



NJ Medicaid Behavioral Health Provider Subgroup Meetings

UHCCPNJ Behavioral Health Overview

March 2024

providerexpress.com

Provider resource:

- State-Specific News
- Quick Links
- Clinical Resources
- Trainings
- Join Our Network
- Transactions (available to in-network providers only)



Public Pages

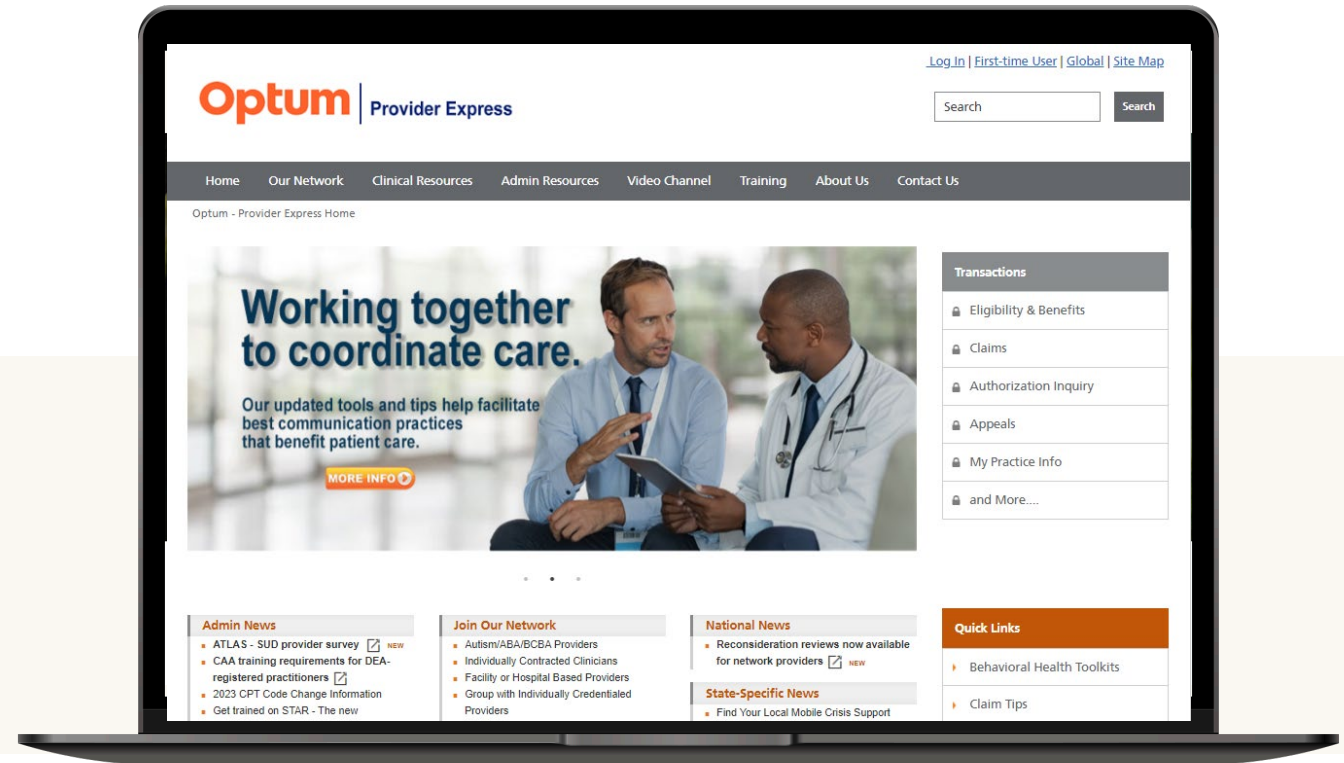


Private pages
(in-network
providers
only)

