

NJ FamilyCare Housing Supports Program: Intro to MCO Teams & Portals (MCO Round Robin)

July 23, 2025



Housekeeping

- Please drop your name, organization and role into the chat
- Throughout this training, put your questions in the chat. We will either get to them live or keep track of them for future sessions/resources.

Regional Health Hubs (RHHs) play an important role supporting DMAHS in key initiatives such as the NJ FamilyCare Housing Supports Program.

Camden Coalition will:

- Deliver and curate a training series to support program roll-out
- Serve as a “help line” for providers to field/answer questions and troubleshoot issues through the process
- Liaise between the state, MCOs, and providers to support implementation

All RHHs will:

- Promote the program to recruit a robust network of providers within their regions
- Conduct member/community engagement to inform successful roll-out



Disclaimer

The views, opinions and content expressed herein do not necessarily reflect the official position of the state of NJ's Department of Community Affairs or Division of Medical Assistance Healthcare Services (DMAHS)

Note on Fingerprint-based Background Checks

- We recognize that many providers are facing challenges with fingerprint-based background checks for staff
- The state will be issuing detailed guidance shortly

Objectives

- Providers will hear from MCO Housing Supports Program and authorization staff
- Providers will receive an introduction to MCO portals
- MCOs will share upcoming training dates/plans

Framing

- MCOs have adapted existing processes to accommodate specifics of the Housing Supports program
 - Some terminology may be different from program guidance (eg: “prior authorization”)
- Each MCO has their own provider orientation, online resources, etc.
- Today’s training is meant to be immersive so that providers can start to imagine what it will feel like to manage multiple MCO workflows
- While we won’t cover everything today, additional HSP resources will be developed to summarize differences/similarities and to curate the key information that providers will use on a regular basis
 - Eg: contact info, important links, templates

Framing

HSP is a new program!

- You will see the names and faces of the real individuals you will be working with to troubleshoot issues on behalf of your clients
- Expect that continuous improvement, workflow refinement and new efficiencies will emerge as the program unfolds
- The program will work best if all parties (DMAHS, MCOs and providers) extend each other as much grace as possible as we get used to the program
- **If you are earlier along in the process of becoming an HSP provider, this content will be more relevant once you are closer to your organization's go-live**



Aetna Better Health
of New Jersey



Presenter



Joel Martinez

Sr. Manager, SDOH Programs
& Housing Services



Aetna Better Health®
of New Jersey

Meet our auths team



Ana Puello,
Housing Services Manager

- Assignment of Authorization requests and Auditor



Courtney Smith,
Housing Specialist

- Member Authorizations and Housing Case Management



Vanessa Mercado,
Housing Specialist

- Member Authorizations and Housing Case Management



Aetna Better Health®
of New Jersey

Demonstration of MCO portal and authorization forms: *Portal Login Steps*

Here the user will enter their credentials to login. Availity is a HIPPA compliant and secure multi-payer portal used by providers, with a single sign on. Meaning providers only have to log on once to access the portal for all payers contracted.

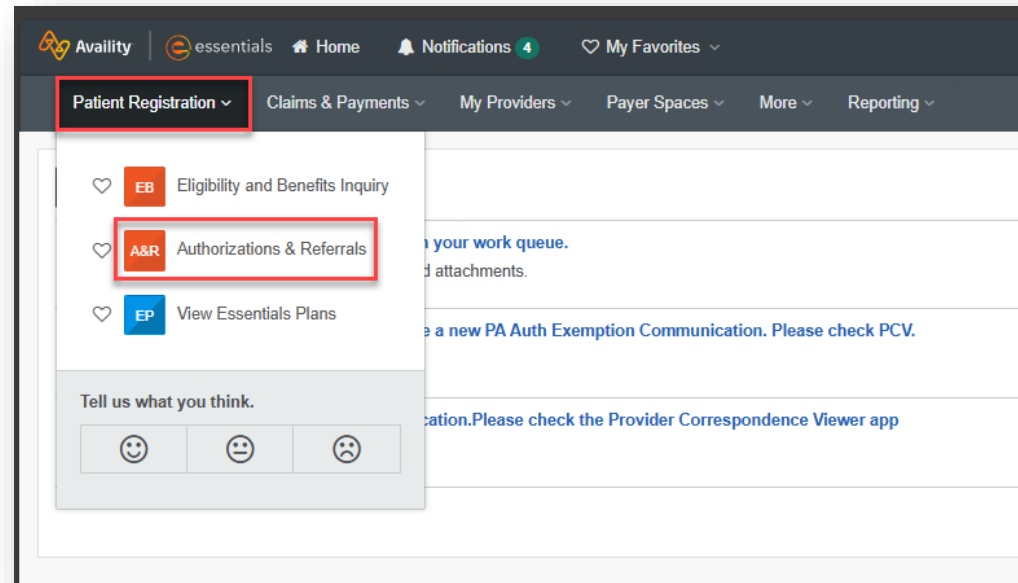
A screenshot of the Availity Sign In form. The form is white with a light gray border. At the top, the Availity logo (an orange and yellow stylized 'A') is followed by the word "Availity" in a gray sans-serif font. Below the logo, the text "Sign In" is centered. There are two input fields: "User ID" with the placeholder text "Enter your user ID." and "Password" with the placeholder text "Enter your password." and a small eye icon to the right. Below the input fields is a blue button with the text "Sign In". At the bottom of the form, there are two links: "Forgot your user ID?" and "Forgot your password?". Below the form, there is a note in a light gray box: "Note: Your Availity account and login credentials belong only to you. Sharing accounts may violate HIPAA regulations regarding data privacy."



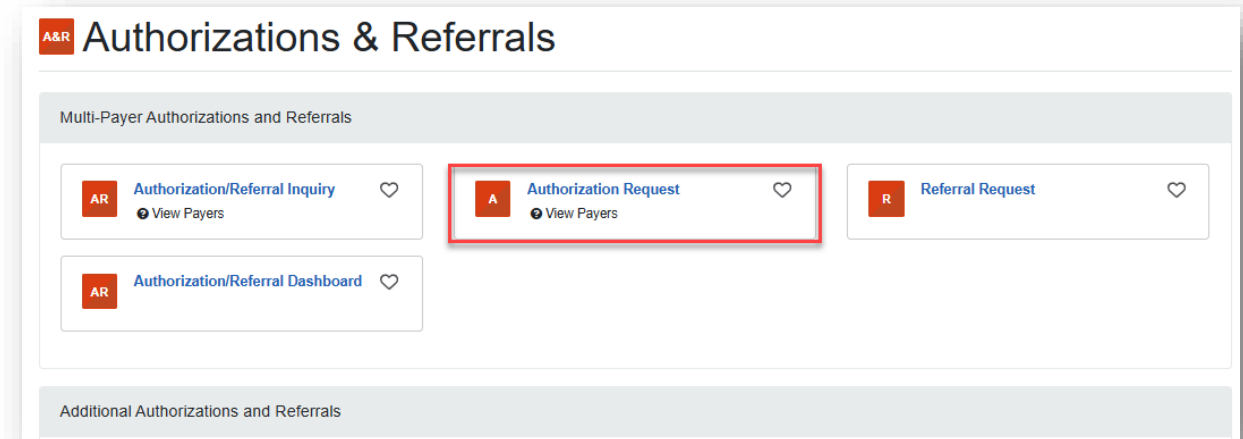
Aetna Better Health®
of New Jersey

Demonstration of MCO portal and authorization forms: *Where to submit authorization forms on portal*

