ABA Provider Orientation

UnitedHealthcare Community Plan of Washington

United Healthcare®

Agenda

1. Working Together
2. Apple Health ABA Program Member Information
3. UnitedHealthcare Autism/ABA Program Provider Credentialing
4. Providing Services
5. Fee Schedule and Payments
6. Appeals and Grievances
7. Provider Resources

Working Together

- We work collaboratively across the health system to improve care delivery, quality and cost-effectiveness.
- Our relationship with you is foundational to the recovery and well-being of the individuals and families we serve.
- We are driven by a mission that we know you share: to help make the health care system work better for everyone.
- From risk identification to integrated therapies, our mental health and substance abuse solutions help ensure that people receive the right care at the right time from the right providers.

Committed to serving your community.

Customers we serve:

- 50% of the Fortune 100 and 34% of the Fortune 500
- Largest provider of global Employee Assistance Programs (EAP), covering more than 19 million lives in over 140 countries
- Local, state and federal government contracts

Serving almost 43 million members:

- 1 in 6 insured Americans
- The largest network in the nation
- More than 140,000 practitioners; 4,200 facilities with 9,000 locations

Simultaneous NCQA and URAC accreditation

- Staff expertise:
- Multidisciplinary team of 50 staff medical directors (e.g., child and adolescent, medical/psychiatric, Board-Certified Behavior Analysts and addiction specialists) just to name a few

UnitedHealthcare Community Plan of Washington

Washington Apple Health (Medicaid) Integrated Managed Care (IMC)

- Our plan offers a range of physical and behavioral health benefits.
- It's for people who meet income requirements and are eligible for Washington Apple Health (Medicaid) Integrated Managed Care.
- We serve pregnant women, children and young adults to age 21, families and adults.

Washington Apple Health (Medicaid) Behavioral Health Services Only (BHSO)

- Our plan offers a range of behavioral health benefits. These include mental health services and drug or alcohol treatment.
- It's for people who meet income requirements and are eligible for Washington Apple Health (Medicaid) but receive physical health services some other way.

Plan availability may vary depending on county.

Apple Health ABA Program Member Information

Who is eligible for ABA services?

Members are eligible to receive applied behavioral analysis (ABA) services when they:

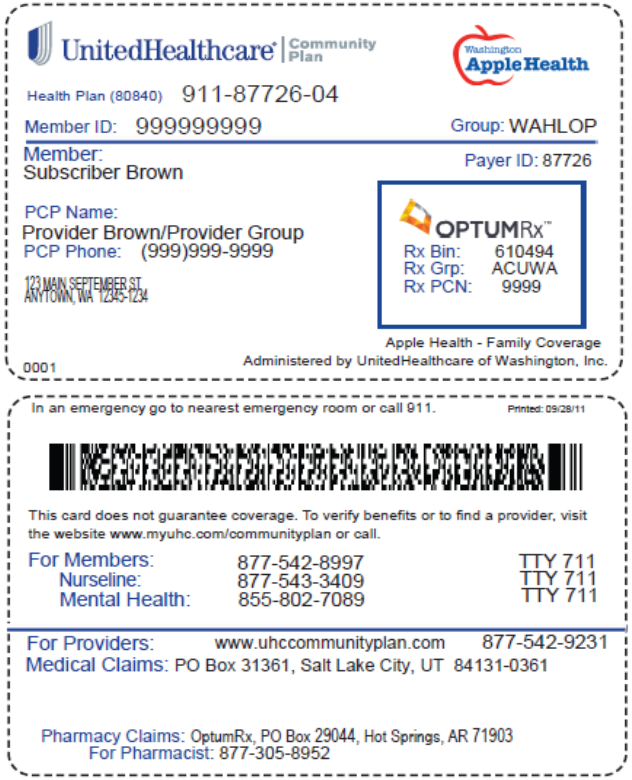
- Are age 21 or younger (the day treatment program is restricted to ages two through five)
- Are covered under Washington Apple Health
- Have a comprehensive evaluation and written order for ABA therapy from a recognized Center of Excellence (COE)

And meet at least one of the following:

- Have a diagnosis of an autism spectrum disorder, as defined by DSM-5
- Have a developmental disability for which there is evidence ABA therapy is effective

Member ID Cards

- ID card is sent directly to the member
- The member's ID number is their Medicaid number.
- Medical and behavioral health customer service contact information is on the back of the UnitedHealthcare ID card.



Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

Member Resources, Rights and Responsibilities

Online Resources at UHCCommunityPlan.com/WA

- Find network providers, clinicians and facilities, including behavioral health and substance use disorder services.
- Locate local resources.
- Find articles on a variety of wellness and work topics.
- Take self-assessments.
- Find the Member Handbook.

Member Rights and Responsibilities

- Listed in the Member Handbook at **UHCCommunityPlan.com/WA**.
- Members have the right to be treated with respect, dignity and privacy.
- They have the right to receive courteous and prompt treatment.
- Members have the right to receive cultural assistance.
- Providers can find more information about Member Rights and Responsibilities in the Care Provider Manual at **UHCprovider.com/WAcommunityplan** > Care Provider Manuals.

UnitedHealthcare Autism/ABA Program Provider Credentialing

Individual BCBAs - Solo Practitioner

- Be an approved, licensed ABA provider under the state's Medicaid program as a Licensed Behavior Analyst (LBA) therapist
- Hold current Board-Certified Behavior Analyst (BCBA) certification as a BCBA
- Be enrolled as a Washington Medicaid (ProviderOne) provider
- Have a National Provider Identifier (NPI) number
- Comply with all state/autism mandate requirements as applicable to behavior analysts
- Meet professional liability insurance requirements:
  - $1 million/$1 million for individual
  - $1 million/$3 million for groups

ABA and IBT groups

- LBAs must meet solo practitioner standards and hold supervisory certification from the national Behavior Analyst Certification Board (BACB) if in supervisory role.
- Licensed clinicians must have appropriate state licensure, Medicaid certification and six months of supervised experience or training in the treatment of ABA/intensive behavior therapies (IBT).
- Compliance with all state/autism mandate requirements, as applicable
- Agency Medicaid registration
- Licensed Assistant Behavior Analyst (LABA) must have active certification from the national BACB and appropriate state licensure or graduation from a recognized bachelor's degree program under WAC-246-805-210. An official transcript must be provided.
- Certified Behavior Technicians (CBT) must be at least 18 years old, have a high school diploma or equivalent, current registration as an RBT from the national BACB or alternative national board certification and receive appropriate training and supervision by BCBAs or licensed clinicians.
- LBA or licensed clinician on staff providing program oversight
- LBA or licensed clinician performs skills assessments and provides direct supervision of behavior technicians in joint sessions with client and family
- Meet insurance requirements:
  - $1 million/occurrence and $3 million/aggregate of professional liability and $1m/$1m of general liability if services are provided in a clinic setting.
  - $1 million/occurrence and $3 million/aggregate of professional liability and $1m/$1m of supplemental insurance if the agency provides ambulatory services only (in the patient's home).

Providing Services

We support you so you can care for the member.

- We have a dedicated UnitedHealthcare enhanced autism and ABA clinical team to support you.
- Each team member is a licensed behavioral health clinician with experience in autism and training in ABA.
- Supervising managers are licensed psychologists and BCBA-doctorals (BCBA-D).

Suggested patient intake procedures

When you meet with the member and their representative:

- Copy the front and back of the member's ID card
- Record the member's name and date of birth

Verify the member's eligibility.

- Check patient eligibility and benefits using the online tools at **UHCprovider.com/link** or by calling the Behavioral Health number on the member's ID card.
- Ensure that the member has a COE order for services.

