# Provider Prior Authorization (PA) Refresher Training

NJ FamilyCare Behavioral Health Integration

**MARCH 12, 2025**

# Housekeeping

All attendees will enter the meeting on **mute**

This **meeting will be recorded** to act as an ongoing resource

**CC** You can **enable closed captions** at the bottom of the screen

Submit your **questions using the "Q&A" function** – direct them to State or specific MCO *(Note: we will aim to respond to all questions directly during or after the meeting. Responses to broadly-applicable questions may be shared publicly)*

**Materials and recording** will be published and available on DMAHS website

This is a refresher from 11/21/2024 PA training; Materials/recoding from previous training be found on [DMAHS stakeholder website](#)

NEW JERSEY HUMAN SERVICES

# Agenda

| | |
|---|---|
| **Welcome and Phase 1 Implementation updates**<br>Shanique McGowan, BH Program Manager, DMAHS | 2:00–2:10 |
| **Overview of PA and key standards**<br>Jana Lang, BH Program Manager, DMAHS<br>Shanique McGowan, BH Program Manager, DMAHS<br>Militza Ramirez, BH Program Manager, DMAHS<br>Geralyn Molinari, Director, Managed Provider Relations, DMAHS | 2:10–2:25 |
| **NJSAMS overview**<br>Lily Veksler, Program Analyst, DMHAS | 2:25–2:35 |
| **MCO Round Robin**<br>Aetna, Fidelis Care, Horizon, UnitedHealthcare, Wellpoint | 2:35–3:10 |
| **Next steps**<br>Shanique McGowan, BH Program Manager, DMAHS | 3:10–3:15 |
| **Q&A**<br>Shanique McGowan, BH Program Manager, DMAHS<br>Aetna, Fidelis Care, Horizon, UnitedHealthcare, Wellpoint | 3:15–4:00 |

NEW JERSEY
HUMAN SERVICES

# Extension reminder for Phase 1 Transition period

DMAHS and DMHAS are mandating that **all MCOs extend the following transition-period policies through June 30, 2025:**

- Auto-approval of all prior authorizations for all Phase 1 BH services

- Payment of valid claims at the FFS floor to all out-of-network providers

In addition to extending these policies, we will be continuing to work with MCOs to improve processes so that together we can better support you and ultimately better serve members

# Since Phase 1 go-live, DMAHS and MCOs have been working to address prior authorization issues

| Issue | DMAHS / MCO response | This training will help you… |
|---|---|---|
| **Delays** in PA request processing due to lack of bidirectional communication in NJSAMS | DMAHS is currently working with State IT and MCOs to determine an implementation plan for integrating MCO PA systems with NJSAMS | **Understand how to enter necessary SUD PA data into current NJSAMS** system and **identify contact information** for providers who are experiencing systems issues |
| MCOs have reported **struggling to contact providers** based on contact information provided, leading to increased turnaround times | DMAHS is working with MCOs to clarify main barriers to contact information and continuing to publish provider resources that offer PA submission guidance to ensure fast turnaround | **Understand MH and SUD PA information requirements for contact fields** to ensure that MCOs can reach providers efficiently |
| **Providers are not submitting prior authorizations** given the automatic approval of requests in the Phase 1 transition period | DMAHS is continuing to hold provider readiness trainings and post resources that offer clear guidance around prior authorization submission processes | **Understand MH and SUD PA information requirements and submission processes** to ensure accurate submissions and efficient processing |

The **State and MCOs strongly advise providers to submit prior authorizations during the 180-day transition period** despite automatic approval to learn MCO-specific systems and processes as well as ensure continuity of care once prior authorizations are required

# In addition to transition period polices, several policy changes were implemented improve PA process under managed care (I/II)

**Time policies**

| | | |
|---|---|---|
| ⧗ | **Minimum durations** | • Set minimum durations to ensure adequate time for providers to develop treatment plans and deliver care *– more detail to come* |
| 🕐 | **Reduced turnaround times** | • Reduced turnaround times for BH services, including 24 hours for all urgent services and 7 days for non-urgent services *– more detail to come* |
| ⚠ | **Urgency designation** | • Designated certain services as urgent (e.g., SUD IOP) |

**Submission processes**

| | | |
|---|---|---|
| ⟳ | **Standardized required fields** | • Standardized required fields for MH and SUD PA across MCOs *– more detail to come* |
| ⚙ | **NJSAMS for SUD PA** | • Require MCOs to accept NJSAMS for all SUD PA requests to remove duplication in provider data entry *– more detail to come* |
| ↩ | **Retroactive authorization** | • MCOs must allow submissions of authorizations within 5 days of service initiation; retroactive authorizations can only be denied for lack of medical necessity or eligibility |

NEW JERSEY
HUMAN SERVICES

# In addition to transition period polices, several policy changes were implemented to improve the PA process under managed care (II/II)

**Exemptions and auto-approvals**

**Exempt services**

- No prior authorization permitted for mental health (MH) and substance use disorder (SUD) outpatient counseling and psychotherapy

**Ongoing auto-approval post transition period**

- MCOs required to auto-approve all court ordered MH and SUD services
- For ambulatory withdrawal management, auto-approval of 5 days for alcohol, opioids, and benzodiazepines use disorders is required

**Education**

**ASAM trainings**

- Instituting annual training requirements on ASAM for MCO staff reviewing SUD PA requests, as well as inter-rater reliability testing to ensure consistent application of criteria across MCO UM staff

NEW JERSEY
HUMAN SERVICES

# Four key steps in managed care prior authorization

| **1** Determine when PA is required | **2** Submit PA request | **3** MCO processes PA request | **4** Dispute and/or appeal PA decision |
|---|---|---|---|

- For which services is PA required vs. not required?

- Where do I submit my PA request?

- What are the required fields / information I must submit?

- How long will it take to process my PA request? (i.e., turnaround time)

- How long will my PA last, if approved? (i.e., authorization duration)

- My PA got denied. What can I do?

- Who can I contact to help me?

# Phase 1 service PA requirements

| PA not required *(for participating / in-network providers)[1]* | PA required |
|---|---|

**MH**

- Outpatient counselling and psychotherapy

**SUD**

- Outpatient counselling and psychotherapy

**MH**

- Partial Care (PC)
- Partial Hospital (PH)

**SUD**

- Partial Care (PC)
- Intensive Outpatient (IOP)
- Ambulatory Withdrawal Management (AWM)[2]

1. Non-participating (i.e., out-of-network) providers are required to submit prior authorization requests for these services (subject to administrative authorization) for tracking purposes. 2. Not required for Horizon

8

# Summary of where to submit MH and SUD PA requests

## MH PA requests

**Preferred method:** Submit to each MCO via their provider portal

- Provider enters the required PA information into the platforms and attaches any necessary documentation — *MCO specific guidance in Appendix*

- Once submitted, PA requests are sent directly to MCO, who will review and communicate approval decision via portal, fax, phone, or mail

**Other ways to submit a request:** All MCOs have a phone submission option and 4 of 5 have a fax[1] submission option

- Contact information and submission instructions to be outlined in MCO Round Robin

> **For members with presumptive eligibility and those without an active MCO, MH PA gets submitted to the county Medical Assistance Customer Centers (MACC) offices**

## SUD PA requests

All SUD PA requests for adult and youth must be submitted to MCOs via **NJSAMS**

- Provider enters the required PA information into NJSAMS — *detail to come in NJSAMS deep-dive*

- Provider submits and sends information to MCO electronically in real time

- MCO will receive 3 PDF reports (i.e., admission, LOCI, DSM-5 reports)

- MCO reviews and enters PA information into their PA system

- MCO communicates to provider external to NJSAMS (e.g., via MCO PA portal or call/fax) the authorization decision or if additional information is needed

NEW JERSEY HUMAN SERVICES

# Required fields for complete MH PA request

| Category | Required fields |
|---|---|
| **General information** | • Non-urgent vs. urgent (& clinical reason for urgency)<br>• Type of request (initial vs. extension, renewal, or amendment) |
| **Patient information** | • Name, phone #/address, **fax number**, DOB, member ID and Medicaid # |
| **Provider information** | • For both requesting provider/facility and servicing provider or facility:<br>  - Name, NPI, Specialty, Contact info (phone, address, email), TIN<br>  - PAR vs. OON |
| **Services requested** | • Plan of care<br>• CPT or HCPCS code(s) and units<br>• MH treatment requested with frequency / length, start / end date<br>• Diagnosis description (ICD) & code<br>• Checkmark for level of care required |
| **Clinical documentation** | • Brief clinical history<br>• Present clinical status (incl. presenting symptoms, medications used/medication plan)<br>• Risk of harm to self or others<br>• Criteria / level of care utilized in past 12 months<br>• Discharge plan (incl. planned discharge level of care, barriers to discharge, expected discharge date) |

DMAHS has established a policy requiring MCOs to standardize these fields as the minimum necessary fields for a complete PA request

MCOs may request additional information or fields but a PA request will be deemed complete for turnaround time tracking as long as these required fields are accurately submitted

**Field not required but strongly encouraged by MCOs**

# Standard fields for complete SUD PA request in NJSAMS

| Category | Fields required |
|---|---|
| **Patient information** | • Name, phone #/address, DOB, member Medicaid #, SSN/citizenship<br>• Admission date and site location |
| **Provider information** | • Provider Name<br>• Provider Medicaid # |
| **Clinical information** | • **Admission report:**<br>  - Agency / Facility Type 2 NPI #<br>  - Patient demographic information<br>  - Details on living arrangement, household, employment, income, legal status<br>  - Details on current substance use<br>  - Level of care indicated / recommended, discharge plan, recommendations / clinical justifications, medications planned<br>  - Comment section to **include medication history option**<br><br>• **LOCI report** to assess appropriate level of care for patients across:<br>  - Provider telephone and / or **fax number**<br>  - Acute Intoxication/Withdrawal<br>  - Biomedical conditions/complications<br>  - Emotional, behavioral, or cognitive conditions and complications<br>  - Readiness to change<br>  - Relapse, continued use, or continued problem potential<br>  - Recovery environment<br>• Level of care indicated / recommended, discharge plan, recommendations / clinical justifications, medications planned<br><br>• **DSM-5 report**, specifying how a member meets criteria for 1+ of 12 SUD DSM diagnoses with special notation section to include **last date of substance use**, includes CIWA and COWS |

**Field not required in NJSAMS but required by MCOs**

NEW JERSEY HUMAN SERVICES

# Some services are always urgent, and others depend on admission method or provider / MCO discretion

| Always urgent | Can be urgent *If referred from inpatient, residential or ER screening* |
|---|---|

**MH**
- Acute partial hospital (APH)
- Inpatient psychiatric hospital care

- Partial hospital (PH)
- Partial care (PC)
- Adult Mental Health Rehabilitation (AMHR)

**SUD**
- Ambulatory withdrawal management (AWM)
- Residential detoxification / withdrawal management (ASAM 3.7 WM)
- Intensive outpatient (IOP)
- Short term residential (STR)
- Inpatient medical detoxification

- Partial care
- Long term residential

| Previously integrated | Phase 1 service | Phase 2 service |
|---|---|---|

Any service can additionally be classified as urgent by provider / MCO discretion

# Maximum turnaround time of a PA request for managed care covered services depends on urgency designation

## Urgent

For outpatient BH services:
- **24 hours**
- If PA request is incomplete, MCO must request additional information within **24 hours** of PA receipt
  - Turnaround clock resets upon provider submission of updated PA, with decision to be rendered within **24 hours**; turnaround from receipt of original PA within **72 hours**

For inpatient / residential BH services:
- **24 hours**

## Non-urgent

Turnaround time is **7 calendar days**

Turnaround time for modified denials, auto approvals, extension requests, and retroactive authorizations should follow the same turnaround times as **initial authorizations**

# Minimum initial authorization duration

DMAHS has worked with MCOs to set **minimum initial authorization durations** for certain BH services to ensure that members receive care for an appropriate amount of time and to give providers sufficient time to develop and implement a treatment plan

| Service | **Minimum** Initial Authorization Duration[1] |
|---|---|
| MH Acute Partial Hospital and Partial Hospital | 14 days |
| MH Partial Care | 14 days |
| SUD Partial Care and IOP | 30 days |
| Short Term Residential *(Phase 2 service)* | 14 days |
| Long Term Residential *(Phase 2 service)* | 60 days |

**After the initial authorization, MCOs may set different durations at their discretion based on member needs**

1. *These are required minimums. MCOs can grant longer durations based on member needs at MCO's discretion*

# Right to appeal and request continuation of benefits

**Step 0:** Receive PA decision letter

If an initial or extension authorization is denied, members and providers will receive a letter from MCO

For extensions, MCOs must send notice 10 days before end of service authorization

The letter outlines:
- **MCO decision** to deny or reduce request
- **Steps to appeal** and continue services
- **Representation options**

**Step 1:** Request continuation of benefits

Members or representatives must request continued benefits:
- On or before the last day of current authorization; or
- Within 10 days of receiving the denial letter.

Example: If the letter arrives 5 days before authorization ends, request continuation within 5 days after receiving it

**Step 2:** Request Appeal (starting with first level)

Members have **60 days** from the denial date on decision letter to appeal (verbally or in writing).

