Optum | United Healthcare Community Plan

Quick Reference Guide

Behavioral Health Services for New Jersey FamilyCare and the HIDE SNP

This quick reference guide outlines helpful information and resources for working with UnitedHealthcare Community Plan of New Jersey members eligible for New Jersey FamilyCare and the New Jersey Highly Integrated Dual Special Needs Plan (HIDE SNP).

New Jersey residents who have both Medicare and Medicaid, known as "dual eligibles," can enroll in the New Jersey Highly Integrated Dual Special Needs Plan (HIDE SNP). It's a special kind of Medicare managed care plan that coordinates all covered Medicare and Medicaid health and long-term care services in one health plan. It covers Medicare, New Jersey FamilyCare (Medicaid) and prescription drug benefits, with no copays for medical services or prescription drugs.

To learn more, review the provider and consumer information available from the New Jersey Department of Human Services.

Patient Support

Interpreter Services

Call the Language Interpretation Line 24/7 at 1-888-225-6056 for help with more than 240 non-English languages and hearing-impaired services. (Client ID 209677)

Joining Our Network

Enrollment Process

Here's how to get started if you want to join the Optum Behavioral Health network in New Jersey:

- Review our contracting and credentialing requirements by provider license type.
- Email njnetworkmanagement@optum.com to ask if new provider applications are being accepted
- Submit an application and all required information, based on your provider type.

The review and notification timeline, following submission of a clean application, is 45-60 days.

Key Guidelines and Processes

Clinical Criteria and Guidelines

To make coverage determinations, Optum Behavioral Health uses evidence-based clinical criteria and practice guidelines. Other clinical criteria and guidelines may apply, due to superseding federal or state requirements and/or specific contractual requirements.

- Clinical Criteria
  Includes criteria from ASAM, LOCUS, CALOCUS-CASII, ECSII and Medicare. These also include state- and contract-specific criteria and Optum Behavioral Health clinical policies and supplemental criteria.

  Note: UnitedHealthcare Community Plan uses the ASAM Clinical Criteria to determine the appropriate level of care for patients with addiction and co-occurring conditions.

- Clinical Practice Guidelines
  Guidance about evidence-based practices adopted from nationally recognized entities such as by the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, and the American Society of Addiction Medicine.

Prior Authorization and Notification

Requirements

- Prior authorization is not required for outpatient counseling/services for mental health or substance use disorder treatment rendered by a network (contracted) provider. Out-of-network providers must obtain a single-case agreement (SCA) with Optum prior to rendering these services.
- Prior authorization is required for **specialty outpatient** services and all non-emergent inpatient admissions. You can verify whether specific services require prior authorization in two ways:
  - Check the member's benefits and eligibility using the Provider Express secure portal, OR
  - Review New Jersey-specific requirements for all lines of business
- Emergent admissions require notification within 24 hours of admission.

How to Submit Requests

You can request authorization online or by phone. Faxes are not accepted.

- **Online:** Through the Provider Express secure portal. Go to Providerexpress.com > Log-In (requires One Healthcare ID) > Auths > Auth Request. Enter the required information and submit.
- **By phone**: Call **1-888-362-3368** > Enter your TIN# > Select option 3 (intake) > Enter the member's ID# and DOB > Then select the option for mental health.

Higher Levels of Care / All Medicaid Members

As a specialty service, Acute Partial Hospitalization Mental Health / Psychiatric Partial Hospitalization requires prior authorization for all UnitedHealthcare Community Plan of New Jersey/Optum Behavioral Health (Medicaid) members.

Higher Levels of Care / MLTSS, DDD, HIDE-SNP Specialty Plans

For the following services, prior authorization is required for UnitedHealthcare Community Plan/Optum Behavioral Health members who are covered by a New Jersey Department of Developmental Disabilities (DDD), Highly Integrated Dual-Eligible Special Needs Plan (HIDE-SNP) and/or Managed Long Term Services and Support (MLTSS) plan:

- Adult Mental Health Rehabilitation (AMHR)
- Medically monitored intensive inpatient services:
  - Short-term residential (ASAM 3.7)
  - Withdrawal management (ASAM 3.7WM)
- Substance use disorder treatment:
  - Long-term residential (ASAM 3.5)

Psychological Testing / All Medicaid Members

For psychological testing, you must call to request authorization of services. Requests cannot be submitted via the secure portal or by fax.

- **By phone**: Call **1-888-362-3368** > Enter your TIN# > Select option 3 (intake) > Enter the member's ID# and DOB > Then select the option for mental health.

Partial Care Authorization/All Medicaid Members

There are two ways to request authorization for Partial Care and Partial Hospitalization structured day programs:

- **Online:** Complete and submit the NJ Medicaid Partial Care Authorization Template.
- **By phone**: Call **1-888-362-3368** > Enter your TIN# > Select option 3 (intake) > Enter the member's ID# and DOB > Then select the option for mental health.

NJSAMS Authorization Requirement (All Medicaid Members):

Authorization requests for the following services must be submitted via the New Jersey Substance Abuse Monitoring System (NJSAMS) portal.

- ASAM 2WM – Ambulatory Withdrawal Management Without Extended Onsite Monitoring
- ASAM 2.1 – Intensive Outpatient Services
- ASAM 2.5 – Partial Hospitalization Services

Minimum Authorization Durations

Upon initial authorization of services, treatment for all members will be approved for a minimum time period:

Treatment	Minimum Duration
• Ambulatory withdrawal management (ASAM 2WM)	5 days (at provider notice of admission)
• Partial Hospitalization and Acute Partial Hospitalization (mental health)	14 days
• Partial Care (mental health)	14 days (See below for additional details)
• Partial Care and Intensive Outpatient Services (SUD)	30 days
• Short-Term Residential	14 days
• Long-Term Residential	60 days

Applied Behavior Analysis (ABA) and Developmental Services (DIR)

Providers must complete and submit the ABA Request Form.

