



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



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/recording from previous training be found on [DMAHS stakeholder website](#)

Agenda

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

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

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

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

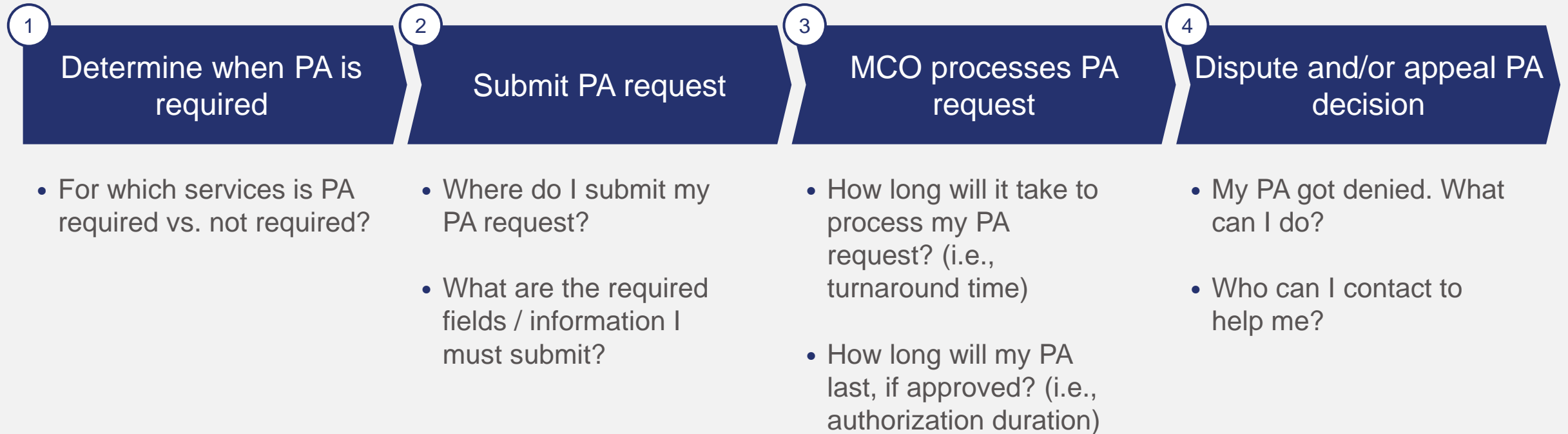
Education



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

Four key steps in managed care prior authorization



Phase 1 service PA requirements

⊗ PA not required
(for participating / in-network providers)¹

MH

- Outpatient counselling and psychotherapy

SUD

- Outpatient counselling and psychotherapy

✓ PA required

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

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 fax¹ 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

1. UnitedHealthcare does not have a fax submission option

Required fields for complete MH PA request

Category	Required fields
General information	<ul style="list-style-type: none"> • Non-urgent vs. urgent (& clinical reason for urgency) • Type of request (initial vs. extension, renewal, or amendment)
Patient information	<ul style="list-style-type: none"> • Name, phone #/address, fax number, DOB, member ID and Medicaid #
Provider information	<ul style="list-style-type: none"> • For both requesting provider/facility and servicing provider or facility: <ul style="list-style-type: none"> - Name, NPI, Specialty, Contact info (phone, address, email), TIN - PAR vs. OON
Services requested	<ul style="list-style-type: none"> • Plan of care • CPT or HCPCS code(s) and units • MH treatment requested with frequency / length, start / end date • Diagnosis description (ICD) & code • Checkmark for level of care required
Clinical documentation	<ul style="list-style-type: none"> • Brief clinical history • Present clinical status (incl. presenting symptoms, medications used/medication plan) • Risk of harm to self or others • Criteria / level of care utilized in past 12 months • Discharge plan (incl. planned discharge level of care, barriers to discharge, expected discharge date)

Field not required but strongly encouraged by MCOs

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

Standard fields for complete SUD PA request in NJSAMS

Category	Fields required
Patient information	<ul style="list-style-type: none"> Name, phone #/address, DOB, member Medicaid #, SSN/citizenship Admission date and site location
Provider information	<ul style="list-style-type: none"> Provider Name Provider Medicaid #
Clinical information	<ul style="list-style-type: none"> Admission report: <ul style="list-style-type: none"> Agency / Facility Type 2 NPI # Patient demographic information Details on living arrangement, household, employment, income, legal status Details on current substance use Level of care indicated / recommended, discharge plan, recommendations / clinical justifications, medications planned Comment section to include medication history option
	<ul style="list-style-type: none"> LOCI report to assess appropriate level of care for patients across: <ul style="list-style-type: none"> Provider telephone and / or fax number Acute Intoxication/Withdrawal Biomedical conditions/complications Emotional, behavioral, or cognitive conditions and complications Readiness to change Relapse, continued use, or continued problem potential Recovery environment Level of care indicated / recommended, discharge plan, recommendations / clinical justifications, medications planned
	<ul style="list-style-type: none"> 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

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
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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	<u>Minimum</u> 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 (<i>Phase 2 service</i>)	14 days
Long Term Residential (<i>Phase 2 service</i>)	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

NJSAMS overview

PA requests for all non-hospital Phase 1 SUD services for adults and youth 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 <ul style="list-style-type: none"> Intensive Outpatient Partial Care Ambulatory Withdrawal Management <i>Note: Includes Recovery Court</i>	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 <ul style="list-style-type: none"> Short term residential Long term residential Residential withdrawal management (ASAM 3.7 IWM) <i>Note: Includes Recovery Court</i>	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

Additional information on provider data entry into NJSAMS

Topic	Guidance
Initial auth vs. extension request	<ul style="list-style-type: none">• If submission is an extension request, providers should select "extension" checkbox• Providers will not get a notification through NJSAMS of need for extension
Urgent designation	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Providers must first discharge the member from current level of care within NJSAMS• 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<ul style="list-style-type: none">- Applicable information from previous submission will pre-populate into new request
Discharges	<ul style="list-style-type: none">• 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

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

Monthly Household Income

Medicaid/WFNJ/Private Insurance

Medicaid

Is the client currently enrolled in Medicaid? Yes No (as of 3/4/2024) [Verify Medicaid Eligibility](#)

Note: Last Override MCO/Medicaid Number was on 01/23/2025.

MCO Name: <-Select MCO->

Medicaid Number: []

Override MCO/Medicaid Number:

* Reason to Override: <-Select Reason->

(In case of any discrepancy in Medicaid enrollment information, please confirm with the Medicaid system, dial toll free# 1-800-356-1561)

WFNJ - SAI

* Is the client receiving TANF (or) GA? Yes No

* Was the client referred by Work First New Jersey Substance Abuse Initiative - WFNJ SAI? Yes No

Note/Comment: []

Medicaid/WFNJ/Private Insurance

Medicaid

Is the client currently enrolled in Medicaid? Yes No (as of 3/7/2025) [Verify Medicaid Eligibility](#)

MCO Name: Horizon NJ Health

Medicaid Number: 7845452452

Override MCO/Medicaid Number:

* Reason to Override: <-Select Reason->

(In case of any discrepancy in Medicaid enrollment information, please confirm with the Medicaid system, dial toll free# 1-800-356-1561)

WFNJ - SAI

* Is the client receiving TANF (or) GA? Yes No

* Was the client referred by Work First New Jersey Substance Abuse Initiative - WFNJ SAI? Yes No

Note/Comment: []

Reason to Override dropdown options:

- <-Select Reason->
- Client Medicaid no longer active
- Contradicts Client documentation presented at intake
- Contradicts with EMEVS
- Other

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/WFJ/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.

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**”

The screenshot shows the NJSAMS interface. On the left is a 'CLIENT QUICK LINKS' menu with options: Registration, Immediate Need Profile, Income/Program Eligibility, Assessment Authorization, Addiction Severity Index, BioPsychoSocial, DSM-5, LOCI-3, Admission, View All Authorizations, and Clinical Authorization. The 'Clinical Authorization' option is highlighted with a red arrow. The main content area shows 'Site Location:' and 'Site Medicaid No.:'. Below is a section titled 'SUBMIT CLIENT REPORT TO MCO' for 'Fidelis Care | Client Medicaid#: 233004858001'. It contains three radio button options: 'Check if this request is for a initial Level of Care', 'Check if this request is for a modified Level of Care', and 'Check if this request is for an extension'. A red arrow points to the 'Check if this request is for a modified Level of Care' option. Below the options is a button labeled 'Generate and Send Report for MCO', with another red arrow pointing to it.

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

The screenshot shows the 'SUBMIT CLIENT REPORT TO MCO' section for 'United Healthcare | Client Medicaid#: 000085048701'. A green confirmation message reads: 'You have sent [082_000085048701_IOP_INT_03052025150039.zip] on 03/05/2025 to United Healthcare.' Below this are three radio button options: 'Check if this request is for a initial Level of Care', 'Check if this request is for a modified Level of Care', and 'Check if this request is for an extension'. A red arrow points to the 'Check if this request is for a modified Level of Care' option. At the bottom is a button labeled 'Generate and Send Report for MCO'.

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.

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 (ABH NJ)

Presenter



Alyxandra Llorens
LCPC, Manager, Clinical Health
Services

Aetna | Meet our Prior Authorization team



Vincenza Stone, LMHC
Clinical Team Lead

- Oversight 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

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):

- Availability: [Access Availability 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 Availability 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	<ul style="list-style-type: none">• Ensure that all areas of the Prior Authorization form are fully completed and signed, along with treatment plans, and progress notes (MH Cases)• 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	<ul style="list-style-type: none">• Along with the date span you are requesting, include the total number of units
SUD/NJSAMS-specific	Incorrect Contact Information	<ul style="list-style-type: none">• When adding the contact information to the LOCI, please include the clinician/department that would need the prior authorization information• Providing a fax number is the most streamline way to obtain decisions by ABH NJ

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 ABH NJ	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](#)
- [ABH NJ Provider Manual](#)
- [MCO Quick Reference Guide](#)
- [New Provider Orientation](#)
- [ABH NJ Provider Website](#)



FIDELIS CARE®

Presenter



Enola Joefield-Haney

Manager, Behavioral Health
Utilization Management

Fidelis Care | Meet our Behavioral Health team



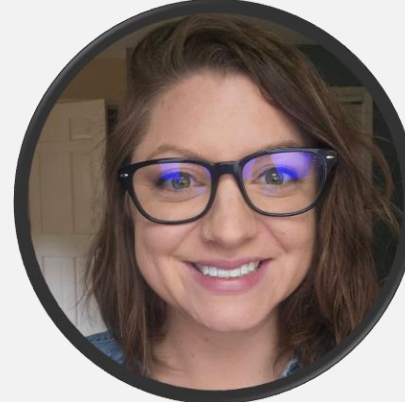
Diana Currin
Lead Utilization Review
Clinician - Behavioral Health

- 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

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.” Include contact person that is aware of the authorization submitted and can provide additional information if necessary.

Fidelis Care | Upcoming trainings and resources

Upcoming trainings

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

Links:

[PA / MCO Portal](#)

[MCO Provider Manual](#)

[MCO Quick Reference Guide](#)

- [New Provider Orientation](#)
- [\[Additional key resource\]](#)



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

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](#)

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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Provide direct contact and/or a number with a confidential voicemail
	Not calling back if we are requesting additional information	<ul style="list-style-type: none"> Provide accurate contact information Call back to discuss additional information request Provide discharge information to MCO when member discharges planned or AMA
	Incorrect or missing primary diagnosis	<ul style="list-style-type: none"> Ensure you are adding the correct primary diagnosis prior to submitting your request
MH-specific	Choosing incorrect provider profile in Availity	<ul style="list-style-type: none"> Ensure the provider profile has HNJD as one of the plans attached to the case
	Omission of billing code	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Specify in admission comments in admission report when all authorized units will be used <ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> Verify NPI is correct prior to submission <ul style="list-style-type: none"> ➤ Some requests have entered NPI as “123456789”
	Necessary fields completed inaccurately on admission report	<ul style="list-style-type: none"> Ensure all fields on admission report completed with accurate information
	Submission of past clinical information on LOCI	<ul style="list-style-type: none"> Provide updated clinical information when submitting for additional units <ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> Ensure you are selecting the Horizon NJ Health when submitting HNJVH requests.

