UnitedHealthcare Community Plan of New Jersey Provider Manual Quick Reference Guide

This document provides important plan information.

Provider Enrollment

To request participation for UnitedHealthcare, you may contact the National Credentialing Center by calling 877-842-3210, and choosing telephone prompts Other Professional Services, then Credentialing, then Join the Network.

At the time of the initial call the following information is required to search for a practitioner in our system, or set up a new record if needed.

- Practitioner's name and degree
- Date of birth is required, UPIN and Social Security number are requested also
- Practicing Specialty
- Tax Identification number and legal name of the owner of the TIN as it appears on the W-9
- Primary place of service address with phone and fax numbers
- Billing address with phone and fax numbers
- Credentialing address, if different, with phone and fax numbers.

National Credentialing performs a network need analysis while you are on the call and proceeds with initiation of the credentialing process if there is a network need in your designated specialty. If the network is not open to the designated specialty, you will be instructed to re-contact us in six months for an update.

In accordance with the New Jersey Health Care Quality Act, you have the option to use the CAQH Universal Credentialing DataSource or the New Jersey Universal Physician Credentialing application. If you would like to use the New Jersey application instead of the CAQH DataSource, you may download a copy from **state.nj.us/health** and mail the completed application to the following address:

UnitedHealthcare National Credentialing
9200 Worthington Road
Westerville, OH 43082

To complete the credentialing process, you must have the following elements:

- Active licensure in the state you will be practicing. A temporary license is not acceptable.
- Active DEA registered in the state you will be practicing, and/or CDS if required by the state. If you do not yet have a DEA registered in your practicing state we can accept arrangements with a par practitioner that can write prescriptions for you until you do obtain one.
- Active Professional Liability Insurance at the practicing location
- Active Hospital Privileges or Admitting Arrangements with a Participating Provider, if required for the specialty.
- If you are a MD, DO or DPM, you must complete a residency program in your designated specialty.

If you do not have active documents, or if those items will not be effective, or in the case of a residency program, complete, within 30 days, UnitedHealthcare cannot start the process and will ask you to call back within 30 days of your start date.

Due to NCQA standards, documents must be verified and active when presented to Credentialing Committee. If the documents are not yet active they *cannot* be presented to the Credentialing Committee. Credentialing turn-around-time averages 30 days, therefore, if you do not have that information effective at the time of the call, but it will become effective within 30 days we can begin the credentialing process. If any of the documents will not be effective for greater than 30 days the process will close, and you would need to re-initiate the process when the documents are active. **We will not hold a file open for greater than 30 days waiting for documents to become effective.**

If you are a Primary Care Physician (PCP), a site visit will be performed during credentialing.

You can contact 877-842-3210 to check credentialing application status:

- Select "United Healthcare Professional Services."
- Select "Credentialing"
- Select "Get Status"

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Dental: New care providers should contact our Dental Benefits Provider at (800) 822-5353 to submit an application and/or submit an application online at **dbp.com**.

Behavioral Health:

Individual Provider: Access **providerexpress.com** > choose *United States* > click on *Join our Network* under Quick Links

> select *Individually Contracted Clinicians*. The application is available online.

Group (Agency/Clinic): Obtain an application by emailing **njnetworkmanagement@optum.com** directly.

Facility or Hospital-based Providers: Access **providerexpress.com** > choose *United States* > click on *Join our Network* under Quick Links > select *Facility Network Request Form (FNRF)*. Email completed FNRFs to **njnetworkmanagement@optum.com**.

HCBS/MLTSS: Send an email to UnitedHealthcare Community Plan at **northeast_ancillary_nm@uhc.com** to request an application and begin the credentialing and contracting process.

The application review and notification of application status takes 30 days.

Prior Authorization Request

Care providers who call UnitedHealthcare Prior Authorization Unit at 888-362-3368, option 3 for medical/surgical/maternity/newborn and behavioral health or 800-262-0305 for LTC (PCA/MDC) receive all authorization confirmations directly on the call.

