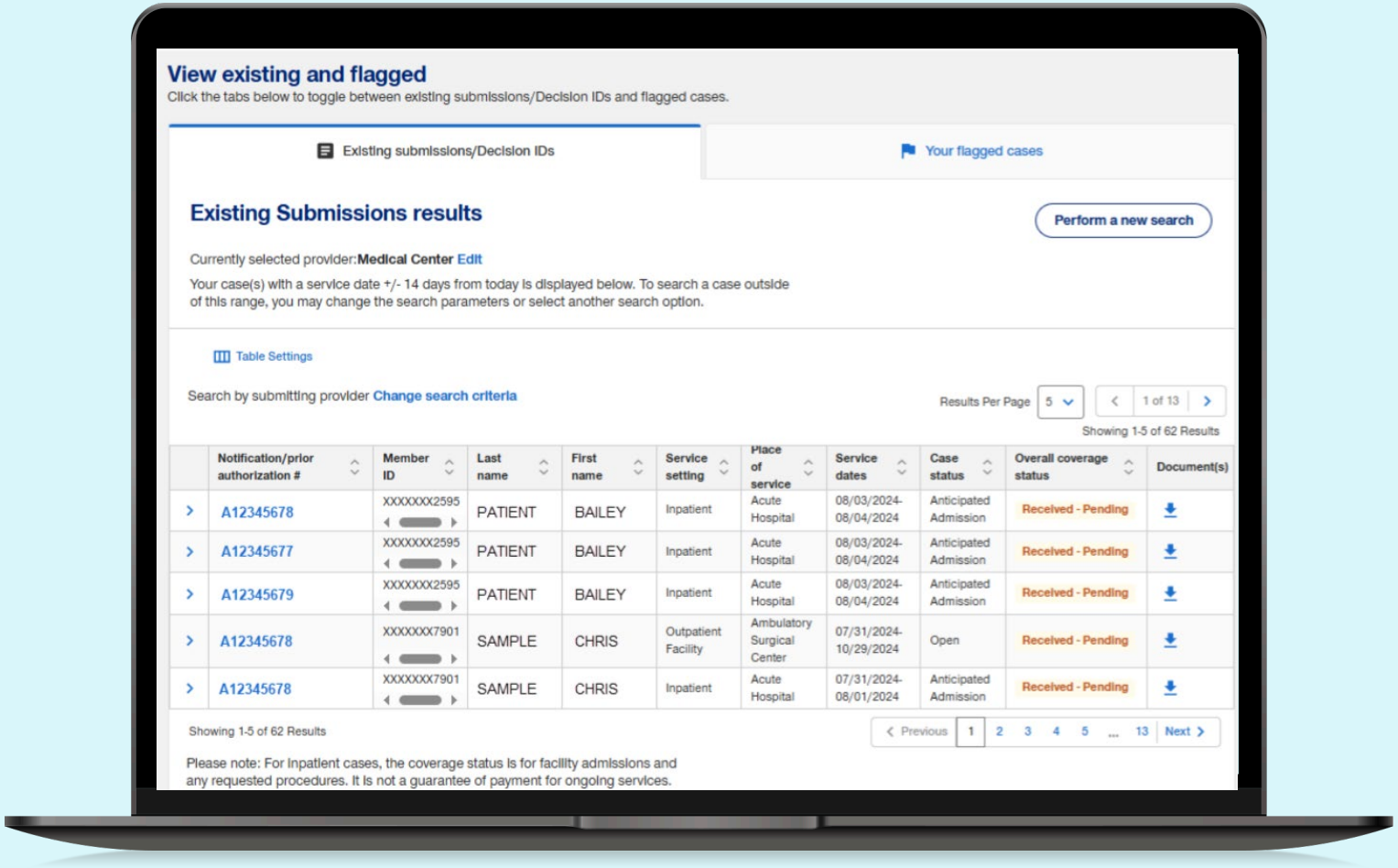

