

Maryland Medicaid ABA Contract Introduction and Overview



Objectives

- Who is Beacon Health Options (Beacon)?
- Who is the Maryland Department of Health (MDH)?
- Working Together: Beacon and MDH: Applied Behavior Analysis (ABA) Services
- What is ProviderConnectSM?
 - Accessing ProviderConnectSM

Who is Beacon?



Who We Are

- A health improvement company that specializes in mental and emotional wellbeing and recovery
- A mission-driven company singularly focused on behavioral health
- Largest privately-held behavioral health company in the nation



About Beacon Health Options

- Headquartered in Boston; more than 70 U.S. locations
- 5,000 employees nationally, serving 50 million people
- 200+ employer clients, including 45 Fortune 500 companies
- Partnerships with 100 health plans
- Programs serving Medicaid recipients in 27 states and the District of Columbia
- Serving 8.5 million military personnel, federal civilians and their families
- Accreditation by both URAC and NCQA

Four Major Market Segments

- Commercial market featuring 200+ local, regional, and national employers (45 of America's Fortune 500 companies) as well as labor and trust funds
- Partnerships with 100 national and regional health plans covering Medicaid, Medicare, dual eligible, special needs, and commercial populations
- State and local governments managing Medicaid populations and other publicly funded programs in 28 markets
- The Federal government, on behalf of the U.S. military, veterans, employees, and their families

Who is the Maryland Department of Health (MDH)?



Who is MDH?

- **Vision:** The vision of MDH is lifelong health and wellness for all Marylanders.
- **Mission:** We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.
 - MDH regulates health care providers, facilities, and organizations and manages direct services to patients, where appropriate.
 - MDH has four major divisions – Public Health Services, Behavioral Health, Developmental Disabilities and Health Care Financing.

Beacon and MDH: Applied Behavior Analysis (ABA) Services



Beacon & MDH – Applied Behavior Analysis (ABA) Services

- ABA is a new benefit for Maryland Medicaid participants effective January 1, 2017.
- ABA is an evidence-based treatment for individuals diagnosed with Autism Spectrum Disorder (ASD) that includes many different techniques to:
 - Increase useful or desired behaviors such as communication and social skills.
 - Reduce behaviors that may interfere with learning or behaviors that may be harmful to self or others.

Beacon & MDH – Applied Behavior Analysis (ABA) Services (cont'd)

- MDH provides ABA services to Medicaid recipients under 21 years of age diagnosed with ASD who have been referred for ABA services by a qualified health care professional.
- More information about ABA services is available on the agency's website at:

<https://mmcp.dhmh.maryland.gov/epsdt/ABA/Pages/Home.aspx>.

ABA and ProviderConnect

- ProviderConnect is an easy-to-use online application that providers can use to complete everyday service requests. Providers have the ability to access information 24 hours a day, 7 days a week.
- Providers can use ProviderConnect to:
 - **Obtain information about member eligibility and benefit status**
 - **Enter authorization/notification requests**
 - Search claims and authorizations
 - View and print correspondence
 - Access and update practice profiles
 - Submit EDI claims and inquiries to the Beacon Customer Service Department
 - Send messages to and receive messages from Beacon
 - **Attach documents**

Covered Codes for Authorizing ABA Assessment and Services

CPT Code	Description	Limitations	Provider	Assessment	Services
97151	Comprehensive Assessment/Reassessment	*32 units for assessment *12 units for reassessment	Psychologist/BCBA-D/BCBA	X	X
97152	Follow up Supporting Assessment	*Can be requested as part of an assessment	BCaBA/RBT	X	
H2012	ABA Treatment Planning	*4 hours per month	Psychologist/BCBA-D/BCBA		X
Note: 97152 may only be utilized to support a BCBA/BCBA-D/Psychologist in completing an assessment. The plan cannot be written by a RBT.					
97153	ABA Therapy	* Daily Max of 8 hours per day	Psychologist/BCBA-D/BCBA BCaBA/RBT		X
97154	ABA Group Therapy	*Daily Max: 4 hours * Group limited to 2-8 participants	Psychologist/BCBA-D/BCBA BCaBA/RBT		X
97158	Social skills group	* Daily limit: 2.5 hours * Group limited to 2-8 participants	Psychologist/BCBA-D/BCBA		X
97155/ (GT)	Direction of Technician (GT signifies Remote direction of technician)	* Daily Max: 6 hours	Psychologist/BCBA-D/BCBA		X
Note: Direction of technician is required for at least 10% of ABA therapy 97155 (GT): Remote Direction can be requested for up to 75% of the total direction of technician requested					
97156	Parent Training without child present	* Daily Max: 4 hours	Psychologist/BCBA-D/BCBA/BCaBA		X
97156 (U2)	Parent training with child present	* Daily Max: 4 hours * Group limited to 2-8 participants	Psychologist/BCBA-D/BCBA/BCaBA		X
97157	Multiple Group Parent Training	* Daily Max: 4 hours * Group limited to 2-8 participants	Psychologist/BCBA-D/BCBA/BCaBA		

Covered Codes for Authorizing ABA Services for Severe Behavior

CPT Code	Description	Limitations	Provider	Assessment	Services
0362T	Functional Assessment-Extreme behavior	* 8 hours	Psychologist/BCBA-D/BCBA + 2 or more BCaBAs/RBTs	X	
0373T	Extreme Behavior Treatment	* Daily Max: 6 hours	Psychologist/BCBA-D/BCBA + 2 or more BCaBAs/RBTs		X
Note: All extreme behavior services require that a BCBA-D/BCBA to be ONSITE and interruptable for every session.					

Components of a CDE and Recommendation of ABA Services



Components of a CDE

- A CDE must be completed within the last 3 years
- Following components are **required**
 - ✓ Parent/caregiver interview
 - ✓ Direct observation of participant outlining behaviors consistent with DSM V criteria for the diagnosis
 - ✓ Description of current functioning across major domains of development
 - ✓ Statement identifying presenting diagnosis (F84.0)
- Following components are **recommended**
 - ✓ Testing instruments and/or standardized assessment tools

Components of a CDE

Examples of Standardized Tools for Comprehensive Diagnostic Evaluation			
	Specific Test	Typical Time for Testing	Comments
• Clinical Interview with the Parent/Caregiver			
	Social Communication Questionnaire (SCQ)	10 to 15 minutes	Ages 4+ years with mental age 2+ years
	Autism Diagnostic Interview (ADI-R)	120 minutes or less	Mental age 2+ years
	Social Responsiveness Scale (SRSTM-2)	15 to 20 minutes	Ages 2.5 to 18 years
	Adaptive Behavior Assessment System (ABAS II)	15 to 20 minutes	Ages 0 – Adult
• Direct Behavioral Assessment of the Child			
	Autism Diagnostic Observation Schedule (ADOS-2)	40 - 60 minutes Admin and scoring	12 months – Adult Considered the “gold standard”
	Childhood Autism Rating Scale (CARS-2)	5 to 10 minutes after information has been collected	Ages 2 and up
	Screening Tool for Autism in Toddlers and Young Children (STAT)	20 minutes	24 –36 months
• Developmental/Cognitive Assessment			
	Bayley Scales of Infant and Toddler Development (Bayley III)	30 to 90 minutes	Ages 0 to 42 months
	Mullen Scales of Early Learning	15 mins (1 year) 25 to 35 mins (3 years) 40 to 60 mins (5 years)	Ages 1 to 68 months
	Capute Scales	6 to 20 minutes	Ages 1 to 36 months
	Wechsler Abbreviated Scale of Intelligence (WASI-II)	15 to 30 minutes	Ages 6 years - Adult
	Peabody Picture Vocabulary Test PPVT-4 (non-verbal)	15 minutes	Ages 2.5 years - Adult
	Kaufman Brief Intelligence Test (K-BIT-2)	20 minutes	Ages 4 years - Adult
	Comprehensive Test of Non-verbal Intelligence (CTONI-2) (non-verbal)	60 minutes	Ages 6 years - Adult
• Report Note: The diagnostic report should document each of components of a comprehensive diagnostic evaluation, including specific examples of observed behaviors that support the DSM-5 diagnosis of ASD. The report will require a recommendation for ABA therapy, if appropriate.			

Who are Qualified Health Care Professionals?

Any of the following are considered QHCPs. All Professionals must have adequate training and experience in diagnosing ASD

- Developmental pediatrician
- Pediatrician*
- Pediatric Neurologist
- Child Psychologist
- Clinical Psychologists
- Neuropsychologist
- Nurse Practitioner*

** Indicates that these professionals require documentation of MDH approved qualifications*



What if a CDE is over 3 years old?

- **Initiating ABA Assessment Requests:** CDEs that are over 3 years old can be reviewed by a QHCP by utilizing the [Clinical Review For Autism Spectrum Disorder and ABA Form](#).
- **Concurrent Treatment Requests:** CDEs that expire within the treatment period will require the *Clinical Review for Autism Spectrum Disorder and ABA* form to be submitted with your concurrent treatment request.
 - This form is a checklist for QHCPs to complete in order to both confirm the diagnosis is still appropriate and that ABA services remain appropriate for the child.
 - Any documentation reviewed by the QHCP and is relevant to the member's diagnosis should be included when submitting this form.