For authorizations, providers will go to Patient Authorization dropdown then Authorizations & Referrals



Then select Authorization request to submit and an authorization



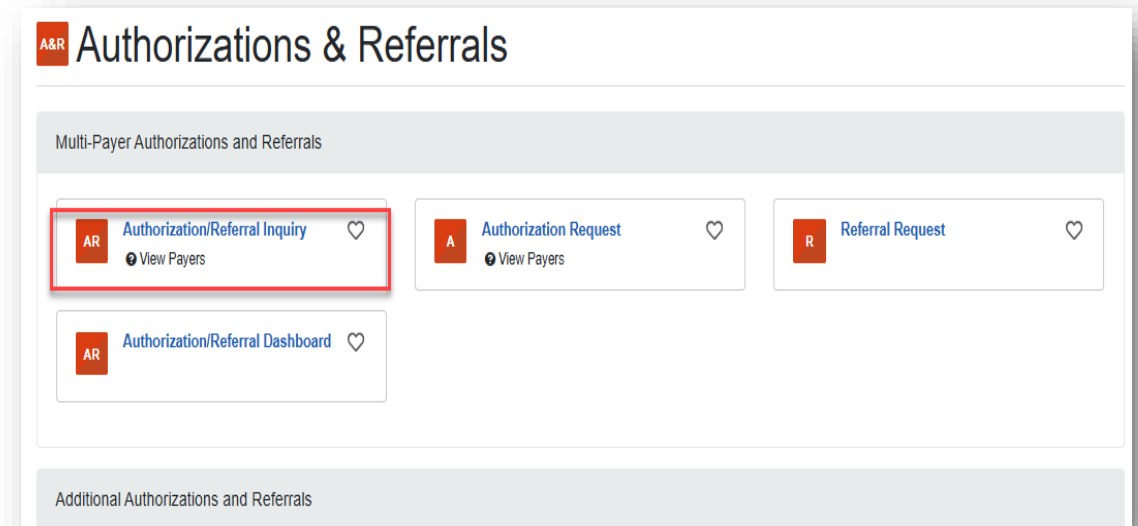
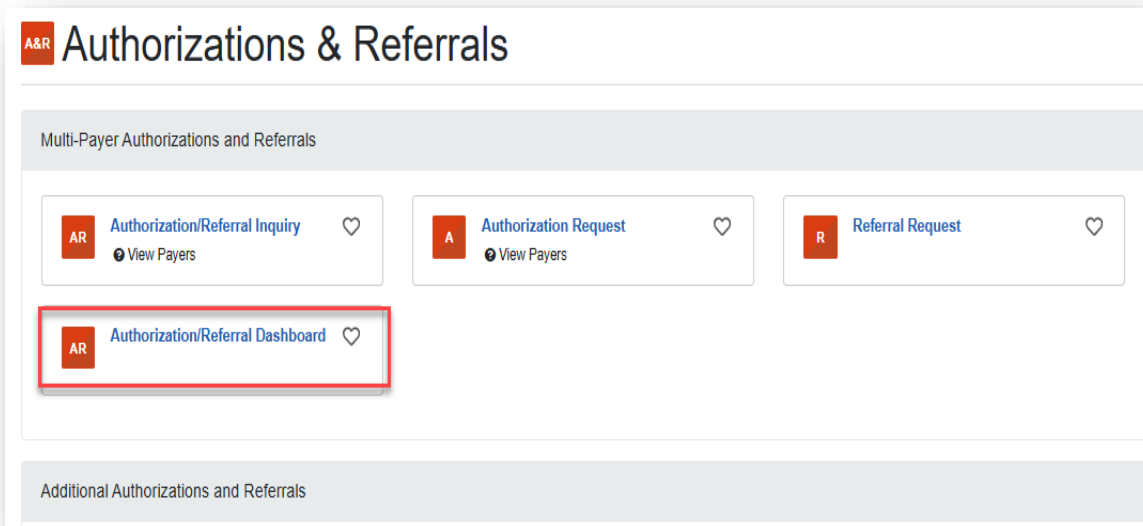


Aetna Better Health®
of New Jersey

Demonstration of MCO portal and authorization forms: *How to access authorization decisions on portal*

For authorization decision submitted through Availity can be found on the dashboard.

If not submitted in Availity then they will need to perform an inquiry.





Aetna Better Health[®]
of New Jersey

Demonstration of MCO portal and authorization forms: *Additional Capabilities*

Eligibility & Benefits

The screenshot shows the Aetna Better Health of New Jersey MCO portal. The top navigation bar includes links for Patient Registration, Claims & Payments, Clinical, My Providers, Payer Spaces, More, and Reporting. The main content area features a sidebar with a red box highlighting the 'EB Eligibility and Benefits Inquiry' option. Below the sidebar, there are four large tiles: 'Authorizations & Referrals', 'Essentials Configuration Tool', 'Eligibility and Benefits Inquiry' (highlighted with a red box), and 'Claim Status'. The right sidebar contains a 'Messaging' section with 'Unassigned 50+', 'Unread', 'Pending', and 'Recently Resolved' counts, and a 'My Account Dashboard' section with links for 'My Account', 'Add User', 'Manage My Organization', 'How To' Guide for Dental Providers, 'Enrollments Center', 'EDI Companion Guide', 'Essentials Configuration Tool', and 'Manage My Team(s)'.

Claims Status Inquiry

The screenshot shows the Aetna Better Health of New Jersey MCO portal with the 'Claims & Payments' menu open. The 'Claim Status & Payments' section is highlighted, showing options for 'CS Claim Status', 'RV Remittance Viewer', and 'A Appeals'. The 'Claims' section includes 'CE Claims & Encounters', 'MA Attachments - New', and 'EP View Essentials Plans'. The 'EDI Clearinghouse' section includes 'EDI Send and Receive EDI Files', 'FR File Restore', 'EDI Reporting Preferences', 'PL Payer List', and 'TE Transaction Enrollment'. The left sidebar shows a 'Notification Center' with links for 'Providers have submitted', 'Go to your work queue', 'Important Notice for', and 'New Outlier Opinion'.