Members can request appeals on their behalf through providers or authorized representatives

**Three** levels of appeal

1. **Internal Appeal:** Formal internal review by MCO

2. **External/IURO Appeal:** External appeal conducted by an Independent Utilization Review Organization (IURO)

3. **Medicaid Fair Hearing:** This can take place in parallel with external/IURO appeal or afterwards if decision is not in member's favor

NEW JERSEY HUMAN SERVICES

# **NJSAMS overview**

# PA requests for all non-hospital Phase 1 SUD services for <u>adults and youth</u> route to MCOs via NJSAMS; process unchanged for Phase 2 and 3 services

| Services | Population Type | PA processed by MCO or IME? *(as of Jan '25)* | Providers submit via NJSAMS or MCO process? |
|---|---|---|---|
| **Phase 1 services**<br>• Intensive Outpatient<br>• Partial Care<br>• Ambulatory Withdrawal Management<br>*Note: Includes Recovery Court* | **General population** | **MCO** | **NJSAMS** |
| | **Presumptive eligibility or members without an active MCO** | **IME** | **NJSAMS** |
| | **Specialty (MLTSS, DDD, FIDE-SNP) population** | **MCO** | **NJSAMS** |
| **Phase 2 and Phase 3 services**<br>• Short term residential<br>• Long term residential<br>• Residential withdrawal management (ASAM 3.7 IWM)<br>*Note: Includes Recovery Court* | **General population** | **IME** | **NJSAMS** |
| | **Presumptive eligibility or members without an active MCO** | **IME** | **NJSAMS** |
| | **Specialty (MLTSS, DDD, FIDE-SNP) population** | **MCO** | **MCO portal** |

Note: All Medicaid PE (Presumptive Eligibility) will continue to be processed through the IME as it is today. Work is still being done to confirm if FIDE-SNP prior authorizations can be identified through NJSAMS for MCOs

NEW JERSEY HUMAN SERVICES

# Additional information on provider data entry into NJSAMS

| Topic | Guidance |
|---|---|
| **Initial auth vs. extension request** | • **If submission is an extension request**, providers should select "extension" checkbox<br>• Providers will not get a notification through NJSAMS of need for extension |
| **Urgent designation** | • **If providers want to designate SUD partial care as urgent**, they must notify MCO external to NJSAMS (e.g., fax, phone call) |
| **Modified level of care** | • Providers must first discharge the member from current level of care within NJSAMS<br>• Providers will then re-submit request through NJSAMS to MCOs with updated level of care report (ASAM LOCI) and select "modified level of care" checkbox<br>   - Applicable information from previous submission will pre-populate into new request |
| **Discharges** | • Providers must discharge member through NJSAMS and inform MCOs through MCO portal |

> **NJSAMS is not responsible for validating or addressing errors**, thus providers are urged to review information and checkboxes prior to submitting

NEW JERSEY
HUMAN SERVICES

# Common provider questions or errors on NJSAMS PA submission (I/III)

**①** **Member's MCO or Medicaid # is incorrect**

- Providers have functionality to change the MCO or Medicaid # if incorrect
- On left hand navigation, click **"Income / Program Eligibility"**
- In the "MCO Name" field, select the correct MCO
- In the **"Medicaid Number"** field, type correct Medicaid #
- Click **"Override MCO/Medicaid Number"** checkbox
- In **"Reason to Override"** field, select reason for correction
- Click **"Save"** to save changes

# Common provider questions or errors on NJSAMS PA submission (II/III)

**2** **Member does not have an MCO or has presumptive eligibility**

- Navigate to first accordion of "Admission section"
- In the "Funding source" section:
  - Select **"Managed Initiatives"** from the first dropdown
  - Select **"Medicaid"** from the second dropdown
  - Check the checkbox labelled **"Presumptive Eligible (PE) or MCO assignment is not effective. *Only Trained and Certified PE providers should use this box.*"**
- Submit clinical request to IME

**Note:** Services that are Medicaid covered must be billed to Medicaid. Failure to do so may be subject to audit and result in recovery of funds.

Managed Initiatives ⌄ * | Medicaid ⌄ *

☑ **Presumptive Eligible (PE) or MCO assignment is not effective.**
*Only Trained and Certified PE providers should use this box.*

Before clicking on **"SAVE"** please check that the client's LOC is correct. If it is not correct, review the LOCI and either change to the correct level or check with the clinician who did the LOCI evaluation. After clicking on **"SAVE"** the record will be locked and the LOC cannot be changed for this admission.

**3** **How to proceed after member is assigned an MCO (changing funding from Medicaid PE to Medicaid)**

- On left hand navigation, click **"Income / Program Eligibility"**
- Click **"Verify Medicaid Eligibility"**. MCO name and Medicaid number will automatically populate
- Click **"Save"** to save changes
- In the "Funding source" section, follow steps from above for dropdowns, then **uncheck** "**Presumptive Eligible or MCO assignment is not effective**" box
- Submit clinical request to IME

Medicaid/WFNJ/Private Insurance

**Medicaid**

Is the client currently enrolled in Medicaid? ⦿ Yes ◯ No (as of 2/28/2025) | Verify Medicaid Eligibility

MCO Name: Horizon NJ Health
Medicaid Number: 000004243721
Override MCO/Medicaid Number: ☐

Funding Source History

**Change Funding Source**
Managed Initiatives ⌄ * | Medicaid ⌄ *

☐ **Presumptive Eligible (PE) or MCO assignment is not effective.**
*Only Trained and Certified PE providers should use this box.*

NEW JERSEY HUMAN SERVICES

# Common provider questions or errors on NJSAMS PA submission (III/III)

**④ Provider wants to submit an extension or modified level of care request**

- On left hand navigation, click **"Clinical Authorization"**
- Select **"Check if this request is for an extension"** to submit an extension request OR select **"Check if this request is for a modified Level of Care"** for modified level of care request
- Click **"Generate and Send Report to MCO"**



**⑤ Provider submitted request in NJSAMS, but MCO has not received the request**

- Providers receive a confirmation (in green font with date of submission) after submitting a PA request in NJSAMS
- Providers should screenshot the confirmation and follow-up with MCO if MCO claims to have not received the PA
- If providers do not receive a confirmation, they should submit an NJSAMS ticket

# NJSAMS resources and contact information

## Prior NJSAMS training resources

The BHI Stakeholder Information website has the following materials from the Nov 2024 PA / NJSAMS training:

- [NJSAMS presentation](#)

- [NJSAMS training recording](#)

- [NJSAMS tutorial video](#)

## When to contact IME

Process related issues, e.g.:

- Provider is unsure if PA should be submitted to MCO or IME

- Provider has questions about how to properly complete an NJSAMS admission file

IME contact information:

✉ **imeum@ubhc.rutgers.edu**

📞 844-276-2444

## When to contact a member's MCO

MCO communication regarding PA decision, e.g.:

- Provider submitted PA request to MCO and needs clarification on next steps

- Provider has not received response from the MCO in the required time frame

*Refer to key MCO points of contact [here](#) or also in [provider readiness packet](#)*

## When to submit NJSAMS ticket

Technical issues, e.g.,:

- Provider has encountered an error message on their NJSAMS screen

- Provider cannot start a client record due to a data correction issue

To access NJSAMS ticket system, log in, navigate to the Help Menu, and select option for Ticket Management. Note the response time is 72 hours.

NEW JERSEY
HUMAN SERVICES

# MCO Round Robin



**7 mins x 5 MCOs**

- Introduce PA team

- Overview of MCO specific processes

- Share training information / additional resources

Aetna Better Health of NJ (ABHNJ)

*Presenter*

# Alyxandra Llorens
LCPC, Manager, Clinical Health Services

# Aetna | Meet our Prior Authorization team

**Vincenza Stone, LMHC**
Clinical Team Lead

- Oversite of IP and PA authorizations
- SME for BH UM

**Michele Cinkewicz, LCSW**
UM Clinical Consultant

- Inpatient Authorizations
- Rapid Readmission Pilot

**Stephanie Haney, RN**
UM Clinical Consultant

- Inpatient Authorizations

**Cristina Defuria, LMFT**
UM Clinical Consultant

- Prior Authorizations

**Maizel Quiva, MA, BCBA, LBA**
UM Clinical Consultant

- ABA Authorizations

**Stacy Shephard, LCSW**
UM Clinical Consultant

- Prior Authorizations

NEW JERSEY HUMAN SERVICES

# Aetna | Additional MCO-specific guidance for submitting MH and SUD PAs

## MH Prior Authorizations

Additional information guidance:
- For continued Stay reviews, please submit the last 30 days of clinical notes if applicable

Where to submit MH PA requests:

**Provider portal** (preferred method):
- Availity: Access Availity Here

**Call or Fax:**
- **Call:** 855.232.3596
  - Follow prompts to BH. Request an authorization with our intake team.
- **Fax:** 844.404.3972
  - Submit with the Prior Authorization Request form on the ABH NJ Website.

How providers will be notified of MH PA decisions:
- Decisions sent back to provider via fax or phone call
- PA decisions will also be available in Availity if provider submitted the original PA via the portal

## SUD Prior Authorizations

Additional information guidance:
- Please provide the contact information of the clinician that would need the prior authorization information.

- If able, please include a fax number as this is the most streamline way to communicate.

- For Continued Stay reviews, update all 6 dimensions and provide any necessary information to justify the need for extended treatment. This can include faxing us:
  - Treatment plans, progress notes, etc.

Where to submit SUD PA requests:
- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:
- Decisions sent back to provider via fax or phone call

# Aetna | Common provider errors leading to delays in processing

| Applicable services | Error | How to avoid |
|---|---|---|
| MH and SUD | Incomplete Prior Authorization Requests | • Ensure that all areas of the Prior Authorization form are fully completed and signed, along with treatment plans, and progress notes (MH Cases)<br>• Ensure that all areas of the NJSAMS documents are completed, including contact information and newly updated dimensions for continued stay reviews |
| MH-specific | Units Requested Incomplete | • Along with the date span you are requesting, include the total number of units |
| SUD/NJSAMS-specific | Incorrect Contact Information | • When adding the contact information to the LOCI, please include the clinician/department that would need the prior authorization information<br>• Providing a fax number is the most streamline way to obtain decisions by ABH NJ |

NEW JERSEY HUMAN SERVICES

# Aetna | Upcoming trainings and resources

## Upcoming trainings

| When | Training Topic | Target audience | Link |
| --- | --- | --- | --- |
| March 26 12:00 pm | **BH Integration Training** Integration Overview for BH providers new to ABHNJ | BH Providers | [Register] |

## Additional resources

For further information on submitting claims with us, please contact:

**Liarra Sanchez**
**Manager, Network Relations**
**609-455-8997**
**SanchezL7@Aetna.com**

Links:
- Access Availity Claims Portal Here
- ABHNJ Provider Manual
- MCO Quick Reference Guide
- New Provider Orientation
- ABHNJ Provider Website

NEW JERSEY HUMAN SERVICES

*Presenter*

# Enola Joefield-Haney

Manager, Behavioral Health
Utilization Management

# Fidelis Care | Meet our Behavioral Health team

**Diana Currin**
Lead Utilization Review Clinician - Behavioral Health

- Manages prior authorization processes of required authorizations to ensure compliance and proper handling.

- Ensures team adherence to contracts, policies, and performance standards.

- Reviews medical necessity to confirm care aligns with regulatory guidelines.

**Cassandra Dunner**
Utilization Review Clinician - Behavioral Health

- Reviews authorization requests to assess medical necessity and care appropriateness.

- Collaborates with providers and teams to ensure timely service approvals.

- Supports discharge planning to facilitate smooth care transition
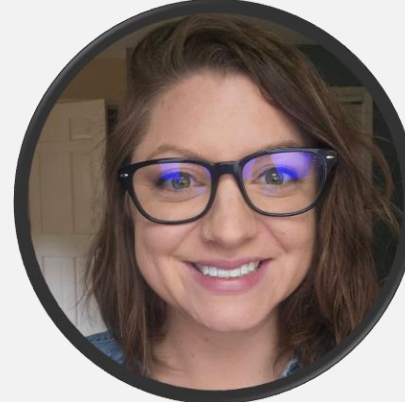
**Erin Berry**
Utilization Review Clinician - Behavioral Health

- Reviews authorization requests to assess medical necessity and care appropriateness.

- Collaborates with providers and teams to ensure timely service approvals.

- Supports discharge planning to facilitate smooth care transition

**Natalia Bas**
Utilization Review Clinician - Behavioral Health

- Reviews authorization requests to assess medical necessity and care appropriateness.

- Collaborates with providers and teams to ensure timely service approvals.

