

# Outpatient Changes for New Jersey Partial Care

Prior Authorization Process for Partial Care  
Mental Health



BH3410\_052021



# Today's Agenda

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- **New changes and requirements**
- **Prior authorization process**
- **Accessing your prior authorization**



# New Changes and Requirements



# New changes and requirements

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## Why we're implementing the changes

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

# New changes and requirements

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## The new requirements

- Beginning December 1, 2021, United Healthcare Community Plan of New Jersey will begin the online prior authorization process for the following Community Mental Health Service:



Service	Code
Mental Health Partial Care	H0035

- Level of Care Guidelines: [providerexpress.com](http://providerexpress.com) > our network > State-Specific Provider Information > New Jersey > Level of Care Guidelines > New Jersey Medicaid Supplemental Clinical Criteria

# Prior Authorization Process



# Prior authorization process

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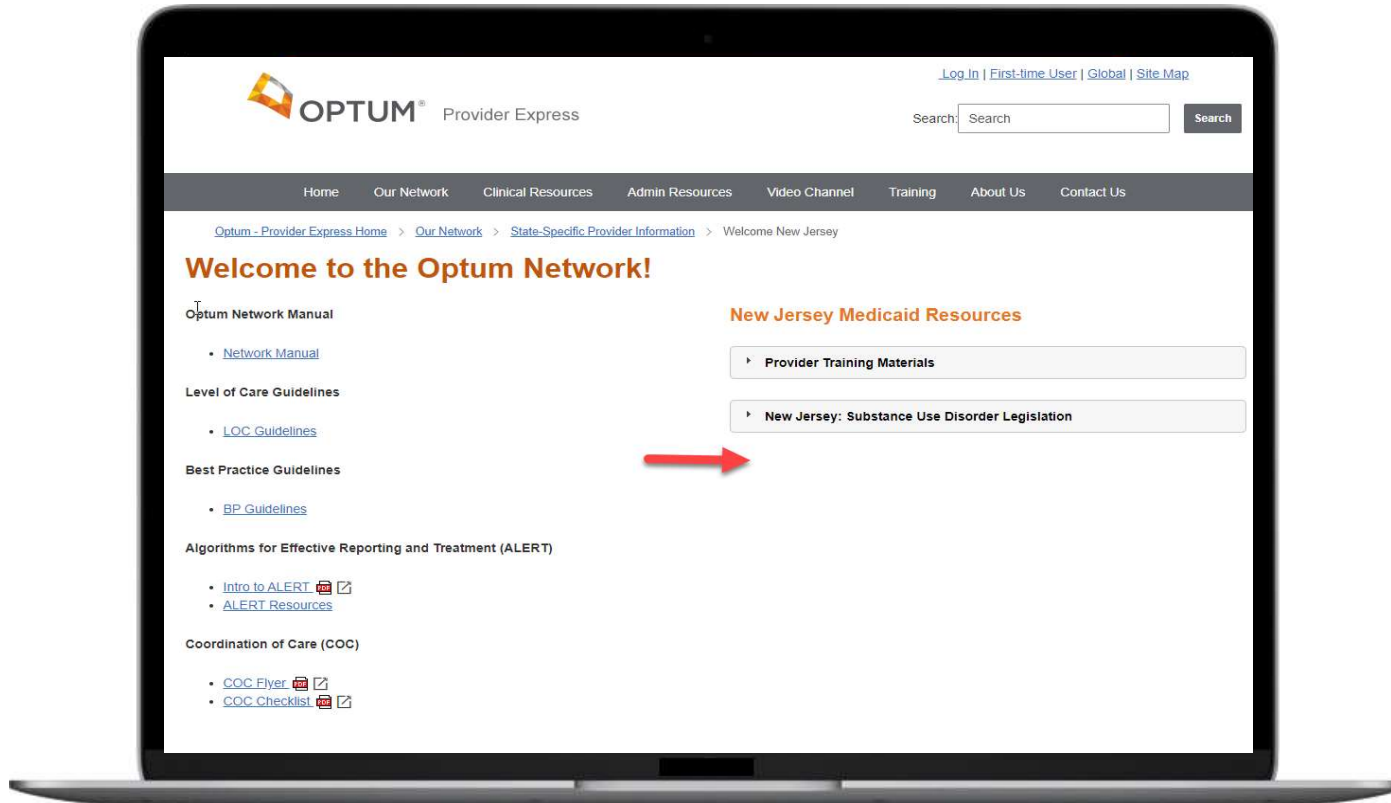
## How we're implementing the changes