Aetna Better Health®
of New Jersey

Demonstration of MCO portal and authorization forms

Aetna offers three options for Housing Providers to submit Service Authorizations

1. Electronically	Availability: Access Availability Here <ul style="list-style-type: none"> Preferred Method** submitting and accessing our electronic provider portal
2. Fax	Fax Number: 844.404.3972 <ul style="list-style-type: none"> Submit with the Prior Authorization Request form on the ABH NJ Website.
3. Telephone	Phone Number: 855.232.3596 <ul style="list-style-type: none"> Follow prompts for "Housing Supports". Request an authorization with our intake team.

How providers will be notified of Service Authorization 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



Aetna Better Health®
of New Jersey

Upcoming trainings and additional resources

Upcoming ABHNJ Provider Training

When	Training topic	Intended Audience	Link
August 4th, 2025 at 1:00pm	Welcome to Aetna: Housing Supports Providers Meeting	Housing Providers	Registration Link

Additional resources:

For further information on submitting claims or general provider inquiries please contact:
NJProviderExperienceMailbox@AETNA.com

Links:

- [Availity Provider Portal](#)
- [Provider Manual](#)
- [ABHNJ Quick Reference Guide](#)
- [ABHNJ Provider Site](#)
- [ABHNJ Housing Supports Credentialing Forms](#)



Fidelis

Fidelis Care NJ | Meet our auths team



Eileen Urban, Manager
Care Coordination

Eileen.Urban@fideliscarenj.com

855-642-6185- phone



Mariel Plasencia, Supervisor
Care Coordination

Mariel.Plasencia@fideliscarenj.com

855-642-6185- phone



Diana Pereira, Supervisor
Care Coordination

Diana.Pereira@fideliscarenj.com

855-642-6185- phone



Rochelle Lopez, Supervisor
Care Coordination

Rochelle.Lopez@fideliscarenj.com

855-642-6185- phone

Fidelis Care Prior Authorization Process

Prior authorization requests may be submitted via fax, phone, or through the secure online provider portal.

- Telephone: 866-309-8447
- Fax :855-573-2346
- Email: HousingSupports@centene.com

All submissions are routed to NJ Inbound Fax Queue for processing

Fidelis Care Prior Authorization Portal Access

The screenshot displays the WellCare Provider Portal interface. At the top, the header includes the WellCare logo, 'Provider Portal', an 'Exit Impersonation' button, a state dropdown set to 'NJ', and a 'Messages' icon. Below the header is a navigation bar with links for 'Home', 'My Patients', 'Care Management', 'Claims', 'My Practice', and 'Resources'. The 'Care Management' dropdown menu is open, showing a 'QUICK TIP' and several options: 'Care Gaps Report', 'Find Authorizations and Referrals', 'Create New Authorization' (highlighted with a red arrow), and 'Create New Referral'. Below the menu, there is a search section with a 'Search Type' dropdown set to 'Member ID' and an 'ID' input field. A 'Search' button is located to the right of the input field. At the bottom of the search section, there is a 'Select Member' button. The footer contains the WellCare logo, '© 2025 WellCare Health Plans', and a 'Privacy & Legal' link.

wellcare™ Provider Portal

Exit Impersonation >

NJ Messages

Home My Patients **Care Management** Claims My Practice Resources

Create Author

< Back To My Patients

Find a Member

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.

Search Type
Member ID

ID *

Search

Select a member from the list above

Select Member

wellcare™

© 2025 WellCare Health Plans

Privacy & Legal

Fidelis Care Prior Authorization Portal Access cont'd

wellcare™ Provider Portal [Exit Impersonation >](#) [Redacted] NJ ▾ Messages [Redacted] ▾

[Home](#) | [My Patients](#) | [Care Management ▾](#) | [Claims ▾](#) | [My Practice ▾](#) | [Resources ▾](#)

Create Authorization

[< Back To My Patients](#) [▾ A A ▴](#) [Download & Print](#)

Find a Member

Search Type
Member ID ▾

ID * [Redacted]

[Search](#)

Patient Name	Date of Birth	Member ID	Plan
<input checked="" type="radio"/> [Redacted]	[Redacted]	[Redacted]	[Redacted]

Select a member from the list above [Select Member](#)

Fidelis Care Prior Authorization Portal Access cont'd

wellcare™ Provider Portal

Exit Impersonation >

NJ ▾

Messages ▾

Home

My Patients

Care Management ▾

Claims ▾

My Practice ▾

Resources ▾

Create Authorization

▾ A A ▴

Download & Print

Information

COLLAPSE

The following Member is attached to this Authorization

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

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

☐ Outpatient and Preplanned Inpatient Requests

☒ Inpatient & Observation Notifications

Fidelis Care Prior Authorization Portal Access cont'd

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

Select provider ▼



Authorization Information

COLLAPSE

Service Type★

Select... ▼

Subtype★

Select... ▼

Admit Date★

Requested Days★

Diagnosis Information

Date

Diagnosis Code

Description

Admit Diagnosis



Procedure Information

Code Type

CPT

Procedure Code

Description

Requested Units

0

Modifier



Fidelis Care Prior Authorization Portal Access cont'd

Requestor information COLLAPSE

Requestor Name *

Carmen

Requestor Phone # *

(201) 630-6887

Extension


Requestor Fax

☐ Urgent

Note COLLAPSE

Note

Attachments COLLAPSE



Please upload clinical documentation in the form of a PDF or Word Document. At least one attachment is required. Attachments are limited to 10 MB.

Select Files *

Note: * Denotes required fields.

Save Draft

Review Authorization

Cancel

Fidelis Care NJ | Upcoming trainings and additional resources

Upcoming Fidelis Care trainings –

[2025 Housing Supports Services Provider Training Calendar.pdf](#)

When	Training topic	Intended audience
July 31 st 2025	TBD	Housing Supports
August 14 th 2025	TBD	Housing Supports
August 28 th 2025	TBD	Housing Supports
September 11 th 2025	TBD	Housing Supports
September 25 th 2025	TBD	Housing Supports
October 9 th 2025	TBD	Housing Supports
October 23 rd 2025	TBD	Housing Supports



Horizon NJ Health

Horizon NJ Health | Meet our Housing Supports Authorization Team



Lauren Jacobs, LSW, Director

- Responsible for management of the Housing Supports team.



Christina Bailey, LCSW, Manager

- Responsible for management of the Housing Supports team.