Care providers who send a secure fax to 888-840-9284 for medical/surgical/maternity and newborn; or 855-583-4041 and 855-489-1553 for LTC (PCA/MDC) will receive a fax back with the status of the submission.

To check on the status or change an authorization request, you may call the Prior Authorization unit at 888-362-3368, option #5. You can also access this information online at **UHCprovider.com/priorauth**, notifications/Prior Authorization tab.

If a response for prior authorization for a non-emergency service is not received within 15 days, please call Provider Services at 888-362-3368.

Claim Submission

Receipt of electronically submitted claims may be validated through the provider's EDI Clearinghouse.

You will receive a Provider Remittance Advice (PRA) for a paper claim or an Electronic Remittance Advice (ERA) for an electronic claim.

You may also check a claim's status visiting the secure online portal at **UHCprovider.com** or calling Provider Services at 888-362-3368.

Confirm Receipt of Adjusted Claim or Claim Appeal

If the appeal is submitted online, you will receive a reference number. You may check the status of the claim online using the reference number.

If the appeal is submitted via paper, you will receive a paper response.

You will receive a PRA or ERA for a claim adjustment.

You may also call Provider Services at 888-362-3368.

To check the status of your claim submission and/or adjusted and appealed claims at **UHCprovider.com**, Claims and Payments tab.

Links for Provider Portal to access Provider Educational Information

UHCprovider.com – The Training and Education tab is available to search for current provider educational information. You can receive education in regards to claims, prior authorization, general UnitedHealthcare policy and procedures and member eligibility/verification.

uhccommunityplan.com > For Health Care Professionals > **New Jersey** – You are encouraged to use this portal for education and training specifically related to Community and State policies and procedures. The portal contains the Community and State Provider Administrative Manual, quarterly newsletters and other UHC Community and State related bulletins.

uhccommunityplan.com > For Health Care Professionals > New Jersey > **Dual Complete ONE** – This site houses all bulletins related to Dual Complete ONE updates and product information.

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Coordination of Benefits Frequently Asked Questions

What is the contact number and/or email address for questions related to COB?

- 888-362-3368 or **UHCprovider.com**

If a member is dually eligible or has a TPL policy how often does the care provider have to submit a denial from Medicare and/or the TPL Insurer?

- If the denial is non-covered and/or benefits exhausted the provider will only need to submit one time and we will update that member's file. If denied for medical necessity, the care provider will need to submit denial every time. All Dual Complete ONE COB's are transparent and handled internally by UnitedHealthcare, so care providers do not have to submit denials.

Does the care provider submit the denial from the Medicare and/or commercial insurance electronically or hard copy?

- The care provider can submit the denial by either method.

What is the address for the care provider to submit the hard copy of the EOB denial?

United Healthcare Community Plan
PO Box 5250
Kingston, NY 12402-5250

How do care providers track progress of paper copies of the EOB for individual members?

- Care providers can track their progress online at **UHCprovider.com**

What is required for care providers to submit to the Managed Care Plan if member has Medicare and/or commercial insurance and the care provider does not participate in the Medicare and/or commercial network?

- Care providers are advised not to service Medicare members if they do not accept Medicare. However, if the non-participating care provider services a member they will need to submit the claim via the normal process for review.

Who do care providers contact for technical assistance regarding claims submission and coordination of benefits for dually eligible members and members with commercial insurance?

- Care providers are advised to contact their vendor or the UnitedHealthcare EDI Support Group at 800-210-8315 or 800-842-1109.

Who should NF providers contact for questions regarding 835?

- NF providers can call (888) 702-2168.

Provider Contacts

Assisted Living
888-702-2168

Behavioral Health Services
877-614-0484

Home and Community Based Services
888-702-2168

Hospice Services
888-702-2168

Hospital Billing
888-362-3368

Provider Services
888-362-3368

Nursing Facility Questions
888-702-2168

Dental Providers

Dental Benefit Providers (DBP)
800-508-4881 or **UHCproviders.com**

Contact DBP for all inquiries including procedures regarding approval and/or claims payment for out-of-state and out-of-network providers and treatment for dental emergencies, such as oral-facial trauma.