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](#)



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



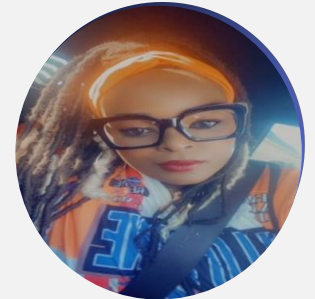
Celeste Boykins, MA, LCPC, LCADC Approved Supervisor

- Manager Care Advocacy



Brian Coover, LPC

- Senior Care Advocate/Team Lead



Tenisha Burks

- Lead Senior Wellness Coordinator

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.	<ul style="list-style-type: none"> 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).	<ul style="list-style-type: none"> Ensuring all fields on the admission form are documented and accurate. Suggestion: In the additional comments section on the form, include last covered day, frequency and attending physician.
SUD/NJSAMS-specific	Duplicate requests being submitted	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Ensuring the contact information in the LOCI III report is accurate and there is a confidential voicemail for the number provided

UnitedHealthcare | Upcoming trainings and resources

Upcoming trainings

Available upon request email
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](#)



Presenter



Ann Basil, LCSW

Director of Behavioral Health Services

Ann.Basil@Wellpoint.com

Wellpoint | Meet our Prior Authorization team



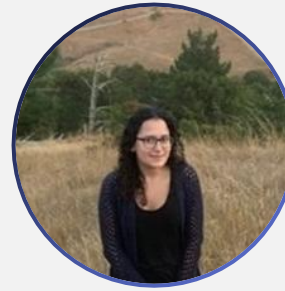
Jenn Cero, LSW
NJ BH UM – Medicaid

- 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

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 all 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	<ul style="list-style-type: none">During the authorization waiver, we are not reviewing clinical for medical necessity, but we have noticed that clinical submitted is often sparse 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	<ul style="list-style-type: none">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	<ul style="list-style-type: none">Having the correct NPI number is essential to setting up the case correctly in our system.

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 website¹

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

1. <https://www.nj.gov/humanservices/dmhas/information/stakeholder/>



Q&A

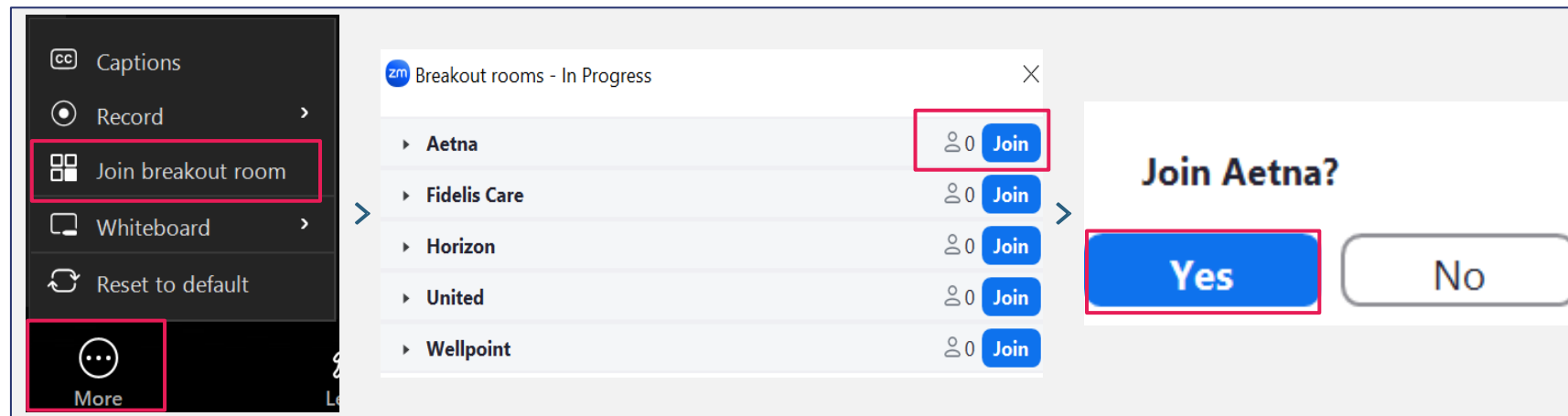
**DMAHS or MCO Prior
Authorization questions**



Choose your breakout room

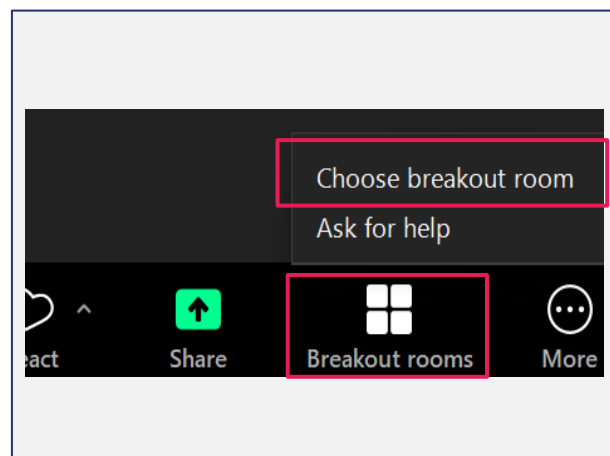
To join a breakout room:

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



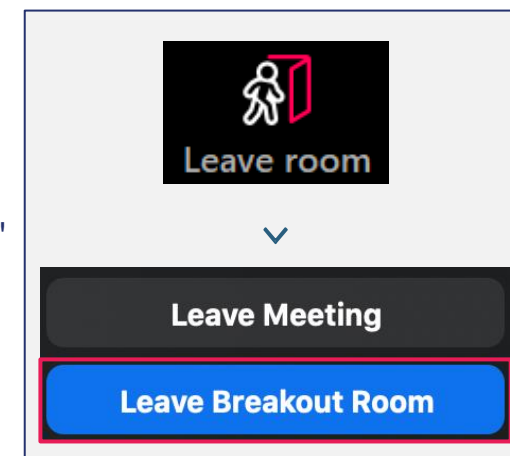
To switch to another MCO room:

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**"





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 circumstances¹

1. It is the responsibility of the provider to ensure authorization is obtained prior to service delivery

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.

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

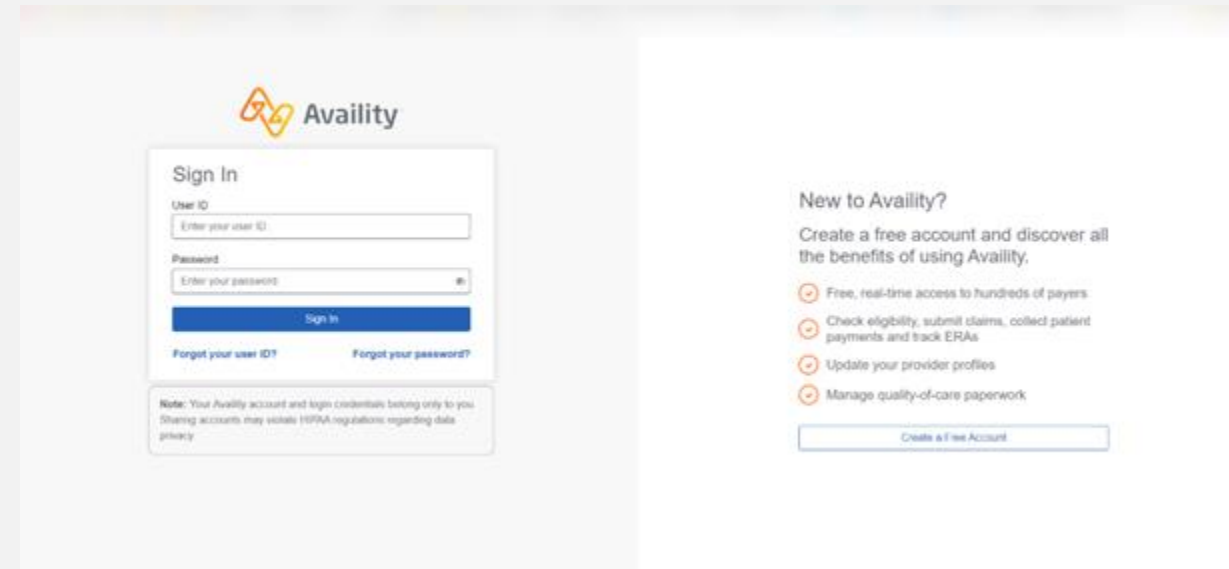
Goals of BH Integration

- ☆ **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	<ul style="list-style-type: none"> • REV code: 913 • Units of Service: 1 Hour 	<ul style="list-style-type: none"> • REV code: 912 • Units of Service: 1 Hour 	<ul style="list-style-type: none"> • HCPC: H0035 • Units of Service: 1 Hour
Fidelis Care	<ul style="list-style-type: none"> • REV code 913 with procedure code H0035 	<ul style="list-style-type: none"> • REV code 912 with procedure code H0035 	<ul style="list-style-type: none"> • HCPC: H0035
Horizon	<ul style="list-style-type: none"> • REV code: 913 (can be submitted with Procedure code H0035) 	<ul style="list-style-type: none"> • REV code: 912 (can be submitted with Procedure code H0035) 	<ul style="list-style-type: none"> • HCPC: H0035
UnitedHealthcare	<ul style="list-style-type: none"> • REV code: 913 	<ul style="list-style-type: none"> • REV code for adults (18+): 912 • REV code for youth (under 18): 913 	<ul style="list-style-type: none"> • HCPC: H0035
Wellpoint	<ul style="list-style-type: none"> • REV code 913 with Procedure code H0035 	<ul style="list-style-type: none"> • REV code 912 with Procedure code H0035 	<ul style="list-style-type: none"> • HCPC: H0035

Aetna MH PA requests using our portal

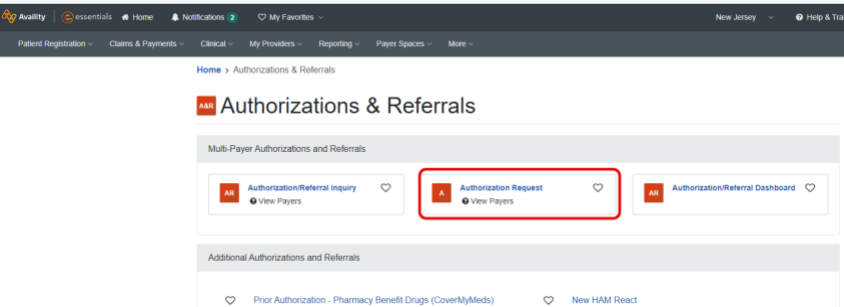


The screenshot shows the Availity portal interface. On the left, there is a 'Sign In' section with a 'User ID' field (placeholder: 'Enter your user ID'), a 'Password' field (placeholder: 'Enter your password'), a blue 'Sign In' button, and links for 'Forgot your user ID?' and 'Forgot your password?'. Below this is a note: 'Note: Your Availity account and sign credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy.' On the right, there is a 'New to Availity?' section with the text 'Create a free account and discover all the benefits of using Availity.' followed by a list of benefits: 'Free, real-time access to hundreds of payers', 'Check eligibility, submit claims, collect patient payments and track ERAs', 'Update your provider profiles', and 'Manage quality-of-care paperwork'. At the bottom of this section is a 'Create a Free Account' button.