Melissa Regan, LSW, Manager

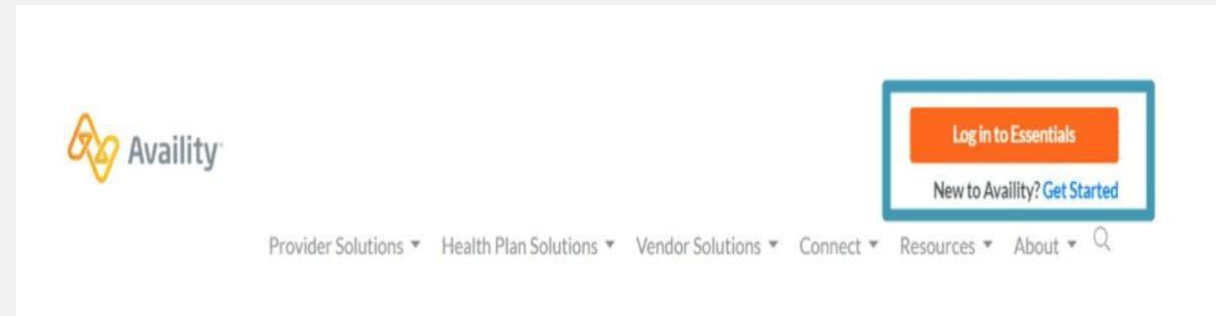
- Responsible for management of the Housing Supports team.

Direct any Housing Supports Program inquiries to: HorizonHSPReferrals@horizonblue.com

HNJH Housing Specialists:

Ana Ohiwerei, Kassandra Coelho, Maria Naylor, Michelle Smith, Tabatha Perez, Sheri Carr, Yahminah Brown

Horizon NJ Health Submitting Housing Supports Program Prior Authorizations via Horizon's Provider Portal



Submit PA using Availity Portal

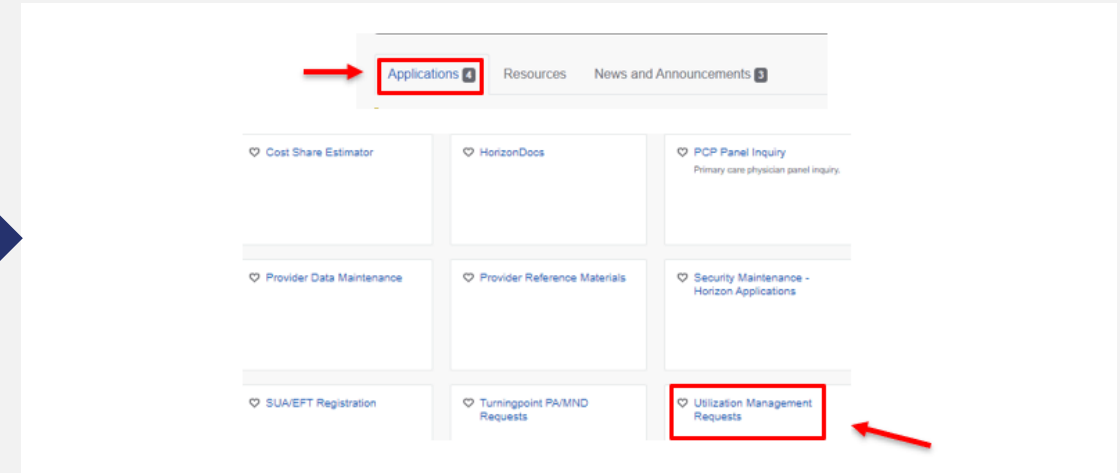
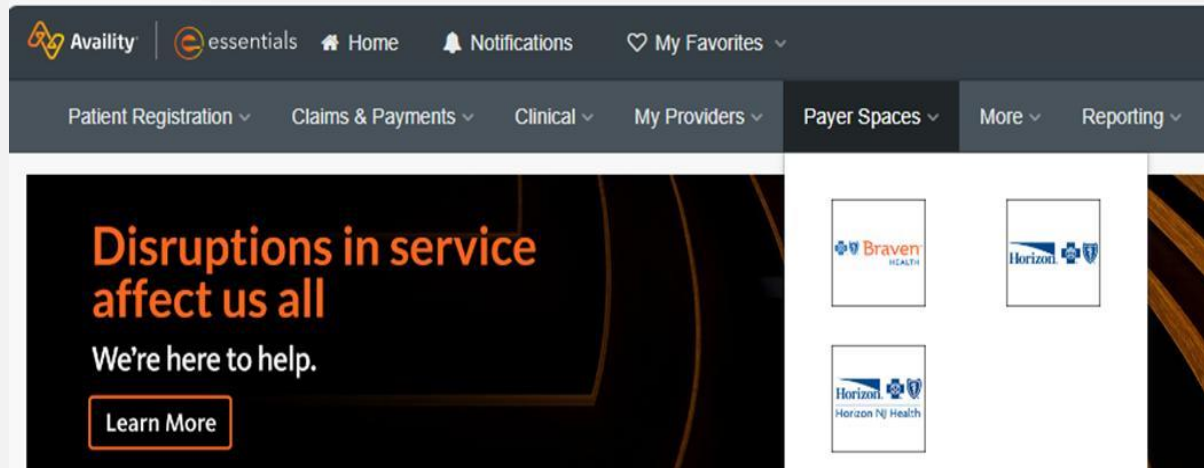
<https://availability.com/>

Learn about the Utilization Management Request
Tool Enhancements

[Self Study Guide](#)

[UM Tool Training Module](#)

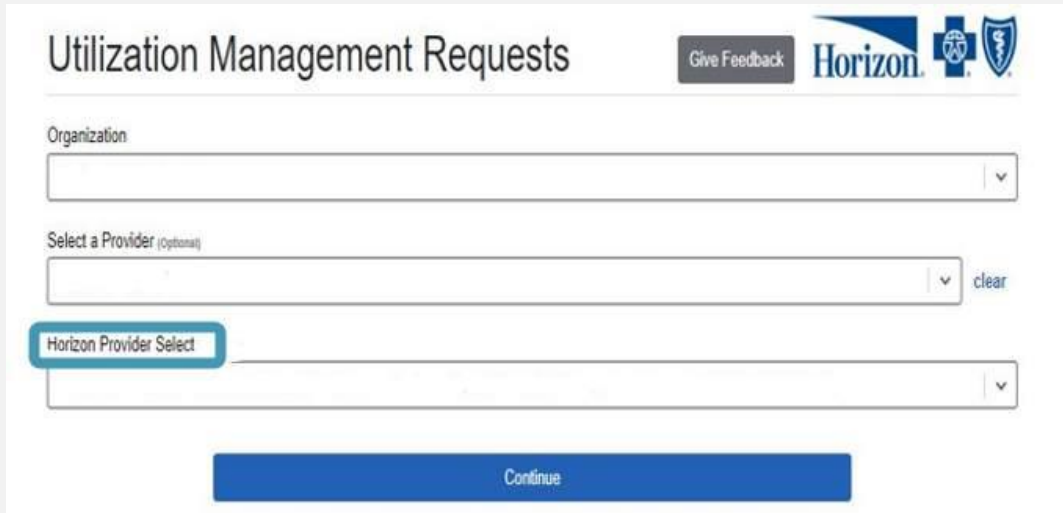
Horizon NJ Health | Submitting Housing Supports Program Prior Authorizations via Horizon's Provider Portal