The dental provider manual is on the provider-secure portal at **UHCproviders.com** > Documents.

Refer members who are designated as having special needs to Care Management for a Comprehensive Health Status Assessment by calling 877-704-8871.

For more information about Dual Complete ONE, visit **UHCprovider.com/njcommunityplan** > UnitedHealthcare Dual Complete ONE Special Needs Plan.

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UnitedHealthcare Community Plan of New Jersey HCBS Quick Reference Guide

This reference guide provides you with quick access to a variety of resources to make it easier for you to contact us about UnitedHealthcare Community Plan of New Jersey Home- and Community-Based Services (HCBS).

Prior Authorization Requests

Phone: 866-604-3267

Fax: 888-840-9284

All HCBS or Managed Long-Term Services and Supports (MLTSS) require prior authorization.

All members requiring HCBS/MLTSS receive a comprehensive assessment by a case manager. Case managers work with members to develop a person-centered care plan that includes:

- Coordination and monitoring of needed services
- Communication of necessary information about changes in the members' health or the ability to help care providers in planning, delivering and monitoring services
- Coordination of resources across all facets of care to help minimize any negative affect on the member
- Identification of needed HCBS/MLTSS services by the case manager and member based on the care plan. After agreement on the services, the case manager authorizes the HCBS/MLTSS services

If you need assistance identifying a member's Care Coordinator, please call 866-604-3267, 8 a.m. – 5 p.m. Eastern Time, Monday through Friday.

Claims Submission

Electronic Claims:

Claim Submission Tool on Link
You can submit claims electronically using our Claim Submission tool on Link. To access the Claim Submission tool, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com, then select the Claim Submission tile on your Link dashboard.

You can find more information about using our Claim Submission tool on UHCprovider.com > Claims and Payments > Submit a Claim. Here you can find a Claim Submission Video and sign up for a live training session.

Office Ally
Office Ally is a free, web-based service where you can enter professional (CMS-1500) and institutional (UB-04) claims manually, or upload them through your existing software.

To learn more, contact Office Ally at 360-975-7000, option 3 and refer to code UHCCP, or go to UHCprovider.com > Menu > Resource Library > Electronic Data Interchange (EDI) > EDI Clearinghouse Options.

Electronic Data Interchange (EDI) Clearinghouse
You can select any clearinghouse with a connection to UnitedHealthcare to exchange EDI transactions. UnitedHealthcare has many tools and resources available to assist you in being successful with all your UnitedHealthcare electronic transactions.

To learn more, go to UHCprovider.com > Menu > Resource Library > Electronic Data Interchange (EDI) > Electronic Transactions.

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UnitedHealthcare Community Plan of New Jersey HCBS Quick Reference Guide

Please submit claims within 365 days of service.

Payer ID: 86047

Paper Claims:

Please mail claims to the address listed on the back of the member's ID card.

Other Resources for HCBS and MLTSS Care Providers

Your Provider Advocate

For more information about the UnitedHealthcare Community Plan of New Jersey HCBS services, please contact our HCBS Provider Advocate team at hcbs_northeast_pr@uhc.com.

Community Plan Website

On the date your program starts, you can access UnitedHealthcare Community Plan network participation information, including your provider manual, resources for claims and member information, training and education information and network news.

Go to UHCprovider.com/NJcommunityplan.

Electronic Tools and Resources

Visit UHCprovider.com/NJcommunityplan > Claims and Payments > Electronic Data Interchange (EDI).

Link

Link is your gateway to UnitedHealthcare's online tools. Use Link online tools to quickly find the comprehensive information you need. To sign in to Link, go to UHCprovider.com and click on the Link button in the top right corner.