What if a diagnosis is made by a Non –QHCP?

- Diagnostic reports completed by non-qualified health care professionals within the last 3 years, such as school psychologists or speech-language pathologists will be accepted but must be accompanied by a [Physician Confirmation of Autism Spectrum Disorder Diagnosis Form](#).
 - This is a checklist outlining the steps needed to confirm the diagnosis by a QHCP
 - Any records compiled or utilized to arrive at the diagnosis, including the non-QHCP diagnostic report, should be included with the *Physician Confirmation of Autism Spectrum Disorder Diagnosis* form.



Components of the Recommendation of Applied Behavior Analysis (ABA) Services

- A recommendation for ABA must be dated within the last 6 months
- Statement recommending the participant for **ABA therapy**
- The statement can be written at the end of a CDE
- The statement can be written separate from the CDE from a qualified health care professional, but it does not have to be the same individual that provided the diagnosis.
- This component is required for a participant to access ABA services

Submission Requirements

Parent/Caregiver: Requesting Access to ABA Services ABA Provider: Initiating ABA Assessment Request		
Length of time since most current CDE completed	Submission requirements to Beacon Health Options	
	Most current Comprehensive Diagnostic Evaluation (CDE)	ASD Diagnostic Confirmation and ABA Recommendation Checklist
0-3 years	✓ Submit	Not Applicable
3.1 + years	✓ Submit	✓ Submit

Length of time since ABA recommendation by QHCP	Submission requirements to Beacon Health Options	
0-6 months	✓ Submit ABA recommendation	
7 + months	An updated ABA recommendation by a QHCP is required	

ABA Provider: Concurrent ABA Service Requests		
Length of time since most current CDE or ASD Diagnostic Confirmation completed	Submission requirements to Beacon Health Options	
	Comprehensive Diagnostic Evaluation (CDE)	ASD Diagnostic Confirmation and ABA Recommendation Checklist
0-3 years	Not Required	Not Required
3.1+ years	Not Applicable (CDE on file is <u>out of date</u>)	✓ Submit



How to Access ProviderConnectSM



ProviderConnectSM Registration

- Providers register online with ProviderConnectSM
 - In order to register, you will use your Beacon ID Number
 - If you do not have a Beacon ID Number e-mail:
abaproviderrelations@beaconhealthoptions.com
- After submitting your online registration form, you will receive a ProviderConnectSM log-in with instructions so that you can begin using ProviderConnectSM
- ProviderConnectSM has three different types of user accounts
 - **Super User** – Facility/Group Administrator
 - **Managed User** – Staff account administered by Super User
 - **Standard User** – Staff account administered by Beacon Health Options



ProviderConnectSM Registration

- From the homepage, click “Behavioral Health Providers”

<http://maryland.beaconhealthoptions.com/index.html>



The screenshot shows the homepage of Beacon Health Options Maryland. The top navigation bar is blue with the Beacon Health Options logo on the left and links for Home, About, Services, News, Careers, and Contact. The main content area has a dark blue background. It features the title "Beacon Health Options Maryland" in large white text, followed by a welcome message and a description of the organization's services. A large white logo of a house inside a circle is on the right. At the bottom, there are three light blue buttons: "Behavioral Health Providers" (highlighted with a red border), "Participants & Families", and "Non Behavioral Health Providers".

beacon health options

Home About Services News Careers Contact

Beacon Health Options Maryland

Welcome to the Beacon Health Options Maryland Web site. Beacon Health Options serves 48 Million people across the US and UK. Beacon Health Options manages publicly funded and commercial contracts.

We offer a wide range of managed behavioral health care services. Beacon Health Options is devoted to making sure that those put in our care receive the best services possible.

Behavioral Health Providers

Participants & Families

Non Behavioral Health Providers



ProviderConnectSM Registration Forms

- Click on the “Register” button to begin the ProviderConnectSM registration process.



The screenshot shows the Beacon Health Options website. The top navigation bar is blue with the Beacon logo and links for Home, About, Services, News, Careers, and Contact. The main content area has a dark blue background. On the left, the text 'Behavioral Health Providers' is displayed in large white font, followed by a paragraph describing the ProviderConnect tool. On the right, there is a large white circular logo containing a stylized house icon. At the bottom, there are three blue buttons: 'Log In', 'Register' (which is highlighted with a red border), and 'Demo'.

beacon health options

Home About Services News Careers Contact

Behavioral Health Providers

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

Log In Register Demo



ProviderConnectSM Registration Forms

- Complete the Provider online services registration by completing all of the required fields. Be sure to check off Claims Submission to be able to submit claims through ProviderConnectSM

ProviderConnect
BEACON HEALTH OPTIONS

ValueOptions Home Provider Home Contact Us Log In

Provider Online Services Registration

*Required fields are denoted by an asterisk [*] adjacent to the label.

First Name

*Last Name

Contact Name

*Provider ID [?]

Tax ID

Provider Group, Facility or Clinic Name (if applicable)

*Primary Email Address

*Verify Primary Email Address

Secondary Email Address

*Phone Number
(10 digit number without dashes)
 Ext.

Fax Number
(10 digit number without dashes)

Password must be between 8 and 20 characters long, must contain at least one number (0-9), one upper case letter (A-Z), one lower case letter (a-z), one of these special characters { ! # \$ % ^ & * + , - . : ; = ? [] ^ _ ` < > | { } \ } , but no spaces. Make sure it is difficult for others to guess. Your Password is case-sensitive.

*Select a Password

*Confirm New Password

*Create a Security Question

*Answer to Security Question

Please check the provider services you want access to:

☒ Inquiry Functions
Claims, Authorizations, Patient Eligibility, and Benefits searches will be available automatically upon acceptance of online registration.

☐ Claims Submission

Next

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-supportservices@beaconhealthoptions.com



Accessing ProviderConnectSM

- Once you are registered and have received your User ID for ProviderConnectSM as an ABA provider, select “Log In”



The screenshot shows the Beacon Health Options website. The top navigation bar is blue with the Beacon logo and links for Home, About, Services, News, Careers, and Contact. The main content area has a dark blue background with the heading "Behavioral Health Providers". Below the heading is a paragraph describing ProviderConnect. At the bottom of this section are three buttons: "Log In" (highlighted with a red border), "Register", and "Demo". On the right side of the main content area is a large white circular logo containing a stylized house and a path.

beacon health options Home About Services News Careers Contact

Behavioral Health Providers

Login or register with ProviderConnect, an online tool that allows you to submit and check claims status, check member eligibility, update your provider profile, request inpatient and outpatient authorizations and more. ProviderConnect is easy to use, secure and available 24/7.

Log In Register Demo

For assistance with your User ID and password, contact the:

EDI Helpdesk

8 a.m.– 6 p.m. ET, Monday through Friday

Phone: 888-247-9311

Email: e-supportservices@beaconhealthoptions.com



Logging into ProviderConnectSM

- Enter your User ID and password and then click the “Log In” button

Please Log In

Required fields are denoted by an asterisk (*) adjacent to the label.

Please log in by entering your User ID and password below.

*User ID

If you do not remember your User ID, please contact our e-Support Help Line.

*Password
 [Forgot Your Password?](#)

The information and resources provided through the Beacon Health Options site are provided for informational purposes only. Behavioral health providers utilizing the Beacon Health Options site ("Providers") are solely responsible for determining the appropriateness and manner of utilizing Beacon Health Options information and resources in providing services to their patients. No information or resource provided through the Beacon Health Options site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided through Beacon Health Options is consistent with their scope of licensure under applicable laws and ethical standards.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.



Logging into ProviderConnectSM

- Read the ProviderConnect Use Agreement and click “I Agree” to continue

ProviderConnect Use Agreement

Welcome to www.valsoptions.com, the website for Beacon Health Options, Inc.

Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed.

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

This ProviderConnect Use Agreement (the "Agreement") is between you and Beacon Health Options, Inc. on behalf of itself and its affiliates and subsidiaries ("Beacon Health Options") and governs your use of ProviderConnect. By accessing the ProviderConnect site or using any of the online services available, you agree to the following terms:

Provider Agreement. If you or your company, organization or facility have a participation or facility agreement in effect with Beacon Health Options, your use of ProviderConnect and any online transactions or services accessed thereunder is also subject to the terms and conditions of that provider agreement. If you or your company, organization or facility do not have a participation or facility agreement in effect with Beacon Health Options, your use of ProviderConnect and any online transactions or services accessed thereunder are subject to the terms of this Agreement.

Access to ProviderConnect. Beacon Health Options may deny access to ProviderConnect and/or its systems or online services to anyone at any time, with or without cause.

User IDs and Passwords. You agree to keep your User ID and password confidential and not to share them. You are solely responsible and liable for all actions taken using your User ID and password. If you lose or forget your User ID or password, or you believe your User ID or password has been compromised, notify Beacon Health Options immediately so that we may deactivate them.

Use of ProviderConnect. You will not use or access ProviderConnect or any of the online transactions available or accessible on or through ProviderConnect in a manner that violates or may violate applicable laws, rules and/or regulations.