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

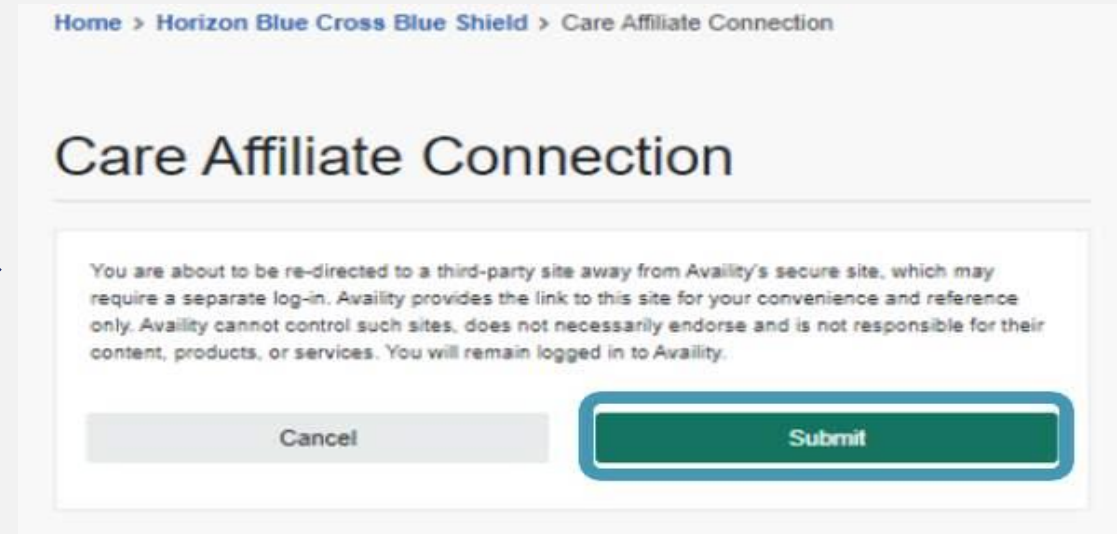
Scroll within Applications tab to Utilization Management Requests and click.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd



The screenshot shows the 'Utilization Management Requests' page. At the top, there is a 'Give Feedback' button and the Horizon logo. Below the title, there are three dropdown menus: 'Organization', 'Select a Provider (Optional)', and 'Horizon Provider Select'. The 'Horizon Provider Select' dropdown is highlighted with a blue border. At the bottom of the form is a blue 'Continue' button.

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



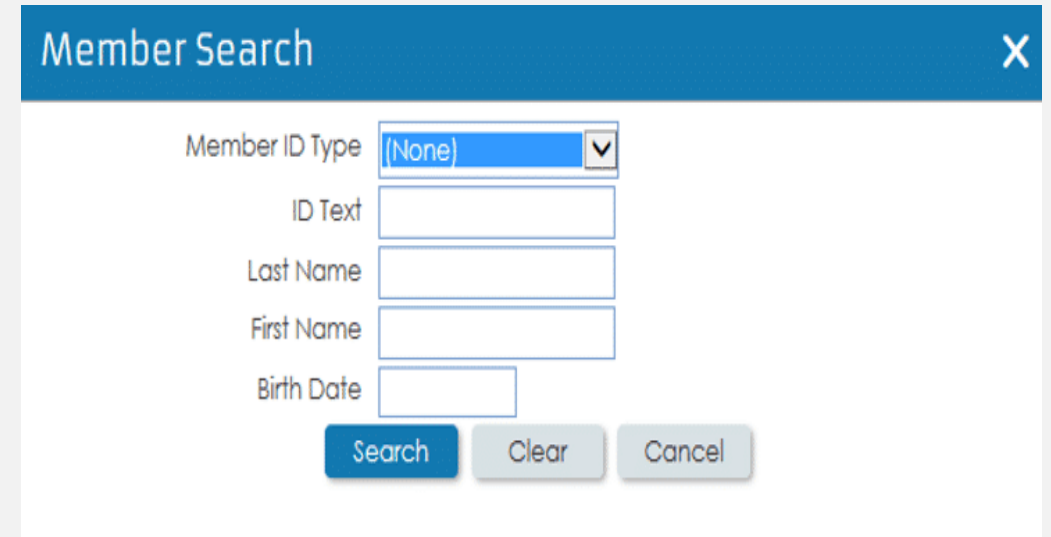
The screenshot shows the 'Care Affiliate Connection' screen. At the top, there is a breadcrumb trail: 'Home > Horizon Blue Cross Blue Shield > Care Affiliate Connection'. Below the title, there is a text box with the following message: 'You are about to be re-directed to a third-party site away from 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, there 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 | Submitting HSP PAs via Horizon Portal Cont'd



The screenshot shows the CareAffiliate® Home page. At the top, there is a blue navigation bar with the CareAffiliate® logo and three tabs: Home, Appeals, and Authorizations. The Home tab is selected. In the center of the page, there is a blue-bordered box titled "Member Search". Inside this box, there are two input fields: "Member ID" and "Name" (with a hint "Format: Last, First M.I."). Below these fields is a yellow button with a magnifying glass icon and the text "Look Up". A blue arrow points up to the "Look Up" button.