- Beginning December 1, 2021, providers will begin submitting new authorization requests through a portal located on the Provider Express website.
- To access the request form, go to: [providerexpress.com](https://providerexpress.com) > Our Network > State-Specific Provider Information > New Jersey > Authorization Templates
- Telephonic request will continue to be accepted if provider prefers

**Existing authorizations for these services submitted telephonically will remain valid until the limits of that authorization have been reached**

# The New Jersey page on Provider Express





# Prior authorization process

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## The submission process



- Complete the online request form
- Use the “Attesting Individual’s Email Address” to track where request is in the authorization process
- If you have checked LINK and have not received a decision within 1 business day from the submission you can contact Provider Services via the Behavioral Health number on the member’s insurance card

# Prior authorization process

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## The review process



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

# Prior authorization process

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## The review process continued



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

# Prior authorization process

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## Information needed in submitted documentation:

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

# Prior authorization process

## Examples of clinical information being assessed:

Functional Abilities Over Time				
Functional Areas	Start of Current Service	Progress (Abilities-Centric)	Goal	Intervention Plan
<ul style="list-style-type: none"> <li>• Work/School</li> <li>• Social/Play</li> <li>• Family/Relationships</li> <li>• Activities of Daily Living</li> <li>• Medical/Physical</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• What strengths/abilities were present when they started treatment?</li> <li>• What gaps/roadblocks/barriers were interfering with their potential functioning?</li> <li>• Were they having any problems in the area of &lt;functional area&gt;? How often did these occur?</li> <li>• Were there concerns from others around them?</li> <li>• What did the member identify as their abilities and/or concerns?</li> <li>• What are the member's medical/behavioral comorbidities?</li> </ul>	<ul style="list-style-type: none"> <li>• How have their abilities improved or changed?</li> <li>• How much has this increased or decreased?</li> <li>• How has the progress been? Any set-Backs?</li> <li>• How are they doing now?</li> <li>• Does the member feel like they have made progress?</li> <li>• What has helped them to make this progress?</li> <li>• What types of interventions have worked well?</li> <li>• Are they taking any medications that help?</li> <li>• How do they utilize their support system/community supports?</li> <li>• What types of skills are they learning?</li> </ul>	<ul style="list-style-type: none"> <li>• What do you see as the outcome of this service?</li> <li>• What abilities does the member want to build and strengthen?</li> <li>• What do you anticipate the progress will be going forward?</li> <li>• How long do you anticipate this will take?</li> <li>• What would you and the member need to see to know the member is ready for a reduction in intensity?</li> </ul>	<ul style="list-style-type: none"> <li>• What services are being utilized to meet the member's goal?</li> <li>• What are the specific skills/interventions being taught/implemented?</li> <li>• How is the member engaging in meaningful activities within the community outside of the home?</li> </ul>

# Prior authorization process

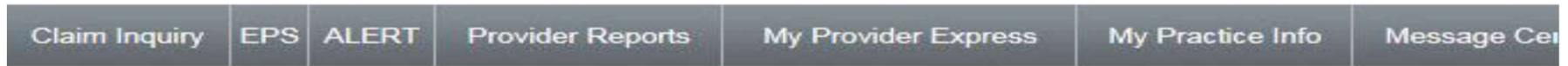
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## Length of process:



- A decision will be made within 1 business day of the online submission date
- Authorization specifics:
  - ✓ Start date of authorization will be the date of the portal submission or the requested start date if in the immediate future
  - ✓ Please ensure that your contact information is updated to ensure correct processing of authorization
  - ✓ Authorization status can be checked using the “recovery email” on the request form link
  - ✓ Authorization information can be viewed via the Prior Authorization and Notification tile on UHCprovider.com

# Staying current with “*My Practice Info*”



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



Change, and/or modify your address and other demographic information



Indicate your availability to accept new patients into your practice



Let us know if you are going to be away for an extended period-of-time

# Accessing Your Prior Authorization



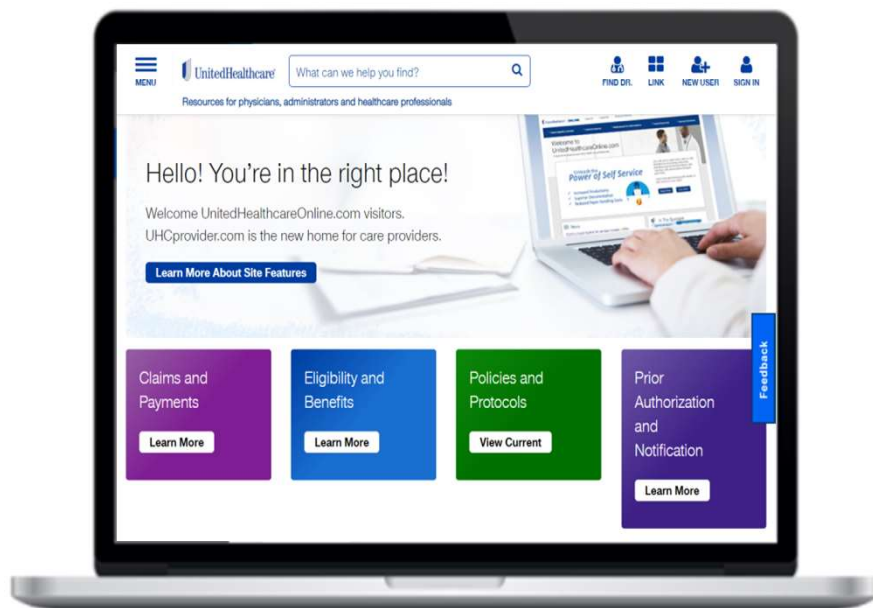


# UnitedHealthcare Provider Website

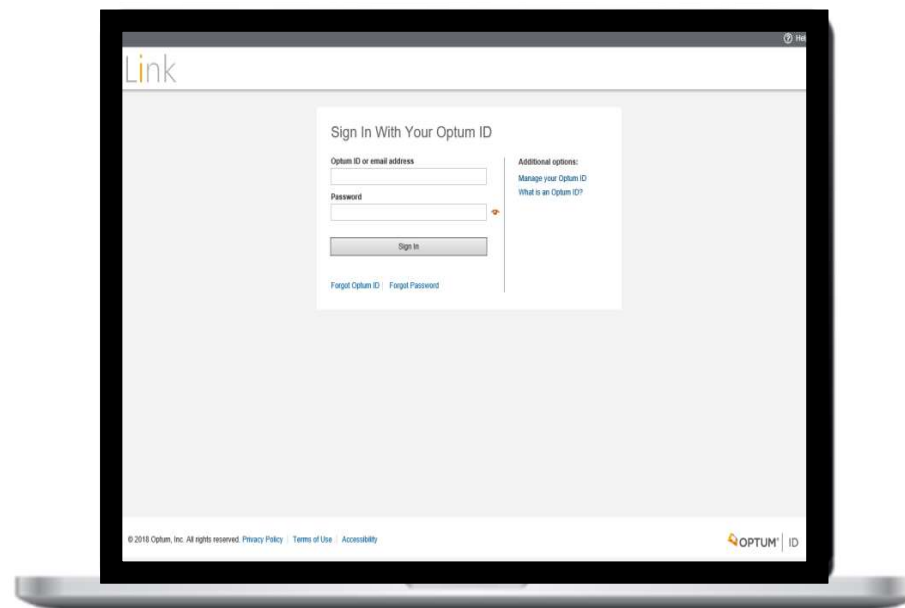
- [UHCprovider.com](https://UHCprovider.com)
- LINK
- Prior Authorization and Notification Tool