- Supports discharge planning to facilitate smooth care transition

NEW JERSEY HUMAN SERVICES

# Fidelis Care | Additional MCO-specific guidance for submitting MH and SUD PAs

## MH Prior Authorizations

Where to submit MH PA requests:

**Provider portal** (preferred method):
- Fidelis Care provider portal

**Call or Fax:**
- **Behavioral Health Phone:** 888-453-2534
- **Outpatient Auth Request Submissions:** 888-339-2677 *(fax)*
- **Inpatient Auth Request Submissions:** 855-703-8082 *(fax)*
- Authorization Forms

How providers will be notified of MH PA decisions:
- Decisions sent back to provider via fax
  - If there is no fax number, there will be telephonic outreach

## SUD Prior Authorizations through

Where to submit SUD PA requests:
- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:
- Decisions sent back to provider via fax
  - If there is no fax number, there will be telephonic outreach

**Criteria to determine medical necessity:** InterQual, ASAM (Fidelis Care will apply medical necessity criteria starting on 7/1/2025)
**To determine if a service requires authorization see our website:** https://www.fideliscarenj.com/en/New-Jersey/Providers/Authorization-Lookup

# Fidelis Care | Common provider errors leading to delays in processing

| Applicable services | Error | How to avoid |
|---|---|---|
| MH and SUD | Lack of PA information | • Provide all information necessary to avoid delay in processing authorization. i.e. provider contact and fax number, # of units requested and dates of service (start & end). |
| MH-specific | Incorrect Service Sub-type | • Choosing the appropriate subtype for authorization request via fax, web or phone submission. i.e. H0035 will be Partial Hospitalization or Partial Care (PHP) subtype instead of Behavioral Intensive Outpatient (BIO) |
| SUD/NJSAMS-specific | Lack of PA information; Lack of provider contact information | • Provide all information necessary to avoid delay in processing authorization. i.e. provider contact and fax number, # of units requested and dates of service (start & end) in "additional comments section in NJSAMS."<br>• Include contact person that is aware of the authorization submitted and can provide additional information if necessary. |

NEW JERSEY
HUMAN SERVICES

# Fidelis Care | Upcoming trainings and resources

## Upcoming trainings

| | | | |
|---|---|---|---|
| **March. 27th**<br>12:30-1pm | **Provider Orientation**<br>Introduction to our network | Newly Credentialed Providers | (Link to Meeting) |
| **March 27th**<br>3:30pm | **Behavioral Health Integration Provider Training Overview**<br>Overview of requirements to become a provider and expectations. | FFS BH providers joining managed care | (Link to Join Meeting) |
| **April. 1st**<br>10:30am | **Behavioral Health Integration Provider Training Overview**<br>Overview of requirements to become a provider and expectations. | FFS BH providers joining managed care | (Link to Join Meeting) |
| **April. 24th**<br>3:30pm | **Behavioral Health Integration Provider Training Overview**<br>Overview of requirements to become a provider and expectations. | FFS BH providers joining managed care | (Link to Join Meeting) |
| **May. 6th**<br>10:30am | **Behavioral Health Integration Provider Training Overview**<br>Overview of requirements to become a provider and expectations. | FFS BH providers joining managed care | (Link to Join Meeting) |
| **June. 3rd**<br>3:30pm | **Behavioral Health Integration Provider Training Overview**<br>Overview of requirements to become a provider and expectations. | FFS BH providers joining managed care | (Link to Join Meeting) |

## Additional resources

For more information on requesting PA, please contact:

**Enola Joefield-Haney, Manager**
813-206-3367
Enola.d.joefieldhaney@centene.com

Links:
> PA / MCO Portal

> MCO Provider Manual

> MCO Quick Reference Guide

- New Provider Orientation
- [Additional key resource]

NEW JERSEY HUMAN SERVICES

33

**Presenter**

# Edward Elles, LCSW

Director, BH Medicaid Admin &
Clinical Ops

# Horizon NJ Health | Meet our Prior Authorization team



**Jessica Stagg Anderson, LCSW**
Manager, Behavioral Health Clinical Operations

- Responsible for management of the Prior Authorization team

**Perri Cohen, LCSW**
Manager, Behavioral Health Clinical Operations

- Responsible for management of the Integration team

**Carolyn Gama, RN**
Manager of Outpatient Services, Navigational Assistant and ABA therapy for Behavioral Health

- Responsible for management of Outpatient and ABA services

**Danielle Bowman, LPC**
Supervisor, Behavioral Health Clinical Services

- Responsible for supervision of the Prior Authorization team

**Victoria Frazier, LPC**
Supervisor, Behavioral Health Clinical Operations

- Responsible for supervision of the Integration team

**Stephanie Rose, LCSW**
Supervisor Clinical Operations, Outpatient

- Responsible for supervision of the Outpatient Navigational Assistance team

NEW JERSEY HUMAN SERVICES

# Horizon NJ Health | Additional MCO-specific guidance for submitting MH and SUD PAs

## MH Prior Authorizations

Where to submit MH PA requests:

**Provider portal** (preferred method):
- [Availity](Availity)

**Call or Fax:**
- **Phone:** 1-800-682-9094
- **Outpatient Fax (ECT/TMS/Routing OP Services):** 855-241-8895
- **PA Fax (IP/RES/PHP):** 732-938-1375

How providers will be notified of MH PA decisions:
- Providers can check outcomes of submitted PA requests via Horizon's CareAffiliate, which can be accessed through Availity
- In addition, providers will also receive a fax or mailed notice of determination letter for each prior authorization request

## SUD Prior Authorizations through

Where to submit SUD PA requests:
- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:
- SUD PA requests submitted through NJSAMS are loaded into Availity; therefore, providers can check outcomes of submitted SUD PA requests via the portal
- In addition, providers will also receive a fax or mailed notice of determination letter for each prior authorization request

# Horizon NJ Health | Common provider errors leading to delays in processing

| Applicable services | Error | How to avoid |
|---|---|---|
| MH and SUD | Not providing correct identifiers | • Ensure Documentation has accurate identifying information such as member ID number, member name, DOB, and social security number |
| | Unable to reach facility contact due to a generic contact number and/or no confidential voicemail to leave messages | • Provide direct contact and/or a number with a confidential voicemail |
| | Not calling back if we are requesting additional information | • Provide accurate contact information<br>• Call back to discuss additional information request<br>• Provide discharge information to MCO when member discharges planned or AMA |
| | Incorrect or missing primary diagnosis | • Ensure you are adding the correct primary diagnosis prior to submitting your request |
| MH-specific | Choosing incorrect provider profile in Availity | • Ensure the provider profile has HNJH as one of the plans attached to the case |
| | Omission of billing code | • When calling in a Precert request, it is helpful to have the billing code in order to ensure we are setting up the request accurately |
| | Partial Care submitted as Partial Hospital Program | • When creating a partial care request in Availity, choose day treatment rather than partial hospital |

# Horizon NJ Health | Common provider errors leading to delays in processing

| Applicable services | Error | How to avoid |
|---|---|---|
| SUD/NJSAMS-specific | Submitting requests for authorized services within the previous authorized date range | • Specify in admission comments in admission report when all authorized units will be used<br>  ➤ For instance: Member used all authorized units as of 2/2/2025, requesting additional units start date 2/3/2025. |
| | Incorrect NPI on Admission Report | • Verify NPI is correct prior to submission<br>  ➤ Some requests have entered NPI as "123456789" |
| | Necessary fields completed inaccurately on admission report | • Ensure all fields on admission report completed with accurate information |
| | Submission of past clinical information on LOCI | • Provide updated clinical information when submitting for additional units<br>  ➤ Some providers are copying and pasting clinical from past requests or copying and pasting same clinical in all Dims of the LOCI assessment |
| | Choosing incorrect MCO | • Ensure you are selecting the Horizon NJ Health when submitting HNJH requests. |

NEW JERSEY
HUMAN SERVICES

# Horizon NJ Health| Upcoming trainings and resources

## Upcoming trainings

Horizon is in the process of scheduling future training dates.
Once finalized, training dates and registration links will be published on the link below

Behavioral Health Training Webinars - Horizon NJ Health

## Additional resources

For assistance, please contact Provider Services:
- Phone: **(800) 682-9091**

Email: BHMedicaid_@horizonblue.com

Links:

- PA/Availity Essentials™
- Credentialing Application Link
- HNJH Provider Manual
- HNJH Quick Reference Guide
- New Provider Orientation

NEW JERSEY
HUMAN SERVICES

## Scheanell Holland
NJ Network Manager

# UnitedHealthcare| Meet our Prior Authorization team



Julia Codrington PhD, LPC, CPCS

- Associate Director Care Advocacy



Jennifer Lilly, LPC

- Manager Care Advocacy



Celeste Boykins, MA, LCPC, LCADC Approved Supervisor

- Manager Care Advocacy



Brian Coover, LPC

- Senior Care Advocate/Team Lead
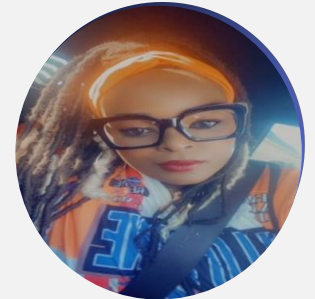


Tenisha Burks

- Lead Senior Wellness Coordinator

NEW JERSEY HUMAN SERVICES

# UnitedHealthcare | Additional MCO-specific guidance for submitting MH and SUD PAs

## MH Prior Authorizations

Where to submit MH PA requests:

**Provider portal** (preferred method):
- Provider Express: Optum - Provider Express Home

**Call:**
- 1-888-362-3368 (found on back of member's ID card)
- Follow the below system prompts:
  - Enter TIN #
  - Select option 3 (intake)
  - Enter member ID/DOB
  - Select option for "Mental Health"

How providers will be notified of MH PA decisions:
- PA decisions will be available in Provider Express if provider submitted the original PA via the portal
- PA requests submitted telephonically will be communicated via phone in real time
- In addition, providers will also receive a letter with a decision

## SUD Prior Authorizations through

Additional information guidance:
- UHCCPNJ receives authorization requests via NJSAMS, which is a one-way communication system. We cannot send any information back to the provider via this one-way communication system.

- Its important to have a current and updated contact at the facility/org.

- Once authorization is given by UHCCPNJ BH based on an NJSAMS submission, the provider can view that authorization in Provider Express.com.

Where to submit SUD PA requests:
- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:
- Decisions sent back to provider via phone call
- SUD PA requests submitted through NJSAMS are also loaded into Provider Express; therefore, providers can check outcomes of submitted SUD PA requests via the portal

# UnitedHealthcare | Common provider errors leading to delays in processing

| Applicable services | Error | How to avoid |
|---|---|---|
| SUD/NJSAMS-specific | Provider did not provide a current and updated contact at the facility/org. | • Ensure the LOCI III report includes current and updated contact information for the staff submitting the case. This is who we contact with the authorization information or any questions |
| SUD/NJSAMS-specific | The admission report documentation is insufficient or contains incorrect member and/or facility information (i.e. missing or incorrect NPI/TIN or Incorrect DOB). | • Ensuring all fields on the admission form are documented and accurate.<br>• Suggestion: In the additional comments section on the form, include last covered day, frequency and attending physician. |
| SUD/NJSAMS-specific | Duplicate requests being submitted | • Review the provider portal to obtain the authorization number. Ensure the contact information in the LOCI III report is accurate. |
| SUD/NJSAMS-specific | Providers do not have a HIPAA compliant/ confidential voicemail box | • Ensuring the contact information in the LOCI III report is accurate and there is a confidential voicemail for the number provided |

NEW JERSEY HUMAN SERVICES

# UnitedHealthcare | Upcoming trainings and resources

## Upcoming trainings

**Available upon request email
[NJNetworkmanagement@optum.com](mailto:NJNetworkmanagement@optum.com) with subject line "Provider
Training Request"**

## Additional resources

For more information on requesting PA, please contact:

**Provider Service line – 1-888-362-3368**

Links:
- [PA Portal](#)
- [Provider Manual](#)
- [Quick Reference Guide](#)
- [New Provider Orientation](#)

NEW JERSEY HUMAN SERVICES

*Presenter*



# Ann Basil, LCSW
Director of Behavioral Health Services
Ann.Basil@Wellpoint.com

# Wellpoint | Meet our Prior Authorization team

**Jenn Cero, LSW**
NJ BH UM – Medicaid
- Outpatient UM Team - Responsible for all outpatient and residential authorizations for all levels of care

**Lisa Catanzarite, LSW**
NJ BH UM – Medicaid
- Outpatient UM Team - Responsible for all outpatient and residential authorizations for all levels of care
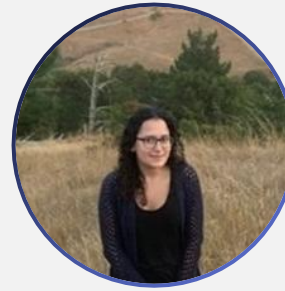
**Joanna Brevan, LCADC**
NJ BH UM – Medicaid
- Outpatient UM Team - Responsible for all SUD levels of care, including inpatient, residential, and outpatient SUD

**Emily Brigman, LCSW**
NJ BH UM – FIDE DSNP
- FIDE DSNP UM Team - Responsible for authorizations for all outpatient levels of care for all NJ FIDE DSNP

**Keren Robinson, LSW**
NJ BH UM – Medicaid
Team Lead
- Team Lead for NJ BH UM – responsible for day-to-day operations of the team

NEW JERSEY
HUMAN SERVICES

# Wellpoint | Additional MCO-specific guidance for submitting MH and SUD PAs

## MH Prior Authorizations

Where to submit MH PA requests:

**Provider portal** (preferred method):
- Availity Portal (access [here](#))

**Call or Fax:**
- **Inpatient Medicaid, PHP, IOP, and all Urgent Services:** 844-451-2794 *(fax)*
- **Inpatient Medicare, PHP, IOP, and and Urgent Services:** 844-430-1702 *(fax)*
- **Access Fax Forms Here:**
  - [Forms | Wellpoint New Jersey, Inc.](#)
- **Call:** 833-731-2149

How providers will be notified of MH PA decisions:
- PA decisions will be available in Availity if provider submitted the original PA via the portal
- PA requests submitted telephonically or by fax will be communicated via phone call or fax

## SUD Prior Authorizations through

Additional information guidance:
- Its important to have a current and updated contact at the facility – both phone and fax numbers are important.