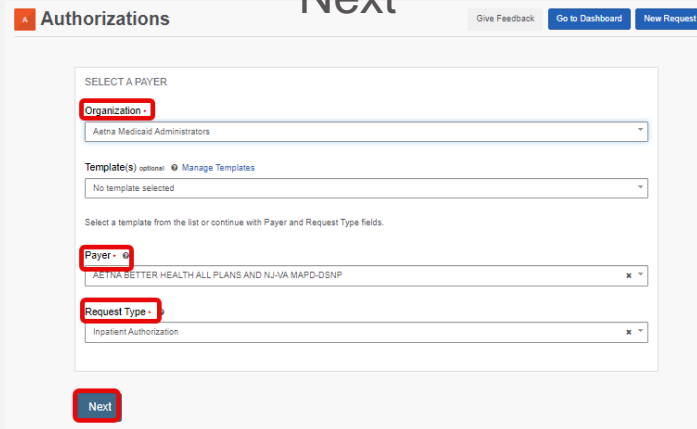
Submit PA using Availity Portal
[Access Availity Here](#)

Submitting Authorizations in Availity

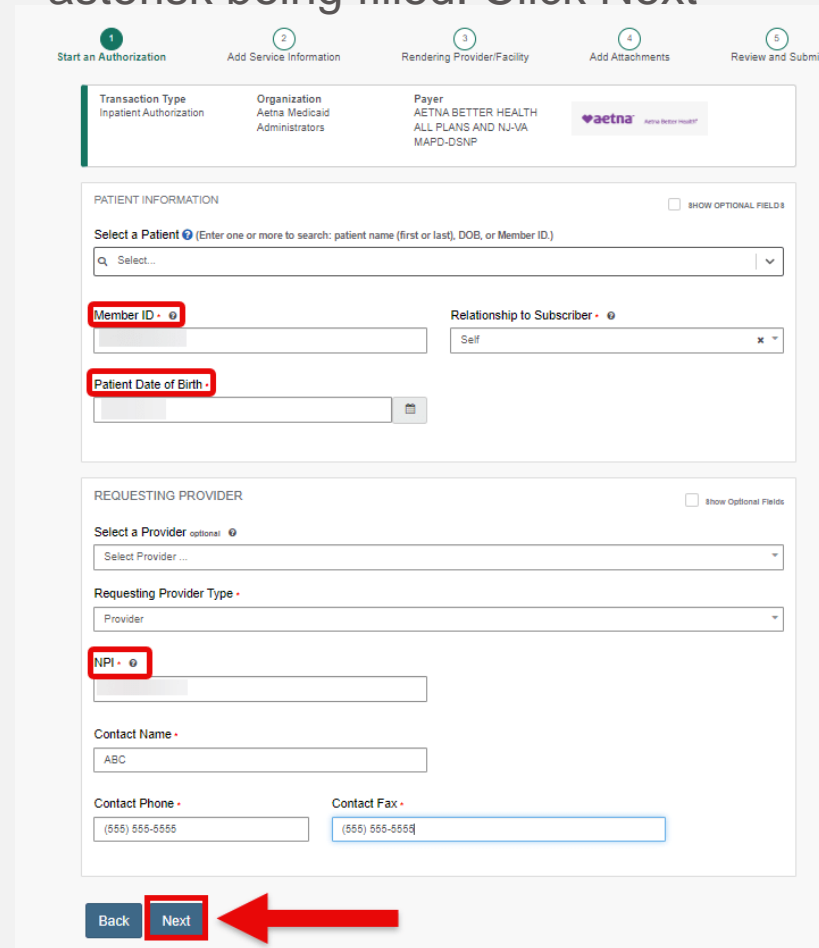
1 Select Authorization Request



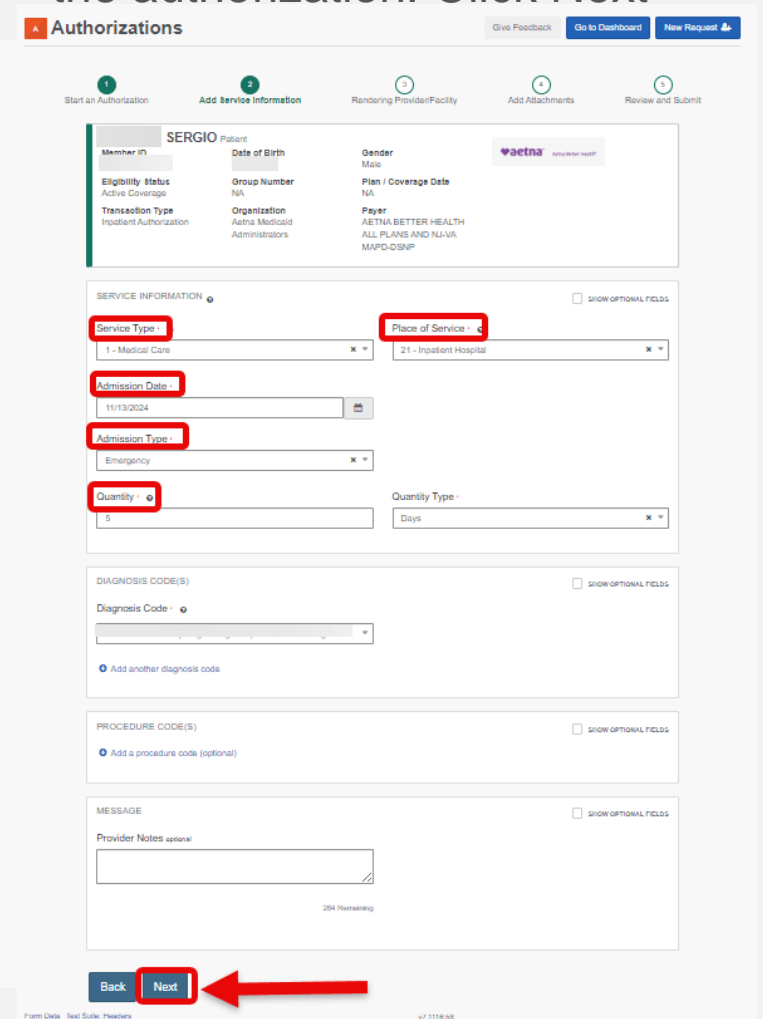
2 Enter applicable info and click Next



3 Enter the information for each asterisk being filled. Click Next

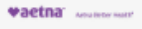




4 Enter the information for the authorization. Click Next







5 Enter the provider info and click Next


1 Start an Authorization 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments 5 Review and Submit

NGUYEN, SERGIO Patient
Member ID [redacted] Date of Birth [redacted] Gender Male 
Eligibility Status Active Coverage Group Number NA Plan / Coverage Date NA
Transaction Type Inpatient Authorization Organization Aetna Medicaid Administrators Payer AETNA BETTER HEALTH ALL PLANS AND NJ-VA MAPD-DSNP

SERVICE PROVIDER Show Optional Fields
Select a Provider optional 
Select Provider ...
Rendering Provider Role
Attending Physician
NPI 
[redacted]

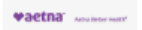
SERVICE PROVIDER 2 Show Optional Fields
Select a Provider optional 
Select Provider ...
Rendering Provider Role
Admitting Services
NPI 
[redacted]


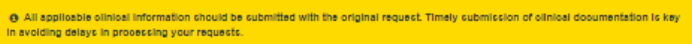


FACILITY Show Optional Fields
Select a Provider optional 
Select Provider ...
Rendering Provider Role
Facility
NPI 
[redacted]

Back Next 

6 Add any attachments and click Next

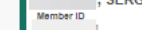
1 Start an Authorization 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments 5 Review and Submit

NGUYEN, SERGIO Patient
Member ID [redacted] Date of Birth [redacted] Gender Male 
Eligibility Status Active Coverage Group Number NA Plan / Coverage Date NA
Transaction Type Inpatient Authorization Organization Aetna Medicaid Administrators Payer AETNA BETTER HEALTH ALL PLANS AND NJ-VA MAPD-DSNP

ADD ATTACHMENT(S)
Add File 


Back Next 

7 Verify all information and hit Submit

1 Start an Authorization 2 Add Service Information 3 Rendering Provider/Facility 4 Add Attachments 5 Review and Submit

NGUYEN, SERGIO Patient
Member ID [redacted] Date of Birth [redacted] Gender Male 
Eligibility Status Active Coverage Group Number NA Plan / Coverage Date NA
Transaction Type Inpatient Authorization Organization Aetna Medicaid Administrators Payer AETNA BETTER HEALTH ALL PLANS AND NJ-VA MAPD-DSNP


Member Information [Back to Step 1](#)
Patient Name [redacted] Patient Date of Birth [redacted] Patient Gender Male
Member ID [redacted] Relationship to Subscriber Self Subscriber Name [redacted]

Requesting Provider [Back to Step 1](#)
Name [redacted] NPI [redacted]
Provider Role Provider
Phone (555) 555-5555 Fax (555) 555-5555 Contact Name ABC

Service Information [Back to Step 2](#)
Service Type 1 - Medical Care Place of Service 21 - Inpatient Hospital Admission - Discharge Date 2024-11-13
Admission Type Emergency Quantity 5 Days
Diagnostic Code 1 [redacted]

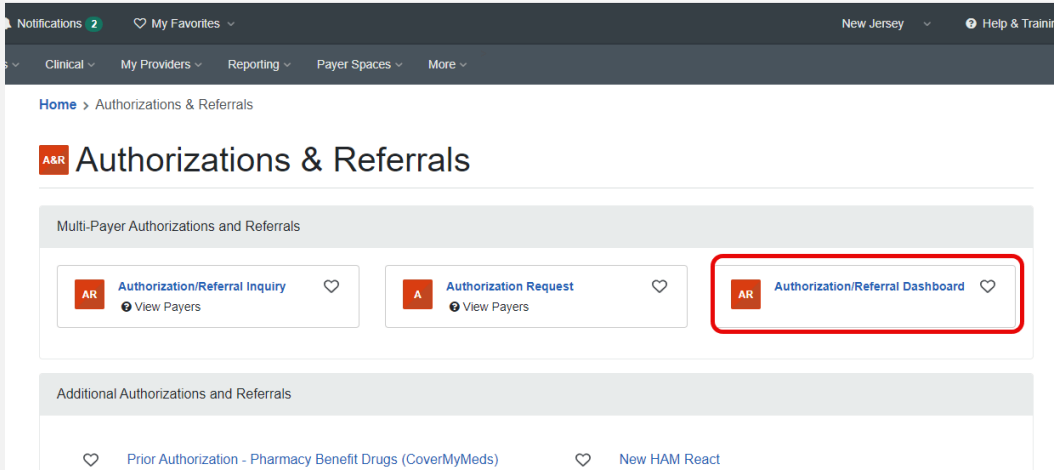
Rendering Provider/Facility [Back to Step 3](#)
Provider 1
Name [redacted] NPI [redacted]
Provider Role Attending
Provider 2
Name [redacted] NPI [redacted]
Provider Role Admitting Services
Provider 3
Name [redacted] NPI [redacted]
Provider Role Facility

Attachment(s) [Back to Step 4](#)
There are no attachments.