Please also ask the member or their representative for:

- Their consent for services, including informed consent about the services and contact options
- An information release form to allow the release of patient information to other providers
- Their consent for billing using protected health information (PHI), including signature on file

Information to provide to the member:

- Your Health Insurance Portability and Accountability Act (HIPAA) policies
- Your billing policies and procedures

UnitedHealthcare's privacy policy and member release of information

- You can read more about "HIPAA Compliance – Your Responsibilities" in Chapter 10 of the UnitedHealthcare Community Plan of Washington Care Provider Manual at **UHCprovider.com/manuals**.
- We release information only to the individual, or to other parties designated in writing by the individual, unless otherwise required or allowed by law.
- Members must sign and date a release of information form for each party that the individual grants permission to access their PHI, specifying which information may be disclosed, to whom and during what period of time.
- The member may decline to sign a release of information form. This must be noted in the member's treatment record and should be honored to the extent allowable by law.
- PHI may be exchanged with a network clinician, facility or other entity designated by HIPAA for the purposes of treatment, payment or health care operations.

Prior authorization and treatment plan requirements

Prior Authorization

- Make sure all services receive prior authorization before beginning services, when required.
- All autism services, except for assessments and parent training, require prior authorization.
- When calling the Autism Care Advocate, you must have the member's name, ID number, date of birth and address.

Treatment Plan

- You must submit the results of the ABA assessment and the treatment plan for any treatment requests.
- Request authorization using the Applied Behavior Analysis (ABA) Treatment Plan form at **UHCprovider.com/WAcommunityplan** > Behavioral Health > ABA Corner.
- Meet medical necessity requirements – this applies to initial and concurrent reviews.
- Provider must submit the results of the ABA assessment and the treatment plan for any treatment requests.

Clinical review information requirements

Information for initial and concurrent reviews must include:

- Any medical or other mental health diagnoses
- Confirmation that the member has an appropriate DSM-5 diagnosis that can benefit from ABA
- Discharge criteria
- Explanation of parents' participation
- Goals must not be educational or academic in nature; they must focus only on the core deficits, such as imitation, social skills deficits and behavioral difficulties
- The member's other mental health or medical services
- The member's medications
- Must meet medical necessity

Guided questions may include:

- How many hours per week is member in school?
- Why IBT now?
- How long has member been in services?

Medical necessity requirements

- Medical necessity requirement applies to initial and concurrent reviews.
- Treatment goals are:
  - Individualized
  - Measurable
  - Objective
  - Related to the core deficits
- Treatment includes:
  - Baseline and mastery criteria
  - Behavior reduction plan or crisis plan
  - Coordination of care with other providers
  - Discharge criteria
  - Parent goals
  - Relevant psychological information
  - Supervision and treatment planning hours
  - Transition plan to lower level of care

Claims and Coding

Claims Submission

Submit claims within 90 days of service using a CMS-1500 form (or equivalent).

Online Submission

- Submit claims online using one of the options at UHCprovider.com/claims.

Electronic Submission

- To submit claims by Electronic Data Interchange (EDI), please use payer ID 87726.
- You can use any clearinghouse vendor to submit claims.
- Learn more at UHCprovider.com/edi.

Paper Submission

- Please submit paper claims to:

UnitedHealthcare
P.O. Box 31361
Salt Lake City, UT 84131-0361

Claims Tips

All claim submissions must include:

- Member name, Medicaid ID number and date of birth
- Provider's tax ID number (TIN)
- National Provider Identifier (NPI) number
- Providers are responsible for billing, in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at cms.gov.
- A complete diagnosis

Claims Filing Deadline

- UnitedHealthcare Community Plan requires that you initially submit your claim within 90 days of the date of service.