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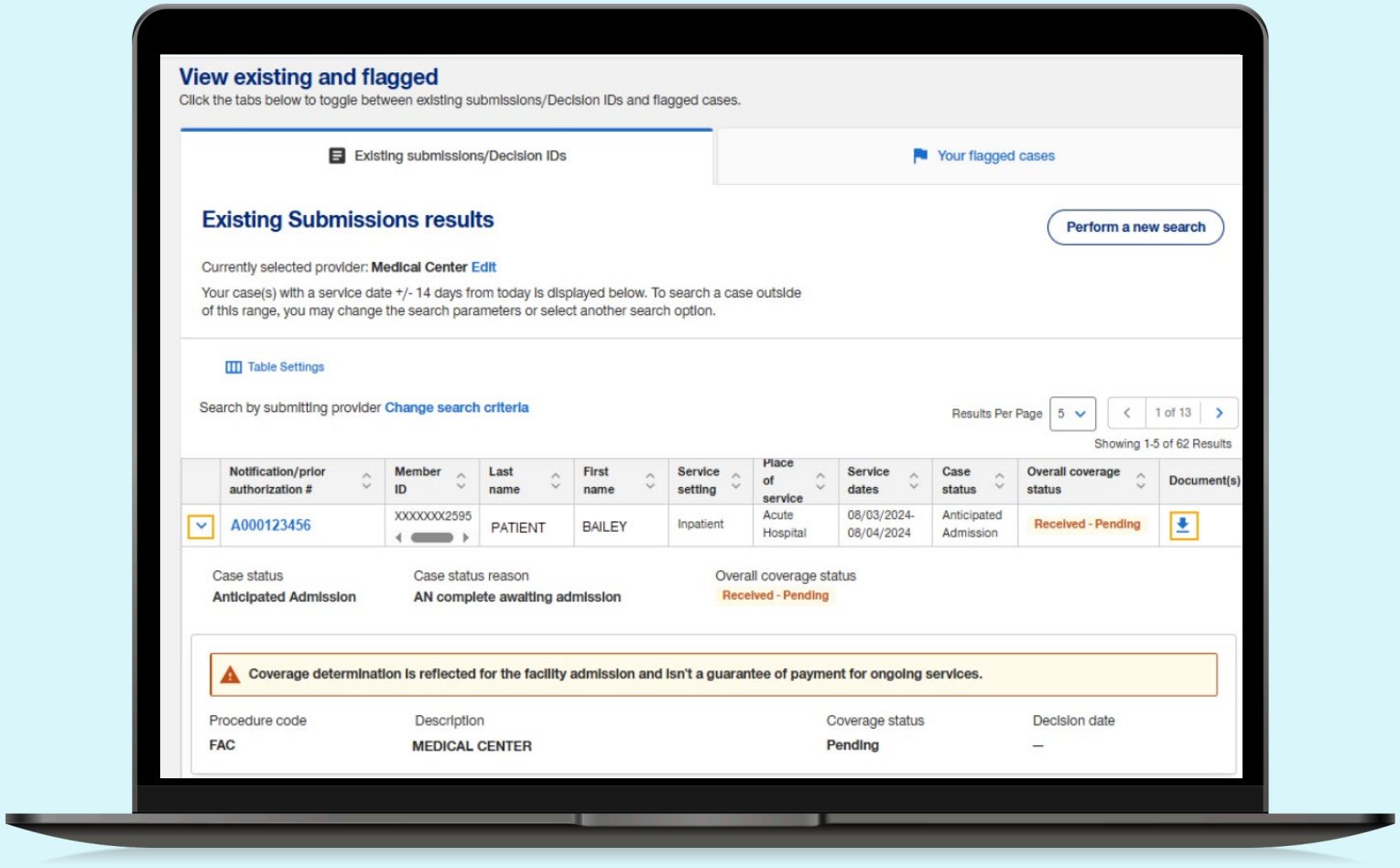