# Accessing your prior authorizations online



UHCprovider.com



Link Log-In

# LINK Dashboard

The screenshot displays the eligibilityLink dashboard. On the left is a search filter section with the following fields:

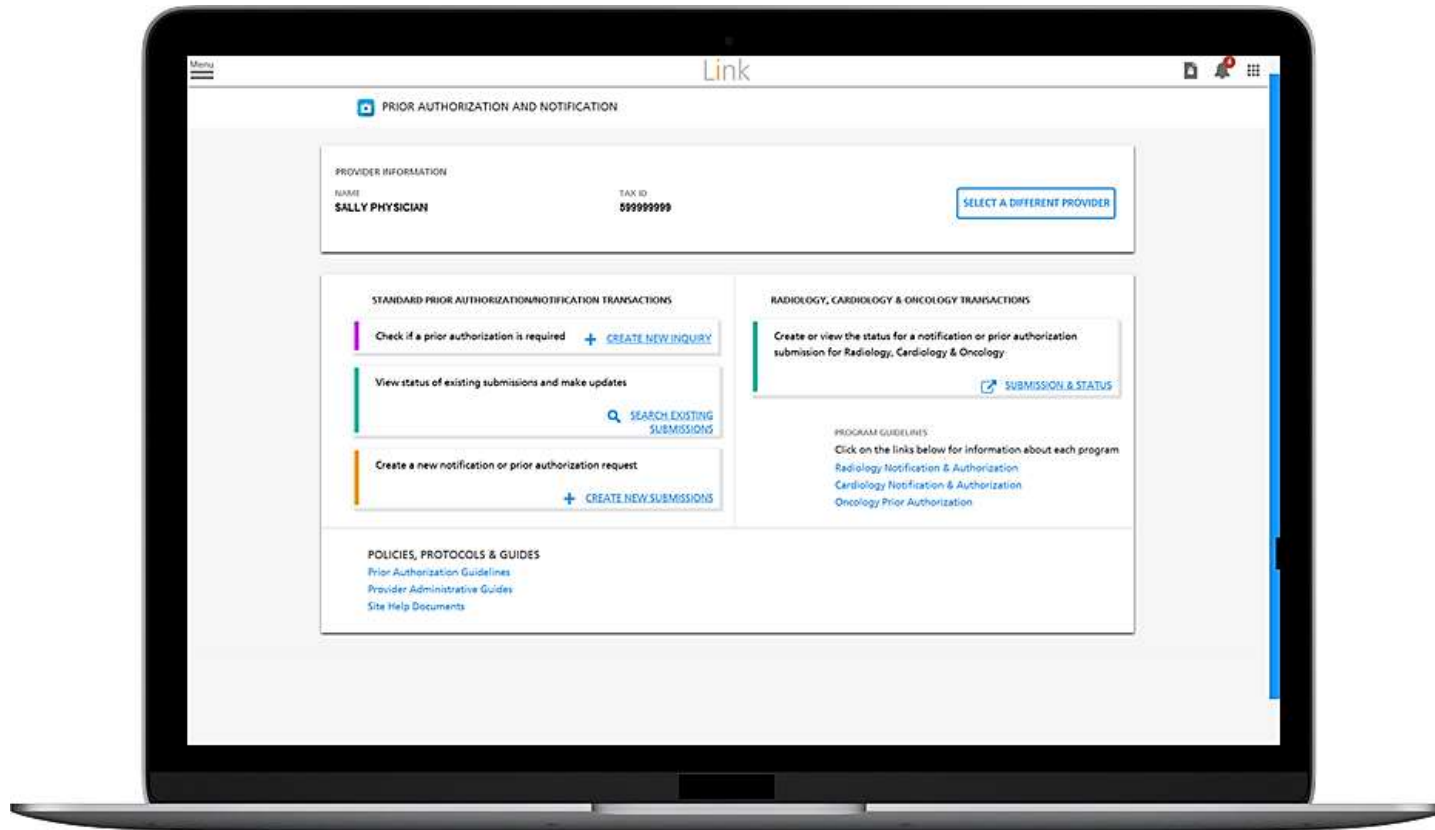
- \*Required
- \*Confirm Payer Name (Insurance Company)/Payer ID: UnitedHealthcare - 87726
- \*Member ID: [Empty]
- \*Date of Birth: MM/DD/YYYY
- First Date of Service: MM/DD/YYYY
- Last Date of Service: MM/DD/YYYY