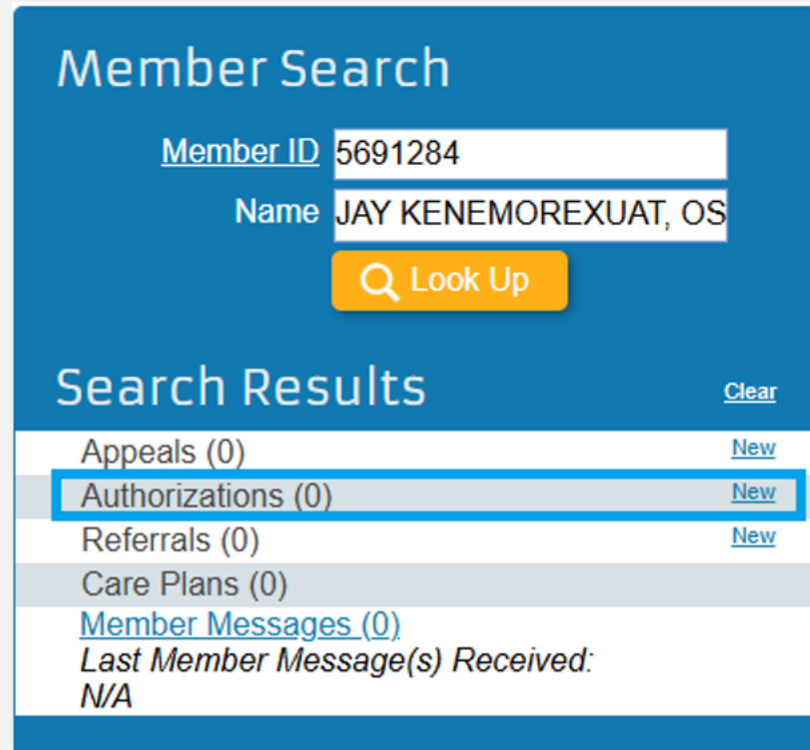


The screenshot shows the "Member Search" screen. It has a blue header with the title "Member Search" and a close button (X). Below the header, there are several input fields: "Member ID Type" (a dropdown menu with "(None)" selected), "ID Text", "Last Name", "First Name", and "Birth Date". At the bottom of the form, there are three buttons: "Search" (blue), "Clear" (grey), and "Cancel" (grey).

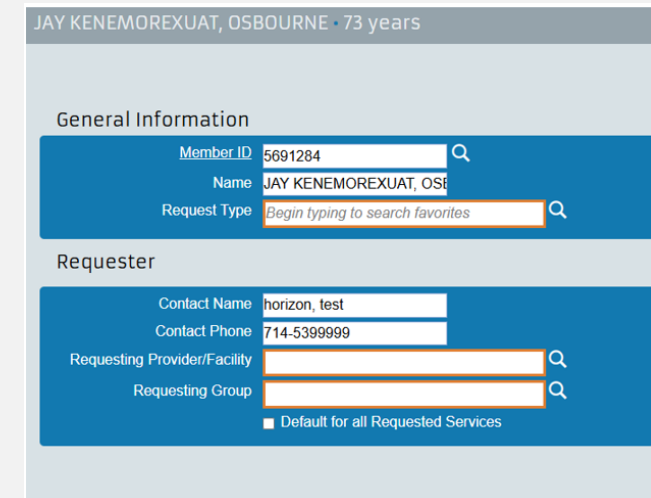
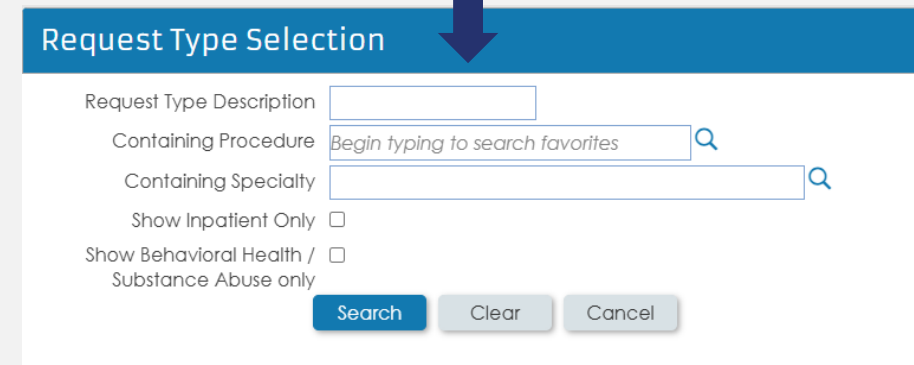
Within CareAffiliate, from the Home tab, click the yellow Look Up button.

You will then see this screen. You can search by Member Name or Member ID.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd



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. Then scroll through the list of options and select an option.

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

Authorizations

General Information

Member ID: 5691284

Name: JAY KENEMOREXUAT, OS

Request Type: pre

Requester

Other Place of Service - Pre-Tenancy Services Low

Other Place of Service - Pre-Tenancy Services High

Contact Name

Contact Phone

Requesting Provider/Facility

Requesting Group

Next, type in Pre-tenancy in the “Request Type” and options for “Pre-tenancy Services Low” and “Pre-tenancy Services High” will come up. Choose Pre-tenancy Services Low or High.

General Information

Member ID: 5691284

Name: JAY KENEMOREXUAT, OS

Request Type: Other Place of Service - Pre-Tenancy Serv

Event Classification: Non Urgent Pre-Service

Case Type: Outpatient

Plan Valid for Services From: To

Plan: (None)

Requester

Contact Name: horizon, test

Contact Phone: 714-5399999

Requesting Provider/Facility

Requesting Group

Diagnoses

Diagnosis: Code Description

Diagnosis: Code Description

Diagnosis: Code Description

Next, enter 30-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.

Provider Location Search

Individual Provider Search

ID Type: (None)

ID:

First Name:

Last Name:

Institutional Provider Search

ID Type: NPI

ID:

Name:

Additional search criteria

Address:

City:

State:

Postal Code:

County:

Search within: (None)

Specialty:

Provider Type: (None)

Networks:

(None)

(None)

(None)

(None)

Tier Level: ALL

Date Valid:

Medicaid only:

Search Clear Cancel

Group Name Provider ID Provider Name Provider Type Address City State Postal code Alternate

There are no records to display.

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

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

General Information

Member ID: 5691284

Name: JAY KENEMOREXUAT, OS

Request Type: Other Place of Service - Pre-Tenancy Serv

Event Classification: Non Urgent Pre-Service

Case Type: Outpatient

Plan Valid for Services From: 09/01/2025 To: 09/30/2025

Plan: MA (ABD Population) [07/01/2019 -]

Requester

Contact Name: horizon, test

Contact Phone: 714-5399999

Requesting Provider/Facility: I1362128B148516900000002204996 - TES

Requesting Group:

☐ Default for all Requested Services

Diagnoses

Diagnosis	ICD10	Z59.87	Material hardship due t
Diagnosis	Code	Description	
Diagnosis	Code	Description	
Diagnosis	Code	Description	



Authorizations

Authorization Request

Service 1
Other Place of Service/
Pre-Tenancy Services -
Low

Notes (0)

Attachments (0)

General Information

Member ID: 5691284

Name: JAY KENEMOREXUAT, OS

Request Type: Other Place of Service - Pre-Tenancy Serv

Event Classification: Non Urgent Pre-Service

Case Type: Outpatient

Plan Valid for Services From: 09/01/2025 To: 09/30/2025

Plan: MA (ABD Population) [07/01/2019 -]

Requester

Contact Name: horizon, test

Contact Phone: 714-5399999

Requesting Provider/Facility: I1362128B148516900000002204996 - TES

Requesting Group:

☐ Default for all Requested Services

Diagnosis codes can now be added. Click magnifying glass next to description, and search by ICD10/Dx code. Up to 4 diagnoses can be entered in this section.