Where to submit SUD PA requests:
- Submitted through **NJSAMS**

How providers will be notified of SUD PA decisions:
- Decisions communicated to provider via fax or phone call

# Wellpoint | Common provider errors leading to delays in processing

| Applicable services | Error | How to avoid |
|---|---|---|
| MH and SUD | Thorough and Updated Clinical | • During the authorization waiver, we are not reviewing clinical for medical necessity, but we have noticed that clinical submitted is often sparce or copied and pasted each submission. Once medical necessity begins July 1, 2025, it will be important to have detailed and updated clinical, status of discharge planning, etc. |
| SUD/NJSAMS specific | Missing Fax Numbers | • Having your correct fax number populated on the NJSAMs submission will help us get in contact with you regarding your authorization reference number, dates, and units. In the absence of it, we will call you but often have trouble getting the correct person on the phone. |
| SUD/NJSAMS-specific | Missing or Incorrect NPI number | • Having the correct NPI number is essential to setting up the case correctly in our system. |

NEW JERSEY HUMAN SERVICES

# Wellpoint | Upcoming trainings

- Wellpoint hosts ongoing provider education and trainings
- Topics include education items such as new provider orientation and claims, but also educational topics
- Recording of Phase One BH Integration provider training is posted online
- Use (2) links below to review topics and dates and register for all provider education and training sessions

Training academy | Wellpoint New Jersey, Inc.

https://www.carelonbehavioralhealth.com/providers/resources/trainings

Links:
Wellpoint Provider Portal
Wellpoint Provider Manual
Wellpoint Quick Reference Guide
New Provider Orientation_Training Academy

# Need help? Visit the state's BH Integration Stakeholder website or contact the member's MCO; if you cannot reach a resolution, outreach DMAHS

## BH Integration Stakeholder Information website[1]

The BH stakeholder website has the following materials for providers:

- Provider readiness packet
  - Offers detailed program guidance and additional readiness guidance

- Prior DMAHS training materials and recordings

- Additional resources with information on program processes

## Member's Managed Care Organization

For specific member inquiries and MCO-related questions, please contact the member's MCO:

**Aetna**   **Fidelis Care**   **Horizon**

**United**   **Wellpoint**

*Refer to key MCO points of contact here or also in provider readiness packet*

## DMAHS – Office of Managed Health Care

If your issue is related to **contracting & credentialing**, **claims & reimbursement**, **appeals,** or **prior authorizations**, then contact **OMHC**:

✉ mahs.provider-inquiries @dhs.nj.gov

- Include specific details regarding your claims

- If multiple claims are impacted, the information should be summarized using an Excel file

- All Protected Health Information (PHI) must be sent securely

## DMAHS Behavioral Health Unit

If your issue is related to **policies & guidelines**, **access to services**, or **general questions**, then contact DMAHS **BH Unit**:

✉ dmahs.behavioralhealth @dhs.nj.gov

☎ 1-609-281-8028

NEW JERSEY
HUMAN SERVICES

# Q&A

**DMAHS or MCO Prior
Authorization questions**

# Choose your breakout room

**To join a breakout room:**

1. Click "**Join breakout room**" on toolbar at the bottom of the Zoom. If the button is not visible, click "More" and then "Join breakout room".
2. Click "**Join**" for the MCO room you wish to be in
3. Click "**Yes**" to be moved into the room
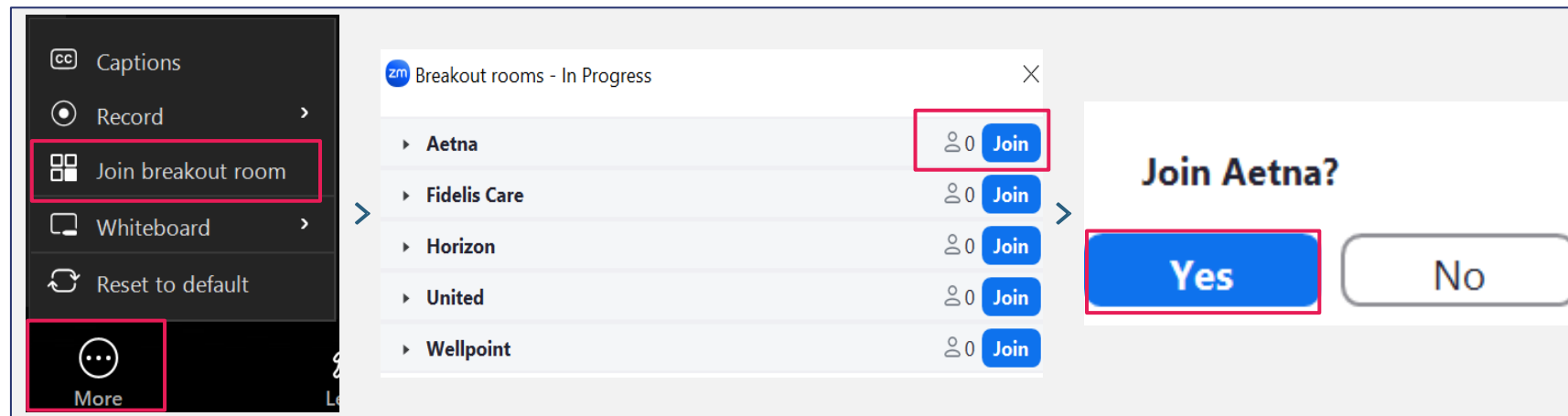
**To switch to another MCO room:**

1. Click the "**Breakout room**" button on the toolbar at the bottom of the zoom
2. Then, click "**Choose breakout room**"
3. Like above, click "**Join**" for the MCO room you wish to be in
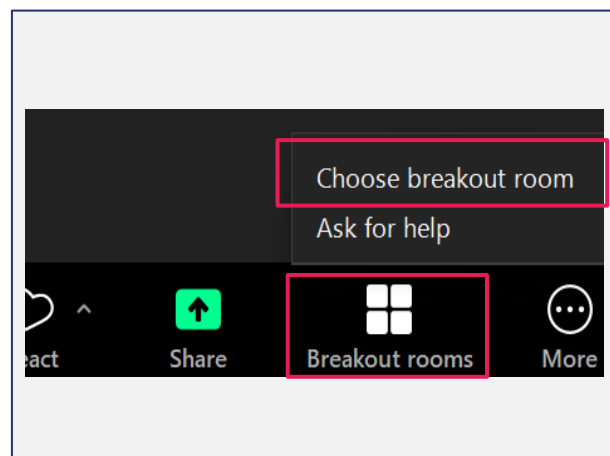
**To go back to the Main Room:**

1. Click the "**Leave room**" button on the bottom right of the screen
2. Click "**Leave Breakout Room**"

52

NEW JERSEY HUMAN SERVICES

NEW JERSEY
HUMAN SERVICES
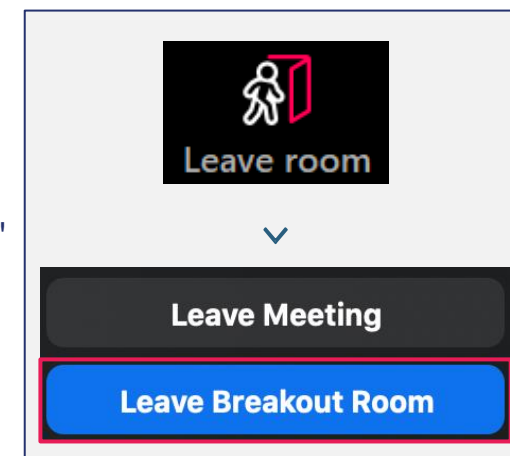
# Appendix

# Three key types of PA requests

## Initial authorization

A PA requested **before** the start of a service or treatment

## Concurrent / Extension authorization

A PA requested for the **continuation or extension** of a service already underway

## Retroactive authorization

A PA that is submitted **post service** delivery and backdated to the first day of service

*Intended for specific, exceptional circumstances[1]*

# NJ FamilyCare has two delivery models

NJ FamilyCare is the name of the Medicaid Program in New Jersey, and includes core Medicaid, the Children's Health Insurance Program (CHIP), and Medicaid expansion populations. Medicaid services are provided through **two delivery models**:

## Fee For Service (FFS)

- **Providers bill state** Medicaid (NJMMIS) directly for services

- Currently, **many behavioral health (BH) services,** including mental health (MH) and substance use disorder (SUD)**,** are billed under FFS for the **general population**, but are shifting to managed care

- Offered for **members not enrolled in a managed care organization (MCO)** and members with **presumptive eligibility (PE)**

## Managed care

- Services managed by one of **5 MCOs:** Aetna, Fidelis Care, Horizon, United, Wellpoint

- **Providers bill MCOs** for services; MCOs receive funding from state to **coordinate member care** and **offer special services** in addition to regular NJ FamilyCare benefits

- **MCOs responsible** for provider network management, care coordination and care management, utilization management, quality assurance, etc.

NEW JERSEY
HUMAN SERVICES

# BH Integration Overview

## Context

While, physical health is managed by MCOs, many behavioral health (BH) services are still managed through FFS

BH includes mental health (MH) services and substance use disorder (SUD) services

To prioritize whole-person care where all healthcare services across the care continuum are managed under the same entity, NJ is embarking on BH integration by shifting BH services from FFS to managed care
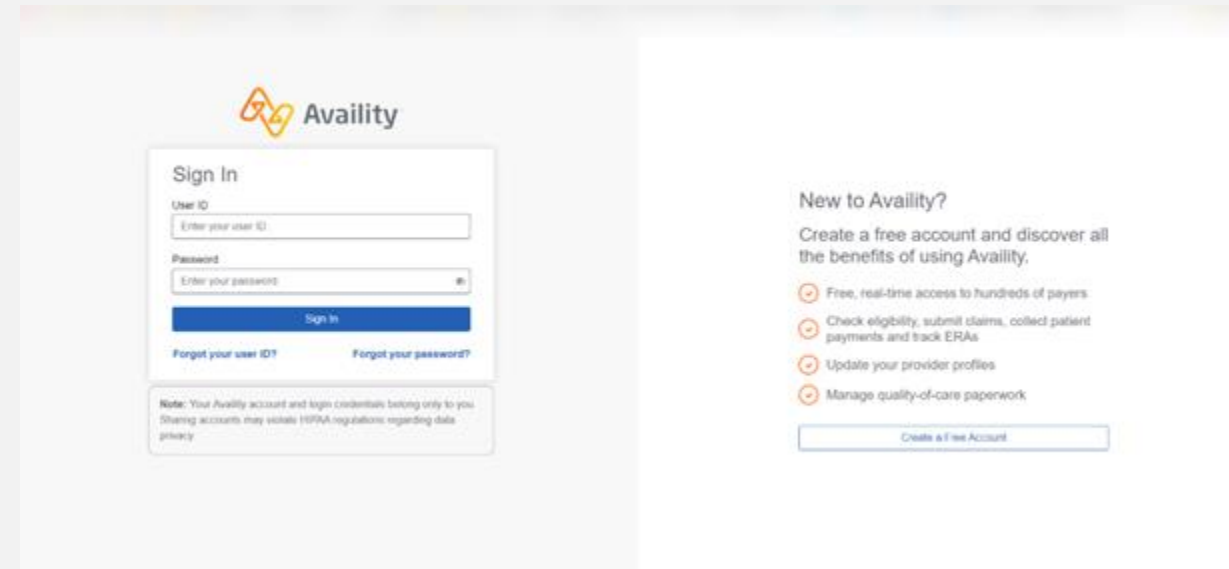
## Goals of BH Integration

- **Increase access** to services with a focus on member-centered care

- Integrate behavioral and physical health for **whole person care**, with potential to improve healthcare outcomes.

- Provide appropriate services for members in the **right setting, at the right time**

# Additional MH PA guidance for hospital services

| Payer | Service code(s) for Acute Partial Hospital (APH) | Service code(s) for Partial Hospital Program (PHP) | Service code(s) for Partial Care (PC) |
|---|---|---|---|
| **Aetna** | • **REV code:** 913<br>• **Units of Service:** 1 Hour | • **REV code:** 912<br>• **Units of Service:** 1 Hour | • **HCPC:** H0035<br>• **Units of Service:** 1 Hour |
| **Fidelis Care** | • **REV code 913 with procedure code** H0035 | • **REV code 912 with procedure code** H0035 | • **HCPC:** H0035 |
| **Horizon** | • **REV code:** 913 (can be submitted with Procedure code H0035) | • **REV code:** 912 (can be submitted with Procedure code H0035) | • **HCPC:** H0035 |
| **UnitedHealthcare** | • **REV code:** 913 | • **REV code for adults (18+):** 912<br>• **REV code for youth (under 18):** 913 | • **HCPC:** H0035 |
| **Wellpoint** | • **REV code 913 with Procedure code** H0035 | • **REV code 912 with Procedure code** H0035 | • **HCPC:** H0035 |