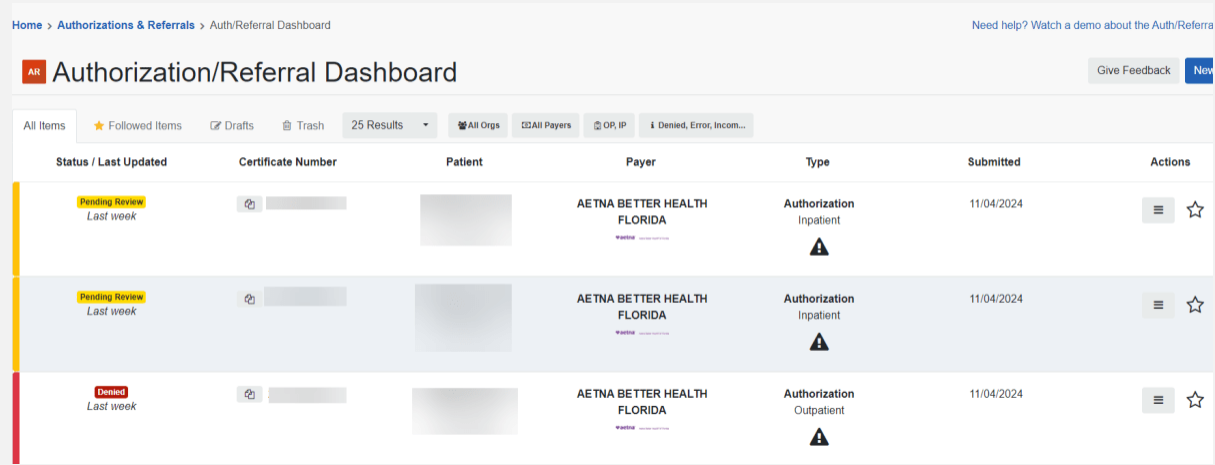
Back Submit 

Checking Status of Authorizations Submitted via Availity

1. Click on Authorization/Referral Dashboard

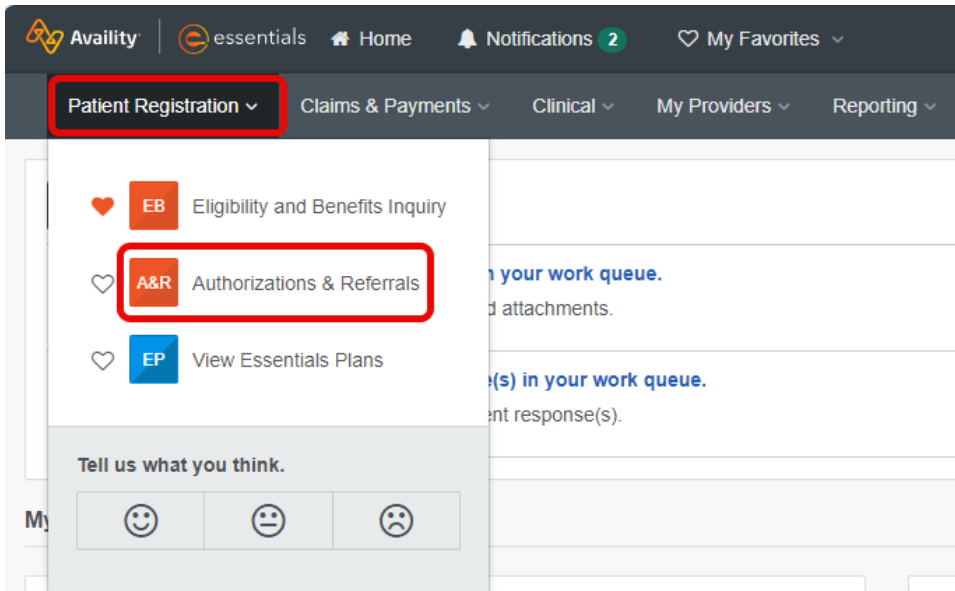


2. This will show status of those submitted in Availity only

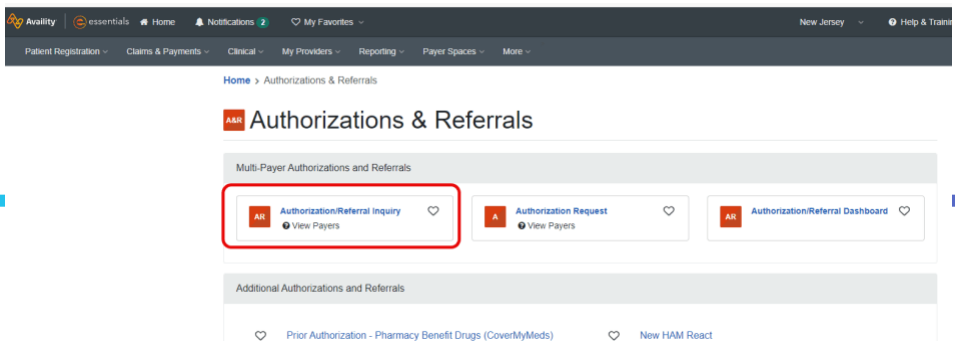


Authorization Inquiries

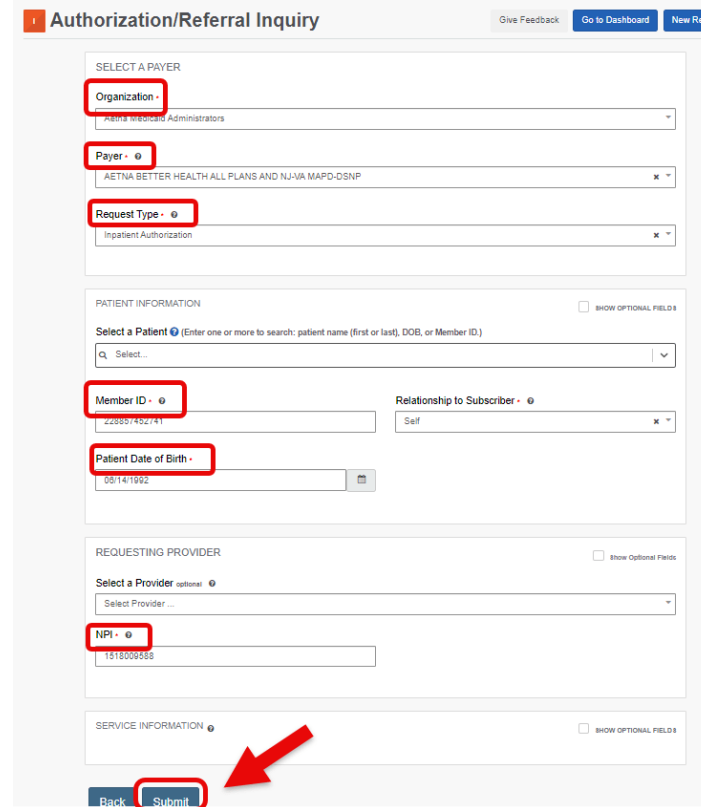
1 Once the provider is logged in, go to patient registration and authorizations & referrals.



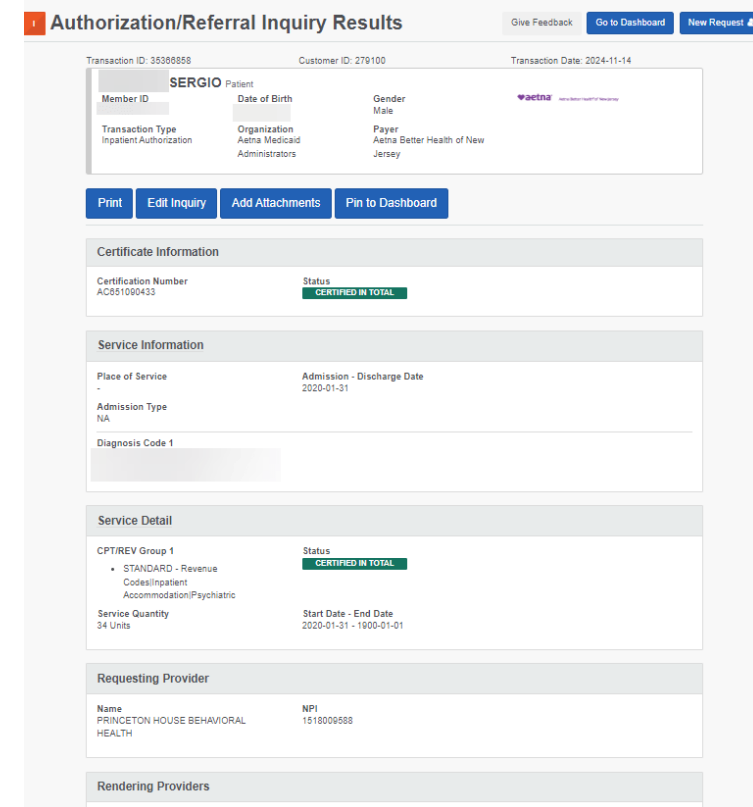
2 For inquiries, select Authorization/Referral Inquiry



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



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



Fidelis Care MH PA requests using our portal

The screenshot shows the 'Fidelis Care Provider Portal' login interface. At the top right, there are three buttons: 'Chat with an Agent', a font size selector (A), and 'Download & Print'. The main heading is 'Provider Login'. Below it are two input fields: 'Username*' and 'Password*'. A green 'Login' button is positioned below the password field. To the right of the login form is a light blue informational box with the text: 'Thank you for using our Provider Portal. Do you know about our live agent chat feature? Live-agent chat is the easiest and fastest way to get real-time support for an array of topics, including: Member Eligibility, Claims adjustments, Authorizations, Escalations. You can even print your chat history to reference later! We encourage you to take advantage of this easy-to-use feature. If you are having difficulties registering please click the "Chat with an Agent" button to receive assistance.'

Submit PA using Fidelis Care 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:

The screenshot shows the 'My Patients' section of a web portal. At the top, there is a navigation bar with 'My Patients' highlighted. Below the navigation bar, there is a search bar and a 'Search the portal' button. The main content area is titled 'My Patients' and includes a 'Check Member Eligibility' section. This section contains a search form with fields for Member ID, Medicaid ID, Medicare ID, and a date selector for checking eligibility. A 'Search' button is located at the bottom right of the search form. Below the search form, there is a table with 54 results. The table has columns for Member Name, Member ID, Eligible, Effective Date, Term Date, Plan Name, Care Days, Important Info, and PCP. A dropdown menu is open for the first row, showing options: 'Select Action', 'View Details', 'Request Authorization', and 'Submit Referral'. The 'Request Authorization' option is highlighted with a red box.

Member Name	Member ID	Eligible	Effective Date	Term Date	Plan Name	Care Days	Important Info	PCP
...	...	✓	01-01-2016	N/A	...	N/A	N/A	...
...	...	✓	01-01-2016	N/A	...	N/A	N/A	...
...	...	✓	01-01-2016	N/A	...	N/A	N/A	...

Select “**Request Authorization**” to access the authorization request form.

Option 2:

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

The image shows two overlapping screenshots of a web portal interface. The top screenshot shows the 'Care Management' dropdown menu with 'Create New Authorization' highlighted. The bottom screenshot shows the 'Create Authorization' page with the 'Find a Member' section, where the 'Search' button and a table row are highlighted.

Top Screenshot: Care Management Menu

- Home | My Patients | **Care Management** | Claims | My Practice | Resources
- Search the portal
- QUICK TIP: Looking for a specific member? Use the My Patients search to look up a member's medical profile, including authorizations, claims, pharmacy utilization, and more.
- Care Gaps Report: Review all of your members' open care gaps.
- Find Authorizations and Referrals: Search or review recently submitted authorizations and referrals.
- Create New Authorization**: Start a new authorization request.
- Create New Referral: Start a new referral request.

Bottom Screenshot: Create Authorization Page

- Home | My Patients | **Create Authorization** | Claims | My Practice | Resources
- Search the portal
- < Back To My Patients | Chat with an Agent | Download & Print
- Find a Member
- DNE alert message
- Search Type: Member ID | ID: [input field]
- Search**

Patient Name	Date of Birth	Member ID	Plan
[icon]	[blurred]	[blurred]	[blurred]

Select a member from the list above

- Select Member**

Create Authorization

 Chat with an Agent


 Help


 

 Download & Print

Member Information


COLLAPSE


 The following Member is attached to this Authorization


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

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 
--------	---

Is this a prescheduled service or an inpatient notification?