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

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd

Service #1 - Pre-Tenancy Services - Low

Status Reason	Electronic Submission
Place of Service	Other Place of Service
Service	Pre-Tenancy Services - Low
Service From	<input type="text"/>
To	<input type="text"/>
Provider	<input type="text"/>
Group	<input type="text"/>
Facility	<input type="text"/>
Provider Role	(None)
Actual Date Admitted	<input type="text"/>
Actual Discharge Date	<input type="text"/>
Disposition	(None)



Service #1 - Pre-Tenancy Services - Low

Status Reason	Electronic Submission
Place of Service	Other Place of Service
Service	Pre-Tenancy Services - Low
Service From	09/01/2025
To	09/30/2025
Provider	<input type="text"/>
Group	<input type="text"/>
Facility	<input type="text"/>
Provider Role	(None)
Actual Date Admitted	<input type="text"/>
Actual Discharge Date	<input type="text"/>
Disposition	(None)

Procedure Information

Type	Procedure Low
<input type="checkbox"/> Edit	H0044 - Supported housing, per month (Not payable by Medicare)



Provider Location Search

Individual Provider Search

ID Type: (None)

ID:

First Name:

Last Name:

Institutional Provider Search

ID Type: NPI

ID: 1891782470

Name:

Additional search criteria

Address: <input type="text"/>	Networks: (None)
City: <input type="text"/>	(None)
State: <input type="text"/>	(None)
Postal Code: <input type="text"/>	(None)
County: <input type="text"/>	(None)
Search within: (None)	Tier Level: ALL
Specialty: <input type="text"/>	Date Valid: <input type="text"/>
Provider Type: (None)	Medicaid only: <input type="checkbox"/>

[Search](#) [Clear](#) [Cancel](#)

1 records matched your criteria. Please choose a record from the grid below.

Group Name	Provider ID	Provider Name	Provider Type	Address	City	State	Pa
------------	-------------	---------------	---------------	---------	------	-------	----

When entering dates of service, they must fall within 30-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 | Submitting HSP PAs via Horizon Portal Cont'd

Procedure Information					
+ Add Procedure X Delete Selected					
<input type="checkbox"/>	Type	Procedure Low	Procedure High	Total Qty	Primary
<input type="checkbox"/>	HCPCS	H0044 - Supported housing, per month (Not payable by Medicare)	H0044 - Supported housing, per month (Not payable by Medicare)		✓

Since a requesting profile was picked, the Procedure information is automatically populated with the Procedure code for Pre-Tenancy Low. Click Edit to enter the units and duration of the service authorization.

Edit Procedure

Procedure Low

Supported housing, per month (Not payable by Medicare)

Procedure High

Supported housing, per month (Not payable by Medicare)

Modifiers

U1

Quantity

per every

for

Total

OK

Cancel



Enter 1 unit per 1 month per 30 days. Then click Ok.

Edit Procedure

Procedure Low

Supported housing, per month (Not payable by Medicare)

Procedure High

Supported housing, per month (Not payable by Medicare)

Modifiers

U1

Quantity

1

per every

1

for

30

Total

1

Units

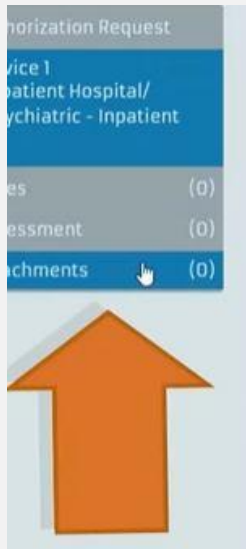
Month

Days

OK

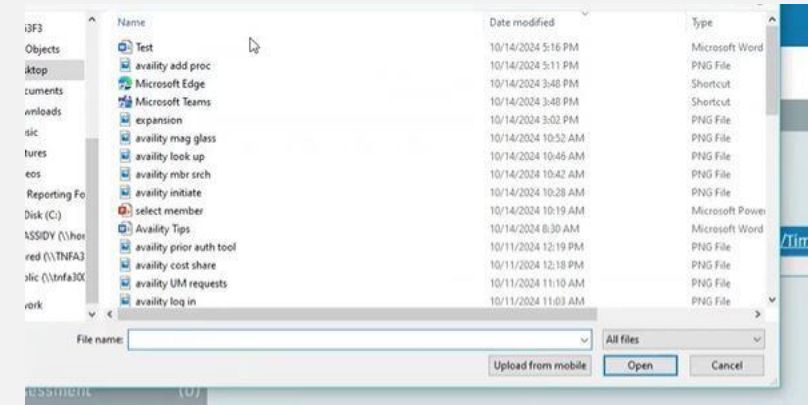
Cancel

Horizon NJ Health | Submitting HSP PAs via Horizon Portal Cont'd



Attachments				
File Name	CDA Title	Date/Time Attached	File Size	Status
There are no records to display.				

To add clinical information, click add Attachments in top left and then add file in the top right e.g., Initial Assessment Tool and Level of Need Assessment Tool.



CDA Title	Date/Time Attached	File Size	Status
	10/14/2024 5:37 PM	11 KB	Attached

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 | Common provider errors leading to delays in processing

Applicable services	Error	How to avoid
<ul style="list-style-type: none"> • Pre-Tenancy • Tenancy Sustaining • Move In Supports • Residential Modification and Remediation 	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 exit from program information to Horizon when member is discharged or Unable to Contact
	Incorrect or missing primary diagnosis	<ul style="list-style-type: none"> • Ensure you are adding the correct primary diagnosis prior to submitting your request
	Choosing incorrect provider profile in Availability	<ul style="list-style-type: none"> • Ensure the provider profile has HNJH as one of the plans attached to the case



Housing Supports Program

Elmia Walker, HSP Manager

United Healthcare

July 2025

United
Healthcare

Meet Our Housing Supports Team



Hilary Delany, Director



Elmia Walker, Manager



Shanita Fludd, HSS



Quasherra Jackson, HSS



Sameemah Shakir, HSS



Authorization Submission Process

- To request prior authorization:
 - **Fax:** 855-583-4041 or 855-489-1553
 - **Email:** NJ_HousingSpecialist@uhc.com
- The fax form can be found [Provider Forms and References | UHCprovider.com](#)

Note: The form is entitled Long-Term Care & Housing Supports Prior Authorization Fax Request Form

- [Individual Disclosure of Ownership and Control Interest Form - Online Version](#) 
- [Long-term Care & Housing Supports Prior Authorization Fax Request Form](#) 
- [Medication-assisted treatment and office-based addiction treatment questionnaire](#)



UHC Specific Processes – Tenancy/Pre-Tenancy

- Authorization Process:
 - Once the request has been received by the Housing team, it is reviewed for completion.
 - If missing information, a Housing Specialist will reach out to notify provider of needed information (i.e., member signature, etc.)
 - If complete, Housing Specialist will notify the provider via telephone of the determination.
- Notification will include the decision, dates for the authorization and if adverse determination, reason for the denial (i.e., incomplete documentation, duplicative services, does not meet Level of Need criteria)
- Submitting an appeal: See NJ Timely Filing Guidelines slide