Below the filters is a note: "Leaving the date blank defaults to today's date & returns current, past or future policies; or enter date range up to 6 years in the past or 12 months in the future." There are links for "More Search Options" and a "Search" button.

The dashboard features a grid of service tiles:

- UnitedHealthcare Eligibility & Benefits
- Prior Authorization and Notification** (highlighted with a red border and labeled "New!")
- UnitedHealthcare Claims Reconsideration
- claimsLink
- UnitedHealthcare Claims Management
- UHC On Air
- Electronic Payments & Statements
- My Practice Profile
- UHCprovider.com Policies, News Guides & More
- Link Resource Library
- UnitedHealthcare Community Plan

# Accessing your prior authorizations



# Accessing your prior authorizations cont.

PROVIDER INFORMATION

NAME: CHILDRENS HOSP ADDRESS: TAX ID: 97937977 [SELECT A DIFFERENT PROVIDER](#)

\* Required fields

SEARCH BY NOTIFICATION/PRIOR AUTHORIZATION NUMBER

SEARCH BY REQUESTING PROVIDER

SEARCH BY MEMBER ID AND NAME

SEARCH BY MEMBER NAME, DOB AND STATE

BROWSE UPDATES WITHIN LAST 7 DAYS

06/19/2017 07/03/2017

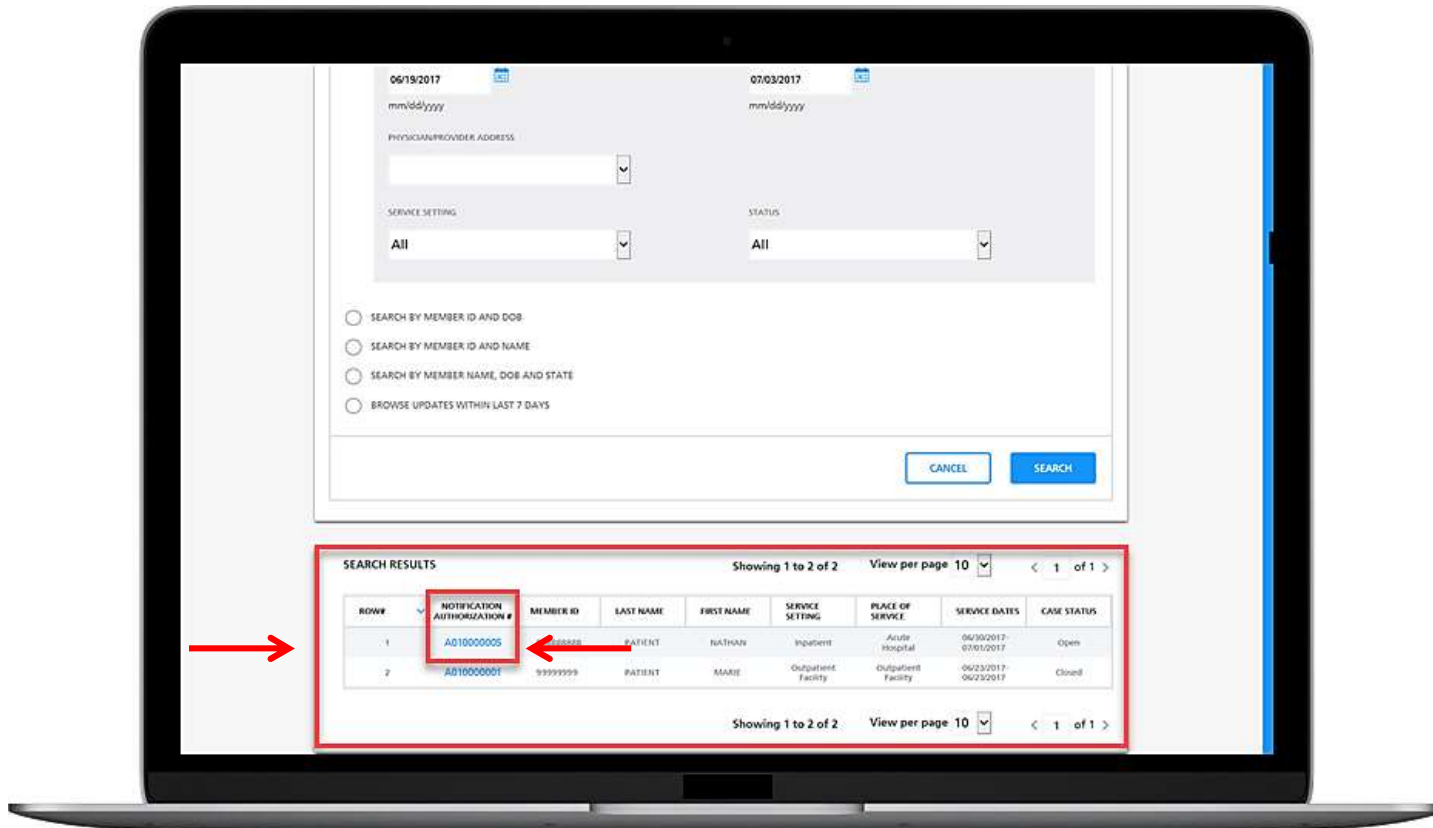
mm/dd/yyyy mm/dd/yyyy

PHYSICIAN/PROVIDER ADDRESS

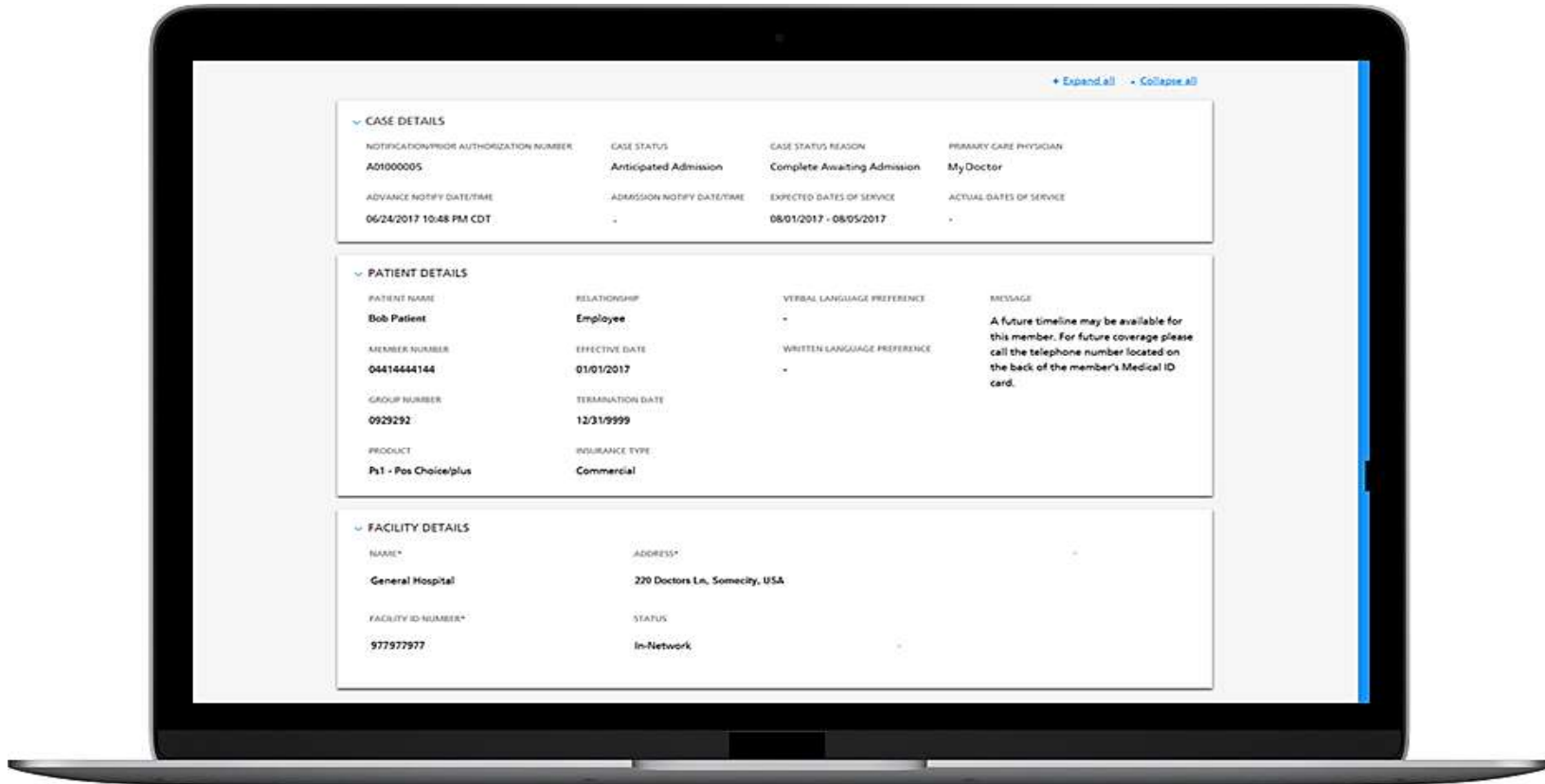
SERVICE SETTING: All STATUS: All

[CANCEL](#) [SEARCH](#)