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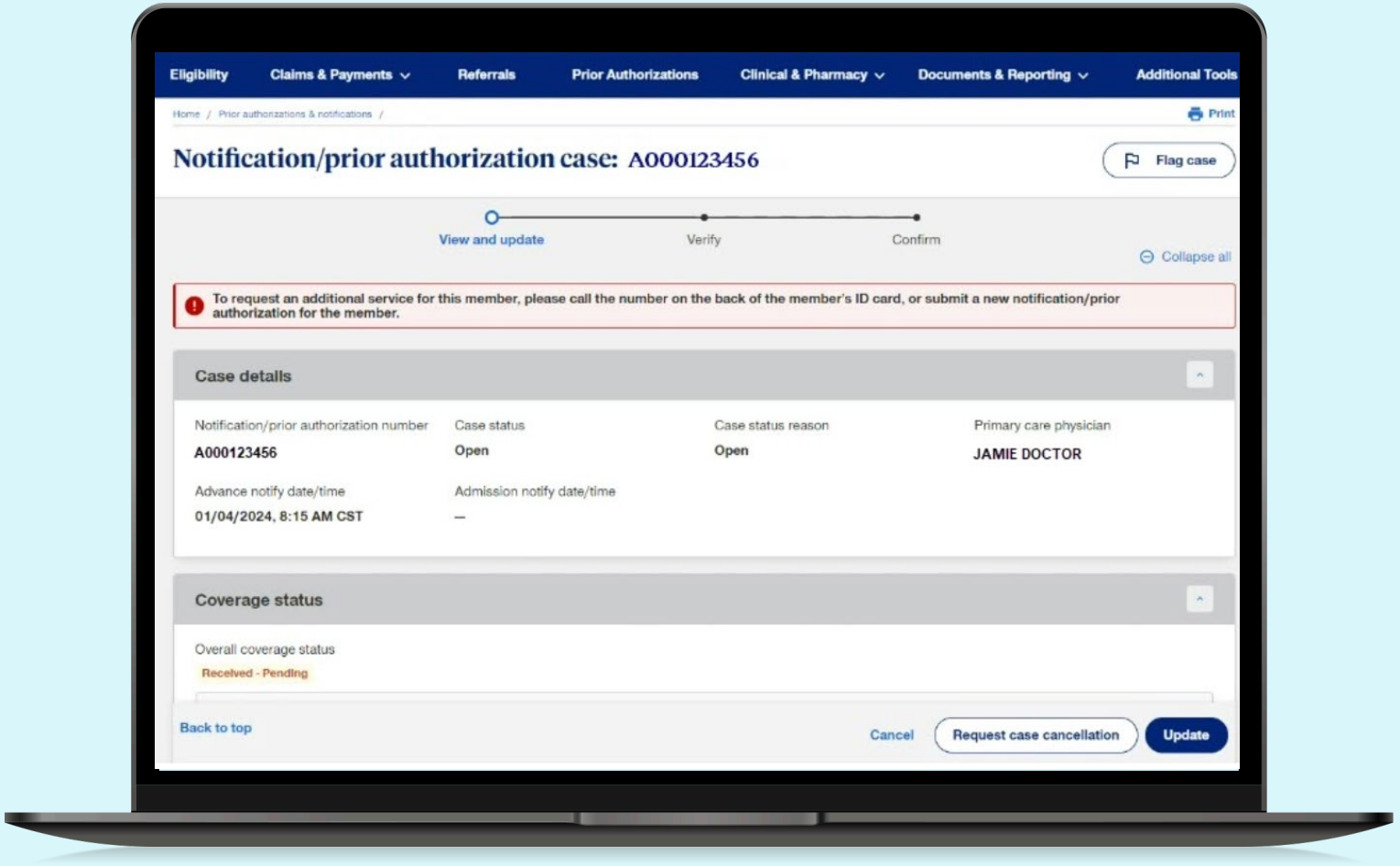