Claims Processing

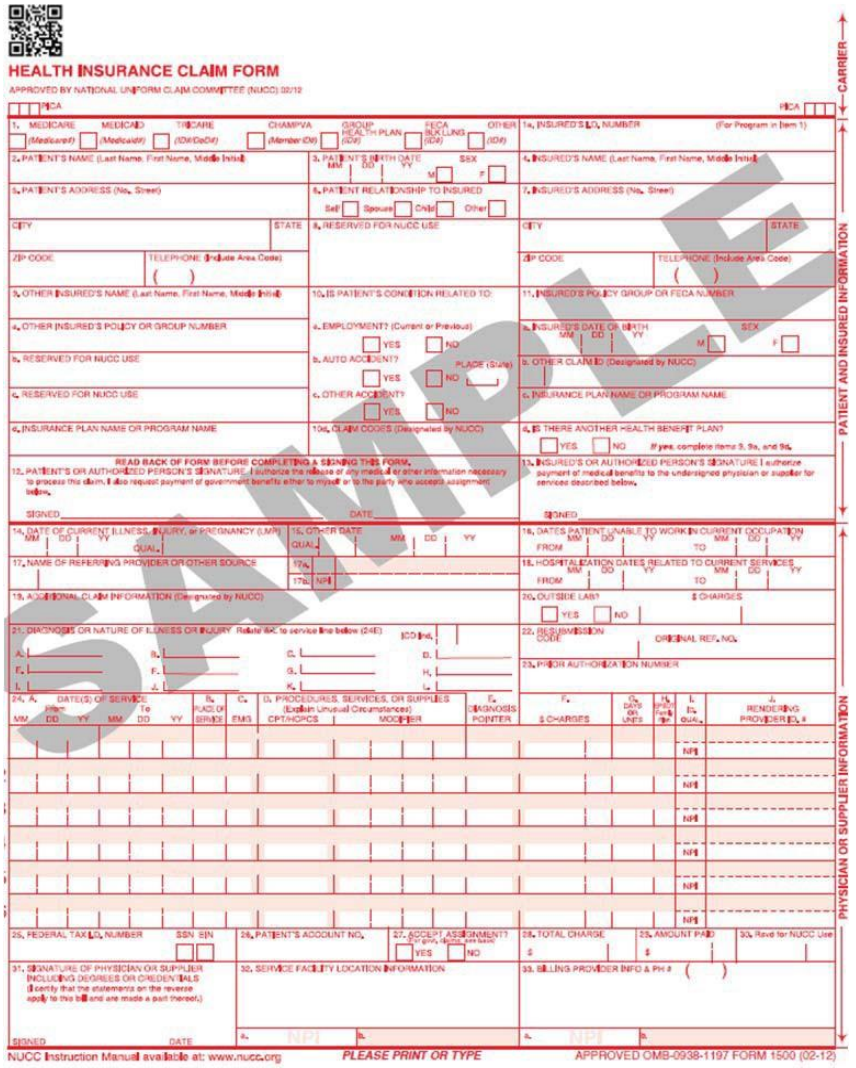
- Clean claims, including adjustments, will be adjudicated within 30 days of receipt.

Balance Billing

- The member cannot be balance billed for behavioral services covered under the provider's contractual agreement.

Form 1500 - Claim Form

- All billable services must be coded. Coding can be dependent on several factors:
- Include the appropriate:
  - Type of service (assessment, treatment, etc.)
  - Modifier for specific provider type
  - Rate per unit (BCBA vs. paraprofessional)
  - Place of service (home or clinic)
  - Duration of therapy (one hour vs. 15 minutes)
- Include only one date of service per line
- You must select the code that most closely describes the service(s) provided.
- Please note: Field 31 must have a rendering provider's name. Rendering supervisor (LBA/Licensed Clinician) will bill for all services by them or the LABA/CBTs/RBTs under the supervisory protocol.



Diagnostic Coding

Proper diagnostic coding includes:

- DSM-5-defined conditions
- Current DSM diagnosis relevant to the need for behavioral therapy or has a provisional psychiatric diagnosis
- A complete diagnosis with all four digits of the diagnosis code is required on all claims using the ICD-10 coding.

Examples of coding issues related to claims denials:

- Incomplete or missing diagnosis
- Invalid or missing Healthcare Common Procedure Coding System (HCPCS) or CPT® codes and modifiers
- Use of codes that are not covered services
- Missing required data elements (e.g., number of units)
- Missing or incorrect provider information
- Missing the required authorization
- Units exceed authorization (e.g., 10 inpatient days were authorized but the facility billed for 11 days)

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Fee Schedule and Payments

Washington Medicaid Fee Schedule

- The Fee Schedule attached to your UnitedHealthcare Community Plan contract will have your actual rate information.