NEW JERSEY HUMAN SERVICES

# Aetna
**MH PA requests using our portal**



Submit PA using Availity Portal
Access Availity Here

# Submitting Authorizations in Availity

**1** Select Authorization Request
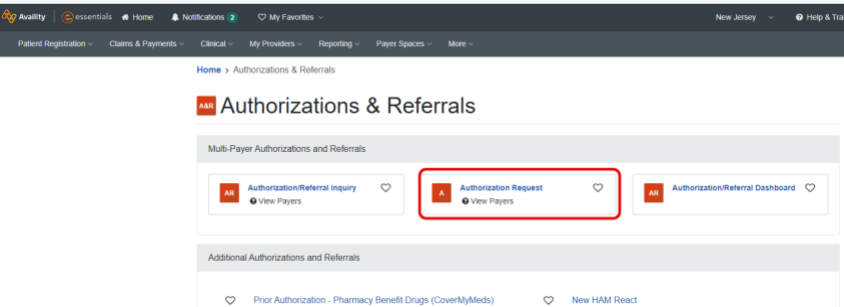
**2** Enter applicable info and click Next
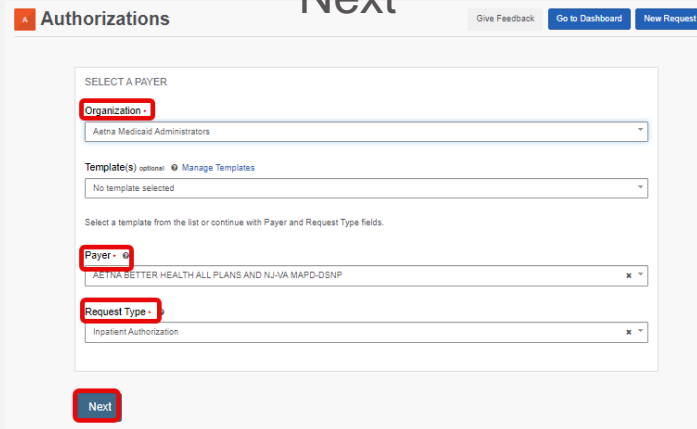
**3** Enter the information for each asterisk being filled. Click Next
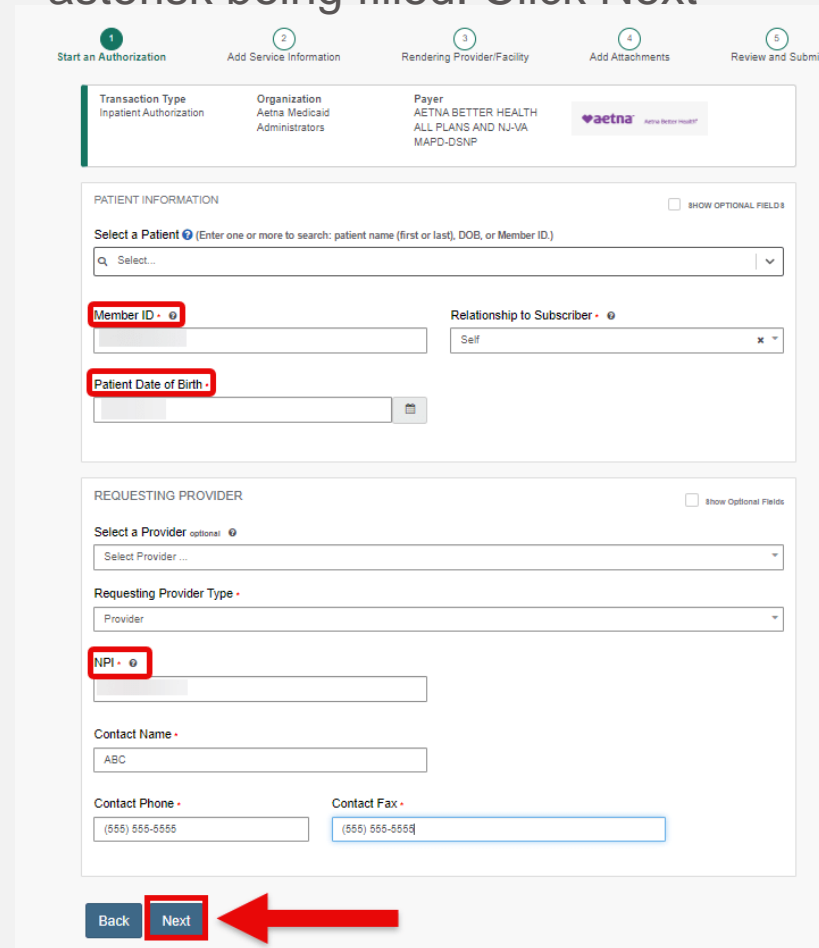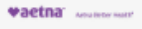
**4** Enter the information for the authorization. Click Next
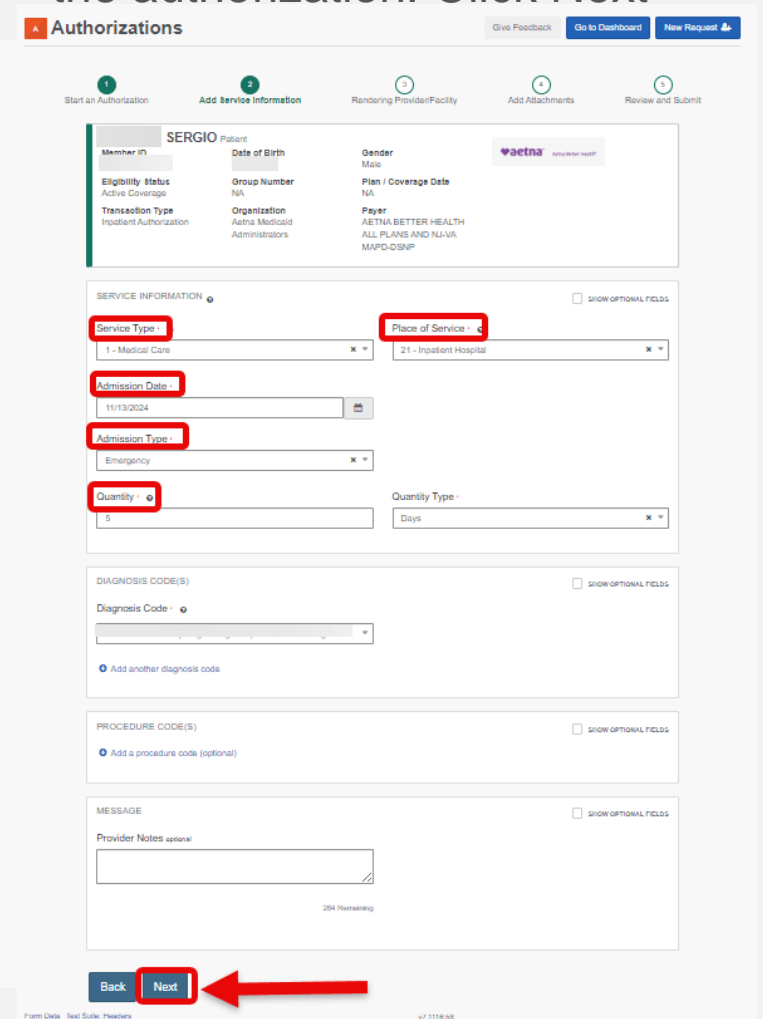
**5** Enter the provider info and click Next

**7** Verify all information and hit Submit

**6** Add any attachments and click Next

NEW JERSEY HUMAN SERVICES

# Checking Status of Authorizations Submitted via Availity

**1**. Click on Authorization/Referral Dashboard
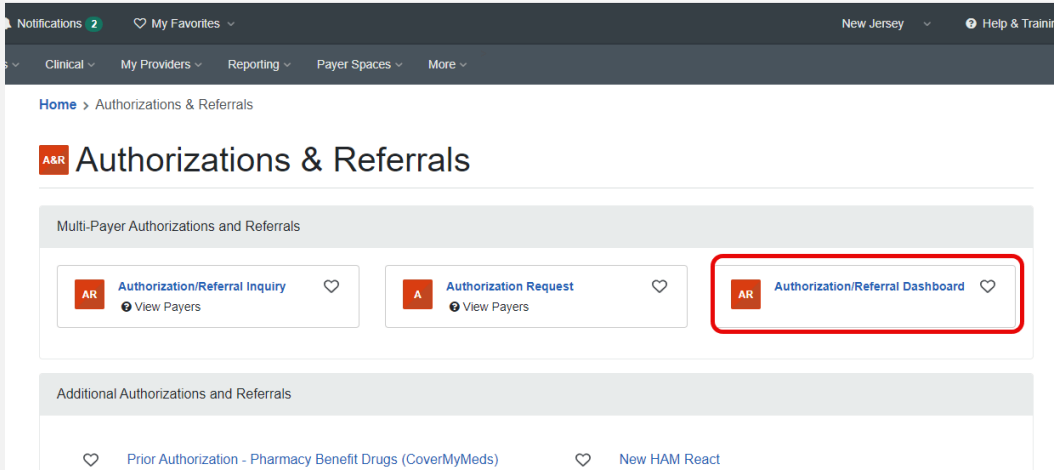
**2** This will show status of those submitted in Availity only
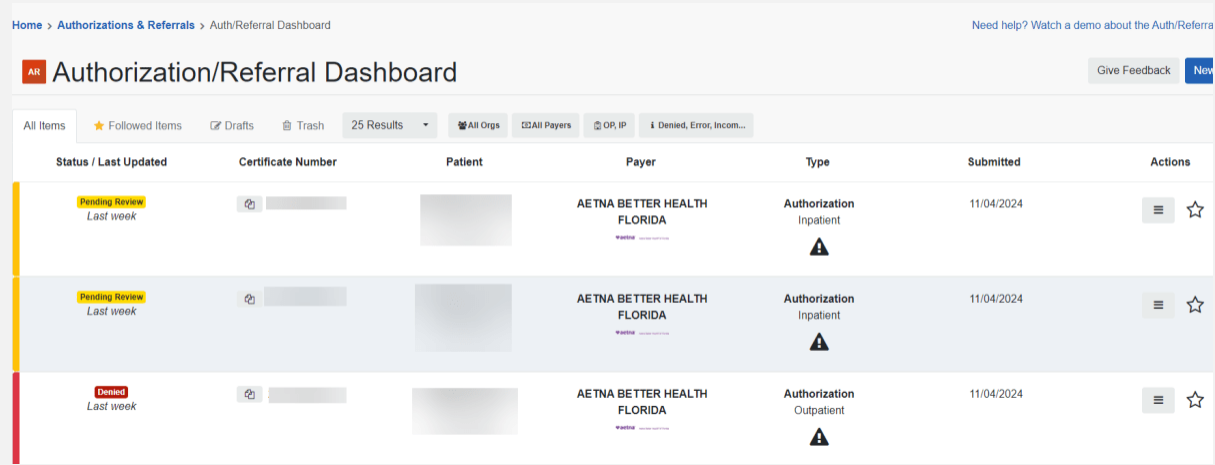
# Authorization Inquiries

**1** Once the provider is logged in, go to patient registration and authorizations & referrals.
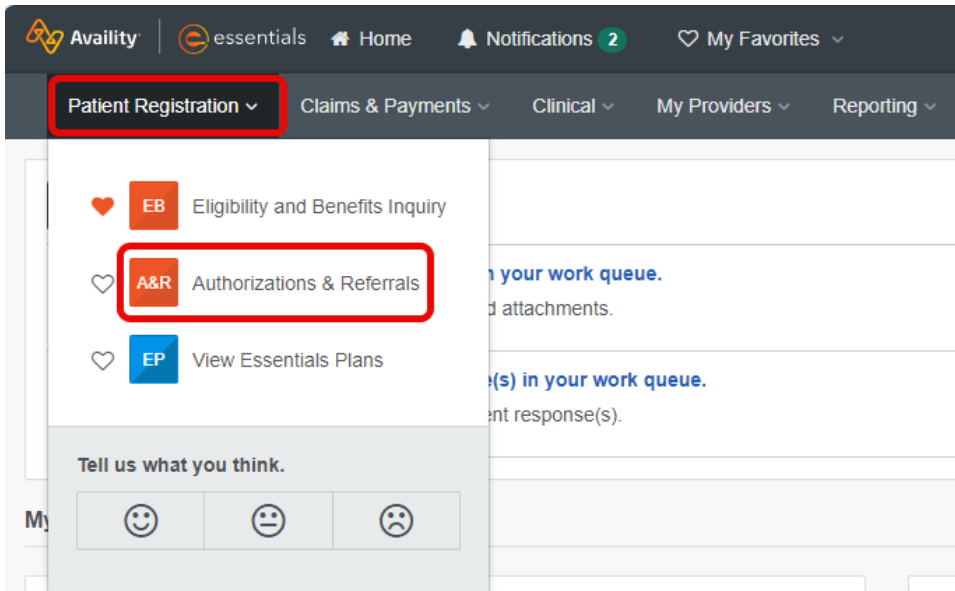


**2** For inquiries, select Authorization/Referral Inquiry
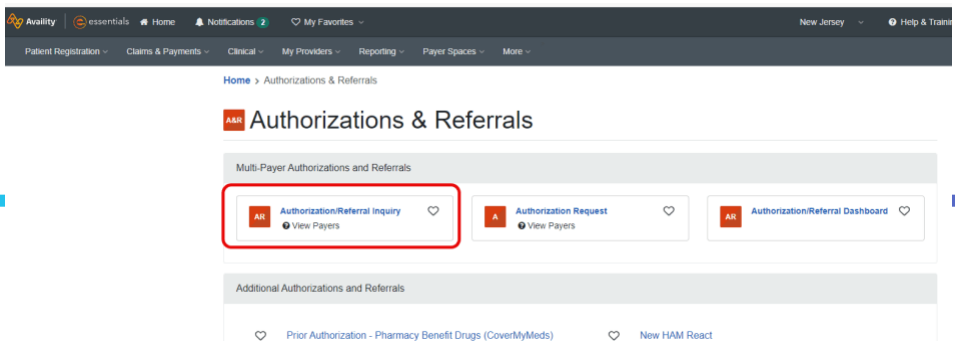


**3** Enter all applicable data that has an asterisk *. Then click submit
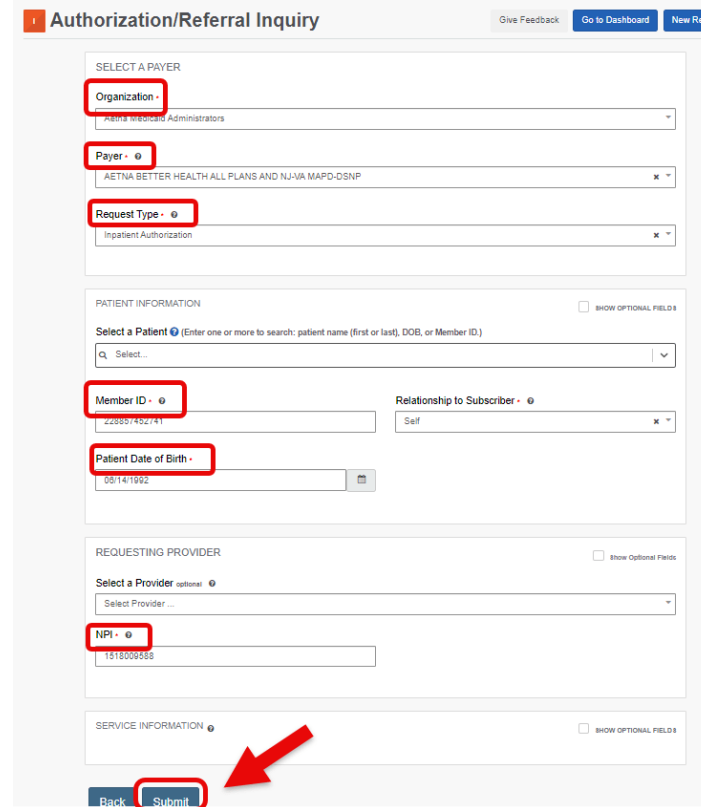


**4** Once you click submit, the auth information will populate.

NEW JERSEY HUMAN SERVICES

# Fidelis Care
**MH PA requests using our portal**



Submit PA using Fidelis Care Portal
[secure online provider portal](secure online provider portal).