COLLAPSE

Inpatient Notification

Prior Authorization, including prescheduled 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

i 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 <input type="checkbox"/>	<input type="text"/>	<input type="button" value="Advanced Search"/>	<input type="text"/>		(111) 111-1111	<input type="text"/>	<input type="text"/>

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 <input type="button" value="Calendar"/>	1

Additional Service Information

Diagnosis Information

Date From	Date Thru	Diagnosis Code	Description
7/15/2019 <input type="button" value="Calendar"/>	7/16/2019 <input type="button" value="Calendar"/>	H21.221	DEGENERATION OF CILIARY BODY RIGHT EYE

CPT Codes

Date From	Date Thru	Procedure Code	Description	Requested Units	<input type="button" value="View Auth"/>	Modifier
7/15/2019 <input type="button" value="Calendar"/>	7/16/2019 <input type="button" value="Calendar"/>	81297	MSH2 GENE DUP/DELETE VARIANT	1	<input type="button" value="View Auth"/>	Auth Required <input type="button" value="Checkmark"/>

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

Create Authorization

This authorization has not been submitted. Please review the information and submit below.

Patient Information

Member Name	Member ID	Date of Birth	Gender
Address			

Requesting provider Information

Provider ID	Phone Number	Fax Number	Specialty
Address			

Servicing Provider Information

Provider Type	Provider ID	Provider Name	Specialty	Fax	Address	County/State
Family						

Requester Contact Information

Name	Fax#	Phone#	Extension
------	------	--------	-----------

Authorization Details

Received Date	Contact Channel	Service Type	Subtype
Created Date	Place of Service	Place of Service Description	Required Equipment

Additional Service Information

Planned Start Date	Requested Days
--------------------	----------------

Diagnosis Information

Date From	Date Thru	Diagnosis Code	Description
-----------	-----------	----------------	-------------

CPT Codes

Date From	Date Thru	Procedure Code	Description	Requested Units	Is Auth. Required?
-----------	-----------	----------------	-------------	-----------------	--------------------

Note

Attachment Information

File Name

Save Draft

Submit Authorization

EDIT AUTHORIZATION

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:

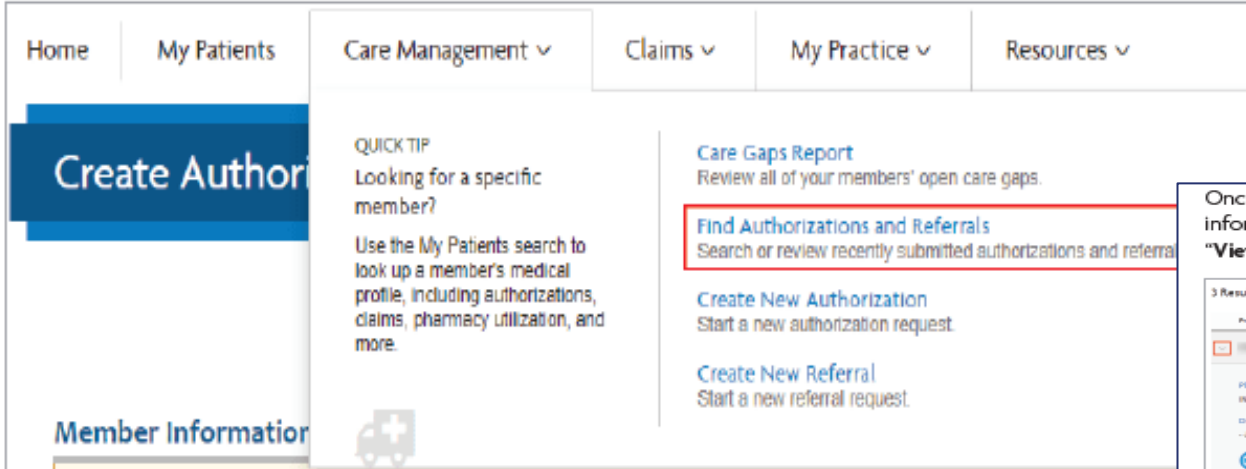
Create Authorization

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.



Home | My Patients | Care Management ▾ | Claims ▾ | My Practice ▾ | Resources ▾

Create Authorizations

QUICK TIP
Looking for a specific member?
Use the My Patients search to look up a member's medical profile, including authorizations, claims, pharmacy utilization, and more.

Member Information

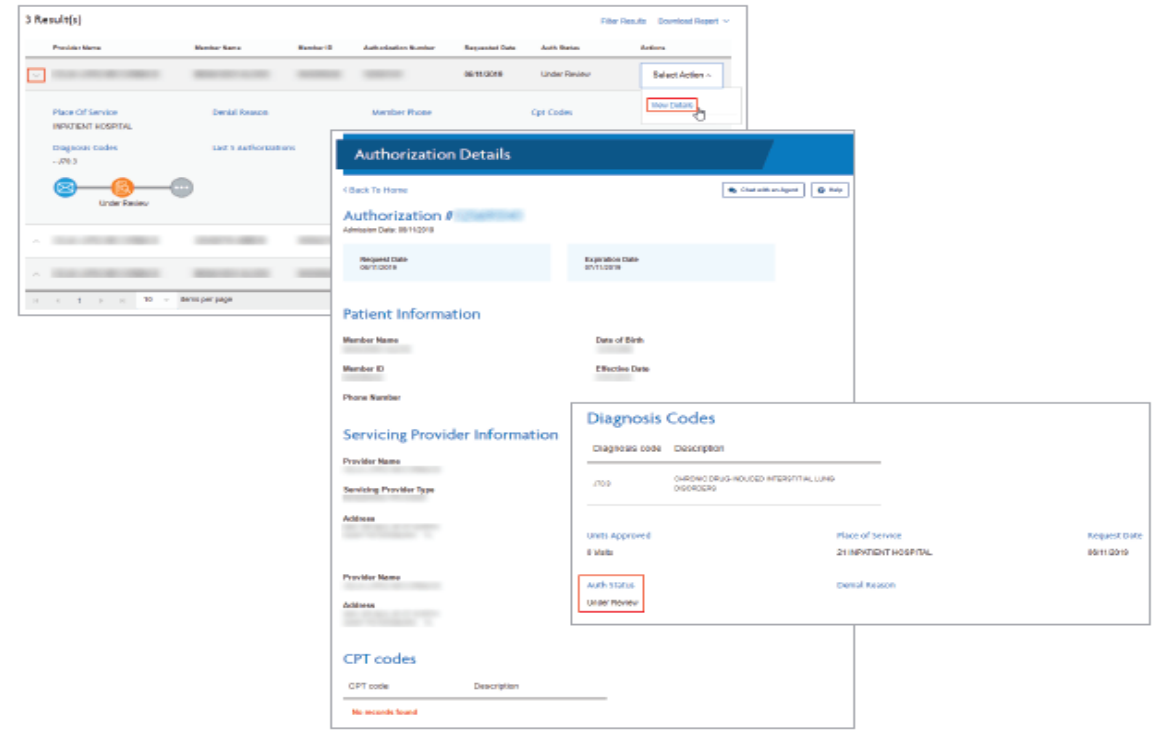
Care Gaps Report
Review all of your members' open care gaps.

Find Authorizations and Referrals
Search or review recently submitted authorizations and referrals.

Create New Authorization
Start a new authorization request.

Create New Referral
Start a new referral request.

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.



3 Result(s) Filter Results Download Report

Provider Name	Member Name	Member ID	Authorization Number	Requested Date	Auth Status	Actions
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	06/11/2019	Under Review	Select Action ▾ View Details

Place Of Service: INPATIENT HOSPITAL
Diagnosis codes: J70.3
CPT codes: [REDACTED]

Authorization Details

Authorization # [REDACTED]
Admission Date: 06/11/2019

Request Date: 06/11/2019
Expiration Date: 07/11/2019

Patient Information

Member Name: [REDACTED]
Date of Birth: [REDACTED]
Member ID: [REDACTED]
Effective Date: [REDACTED]
Phone Number: [REDACTED]

Servicing Provider Information

Provider Name: [REDACTED]
Servicing Provider Type: [REDACTED]
Address: [REDACTED]

Diagnosis Codes

Diagnosis Code	Description
J70.3	ORIGINO DRUG-INDUCED INTERSTITIAL LUNG DISORDERS

Units Approved: 8 Units
Place of Service: INPATIENT HOSPITAL
Request Date: 06/11/2019

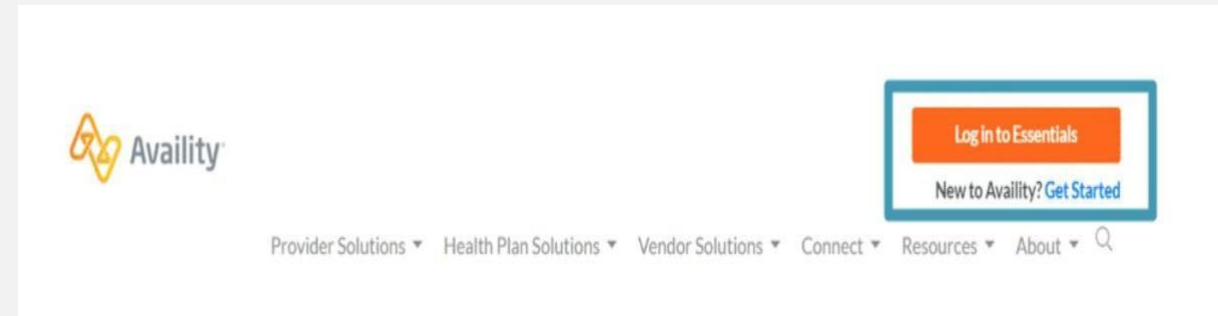
Auth Status: Under Review

CPT codes

CPT code: [REDACTED]
Description: [REDACTED]