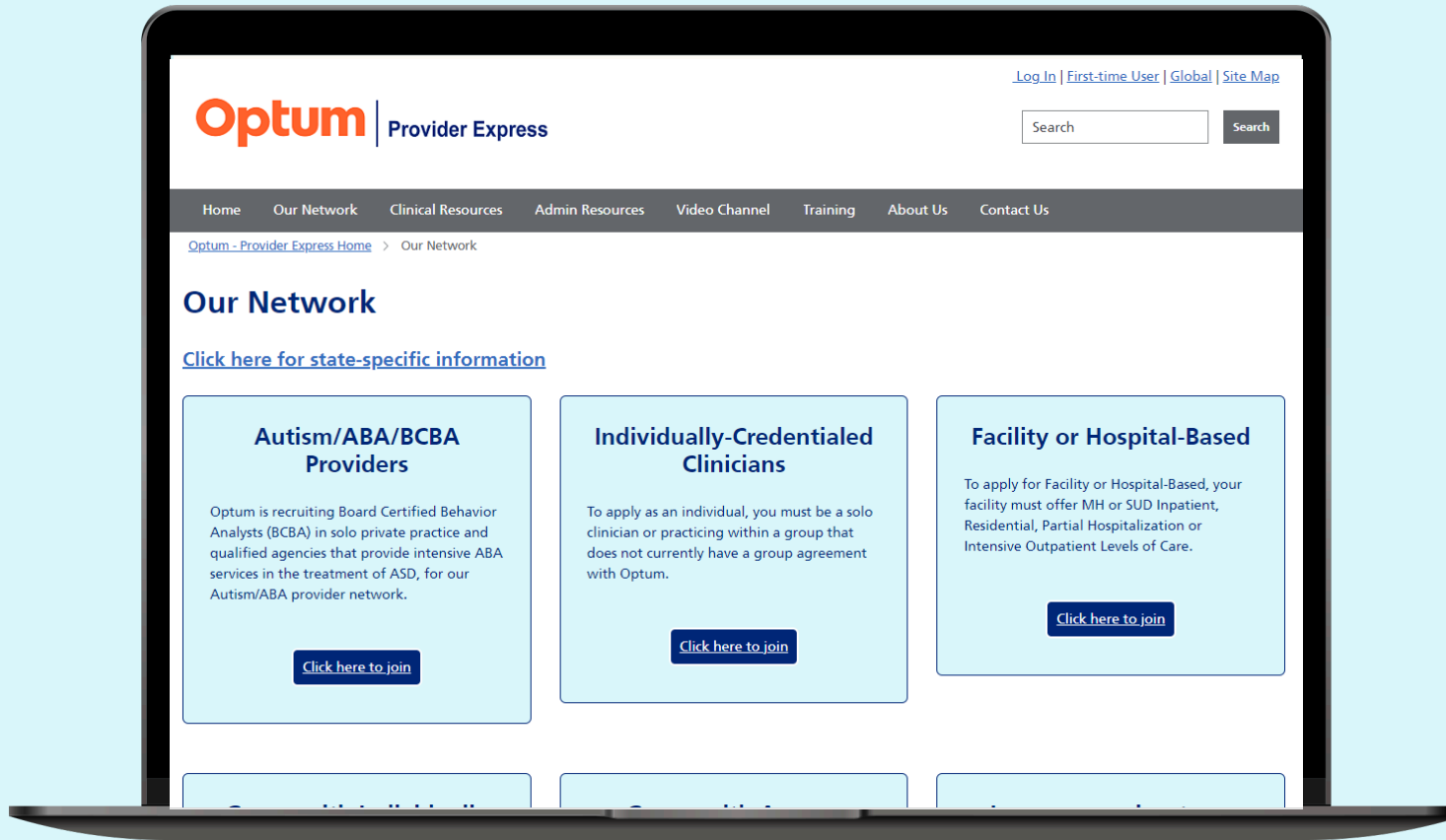


Navigate to
NJ Page via
Our Network

Optum - Provider Express Home



Credentialing



- Online credentialing requests, registration guide, tips for applying, links, credentialing plans