Electronic Payment & Statements (EPS)

- EPS is the tool for your practice to receive electronic funds transfer (EFT) and electronic remittance advice (ERA) for most UnitedHealthcare benefit plans.
- You can enroll and find more information at **UHCprovider.com/eps**.

When you're enrolled in EPS, you'll be able to:

- Receive claims payments by direct deposit or Virtual Card Payment (VCP) 5-7 days faster than with paper checks.
- Access explanation of benefits (EOBs) or provider remittance advice online or via 835 ERA files.
- Receive email notification when payments are deposited to your designated account.
- View your deposit amounts, along with all remittance advice associated with each deposit.
- View or print remittance advice and post payments manually to your practice management system or auto-post using the 835 ERA file.

Appeals and Grievances

Claims Appeals

- Appeals can be submitted 60 days from the date of the claim denial letter.
- Standard appeals will be resolved within 14 calendar days after receipt of appeal, unless notification of an extension is necessary.
- Extensions will not delay the decision beyond 28 calendar days.
- To submit an appeal, please send your request to :

  UnitedHealthcare
  Attention: Formal Claim Appeals
  P.O. Box 31364
  Salt Lake City, UT 84131-0364

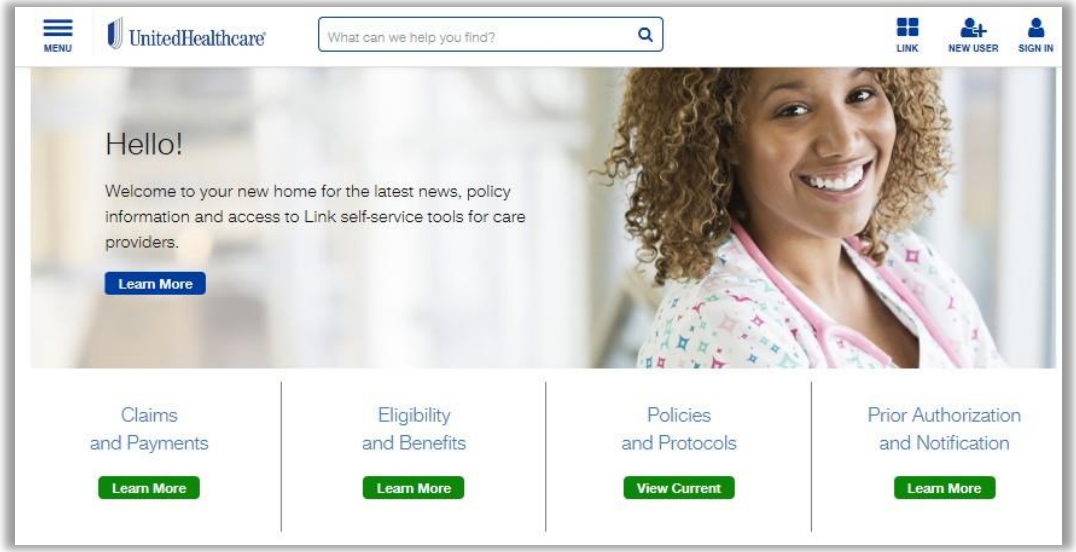
Member Grievances

- A member or their authorized representative can file a grievance.
- Grievances can be about:
  - A provider’s office
  - Bills
  - Problems obtaining services
- We’ll complete our grievance review no later than 45 calendar days from when we receive the grievance.
- Submit grievances to:

  UnitedHealthcare Community Plan
  Provider Grievances
  P.O. Box 31364
  Salt Lake City, UT 84131

Provider Resources

UHCprovider.com



Register at

UHCprovider.com/newuser to use Link, your gateway to UnitedHealthcare's online self-service tools.

Find

administrative guides, policies and protocols.

Access

the most-used transactions and information.

Provider Services

Phone:

866-574-6088 (select option 1)

6 a.m. – 3 p.m. Pacific Time, Monday – Friday

Online:

UHCprovider.com/WAcommunityplan > Behavioral Health > ABA Corner

Here you can find Applied Behavior Analysis forms and resources.

Thank you!

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