Online Transactions & Services. You agree that any and all transactions performed and/or services accessed on or through ProviderConnect are legally binding and subject to applicable state and/or federal laws, rules and/or regulations. You understand and agree that use of User IDs and passwords in performing or accessing online transactions and/or services bears the same legal authority as your written signature. Certain online transactions and/or services on ProviderConnect may be performed or conducted by Beacon Health Options licensees. You understand that proven misconduct could lead to termination of your or your company's, organization's or facility's provider agreement with Beacon Health Options, where applicable. Beacon Health Options, in its sole discretion and with or without notice, may modify or discontinue, temporarily or permanently, the ProviderConnect site and/or any one or more of the online transactions and/or services available thereunder.

Eligibility, Coverage and Claims Information. Eligibility or coverage information, and claims status or submission information accessible or available through ProviderConnect is for your convenience only and is subject to change. Verification of eligibility and claims submissions and/or processing requirements are governed by the terms of your provider agreement with Beacon Health Options (where applicable) and the provisions of the member's health benefit plan.

Data & Hardware. You are and remain responsible for regularly backing up your own data and for maintaining records of online transactions performed and/or services used on ProviderConnect. Neither Beacon Health Options nor any of its licensees are responsible for any lost data. Beacon Health Options does not guarantee or warrant that any files which may be accessible through ProviderConnect or any online transaction or service thereunder will be free from computer viruses or other codes or destructive properties or elements. You are and remain responsible for using efficient and appropriate procedures and mechanisms, including without limitation any security software, to meet your requirements. You understand that there may be certain minimum hardware and software requirements in order to access ProviderConnect and/or to perform or conduct certain online transactions or services available on or through ProviderConnect.

It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences.

Authorized Designees. You may designate certain authorized persons or entities to perform certain online transactions or services for you in limited circumstances. To do so, you will need to complete and submit appropriate designation forms and the designated persons or entities will need to complete identified applications and agree to the terms of this Agreement. You remain responsible and liable for the activities, transactions and services performed or accessed on your behalf by your authorized designees.

Medical or Behavioral Health Content. Any medical or behavioral health content made available on ProviderConnect is for educational and informational purposes only. Neither ProviderConnect nor any medical or behavioral health content therein is a substitute for professional medical advice or treatment.

ProviderConnect Content. ProviderConnect and the contents of ProviderConnect are proprietary to Beacon Health Options, and in some instances are protected by copyright. All right, title and interest (including all copyrights, trademarks, trade secrets and other intellectual property rights) in ProviderConnect and the contents and materials therein are owned by Beacon Health Options, or one or more of Beacon Health Options' licensees. You are authorized to view and download material on ProviderConnect solely for your own use. You may not sell, modify or distribute the material on ProviderConnect or otherwise use it for any public or commercial purpose without the express written prior authorization and consent of Beacon Health Options.

Links to Other Websites. Links to other sites or access to non-Beacon Health Options sites or information may be contained on ProviderConnect. You link to and access such other sites at your discretion and risk. Beacon Health Options does not endorse and is not responsible for information, content, transactions or services accessed, performed or conducted on non-Beacon Health Options sites and/or the content or accuracy of such sites.

Disclaimer. Beacon Health Options disclaims any representation or warranty, express or implied, as to any transaction or service available and/or information, data and/or materials accessible on or through ProviderConnect and makes ProviderConnect and the online transactions and services and content of ProviderConnect available on an "as is" basis.

Confidentiality. You understand that through use of ProviderConnect and/or certain online transactions and/or services available, you will or may have access to or be able to view, send and/or receive confidential medical information, including without limitation "protected health information" (as defined under the federal Health Information Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder, as amended) and/or "patient identifying information" as defined under 42 C.F.R. Part and its subparts.

Privacy & Security. The Beacon Health Options Privacy Statement describes the type of information Beacon Health Options and its licensees may collect from you when you visit www.valsoptions.com and/or the ProviderConnect site. You may review the Beacon Health Options Privacy Statement by clicking on "Privacy" at the bottom of the page on www.valsoptions.com. You acknowledge and agree that access to and use of ProviderConnect and any online transactions or services thereunder are subject to compliance with all applicable state and federal laws, rules and/or regulations, including without limitation the Health Insurance Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder, as amended, inclusive of its privacy, security and administrative simplification provisions.

Independent Contractors. You and Beacon Health Options are independent contractors. Nothing in this Agreement is or should be construed to create or imply any other relationship as between you and Beacon Health Options.

Liability. NEITHER BEACON HEALTH OPTIONS NOR ANY OF ITS OFFICERS, DIRECTORS, EMPLOYEES, LICENSORS, CONTRACTORS OR SUPPLIERS ARE RESPONSIBLE OR LIABLE TO YOU OR ANY THIRD PARTY FOR DAMAGES (WHETHER, DIRECT, INDIRECT, COMPENSATORY, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, OR PUNITIVE) SUFFERED AS A RESULT OF: (1) ACCESS TO, USE OR MISUSE OF OR DIFFICULTY OR INABILITY TO USE (AND/OR ANY DELAYS RELATED THERETO) PROVIDERCONNECT AND/OR ANY ONE OR MORE OF THE ONLINE TRANSACTIONS OR SERVICES AVAILABLE THEREUNDER, INCLUDING WITHOUT LIMITATION COMPUTER VIRUSES, MALICIOUS CODE OR COMPATIBILITY ISSUES; (2) ANY INACCURACY OR INCOMPLETENESS OF INFORMATION OR DATA SUBMITTED OR TRANSMITTED BY YOU; (3) ANY INAPPROPRIATE OR ILLEGAL ACCESS OR USE OF PROVIDERCONNECT AND/OR INFORMATION, DATA OR MATERIALS CONTAINED THEREIN; (4) UNAUTHORIZED ACCESS TO OR ALTERATION OF YOUR TRANSMISSIONS OR DATA; (5) ANY OTHER MATTER RELATED TO OR ARISING FROM ACCESS OR USE OF PROVIDERCONNECT AND/OR ANY ONLINE TRANSACTIONS OR SERVICES THEREUNDER.

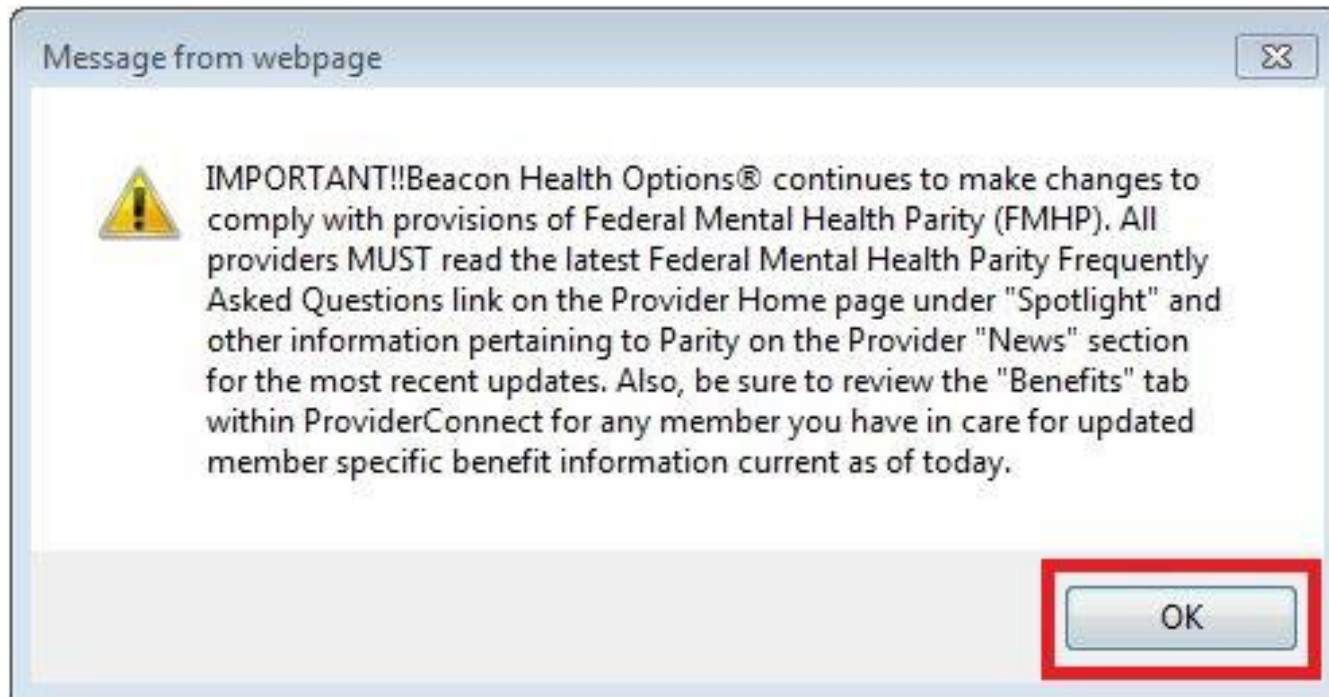
Indemnification. In addition to your obligations under this Agreement and your provider agreement with Beacon Health Options, you agree to indemnify, defend and hold harmless Beacon Health Options, its affiliates, subsidiaries, licensees, officers, directors, employees and contractors against any claims, losses, damages, fines, penalties, judgments, expenses or costs (including without limitation reasonable attorneys fees and costs) arising from and/or incurred as a result of and/or related to your breach of this Agreement and/or your use or misuse of ProviderConnect and/or any online transactions or services available thereunder and/or information contained within or transmitted through ProviderConnect by you or your authorized designees.