- Automated CAQH Information
- Dedicated NJ Advocate support

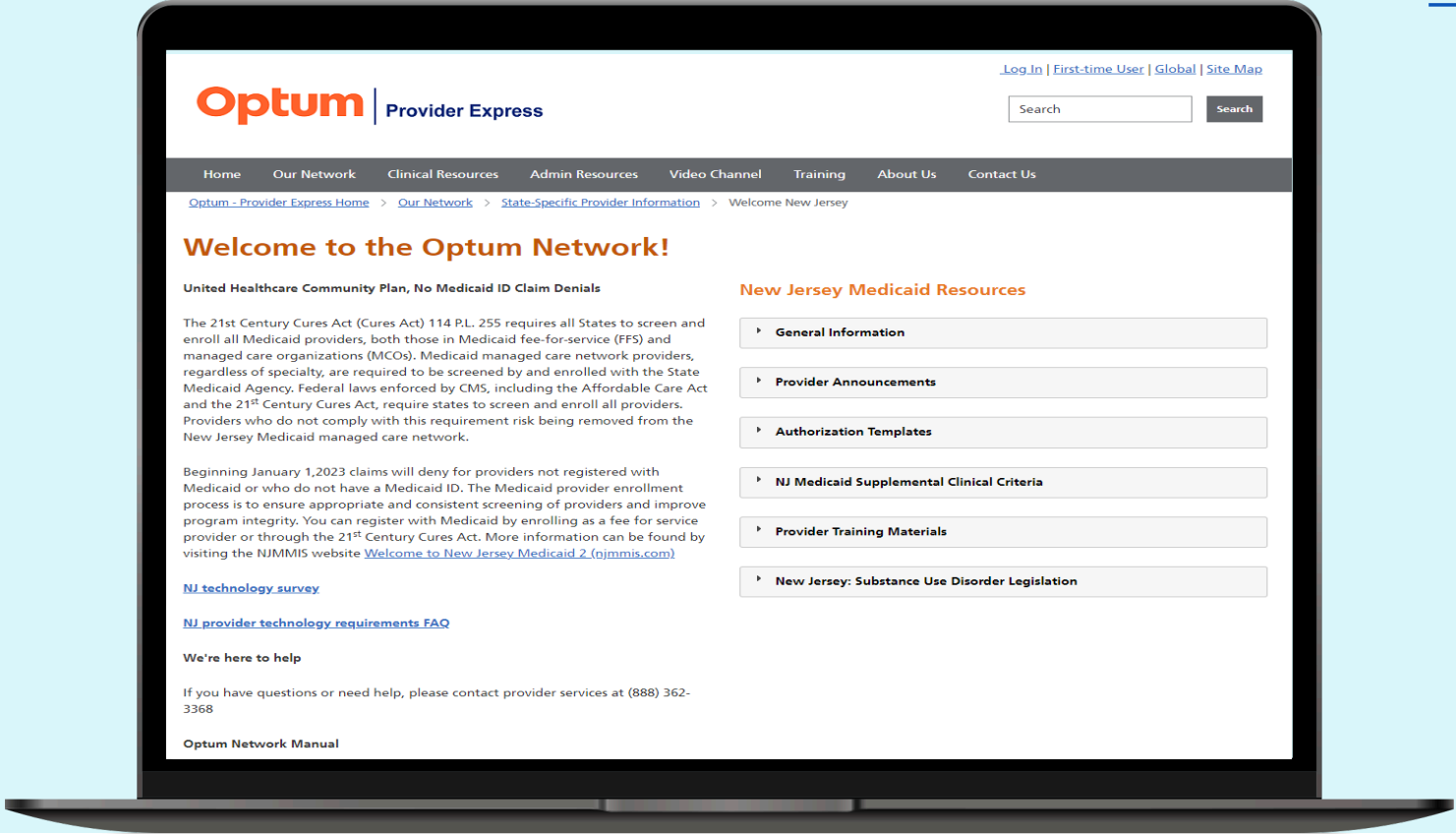


- Specific application link for each provider type; Facility, Agency, Group, Clinician