UHC Specific Processes –Residential Modification, Remediation and Move-in Supports

- Authorization Process:
 - Once the request has been received by the Housing team it is reviewed for completion.
 - If missing information, a Housing Specialist will reach out to notify provider of needed information (i.e., member signature, etc.)
 - If complete, notify the provider via telephone of the determination.
- Notification will include the decision, dates for the authorization and if adverse determination, reason for the denial (incomplete documentation, duplicative services, does not meet Level of Need criteria)
- Residential Modification/Remediation:
 - Evaluation request forms from UHC will be faxed or emailed with instructions to fax/email it back with the requested information (i.e., cost, service provided, timeline for completion, etc.)
 - Notification via telephone if selected to provide the services
 - Upon completion of the modification, an end of services form will be faxed/emailed to the provider as well as outreach to the member to confirm completion and satisfaction
- Move-In Supports:
 - Move-in Supports providers will be faxed/emailed a standard list of itemized goods
 - Move-in Supports providers will return fax/email the list with cost and fulfillment timeline for approval
 - UHC will provide approval for purchase of goods
- Submitting an appeal: See NJ Timely Filing Guidelines slide



Upcoming Provider Training Opportunities

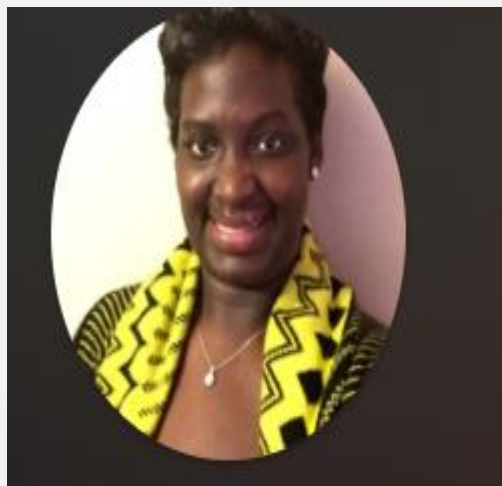
- UHC Provider Network Team has currently scheduled several opportunities for Provider Training specific to UHC processes
- Registration links for the last 2 training sessions have been emailed.
- Dates are:
 - July 10 from 3:00-4:00
 - July 16 from 10:00-11:00
 - Tuesday, July 22 from 3:00-4:00
 - Wednesday, July 30 from 11:00-12:00
- All inquiries for training: nj_hcbs_pr@uhc.com





Wellpoint

Insert MCO | Meet our auths team



Ebony Washington
Housing Director



Darcy Hillstrom
Housing Manager



Keisha J. Woodson
Authorizations Manager

What is ICR and why should I use it?

The Interactive Care Reviewer (ICR) allows providers and facilities to submit initial and concurrent authorization requests for behavioral health (BH) services including acute inpatient stays, residential and rehabilitation stays, intensive outpatient (IOP) and partial hospitalization programs (PHP), electroconvulsive therapy (ECT) and psychiatric testing. Additionally, providers can use the inquiry feature on ICR to find information on any authorization associated with their tax id/organization.

ICR improves the efficiency of the authorization process since all authorizations are in one place and can be accessed by any staff member at any time. ICR allows users to inquire about precertification requests submitted via phone, fax, ICR or other online tools. Using ICR means you no longer must request authorizations by phone or fax since you can create the request, attach and submit clinical notes and supporting images, make updates and get responses from ICR. Another reason to use ICR is that it allows for proactive communication through email updates.

How to get access and create an account

*****Please Note: The person starting the registration process agrees to be the *Administrator* for your organization and will administer the addition of new users within your facility*****

To access ICR, you must first register via the Availity Portal - <https://www.availity.com> – using the following steps:
Select the **REGISTER** link to be redirected to the *Registration details* landing page.

Select the appropriate organization type link and you will be directed to the *Registration Form* to create your account.

What is the ICR Landing Page/Dashboard?

The dashboard displays requests submitted, requests not yet submitted, cases requiring additional information and cases where a decision has been rendered. The dashboard has four tabs:

1. **My Organization's Requests** – this is your home page and will display the dashboard.
2. **Create New Request** – this is used to start a new inpatient or outpatient request.
3. **Search Organization Requests** – allows the ability to search, using drop down menus, for any request made by your organization (through ICR, fax or phone).
4. **Check Case Status** – allows users to view any cases submitted under your organization's tax id, including ICR, phone and fax requests.



How do I request a new authorization

To create a new authorization request select *Create New Request* from the ICR Dashboard tab, located at the top of the ICR screen. The request process consists of 5 steps and will end once you review the *Case Overview*.



Steps

1. Patient Details: Complete all the required fields in this section and click Find Patient. Once patient details section is completed, click Confirm Patient.

- a. Please note: When entering the request, in addition to entering the Subscriber ID, please enter at least ONE of the following Patient Identifiers: Patient First Name, Last

2. Service Details: Complete all required fields in this section by providing the patient's diagnosis and information about the service to be provided. (If you didn't select an authorization profile the Place of Service, Type of Service, and Level of Service will be required in addition to diagnosis.)



Service From	Service To	Quantity	Per Entry	Duration	Total
01/19/2017	01/26/2017	1	Yearly		1 Yearly

Add Service

Steps

3. Provider Details: There are three provider types to choose from on ICR. The Requesting Provider, Service Provider and Ordering Physician. The Ordering Physician section only appears for certain Outpatient requests which have a Place of Service of Home or a Service such as Durable Medical Equipment or Home Health Care. (The Requesting Provider should be auto populated with the entering provider information.)

4.Request Summary: the page is used to verify if requested services require pre-authorization. If the service does not require pre-authorization, users can note the tracking ID and close out the request. If users need to search for the request later, it can be located using the tracking ID or patient information.

5.Clinical Details: Templates located in Clinical Details allow users to enter clinical detail previously provided via phone. When completing the Clinical Details section, please complete all required fields, marked with an *, on the template.

Add Requesting Provider

Add Servicing Provider ☐ Same as Requesting Provider

Please verify you have added clinical information for the correct patient before clicking on 'Add Note'.

Add Note

Description	Type	Delete
ICR Taking 6 12 21 600 - June 12, 2021 - 11:47:11 PM - Johnson, Nora	Attachment	

Next

Next steps

- Bookmark the Housing Supports webpage [here](#).
- Sign up for our Housing Supports Program newsletter [here](#).
- Use our Help Desk Inquiry Form to ask your questions and get timely support [here](#).
- Check out the Tech Readiness Memo [here](#) – particularly if your organization is not currently a Medicaid provider.