

# Behavioral Health Quick Reference Guide

## New Jersey FamilyCare & FIDE SNP

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

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