Updates & Modifications. Beacon Health Options, in its sole discretion, may update or modify this Agreement from time to time. Beacon Health Options will provide notice of updates or modifications to this Agreement on this website. If you continue to use or access the ProviderConnect site following such notice, you are deemed to have accepted the updated or modified Agreement and agreed to all of the terms and conditions contained therein. This Agreement is available on the ProviderConnect site. You agree to review this Agreement periodically.

Assignment & Governing Law. You may assign this Agreement only with the prior written consent of Beacon Health Options. This Agreement and all disputes, lawsuits and claims relating to this Agreement shall be governed by the laws of the Commonwealth of Virginia, excluding its conflicts of law rules.

Termination. You may terminate this Agreement by providing written notice to Beacon Health Options and discontinuing your use of ProviderConnect. Beacon Health Options may terminate this Agreement and your right to access or use ProviderConnect at any time, with or without cause.

Logging into ProviderConnectSM



Verifying Participant Eligibility



Checking Participant Eligibility

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization/Notification Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Enter an Individual Plan
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form
- My Online Profile
- My Practice Information
- Practitioner Credentialing Application
- Compliance
- Handbooks
- Forms
- Network Specific Information

Welcome

Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER



Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

▸ [Link/Unlink Accounts](#) **NEW**

▾ [Eligibility and Benefits](#)

▪ [Find a Specific Member](#)

▪ [Register a Member](#)

▾ [Enter or Review Authorization Requests](#)

▪ [Enter an Authorization/Notification Request](#)

▪ [Enter an Individual Plan](#)

▪ [Review an Authorization](#)

▪ [View Clinical Drafts](#)

▸ [Enter Member Reminders](#)

▾ [Enter or Review Claims](#)

▪ [Enter a Claim](#)

▪ [Enter EAP CAF](#)

▪ [Review a Claim](#)

▪ [View My Recent Provider Summary Vouchers](#)

▪ [PaySpan](#)

[Enter or Review Referrals](#)

▪ [Enter a Referral](#)

▪ [Review Referrals](#)

▸ [Enter Bed Tracking Information](#)

▸ [Search Beds/Opening](#)

▸ [Update Demographic Information](#)

▸ [Update ABA Paraprofessional Roster Information](#)

▸ [View My Recent Authorization Letters](#)

Checking Participant Eligibility

- Enter the participant's information that you are checking eligibility for and click the "Search" button

Eligibility & Benefits Search

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text"/>	(MMDDYYYY)
As of Date	<input type="text" value="02092017"/>	(MMDDYYYY)
<input type="button" value="Search"/>		

Checking Participant Eligibility

Demographics

Enrollment History

COB

Benefits

Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?

Member ID **M000055139**
Alternate ID
Member Name **TRAINING, ABA**
Date of Birth **04/11/2007**
Address **1234 MY WAY
BOWIE, MD 20715**
Alternate Address
Marital Status **-**
Home Phone
Work Phone
Relationship **1**
Gender **M - Male**

Eligibility

Effective Date **01/10/2017**
Expiration Date
COB Effective Date?
[View Funding Source Enrollment Details](#)

Subscriber

Subscriber ID **M000055139**
Subscriber Name **TRAINING, ABA**

Member Participates in Message Center Communication with Providers? **No**

If you wish to use the ProviderConnect Message Center to communicate with Members who participate in Message Center communication, please update your Profile and conduct a new Member Search for the Member you would like to contact.

[View Member Auths](#)

[View Member Claims](#)

[View Empire Claims](#)

[View GHI-BMP Claims](#)

[Enter Auth/Notification Request](#)

[Enter Claim](#)

[Send Inquiry](#)

[View Clinical Drafts](#)

[Enter an Individual Plan](#)

[Enter Member Reminders](#)

[View Member Registrations](#)

[View Spectrum Record](#)

Checking Participant Eligibility

Demographics

Enrollment History

COB

Benefits

Additional Information

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member Detail

Subscriber ID	Member ID	Member Name	Group #	Group Name	Account #	Fund	Benefit Package	Effective Date	Expiration Date	Date Changed
M000055139	M000055139	TRAINING, ABA	MRLD01	STATE OF MARYLAND	MRLD01	FMCD	FMC1	01/10/2017		01/10/2017

View Member Auths

View Member Claims

View Empire Claims

View GHI-BMP Claims

Enter Auth/Notification Request

Enter Claim

Send Inquiry

Authorizations



Authorizing ABA Services

- ABA services through Beacon require prior authorization as requested within ProviderConnectSM
- An authorization letter will be generated through and posted in ProviderConnectSM within one business day of the determination being made
- The authorization will contain the approved date range, procedure codes, and authorized units of service for that participant



Entering an Authorization Request

[Home](#)
[Specific Member Search](#)
[Register Member](#)
[Authorization Listing](#)
[Enter an Authorization/Notification Request](#)
[View Clinical Drafts](#)
[Claim Listing and Submission](#)
[Enter EAP CAF](#)
[Enter an Individual Plan](#)
[Review Referrals](#)
[Enter Bed Tracking Information](#)
[Search Beds/Opening](#)
[EDI Homepage](#)
[Enter Member Reminders](#)
[On Track Outcomes](#)
[Reports](#)
[Print Spectrum Release of Information Form](#)
[My Online Profile](#)
[My Practice Information](#)
[Practitioner Credentialing Application](#)
[Compliance](#)
[Handbooks](#)
[Forms](#)
[Network Specific Information](#)

Welcome

Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

**INBOX****SENT**

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

▸ [Link/Unlink Accounts](#) **NEW**

▾ [Eligibility and Benefits](#)

- [Find a Specific Member](#)
- [Register a Member](#)

▾ [Enter or Review Authorization Requests](#)

- [Enter an Authorization/Notification Request](#)
- [Enter an Individual Plan](#)
- [Review an Authorization](#)
- [View Clinical Drafts](#)

▸ [Enter Member Reminders](#)

▾ [Enter or Review Claims](#)

- [Enter a Claim](#)
- [Enter EAP CAF](#)
- [Review a Claim](#)
- [View My Recent Provider Summary Vouchers](#)
- [PaySpan](#)

[Enter or Review Referrals](#)

- [Enter a Referral](#)
- [Review Referrals](#)


▸ [Enter Bed Tracking Information](#)

▸ [Search Beds/Opening](#)

▸ [Update Demographic Information](#)

▸ [Update ABA Paraprofessional Roster Information](#)

▸ [View My Recent Authorization Letters](#)

 beacon

40

Disclaimer

- Read the Disclaimer and click the “Next” button

Disclaimer

Please note that Beacon Health Options recognizes only fully completed and submitted requests as formal requests for authorization. Exiting or aborting the process prior to completion will not result in a completed request. Beacon Health Options does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive a screen noting the pending or approved status of your request. Receipt of this screen is notification that your request has been received by Beacon Health Options.

Next

Entering an Authorization Request

- Enter the participants information that you are requesting authorization for

Search a Member

Required fields are denoted by an asterisk (*) adjacent to the label.

Verify a patient's eligibility and benefits information by entering search criteria below.

*Member ID	<input type="text"/>	(No spaces or dashes)
Last Name	<input type="text"/>	
First Name	<input type="text"/>	
*Date of Birth	<input type="text"/>	(MMDDYYYY)
As of Date	<input type="text" value="02092017"/>	(MMDDYYYY)

Search

Entering Authorization Request

- Ensure correct participant is identified
- Click “Next”

Demographics

Enrollment History

COB

Benefits

Additional Information

Primary Care Provider

Member eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Member?

Member ID

M000071286

Alternate ID

Member Name

SAMPLE, ABA

Date of Birth

12/13/2014

Address

123 SKINNER DR
PASADENA, MD 21122

Alternate Address

Marital Status

-

Home Phone

Work Phone

Relationship

1

Gender

M - Male

Member Participates in Message Center Communication with Providers?

No

Eligibility

Effective Date

02/01/2019

Expiration Date

COB Effective Date?

[View Funding Source Enrollment Details](#)

Subscriber

Subscriber ID

M000071286

Subscriber Name

SAMPLE, ABA

Next

View Spectrum Record

Disable Member Communication

Release of Information

Release of Information Consent

All Maryland Behavioral Health providers are encouraged to present and gain consent for their consumer's Release of Information (ROI) in order to improve coordination of care. Substance Use Providers and Mental Health Providers providing substance use treatment, are required to use the Department of Health and Mental Hygiene-approved AUTHORIZATION TO DISCLOSE SUBSTANCE USE TREATMENT INFORMATION FOR COORDINATION OF CARE located on the Beacon Health Options Maryland website (<http://maryland.valueoptions.com>). By gaining your consumer's consent, you are increasing access to that individual's healthcare needs, helping to avoid medication or treatment conflicts and aiding in their wellness and recovery. Please note: Consumers may rescind releases at any time. If you have a ROI on file, please ensure that it is still active and that the consumer has not rescinded. Please review and select the appropriate response below:

- ☐ I am requesting only mental health services for this individual and no ROI is required
- ☐ I presented an ROI to the consumer and he/she provided consent
- ☐ I presented an ROI to the consumer but he/she did not consent
- ☐ I did not present an ROI to the consumer for his/her consent

Ok

Service Address

Provider

Provider ID

Provider Last Name

Provider First Name

Select Service Address

Capture	Provider		Vendor	
	Provider ID	Last Name First Name	Vendor ID	Vendor Last Name Vendor First Name
	Tax ID	Service Address	Paid To Vendor ID	Pay To Address
	Alternate ID			
<input type="radio"/>		Skinner B.F. 33 Rat Race Way Baltimore, MD 21209		

Back

Next


Service Location

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

[*Select Provider Service and Location](#)

*Requested Start Date (MMDDYYYY)

02012019 

*Level of Service

SELECT... 