No records found

Horizon NJ Health MH PA requests using Horizon's portal



Submit PA using Availity Portal

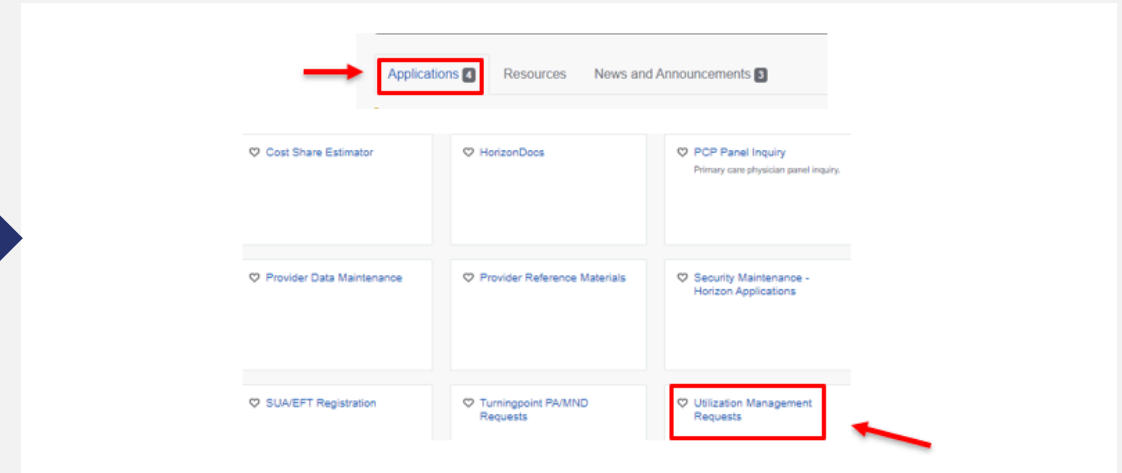
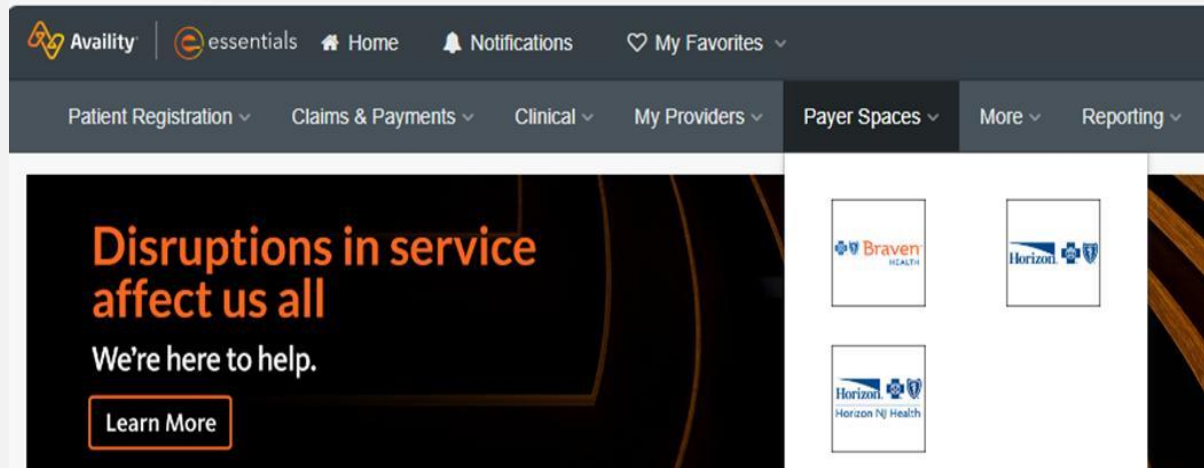
<https://availity.com/>

Learn about the Utilization Management Request
Tool Enhancements

[Self Study Guide](#)

[UM Tool Training Module](#)

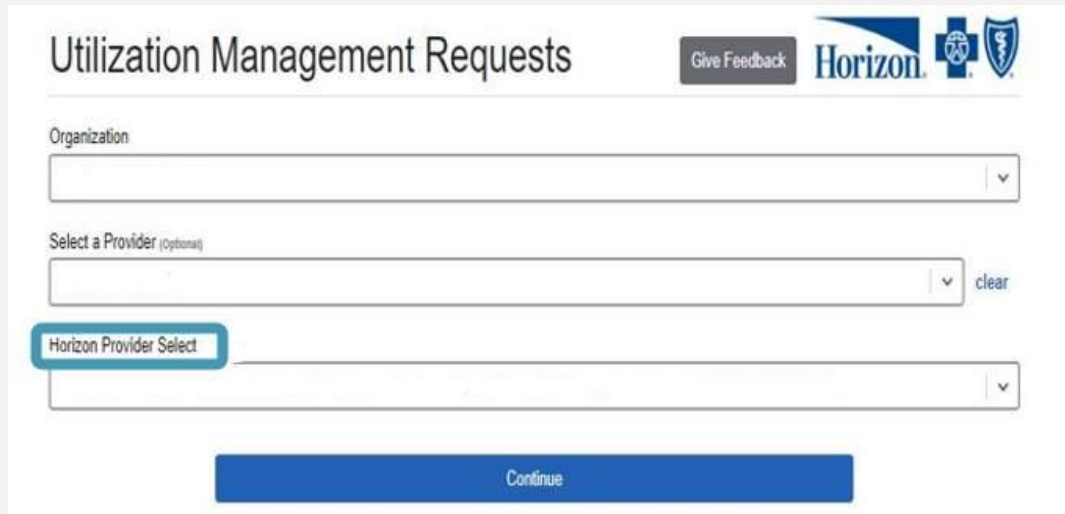
Horizon NJ Health | How to submit MH PA requests using Horizon's Portal



Once logged into Availty, Click Payer Spaces dropdown and select plan type for member you are requesting services for.

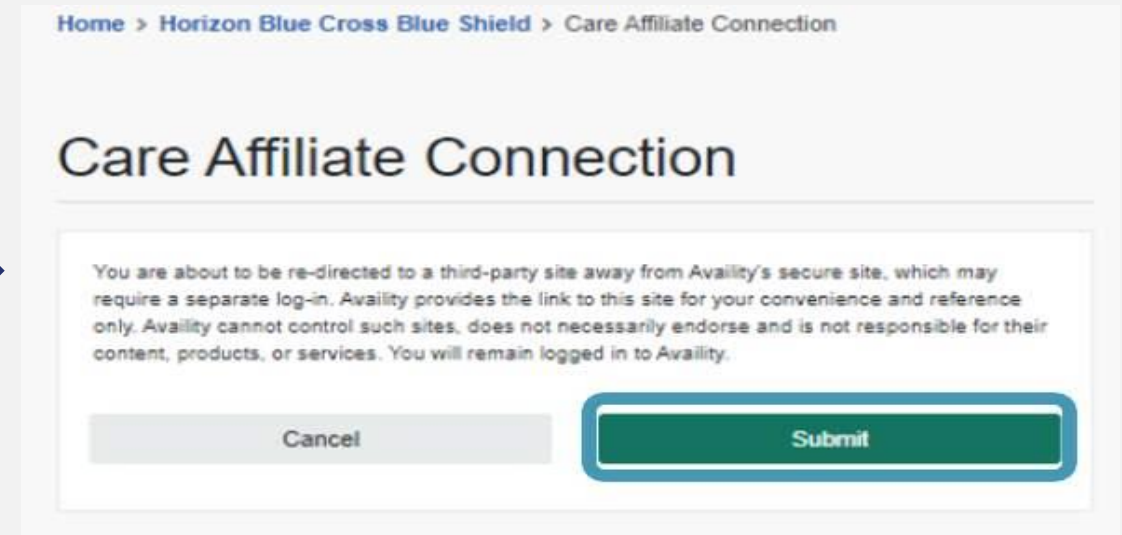
Scroll within Applications tab to Utilization Management Requests and click.

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



The screenshot shows the 'Utilization Management Requests' page. At the top right, there is a 'Give Feedback' button and the Horizon logo. The main form area contains three dropdown menus: 'Organization', 'Select a Provider (optional)', and 'Horizon Provider Select'. The 'Horizon Provider Select' dropdown is highlighted with a blue border. Below the dropdowns is a large blue 'Continue' button.

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



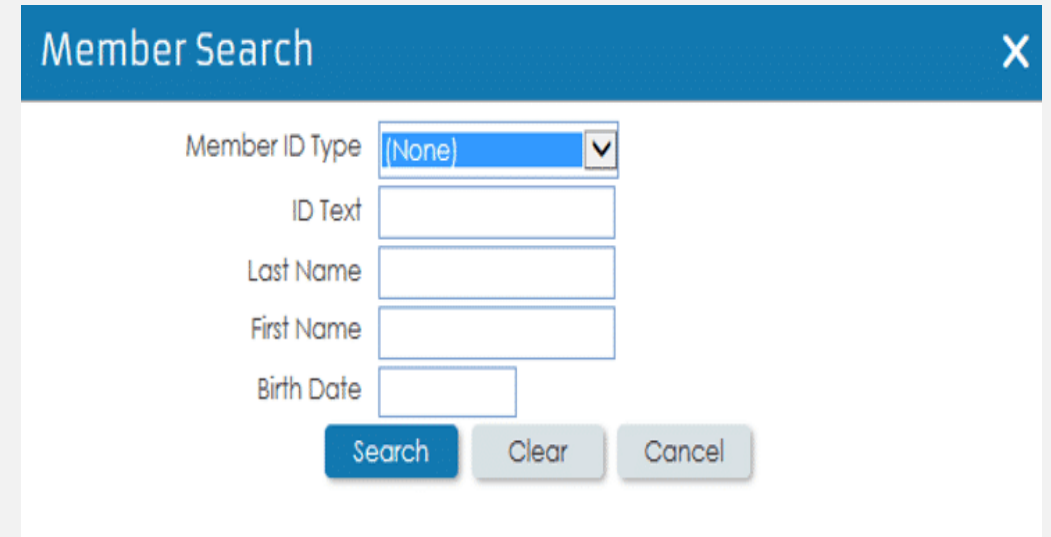
The screenshot shows the 'Care Affiliate Connection' screen. At the top, there is a breadcrumb trail: 'Home > Horizon Blue Cross Blue Shield > Care Affiliate Connection'. The main heading is 'Care Affiliate Connection'. Below the heading is a text box with the following message: 'You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.' At the bottom of the text box are two buttons: a grey 'Cancel' button and a green 'Submit' button.

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

Member Search

Member ID: 2469533
Name: SCHMIDTXUAT, PAYNE
Look Up

Search Results

- Appeals (0) [New](#)
- Authorizations (4) [New](#)**
- Referrals (0) [New](#)
- Care Plans (0)
- Member Messages (0)
- Last Member Message(s) Received: N/A



General Information

Member ID: 9400878
Name: HARMANXUAT, MAXSON
Request Type: Begin typing to search favorites

Requester

Contact Name: horizon, test
Contact Phone: 714-5399999
Requesting Provider/Facility
Requesting Group
 Use for all Requested Services



Request Type Selection

Request Type Description
Containing Procedure: Begin typing to search favorites
Containing Specialty
 Show Inpatient Only
 Show Behavioral Health / Substance Abuse only
Search Clear Cancel

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

General Information

Member ID: 9400878
Name: HARMANXUAT, MAXSON
Request Type: Inpatient Psychiatric
Event Classification: Urgent Concurrent
Case Type: Inpatient
Plan Valid for Services From: [] To: []
Plan: (None)

Requester

Contact Name: horizon, test
Contact Phone: 714-5399999
Requesting Provider/Facility: []
Requesting Group: []
 Use for all Requested Services



Individual Provider Search

ID Type: NPI
ID: []
First Name: []
Last Name: []

Institutional Provider Search

ID Type: (None)
ID: []
Name: []

Additional search criteria



Requester

Contact Name: horizon, test
Contact Phone: 714-5399999
Requesting Provider/Facility: 1001632907-81840283 - CAVICCHIAKUAT
Requesting Group: []
 Use for all Requested Services

Diagnoses

Diagnosis	Code	Description
Diagnosis	Code	Description
Diagnosis	Code	Description
Diagnosis	Code	Description
Diagnosis	Code	Description

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

Authorizations

Authorization Request

Service 1
Inpatient Hospital/
Psychiatric - Inpatient

Notes (0)

Assessment (0)

Attachments (0)

General Information

Member ID: 9400878

Name: HARMANXUAT, MAXSON

Request Type: Inpatient Psychiatric

Event Classification: Urgent Concurrent

Case Type: Inpatient

Plan Valid for Services From: 10/01/2024 To: 12/31/2024

Plan: PREFERRED PROVIDER ORGA

Requester



Status Reason: Electronic Submission

Place of Service: Inpatient Hospital

Service: Psychiatric - Inpatient

Service From: []

To: []

Provider: []

Group: []

Facility: []

Provider Role: Attending

Actual Date Admitted: []

Admitting Diagnosis: []

Actual Discharge Date: []

Discharge Diagnosis: []

Disposition: (None)



Provider Location Search

Individual Provider Search

ID Type: (None)

ID: []

First Name: []

Last Name: []

Institutional Provider Search

ID Type: (None)

ID: []

Name: []

Additional search criteria

Address: []

City: []

State: []

Postal Code: []

County: []

Search within: (None)

Specialty: []

Provider Type: (None)

Network: (None)

Referral: ALL

Date: []

Medicaid only: []

Search Clear Cancel

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

Procedure Low

Procedure High

Quantity (None)

Total

Days	Reason
------	--------

Procedure Search

Procedure Type: Any Gender: Both

Code: Any Age: 36

Description: CPT

HCPCS

ICD-10

Type	Code	Site Defined	Gender	Min Age	Max Age
------	------	--------------	--------	---------	---------

There are no records to display.