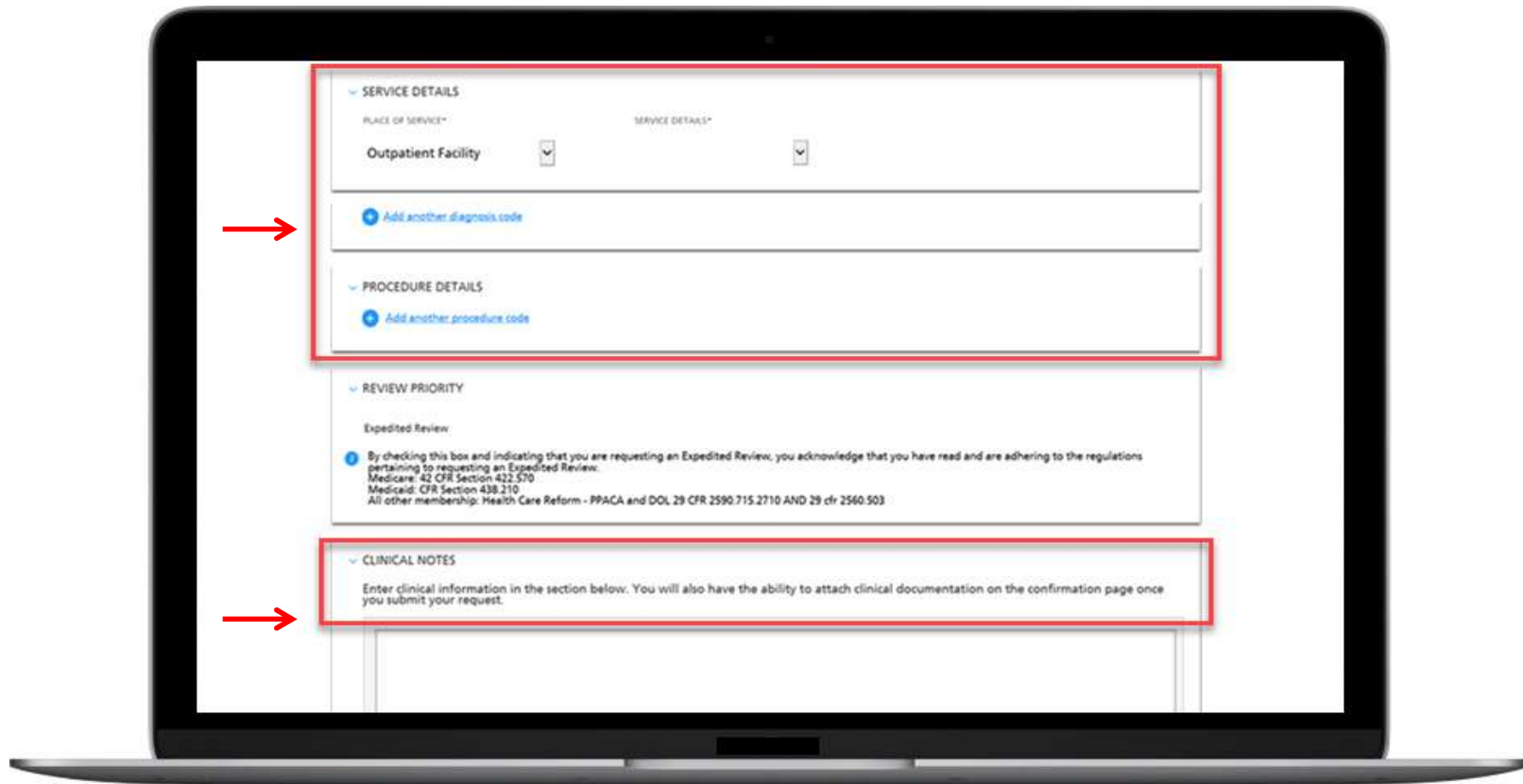
# Accessing your prior authorizations cont.



# Accessing your prior authorizations cont.



# Accessing your prior authorizations cont.





# Prior Authorization and Notification Tool Resources

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## Live training session

**UHCprovider.com** > Menu > Resource Library > Training > [Prior Authorization and Notification Overview](#)

## UHC On Air

- **UHCprovider.com** > Menu > Resource Library > [UHC On Air](#)

## Other training resources

- **UHCprovider.com** > Menu > Prior Authorization and Notification > [Prior Authorization and Notification Tool](#) > Quick Reference Guides, Videos and Training Tools

# Frequently Asked Questions

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## Where do I submit my authorization requests for Partial Care?

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

## Where do I check online for my authorizations?

- LINK on UHCprovider.com
- To access the Prior Authorization and Notification Tool go to: [UHCprovider.com](http://UHCprovider.com) > LINK > Sign In: With your Optum ID and Password > Prior Authorization and Notification Tool

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

- Technical Assistance: <https://www.uhcprovider.com/en/contact-us/technical-assistance.html>

# Frequently Asked Questions

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

- Go to: [providerexpress.com](https://providerexpress.com) > Our Network > Welcome to the Network > New Jersey > Authorization Templates
- Complete the **Community Based Behavioral Outpatient Services Request Form**
- Providers can request more units through the portal before the end of the three-month period

Thank you