To learn more about using Link, please visit UHCprovider.com/link. If you have questions, please call the UnitedHealthcare Connectivity Help Desk at 866-842-3278, option 1, from 8 a.m. to 10 p.m. Eastern TIme, Monday through Friday.

Provider Services

Call Provider Services to:

- Confirm member eligibility and benefits
- Provide care coordination notification
- Check claims status
- Request prior authorization
- Update facility/practice data
- Submit an appeal request

Phone: 888-362-3368

You may be prompted to enter the member's date of birth, the date of service, the member's ID number and the group number listed on the member's ID card.

Representatives are available weekdays, 8 a.m. – 6 p.m. Eastern Time (except major holidays).

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Behavioral Health Quick Reference Guide
New Jersey FamilyCare & FIDE SNP

Call Center for UnitedHealthcare	**1-888-362-3368**
Websites & What's Available	providerexpress.com • New Provider Orientation "Navigating Optum" viewable on demand • Network Manual • Demographic Updates • Guidelines / Policies & Manuals • Clinical Resources • Level of Care Guidelines • Administrative Resources • Recovery & Resiliency Toolkit • Video Channel • Best Practices Guidelines • Webinars/Training Resources uhcprovider.com • State-specific health plan information • Check member eligibility • Check claim status & payments • Claims Reconsideration • Electronic Data Interchange (EDI) information • Tools & Resources • Tutorials
Claims Submission	**Paper Claim submission:** Optum Behavioral Health P.O. Box 30760 Salt Lake City, UT 84130-0760 Claims must be submitted within 180 days from the date of service
EDI	Claims Payer ID: 87726 Electronic Remittance Advice (ERA) Payer ID: 86047 EDI Support: **1-800-210-8315** or email ac_edi_ops@uhc.com
Electronic Payments & Statements (EPS)	It's quick and easy, go to uhcprovider.com > Claims & Payments > Electronic Payments & Statements Questions – **1-866-842-3278**, option 5

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Clinical Appeals	**NJ FamilyCare:** Optum Appeals & Grievances P.O. Box 30512 Salt Lake City, UT 84130-0512 **Fide SNP:** UnitedHealthcare Appeals Department P.O. Box 31364 Salt Lake City, UT 84131-0364
Best Practice Guidelines	We have adopted Best Practice Guidelines, which were developed by nationally recognized organizations. Provider Express > Guidelines/Policies & Manuals > Best Practice Guidelines
Utilization Management Guidelines	• Emergent admissions require notification within 24 hours of admission. • Prior Authorization is required for all non-emergent inpatient Admissions. • Comorbidity Diagnosis with a Medical and Behavioral Admission require **both** a Medical ***AND subsequent*** Behavioral Health Authorization or separate notification. • To obtain Prior Authorization call **1-888-362-3368** - Enter TIN #, select option 3 (intake), enter member ID/DoB, select option for "Mental Health" • We do not accept faxes. A call is required.
Level of Care Guidelines	• Optum Level Of Care Guidelines for Mental Health Level Of Care and can be found at: providerexpress.com > Clinical Resources > Level of Care Guideline • UnitedHealthcare Community Plan uses ASAM level of Care Guidelines for Alcohol and Drug Treatment and Substance Use Disorder (SUD) • Reference: American Society of Addiction Medicine (ASAM) asam.org/resources/the-asam-criteria
Network Management Contacts	**Barbara Pinkston-Martinez,** Network Manager for Facilities and Clinics **Tamika Hunt,** Network Specialist for Clinicians and Group Practices njnetworkmanagement@optum.com Provider Escalated Issues: **1-877-614-0484** Fax: **1-866-483-6254**
Pharmacy	UnitedHealthcare Community Plan Pharmacy Services Department Fax: **1-866-940-7328** Phone: **1-800-310-6826** Link to Preferred Drug List: uhcprovider.com/content/dam/provider/docs/public/commplan/nj/pharmacy/NJ-Preferred-Drug-List-Provider.pdf

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