► Provider

Tax ID	Provider ID	Provider Last Name	Vendor ID	Provider Alternate ID
--------	-------------	--------------------	-----------	-----------------------

► Member


Member ID M000071286	Last Name SAMPLE	First Name ABA	Date of Birth (MMDDYYYY) 12132014
--------------------------------	----------------------------	--------------------------	---

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

*Document Type: Does this Document contain clinical information about the Member? Yes ☐ No ☐

*Document Description: SELECT... 

Click to attach a document *Click to delete an attached document*

Attached Document:

Provider Service and Location

- Click the radio button on the line for BCBA MRLD
- Click “Submit”

Select Provider Service and Location

	Provider ID	Vendor Location ID	Provider Service Type	Medicaid ID or Alternate ID	Vendor NPI #
<input type="radio"/>			BCBA MRLD		
<input type="radio"/>			NONE OF THE ABOVE	NOT FOUND	NOT FOUND

PLEASE SELECT THE IDENTIFICATION (MEDICAID ID/NPI COMBINATION OR ALTERNATE ID) FOR THE SERVICES BEING REQUESTED. CLAIMS PAYMENT IS RESTRICTED TO SERVICES FOR WHICH THE PROVIDER IS CONTRACTED TO DELIVER AND IS CONDITIONAL UPON SERVICES AUTHORIZED, CLINICAL NECESSITY, AND THE ENROLLED MEMBER BEING ELIGIBLE FOR SERVICES ON THE DATE OF SERVICE. CLINICAL AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.

IF THE INTENDED PROVIDER SERVICE TYPE AND IDENTIFICATION NUMBER INFORMATION FOR THIS REQUEST FOR SERVICE IS NOT FOUND IN THIS LISTING, SELECTING THE 'NONE OF THE ABOVE' VALUE WILL ALLOW YOU TO PROCEED WITH YOUR AUTHORIZATION. IF SELECTING 'NONE OF THE ABOVE' YOU MAY NOT BE CORRECTLY ENROLLED AND SHOULD CONTACT BEACON HEALTH OPTIONS PROVIDER SERVICES.

Selection of Assessment or Services

- Level of Service: Outpatient Community Based
- Type of Service: Mental Health
- Level of Care: Outpatient
- Type of Care
 - Select ABA Assessment for initial assessment requests
 - Select ABA Services for treatment requests

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Select Provider Service and Location

*Requested Start Date (MMDDYYYY) 02092017 *Level of Service OUTPATIENT/COMMUNITY BASED ▼

*Type of Service MENTAL HEALTH ▼ *Level of Care OUTPATIENT ▼ *Type of Care ABA ASSESSMENT ▼

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

*Select Provider Service and Location

*Requested Start Date (MMDDYYYY) 02092017 *Level of Service OUTPATIENT/COMMUNITY BASED ▼

*Type of Service MENTAL HEALTH ▼ *Level of Care OUTPATIENT ▼ *Type of Care ABA SERVICES ▼

ABA Assessment

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

[*Select Provider Service and Location](#)

[*Requested Start Date \(MMDDYYYY\)](#)

02092017

[*Level of Service](#)

OUTPATIENT/COMMUNITY BASED

[*Type of Service](#)

MENTAL HEALTH

[*Level of Care](#)

OUTPATIENT

[*Type of Care](#)

ABA ASSESSMENT

Provider

Tax ID

Provider ID

Provider Last Name

Vendor ID

Provider Alternate ID

Vendor Medicaid or Alt ID

Vendor NPI #

Member

Member ID

M000055139

Last Name

TRAINING

First Name

ABA

Date of Birth (MMDDYYYY)

04112007

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

[*Document Type:](#)

Does this Document contain clinical information about the Member?

Yes ☐ No ☐

[*Document Description](#)

Upload File Click to attach a document

Delete Click to delete an attached document


Attached Document:

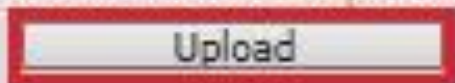
Back

Next

ABA Assessment

Click the browse Button to find the file you want to Attach
Click Upload when done.

File: K:\ABA-Fee-Schedule-C Browse... 

 Upload

ABA Assessment

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

[*Select Provider Service and Location](#)

[*Requested Start Date](#) (MMDDYYYY)

02012019 

[*Level of Service](#)

OUTPATIENT/COMMUNITY BASED ▼

[*Type of Service](#)

MENTAL HEALTH ▼

[*Level of Care](#)

OUTPATIENT ▼

[*Type of Care](#)

ABA ASSESSMENT ▼

► Provider

Tax ID

Provider ID

Provider Last Name

Vendor ID

Provider Alternate ID

Vendor Medicaid or Alt ID

Vendor NPI #

► Member

Member ID

M000071286

Last Name

SAMPLE

First Name

ABA

Date of Birth (MMDDYYYY)

12132014

ABA Assessment

All fields marked with an asterisk (*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

ABA Assessment

*Are you requesting ABA services for a member with a behavioral health diagnosis? ☒ Yes ☐ No

If yes, complete the following

*Name of professional who gave the diagnosis:

Dr. Smith

*License type of the professional:

Developmental Pediatrician

*Date of the diagnostic assessment/diagnosis:

09162010



*Please attach either a diagnostic assessment / MD prescription stating the diagnosis and referral for ABA assessment.

Attach a Document

Uploaded documents are secure clinical

Document Description

SELECT... ▼

UploadFile Click to attach a document

Delete Click to delete an attached document

Attached Document:

☐ (ABA-Fee-Schedule-01-01-17.pdf) - Secure-Clinical Document - Assessment/Eval

ABA Assessment Behavioral Diagnosis

Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is **strongly recommended** to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1	* Diagnosis Code 1	* Description
AUTISM SPECTRUM DISORDER	F84.0	Autism Spectrum Disorder

Additional Behavioral Diagnosis

Diagnostic Category 2	Diagnosis Code 2	Description
SELECT...		

Diagnostic Category 3	Diagnosis Code 3	Description
SELECT...		

Diagnostic Category 4	Diagnosis Code 4	Description
SELECT...		

Diagnostic Category 5	Diagnosis Code 5	Description
SELECT...		

ABA Assessment Medical Diagnosis

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1	Diagnosis Code 1	Description
SELECT...		
Diagnostic Category 2	Diagnosis Code 2	Description
SELECT...		
Diagnostic Category 3	Diagnosis Code 3	Description
SELECT...		

ABA Assessment

Social Elements Impacting Diagnosis

Social Elements Impacting Diagnosis

* Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Housing problems (Not Homelessness)	<input type="checkbox"/> Problems related to the social environment
<input type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input type="checkbox"/> Occupational problems	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Other psychosocial and environmental problems	<input type="checkbox"/> Unknown
<input type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment			

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure SELECT... ▼	Assessment Score <input type="text"/>	Secondary Assessment Measure SELECT... ▼	Assessment Score <input type="text"/>
-----------------------------------	---------------------------------------	---	---------------------------------------

Back Next

ABA Assessment Requested Services

PAGE 2 of 3

Requested Services Header

Requested Start Date 02/01/2019	Member Name SAMPLE, ABA	Provider Name <input type="text"/>	Vendor ID <input type="text"/>	Save Request as Draft
Type of Request INITIAL	Member ID M000071286	Provider ID <input type="text"/>	Provider Alternate ID <input type="text"/>	NPI # for Authorization <input type="text" value="SELECT..."/>
Level of Service OUTPATIENT	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care ABA ASSESSMENT	Authorized User <input type="text"/>
		Vendor Medicaid or Alt ID <input type="text"/>	Vendor NPI # <input type="text"/>	

All fields marked with an asterisk (*) are required.

Note: Disable pop-up blocker functionality to view all appropriate links.

For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero.

Please indicate the CPT codes and any modifiers for services that are being requested. Units should remain as zero on request until this further clinical review is completed.

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
<input type="text" value="HOME"/>	<input type="text" value="97151"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="32"/>

ABA Assessment Requested Services

SELECT... ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT... ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT... ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Visits/ Units

32

Instructions:

This request must include detailed information about CPT/HCPC procedure code(s) and the modifier, place of service, and number of visits/units requested for each procedure.
Please enter the details on this screen.