Procedure Low

Procedure High

Modifiers

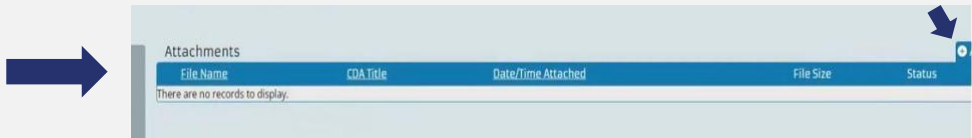
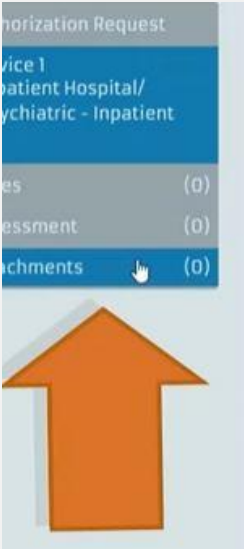
Quantity (None)

Total

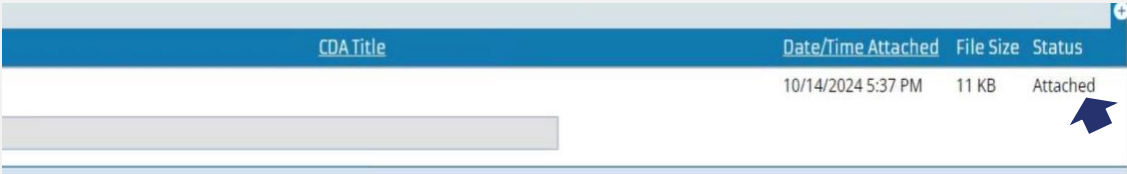
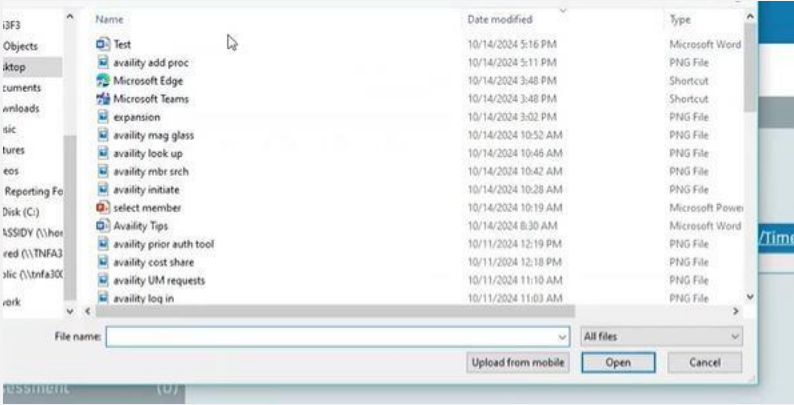
Next, procedure information should be added only for outpatient levels of care. Click add procedure tab toward bottom right of screen. A new window will open. Click magnifying glass next to Procedure Low to open search window.

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

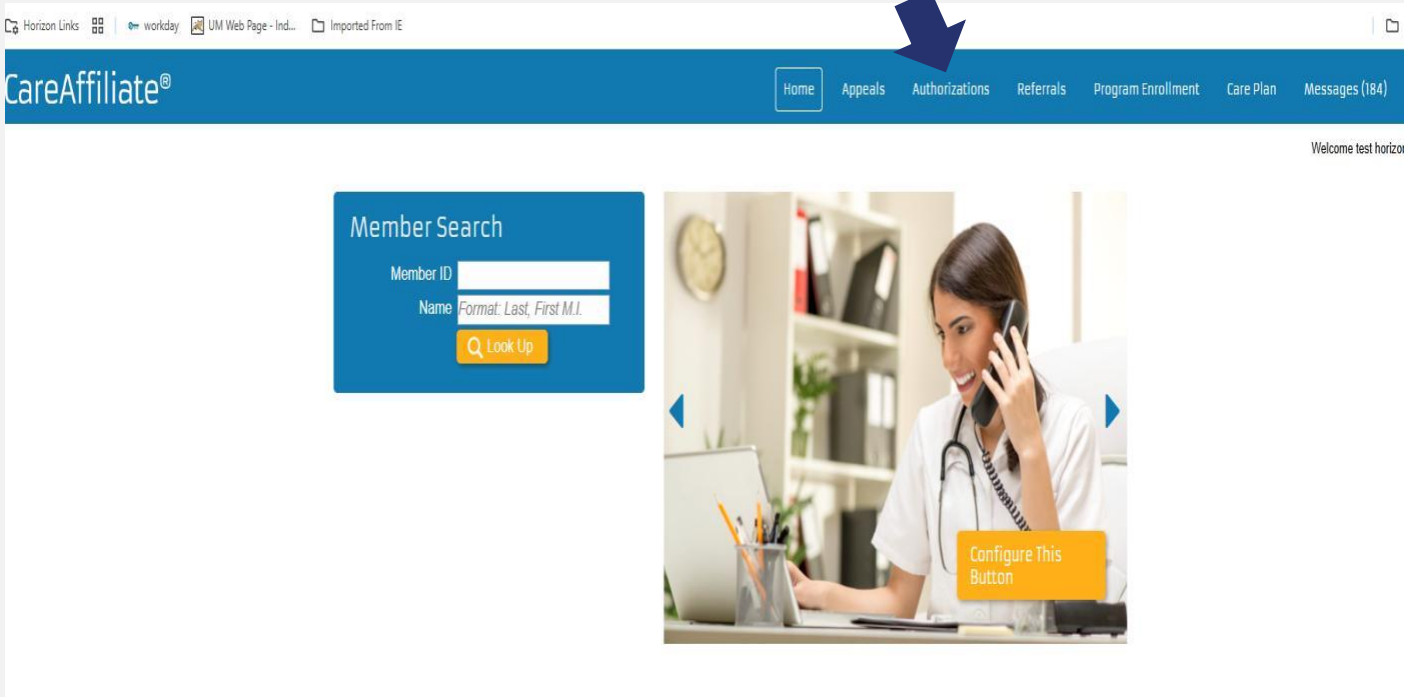


To add clinical information, attachments of clinical records can be added. Click add attachments in top left and then add file in the top right.



Double click on the file to be attached and then click upload file. A status of Attached appears when files are uploaded successfully.

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

Authorizations

Search Existing Records

Search Criteria

Member ID:

Name:

Requesting Provider ID:

Requesting Group ID:

Requesting Facility ID:

Requesting Location:

Requesting Status:

Reference #:

Vendor Delegate Auth #:

Diagnosis:

Procedure:

Place of Service:

Service:

Service Dates From: To:

Submission Dates From: To:

Status:

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.

Reference #	Authorization #	Member ID	Member Name	Member DOB	Status	Diagnosis
0001416926		9400878	HARMANXUAT, MAXSON	10/01/1988	Not Certified	F32.9 : MDD, single episode, unspecified

Return To Search

Authorization Request

Service 1 - (Denied) Free-standing Psychiatric Facility/ Psychiatric - Inpatient

Notes (0)

Assessment (1)

Attachments (3)

General Information

Member ID: 9400878

Name: HARMANXUAT, MAXSON

Request Type: Psych Facility - IP

Event Classification: Urgent Pre service

Case Type: Inpatient

Plan Valid for Services From: 01/01/2023 To: 12/31/9999

Plan: PREFERRED PROVIDER ORGANIZATION

Requester

Contact Name: horizon, test

Contact Phone: 714-5399999

Requesting Provider/Facility: I1209100P13574300000001721676 - CAVICCHIAUAT, TAYANA K

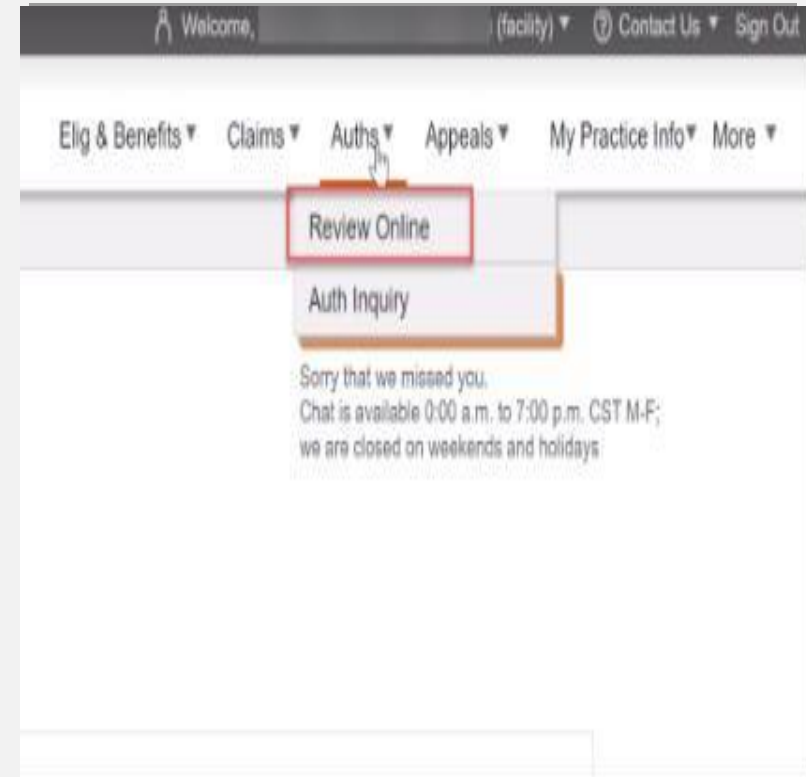
Diagnoses

Diagnosis: ICD10 - F32.9 - Major depressive disorder, single episode, unspecified

To review documentation about decision, go to "Attachments." Once in Attachments, letters are hyperlinked and viewable.

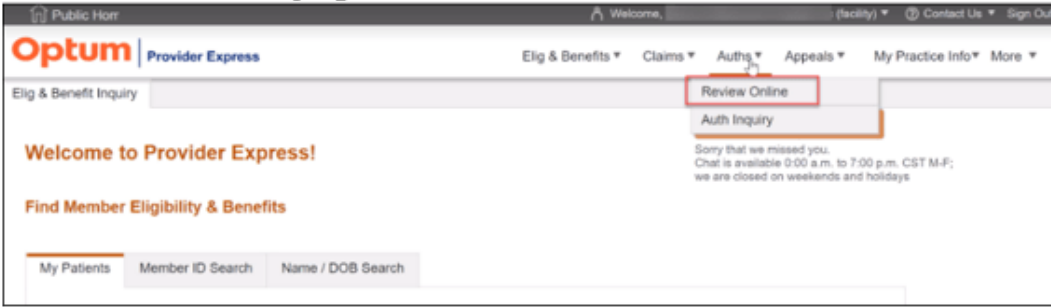
*Note: In order to get a print-out of the request and status, you can print screen.