21st Century Cures Act: Medicaid Enrollment Requirements

- The 21st Century Cures Act (Cures Act) 114 P.L. 255 requires all States to screen and enroll **all Medicaid providers**, both those in Medicaid Fee-for-Service (FFS) and Managed Care Organizations (MCOs)
- Medicaid managed care network providers are required to be screened by and enrolled with the State Medicaid Agency.
- Providers who do not comply with this requirement risk being removed from the New Jersey Managed care network. All health care professionals and facilities must hold a current New Jersey Medicaid ID number.
- Beginning Jan. 1, 2023, claims will deny for providers not registered with Medicaid or who do not have a Medicaid ID.
- The Medicaid provider enrollment process is to ensure appropriate and consistent screening of providers and improve program integrity. You can register with Medicaid by enrolling as a fee for service provider or through the 21st Century Cures Act. More information can be found by visiting the NJMMIS website [Welcome to New Jersey Medicaid 2 \(njmmis.com\)](https://www.njmmis.com)

providerexpress.com NJ Page



Welcome New Jersey (providerexpress.com)



NJ State-Specific Alerts and Information



Product-Specific Information –
QRGs, provider notifications and
Training, Clinical Information



Links to Provider Manuals and Standard
Clinical Criteria

New Jersey Quick Reference Guide



Behavioral Health Quick Reference Guide New Jersey FamilyCare & FIDE SNP	
Call Center for UnitedHealthcare	1-888-362-3368 <ul style="list-style-type: none"> • Appeals and Grievances • Claims • Coordination of Benefits • Dual eligible members with Medicare • Medicaid members with commercial coverage • Billing concerns • Office Base Addictions Treatment Services • Behavioral Health Care Management • Care Coordination
Websites & What's Available	<p>providerexpress.com</p> <ul style="list-style-type: none"> • New Provider Orientation "Navigating Optum" viewable on demand • Network Manual • Demographic Updates • Guidelines / Policies & Manuals • Clinical Resources • Clinical Criteria • Administrative Resources • Recovery & Resiliency Toolkit • Video Channel • Webinars/Training Resources <p>uhcprovider.com</p> <ul style="list-style-type: none"> • State-specific health plan information • Check member eligibility • Check claim status & payments • Claims Reconsideration • Electronic Data Interchange (EDI) information • Tools & Resources • Tutorials
Claims Submission	<p>Paper Claim submission: Optum Behavioral Health P.O. Box 30760 Salt Lake City, UT 84130-0760</p> <p>Claims must be submitted within 180 days from the date of service</p> <p>If Coordination of Benefits (COB) is involved where UnitedHealthcare is considered a secondary payer, COB of claims should be submitted by mail within 60 days from the date of the primary insurer's Explanation of Benefits (EOB) or 180 days from the dates of service, whichever is later.</p>
Optum Pay	<p>It's quick and easy, go to uhcprovider.com > Claims & Payments > Optum Pay</p> <p>Questions – 1-866-842-3278, option 5</p>

EDI	<ul style="list-style-type: none"> • Claims Payer ID: 87726 • Electronic Remittance Advice (ERA) Payer ID: 86047 • EDI Support: 1-800-210-8315 or email ac_edi_ops@uhc.com
Clinical Appeals	<p>NJ FamilyCare: Optum Appeals & Grievances P.O. Box 30512 Salt Lake City, UT 84130-0512</p> <p>Fide SNP: UnitedHealthcare Appeals Department P.O. Box 31364 Salt Lake City, UT 84131-0364</p>
Utilization Management Guidelines	<ul style="list-style-type: none"> • Emergent admissions require notification within 24 hours of admission. • Prior Authorization is required for all non-emergent inpatient Admissions. • Comorbidity Diagnosis with a Medical and Behavioral Admission require both a Medical AND subsequent Behavioral Health Authorization or separate notification. • To obtain Prior Authorization call 1-888-362-3368 - Enter TIN #, select option 3 (intake), enter member ID/DOB, select option for "Mental Health" • We do not accept faxes. A call is required.
Clinical Criteria	<ul style="list-style-type: none"> • Clinical Criteria can be found at: providerexpress.com > Clinical Resources > Guidelines/Policies & Manuals > Clinical Criteria • UnitedHealthcare Community Plan uses ASAM Clinical Criteria for Alcohol and Drug Treatment and Substance Use Disorder (SUD) • Reference: American Society of Addiction Medicine (ASAM) asam.org/resources/the-asam-criteria
Network Management Contacts	<p>Kemal Kajtezovic, Network Manager for Facilities and Clinics Scheanell Holland, Network Manager for Individual Clinicians, OBAT prescribers and Groups Shailja Patel, Network Manager for Autism Services njnetworkmanagement@optum.com Provider Escalated Issues: 1-877-614-0484 Fax: 1-866-483-6254</p>
Pharmacy	<p>UnitedHealthcare Community Plan Pharmacy Services Department Fax: 1-866-940-7328 Phone: 1-800-310-6826</p> <p>Link to Preferred Drug List: uhcprovider.com/content/dam/provider/docs/public/commplan/nj/pharmacy/NJ-Preferred-Drug-List-Provider.pdf</p>
Provider Enrollment	<p>To request to join the network, visit: providerexpress.com/content/ope-provexpr/us/en/our-network.html</p> <p>The review and notification timeline of a clean application takes between 45-60 days. Email njnetworkmanagement@optum.com to inquire whether new provider applications are being accepted.</p>