Note: TOTAL # OF UNITS CANNOT EXCEED 99999

ABA Assessment Results

Determination Status:

***** PENDING *****

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
ABA SAMPLE	M000071286	12/13/2014	ABA SAMPLE	M000071286
Pending Authorization #	Client Authorization #	Type of Request		
020119-1-8	N/A	INITIAL		
Date of Admission/ Start of Services	Requested From	Submission Date		
02/01/2019	02/01/2019	02/01/2019		
Level of Service	Type of Service	Level of Care	Type of Care	
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	ABA ASSESSMENT	
Reason Code				
P84				
Provider Name & Address	Provider ID	Provider Alternate ID	NPI # for Authorization	
			N/A	
	Vendor Medicaid or AIR ID	Vendor NPI #		

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Units Requested/Approved
12	97151					DEF		32/0
Total Units For Auth 020119-1-8 From 02/01/2019 To 04/01/2019							0	
Total Units Authorized This Episode For 020119-1-8							0	

Message

P84

Attached Documents

Document Title	Document Description
ABA Fee Schedule 1.1.19.pdf	Secure-Clinical Document - Assessment/Eval

Authorization Printing & Downloading Options:

(For the best print results, please print in 'Landscape' format)

[Print Authorization/Notification Result](#)
Print the Results page (this page)

[Print Authorization/Notification Request](#)
Print the entire Authorization Request

[Download Authorization/Notification Request](#)
Download the entire Authorization Request

[Return to Provider Home](#)
Return to the ProviderConnect homepage


Selection of ABA Services

- To enter a request for ABA treatment, complete the following steps
 1. Select Level of Service: Outpatient/Community Based; Type of Service: Mental Health; Level of Care: Outpatient; and Type of Care: ABA Services

Requested Services Header

All fields marked with an asterisk () are required.
Note: Disable pop-up blocker functionality to view all appropriate links.*

[*Select Provider Service and Location](#)

[*Requested Start Date](#) (MMDDYYYY)
02092017 

[*Level of Service](#)
OUTPATIENT/COMMUNITY BASED ▼

[*Type of Service](#)
MENTAL HEALTH ▼

[*Level of Care](#)
OUTPATIENT ▼

[*Type of Care](#)
ABA SERVICES ▼

ABA Services

Requested Services Header

All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

[*Select Provider Service and Location](#)

[*Requested Start Date](#) (MMDDYYYY)

02012019

[*Level of Service](#)

OUTPATIENT/COMMUNITY BASED

[*Type of Service](#)

MENTAL HEALTH

[*Level of Care](#)

OUTPATIENT

[*Type of Care](#)

ABA SERVICES

Provider

Tax ID

Provider ID

Provider Last Name

Vendor ID

Provider Alternate ID

Vendor Medicaid or Alt ID

Vendor NPI #

Member

Member ID

M000071286

Last Name

SAMPLE

First Name

ABA

Date of Birth (MMDDYYYY)

12132014

Attach a Document

Complete the form below to attach a document with this Request

The following fields are only required if you are uploading a document

[*Document Type:](#)

Does this Document contain clinical information about the Member?

Yes ☐ No ☐

[*Document Description](#)

SELECT...

Upload File Click to attach a document

Delete Click to delete an attached document

Attached Document:

Back

Next

ABA Services

[Back](#) [Return to Inquiry](#) [Next](#)

[Save and Go To Results Auth](#)

Review #
01-090417-1-5-1-1

Review Notes

Type **CLINICAL** ▼

[Save Notes](#)

Notes History


▼ ABA ASSESSMENT | ► RESULTS | ► RESULTS AUTH

*Are you requesting ABA services for a member with a behavioral health diagnosis? ☒ Yes ☐ No

If yes, complete the following:

Name of professional who gave the diagnosis:

License type of the professional:

Date of the diagnostic
assessment/diagnosis:
 

Please attach either a diagnostic assessment / MD prescription stating the diagnosis and referral for ABA assessment.

Uploaded documents are secure clinical

Document Description ▼

[UploadFile](#) Click to attach a document

[Delete](#) Click to delete an attached document

Attached Document:

ABA Services

Behavioral Diagnosis

Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1	* Diagnosis Code 1	* Description
AUTISM SPECTRUM DISORDER ▼	F84.0	Autism Spectrum Disorder

Additional Behavioral Diagnosis

Diagnostic Category 2	Diagnosis Code 2	Description
SELECT... ▼		

Diagnostic Category 3	Diagnosis Code 3	Description
SELECT... ▼		

Diagnostic Category 4	Diagnosis Code 4	Description
SELECT... ▼		

Diagnostic Category 5	Diagnosis Code 5	Description
SELECT... ▼		

ABA Services

Medical Diagnosis

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1	Diagnosis Code 1	Description
SELECT... ▼	<input type="text"/>	<input type="text"/>
Diagnostic Category 2	Diagnosis Code 2	Description
SELECT... ▼	<input type="text"/>	<input type="text"/>
Diagnostic Category 3	Diagnosis Code 3	Description
SELECT... ▼	<input type="text"/>	<input type="text"/>

ABA Services

Social Elements Impacting Diagnosis

Social Elements Impacting Diagnosis

* Check all that apply

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Problems with access to health care services | <input type="checkbox"/> Housing problems (Not Homelessness) | <input type="checkbox"/> Problems related to the social environment |
| <input type="checkbox"/> Educational problems | <input type="checkbox"/> Problems related to interaction w/legal system/crime | <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Problems with primary support group | <input type="checkbox"/> Other psychosocial and environmental problems | <input type="checkbox"/> Unknown |

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure

SELECT... ▼

Assessment Score

Secondary Assessment Measure

SELECT... ▼

Assessment Score

ABA Services

*Is member receiving other professional services? ☒ Yes ☐ No

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Educational Tutor |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Social Skills Group Therapy | <input type="checkbox"/> Other (specify in report) <input type="text"/> |

*Is member taking any medication? ☒ Yes ☐ No

Please list the name, dosage, side effects (if any) and whether the member is compliant.

▸ Narrative History

▾ Narrative Entry (0 of 250)

ABA Services

Current Impairments

Current Impairments

Key:

0 = None 1 = mild/mildly incapacitating 2 = moderate/moderately incapacitating 3 = severe or severely incapacitating ANC = assessment not completed

*Danger to Self

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Danger to others

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Mood Disturbance (Depression or Mania)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Anxiety

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Psychosis/Hallucinations/Delusions

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Impulsive/Reckless/Aggressive Behavior

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

ABA Services

Current Skills Impairments

Current Skills Impairments

Key:

0 = Age appropriate 1 = 1 to 2 years below 2 = 3-4 years below 3 = 5 or more years below ANC = assessment not completed

*Cognitive/Pre-Academic Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Reduction of Interfering Behaviors

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Social Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Play and Leisure Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Community Integration

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Language/Communication Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Safety Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Adaptive and Self-Help Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Coping and tolerance Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Other (specify in report)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

ABA Services Progress

Please outline areas of progress since last review, as well as areas that need to be focus of future treatment. If there has been a lack of progress, please indicate the actions to adjust or change treatment plan to address the lack of progress. Include a summary of the Transitional/Discharge Plan and any additional resources or referrals that are needed for the member or their family.

» Narrative Entry (18 of 2000)

See Treatment Plan

Please refer to <https://www.beaconhealthoptions.com/providers/beacon/forms/clinical-forms/>. To download Beacon Health Options ABA report guidelines.

Providing the following components in the report will help with determining medical necessity

Member's basic bio-psychosocial	Member's strengths/capabilities
Member's skill impairments	Crisis Plan
List of data source/tools used	Parent training
Intervention plan (including baseline data)	Coordination of care
Transition & discharge plan	Description of supervision

Attach a Document

Uploaded documents are secure clinical

Document Description

SELECT...



UploadFile Click to attach a document

Delete Click to delete an attached document

Attached Document:

Back

Next

ABA Services

Requested Services

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
HOME	97153					1040
HOME	97155					104
HOME	97156	U2				96
HOME	97151					12
OFFICE	H2012					96

ABA Services Requested Services

SELECT... ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT... ▼	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Visits/ Units

1348

Instructions:

This request must include detailed information about CPT/HCPC procedure code(s) and the modifier, place of service, and number of visits/units requested for each procedure.

Please enter the details on this screen.