# Option 1:

Navigate to the "**My Patients**" and search for the desired member. Then open the "**select action**" drop down. Here you will find the "**Request Authorization**" option:



Select "**Request Authorization**" to access the authorization request form.

HUMAN SERVICES

## Option 2:

From the "**Care Management**" tab, select "**Create New Authorization.**" You will then be prompted to enter the associated Member ID.

# Create Authorization

Chat with an Agent    Help    ▾A    A▴

⬇ Download & Print

COLLAPSE
## Member Information

ⓘ The following Member is attached to this Authorization

| Member Name | Member ID | Date of Birth | Gender | Address | 🔍 Search a Member |
|---|---|---|---|---|---|

COLLAPSE
## Requesting Provider Information

ⓘ The following Provider is attached to this Authorization

| Provider ID | Provider Name | Phone Number | Specialty | Address | 🔍 Choose a Provider |
|---|---|---|---|---|---|
| County | Requesting Provider Fax * | | | | |

COLLAPSE
## Is this a prescheduled service or an inpatient notification?

○ Inpatient Notification    ○ Prior Authorization including preplanned inpatient

Next, insert a valid fax number using the following format: (111) 111-1111. Then make a selection to determine "**Inpatient**" or "**Outpatient**" for the request. Fields within the form will update, based on whether the authorization is identified as inpatient or outpatient.

Select "**Inpatient Notification**" or "**Prior Authorization including preplanned inpatient**" in the "**Is this a prescheduled service or an inpatient notification?**" field.

- Inpatient Notification – **Use for an inpatient/observation request**

- Prior Authorization including preplanned inpatient – **Use for an outpatient request or preplanned inpatient request for a future date of service**

**Requesting Provider Information** COLLAPSE

ⓘ The following Provider is attached to this Authorization

| Provider ID | Provider Name | Phone Number | Specialty | Address | 🔍 Choose a Provider |
|---|---|---|---|---|---|

| County | **Requesting Provider Fax ★** | | | | |
|---|---|---|---|---|---|
| | (111) 111-1111 | | | | |

**Is this a prescheduled service or an inpatient notification?** COLLAPSE

○ Inpatient Notification          ○ Prior Authorization including preplanned inpatient

Complete the fields in the following sections. For an outpatient authorization, you **must** check the "**View Auth Requirements**" button. (This is not necessary for inpatient authorizations.)

## Servicing Provider Information

COLLAPSE

Note: Select checkbox if same as the requesting provider

| Provider Type * | Provider ID * | Advanced Search | Provider Name | Specialty | Fax | County/Island | Address |
|---|---|---|---|---|---|---|---|
| Facility ▼ ☐ | | Advanced Search | | | (111) 111-1111 | | |

➕

## Authorization Information

COLLAPSE

| Service Type * | Subtype * | Place of Service * |
|---|---|---|
| Inpatient Services ▼ | Inpatient ▼ | 21 - Inpatient Hospital ▼ |

Place of Service Description
Inpatient Hospital

| Planned Admit Date * | Requested Days |
|---|---|
| 7/15/2019 📅 | 1 |

## Additional Service Information

## Diagnosis Information

| Date From | Date Thru | Diagnosis Code | Description |
|---|---|---|---|
| 7/15/2019 📅 | 7/16/2019 📅 | H21.221 | DEGENERATION OF CILIARY BODY RIGHT EYE |

➕

## CPT Codes

| Date From | Date Thru | Procedure Code | Description | Requested Units | ★ View Auth | Modifier |
|---|---|---|---|---|---|---|
| 7/15/2019 📅 | 7/16/2019 📅 | 81297 | MSH2 GENE DUP/DELETE VARIANT | 1 | Auth Required | 📝 |

➕

Prior to submission, you will be prompted to review your selections, and given the options to "**Edit**" or "**Submit**":



A reference number will be provided once you submit the request. An authorization number will be sent to you via fax within state-regulated turn around times. You must use the authorization number to search for this authorization in the Provider Portal.

**NOTE:** An authorization cannot be viewed via the portal until it has moved to an in-progress state and the fax containing the authorization number has been sent.

There are several types of reference numbers:

**ADMNT:** This is a notice of admission

**CR:** This is a concurrent review. After the notice of admission, this is the clinical review that takes place. There can be multiple concurrent reviews for a single stay. Ex. If a member is admitted to the hospital, there will be an initial review and then one or more additional reviews confirming whether the member is ready for discharge.

**PA:** Prior authorization. This is an advance notice for outpatient services or for pre-planned inpatient services.

**Authorization number:** This number is required when submitting your claim(s) for payment.

Example of an ADMNT reference number:
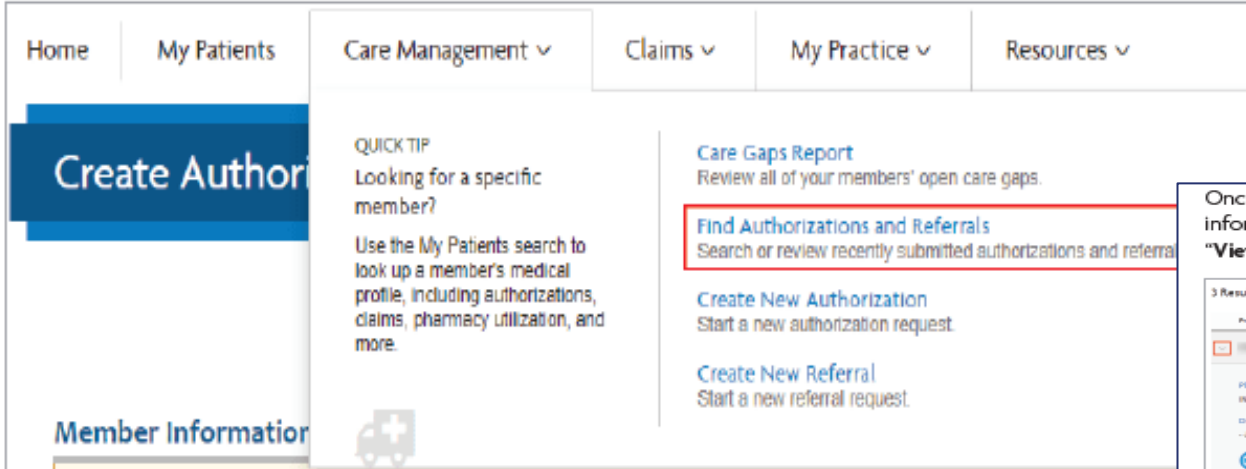


Reference Number: PA-287189

Submission was successful!

# ✓ Check Authorization Status

Navigate to the "**Care Management**" tab and select "**Find Authorizations and Referrals**" to view the authorization status.



Once search results are returned, each authorization has an expandable section that provides more detailed information about that authorization. You may also view the full authorization details by selecting the "**View Details**" from the "**Select Action**" drop down.

# Horizon NJ Health
## MH PA requests using Horizon's portal
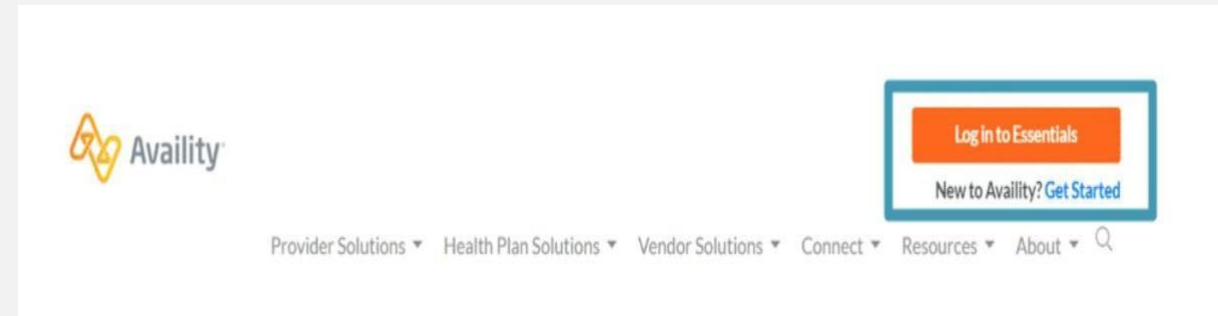


Submit PA using Availity Portal
*https://availity.com/*

Learn about the Utilization Management Request Tool Enhancements
Self Study Guide

UM Tool Training Module
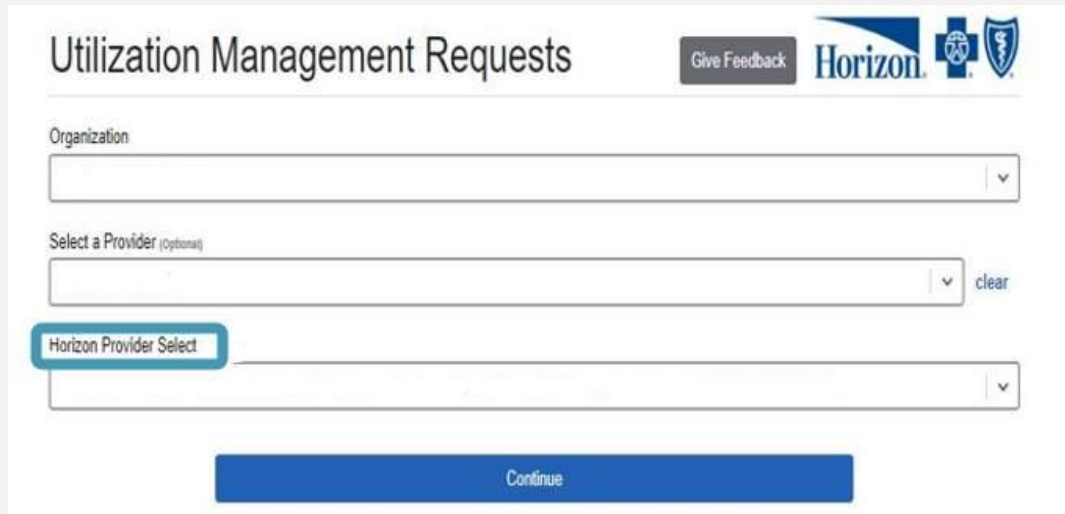
# Horizon NJ Health | How to submit MH PA requests using Horizon's Portal
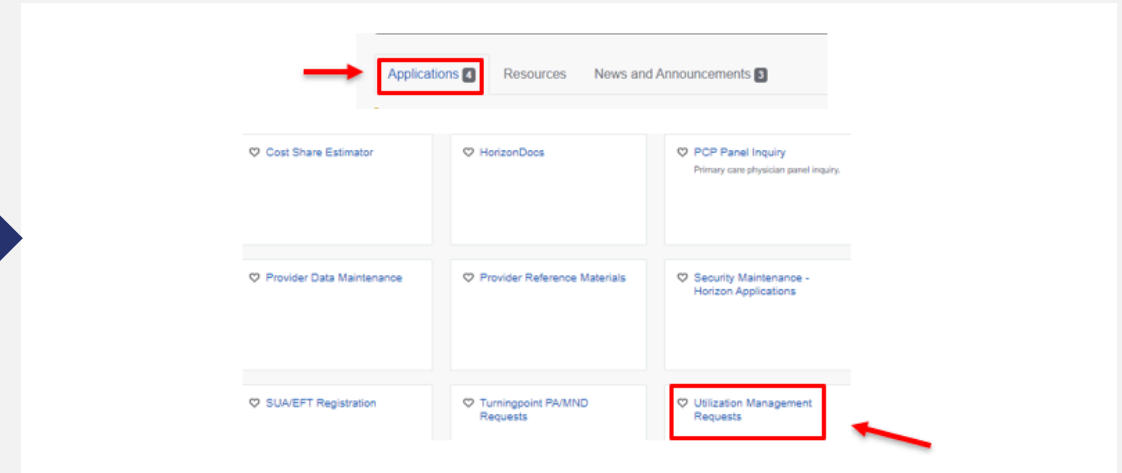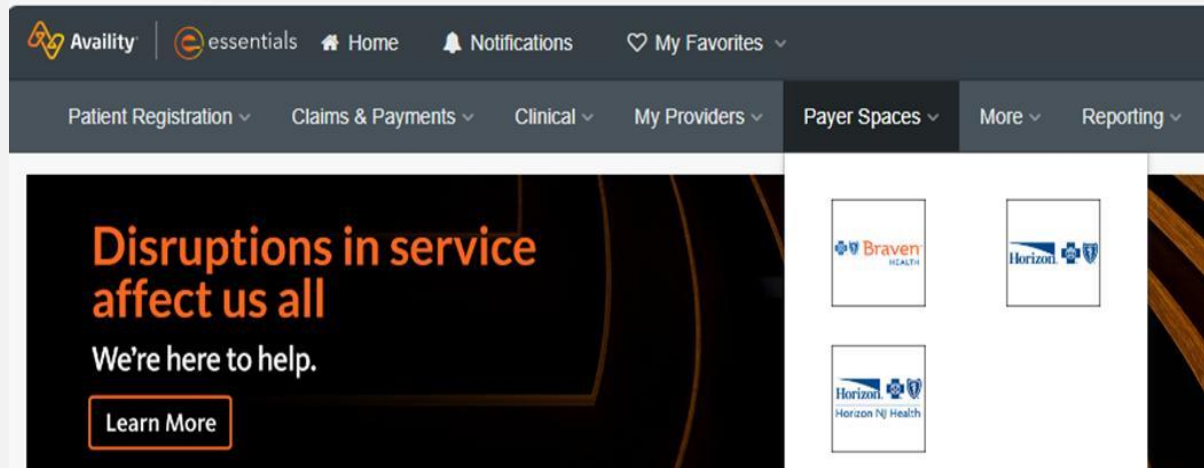