How to Obtain a Prior Authorization

Electronic Submission – Higher Levels of Care	<ul style="list-style-type: none"> Electronic Prior authorization for higher levels of care can be submitted through providerexpress.com > Authorization Inquiry. Providers are required to log into the system and can search for members using member ID, name, and date of birth Existing Users: must log in with One Healthcare ID or Email address and password New Users: New User Registration can be found by selecting “First-time user” Once the authorization information is received, a UHCCPNJ BH UM Care Advocate will have the ability to review and process the information and authorize care via the portal as applicable. If additional information is needed the Care Advocate will outreach to the provider via phone or chat directly on the portal.
Electronic Submission – MH Partial Care	<ul style="list-style-type: none"> Electronic Prior Authorization for partial care mental health can be submitted through a portal located on Provider Express. To access the request form, go to: providerexpress.com > Our Network > State-Specific Provider Information > New Jersey > authorization Templates Complete the online request form. Use the “Attesting Individual’s Email Address to track where the request is in the authorization process.
Telephonic – Available for all requests	<p>Call the Toll-free Provider Line (from the back of the Member card): 1-888-362-3368</p> <p>Follow the below system prompts:</p> <ul style="list-style-type: none"> Enter TIN# Select option 3 (intake) Enter member ID/DOB Select option for “Mental Health” <p>After-hours care advocates are available during evenings, weekends and holidays only for initial higher-level authorizations (e.g., IP MH, IP SUD, Residential Detox, IP Detox) 24 hours a day, 7 days a week.</p>

Behavioral Health Prior Authorization Requirements

Mental Health Services

- Inpatient Psychiatric Hospital Care
- Mental Health Electroconvulsive therapy ECT (Inpatient/Outpatient)
- Acute Partial Hospitalization Mental Health/Psychiatric Partial Hospitalization
- Adult Mental Health Rehabilitation (AMHR)
- Psychological Testing
- Mental Health Partial Care

Substance Use Disorder Services

- Medically Monitored Intensive Inpatient Services Withdrawal Management ASAM 3.7 – WM
- Medically Monitored Intensive Inpatient Services/Short-Term Residential (STR) ASAM 3.7
- Substance Use Disorder Long Term Residential (LTR) ASAM 3.5
- Substance Use Disorder (SUD) Intensive Outpatient (IOP) - ASAM-2.1
- Ambulatory Withdrawal Management with extended on-site monitoring / Ambulatory Detoxification ASAM 2 - WM
- Substance Use Disorder Partial Care (PC) ASAM 2.5

*All Out of Network Services require Authorization

Level of Care Guidelines for Mental Health and Substance Use Disorders found on provider express at: [ASAM Clinical Criteria Information \(providerexpress.com\)](https://providerexpress.com), [Standard Clinical Criteria \(providerexpress.com\)](https://providerexpress.com)

Claim and Contact Information

Clean Claim - A claim with no defect or impropriety (including any lack of any required substantiating documentation) or a circumstance requiring special treatment that prevents timely payments from being made on the claim is considered a clean claim. All required fields must be complete and legible.