Note: TOTAL # OF UNITS CANNOT EXCEED 999999

ABA Services ABA Report

Determination Status:

***** PENDED *****

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name ABA SAMPLE	Member ID M000071286	Member DOB 12/13/2014	Subscriber Name ABA SAMPLE	Subscriber ID M000071286
Pended Authorization # 020119-1-9	Client Authorization # N/A	Type of Request INITIAL		
Date of Admission/ Start of Services 02/01/2019	Requested From 02/01/2019	Submission Date 02/01/2019		
Level of Service OUTPATIENT	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care ABA SERVICES	
Reason Code P84				
Provider Name & Address HUMANIM ABA SERVICES 1701 N GAY ST BALTIMORE MD 21213	Provider ID 915920	Provider Alternate ID 977801200	NPI # for Authorization N/A	
	Vendor Medicaid or ALT ID 977801200	Vendor NPI # 1285178160		

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Visits Requested/ Approved
12	97153					DEF		1040/ 0
12	97155					DEF		104/ 0
12	97156	U2				DEF		96/ 0
12	97151					DEF		12/ 0
11	H2012					DEF		96/ 0
Total Units For Auth 020119-1-9 From 02/01/2019 To 08/01/2019								0
Total Units Authorized This Episode For 020119-1-9								0

Message

P84

Attached Documents

There are no documents attached with this Authorization Request

Document Title	Document Description
----------------	----------------------

Authorization Printing & Downloading Options:

(For the best print results, please print in 'Landscape' format)

[Print Authorization/Notification Result](#)
Print the Results page (This page)

[Print Authorization/Notification Request](#)
Print the entire Authorization Request

[Download Authorization/Notification Request](#)
Download the entire Authorization Request

[Return to Provider Home](#)
Return to the ProviderConnect homepage

Concurrent Requests



Concurrent Requests

Prior Authorization Listing for Concurrent Review, Step/Transfer Review, or Discharge

Effective Date:
 (MMDDYYYY)

Expiration Date:
 (MMDDYYYY)




Inpatient

No additional Inpatient Authorizations to display

Auth #	Effective Date	Member ID	Member DOB	Provider ID	Vendor ID	Level of Service	Type Of Service	Level of Care	Type of Care
Client Auth #	Expiration Date	Member Name		Provider Alt. ID	Alternate Provider				

Outpatient

Auth #	Effective Date	Member ID	Member DOB	Provider ID	Vendor ID	Level of Service	Type Of Service	Level of Care	Type of Care
Client Auth #	Expiration Date	Member Name		Provider Alt. ID	Alternate Provider				
 01- 030719- 1- 6	03/07/2019	M000073605	01/07/2000	915920	D954912	OUTPATIENT/COMMUNITY BASED	MENTAL HEALTH	Outpatient	ABA SERVICES
	09/12/2019	WALKTHRU, ABA		977801200					

Concurrent Requests

Requested Services Header

Requested Start Date 03/15/2019	Member Name WALKTHRU, ABA	Provider Name <input type="text"/>	Vendor ID <input type="text"/>	
Type of Request CONCURRENT	Member ID M000073605	Provider ID <input type="text"/>	Provider Alternate ID <input type="text"/>	NPI # for Authorization <input type="text" value="SELECT..."/>
Level of Service OUTPATIENT	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care ABA SERVICES	
		Vendor Medicaid or Alt ID <input type="text"/>	Vendor NPI # <input type="text"/>	

There is an existing authorization that bridges this date range.

Is this a request for continuing care (concurrent request) or do you wish to enter Discharge information?

Concurrent Requests

[Back](#) [Return to Inquiry](#) [Next](#)


ABA ASSESSMENT RESULTS RESULTS AUTH

*Are you requesting ABA services for a member with a behavioral health diagnosis? ☒ Yes ☐ No

If yes, complete the following:

Name of professional who gave the diagnosis:

License type of the professional:

Date of the diagnostic
assessment/diagnosis:
 

Please attach either a diagnostic assessment / MD prescription stating the diagnosis and referral for ABA assessment.

Uploaded documents are secure clinical

Document Description

[UploadFile](#) Click to attach a document

[Delete](#) Click to delete an attached document

Attached Document:

[Save and Go To Results Auth](#)

Review #
01- 090417- 1- 5- 1- 1

Review Notes

Type

[Save Notes](#)

Notes History

Concurrent Requests Behavioral Diagnosis

Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Diagnosis

* Diagnostic Category 1	* Diagnosis Code 1	* Description
AUTISM SPECTRUM DISORDER ▼	F84.0	Autism Spectrum Disorder

Additional Behavioral Diagnosis

Diagnostic Category 2	Diagnosis Code 2	Description
SELECT... ▼		

Diagnostic Category 3	Diagnosis Code 3	Description
SELECT... ▼		

Diagnostic Category 4	Diagnosis Code 4	Description
SELECT... ▼		

Diagnostic Category 5	Diagnosis Code 5	Description
SELECT... ▼		

Concurrent Requests

Medical Diagnosis

Primary Medical Diagnosis

Primary medical diagnosis is required. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.

*Diagnostic Category 1 SELECT... ▼	Diagnosis Code 1 []	Description []
Diagnostic Category 2 SELECT... ▼	Diagnosis Code 2 []	Description []
Diagnostic Category 3 SELECT... ▼	Diagnosis Code 3 []	Description []

Concurrent Requests

Social Elements Impacting Diagnosis

Social Elements Impacting Diagnosis

* Check all that apply

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Problems with access to health care services | <input type="checkbox"/> Housing problems (Not Homelessness) | <input checked="" type="checkbox"/> Problems related to the social environment |
| <input checked="" type="checkbox"/> Educational problems | <input type="checkbox"/> Problems related to interaction w/legal system/crime | <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Financial problems | <input checked="" type="checkbox"/> Problems with primary support group | <input type="checkbox"/> Other psychosocial and environmental problems | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Medical disabilities that impact diagnosis or must be accommodated for in treatment | | | |

Functional Assessment

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure

SELECT... ▼

Assessment Score

Secondary Assessment Measure

SELECT... ▼

Assessment Score

Concurrent Requests

*Is member receiving other professional services? ☒ Yes ☐ No

- | | | |
|---|--|---|
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Educational Tutor |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Social Skills Group Therapy | <input type="checkbox"/> Other (specify in report) <input type="text"/> |

*Is member taking any medication? ☒ Yes ☐ No

Please list the name, dosage, side effects (if any) and whether the member is compliant.

▸ Narrative History

▾ Narrative Entry (0 of 250)

Concurrent Requests

Current Impairments

Current Impairments

Key:

0 = None 1 = mild/mildly incapacitating 2 = moderate/moderately incapacitating 3 = severe or severely incapacitating ANC = assessment not completed

*Danger to Self

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Danger to others

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Mood Disturbance (Depression or Mania)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Anxiety

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Psychosis/Hallucinations/Delusions

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Impulsive/Reckless/Aggressive Behavior

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

Concurrent Requests – Current Skill Impairments

Current Skills Impairments

Key:

0 = Age appropriate 1 = 1 to 2 years below 2 = 3-4 years below 3 = 5 or more years below ANC = assessment not completed

*Cognitive/Pre-Academic Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Reduction of Interfering Behaviors

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Social Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Play and Leisure Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Community Integration

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Language/Communication Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Safety Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Adaptive and Self-Help Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Coping and tolerance Skills

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

*Other (specify in report)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ ANC

Concurrent Requests Progress

Number of member behavior goals targeted during current authorization period. How many member behavior goals were met?

Number of new member behavior goals added for next authorization period.

Re-assessment tools used

Check all that apply

ASSESS. OF BASIC LANG. & LEARNING SKILLS-REVISED)
FUNCTIONAL BEHAVIORAL ASSESSMENT
HAWAII EARLY LEARNING PROFILE (HELP)
NONE
VERBAL BEH. MILESTONES ASSESSMENT & PLACEMENT PGM.
OTHER (SPECIFY IN REPORT)

Add >>>

Remove <<

During recent authorization period was there any gaps in treatment? ☐ Yes ☐ No

Please outline areas of progress since last review, as well as areas that need to be focus of future treatment. If there has been a lack of progress, please indicate the actions to adjust or change treatment plan to address the lack of progress. Include a summary of the Transitional/Discharge Plan and any additional resources or referrals that are needed for the member or their family.

► Narrative Entry (0 of 2000)



Concurrent Requests – Upload Treatment Plan

Please refer to <http://www.valueoptions.com/providers/Forms/Clinical/ABA-Provider-Progress-Report-Guidelines>. To download Beacon Health Options ABA report guidelines.

Providing the following components in the report will help with determining medical necessity

<i>Member's basic bio-psychosocial</i>	<i>Member's strengths/capabilities</i>
<i>Member's skill impairments</i>	<i>Crisis Plan</i>
<i>List of data source/tools used</i>	<i>Parent training</i>
<i>Intervention plan (including baseline data)</i>	<i>Coordination of care</i>
<i>Transition & discharge plan</i>	<i>Description of supervision</i>

Attach a Document

Uploaded documents are secure clinical

Document Description

SELECT... ▼

UploadFile *Click to attach a document*

Delete *Click to delete an attached document*




Attached Document:

Back

Next

Concurrent Requests Requested Services

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
HOME ▾	97153					1040
HOME ▾	97155					104
HOME ▾	97156	U2				96
HOME ▾	97151					12
OFFICE ▾	H2012					96

Concurrent Requests Requested Services

SELECT... ▼						
SELECT... ▼						

Total Visits/ Units

1348

Instructions:

This request must include detailed information about CPT/HCPC procedure code(s) and the modifier, place of service, and number of visits/units requested for each procedure.

Please enter the details on this screen.