Once logged into Availity, Click Payer Spaces dropdown and select plan type for member you are requesting services for.
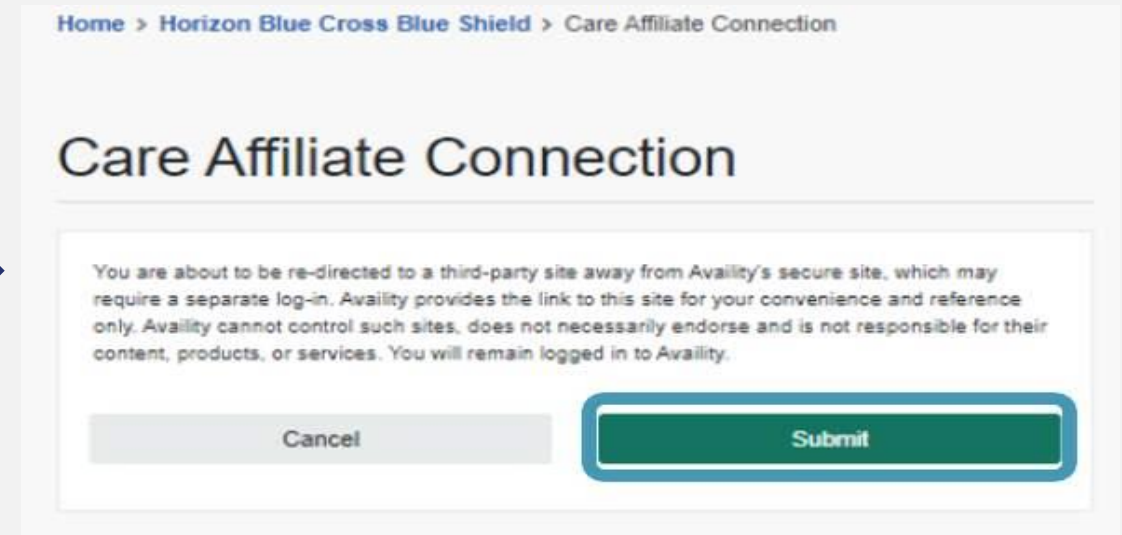
Scroll within Applications tab to Utilization Management Requests and click.

# Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Once you click Utilization Management Requests, you will need to select your organization and complete "Horizon Provider Select" field. Click continue.

This screen advises that you that you will be re-directed to a platform called CareAffiliate. Click Submit to proceed.

# Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Within CareAffiliate, from the Home tab, click the yellow Look Up button.
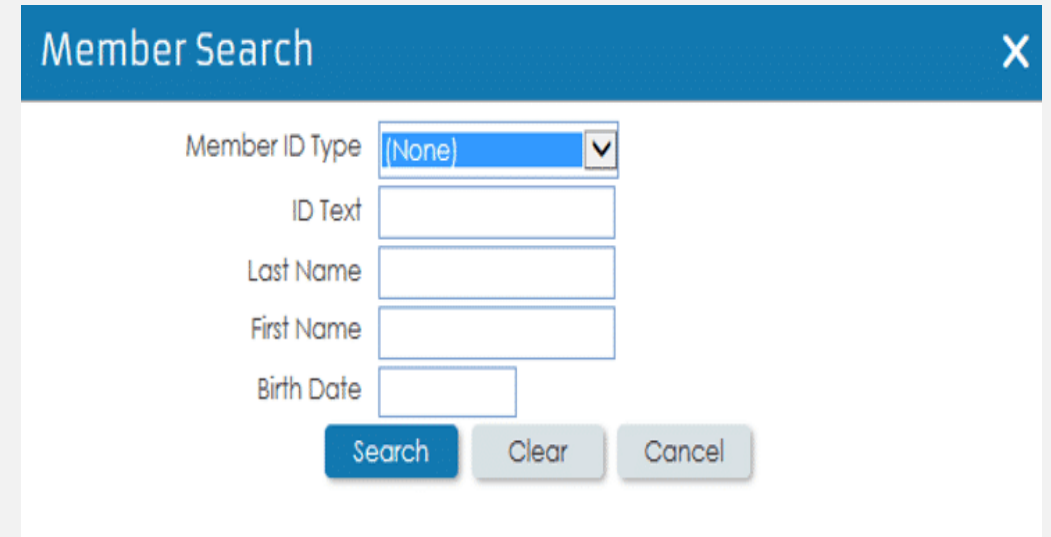
You will then see this screen. You can search by Member Name or Member ID.

# Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Once member has been found, an authorization can be initiated. Click the New button next to Authorizations option. *Note, if you click the Authorizations link, it will bring up prior submitted requests for selected member.

This step allows for entering request type selection. Click magnifying glass next to Request Type. A search box will populate. Click check box next to Show Behavioral Health/Substance Abuse Only, and hit Search. Then scroll through the list of options and select an option.

# Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Next, enter 90-day date span under Plan Valid for Services From and To, which will prompt a benefit/eligibility check. Then, click on magnifying glass next to Requesting Provider/Facility or Requesting Group.

Search box will open. Fill in ID type and ID information, and hit Search. Choose the correct option through the search results.

Diagnosis codes can now be added. Click magnifying glass next to description, and search by F code. Up to 4 diagnoses can be entered in this section.

# Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



To initiate adding a service, click Service 1 in the Authorization Request box in upper left side of page.

When entering dates of service, they must fall within 90 day date span that was initially entered. Click Magnifying glass for Provider, Group or Facility, and repeat provider search steps previously described by searching individual or institutional provider. This time, you must enter rendering provider's information.

# Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Next, procedure information should be added only for outpatient levels of care. Click add procedure tab toward bottom right of screen.  A new window will open. Click magnifying glass next to Procedure Low to open search window.

Open drop down menu next to Procedure type. Make your selection and enter code. Click Search. You will be back at Add Procedure page. Procedure Low and High will be populated. Next, enter number of units requesting in Quantity field. Click drop down to right to select units. Then Click Add. *Note, if needing to add additional procedures, scroll up and click orange Copy Service Line.

# Horizon NJ Health | How to submit MH PA requests using Horizon's Portal
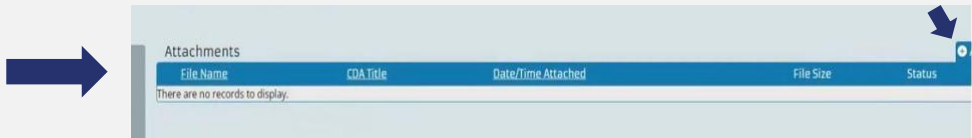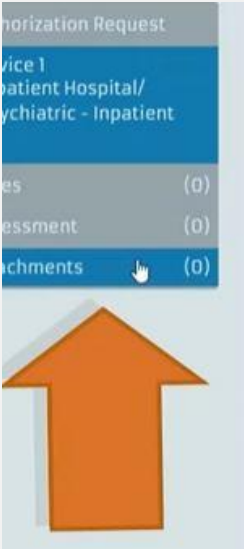


To add clinical information, attachments of clinical records can be added. Click add attachments in top left and then add file in the top right.
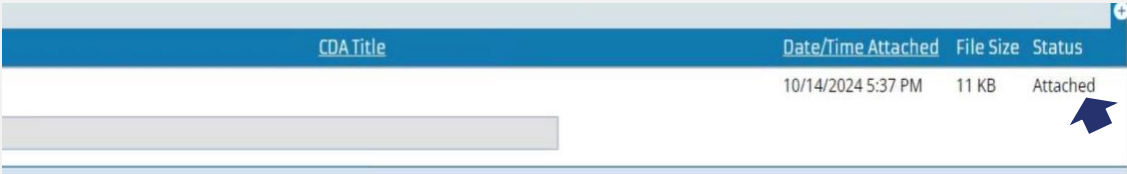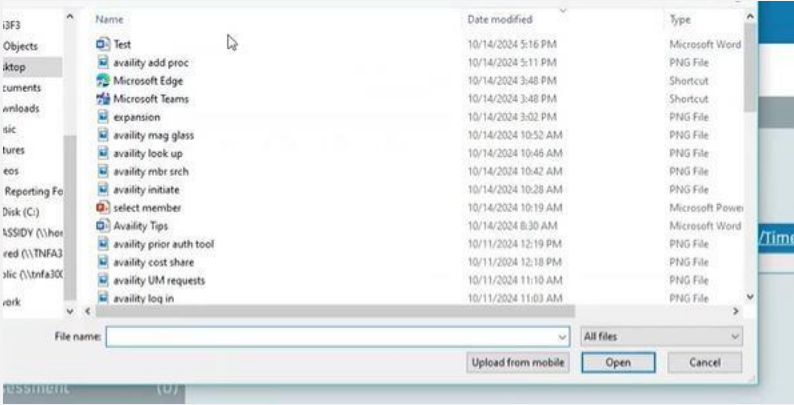
Double click on the file to be attached and then click upload file. A status of Attached appears when files are uploaded successfully.

NEW JERSEY HUMAN SERVICES

# Horizon NJ Health | How to check status of MH and SUD PA requests in Horizon's portal
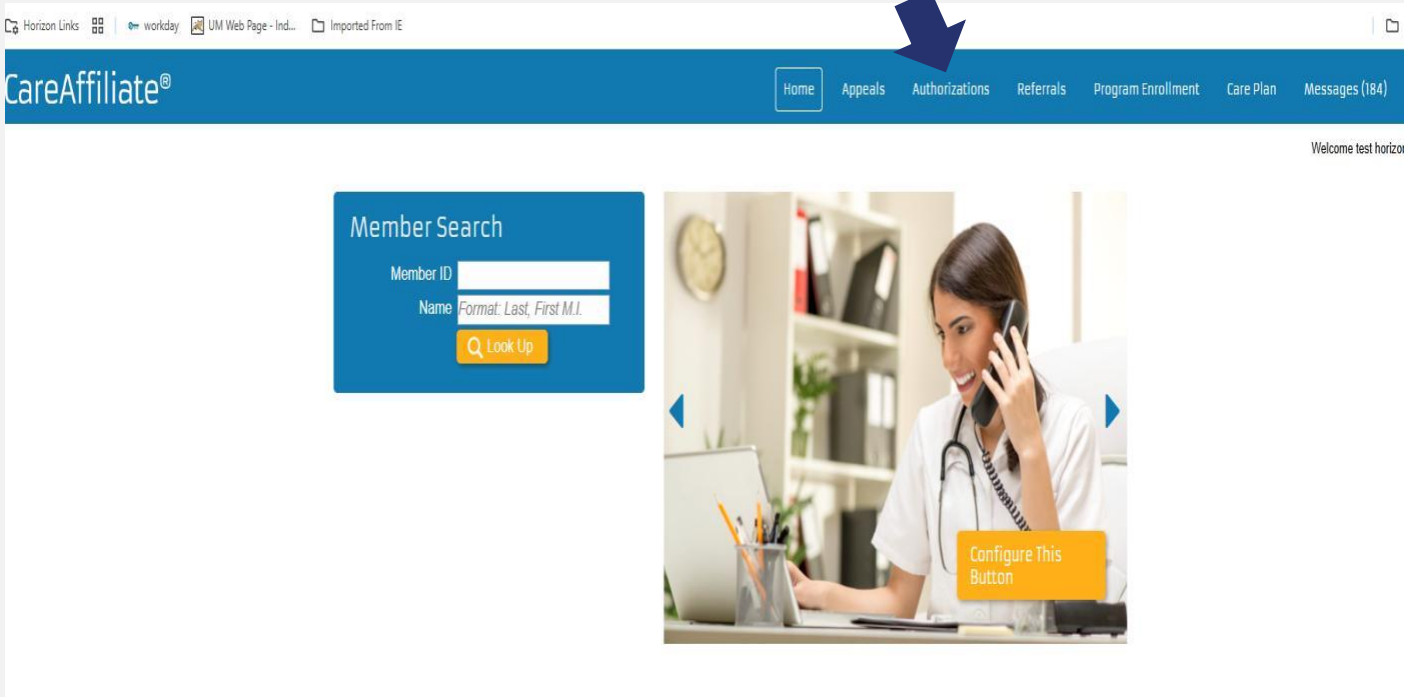


On the Home Screen, go to Authorizations section for Mental Health and Substance Use Disorders.

# Horizon NJ Health | How to check status of MH and SUD PA requests in Horizon's portal



Input the Reference number given on initial submission and click on "Search Existing Records."

Immediately you can review the Status. To get additional details, click onto the Reference number.