Find Claim Tips on Provider Express website at: [Claim Tips \(providerexpress.com\)](https://providerexpress.com)

Topics include:

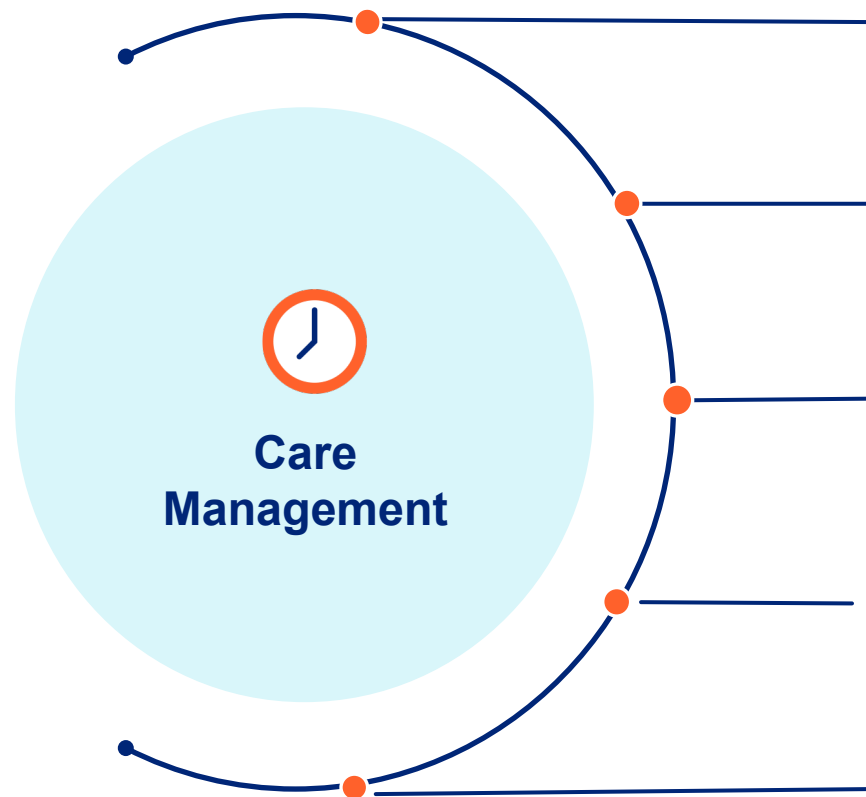
- Claim Entry through Provider Express
- Claim Corrections or Resubmission
- Claim Submission Hints
- Electronic Claim Submission (EDI)
- Optum Pay
- Improve the Speed of Processing
- Where to Submit our Optum Claim
- Frequently asked questions

Contact information:

- Provider Service 1-888-362-3368
- Network Management (escalated issues)
 - Kemal Kajtezovic, Network Manager for Facilities and Clinics
 - Scheanell Holland, Network Manager for Individual Clinicians, OBAT prescribers and Groups
 - Shailja Patel, Network Manager for Autism Services
 - njnetworkmanagement@optum.com



Our Care Management Services



Determine Needs/Strengths

- Early Identification of high-risk members in need of care coordination support

Develop Individual Case Plan

- Comprehensive assessments completed to identify member strengths, risk factors, gaps in care and barriers to health access, including SDOH

Locate Community Resources

- Creating important linkages between members, providers, and community resources and other support services where needed

Develop Treatment Plan/Monitor

- Educating about complex behavioral health and basic medical issues in easy-to-understand language

Reassess/Measure Progress

- Monitoring and Continuity of Care

NJ Medicaid Behavioral Health Care Management Referral

The most direct way for **provider staff** to reach Behavioral Health Care Management:

[NJ Behavioral Health Care Management direct email](#)

[address: NECSBHCCA@UHC.com](mailto:NECSBHCCA@UHC.com)

*This is a provider facing email address **only and** should not be given to members as there would then be risk of member crisis issues waiting in an email inbox.*

If staff are **sitting with a member/wanting member facing referral/care coordination**, they should use:

[Special Needs Hotline \(877-704-8871\)](tel:877-704-8871)

The Hotline is available to all members and providers. All calls are routed to Behavioral Health **and** Medical Care Management for care coordination activities.

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