Additional Information

For members who have a comorbidity diagnosis, and the admission involves both medical and behavioral treatment, you must request prior authorization or complete notification with both Optum Behavioral Health and UnitedHealthcare.

Clinical Appeals

If you disagree with the decision made on a prior authorization request, you can ask us to take another look at it. Send the request to:

New Jersey FamilyCare/Medicaid

- **Online:** **UnitedHealthcare Community Plan (Medicaid) Pre-Service Appeals & Grievances**
- **By mail:** UnitedHealthcare Community Plan
  Attn: Appeals
  P.O. Box 31364
  Salt Lake City, UT 84131-0364

- **By fax:** **Standard appeals** – 801-994-1082
  Expedited appeals – 801-994-1261 (Pre-service and concurrent)

New Jersey HIDE SNP

- **By mail:** UnitedHealthcare Appeals Department
  P.O. Box 31364
  Salt Lake City, UT 84131-0364
- **By fax:** 1-855-312-1470 (Expedited requests only)

Claim Submissions via Electronic Data Interchange (EDI)

Claims must be submitted to UnitedHealthcare Community Plan within 180 days from the date of service(s). If coordination of benefits – where UnitedHealthcare is considered a secondary payer – is involved, claims should be submitted within 60 days from the date of the primary insurer's Explanation of Benefits (EOB) or 180 days from the dates of service(s), whichever is later.

All claims should be billed using either EDI 837I (Institutional) / UB04 or EDI 837P (Professional)

- Payer ID: 87726
- Electronic Remittance Advice (ERA) Payer ID: 86047

For additional guidance on claim submissions, please review these resources:

- Claim tips and resources
- How to submit claims using the Provider Express secure portal
- Guide to claim inquiries and claim adjustments

For EDI Support, call 1-800-210-8315 or email ac_edi_ops@uhc.com.

Claim Payments

With Optum Pay®, claim payments are deposited directly into your bank account as soon as possible. Optum Pay also provides 835 files for health care providers and facilities.

- Learn more about Optum Pay
- **Enroll online**
  - If you need assistance, call our Web Support team at **1-866-842-3278**, option 5
- **Enroll by phone** – Simply call **1-877-620-6194** Monday – Friday from 8 am – 5 pm ET

Optum Behavioral Health Resources

Provider Express Secure Portal

Providerexpress.com > Log-In (requires One Healthcare ID)

The Provider Express secure portal is a self-service tool – available 24/7 – to help you complete administrative tasks when it's most convenient for you. Through the portal, you can:

- Check member eligibility and authorization requirements
- Update practice and provider demographic information
- Check claim status and make claim adjustment requests
- Submit reconsideration and appeal requests

Need help? Contact the Provider Express Web Support Center at 1-866-209-9320.

Provider Express Website

Providerexpress.com – no log-in required

The Provider Express website has information and updates to help providers and Optum Behavioral Health work together – from changes in administrative processes and state-specific information, to product-specific news and other topics. Visit the site to review:

- Behavioral health toolkits, such as Recovery & Resiliency
- Network provider manuals and frequently accessed forms
- Clinical guidelines, criteria, protocols and resources
- Reimbursement policies
- State-specific information

Credentialing, Contracting and Network Management Contacts

For support, contact the following network managers or use the general email/phone/fax numbers:

- **Email:** njnetworkmanagement@optum.com
  - Noted: Inquiries will be routed to the appropriate contacts for autism services, individual clinicians, facilities and clinics, and OBAT prescribers and groups
- **Escalated provider issues:** 1-877-614-0484
- **Fax:** 1-866-483-6254
- **General:** For other questions, call the number on the back of the member's ID card.

Optum Behavioral Health Provider Services

Call **1-877-440-9946** if you have additional questions.

UnitedHealthcare Resources

UnitedHealthcare Provider Portal

UHCProvider.com > Sign In (requires One Healthcare ID)

Health care professionals can access patient- and practice-specific information 24/7 in this secure portal – all at no cost without calling.

- Verify member eligibility and confirm benefits
- Check prior authorization requirements
- Submit new medical prior authorizations and inpatient admission notifications
- Estimate and manage claims and payments
- Submit claims, reconsideration requests and appeals/disputes

UnitedHealthcare Provider Website

UHCProvider.com – no log-in required

The UnitedHealthcare website is designed to help providers care for their patients. You'll find:

- News and program updates
- State-specific health plan information
- Reimbursement and medical policies
- Administrative guides and manuals
- Pharmacy resources, tools and references
- Training and education

Pharmacy

UnitedHealthcare Community Plan
Pharmacy Services Department

- Fax: **1-866-940-7328**
- Phone: **1-800-310-6826**
- Preferred Drug List

UnitedHealthcare Support

You can get the support and information you need from UnitedHealthcare in a variety of ways. You can choose from chat, the UnitedHealthcare Provider Portal and more.

Review the options and contact information.

You may also call UnitedHealthcare Provider Services at **1-888-362-3368**, Monday – Friday from 8 am – 6 pm ET for assistance with:

- Appeals and grievances
- Claims / billing concerns
- Coordination of benefits
- Care coordination
- Dual eligible members with Medicare
- Medicaid members with commercial coverage
- Office-based addictions treatment services
- Behavioral health care management