To review documentation about decision, go to "Attachments." Once in Attachments, letters are hyperlinked and viewable.
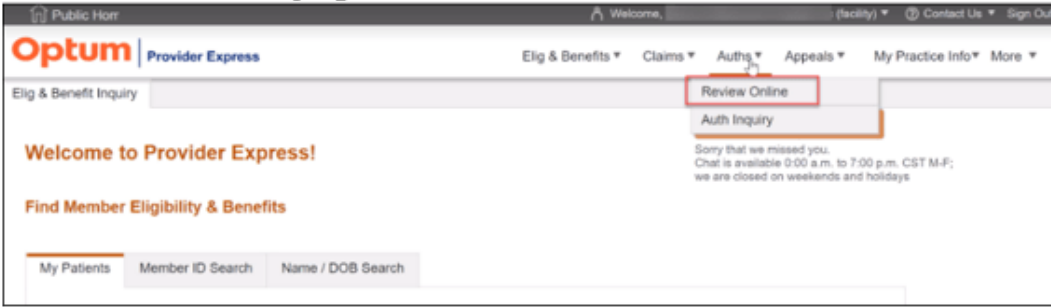
*Note: In order to get a print-out of the request and status, you can print screen.

NEW JERSEY HUMAN SERVICES

# UnitedHealthcare
## MH PA requests using our portal
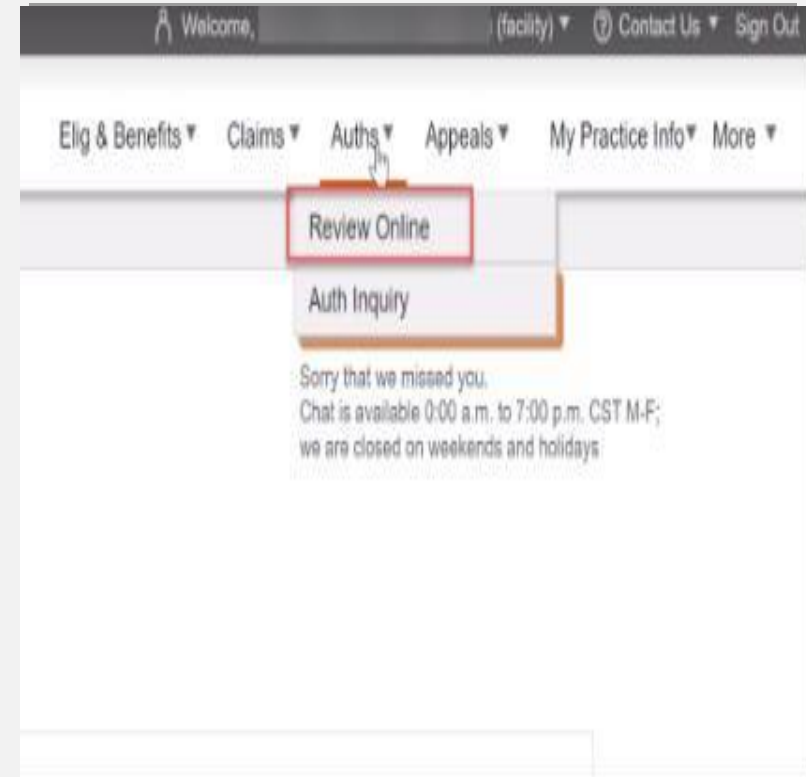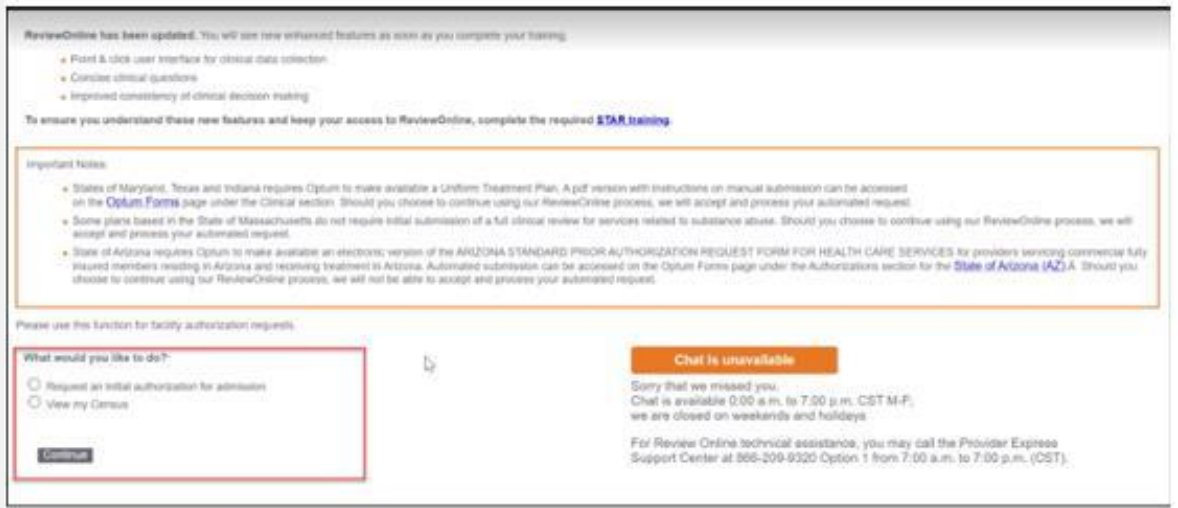


Submit PA using Providerexpress.com
[Optum - Provider Express Home](Optum - Provider Express Home)

# UnitedHealthcare

| Step | Action |
|------|--------|
| 1 | Providers will sign into Provider Express. https://public.providerexpress.com/content/ope-provexpr/us/en.html |
| 2 | Click on **Auths** in the top right-hand corner and select **Review Online**. |



| 3 | Now, there are two options for the provider at this point. Providers can<br><br>• **Request an initial authorization for admission**<br>• **View their Census** - This takes you to a list of all of the facilities, patients and admit status. The Census page will show if an action is required or just the status of where the authorization is. Providers can also click on the Census option for Concurrent Review. |
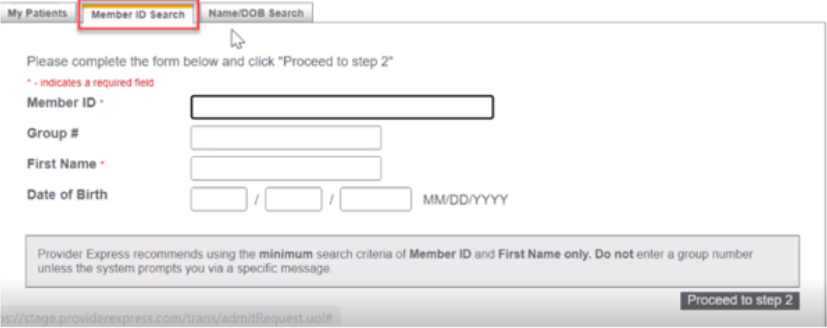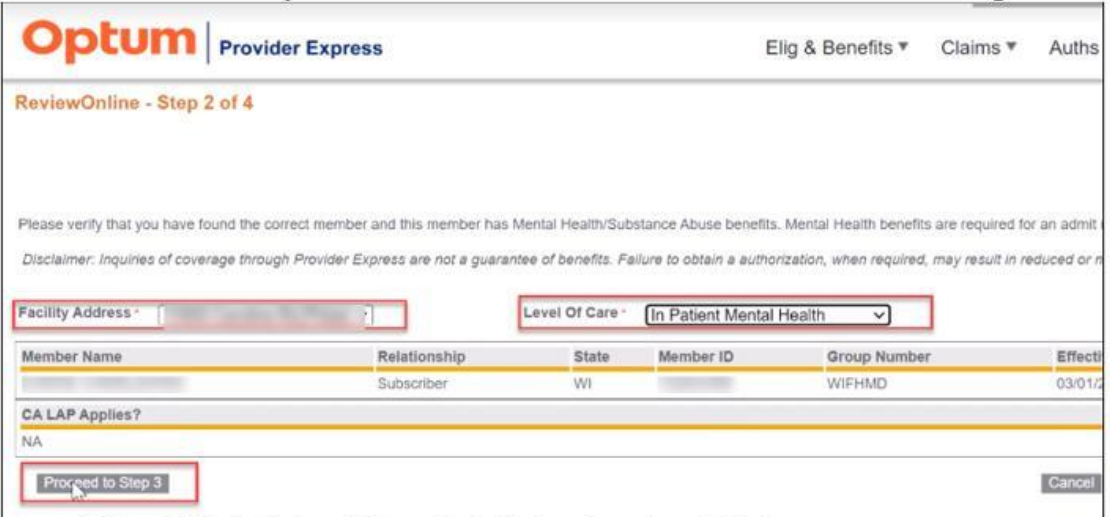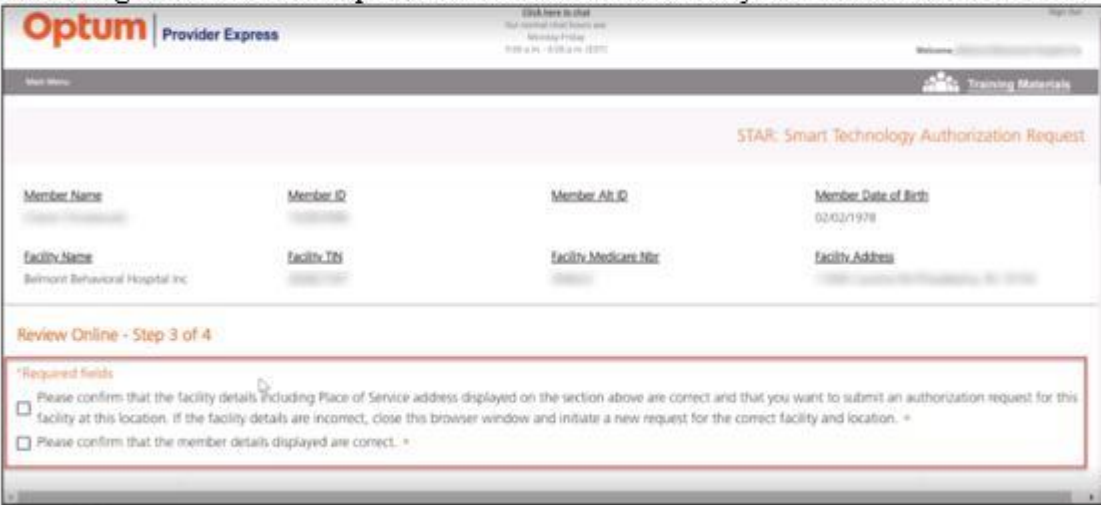
# UnitedHealthcare

| Step | Action |
|------|--------|
| 1 | The provider will land on the **ReviewOnline**- On this page providers can locate a member 3 different ways.<br><br>   a.  **Member ID Search** – search by Member ID.<br><br> |
| 2 | Select **Proceed to step 2** at the bottom of the page. |
| 3 | This takes the provider to the **ReviewOnline-Step 2 of 4**. On this page the provider will select the **Facility Address** and **Level of Care**. Select **Proceed to Step 3**.<br><br> |

# UnitedHealthcare

| Step | Action |
|---|---|
| 4 | This takes the provider to the **ReviewOnline-Step 3 of 4**. On this page begin answering the initial set of questions to confirm the facility and member information. |



- Enter the diagnosis
- Pick the Level of Care
- Answer the following questions

  o **Involuntary admission?**
  o **Is this request from an ER?**
  o **Member admitted?**
  o **Admit date**
  o **Has the member been discharged from the current episode of care?**

Select **Next**.

| Step | Action |
|---|---|
| 5 | On the next page the provider will see a popup reminder letting the provider know that<br>*The Draft is Saved. Incomplete drafts will be removed in 72 hours and no authorization will be created.*<br><br>Select **OK**. |

# UnitedHealthcare

| Step | Action |
|---|---|
| 6 | On the next page the Provider will complete all of the required information in the following sections<br><br>    • **Member Information**<br>    • **Admission Information**<br>    • **Attending MD**<br>    • **Utilization Reviewer**<br>    • **Current Symptoms and Severity.**<br>    • **Risks**<br>    • **Proposed Treatment**<br>    • **Discharge Planning**<br>    • **Attestation**<br><br>**Note**: Fields with a red asterisk are required.<br><br>**Click Next.** |

| Step | Action |
|---|---|
| 7 | On the next page the provider will see the Confirmation pop-up. The pop-up will provide the following<br><br>    • Authorization number<br>    • Number of days the level of care has been approved for |

**Confirmation**

Thank you for your submission. Your authorization # is unknown

5 days have been approved for Inpatient.

- Please allow 1-2 hours for the authorization to be visible in your facility's census.
- To request a level of care change, complete the Discharge online and initiate a new online request for the next level of care
- To request additional days at the concurrent level of care, select "Concurrent" under the Action column for this member.
- **Medicaid Only:** if this request is for court ordered treatment, please submit a copy of the court order via fax to 800-322-9104

Please note this authorization is not a guarantee of payment. Coverage is still subject to all terms and conditions of the member's benefit plan.

Authorizations apply only to services covered under the member's benefit plan, administered by Optum. Please call the number on the back of the member's ID card if you have questions.

Ok

# UnitedHealthcare MH Partial Care PA

| Electronic Submission – MH Partial Care | • Electronic Prior Authorization for partial care mental health can be submitted through Provider Express. To access the request form, go to: Providerexpress.com > Our Network > State-Specific Provider Information > New Jersey > [Authorization Template](#)<br>• Complete the online request form.<br>• Use the "Attesting Individual's Email Address" to track where the request is in the authorization process. |
|---|---|

# Wellpoint
## MH PA requests using our portal

1. Select Patient Registration in the top navigation bar.

2. Select Authorizations & Referrals

3. Select Authorization Request.

Submit PA using Availity Portal
*(access here)*

Note – recent issue submitting PA via portal will be fixed by March 17th.
Please use fax until that date

89