UnitedHealthcare MH PA requests using our portal

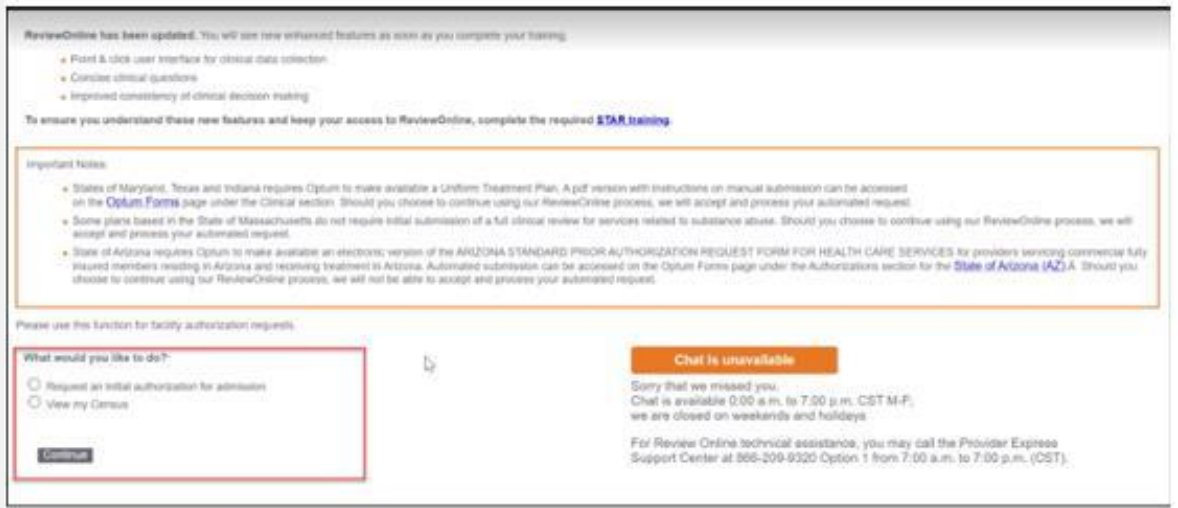


Submit PA using Providerexpress.com
[Optum - Provider Express Home](#)

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	<p>Now, there are two options for the provider at this point. Providers can</p> <ul style="list-style-type: none"> • Request an initial authorization for admission • 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.
---	---



ReviewOnline has been updated. You will see new enhanced features as soon as you complete your training.

- Point & click user interface for clinical data collection.
- Consider clinical questions.
- Improved consistency of clinical decision making.

To ensure you understand these new features and keep your access to ReviewOnline, complete the required **STAR training**.

Important Notes:

- States of Maryland, Texas and Indiana requires Optum to make available a Uniform Treatment Plan. A pdf version with instructions on manual submission can be accessed on the **Optum Forms** page under the Clinical section. Should you choose to continue using our ReviewOnline process, we will accept and process your automated request.
- Some plans based in the State of Massachusetts do not require initial submission of a full clinical review for services related to substance abuse. Should you choose to continue using our ReviewOnline process, we will accept and process your automated request.
- State of Arizona requires Optum to make available an electronic version of the ARIZONA STANDARD PRIOR AUTHORIZATION REQUEST FORM FOR HEALTH CARE SERVICES for providers servicing commercial fully insured members residing in Arizona and receiving treatment in Arizona. Automated submission can be accessed on the Optum Forms page under the Authorizations section for the **State of Arizona (AZ)**. Should you choose to continue using our ReviewOnline process, we will not be able to accept and process your automated request.

Please use this function for facility authorization requests.

What would you like to do?

Request an initial authorization for admission

View my Census

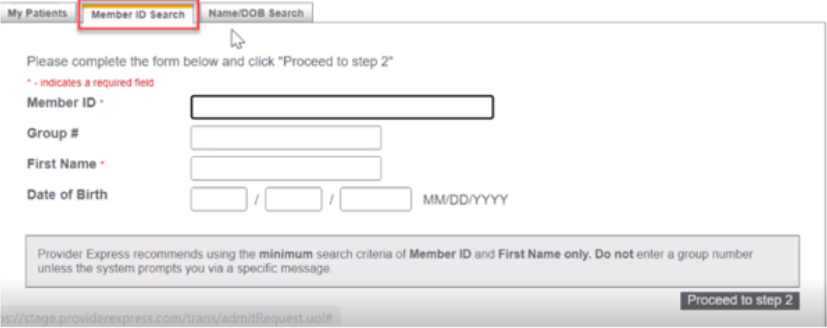
Continue

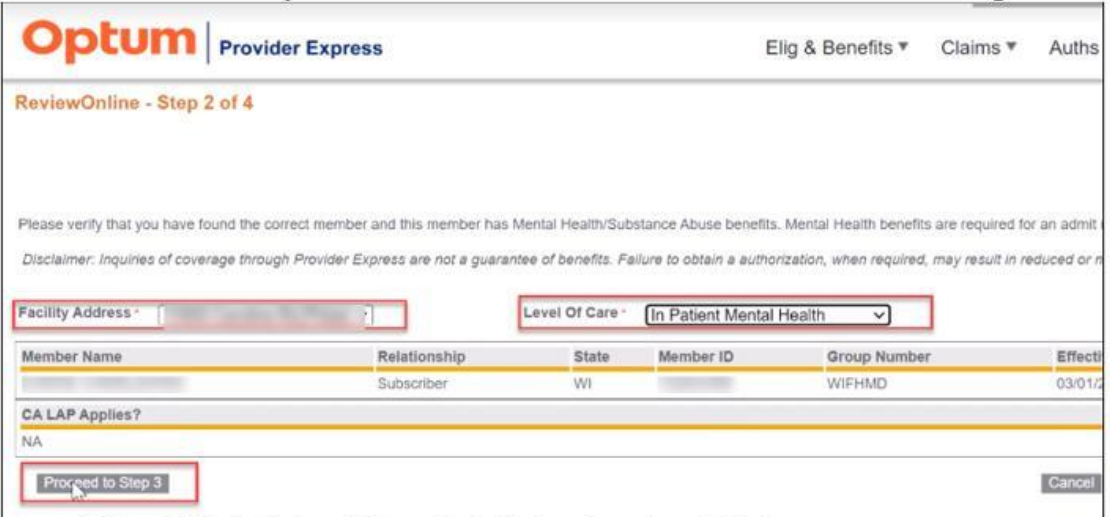
Chat is unavailable

Sorry that we missed you.
Chat is available 0:00 a.m. to 7:00 p.m. CST M-F;
we are closed on weekends and holidays.

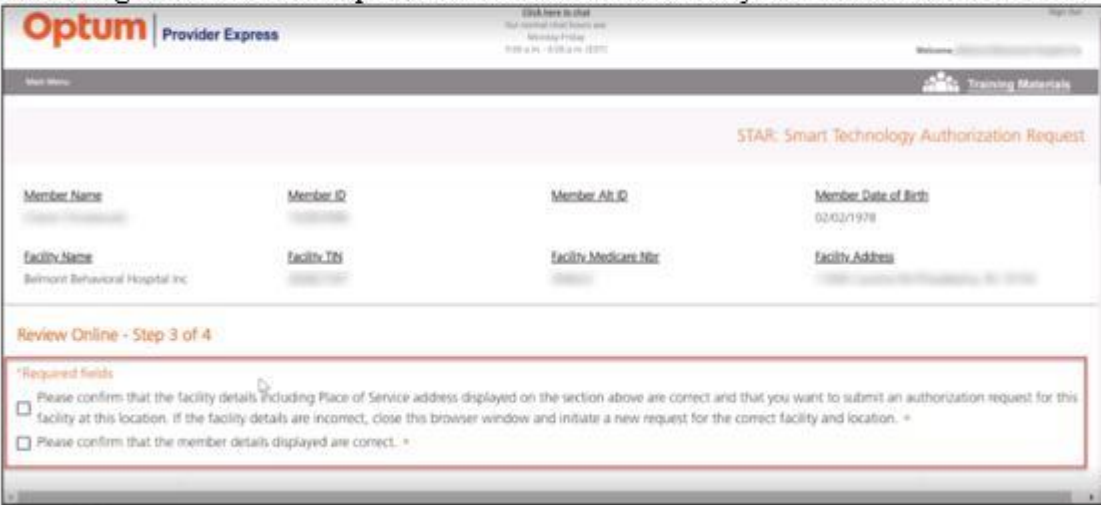
For Review Online technical assistance, you may call the Provider Express Support Center at 866-209-9325 Option 1 from 7:00 a.m. to 7:00 p.m. (CST).

UnitedHealthcare

Step	Action
1	<p>The provider will land on the ReviewOnline- On this page providers can locate a member 3 different ways.</p> <p>a. Member ID Search – search by Member ID.</p> 
2	Select Proceed to step 2 at the bottom of the page.

3	<p>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.</p> 
---	--

UnitedHealthcare

Step	Action																
4	<p>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.</p>  <p>The screenshot shows the 'Review Online - Step 3 of 4' page. It includes a table with the following information:</p> <table border="1"><thead><tr><th>Member Name</th><th>Member ID</th><th>Member Alt ID</th><th>Member Date of Birth</th></tr></thead><tbody><tr><td>[Redacted]</td><td>[Redacted]</td><td>[Redacted]</td><td>02/02/1978</td></tr><tr><th>Facility Name</th><th>Facility TIN</th><th>Facility Medicaid ID#</th><th>Facility Address</th></tr><tr><td>Belmont Behavioral Hospital Inc</td><td>[Redacted]</td><td>[Redacted]</td><td>[Redacted]</td></tr></tbody></table> <p>Below the table, there is a section titled 'Review Online - Step 3 of 4' with a red border. It contains the following text:</p> <p>*Required fields</p> <ul style="list-style-type: none"><input type="checkbox"/> Please confirm that the facility details including Place of Service address displayed on the section above are correct and that you want to submit an authorization request for this facility at this location. If the facility details are incorrect, close this browser window and initiate a new request for the correct facility and location. =><input type="checkbox"/> Please confirm that the member details displayed are correct. =>	Member Name	Member ID	Member Alt ID	Member Date of Birth	[Redacted]	[Redacted]	[Redacted]	02/02/1978	Facility Name	Facility TIN	Facility Medicaid ID#	Facility Address	Belmont Behavioral Hospital Inc	[Redacted]	[Redacted]	[Redacted]
Member Name	Member ID	Member Alt ID	Member Date of Birth														
[Redacted]	[Redacted]	[Redacted]	02/02/1978														
Facility Name	Facility TIN	Facility Medicaid ID#	Facility Address														
Belmont Behavioral Hospital Inc	[Redacted]	[Redacted]	[Redacted]														

- Enter the diagnosis
- Pick the Level of Care
- Answer the following questions
 - **Involuntary admission?**
 - **Is this request from an ER?**
 - **Member admitted?**
 - **Admit date**
 - **Has the member been discharged from the current episode of care?**

Select **Next**.

- 5 On the next page the provider will see a popup reminder letting the provider know that
The Draft is Saved. Incomplete drafts will be removed in 72 hours and no authorization will be created.

Select **OK**.

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Step	Action
6	<p>On the next page the Provider will complete all of the required information in the following sections</p> <ul style="list-style-type: none">• Member Information• Admission Information• Attending MD• Utilization Reviewer• Current Symptoms and Severity.• Risks• Proposed Treatment• Discharge Planning• Attestation <p>Note: Fields with a red asterisk are required.</p> <p>Click Next.</p>

7	<p>On the next page the provider will see the Confirmation pop-up. The pop-up will provide the following</p> <ul style="list-style-type: none">• Authorization number• Number of days the level of care has been approved for <div data-bbox="1465 625 2466 1225"><p>Confirmation</p><p>Thank you for your submission. Your authorization # is unknown</p><p>5 days have been approved for Inpatient.</p><ul style="list-style-type: none">• 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<p>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.</p><p>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.</p><p>OK</p></div>
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UnitedHealthcare MH Partial Care PA

Electronic Submission – MH Partial Care	<ul style="list-style-type: none">• 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• Complete the online request form.• Use the “Attesting Individual’s Email Address” to track where the request is in the authorization process.
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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