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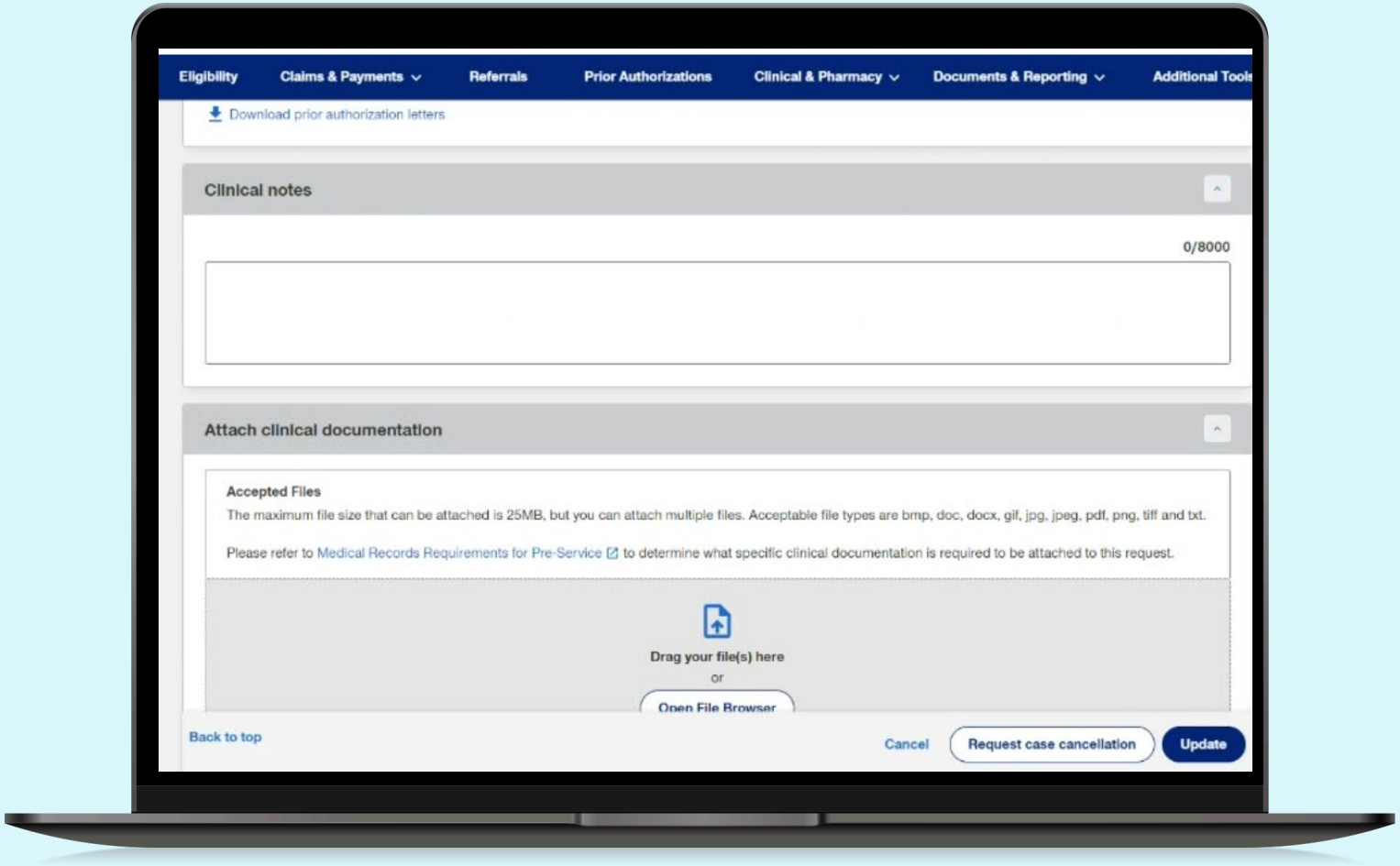
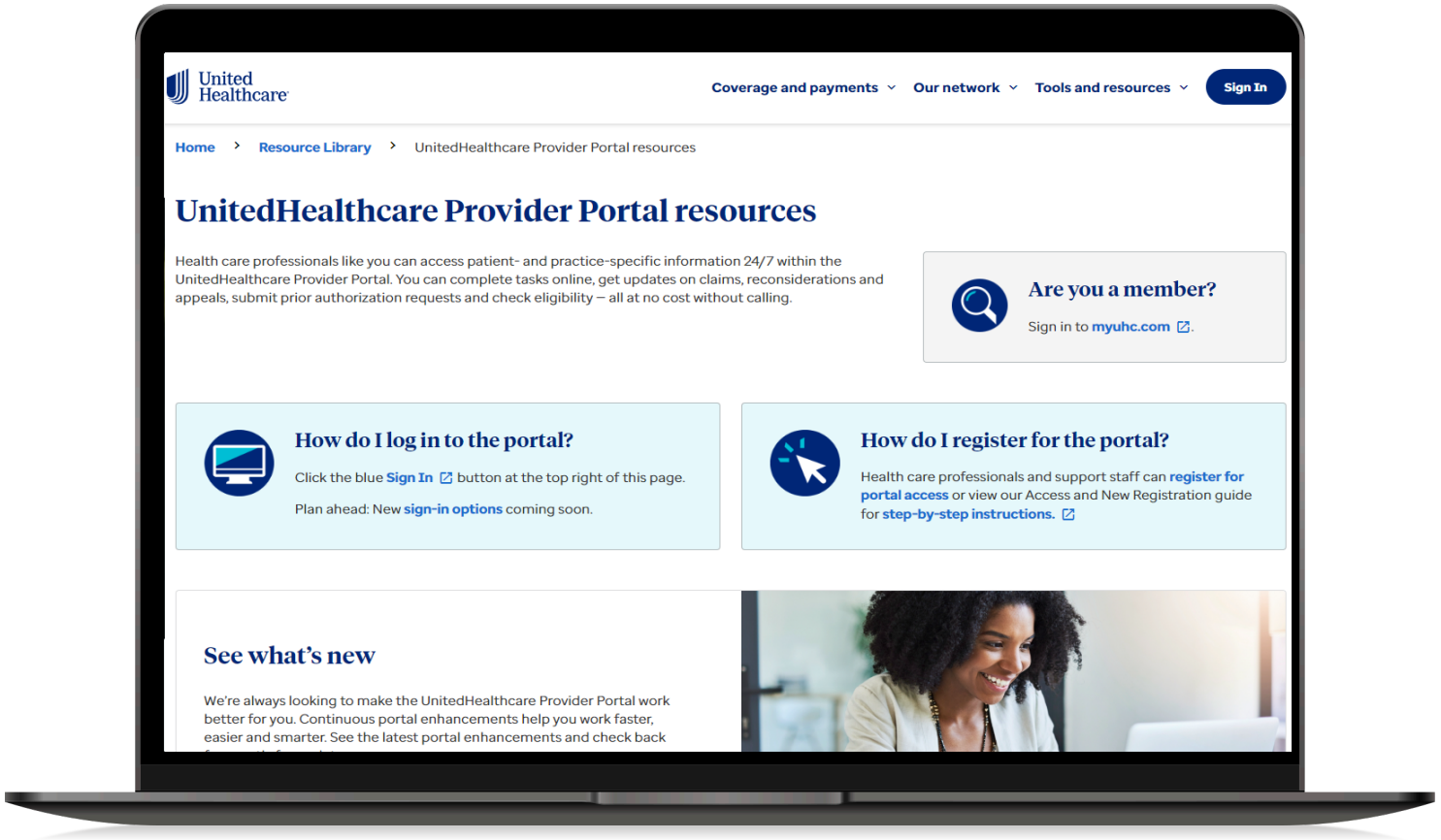


Uhcprovider.com Portal Resources



Uhcprovider.com > Tools and resources > UnitedHealthcare Provider Portal

Prior Authorization and Notification quick reference guides, Videos and Training Tools

Frequently Asked Questions

Where do I submit my authorization requests for Partial Care?

- New Jersey page of Provider Express
- To access the request form, go to: *providerexpress.com* > Our Network > State-Specific Information > New Jersey > Authorization Templates > Community Based Behavioral Outpatient Services Request Form

Where do I check online for my authorizations?

- Uhcprovider.com
- To access the Prior Authorization and Notification Tool go to: UHCprovider.com > Sign In: With your One Healthcare ID and Password > Prior Authorization and Notification Tool

If I am having trouble viewing my authorization online, who do I contact?

- Technical Assistance: https://www.uhcprovider.com/en/contact-us.html

Frequently Asked Questions

How do I request more units for new or existing members?

- Go to: providerexpress.com > Our Network > State-Specific Information > New Jersey > Authorization Templates
- Complete the Community Based Behavioral Outpatient Services Request Form
- Providers can request more units through the portal before the units are exhausted or the prior authorization expires