Note: TOTAL # OF UNITS CANNOT EXCEED 999999

Back

Submit

Concurrent Requests ABA Report

Determination Status:

***** PENDING *****

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name ABA SAMPLE	Member ID M000071286	Member DOB 12/13/2014	Subscriber Name ABA SAMPLE	Subscriber ID M000071286
Pending Authorization # 020119-1-9	Client Authorization # N/A	Type of Request INITIAL		
Date of Admission/ Start of Services 02/01/2019	Requested From 02/01/2019	Submission Date 02/01/2019		
Level of Service OUTPATIENT	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care ABA SERVICES	
Reason Code P84				
Provider Name & Address HUMANIM ABA SERVICES 1701 N GAY ST BALTIMORE MD 21213	Provider ID 915920	Provider Alternate ID 977801200	NPI # for Authorization N/A	
	Vendor Medicaid or ALT ID 977801200	Vendor NPI # 1285178160		

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Visits Requested/Approved
12	97153					DEF		104/ 0
12	97155					DEF		104/ 0
12	97156	U2				DEF		96/ 0
12	97151					DEF		12/ 0
11	H2012					DEF		96/ 0
Total Units For Auth 020119-1-9 From 02/01/2019 To 08/01/2019							0	
Total Units Authorized This Episode For 020119-1-9							0	

Message

P84

Attached Documents

Document Title

Document Description

Authorization Printing & Downloading Options:

(For the best print results, please print in "Landscape" format)

[Print Authorization/Notification Result](#)
Print the Results page (this page)

[Print Authorization/Notification Request](#)
Print the entire Authorization Request

[Download Authorization/Notification Request](#)
Download the entire Authorization Request

[Return to Provider Home](#)
Return to the ProviderConnect homepage

ProviderConnect TIP

- There is an option to click “Save Request as Draft” in case additional information or approval is needed before submitting to Beacon
- Indicate the authorized user if another department or supervisor needs to review the request

ABA SERVICE REQUESTED SERVICES RESULTS

PAGE 1 of 3

Requested Services Header

Requested Start Date 02/10/2017	Member Name DUDLEY, GEORGE	Provider Name <input type="text"/>	Vendor ID <input type="text"/>	Save Request as Draft
Type of Request CONCURRENT	Member ID M000055155	Provider ID 902258	Provider Alternate ID <input type="text"/>	NPI # for Authorization SELECT... ▼
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service Mental Health	Level of Care OUTPATIENT	Type of Care ABA SERVICES	Authorized User <input type="text"/>
		Vendor Medicaid or Alt ID <input type="text"/>	Vendor NPI # <input type="text"/>	

- Keep in mind, saved drafts are not automatically submitted to Beacon – be sure to go back, complete the draft, and submit in a timely fashion
- NOTE: Attach all documents prior to submission as attachments do not save on drafts


Locate “Save as Draft”


[Home](#)
[Specific Member Search](#)
[Register Member](#)
[Authorization Listing](#)
[Enter an Authorization/Notification Request](#)
[View Clinical Drafts](#)
[Claim Listing and Submission](#)
[Enter EAP CAF](#)
[Enter an Individual Plan](#)
[Review Referrals](#)
[Enter Bed Tracking Information](#)
[Search Beds/Opening](#)
[EDI Homepage](#)
[Enter Member Reminders](#)
[On Track Outcomes](#)
[Reports](#)
[Print Spectrum Release of Information Form](#)
[My Online Profile](#)
[My Practice Information](#)
[Practitioner Credentialing Application](#)
[Compliance](#)
[Handbooks](#)
[Forms](#)
[Network Specific Information](#)

Welcome

. Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER

**INBOX**

**SENT**

Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

- ▶ [Link/Unlink Accounts](#) **NEW**
- ▶ [Eligibility and Benefits](#)
 - [Find a Specific Member](#)
 - [Register a Member](#)
- ▶ [Enter or Review Authorization Requests](#)
 - [Enter an Authorization/Notification Request](#)
 - [Enter an Individual Plan](#)
 - [Review an Authorization](#)
 - [View Clinical Drafts](#)
- ▶ [Enter Member Reminders](#)

- ▶ [Enter or Review Claims](#)
 - [Enter a Claim](#)
 - [Enter EAP CAF](#)
 - [Review a Claim](#)
 - [View My Recent Provider Summary Vouchers](#)
 - [PaySpan](#)
- [Enter or Review Referrals](#)
 - [Enter a Referral](#)
 - [Review Referrals](#)
- ▶ [Enter Bed Tracking Information](#)
- ▶ [Search Beds/Opening](#)
- ▶ [Update Demographic Information](#)
- ▶ [Update ABA Paraprofessional Roster Information](#)
- ▶ [View My Recent Authorization Letters](#)

Review an Authorization



Review an Authorization

- Home
- Specific Member Search
- Register Member
- Authorization Listing
- Enter an Authorization/Notification Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Enter an Individual Plan
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Opening
- EDI Homepage
- Enter Member Reminders
- On Track Outcomes
- Reports
- Print Spectrum Release of Information Form
- My Online Profile
- My Practice Information
- Practitioner Credentialing Application
- Compliance
- Handbooks
- Forms
- Network Specific Information

Welcome

. Thank you for using Beacon Health Options ProviderConnect.

YOUR MESSAGE CENTER



Your inbox is empty

WHAT DO YOU WANT TO DO TODAY?

▸ [Link/Unlink Accounts](#) **NEW**

▸ [Eligibility and Benefits](#)

- [Find a Specific Member](#)
- [Register a Member](#)

▸ [Enter or Review Authorization Requests](#)

- [Enter an Authorization/Notification Request](#)
- [Enter an Individual Plan](#)
- [Review an Authorization](#)
- [View Clinical Drafts](#)

▸ [Enter Member Reminders](#)

▾ [Enter or Review Claims](#)

- [Enter a Claim](#)
- [Enter EAP CAF](#)
- [Review a Claim](#)
- [View My Recent Provider Summary Vouchers](#)
- [PaySpan](#)

[Enter or Review Referrals](#)

- [Enter a Referral](#)
- [Review Referrals](#)

▸ [Enter Bed Tracking Information](#)

▸ [Search Beds/Opening](#)

▸ [Update Demographic Information](#)

▸ [Update ABA Paraprofessional Roster Information](#)

▸ [View My Recent Authorization Letters](#)

Search Authorizations

Search Authorizations

Click the **View All** button below to see all authorizations regardless of effective and expiration dates. The Search Results screen will display all the authorizations. To search by effective and expiration date, enter the effective & expiration dates in the appropriate field and click on the **Search** button. The Search Results screen will display all the authorizations for the specified date range.

Required fields are denoted by an asterisk (*) adjacent to the label.

Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

* Provider ID

NPI # for Authorization

Vendor ID
Member ID
Authorization # - - (No spaces or dashes)
Client Authorization #
Effective Date (MMDDYYYY)
Expiration Date (MMDDYYYY)
Only display EAP cases where final billing and/or disposition has not occurred. ☐

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.

Activity Date span cannot exceed seven (7) days.

Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From (MMDDYYYY)

Activity Date To (MMDDYYYY)

Delimiter Type ☒ Comma ',' ☐ Pipe '|'

View All

Search

Download

Authorization Search Results

- Authorization letter can be accessed by clicking the paper icon
- Hyperlink shows additional details specific to the participant and authorization

Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

						Next >>
Auth # ▼	Member ID	Member DOB	Provider ID	Vendor ID	Service	
View Letter	Member Name		Provider Alt. ID	Alternate Provider		
01- 020917- 1- 9 	M000055139 TRAINING, ABA	04/11/2007			ABA SERVICES OUTPATIENT	
01- 020917- 1- 8 	M000055139 TRAINING, ABA	04/11/2007			ABA ASSESSMENT OUTPATIENT	

Authorization Search Results

- Providers can submit an inquiry to Beacon utilizing the “Send Inquiry” function

[Auth Summary](#) [Auth Details](#) [Associated Claims](#)

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options.

Authorization Header

Member ID	M000055139	Return to search results Send Inquiry Complete Discharge Review
Member Name	TRAINING , ABA	
Authorization #	01- 020917- 1- 9	
Client Auth # [?]	N/A	
NPI # for Authorization [?]	N/A	
Authorization Status	O - Open	
From Provider		
Admit Date	02/09/2017	
Discharge Date		

Authorization Search Results

Auth Summary Auth Details Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options.

Authorization Header

Member ID [M000053331](#)

Member Name **PRODUCTION , ATEST**

Authorization # **01- 021617- 1- 11**

Client Auth # [?](#) **N/A**

NPI # for Authorization [?](#) **N/A**

Authorization Status **O - Open**

Authorization Letter(s)  [\(click to view\)](#)

[Return to search results](#)

[Complete Discharge Review](#)

Service Lines

Line #	Submission Date	Service Code	Modifier Codes				Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Fund	Status	Reason
			1	2	3	4							
1	02/16/2017	N/A					ABA TREATMENT	02/16/2017- 08/16/2017	100/ 0	0	FDUL	O - Open	PENDING
2	02/16/2017	N/A					ABA ADD ON CODES	02/16/2017- 08/16/2017	260/ 0	0	FDUL	O - Open	PENDING
3	02/16/2017	N/A					ABA TREATMENT	02/16/2017- 08/16/2017	26/ 0	0	FDUL	O - Open	PENDING
4	02/16/2017	N/A					ABA ADD ON CODES	02/16/2017- 08/16/2017	52/ 0	0	FDUL	O - Open	PENDING

Contact Information



Contact Information

Provider Customer Service

(Utilization management and general question assistance)

Monday through Friday, 8 a.m. – 6 p.m. EST

Phone: 1-800-888-1965

Or by email to Maryland Provider Relations

Email: abamarylandproviderrations@beaconhealthoptions.com

Beacon Health Options EDI Helpdesk

(ProviderConnect Technical Questions)

Monday through Friday, 8 a.m. – 6 p.m. EST

Phone: 888-247-9311

Email: e-supportservices@beaconhealthoptions.com

Thank you

